

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
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 \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
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 .

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
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
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)	After childbirth and recovery: Decline
	If diabetes isn’t resolved postpartum, refer to the following Diabetes section.

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION																		
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																		
	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																			
Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): Decline																			

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
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
Hypertension (High Blood Pressure)	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 8 th anniversary of the Policy Date or age 70
	66 – 73	Earlier of 5 th anniversary of the Policy Date or age 75
15 Year	18 – 65	Earlier of 12 th anniversary of the Policy Date or age 70
	66 – 70	Earlier of 5 th anniversary of the Policy Date or age 75
20 Year	18 – 65	Earlier of the 15 th anniversary of the Policy Date or age 70
30 Year	18 – 55	Earlier of the 20 th anniversary of the Policy Date or 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. The UL table B sales illustration will need to be run by Sales Support, ext. 4003.

- 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