



Pacific Life Insurance Company



Underwriting Guidelines

for Pacific Life's Death Benefit Protection Products

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The primary purpose of life insurance is to protect the policy beneficiaries from the adverse financial consequences of the insured's death.

PL PROMISE TERM Level Premium Term Life Insurance (Policy Form #P16LYT or ICC16 P16LYT and S16LYT10, S16LYT15, S16LYT20, S16LYT25, or S16LYT30, based on level premium period chosen and state of policy issue), or PL BREEZE TERM Level Premium Term Life Insurance (Policy Form #P16LYT or ICC16 P16LYT and S19BC1T10, S19BC1T15, S19BC1T20, S19BC1T25, and S19BC1T30, based on level premium period chosen and state of policy issue) – depending on distribution channel.

PL PROMISE GUL No-Lapse Guarantee Universal Life Insurance. Policy Form #P18PRUL and S18PRUL or ICC18 P18PRUL and ICC18 S18PRUL, based on state of policy issue.

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UNDERWRITING OVERVIEW

The primary purpose of life insurance is to protect the policy beneficiaries from the adverse financial consequences of the insured's death. Financial protection is important to your clients, as is your ability to help ensure your client's application and underwriting process goes smoothly.

This guide provides insights into the clear, consistent underwriting methodology we use. We focus on the most meaningful factors to give you:

- More personalized evaluations
- More competitive offers
- More consistent decisions
- Quicker turnaround
- Fewer requirements

Clear, Consistent Communication

Our goal is to provide better customer service and help ensure a higher placement ratio through focused communication that helps you understand our competitive position. Our strategy to improve the information you receive at every step of the application process is unfolding rapidly.

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Life insurance is subject to underwriting and approval of the application and may incur monthly policy charges.

TOP 12 SWEET SPOTS

Life is sweeter by the dozen. With Pacific Life, your applicant may qualify for preferred premium classes for conditions that other carriers may designate as a standard premium class. Discover our sweet spots in the following underwriting conditions.

Aggressive Guidelines For Better Than Standard Rate Classes

- 1 **Build** Ages 0-64 with Body Mass Index (BMI) \leq 33, Ages 65+ with BMI \leq 35.
- 2 **Total Cholesterol** Treated or untreated total cholesterol of 150-300.
- 3 **Blood Pressure** Treated or untreated.

Preferred Rate Classes May Be Available

- 4 **Depression or Anxiety** Preferred available for mild to moderate depression or anxiety with stability on up to 2 medications (cannot be 3rd line drugs or antipsychotics) with limited time off work and no hospitalizations or electroconvulsive therapy (ECT).
- 5 **Sleep Apnea** Preferred available for Mild Sleep Apnea (Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) of 10-30 and oxygen saturation better than 80%).
Moderate/Severe Sleep Apnea may be preferred with successful treatment of 2 years or longer, including Continuous Positive Airway Pressure (CPAP) therapy.
- 6 **Asthma** Preferred available for mild to moderate asthma (exercise induced, seasonal, etc.) with less than 2 attacks per week, treated with preventive oral bronchodilators (e.g. Singulair, Accolate) or self-administered inhaled bronchodilator and/or inhaled steroids. Stable with no Chronic Obstructive Pulmonary Disease (COPD), smoking, or hospitalizations.
- 7 **Rheumatoid Arthritis** Preferred available for a) Ankylosing Spondylitis issue ages 18 and older and b) Psoriatic Arthritis with no extra-articular system disease and remission for 2 years. Treated with Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) only and minimal spinal deformity.
Select/Standard available for Rheumatoid Arthritis with no extra-systemic disease (e.g. lung, heart) or evidence of autoimmune disease. Treated with NSAIDs only with stability for at least 2 years. Joint involvement must be limited with mild disability at worst.

(cont. on next page)

TOP 12 SWEET SPOTS (cont.)

8 Gastrointestinal Disorders

Ulcerative Proctitis–Preferred available when limited to rectum and sigmoid colon for at least 3 years, normal weight, and treatment limited to rectal administration of steroid/salicylate preparations or oral sulfasalazine/salicylate drugs only. No extra-intestinal disease (e.g. liver, joints, skin) and no dysplasia.

Crohn’s Disease–Select/Standard available with minor symptoms, no steroid use for at least 5 years, and gastrointestinal involvement limited to distal ileum and/or colon, no dysplasia, and no extra-intestinal disease (e.g. liver, joints, skin).

Ulcerative Colitis–Select/Standard available with mild symptoms and gastrointestinal involvement limited to colon and distal ileum. No dysplasia, no extra-intestinal disease (e.g. liver, joints, skin), and no steroid or other oral chemotherapy or biologic drug use for at least 5 years.

9 Recreational Scuba Diving

Preferred available for diving up to 100 feet. Standard available for diving of 101-125 feet. No significant medical history and no high risk activities such as cave or wreck diving.

10 Foreign Travel

Preferred available for travel up to 4 consecutive weeks

11 Military Individuals

No exclusion for military duty. We only rate for hazardous duty (e.g. demolition expert). Maximum amount that can be considered is \$1 million.

12 Aviation

Preferred without a flat extra available for private pilots who hold an instrument flight rating (IFR), fly 26-150 hours per year (personal pleasure flying, no business flying for pay), and are between issue ages 20 and 70.

UNDERWRITING CREDITS, BEST OFFER FIRST

All cases are automatically evaluated for an underwriting credit, which means your clients will always get our best offer first. If an underwriting credit applies, your client may benefit from an improvement of up to one premium class.

PREFERRED PROVIDERS AND PAYMENT GUIDELINES

Paramedical Exams

American Para Professional Systems, Inc. (APPS) 800 727.2101
ExamOne® 800 768.2056

Attending Physician Statement (APS)

ExamOne 800 768.2056
Express Imaging Services (EIS) 888 846.8804
JetStream APS 888 233.8015
Parameds.Com (PDC) 718 575.2000
ReleasePoint 800 999.9589

Laboratory Services

Clinical Reference Lab (CRL)
ExamOne (LabOne)

Important Payment Guidelines

- Pacific Life will make direct payments only to the medical requirement providers that are contracted with Pacific Life (refer to accompanying Preferred Provider list).
- Producers or firms choosing to use medical requirement fulfillment vendors not included on the list of Preferred Providers will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of fees associated with an APS from a non-preferred provider, Pacific Life will reimburse the expense up to \$100. Refer to FAQs for additional details.

