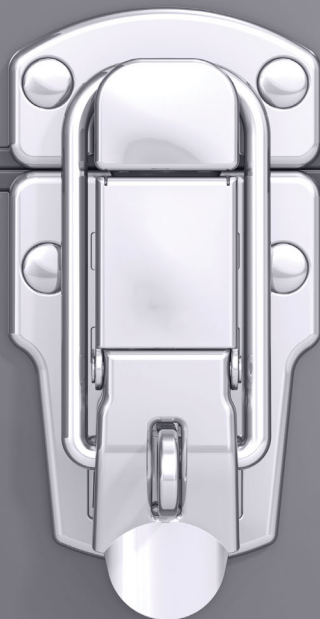




Easy to get. Easy to understand. Offers essential tools to do the job.

HERE'S A TERM LIFE POLICY FOR FAMILIES AND HOMEOWNERS.

EQUITY PROTECTOR

UNDERWRITING GUIDE



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Policies underwritten by GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM Life).

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QUESTIONS?

Contact GPM Life's Sales Support Team
(800) 938-4765 ext. 4003

APPLICATION KIT & FORMS

Online – Agent Access: www.gpmagent.com

RISK ASSESSMENT

Email: uwrisk@gpmlife.com



GUIDELINES

NEW BUSINESS

1. This product requires an electronic application (e-app) to apply for coverage. The e-app is available on Agent Access – www.gpmagent.com.
2. This Equity Protector Underwriting Guide is intended to be a reference guide. GPM Life reserves the right to request information other than as stated in this guide. Underwriting will make its decisions based on the entirety of the information provided to and received by GPM Life, which may result in a decision that is more or less favorable than this guide, or the HELP provided on the e-app.

Note: All sales need to be suitable to the needs of the client. Please refer to the GPM Life Market Conduct Guide for details.

PREMIUM MODES

1. Electronic Funds Transfer (Monthly EFT)
Available Draft Dates: 1st through 28th
2. Direct Billing
 - Semi-Annual
 - Annual

SUBMITTING INITIAL PREMIUM

1. Draft First Premium is permitted with EFT premium mode.
2. Direct Billing modes: Initial premium can be submitted on
 - Payor's Personal Check
 - Money Order (cash receipt form is required)
 - Cashier's Check (cash receipt form is required)

The following forms of payment will not be accepted.

- Cash on Delivery (COD)
- Agent/Agency checks (unless there is an immediate familial relationship identified between the agent and the insured and/or owner)
- Third Party checks
- Cash
- Post-dated checks (all checks will be cashed upon receipt)
- Charges to the agent's account

All forms of payment are subject to review.

3. Payors of the initial and/or recurring premiums must have an immediate familial relationship to the Proposed Primary Insured (PPI) or policy Owner.
4. If the PPI's name is not listed on the form of payment, please print the PPI's name on the form of payment. If the Owner's/payor's name is not listed on the check, indicate whether they are an authorized signor on the account.
5. All checks are cashed upon receipt.

UNDERWRITING TIPS

Underwriting is the process of estimating the mortality and/or morbidity of an individual by applying the law of large numbers and the specifics of that individual's health history and habits. This estimate is based on information gathered on the individual from a variety of sources.

The best way to expedite the underwriting process is to ask proposed Insured(s) detailed questions regarding past and present health status, and include complete answers on the application. The more detailed information provided to the underwriter, the quicker a decision can be made.

Use this guide for assistance in determining the appropriate risk classification: Classic 1 or Classic 2, or Decline.

REPLACEMENT BUSINESS

If the state uses the NAIC Replacement Form, the proposed Insured and Agent must disclose all in force life insurance and annuity policies, whether there are plans to replace the policy or not. If a life or annuity policy is in force, a Replacement Form must be submitted.

For all other states, any required Replacement Form and form 01.56, GPM Life Understanding of Policy Replacement, is required.

Residency

- US Citizen
- Permanent Resident with a 10 year green card residing in the US for 3 years. Please include a copy of the green card with application.

