

Underwriting Supplement

LegacyAccel Ops Guide (Ver. 07.15.22)

Table of Contents

Table of Contents	1	Prescription Red Flag List	5
Additional Underwriting Information	1	Non-Medical Underwriting Considerations	5
Red Flag Medications	1	Preferred Rate Class	5
Nicotine/Non-Nicotine	2	Exam State	6
Compare Costs/fees Nicotine vs Non-Nicotine Rates	3	Private Pilot	6
Marijuana, Hemp Oil & CBD Oil Use	3	Cosmetic-elective surgery or procedures	6
Diabetes Diagnosis	4	Military Personnel	6
Cancer Diagnosis	4	Decline - Client Request Second - Look via Milliman	
Common Medical Conditions	4	rpt	6
Living Benefits Rider Decline	5	Fee Re-imburement for Medical Records	7

Additional Underwriting Information

Red Flag Medications	Applicants taking these medications will be declined coverage (Rev'd 4.21.22-updated list on UL website):	
	Rx	Usually used to treat:
	Abacavir	HIV infection
	Amiodarone	Cardiac conditions; ventricular arrhythmias (heart rhythm problems)
	Amyvid	Alzheimer disease and dementia
	Antabuse	Alcoholism
	Aranesp	Chronic kidney disease
	Aricept	Alzheimer disease and dementia
	Atripla	HIV infection
	Biktarvy	HIV infection
	Campral	Alcoholism
	Cellcept	Body attacking/rejecting transplanted organ
	Cognex	Alzheimer disease and dementia
	Depade	Opioid addiction
	Descovy	HIV infection
	Digibind	Cardiac conditions; ventricular arrhythmias (ventricular tachycardia or ventricular fibrillation), or bradyarrhythmias
	Digitek	Cardiac conditions; congestive heart failure and irregular heartbeat
	Digitoxin	Cardiac conditions; heart failure w. impaired kidney function
	Digoxin	Cardiac conditions; heart failure
	Disulfiram	Alcoholism
	Dolophine	Opioid addiction and severe chronic pain
	Dolutegravir	HIV infection

Go back to **Table of Contents**

	<p>Donepezil Alzheimer disease and dementia</p> <p>Efavirenz HIV infection</p> <p>Emtricitabine HIV infection</p> <p>Epogen Kidney failure; targets anemia in long-term kidney disease</p> <p>Exelon Alzheimer Disease, dementia and Parkinson's disease</p> <p>Flolan PAH-High blood pressure in the lungs (pulmonary arterial hypertension)</p> <p>Florbetapir Alzheimer disease and dementia</p> <p>Galantamine Alzheimer disease and dementia</p> <p>Genvoya HIV infection</p> <p>Indinavir HIV infection</p> <p>Lamivudine HIV infection</p> <p>Lanoxin Heart failure, arrhythmias (atrial fibrillation)</p> <p>Memantine Alzheimer Disease and dementia</p> <p>Methadone Heroin or other opioid addictions</p> <p>Methadose Severe chronic pain and opioid addiction</p> <p>Mycophenolate Body attacking/rejecting transplanted organ; OR autoimmune renal disease</p> <p>Mofetil</p> <p>Naltrexone Alcoholism, heroin or other opioid addictions</p> <p>Namenda Alzheimer Disease and dementia</p> <p>Namzaric Alzheimer Disease and dementia</p> <p>Norpace Cardiac conditions; ventricular tachycardia (irregular heartbeat)</p> <p>Odefsey HIV infection</p> <p>Pacerone Cardiac conditions; ventricular tachycardia (irregular heartbeat)</p> <p>Procrit Kidney failure; targets anemia w. long-term kidney disease</p> <p>Razadyne Alzheimer disease and dementia</p> <p>Remodulin PAH-High blood pressure in the lungs (pulmonary arterial hypertension)</p> <p>Rivastigmine Alzheimer disease, dementia and Parkinson's disease</p> <p>Suboxone Opioid addiction</p> <p>Tacrine Alzheimer disease and dementia</p> <p>Tenofovir HIV infection</p> <p>Tivicay HIV infection</p> <p>Traclear PAH-High blood pressure in the lungs (pulmonary arterial hypertension)</p> <p>Triumeq HIV infection (Generics: Abacavir, Dolutegravir, Lamivudine)</p> <p>Ventavis PAH-High blood pressure in the lungs (pulmonary arterial hypertension)</p> <p>Vivitrol Alcoholism, heroin or other opioid addictions</p> <p>Zidovudine HIV infection</p>
Nicotine/Non-Nicotine	<p><i>Non-nicotine</i>-To qualify for non-nicotine rates the applicant must not have used tobacco or nicotine-based products (including cigarettes, e-cigarettes, vapor products, pipe, snuff, chewing tobacco, nicotine gum or patches) in any form within the last 12 months. Occasional cigar (up to 24 per year) is allowed.</p> <p><i>Nicotine</i> – Nicotine rates apply to any applicant using tobacco or nicotine-based products (including cigarettes, e-cigarettes, vapor products, pipe, snuff, chewing tobacco, nicotine gum or patches) in any form within the last 12 months.</p>