FREQUENTLY ASKED QUESTIONS

1. How do I order an Inspection or Motor Vehicle Report (MVR)?

- These requirements are ordered by Pacific Life upon receipt of the application. There is no action necessary by the firm or producer.

2. Will Pacific Life pay for medical requirement fulfillment services arranged by a firm or producer?

Yes, if the following two conditions are met:

- The requirements are ordered to meet Pacific Life underwriting guidelines, and
- The requirements have been received in connection with the underwriting of a formal Pacific Life life insurance application.

Note: Pacific Life will make direct payments only to the medical requirement fulfillment providers that are contracted with Pacific Life and included on the list of Preferred Providers. Review answer to Question 4 for additional details.

3. Will Pacific Life share a copy of the APS with the firm or producer?

Yes, Pacific Life will share a copy of the APS with the firm, but not a producer. The firm must contact Pacific Life within 90 days of the application received date at the home office. However, if the case is declined or closed, the APS will only be released up to two weeks after the decline or close date.

4. Will Pacific Life reimburse a producer or firm for APS fees?

As noted in Question 2, Pacific Life will pay for underwriting requirements that are required by us and have been received in connection with the underwriting of a formal Pacific Life life insurance application with the following exceptions:

- Producers or firms that choose to use a medical requirement fulfillment provider that is not one of Pacific Life's Preferred Providers will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of APS fees associated with medical requirements arranged by a producer or firm from a non-preferred provider and proof of payment, Pacific Life will reimburse the producer or firm for such expenses up to a maximum of \$100.00.

5. Will Pacific Life accept a paramedical exam from a non-preferred provider?

Paramedical services performed by non-preferred providers are subject to approval from a Pacific Life underwriter. If approved, reimbursement of fees will be subject to rates and standards deemed acceptable to Pacific Life. In addition, the exam cannot be performed by the Primary Care Physician (PCP).

6. How should a reimbursement request be submitted?

Submit your requests for reimbursements and include a copy of the invoice and proof of payment. Submit a completed W-9 form, if it is your first reimbursement request. You may submit your reimbursement requests via email to: **APSFeeApproval@PacificLife.com**.

Most reimbursements requests are processed within 30 days from the time Pacific Life receives the request, formal application, and medical requirements. If you have additional questions, please contact APSFeeApproval@PacificLife.com.

AGE AND AMOUNT GUIDELINES

(AGE DEFINED BY NEAREST BIRTHDAY)

Definitions

APS:	Attending Physician Statement	FCA:	Functional Cognitive Assessment (Senior Supplemental Exam)
BLOOD:	Blood Profile	HOS:	Home Office Specimen Inspection Report
DBS:	Dried Blood Spot	IR:	IR
EKG:	Electrocardiogram	NT-ProBNP:	Natriuretic Peptide Test

AGES	0-17	18-40	41-50	51-60	61-70	71+
\$0 to \$99,999	Non-Med	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood APS ¹ (age 66+)	Paramed HOS Blood/NT-ProBNP APS ¹ FCA ²
\$100,000 to \$250,000	Non-Med	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood APS ¹	Paramed HOS Blood/NT-ProBNP APS ¹ FCA ²
\$250,001 to \$500,000	Non-Med	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood/NT-ProBNP APS ¹	Paramed HOS Blood/NT-ProBNP APS ¹ FCA ²
\$500,001 to \$1,000,000	Paramed HOS APS	Paramed HOS Blood	Paramed HOS Blood	Paramed HOS Blood/NT-ProBNP	Paramed HOS Blood/NT-ProBNP APS ¹ IR (65+, \$1M)	Paramed HOS Blood/NT-ProBNP APS ¹ IR (\$1M) FCA ²
\$1,000,001 to \$2,000,000	Paramed HOS APS	Paramed HOS Blood	Paramed HOS Blood/NT-ProBNP	Paramed HOS Blood/NT-ProBNP	Paramed HOS Blood/NT-ProBNP APS ¹ IR (65+)	Paramed HOS Blood/NT-ProBNP APS ¹ IR FCA ²
\$2,000,001 to \$3,000,000	Paramed HOS APS DBS	Paramed HOS Blood	Paramed HOS Blood/NT-ProBNP	Paramed HOS Blood/NT-ProBNP	Paramed HOS Blood/NT-ProBNP APS ¹ IR (65+)	Paramed HOS Blood/NT-ProBNP APS ¹ IR FCA ²
\$3,000,001 to \$5,000,000	Paramed HOS APS DBS IR at \$5M	Paramed HOS Blood APS IR at \$5M	Paramed HOS Blood/NT-ProBNP APS IR at \$5M	Paramed HOS Blood/NT-ProBNP APS IR at \$5M	Paramed HOS Blood/NT-ProBNP APS ¹ IR ³	Paramed HOS Blood/NT-ProBNP APS ¹ IR FCA ²
\$5,000,001 to \$10,000,000	Paramed HOS APS DBS IR	Paramed HOS Blood/NT-ProBNP APS IR	Paramed HOS Blood/NT-ProBNP APS IR	Paramed HOS Blood/NT-ProBNP APS IR	Paramed HOS Blood/NT-ProBNP APS ¹ IR	Paramed HOS Blood/NT-ProBNP APS ¹ IR FCA ²
\$10,000,001 and Up⁴	Paramed HOS Blood/NT-ProBNP EKG APS IR	Paramed HOS Blood/NT-ProBNP EKG APS IR	Paramed HOS Blood/NT-ProBNP EKG APS IR	Paramed HOS Blood/NT-ProBNP EKG APS IR	Paramed HOS Blood/NT-ProBNP EKG APS ² IR	Paramed HOS Blood/NT-ProBNP EKG APS ¹ IR FCA ²