UNDERWRITING RATE CLASSES

Classic 1 Non-Tobacco	Applicants in this rate class have not used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept mildly substandard risks (Standard through Table C).
Classic 2 Non-Tobacco	Applicants in this rate class have not used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept substandard risks (Table D – F).
Classic 1 Tobacco	Applicants in this rate class have used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept mildly substandard risks (Standard through Table C).
Classic 2 Tobacco	Applicants in this rate class have used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept substandard risks (Table D – F).

ACTIVE DUTY MILITARY APPLICATION LIMITS

▲ PLEASE NOTE:

Military personnel currently serving in the Special Forces, Rangers, SEALs, Airborne, Recons, other elite or commando forces are not eligible for coverage. Pilots and crew members of A, B, F, H, R, and T type aircraft will require individual consideration.

EQUITY PROTECTOR BUILD CHART

GPM LIFE APPROVED GUIDELINES										
HEIGHT	CLASSIC 1		HEIGHT	CLASSIC 1		HEIGHT	CLASSIC 2		HEIGHT	CLASSIC 2
4'8"	177		5'9"	268		4'8"	195		5'9"	295
4'9"	183		5'10"	276		4'9"	201		5'10"	304
4'10"	189		5'11"	284		4'10"	209		5'11"	312
4'11"	196		6'0"	292		4'11"	216		6'0"	321
5'0"	203		6'1"	300		5'0"	223		6'1"	330
5'1"	210		6'2"	308		5'1"	231		6'2"	339
5'2"	216		6'3"	316		5'2"	238		6'3"	348
5'3"	223		6'4"	325		5'3"	246		6'4"	358
5'4"	231		6'5"	334		5'4"	254		6'5"	367
5'5"	238		6'6"	342		5'5"	262		6'6"	377
5'6"	245		6'7"	351		5'6"	270		6'7"	387
5'7"	253		6'8"	360		5'7"	278		6'8"	396
5'8"	260	6'9"	369	5'8"	287	6'9"	406			

IMPAIRMENT GUIDE

Below are common impairments frequently encountered with potential applicants. This is not meant to be a comprehensive list. All cases are subject to underwriting review. Probable underwriting action is meant to provide the agent with general parameters of risk classification and should not be interpreted as quotes in any way. Please contact the Underwriting Department with any questions or for impairments not listed.

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
ADL Assistance	Decline
ADD/ADHD	Treated with one or two medications and no impact on daily living or time off work: Classic 1
	Treated with 3 medications (for all mental health conditions): Classic 2
	Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: Decline
AIDS/HIV	Decline
Alcoholism	Current abuse, or within five years of treatment: Decline
	Treatment over five years prior and no longer using alcohol: Classic 1
Alzheimer's	Decline
Amputation	From injury, no impact to ADLs: Classic 1
	From Disease: Decline
Aneurysm	Possible Classic 1 if surgically corrected over three years prior.
	Otherwise: Decline
Angina	Over age 60, non-tobacco: minimum Classic 2 if investigated with cardiac catheterization and treated/stable, described as either mild or moderate.
	Unstable angina, described as severe, not fully investigated with cardiac catheterization, tobacco user, or under age 60: Decline
	Combined with Stroke/TIA or diabetes: Decline
	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): Decline
Angioplasty	Under age 60, non-tobacco: minimum Classic 2
	Under age 60, tobacco: Decline
	Over age 60, non-tobacco: minimum Classic 1
	Over age 60, tobacco: Classic 2
	Ongoing angina after procedure: Decline Combined with Stroke/TIA or diabetes: Decline
	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): Decline
Anxiety	Treated with one or two medications and no impact on daily living or time off work: Classic 1
	Treated with 3 medications: Classic 2
	Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: Decline
Arthritis – Rheumatoid	Mild or moderate, without use of corticosteroids, immunosuppressants, Gold, sulphasalazine, chloroquine or methotrexate and able to perform all ADLs: Classic 1
	Severe, and/or use of any drugs listed above and able to perform all ADLs: Classic 2
	Otherwise: Decline