Go back to **Table of Contents**

**Compare Costs/fees
Nicotine vs
Non-Nicotine
Rates**

Two different ways to explain – Example, Male 60 year old (numbers will change for other ages, gender etc.)

1) Compare cash values / death benefits:

- "Cost" is what it does to overall client value. Ex. non-guaranteed cash value is \$14,470 lower for a Nicotine policy, along with a 32k lower death benefit after 15 years (see below).

	NON-GUARANTEED		
	CURRENT CHARGES; 6.16% INTEREST RATE FOR INDEX SELECTIONS		
	ACCOUNT VALUE	CASH SURRENDER VALUE	DEATH BENEFIT
Non-Nicotine	\$189,050	\$189,050	\$255,066
Nicotine	\$174,580	\$174,580	\$222,167

2) Compare actual charges:

- Illustration Supplemental Report breaks out year by year charges, so you can see the actual fee impact of switching to Nicotine rates. Ex. depending on the year, the cost of insurance is 80-100% more expensive with Nicotine rates (right below) than Non-Nicotine (left below)

- COST OF INSURANCE	- COST OF INSURANCE
\$276	\$509
\$299	\$633
\$357	\$811
\$404	\$917
\$460	\$1,005
\$803	\$1,478
\$1,404	\$2,235
\$2,316	\$2,969
\$3,684	\$3,923
\$5,754	\$5,511
\$7,508	\$6,718
\$4,126	\$3,569

**Marijuana,
Hemp Oil &
CBD Oil Use**

A marijuana user can get standard non-nicotine rates if he/she does not currently use or has not, within the past 12 months, used any type of tobacco or nicotine products (excluding the 24 cigars). The answer to question 21a (below) determines if standard non-nicotine vs. standard nicotine. Preferred rates are not available to current marijuana users.

21. Have you used tobacco or nicotine delivery products (excluding smoking of up to 48 cigars) in the past 24 months?

YES NO

21a. Do you currently use or have you used tobacco or nicotine delivery products (excluding smoking of up to 24 cigars) in the past 12 months?

YES NO

If the insured answers “Yes” to 22b, the underwriting decision is an automatic Refer to Underwriter. As follow up, an APS will be ordered to investigate the reason for the insured’s prescribed card and the need for more than use of 12 times per month. If the insured answers “Yes” to 22 and “Yes” to certain other application questions (i.e. chronic pain or the mental health questions), the application will be Referred to Underwriter for further investigation. Third party data will be gathered and factored into the final underwriting decision.