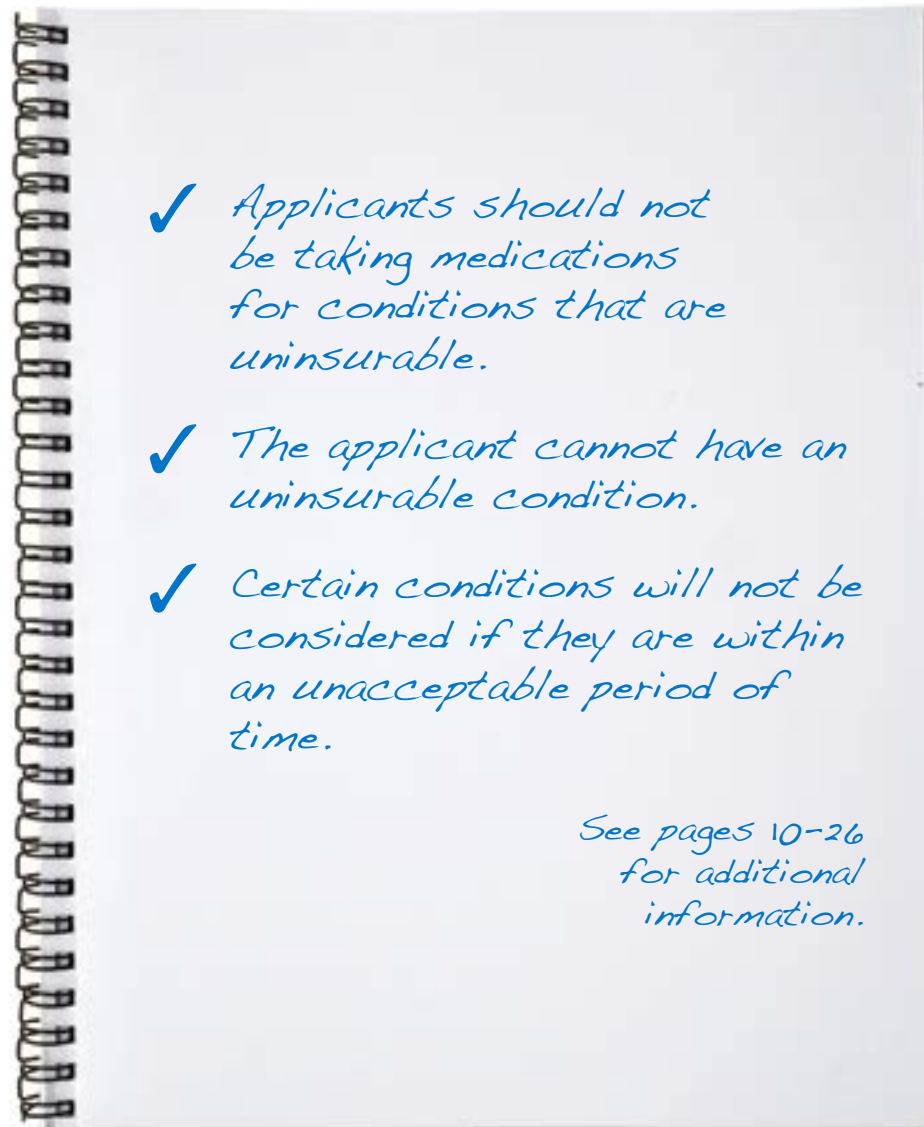
The paramed exam, labs, and EKG are valid for up to 12 months for insured's age 70 or less who are approved standard or better. For insured's who are over the age of 70 or are approved substandard, the paramed and labs are valid for 6 months and the EKG is valid for 12 months.

- For ages 65 and over, the APS must include evidence that the proposed insured visited his/her personal care physician in the 18 months immediately before the date of the application Part I or II, whichever is later.
- For ages 71 and over, a senior supplemental examiner's report (Functional Cognitive Assessment) from approved vendors will be required during the paramed.
- An IR is required for ages 61-64 starting at \$5 million. At ages 65+, an IR is required starting at \$1 million.
- 3rd party financial verification is required for all applications over \$10 million. Examples of acceptable 3rd party financial verification include last 2 years of tax returns with all schedules included, balance sheet, profit and loss statement, accountant or estate planning attorney's breakdown of net worth.

Your importance to the underwriting process cannot be overstated. Helping identify acceptable risks and qualified applicants will enhance the speed and quality of your clients' underwriting experience. A fully completed, accurate application helps keep the underwriting process as short as possible.

Before quoting an applicant, conduct a quick underwriting conditions pre-qualifying checklist.

Here's what to look for:



RED FLAG MEDICATIONS

The following medications denote a significant underlying disease. It is highly unlikely that we can offer insurance if your client is taking any of the following medications:

Brand Name	Generic Name
Antabuse®	disulfiram
Aranesp®	darbepoetin alfa
Aricept®	donepezil hcl
Campral®	acamprosate calcium
Depade®	naltrexone
Epogen®	epoetin alfa
Exelon®	rivastigmine
Flolan®	epoprostenol sodium
Namenda®	memantine
Procrit®	epoetin alfa
Razadyne®	galantamine hydrobromide
Remodulin®	treprostinil sodium
ReVia®	naltrexone
Suboxone®	buprenorphine/naloxone
Tracleer®	bosentan
Ventavis®	iloprost
Vivitrol®	naltrexone

UNINSURABLE CONDITIONS

Applications for clients with any of the following impairments should not be submitted.

Issue	Timeline
Abdominal aortic aneurysm corrected surgically	Within past 6 months
Alcoholism treatment (detoxification and/or inpatient alcohol program)	Within past 2 years or history of treatment and currently using or used within last year
Alzheimer's Disease/dementia	At any time
Bankruptcy (personal), Chapter 7 and 11	Not discharged or discharged < 1 year ago
Cancer treated with chemotherapy or radiation therapy	Within 12 months
Cirrhosis of the liver	At any time
Illegal drug use (other than marijuana)	Within 3 years
Driving under the influence (DUI)/Driving while intoxicated (DWI) (more than one)	Within 5 years
Gastric/intestinal bypass	Within 1 year
Heart attack	Within 6 months
Heart bypass surgery/Coronary artery bypass grafting (CABG)	Within 3 months
HIV positive	At any time
Kidney failure/disease, on dialysis	Currently
Lung disorder, on oxygen	Currently
Mental disorder requiring hospitalization	Within 1 year
Organ transplant pending or received	Within 1 year
Probation/parole	Currently serving or ended < 1 year ago
Pregnant with complications (i.e., toxemia, eclampsia, pre-eclampsia)	Currently
Suicide attempt	Within 2 years
Stroke/Cerebrovascular accident (CVA)	Within 1 year
Valve replacement	Within 1 year

This list is not all inclusive, as other medical conditions and timelines could result in an additional underwriting charge or decline of coverage. If your client has a medical condition not listed here, please refer to the Impairment Guide section for further information.

