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

EQUITY PROTECTOR

UNDERWRITING GUIDE



GPMLife

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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 LINE

(800) 938-4765 ext. 2299
Email: uwrisk@gpmlife.com



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
 - Quarterly
 - 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.

REQUIREMENTS FOR THE CHILDREN'S INSURANCE RIDER

1. Insurable Interest: The Proposed Primary Insured (PPI) should be the parent (by birth or adoption) or the stepparent of the child.
 - Stepparents may not insure stepchildren without written consent of a custodial parent.
 - Foster Parents DO NOT have an insurable interest.
2. Children ages 15 and older MUST sign the application.

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.

UNDERWRITING RATE CLASSES

Classic 1 Non-Tobacco	Applicants in this rate class have not used tobacco in any form 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 tobacco in any form 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 a form of tobacco 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 a form of tobacco in the past 12 months. This rate class is designed to accept substandard risks (Table D-F).

ACTIVE DUTY MILITARY APPLICATION LIMITS

To determine the military insurance limit from the following table, include

1. The total initial amount of life insurance applied for.
2. The current amount (exclusive of paid-up additions) of any life insurance already in force with GPM Life.

GENERAL LIMITS ON ACTIVE DUTY MILITARY PERSONNEL FOR EQUITY PROTECTOR TERM INSURANCE

PAYGRADE	LIMITS
E1, E2, E3	\$50,000
E4 - 1st enlistment	\$100,000
E4 - 2nd enlistment	\$250,000
E5, E6	\$250,000
E7, E8, E9	\$300,000
O1, O2, W1, W2	\$250,000
W3, W4, W5	\$300,000
O3 and up	\$300,000

▲ 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
AIDS/HIV	Decline
Alcoholism	Current abuse, or within two years of treatment: Decline
	Treatment within two to five years: minimum Classic 2
	Treatment over five years prior: 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 minimum Classic 2
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
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
Arthritis – Rheumatoid	Mild or moderate, without use of corticosteroids, Gold, sulphasalazine, chloroquine or methotrexate and able to perform all ADLs: Classic 1
	Severe, use of any drugs listed above and able to perform most or all ADLs: Classic 2
	Otherwise: Decline
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 \geq 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

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
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 fewer than three medications, little impact on daily living: Classic 2
	Otherwise: 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
Cancer – Basal Cell	Potential rate class depends on tumor stage, grade, location, type of and time since treatment.
	Stage 1 or 2, over two years since successful treatment: 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
Cardiomyopathy	Decline
	Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59: minimum Table F . Age 60 and over: minimum Table D
Cirrhosis – Liver	Decline
	Would consider application for UL subject to medical records. Table D to 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	Decline
	Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59: minimum Table F . Age 60 and over: minimum Table D
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

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Crohn's Disease	Over one year since last attack, no ongoing treatment with corticosteroids or immunosuppressive drugs and no current symptoms: Classic 1
	Otherwise: Classic 2
	Current symptoms or within one year of last attack: 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
Depression Moderate	Treated with one or two medications and no impact on daily living: Classic 1
	Treated with 3 or more medications: Classic 2
	More than 3 medications, recent hospitalization, interferes with daily living: Decline
Depression Moderate	Minimum Classic 2
	More than 3 medications, recent hospitalization, interferes with daily living: Decline
Depression Severe	Decline
	Would consider application on UL policy subject to medical records. More than two years since single episode, stable symptoms, on low dose antidepressant preventive medication only, fully functioning: minimum Table D
Diabetes Type 1	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 .
Diabetes Type 2	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
	History of attempted reform with relapse, minimum five years after successful treatment: Classic 2
	Within five years of treatment or current substance abuse: Decline

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION																		
Drug Use	Minimum five years after successful treatment, no relapse: Classic 1																		
	History of attempted reform with relapse, minimum five years after last successful treatment: Classic 2																		
	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																		
	<table border="1"> <thead> <tr> <th colspan="3">MILD HEART ATTACK</th> <th colspan="3">MODERATE HEART ATTACK</th> </tr> <tr> <th>UNDER AGE 40</th> <th>AGE 40 TO 59</th> <th>AGE 60 & OVER</th> <th>UNDER AGE 50</th> <th>AGE 50 TO 69</th> <th>AGE 70 & OVER</th> </tr> </thead> <tbody> <tr> <td>Decline</td> <td>Classic 2</td> <td>Classic 1</td> <td>Decline</td> <td>Classic 2</td> <td>Classic 1</td> </tr> </tbody> </table>	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
	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																			
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																		
	Would consider application on UL policy subject to medical records. Minimum Table D to Decline . If cleared of virus with Harvoni treatment would consider Standard after one year.																		
Hypertension (High Blood Pressure)	Well controlled (with or without medication): Classic 1																		
	Uncontrolled: Classic 2 to Decline																		
Kidney Disease	Decline																		
	Would consider application for UL policy subject to medical records. Rating dependent upon cause of disease and extent of kidney damage.																		
Lap Band Surgery	Classic 1 if successful surgery over 6 months before application.																		
Liver Disease	Decline																		
	Would consider application for UL policy subject to medical records. Rating dependent upon cause of disease and extent of liver damage.																		
Lupus – Discoid	Classic 1																		

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Lupus – Systemic	Mild: Classic 1
	Moderate: 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 and disability preventing full time work): Classic 2
	Severe (requiring assisted ambulation to being restricted to wheelchair): Decline
Osteoarthritis	Classic 1
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 condition, not related to alcohol, without complications (such as malabsorption, diabetes, or impaired glucose tolerance), less than three years since last symptoms: Classic 2
	Greater than three years since last symptoms: Classic 1
	Related to alcohol, or complications mentioned above: Decline
Sleep Apnea	Well controlled with consistent CPAP use: Classic 1
	If treated with oxygen: Decline
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
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
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.

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Equity Protector Term Life with Living Benefits is issued by **Government Personnel Mutual Life Insurance Company (GPM Life)**. Policy and rider form and numbers may vary by state of issue, and this product and/or riders may not be available in all states. Insurance eligibility and premiums are subject to underwriting.

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Terminal Illness Accelerated Death Benefit Rider Series
#ICC17 70G ALBR17, #70G ALBR17 and state variations
Waiver of Premium Benefit Rider Series ICC19 74J WPD19
Children's Benefit Rider Series ICC19 74F CIR19
Accidental Death Benefit Rider Series ICC19 74I ADB19