

# UNDERWRITING CRITERIA

	SELECT PREFERRED	PREFERRED
<b>Tobacco</b>	No use for 60 months, urine nicotine negative.	No use for 36 months*, urine nicotine negative.
<b>Family History</b>	No deaths or disease prior to age 60 among natural parents or siblings related to heart disease, stroke, or cancer.  No deaths prior to age 60 among natural parents or siblings related to diabetes.	No deaths prior to age 60 among natural parents or siblings due to heart disease, stroke, or diabetes.
<b>Blood Pressure</b>	No history of treatment. Current: Not greater than 135/85 through age 50 or 145/90 above age 50.	Controlled for 2 years, current readings normal with no readings greater than 145/90 through age 50 or 150/90 above age 50.
<b>Cholesterol</b>	No history of treatment. Not above 220 for the past 2 years. Cholesterol/HDL ratio is 4.5 or less.	Not above 240 for the past 2 years. Cholesterol/HDL ratio is 5.5 or less.
<b>Residence</b>	Permanent resident of US, Canada, or Puerto Rico. Required minimum residency of at least 1 year.	Same
<b>Felony Conviction</b>	None within the past 10 years.	Same
<b>Driving</b>	No suspension, revocation, or more than 2 moving violations within the last 3 years. No reckless driving convictions or DUILs within the last 7 years.	Same except no conviction for reckless driving or driving under the influence of alcohol within the past 5 years.
<b>Hazardous Sports</b>	No participation in hazardous sports or activities: racing, scuba diving, etc., or private pilot activity. Exclusions will be permitted for qualification, where state approved. Pilots flying for major airlines on regularly scheduled flights can be considered without an exclusion.	Same
<b>Basic Insurability</b>	Standard risk with no history or current significant impairments such as diabetes, cancer, stroke, heart disease, or hazardous occupation. No history of alcohol or drug abuse. Current laboratory values within normal limits.	Same

**Height/Weight**      See Chart      See Chart

Height	Select Preferred Weight		Preferred Weight		Height	Select Preferred Weight		Preferred Weight		Height	Select Preferred Weight		Preferred Weight	
	M	F	M	F		M	F	M	F		M	F	M	F
4' 10"	127	128	137	138	5' 6"	172	154	182	176	6' 2"	213	188	223	212
4' 11"	132	131	142	141	5' 7"	177	158	187	178	6' 3"	219	194	229	218
5' 0"	136	134	146	144	5' 8"	181	162	191	182	6' 4"	224	198	234	224
5' 1"	141	138	151	148	5' 9"	187	166	197	186	6' 5"	230	203	240	230
5' 2"	146	141	156	153	5' 10"	191	170	201	190	6' 6"	237	208	247	237
5' 3"	152	144	162	158	5' 11"	197	175	207	195	6' 7"	243	212	253	244
5' 4"	157	147	167	163	6' 0"	202	180	212	200	6' 8"	250		260	
5' 5"	162	151	172	167	6' 1"	208	183	218	206					

## APPROVED PARA-MEDICAL FACILITIES

- American Para-Professional Systems (A.P.P.S.)
- Examination Management Services, Inc. (E.M.S.I.)
- Hooper Holmes, Inc./Portamedic/Physical Measurements, Inc. (P.M.I.)
- Exam One (preferred vendor)

Use of approved PARA-MEDICAL FACILITIES helps avoid requests for repeat exams or chargebacks. The maximum Company payment for any exam is the customary charge by our para-medical providers. The Company will not pay for tests or requirements that we do not request, or for any test or requirements where we do not have a signed Protective life application.

**PHYSICIAN INFORMATION** Name, address, and phone number of personal physician(s) will expedite underwriting.

\*Tobacco use acceptable for Preferred Tobacco class only.

# Underwriting Requirements

## Independent Agent Distribution (IAD)



PLAG.2416.03.05  
Agent information only. Not for use with consumers.

# UNDERWRITING REQUIREMENTS

Protective Life Insurance Company • IAD Distribution Channel

NON-MEDICAL and MEDICAL REQUIREMENTS are determined by total “inforce” and “applied for” insurance with Protective Life, Empire General, West Coast Life, and any Protective subsidiary.