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SELECTING THE UNDERWRITING CATEGORY

Underwriting Class Criteria: Ages 0-64

All applicants must meet specific criteria to qualify for these underwriting classes. Meeting these criteria is not a guarantee that an applicant will qualify for a specific class.

The only Nicotine Use classes available are Preferred and Standard.

Male & Female Age 0-64 Build Chart

Height (ft)	Height (in)	Minimum Weight	Weight		
			Preferred Best	Preferred	Select/Standard
4'10"	58"	86	143	158	167
4'11"	59"	89	148	163	173
5'0"	60"	92	153	168	179
5'1"	61"	95	158	174	185
5'2"	62"	98	164	180	191
5'3"	63"	101	169	186	197
5'4"	64"	105	174	192	204
5'5"	65"	108	180	198	210
5'6"	66"	111	186	204	216
5'7"	67"	115	191	211	223
5'8"	68"	118	197	216	230
5'9"	69"	122	203	223	236
5'10"	70"	125	209	229	243
5'11"	71"	129	215	236	250
6'0"	72"	132	221	242	258
6'1"	73"	136	227	250	265
6'2"	74"	140	233	256	272
6'3"	75"	144	240	264	279
6'4"	76"	148	246	271	287
6'5"	77"	151	253	278	295
6'6"	78"	155	259	285	302
6'7"	79"	159	266	292	310
6'8"	80"	164	273	300	318
6'9"	81"	168	280	307	326
6'10"	82"	172	286	315	334
6'11"	83"	176	294	323	343

Body Mass Index (BMI)

Maximum	30	33	35

Underwriting Class Criteria: Ages 0-64

Condition		Preferred Best	Preferred	Select	Standard
Nicotine No use of nicotine or nicotine substitutes		In last 5 years	In last 3 years or may be Nicotine Use class	In last 2 years	In last 12 months or may be Nicotine Use class
		Occasional cigar use is considered non-nicotine if 12 or fewer per year and current nicotine test is negative			
Alcohol/Substance Abuse No history of or treatment for alcohol or substance abuse		Ever	In last 10 years	In last 7 years	In last 5 years
Aviation		All classes available with flat extra premium (available in most cases) or exclusion rider.			
Blood Pressure Treated or untreated, currently controlled and average readings do not exceed:	Age 0-50	135/85	140/90	145/90	150/90
	Age 51-64	140/85	145/90	150/90	155/90
Cancer History Includes all cancers except basal cell carcinoma		Not available if any cancer history	Not available if any cancer history	Not available if any cancer history	May be available based on specific cancer history
Total Cholesterol Treated or untreated		Underwriting review is required if cholesterol is lower than 150 or greater than 300			
Cholesterol/High-density lipoproteins (HDL) Ratio cannot exceed:	Female	4.0	5.0	6.0	7.0
	Male	4.5	5.5	6.5	7.5
Driving History No DWI, DUI, reckless driving, license revocation or suspensions		In last 5 years	In last 5 years	In last 3 years	In last 2 years
Family History		No cancer or coronary artery disease in either parent before age 60	No death from cancer or coronary artery disease in either parent before age 60	Not more than one death of a parent due to coronary artery disease prior to age 60	
Hazardous Occupation or Avocation		All classes available (in most cases); however, may require flat extra premium			
Personal History		No diseases, disorders, or activities that would result in substandard mortality			

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Underwriting Class Criteria: Ages 65+

All applicants must meet specific criteria to qualify for these underwriting classes. Meeting these criteria is not a guarantee that an applicant will qualify for a specific class.

The only Nicotine Use classes available are Preferred and Standard.

We will also review functionality (including exercise capacity and mobility), weight change and nutritional status, cognition, social connectivity and degree of independent living.

Male & Female Age 65+ Build Chart

Height (ft)	Height (in)	Minimum Weight	Weight		
			Preferred Best	Preferred	Select/Standard
4'10"	58"	86	158	167	177
4'11"	59"	89	163	173	183
5'0"	60"	92	168	179	189
5'1"	61"	95	174	185	195
5'2"	62"	98	180	191	202
5'3"	63"	101	186	197	208
5'4"	64"	105	192	204	215
5'5"	65"	108	198	210	222
5'6"	66"	111	204	216	229
5'7"	67"	115	211	223	236
5'8"	68"	118	216	230	243
5'9"	69"	122	223	236	250
5'10"	70"	125	229	243	257
5'11"	71"	129	236	250	265
6'0"	72"	132	242	258	272
6'1"	73"	136	250	265	280
6'2"	74"	140	256	272	287
6'3"	75"	144	264	279	295
6'4"	76"	148	271	287	304
6'5"	77"	151	278	295	312
6'6"	78"	155	285	302	320
6'7"	79"	159	292	310	328
6'8"	80"	164	300	318	336
6'9"	81"	168	307	326	345
6'10"	82"	172	315	334	354
6'11"	83"	176	323	343	362

Body Mass Index (BMI)

Maximum	33	35	37
Minimum	18	18	18

Underwriting Class Criteria: Ages 65+

Condition	Preferred Best	Preferred	Select	Standard	
Nicotine No use of nicotine or nicotine substitutes	In last 5 years	In last 3 years or may be Nicotine Use class	In last 2 years	In last 12 months or may be Nicotine Use class	
Occasional cigar use is considered non-nicotine if 12 or fewer per year and current nicotine test is negative					
Alcohol/Substance Abuse No history of or treatment for alcohol or substance abuse	Ever	In last 10 years	In last 7 years	In last 5 years	
Aviation	All classes available; ages 65-70 flat extra premium available, ages 71+ require Aviation Exclusion Rider				
Blood Pressure Treated or untreated, currently controlled and average readings do not exceed:	145/90	150/90	155/90	160/90	
Cancer History Includes all cancers except basal cell carcinoma	Not available if any cancer history	Not available if any cancer history	Not available if any cancer history	May be available based on specific cancer history	
Total Cholesterol Treated or untreated	Underwriting review is required if cholesterol is lower than 150 or greater than 300				
Cholesterol/HDL Ratio cannot exceed:	Female	4.0	5.0	6.0	7.0
	Male	4.5	5.5	6.5	7.5
Driving History No DWI, DUI, reckless driving, license revocation or suspensions	In last 5 years	In last 5 years	In last 3 years	In last 2 years	
Family History	Ages 65-74: No cancer in either parent before age 60	Ages 65-74: No cancer death in either parent before age 60	No family history limitation	No family history limitation	
Hazardous Occupation or Avocation	All classes available (in most cases); however, may require flat extra premium				
Personal History	No diseases, disorders, or activities that would result in substandard mortality				

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You can give your clients a more accurate quote if you preview the possible underwriting class(es) that may be available to them, as well as alert them to additional information that may be needed if a listed impairment applies to them.