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Arrhythmia	Atrial fibrillation (see below) Paroxysmal supraventricular tachycardia: Classic 1 Paroxysmal ventricular tachycardia: Decline Premature atrial complexes Classic 1 Premature ventricular complexes Decline Sick Sinus Syndrome Decline Sinus bradycardia (BPM ≥ 45) Classic 1 Ventricular fibrillation Decline Wandering pacemaker Classic 1 Any arrhythmia combined with ischemic heart disease or other organic heart disease: Decline
Asthma – Mild	Treated daily with single medication, inhaler use only as needed, non-tobacco or tobacco user: Classic 1
Asthma – Moderate	Non-tobacco user, treated daily with single medication, inhaler use only as needed: Classic 1 Tobacco user: Classic 2
Asthma – Severe	Non-tobacco user with continuous use of steroids and rescue inhalers: Classic 2 Recent history of hospitalization or tobacco user: Decline
Atrial Fibrillation	Corrected with successful Ablation: Classic 1 Ongoing treatment or current symptoms: Classic 2 Accompanied by coronary or cerebral vascular disease: Decline
Bipolar Disorder	Minimum one year after diagnosis: Mild or moderate, well controlled with one or two medications, little impact on daily living: Classic 2 More than 2 total medications for bipolar or more than 3 total medications (for all mental health conditions) recent hospitalization, past suicide attempts, interferes with daily living: Decline
Brain tumors (including benign)	Decline
Bypass Surgery	Under age 60, non-tobacco: minimum Classic 2 Under age 60, tobacco: Decline Over age 60, non-tobacco: minimum Classic 1 Over age 60, tobacco: minimum Classic 2 Ongoing angina after procedure: Decline. Combined with Stroke/TIA or diabetes: Decline Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): Decline
Basal Cell Skin Cancer	Successfully removed: Classic 1 .
Cancer – Internal	The following cancers should be quoted Classic 1 if: 1) Single occurrence, 2) Over 5 years since successful treatment, 3) regular follow up testing has been completed. Breast stage 0 & 1 Prostate stage 1 & 2 Testicular stage 1 Thyroid Stage 1 & 2 Melanoma Stage 1A & 1B Cervical Stage 0 & 1A All other types, staging, multiple cancers, recurrence, spreading to lymph nodes or other areas of the body: Decline

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Cardiomyopathy	Decline
Cirrhosis – Liver	Decline
Colitis – Ulcerative	Intermittent, mild or moderate (single or intermittent attack with clinical remission greater than 1 month), without corticosteroid or immunosuppressive therapy: Classic 1 Otherwise minimum Classic 2
Congestive Heart Failure	(Current or history of): Decline
COPD	Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: Classic 2 Severe, on oxygen or smoker: Decline
Crohn's Disease	Over one year since last attack, no ongoing treatment with corticosteroids or immunosuppressive drugs and no current symptoms: Classic 1 Use of corticosteroids or immunosuppressive but no current symptoms or attacks within the last year: Classic 2 Current symptoms of attack within the last year: Decline
Cerebral Palsy	Decline
Cerebrovascular Accident	Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user. Under age 40 at time of diagnosis: Decline Age at diagnosis 40 to 69: Classic 2 Age at diagnosis 70 or greater: Classic 1 If multiple strokes or single stroke with severe residuals: Decline . Combined with heart disease or diabetes: Decline
Defibrillator	Decline
Depression	Treated with one or two medications and no impact on daily living: Classic 1 Treated with 3 medications: Classic 2 Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: Decline
Diabetes (Gestational)	Currently Pregnant: Decline After childbirth and recovery (diabetes resolved): Classic 1 If diabetes isn't resolved postpartum, refer to the following Diabetes section.
Diabetes Type 1	Applicant must provide an A1c reading from the past 12 months. If the A1c is not known, or is older than 1 year, do not submit. This is a Decline . Under age 30: Decline Current age 30 through 59, good control, non-tobacco: Classic 2 Current age 30 through 59, good control, tobacco: Decline Current age 60 and older, good control, non-tobacco: Classic 1 Current age 60 and older, good control, tobacco: Classic 2 History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: Decline . Combined with heart disease, kidney disease, stroke, TIA, or peripheral vascular disease: Decline If also near upper limits of build chart Classic 2 to Decline .