Go back to **Table of Contents**

	<p>22. Do you currently use or have you used marijuana or marijuana products in the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>22a. Do you use marijuana or marijuana products more than 12 times per month? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>22b. Do you use marijuana or marijuana products prescribed by a physician for a medical condition more than 12 times per month? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Hemp oil and CBD oil users will be underwritten based on the medical condition.</p> <p>Personal or business coverage is not available to applicants involved in administrative duties, growing, distribution, or sales associated with the marijuana industry; however, UL will consider applicants involved or associated with hemp, hemp oil, and CBD oil businesses.</p>																											
<p>Diabetes Diagnosis</p>	<p>A “yes” answer to any one of the red diabetes questions below, Qs 23 a-d, results in an “ineligible” notice for coverage. If the insured answers inaccurately “no” once the Initiate Underwriting Decision is clicked, when the returned medical data shows they should have answered “yes”, a decline for coverage will result and reported to MIB.</p> <p>23. Diabetes or Pre-diabetes (If NO, skip to question 24) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>23a. Have you used insulin within the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>23a1. Were you diagnosed before age 20? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>23a2. Did you begin taking insulin before age 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>23b. Have you been hospitalized two or more times for any complications within the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>23c. Within the past 12 months have you had a hemoglobin A1c result greater than 8.5? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>23d. Was there a change to your diabetes medications or an increase in the dosage at your last physician visit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																											
<p>Cancer Diagnosis</p>	<p>If the insured remains eligible after completing the prequalification questions, medical question #38 lists certain types of cancer (bladder, breast, colon, melanoma, prostate, thyroid) will be considered under certain circumstances. If the insured marks “Yes” to one of these cancers, the case will be a Refer to Underwriter decision. An APS is required (at minimum) to gather pathology reports, treatment & follow up reports, etc.</p> <p>If the applicant marks “Yes” to 38g (within last 12 months) or 38h (stage 3 or higher), the application will be Ineligible. If the applicant marks “No” to 38i (treated with surgery, chemo or radiation), the application will be Ineligible. If the insured answers “Yes” to two (2) or more of any of these cancers, then the application is Ineligible.</p> <p>38. Any of the following cancers? (if NO, skip to question 39)</p> <table border="0"> <tr> <td>38a. bladder</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38b. breast</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38c. colon</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38d. melanoma</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38e. prostate</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38f. thyroid</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38g. Have you been diagnosed or received treatment within the past 12 months?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38h. Was your cancer stage 3 or higher?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>38i. Has your cancer been treated by surgery, chemotherapy or radiation?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table> <p>See the Underwriting Guidelines for additional information.</p>	38a. bladder	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38b. breast	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38c. colon	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38d. melanoma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38e. prostate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38f. thyroid	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38g. Have you been diagnosed or received treatment within the past 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38h. Was your cancer stage 3 or higher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	38i. Has your cancer been treated by surgery, chemotherapy or radiation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<p>Common Medical Conditions</p>	<p>Very high blood pressure may be sufficient reason for a decline. Having a blood clot condition and diabetes will result in an ineligible (or decline if submitted to U/W).</p>																											

Go back to [Table of Contents](#)