Key points to keep in mind:

The severity of medical conditions varies among individuals, and individuals may have multiple impairments.

Underwriters will review the functionality of applicants age 65 or older. This includes their cognition, mobility, and exercise capacity, weight change and nutritional status, social connectivity and degree of independent living.

If medical testing has been advised but not yet completed, the case may be declined.

Underwriters' offers depend on the merits of each case.

Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Alcohol Abuse History and Treatment	APS from treatment facility required when: Treatment completed > 2 years to 5 years ago	Motor Vehicle Report (MVR) Alcohol Use Supplement	Individual consideration Preferred may be available if recovered for more than 10 years	Alcoholism treated within 2 years OR Past history of treatment for alcoholism and use of alcohol within 2 years OR Currently taking Antabuse® or other anti-drinking medication
Alzheimer's Disease				Decline
Aneurysm, Aortic	Required for all cases		Depends on extent of disease and recovery Individual consideration	Surgical correction of abdominal aortic aneurysm within 6 months
Angina*	Refer to Heart Disease			

* Current nicotine use may result in increased cost or decline.

Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision			
			Most Favorable Class Available for Non-nicotine Users*		Decline Probable	
Asthma*	Required if: Hospitalized within 1 year Oral steroid used continually for more than 1 month in last year	Onset age Frequency, dates of attacks Emergency room or hospitalization dates Treatment Home oxygen use Smoking history	Preferred may be available if: Stable mild disease No hospitalizations No other lung conditions		Using oxygen routinely in the last month Unstable, poor control Severe disease Frequent hospitalizations Intubation within 2 years	
Blood Disorder	Required if: Male with anemia All platelet disorders (e.g., thrombocytopenia, ITP, thrombocytosis) Bone marrow biopsy Polycythemia Hemochromatosis	Diagnosis Blood counts and investigations Pathology reports from bone marrow biopsy	Varies by diagnosis and severity			
Bronchitis*	Required if: Chronic bronchitis (more than 3 bouts per year) Hospitalized within 1 year		Preferred available		Using oxygen routinely in last month	
Build Chart Check height. If weight equals or exceeds chart limits, APS required.	5'0" - 212	5'4" - 241	5'8" - 272	6'0" - 305	6'4" - 340	6'8" - 376
	5'1" - 219	5'5" - 248	5'9" - 280	6'1" - 313	6'5" - 349	6'9" - 386
	5'2" - 226	5'6" - 256	5'10" - 288	6'2" - 322	6'6" - 358	6'10" - 395
	5'3" - 233	5'7" - 264	5'11" - 296	6'3" - 331	6'7" - 367	6'11" - 405
Cancer*	Required for all cancers except basal cell carcinoma	All records (surgery, oncology, pathology and recent follow-up) Type of cancer, stage, grade and recurrence Treatment types with dates completed	Individual consideration Preferred classes may be available for basal/squamous cell of the skin Standard is the best class for non-skin cancers		Treatment with chemotherapy or radiation within 1 year Depends on cancer type and stage	

* Current nicotine use may result in increased cost or decline.

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Chest Pain*	Required if: Currently being treated with nitroglycerine, Coumadin®, Plavix® Had cardiac events and procedures (e.g., coronary artery bypass, angioplasty /Percutaneous transluminal coronary angioplasty (PTCA)	All investigations for chest pain that required urgent medical care or were considered cardiac in nature	Varies by cause and severity of underlying impairment	Heart attack (MI) within 6 months Coronary artery bypass within 3 months
Chronic Lung Disease*	Required if: Chronic bronchitis COPD (chronic obstructive pulmonary disease) Emphysema Sarcoidosis	Type of lung disorder Pulmonary function test results Chest X-ray or Computerized tomography (CT) scan reports Treatment Smoking history	Varies by cause and severity of underlying impairment	Using oxygen routinely in the past month
Cirrhosis				Decline
Clotting Disorders	Required for all bleeding/clotting disorders, including: Hemophilia Factor VIII or IX deficiency Factor V or Lieden Von Willebrand's disease Prothrombin Mutation Antithrombin deficiency or Protein C or S deficiency	Details of bleeding or clotting history Investigations Hospitalizations Treatments	Varies by condition and control Standard may be available	
Colitis/Ileitis (Crohn's Disease, Regional Enteritis, Ulcerative Colitis, Ulcerative Proctitis)	Required if: Crohn's disease (regional enteritis) Ulcerative colitis	Age when diagnosed Extent of disease Frequency of attacks Most recent exacerbation Treatment	Varies by condition and control Preferred may be available for ulcerative proctitis Standard may be available for others	Severe attack within 1 year Surgery within 6 months

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Coughing Up Blood	Required for all cases		Ratings based on cause	
Dementia (includes Alzheimer's Disease)				Decline
Depression	Required if: Bipolar disorder (manic depression) Attempted suicide more than 2 years ago Currently seeing a psychiatrist or psychologist	A phone interview may be requested for cases in which an APS is not required Treatment and details of control	Preferred may be available depending on severity and recovery (no current medications)	Depends on severity and control Hospitalized for psychiatric reason within 1 year Suicide attempt within 2 years With alcohol/drug abuse or treatment
Diabetes*	Required for all cases	Type of diabetes Age when diagnosed Treatment and details of control	Varies by severity and control Standard may be available for type 2 if over age 50 with optimal control and no complications	Pregnant and has gestational diabetes
Dizziness/Fainting	May be required based on cause	Details required for all applicants age 65 and over	Rated for cause	
Drug Abuse History and Treatment	Required for all cases (other than marijuana)	MVR Drug Use Supplement	Individual consideration Preferred may be available if recovered for more than 10 years	Used illegal drugs (other than marijuana within 3 years)
Epilepsy/Seizures	Required if took medication for epilepsy/seizures within 5 years	Type of seizure Frequency of attacks Date of last seizure Treatment	Standard may be available	Petit mal (absence seizures) diagnosed within 6 months Grand mal (tonic clonic) diagnosed within 1 year
Gastric Bypass Surgery	Required if: Surgery/procedure was done within 1-3 years	Pre-operative and current weights Any complications from surgery	Individual consideration	Gastric bypass surgery within 1 year

