

WESTERN CATHOLIC UNION

UNDERWRITING GUIDELINES FOR AGENTS

The purpose of this guide is to provide Western Catholic Union agents with a comprehensive document that provides key underwriting information in an easy to use format.

This document is intended for agent use only and should not be disclosed to the public.

General Information

- **Use the correct life application.** The application must be the current version approved for use in the state where the application is to be signed by the owner. The correct current version can be found on the WCU website in the Agent section; please check this regularly for updates.
- **White out or correction tape changes are not acceptable.** If a mistake is made, line-out the error and have the client initialize the correction.
- **WCU products use the “age last birthday” method** for determining the age of the proposed insured.
- **WCU needs to receive all the pages of the application**, including the “MIB Authorization” and the “HIPAA Compliant Authorization to Release Health-Related Information” forms.
- **Be sure you list ALL medical facilities and physicians** (including specialists) on the application, along with the medications and dosage being taken; use another sheet of paper (signed and dated by proposed insured) if necessary.
- **Applicants and Owners must be permanent residents of the United States** with citizenship or green card status. If applicants have green card status, submit copy of green card with application. Unfortunately, applications for those with temporary visa status are not accepted.
- **The full illustration** of the proposed insurance plan **MUST** be received with the application or prior to final issue.
- **Include the name, address, relationship, and birthdates** of the **Primary and Contingent Beneficiaries**. A certificate will not be issued until premium is received, illustration is completed, and amendments relating to risk of the policy are signed and returned to the Home Office.

Complete/Answer ALL questions on the application. Do NOT leave any question blank.

If there is no appropriate answer to any question, write the words “NONE” or “N/A”.

Signatures

- Be sure that the signature of the proposed insured/owner is on the application.
- The proposed insured must sign the application. If there is an owner other than the proposed insured, they must sign the application as well.
- On a child age 17 and younger, the parent/legal guardian must sign the application and all other supporting forms (i.e. MIB Authorization, HIPAA Compliant Authorization to Release Health-Related Information, and Illustration).
- If the owner is other than the parent (i.e. Grandparent, Aunt, Uncle, etc.), the owner must sign the application as well. The parent/legal guardian must sign the MIB Authorization and the HIPAA Compliant Authorization to Release Health-Related Information forms.
- If the owner has legal guardianship of the proposed insured, we will need a copy of the official legal guardianship document signed by the court.

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Tobacco Use

- A tobacco user is considered to be anyone who has used tobacco in any form in the last 12 months. This includes cigarettes, cigars, pipes, smokeless tobacco, chewing tobacco (snuff), and nicotine substitutes including patches, gum and electronic (smokeless) cigarettes.
- Tobacco status change: Insured may request a tobacco rating change, given the following requirements.
 - Tobacco Free for more than 12 consecutive months.
 - Risk Classification (health and build) must be unchanged since original issue date.
 - Tobacco Rate Change Request, MIB Authorization and HIPAA Compliant Authorization to Release Health-Related Information forms are to be submitted. The results for MIB and Rx Hx will be reviewed.
 - Urinalysis and para-med exam will be performed.

Turn-around Time

- For Non-Medical Whole Life business with face amounts under \$100,001 WCU will make an underwriting “offer” within five (5) business days of receiving a **fully completed** application. Cases other than non-medical, an “offer” will be made within five (5) business days after receiving all other requirements (APS, Home Office Specimen, etc.)
- An “offer” includes issuing standard, issuing with a rate-up or flat extra premium or declining the business.
- If the applicant disagrees with our offer, he/she is welcome to provide medical information (at his/her expense) that we might use to reconsider our decision.

Selected Non-medical Risks

Below are guidelines for a few of the most common nonmedical underwriting topics for which agents seek advice.