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION					
Diabetes Type 2	Applicant must provide an A1c reading from the past 12 months. If the A1c is not known, or is older than 1 year, do not submit. This is a Decline .					
	Under age 20: Decline					
	Current age 20 through 39, good control, non-tobacco: Classic 2					
	Current age 20 through 39, tobacco user: Decline					
	Current age 40 and older, good control, non-tobacco: Classic 1					
	Current age 40 and older, good control, tobacco: Classic 2					
	History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: Decline . Combined with heart disease, kidney disease, stroke, TIA, or peripheral vascular disease: Decline . If also near upper limits of build chart: Classic 2 to Decline .					
Disabled/Disability	Decline					
Drug Use	Minimum five years after successful treatment, no relapse: Classic 1					
	Within five years of treatment or current substance abuse: Decline					
Driving History including DUI	>3 years since single DUI with no other citations: Classic 1					
	3 DUIs ever: Decline					
	Less than 3 speeding/similar tickets within the last 3 years: Classic 1					
	Otherwise email uwrisk@gmpmlife.com for risk assessment with driving history.					
Emphysema	Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: Classic 2					
	Severe and/or on oxygen or smoker: Decline					
Epilepsy	Absence or petit mal seizures: Classic 1					
	Grand mal seizures, less than 12 episodes per year: Classic 1					
	Grand mal seizures, greater than 12 episodes per year: Classic 2					
	History of status epilepticus, personality or cognitive changes, progression of underlying disease: Decline					
Felony	>3 years since parole/probation ended for a single nonviolent conviction: Classic 1					
	Otherwise, or if multiple separate criminal convictions: Decline					
Gastric Bypass	Classic 1 if successful surgery over 6 months before application.					
Heart Attack	All cases must be at least six months since heart attack, no or minimal heart damage, non-smoker without other medical issues.					
	All ages, described as severe attack, or multiple attacks: Decline					
	Any current age, tobacco user: Classic 2 to Decline					
	MILD HEART ATTACK			MODERATE HEART ATTACK		
	UNDER AGE 40	AGE 40 TO 59	AGE 60 & OVER	UNDER AGE 50	AGE 50 TO 69	AGE 70 & OVER
	Decline	Classic 2	Classic 1	Decline	Classic 2	Classic 1
	Combined with Stroke/TIA or diabetes: Decline					
Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): Decline						
Heart Valve Replacement or Repair	Decline					
Heart Valve Disease	Decline					
Hemophilia	Decline					
Hepatitis B	Fully resolved with no residual effects and not currently on anti-viral drugs: Classic 1					
	Currently on anti-viral drug treatment: Classic 2					
Hepatitis C	Decline					