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Gastro-Intestinal Bleeding	Required for bleeding within 3 years except if caused by hemorrhoids		Rated for cause	
Headaches	Required if: Hospitalized within 1 year Disability due to headaches		Rated for cause Many may be eligible for Preferred	
Heart Disease* Angina, Angioplasty, Bypass (Coronary Artery Disease, Coronary Bypass CABG)	Required for all cases	All cardiac history, consultations, tests and treatments	Standard may be available	Uninvestigated unstable angina Angioplasty surgery less than 1 month ago CABG less than 3 months ago Heart attack / Myocardial infarction (MI) within 6 months
Arrhythmia/ Palpitations	Required for all cases	All cardiac history, consultations, tests and treatments	Preferred may be available if well controlled or recovered	Depends on severity and presence of other conditions
Heart Attack/ Myocardial Infarction (MI)*	Required for all cases	All cardiac history, consultations, tests and treatments	Depends on severity Table 2 may be available	Depends on severity and presence of other conditions
Murmur, Mitral Valve Prolapse (MVP), Valve Surgery	Required for all cases except MVP with no valve problem	All cardiac history, consultations, tests and treatments	Preferred may be available if no other heart conditions	Heart valve surgery within 1 year
Hepatitis A, B and C	Required if Hepatitis C	Hepatitis screening tests will be included in the insurance lab tests for all those with a history of Hepatitis	Preferred may be available if fully recovered from Hepatitis A or B If fully recovered from Hepatitis C, Standard may be available	Depends on severity

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Hypertension/ High Blood Pressure	Required at underwriting discretion only for non-nicotine users ages < 56, face amounts < \$1,000,001 Required for all other		Rate classes vary by blood pressure levels See: For ages 0-64, page 12 For ages 65+, page 14	Uncontrolled blood pressure Associated with serious cardiovascular disease High blood pressure and currently pregnant
HIV (Human Immunodeficiency Virus)				Decline
Kidney Disease/Disorder	Required for all except kidney stones and/or kidney infection		Preferred may be available for kidney stones, infections and simple cysts	Kidney failure On dialysis Kidney transplant pending or received within 1 year Polycystic disease
Lupus Systemic Lupus Erythematosus (SLE)	Required for all cases	Type of lupus (discoid or systemic) Organs involved Treatment	Standard may be available for mildest cases	Depends on severity Systemic lupus with multiple organs involved
Mental Illness	Required if: Suicide attempt more than 2 years ago Currently seeing a psychiatrist/psychologist Bipolar/manic depression Schizophrenia	Date of diagnosis Treatment Response to treatment Recurrence Current status Stability/control	Varies by cause and severity	Hospitalized for psychiatric reason within 1 year Suicide attempt within 2 years
Multiple Sclerosis (MS)	Required for all cases	Age at diagnosis Course of disease Response to treatment	Standard may be available for very stable, long-term disease	Depends on severity Rapidly progressive disease
Muscular Dystrophy	Required for all cases		Varies by condition and severity	

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Neurological Disorders	Required for all cases		Varies by condition and severity	
Organ Transplant	Required for all cases		Kidney transplant recipients are rated at very high substandard rates Most other organ transplant recipients are uninsurable	On a transplant list or awaiting a transplant Received a transplant within 1 year
Pancreatitis	Required if: Had active pancreatitis 6 months to 5 years before application		Varies by underlying cause, severity, recurrence pattern and recovery Standard may be available	Active pancreatitis within 6 months Associated with alcohol or substance abuse
Paralysis	Required for all except Bell's Palsy	Cause of paralysis (disease or injury) Degree of injury and recovery Functional impairment Impairment of organs	Preferred may be available for Bell's Palsy, if fully recovered Others are rated according to severity with mild to high substandard rates	Paraplegia diagnosed within 6 months Quadriplegia
Parkinson's Disease	Required for all cases	Age at diagnosis Progression of disease Severity of disease Presence of dementia	Varies by age and severity Standard rates may be available for mild disease with onset at age 59 and older	Depends on severity Rapidly progressive disease Dementia is present
Peripheral Vascular Disease*	Required for all except varicose veins	Degree of involvement Treatment Response to treatment Presence of risk factors and other conditions	Varies by severity and associated vascular conditions	
Pituitary Disorder	Required for all cases		Varies by condition and severity	

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Pregnancy	Not required if: Normal pregnancy			Any complication of pregnancy (e.g., gestational diabetes, toxemia, eclampsia, pre-eclampsia)
Prostate Disorder	Required if: Prostate cancer PIN (prostate intraepithelial neoplasia) Prostate biopsy within 2 years	Prostate-Specific Antigen (PSA) test results All pathology and treatment records PSA testing will also be conducted during underwriting	Standard is best available for prostate cancer and PIN Preferred may be available for others	
Rheumatoid Arthritis (RA)	Required for all except osteoarthritis treated with NSAIDS (non-steroidal anti- inflammatories) only	Number of joints affected Severity Treatment Response to treatment Organs involved	Standard may be available	Depends on severity Extensive organ involvement (e.g., lungs, heart and joints) Severe disabling disease
Seizures/ Convulsions/ Epilepsy	Refer to Epilepsy/ Seizures			
Shortness of Breath*	May be required based on cause		Rated for cause	
Skin Disorder	Required if: Melanoma Psoriasis with Arthritis (Psoriatic Arthritis) Squamous Cell Carcinoma		Rated for cause	
Sleep Apnea*	Required from: Diagnosing physician and/or treatment center if within 1 year All others at underwriting discretion	Sleep studies before and after treatment Treatment type Response to treatment Motor Vehicle Report	Preferred may be available for well- controlled, mild cases	Uncontrolled, severe cases Multiple motor vehicle accidents Suspended driver's license due to sleep apnea