- Aviation
 - Possible up-rating or elimination rider for piloting an aircraft (Commercial, Military or Private;) aviation questionnaire is required
- Foreign Residence and Travel
 - The area in which an applicant travels can affect the basis for the acceptance of the risk; extra consideration is due
- Motor Vehicle
 - High risk circumstances:
 - DUI/DWI's – more than two violations in last 5 years, **DECLINE**
 - Driving while suspended – more than three violations within 1 year, **DECLINE**; violations more than 2+ years contact Underwriting for a rating; currently driving on suspended license, **DECLINE**
 - Suspended license – rated Table 6
 - All other violations (accidents, reckless driving, speeding) contact underwriting for a rating
 - Requirements:
 - All license suspensions or more than 2 violations in past 2 years; telephone interview and MVR required
 - DWI/DUI's and reckless/careless driving; MVR, Blood Testing, telephone interview and alcohol questionnaire are required

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- Criminal Activity
 - Ideally a proposed insured with a criminal history would divulge details of convictions and pending charges up front. A telephone interview will be required and data sources will be reviewed.
 - Ratings:
 - History of arrest, no trial yet; **DECLINE**
 - Still on probation or parole; all cases **DECLINE**
 - Non-violent felony, 5+ years after release from criminal justice system management; disclose full details with application including conviction history and probation/parole status
 - Violent felony 10+ years after release from criminal justice system management; disclose full details with application including conviction history and probation/parole status
 - Any known connection with organized crime (including gangs); All cases **DECLINE**

Guidelines on Children in the Traditional Market

For ALL face amounts

- Plan must be permanent.
- Owner/beneficiary should be a parent, a legal guardian or a grandparent.
- Signatures of the parent or legal guardian are required on the application. If the parent signing the application does not have custody rights, the parent/legal guardian with custody rights must sign the MIB Authorization and HIPAA Compliant Authorization to Release Health-Related Information forms and application signature page.
- APS to be ordered for cause or at underwriter's discretion.
- A child must be 15 days of age or older for consideration of coverage.
- Prior to approval, at least 1 parent of the child **MUST** own life insurance on themselves in an amount at least equal to the amount applied for on the child. If grandparent is purchasing the coverage, the grandparents and all grandchildren should have similar or greater insurance coverage.
- Coverage is **NOT** allowed on foster children.

Face amount from \$100,001 - \$249,999

All of the above plus:

- An APS will be required for children below 6 months of age. For children greater than 6 months, an APS is ordered for cause or at underwriter's discretion.
- The purpose of insurance should be stated with a clear and understood financial need.

Face amount in excess of \$250,000

All of the above plus:

- An APS will be required for all ages.
- The purpose of insurance should be stated with a clear and understood financial need.

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Medical Impairments

This list is not intended to be all-inclusive. Rather, it is a place to start. If your applicant has a serious condition or multiple serious conditions not listed below, contact the Underwriting Department.

Applications will automatically be declined on persons with:

- Health Condition Combinations may be a decline despite not being included in the list below
- Abdominal Aortic Aneurysm surgically corrected in the last 6 months
- Alcohol treatment within 0-1 year from last alcohol use or date released from treatment center, whichever is later
- Anxiety Disorders not effectively controlled or 0-6 months from time of effective control
- Aortic Valve replacement, single, less than one year after surgery
- Automatic Defibrillator (ACID) implanted with history of Cardiac Arrest
- Alzheimer's disease or Dementia
- Blood Pressure exceeding 185/100
- Cancer treatment (current)
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling)
- CVA (stroke) within 1 year
- Diabetes if significantly complicated (i.e. amputation, etc.) or very poor control
- Drug use (other than marijuana) in the last 3 years
- Gastric/Intestinal Bypass within 6 months
- Grand Mal Seizures within 1 year of diagnosis
- HIV with AIDS
- Juvenile Onset Diabetes, age at diagnosis 0-9
- Kidney Dialysis
- Mental Deficiency, unable to self-support or live independently without special accommodation
- Mood Disorders (depression [major, manic, reactive, agitated], Bipolar Disorder), illness not effectively controlled or 0-6 months from time of effective control
- Medical testing advised but not yet completed
- Myocardial Infarct (heart attack) in the last 6 months
- Organ Transplant (awaiting or recipient) (except kidney – contact Underwriting)
- Pregnant (current) with Gestational Diabetes, toxemia, eclampsia, pre-eclampsia
- Quadriplegia, best cases with bowel and bladder function under good control and 0-1 year from onset
- Quadriplegia, traumatic, bladder/bowel function impaired
- Suicide attempt, 0-1 year from time of attempt
- Surgery advised but not yet completed

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Now and Future Life Plan

This plan/program is targeted to children ages 0-17 ONLY. It is our intent to allow parents/grandparents/legal guardians to purchase up to \$25,000 of insurance coverage on their children/grandchildren; utilizing as easy an application process as we can possibly provide.