**IMPORTANT: Select Preferred, Preferred, and Preferred Tobacco risk applications require PM, HOS, and full BP in addition to other requirements. All life sales involving total first-year premium of \$1,000,000 or more must be reviewed and approved by the Home Office prior to submission.**

AGE NEAREST BIRTHDAY	ages 0-15	ages 16-35	ages 36-40	ages 41-50	ages 51-60	ages 61 & up**	
FACE AMOUNT	\$0 to \$49,999	NMD	NMD HOS	NMD HOS	NMD HOS	PM HOS	PM HOS
	\$50,000 to \$99,999	NMD	NMD HOS BP	NMD HOS BP	PM HOS BP	PM HOS BP	PM HOS BP
	\$100,000 to \$150,000	NMD	NMD HOS BP	NMD HOS BP	PM HOS BP	PM HOS BP	PM HOS BP
	\$150,001 to \$250,000	NMD	NMD HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG
	\$250,001 to \$500,000	NMD HOS	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG
	\$500,001 to \$1,000,000	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	MD HOS BP EKG
	\$1,000,001 to \$2,000,000	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	MD HOS BP EKG	SMD HOS BP EKG
	\$2,000,001 to \$3,000,000	MD HOS BP	MD HOS BP	MD HOS BP EKG	MD HOS BP EKG	SMD HOS BP EKG	SMD HOS BP EKG**
	\$3,000,001 to \$5,000,000	MD HOS BP	MD HOS BP EKG	SMD HOS BP EKG	SMD HOS BP EKG	SMD HOS BP EKG	SMD HOS BP EKG**
\$5,000,001 and up	MD HOS BP	MD HOS BP EKG	SMD HOS BP EKG	SMD HOS BP EKG	SMD HOS BP <b>TEKG*</b>	SMD HOS BP EKG**	

\* Note: For Single Life Cases, ages 51-70, Treadmill EKG will be required at \$5,000,001; For survivorship cases, ages 51-70, Treadmill EKG will be required at \$10,000,001.

\*\* Note: For ages 71 & up, Treadmill EKG may be requested by the Home Office.

Motor Vehicle Reports (MVR(s)) are required at ages 20 - 29 and over age 70 for all face amounts. All other ages, MVRs are required at \$500,000 and above. Inspection Report required for \$1,000,000 and above. (Home Office Ordered)

Abbreviation	Description (all ordered from field unless otherwise noted)
BP	Blood Profile
EKG	Electrocardiogram
HOS	Home Office Specimen
MD	Medical Exam
NMD	Non-Medical Declaration in Application
PM	ParaMed
SMD	Special Medical Exam: requires board certified specialty in Internal Medicine or Cardiology
TEKG	Treadmill Electrocardiogram

### Rider Underwriting Requirement Calculation

Rider	Percentage to multiply by Rider Benefit to Determine Requirements
Accidental Death Benefit Rider	N/A
Covered Insured Rider-base insured <sup>1</sup>	100%
Covered Insured Rider-base insured <sup>2</sup>	100%
Children's Term Rider <sup>2</sup>	100%
Disability Benefit Rider	N/A
Estate Benefit Rider <sup>1</sup>	100%
Guaranteed Insurability Rider - Survivor Choice <sup>1,4</sup>	50%
Guaranteed Insurability Rider - Variable Option within 10 years <sup>1,3,4</sup>	50%
Guaranteed Insurability Rider - Variable Option more than 10 years <sup>1,3,4</sup>	10%
Protected Insurability Rider <sup>1,4</sup>	50%
Waiver of Premium Rider	N/A

1) If the rider insured is the base insured, the adjusted rider benefit is added to the base face amount to determine the requirements.

2) If the rider insured is another individual (spouse or child), the adjusted rider benefit is used for the requirements table.

3) First GIR-VO option date determines the percentage to use for all GIR-VO dates.

4) GIR and PIR benefit amount is the total for all option dates.

Underwriting requirements are current as of April 2005 and are subject to change.  
Does not include Payroll Deduction, Brokerage, or Direct Response.

Protective Life Insurance Company  
2801 Highway 280 South  
Birmingham, AL 35223

Underwriting Services Department  
P. O. Box 830619  
Birmingham, AL 35283-0619

For underwriting status requests contact:

Field Response Center:

Toll Free: 1-800-567-8247

Direct: 205-268-4301

Fax: 205-268-3231 or 800-947-3229

E-mail: [field.response@protective.com](mailto:field.response@protective.com)



INTERNATIONAL  
INSURANCE MARKETERS  
ASSOCIATION