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Medical Risks

Health Situation/ Medical History	APS Requirement (not required if probable decline)	Information Needed for Evaluation	Possible Underwriting Decision	
			Most Favorable Class Available for Non-nicotine Users*	Decline Probable
Stroke* CVA (Cerebral Vascular Accident) CVD (Cerebral Vascular Disease) TIA (Transient Ischemic Attack or mini-stroke)	Required for all cases	Age at diagnosis Severity of stroke Residual impairment Risk factor control Co-existing diseases Recurrent episodes	Standard may be available if fully recovered or if TIA	Depending on cause, severity and recovery CVA within 1 year TIA, brain aneurysm or A-V malformation within 6 months
Sugar, Protein or Blood in Urine	May be required based on cause			Underwrite for cause
Suicide Attempt	Required if suicide attempt occurred more than 2 years ago		Rate for underlying cause, severity and response to treatment	Suicide attempt within 2 years
Thyroid Disorder	Required for thyroid cancer		Could be rated if cancer involved	
Tuberculosis (TB)	Required if: Treatment completed within 1 year TB not confined to lungs		Standard available for fully recovered cases	Currently being treated for TB
Tumor, Mass, Lump	Required for: All brain tumors/ cancers All cancers/ malignant tumors Not required for: Basal cell carcinoma	Diagnosis of condition Pathology reports of all biopsies Results of all tests Diagnoses	Rated for cause	Treated with chemotherapy or radiation within 1 year
Ulcer/Gastritis	Required for: Bleeding ulcer within 1 year Barrett's Esophagus	Diagnosis of condition Pathology reports of all biopsies Results of all tests	Rate for cause and severity	If associated with alcohol abuse

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Risk	Questionnaire	Possible Underwriting Decision	
		Most Favorable Class Available	Decline Probable
Aviation (Private piloting)	Aviation Supplement	Flat extras apply for: Student pilots Private pilots with less than 26 hours flying time per year Any piloting for business purposes Any piloting 26-150 hours per year without an Instrument Flight Rating (IFR) All piloting over 150 hours per year (even with IFR)	Aviation Exclusion Rider (AER) for: History of alcohol/substance abuse or treatment History of driving under the influence or while intoxicated (DUI or DWI) Bipolar disorder, major depression, psychosis Coronary artery disease (CAD), heart attack, pacemaker, valve replacement, history of angina or arrhythmia Insulin-dependent diabetes Epilepsy/seizure disorder Untreated sleep apnea Stroke/Transient Ischemic Attack (TIA) Age 71+
Bankruptcy	Financial Supplement		Any bankruptcy that has not yet been discharged for > 1 year or payment plan confirmed
Criminal Activity			If committed a major felony or more than 1 felony; if currently on parole or probation, or if less than or equal to 1 year since discharge or if charges are pending
Driving History		No DUI/DWI reckless driving, revoked or suspended license in the past: 5 years, Preferred Best, Preferred 3 years, Select 2 years, Standard	More than 1 DUI/DWI in the past 5 years Significant traffic violations

Non-Medical Risks

Risk	Questionnaire	Possible Underwriting Decision	
		Most Favorable Class Available	Decline Probable
Hazardous Occupation or Avocation	Climbing Supplement Underwater Diving (SCUBA) Supplement Sky Sports (e.g., skydiving, hang gliding, ultra-light, hot air ballooning) Supplement Motor Sports Supplement	Coverage available, but flat extra premium may be required Scuba: Preferred Best may be available if recreational diving in less than 100 feet	
Resident Alien	Resident Alien Supplement		
Travel, Foreign	Foreign Travel/Residence Supplement	No rating for past travel No rating for travel of < 4 consecutive weeks Special state guidelines may apply Application, requirements and delivery must be completed in the U.S.	Countries on State Department warning list

Financial underwriting is a key part of the underwriting process. Underwriting can go faster and more smoothly if you submit the case with a fully completed application, explanatory cover letter and documentation supporting the amount of insurance applied for. A good cover letter should include:

- Reason for the insurance
- How the amount applied for was determined
- Total amount of insurance on the insured's life with all companies
- Pending applications
- Life insurance to be replaced
- Reason for unusual or complex ownership and beneficiary designations

Please include with your cover letter the illustrations or quote used to help make the sale and financial statements that help demonstrate the need for insurance.

Our underwriters follow the guidelines below. The facts of each case will determine how much coverage we offer. You may use these guidelines to help your clients and to determine the information we need in order to evaluate the case.

Note: Applications over \$10 million require 3rd party verification of financial information. Please reference the age and amount requirement chart on page 8 for more details.

Personal

Purpose	Documentation	Coverage Amounts	
Income Replacement	Gross annual earned income	Proposed Insured's Age	Maximum Factor
	How the insurance need was determined		
	You may be required to submit any or all of the following:	21-40	30 x income
	Reason(s) for the amount of coverage requested	41-50	20 x income
	Financial Supplement	51-60	15 x income
	Financial Needs Analysis	61-70	10 x income
	W-2 or Tax Returns	70 and over	Individual Consideration
Spouse/Domestic Partner with No Earned Income	The income-earning spouse/domestic partner gross annual earned income	Age 70 and below:	
	The total amount of personal insurance in force and pending on both spouses/domestic partners	Up to 100% of the income-earning spouse/ domestic partner's coverage to a maximum of \$3 million	
	You may be required to submit a financial needs analysis	Individual consideration if over \$3 million	
Spouse/Domestic Partner with Lesser Earned Income	Gross annual income for each spouse/domestic partner	Age 70 and below:	
	The total amount of personal coverage in force and pending on both spouses/domestic partners	The greater of the amount justified by the income replacement guidelines or 100 percent of the higher income earning spouse/domestic partner's coverage, to include a maximum of \$3 million	
	You may be required to submit a financial needs analysis	Individual consideration if over \$3 million	
		Age 71 and above: Coverage will be considered on an individual basis	