	<p>If any 2 of the following medical conditions are answered “Yes”, the Insured will be automatically ineligible. If the insured does not answer accurately, once the medical information is pulled to show the answers should have been “yes” the insured will receive a decline of coverage.</p> <p>Within the past five years, have you been diagnosed with, treated for, prescribed medication for or been given medical advice by a member of the medical profession for any of the following? Q#23: Diabetes or Pre-diabetes Q#24: Atrial fibrillation (this one alone will be automatically RTU) Q#25: Transient Ischemic Attack (TIA) Q#26: Aneurysm Q#27: Carotid Artery Disease Q#28: Blood Clot/phlebitis/thrombophlebitis Q#29: Seizures Q#30: Asthma Q#35: Parkinson’s Disease Q#36: Multiple Sclerosis Q#37: Rheumatoid Arthritis</p>												
Living Benefits Rider Decline	<p>There are certain “yes” answers on medical Qs 21-54 that will cause a decline of the Living Benefits Rider as part of a coverage offer, or if the client answers “no” and the Milliman medical reports come back indicating the client should have answered “yes” to any of these Qs:</p> <p>Within the past five years, have you been diagnosed with, treated for, prescribed medication for or been given medical advice by a member of the medical profession for any of the following?</p> <p>Q23-Diabetes and Pre-diabetes, specifically (a) if insulin has been used in the last 12 months Q24 Atrial Fibrillation Q25 Transient Ischemic Attack (TIA) Q26 Aneurysm Q27 Carotid artery disease (if not treated) Q28 Blood clot/phlebitis/thrombophlebitis Q32 Bipolar disorder Q35 Parkinson’s disease Q36 Multiple sclerosis Q37 Rheumatoid arthritis Q43 Chronic Pain</p>												
Prescription Red Flag List	<p>A medication red flag list is available on UL’s agent website under Underwriting- Field Underwriting tab at https://agents.unitedlife.com/AgentsOnly/LifeLines/Life/Underwriting/UnderwritingManual.aspx, then use drop down menu and go to Red Flag Medications for current list.</p>												
Non-Medical Underwriting Considerations	<p>Please see the Underwriting Guidelines for additional information. Consumer credit, criminal history, bankruptcy within the past 7 years and liens within the past 5 years, home and other property ownership, payment history, collections, and driving violations are all part of a Life Risk Classifier score. The Life Risk Classifier is an underwriting tool provided by Lexis Nexis. If the score is too low the application may be declined, a high score will be eligible for Preferred rates.</p>												
Preferred Rate Class	<p>MEDICAL IMPAIRMENTS: Any of the following current, or historical conditions, may preclude an applicant from the Preferred rate class:</p> <table border="0"> <tr> <td>Current Marijuana Use</td> <td>Parkinson’s Disease</td> </tr> <tr> <td>Diabetes and Pre-Diabetes</td> <td>Multiple Sclerosis</td> </tr> <tr> <td>Atrial Fibrillation, TIA (Mini-Stroke), Aneurysm, Carotid Artery Disease</td> <td>Rheumatoid Arthritis</td> </tr> <tr> <td>Blood Clot/Phlebitis</td> <td>Certain Cancers</td> </tr> <tr> <td>Seizures</td> <td>Obstructive Sleep Apnea</td> </tr> <tr> <td>Asthma</td> <td>Ulcerative Colitis</td> </tr> </table>	Current Marijuana Use	Parkinson’s Disease	Diabetes and Pre-Diabetes	Multiple Sclerosis	Atrial Fibrillation, TIA (Mini-Stroke), Aneurysm, Carotid Artery Disease	Rheumatoid Arthritis	Blood Clot/Phlebitis	Certain Cancers	Seizures	Obstructive Sleep Apnea	Asthma	Ulcerative Colitis
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Go back to **Table of Contents**