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Hypertension (High Blood Pressure)	If blood pressure reading was last taken over 12 months ago do not submit.
	If they do not know their blood pressure, the application will refer for Underwriter Review.
	Well controlled (with or without medication): Classic 1
	Uncontrolled: Classic 2 to Decline
Kidney Disease	Decline
Lap Band Surgery	Classic 1 if successful surgery over 6 months before application.
Liver Disease	Decline
Lupus – Discoid	Classic 1
Lupus – Systemic	Mild: few symptoms without use of corticosteroids, immunosuppressants, antimalarial drugs, or biologics and able to perform all ADLs: Classic 1
	Moderate: SLE related chest pain, Swollen joints or treated with corticosteroids, immunosuppressants, antimalarial drugs, or biologics. Able to perform all ADLs: Classic 2
	Severe: Decline
Multiple Sclerosis	Within one year of diagnosis: Decline
	Greater than one year since diagnosis, mild (no or minimal symptoms and disability): Classic 1
	Moderate (moderate symptoms preventing full time work, but working part-time): Classic 2
	Severe (requiring assisted ambulation to being restricted to wheelchair): Decline
Osteoarthritis	Classic 1
	Use of corticosteroids or immunosuppressive but no current symptoms or attacks within the last year: Classic 2
Osteoporosis	Mild or moderate with little impact on daily activities: Classic 1
	Regular use of aids for ambulation: Decline
Oxygen Use	Decline
Pacemaker	Classic 1
	Accompanied by ischemic heart disease or other organic heart disease: Decline
Pancreatitis	Single acute episode, over one year since recovery, not alcohol related: Classic 1
	Chronic or related to alcohol, or complications mentioned above: Decline
Peripheral Vascular Disease	Decline
PTSD	Treated with one or two medications and no impact on daily living or time off work: Classic 1
	Treated with 3 medications: Classic 2
	Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: Decline
Schizo/psychotic disorders	Decline
Sickle Cell Anemia	Decline
Sickle Cell (Trait only)	Classic 1
Sleep Apnea	Well controlled with consistent CPAP use: Classic 1
	If treated with oxygen: Decline

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Stent	Under age 60, non-tobacco: minimum Classic 2
	Under age 60, tobacco: Decline
	Over age 60, non-tobacco: minimum Classic 1
	Over age 60, tobacco: minimum Classic 2
	If ongoing angina after procedure: Decline Combined with Stroke/TIA or diabetes: Decline
	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): Decline
Stroke	Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user.
	Under age 40 at time of diagnosis: Decline
	Age at diagnosis 40 to 69: Classic 2
	Age at diagnosis 70 or greater: Classic 1
	If multiple strokes or single stroke with severe residuals: Decline Combined with heart disease or diabetes: Decline
Thrombocythemia	Decline
TIA	All applicants must be at least one year since single TIA and non-tobacco use.
	Ages less than 40: Classic 2
	Ages 40 and older: Classic 1
	If multiple TIAs or current tobacco use: Decline Combined with heart disease or diabetes: Decline
Tuberculosis	Classic 1 if treatment complete and recovered.
	Otherwise: Decline
Weight Loss Surgery	Classic 1 if successful surgery over 6 months before application.

CONVERSION *Not available in first 2 Policy years.*

Term Period	Issue Age	Conversion Period
10 Year	18 – 65	Earlier of the 8 th anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70
	66 – 73	Earlier of the 5 th anniversary of the Policy Date, or the Policy Date the Insured is attained Age 75
15 Year	18 – 65	Earlier of the 12 th anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70
	66 – 70	Earlier of the 5 th anniversary of the Policy Date, or the Policy Date the Insured is attained Age 75
20 Year	18 – 65	Earlier of the 15 th anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70
30 Year	18 – 55	Earlier of the 20 th anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70

Classic 1 risks will convert to the Alliance UL Standard Plus Table B risk class. Classic 2 risks will convert to the Alliance UL Standard Plus Table E risk class.

- A decreasing term life insurance rider may be allowed on the permanent policy, so long as the total face amount and risk class are not increased. If the term policy is 100,000 or greater, the permanent policy must be at least 25% of the total insurance amount of the converted policy. If the term policy is less than 100,000, the permanent policy must be at least 50% of the total insurance amount of the converted policy, but no less than the minimum base amount required in the UL policy.
- The conversion may take place prior to and including the Last Day to Convert shown on each policy schedule page. The Last Day to Convert will vary depending upon the policy term period.
- The policy can be converted to a permanent life insurance policy offered by GPM Life, for which a comparable underwriting class exists

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Neither GPM Life nor its representatives offer legal or tax advice. Please consult with your legal or tax advisor regarding your individual situation before making any tax related decisions.

Terminal Illness Accelerated Death Benefit Rider Series #ICC17 70G ALBR17, #70G ALBR17 and state variations
Waiver of Premium Benefit Rider Series ICC19 74J WPD19
Accidental Death Benefit Rider Series ICC19 74I ADB19