Personal

Purpose	Documentation	Coverage Amounts
Juvenile (minimum age: 15 days; maximum age: 20 years; must be dependent if over 18)	All juveniles should be covered in equal amounts Amount of insurance in force on the parents (or legal guardians) and siblings Justification for the amount applied for if it exceeds coverage on either parent, legal guardian or siblings If owner is the juvenile's legal guardian, provide a copy of the guardianship papers If owner is someone other than a parent or legal guardian (e.g., grandparent), the parent or legal guardian with whom the juvenile resides must sign the application—Part I and any Part II non-medical application	Up to 50% of amount of personal coverage on the highest insured parent or legal guardian, but not more than the amount of coverage on the least insured parent or legal guardian; individual consideration for applications over \$1 million
Debt Repayment		Coverage is not separately underwritten for personal debt repayment purposes
Estate Conservation	Total personal assets and liabilities, as well as additional financial documentation as required by underwriting	Usually based on projected net worth x 55%; projected net worth based on current net worth grown at 6% annual rate, for lesser of 15 years or life expectancy Coverage in excess of guideline amounts on individual consideration basis
Charitable Giving	You may be asked to provide additional financial documentation such as the proposed insured's Schedule A and Form 8283 (non-cash gifts) attached to the 1040 return and/or receipts from a charity	The average of the last 3 years' history of charitable gifts x the lesser of 50 years or remaining life expectancy Coverage in excess of guideline amounts on individual consideration basis
Special Needs	An individual with special needs generally refers to someone with a mental, emotional or physical disability—or a high risk of developing one—that impacts (or will impact) their ability to care for themselves physically and financially. The proposed insured is someone who provides personal care services and/or financial support for the person with special needs; someone whose death will result in a financial hardship for the person with special needs. The policy owner will typically be either the insured or a trust for the benefit of the person with special needs. If the amount requested exceeds what would normally be allowed by rolling up the special needs benefit allowance under other coverage purposes, the underwriter has individual discretion to offer additional coverage to the extent that the applicant can reasonably demonstrate need. Information may be required to demonstrate the need for the additional coverage amount, and to document the plan for using the death benefit to provide for the person with special needs.	Coverage will be capped at the lesser of \$1million or 20% of the total amount of coverage for which the proposed insured would otherwise qualify under all other personal insurance guidelines. The amount of death benefit required to fund special needs may vary substantially depending upon a number of factors, including the nature and severity of the condition affecting the person with special needs, current and projected future costs of care specific to the condition, as well as the financial abilities and planning goals of the care provider(s). In some cases, the projected death benefit needed to cover special needs will be within what would be allowed for the proposed insured under existing income replacement and estate conservation guidelines.

Business

Purpose	Documentation	Coverage Amounts
Debt Repayment	<p>Owner: Business must own the policy</p> <p>Amount of debt and remaining term of loan</p> <p>You may be required to submit additional documentation, which could include a copy of the loan agreement and/or mortgage document or bank commitment letter</p> <p>Lines of Credit: bank or lending institution statement that documents the borrowing activity over the immediately preceding 2-year period</p> <p>Business financial statements</p>	<p>Debt repayment coverage can be considered in addition to Key Person coverage, but cannot exceed 100% of the debt and cannot exceed 50% of the amount allowed by key person multipliers</p> <p>Lines of Credit may be insured if they have been used during the 2 years immediately preceding the application date</p> <p>Policy term cannot exceed remaining term of the loan by more than 10 years</p>
Key Person	<p>Owner and beneficiary must be the business</p> <p>Complete the Business portion of the Financial section of the application—Part I</p> <p>Provide current wage amounts, not projections</p>	<p>5-10 x annual wages (depending on involvement in the business operations and circumstances); higher amounts will be considered on an individual basis</p> <p>Up to 100% of non-wage benefits may be included, at the underwriter's discretion</p>
Buy-Sell Business Continuation Business Succession	<p>Owner and beneficiary must be the person or entity that will (or has the option to) buy the insured's interest in the business.</p> <p>Complete the Business portion of the Financial section of the Application Part 1.</p> <p>Complete the Financial Supplement.</p> <p>For amounts greater than \$5million, a copy of the buy-sell agreement is required.</p> <p>For amounts \$5million or less, in lieu of the buy-sell agreement, we may allow written confirmation that a completed buy-sell agreement is in place, and that the owner and beneficiary listed on the application are consistent with that agreement. This confirmation must be signed by the owner or their legal or tax counsel.</p> <p>For amounts \$3million or less, if a formal agreement is not in place at the time of the application, we may allow the applicant's legal or tax counsel to verify in writing that the parties have an oral agreement, and that a buy-sell agreement is being drafted (Note we cannot accept this lesser confirmation if only attested to by the owner).</p> <p>For amounts \$500,000 or less, if all the parties are either owners of the business or the business itself, and we have sufficient documentation to support the requested valuation, then no verification of an agreement is required unless the underwriter determines that additional documentation is needed due to the circumstances of the case.</p>	<p>Coverage amount will be determined based on the evaluation of the case, including ownership and business valuation.</p>

Temporary Insurance Application and Agreement (TIAA)

We offer a user-friendly approach to temporary insurance requests. Temporary insurance is designed to cover your client during the underwriting process. Coverage begins the moment your client signs the TIAA paperwork and submits the required premium or payment authorizations, provided the application—Part I is complete and submitted with the original signed TIAA, and all TIAA eligibility questions are correctly answered “no.”

Here are a few important points to remember about temporary insurance:

- Lasts a maximum of 90 days.
- Ends 45 days after the start date if the required exams and tests are not completed and received by Pacific Life by that time.
- Ends the date the owner withdraws the application, refuses the policy or offer, or the date we mail notice that the case is declined.
- Coverage available under a TIAA is the lesser of the amount applied for or \$1 million minus the amount of any insurance on the proposed insured’s life in force with Pacific Life under any policies, conditional receipts or other temporary insurance agreements.
- Premium will not be processed from the credit card or checking account until policy delivery (when delivery requirements are submitted).

The policy with TIAA will be current dated when issued unless backdating is requested, and premium/insurance charges will be required from that date forward.

Reinsurance Limits

Contact your underwriter for reinsurance information.

Pacific Life is a product provider. It is not a fiduciary and therefore does not give advice or make recommendations regarding insurance or investment products.



THE POWER OF PACIFIC

At Pacific Life, putting customers first has allowed us to serve families and businesses successfully for over 150 years. As part of a mutual holding company structure, we have no publicly-traded stock, so we can focus on long-term strategies, financial strength, and the best interest of our policyowners.

You and your clients, our policyowners, are at the heart of the business decisions we make.



PACIFIC LIFE

Pacific Life Insurance Company is licensed to issue insurance products in all states except New York. Product/material availability and features may vary by state. Insurance products and their guarantees, including optional benefits and any crediting rates, are backed by the financial strength and claims-paying ability of the issuing insurance company. Look to the strength of the life insurance company with regard to such guarantees as these guarantees are not backed by the broker-dealer, insurance agency, or their affiliates from which products are purchased. Neither these entities nor their representatives make any representation or assurance regarding the claims-paying ability of the life insurance company.

Pacific Life reserves the right to change or modify any non-guaranteed or current elements. The right to modify these elements is not limited to a specific time or reason.

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