Application: We will use our regular Whole Life Application (**ICC21 LIFE APP FD**) and we are choosing to ask/require only a limited subset of our normal application questions for this program. **The shaded questions are the only questions we require for the “Now and Future” program.** (Note: if you print this version of the application in color, the shading should appear orange in nature; if you print in black/white, the orange color provides recognizable shading.)

Issue Age: 0-17. The underwriting parameters we have designed for this coverage apply to these ages only.

Face Amounts: \$10,000 Minimum, \$25,000 Maximum.

Minimum Premium: None.

Premium Payments: Continuous Pay, 10-Pay, 20-Pay and Single Pay are all eligible under this program.

Optional Riders: Only Terminal, Chronic, and Critical Illness Riders are available at this time.

Screening Process: Applications received in the Home Office will be screened for completeness and accuracy. Incomplete or improperly completed applications will be returned to the writing agent. Properly completed applications that meet our screening parameters will be sent directly to New Business for immediate issue. The application will NOT go through our normal underwriting process.

MIB and Rx Hx will be checked on each applicant. We will screen our internal system to learn if the applicant was previously submitted for consideration and coverage was denied. (If yes, coverage will again be denied.)

Normal Childhood Illnesses: We have developed a partial list (see below) of the most common childhood illnesses including influenza, pink eye, ear aches, common colds, sore/strep throat and others. These (resolved) illnesses from the applicant’s past will **NOT** cause your applicant to be denied coverage. If your applicant has illnesses not on the list, the application will be referred to Underwriting for a final decision.

Prescription Drugs: We are asking you to list any prescription drugs that the proposed applicant is taking. We have developed a list of normal prescriptions for routine childhood ailments and as long as the prescription your applicant takes is on this list (see below), coverage will be acceptable. If your applicant is taking a drug not considered to be normal for childhood illnesses, the application will be reviewed by Underwriting.

If we deny the case, you are free to re-submit the business by completing all remaining questions on the application which will then go through our normal underwriting process.

(Note: neither asthma nor ADHD is considered a common childhood ‘illness.’ Controlled asthma will be rated Table 2; controlled ADHD will be rated Table 4.

Illustrations: As with most Whole Life products, the client must be presented with an illustration.

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Common Illnesses

Bacterial Sinusitis
Bronchiolitis
Bronchitis (non-chronic)
Chickenpox
Common Cold
Cough
Croup
Ear Ache
Fifth Disease
Gastroenteritis
Hand Foot Mouth
Influenza
Stomach Flu

Viral Meningitis
Molluscum Contagiosum
Mononucleosis

Norovirus
Pertussis (Whooping Cough)
Pinkeye
Pinworms
Ringworm
Roseola
Rotavirus
RSV

Skin infection
Sore Throat
Strep Throat
Urinary tract infection

Common Prescriptions

Amoxicillin
Amoxicillin/Clavulanate
Antipyrine/Benzocaine
Azithromycin

Cefdinir
Cephalexin
Ciprofloxacin/Dexamethasone
Dextromethorphan/Phenylephrine/Chlorpheniramine

Hydrocortisone
Ibuprofen
Mometasone topical
Multivitamins With Fluoride
Mupirocin Ointment topical
Nystatin

Sodium Fluoride
Triamcinolone topical
Trimethoprim/Sulfamethoxazole

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Age and Amount Requirements
Participating Whole Life

Underwriting Requirements:

Issue Age	\$10,000 - \$25,000	\$25,001 – \$50,000	\$50,001- \$100,000 (1)	\$100,001- \$199,999	\$200,000- \$499,999 (2)	\$500,000+
00 - 17	A	A	A	B	B	B
18 - 30	A	A	A	D	E	E
31 - 40	A	A	A	D	E	E
41 - 50	A	A	C	E	E	E
51 - 60	A	C	D	E	F	F
61 - 69	A	D	D	E	F	F
70+	G	H	H	H	H	H

A Non-Medical	E Paramed Exam Home Office Specimen – Include tobacco Blood Profile – Include HIV and Vitals
B Attending Physician's Statement	F Paramed Exam Home Office Specimen – Include tobacco Blood Profile – Include HIV, Vitals and NT-ProBNP
C Home Office Specimen – Include tobacco, HIV and Vitals	G Attending Physician Statement Paramed Exam – Include Cognitive Screen
D Home Office Specimen – Include tobacco Blood Profile – Include HIV and Vitals	H Attending Physician Statement Paramed Exam – Include Cognitive Screen Home Office Specimen – Include tobacco Blood Profile – Include HIV, Vitals and NT-ProBNP

(1) For face amounts of \$50,000 and above, MVR will be ordered.