	<p>Depression*, Bi-Polar Disorder, Anxiety* or PTSD (Post-Traumatic Stress) Chronic Pain</p> <p>*If applicant has combination of depression and anxiety, preferred rates are not available. Anxiety alone or depression alone may be considered for Preferred rates, subject to review of any other medical impairments in combination with those disorders.</p> <p>ADDITIONAL REQUIREMENTS: An applicant must also meet the following criteria to qualify for the Preferred rate class:</p> <ul style="list-style-type: none"> • Body mass index (BMI) 19.0-30.0. • Blood pressure average not to exceed 140/90, treatment allowed. • Cholesterol of 240 or less, plus a cholesterol/HDL ratio of 5.5 or less; treatment allowed. • No death of a parent or sibling prior to age 60 due to heart disease, diabetes, or cancer. (Ovary, breast & prostate cancers are disregarded if proposed insured is opposite gender.) • No history of alcohol or drug abuse, treatment, or counseling within the past 10 years. • No DWI or DUI conviction in the past 5 years. No more than 3 moving violations in the past 3 years. • No travel to countries that are politically unstable or underdeveloped. • No felony convictions in the past 10 years. • For Non-Nicotine - no nicotine use within past 24 months, excluding use of up to 48 cigars. <p>These lists are not all-inclusive. Please refer to the LegacyAccel Underwriting Guide CR-0037 for complete details.</p>
Exam State	The proposed insured may schedule a required medical exam while in a state other than the policy issue state.
Private Pilot	Being a private pilot is not an automatic decline, rather it will result in an RTU. The aviation questionnaire (located on the UL website) will be required and may be submitted via ULICUW@untedlife.com .
Cosmetic-elective surgery or procedures	<p>The first pre-qualification (knock-out) questions asks “In the past 12 months, have you been advised by a member of the medical profession to have any surgery, hospitalization, treatment or test that was not completed or for which you are waiting the results, excluding those tests relating to HIV?”</p> <p>Generally, an elective cosmetic surgery is not considered to be mandated by a member of the medical profession and will not trigger a “yes” to the above questions; however, the question also asks about hospitalization. If the insured will be hospitalized for the elective surgery, they should answer the question “Yes” and would not be able eligible to apply at this time. Once surgery has been completed and recovery achieved, an application could be considered (12 months from their full medical release).</p>
Military Personnel	<p>For proposed insured’s in the US military:</p> <ul style="list-style-type: none"> • The application and any associated paperwork must be completed in a state where the agent and United Life are licensed to do business. • If the proposed insured is living overseas or expected to be overseas for greater than 90 days, UL will decline coverage to military personnel. • Any proposed insured who is on a Special Forces team or a bomb disposal squad, going to an area of possible conflict or area of political instability, alerted for or received orders for deployment to a combat zone will be declined. • Generally anyone (including office staff, administrators) so long as not engaged in abnormally hazardous duties, and not traveling to troubled or overseas areas, will be acceptable, provided their health and other lifestyle decisions otherwise meet ULs underwriting guidelines for LegacyAccel.
Decline - Client Request Second - Look via Milliman rpt	<p>The proposed insured will receive an email (and hard copy letter mailed) within 48 hours (Two (2) business days) of a declined application. The email will include a brief summary of the reason for the decline. The email and mailed letter will also include a Milliman letter which provides the below instructions for the insured to follow to obtain additional details regarding the decline reason(s) and steps to correct misinformation, if applicable, in the Milliman report.</p> <p>In the event the client has a disagreement with the medical information received/available, that was the basis for the decline, please follow the below steps before asking United Life to review it U/W decision:</p>

Go back to **Table of Contents**

	<ol style="list-style-type: none"> 1. Obtain from Milliman a copy of the Milliman results and review for inaccuracies; <ul style="list-style-type: none"> • Proposed insured may dispute any information contained in the report with Milliman IntelliScript. • To obtain a copy of the report at no cost, contact Milliman IntelliScript within 60 days from the date of the decline letter sent to proposed insured. <ul style="list-style-type: none"> ○ Via postal mail at P.O. Box 2223, Brookfield, WI 53008; or ○ Via telephone toll-free at (877) 211-4816; or ○ Via email at FCRAreport@milliman.com.” 2. Work with their doctor(s) to update the relevant medical information; 3. Submitted doctor corrected medical information to Milliman for correction/updating 4. Milliman will then reach out to the doctor to see if they can resolve <p>If Milliman and the doctor cannot resolve the issue, United Life may still review the records and see if UL can make an offer based on doctor provided information; however, the client must follow the above process first before United Life will review the declined application.</p>
Fee Re-imbursment for Medical Records	<p>United Life will reimburse fees to the IMO paid for collecting medical records for a pending policy. The IMO should submit, via email to Life Underwriting address ulicuw@unitedlife.com, the policyowner/issued name, policy number, IMO name, advisor name, and a copy of the medical records provider paid invoice. United Life will reimburse up to \$200 to the IMO, without pre-approval. Fees in excess of \$200 require UL’s pre-approval, submitted in this same format, to the United Life underwriting dept. UL will reimburse the IMO by check, unless the IMO provides EFT info. to UL.</p>

Go back to **Table of Contents**