(2) For face amounts of \$250,000 and above, APS will be ordered.

- Where not indicated above, it is assumed that APS's will be ordered on 10% of the Non-Medical cases and 10% of the Medical cases
- MIB review and Rx Hx check will be performed on all cases
- Additional requirements may be requested on a case by case basis.
- NT-pro-BNP test is primarily used to help detect, diagnose, and evaluate the severity of heart failure
- Single Premium Underwriting requirements are based on Face Amount, not the net amount at risk
- Preferred rate begins at \$100,000 and requires medical underwriting including Blood Profile and Home Office Specimen
- If life coverage already in force with WCU, the total face amount (including new application) is the basis for medical requirements

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This chart is to be used as a general reference guide. The weight is rounded at each height for illustrative purposes. This chart does not reflect any child under age 16.

- Male and Female, age 16 and over (feet and inches/pounds)
- The column for BMI < 18.5 is the minimum weight required

RMD: Requires Medical Director Review

RNA: Rate Not Acceptable (decline)

	RMD	+25	+50	+75	+100	+125	+150	+200	+250	+300	RNA		
BMI	< 18.5	36.5	38.5	39.8	41.3	43.0	44.4	46.2	47.5	48.6	50.0		
	4' 8"	82	162	171	178	184	191	198	207	211	216	223	4' 8"
	4' 9"	85	168	177	184	191	198	205	214	219	224	231	4' 9"
	4'10"	88	174	183	191	198	205	212	222	227	232	239	4'10"
	4'11"	91	180	190	197	205	212	220	230	235	240	247	4'11"
	5' 0"	95	186	196	204	212	219	227	237	243	248	255	5' 0"
	5' 1"	98	192	203	211	219	227	235	245	251	256	264	5' 1"
	5' 2"	101	198	209	218	226	234	242	254	259	265	273	5' 2"
	5' 3"	104	205	216	225	233	242	250	262	267	273	282	5' 3"
	5' 4"	108	211	223	232	241	250	258	270	276	282	291	5' 4"
	5' 5"	111	218	230	239	248	257	267	279	285	291	300	5' 5"
H	5' 6"	114	225	237	247	256	265	275	287	294	300	309	5' 6"
E	5' 7"	118	232	245	254	264	274	283	296	302	309	319	5' 7"
I	5' 8"	121	239	252	262	272	282	292	305	312	318	328	5' 8"
G	5' 9"	125	246	259	270	280	290	300	314	321	328	338	5' 9"
H	5'10"	129	253	267	277	288	299	309	323	330	337	348	5'10"
T	5'11"	132	260	275	285	296	307	318	332	340	347	358	5'11"
	6' 0"	136	268	282	294	305	316	327	342	349	357	368	6' 0"
	6' 1"	140	275	290	302	313	325	336	351	359	367	378	6' 1"
	6' 2"	144	283	298	310	322	334	345	361	369	377	389	6' 2"
	6' 3"	148	290	306	319	331	343	355	371	379	387	399	6' 3"
	6' 4"	152	298	315	327	340	352	364	381	389	397	410	6' 4"
	6' 5"	156	306	323	336	349	361	374	391	400	408	421	6' 5"
	6' 6"	160	314	331	345	358	371	384	401	410	419	432	6' 6"
	6' 7"	164	322	340	353	367	380	394	412	421	429	443	6' 7"
	6' 8"	168	330	349	362	376	390	404	422	431	440	454	6' 8"
	6' 9"	172	339	357	372	386	400	414	433	442	452	466	6' 9"
	6'10"	177	347	366	381	395	410	424	443	453	463	477	6'10"
	6'11"	181	356	375	390	405	420	435	454	464	474	489	6'11"