

# New business Life underwriting condensed guide



# **Table of contents**

#### Not applicable to paid (inforce) change requests

- 1 Streamlined underwriting programs
- **2-3** Preferred underwriting criteria
- 4 BMI/build charts
- **5** New business life underwriting requirements
- 6 Financial underwriting requirements
- 6 Approved vendors
- 7-8 Financial underwriting
- 9 Definitions and additional information

### Streamlined underwriting programs\*\*

Back to Table of Contents

Streamlined underwriting program	Easy Underwriting	Fluidless UW in Puerto Rico	Equitable Advantage Max <sup>sM</sup> / VUL Optimizer® Max	Executive COIL
Ages	18-60	18-60	20-55	20-60
Products	Term 10, 15, 20, ART, VUL Legacy <sup>®</sup> , Equitable Advantage and VUL Optimizer <sup>®</sup> , BrightLife Grow	Term 10, 15, 20, ART, VUL Legacy®, Equitable Advantage and VUL Optimizer®, BrightLife Grow and COIL Institutional Series <sup>SM</sup> (COIL)	Equitable Advantage, VUL Optimizer® Max	COIL
Available rates	All rate classes available, non- tobacco and tobacco	All rate classes available, non- tobacco and tobacco	VUL Optimizer® Max: Standard Plus NT; Advantage Max: Select NT	Preferred and substandard rates, non-tobacco and tobacco
Max death benefit*	\$2,000,000	\$2,000,000	\$2,000,000	\$4,000,000
Qualifications	U.S. citizen or permanent resident currently residing in the United States	U.S. citizen or permanent resident currently residing in the United States	U.S. citizen or permanent resident currently residing in the United States	U.S. citizen or permanent resident currently residing in the United States
Requirements	e-App, MVR, MIQ, and other noninvasive data checks, pharmaceutical profile, APS per impairment	e-App, MIQ, pharmaceutical profile, APS always	e-App, MVR, personal history questionnaire and other noninvasive data checks, pharmaceutical profile	Application, MVR, MIQ, and other noninvasive data checks, pharmaceutical profile, APS per impairment or if death benefit exceeds \$2,000,000
Special considerations	Not available in Puerto Rico or IUP	Must have a physical exam with labs within last year. Not available for IUP.	If APS is needed, case does not qualify for program. Not available in Puerto Rico or IUP	For amounts greater than \$2,000,000, must have a physical exam with labs within last year Not available in Puerto Rico or for IUP

\* Lifetime maximum for streamlined underwriting programs is \$6M subject to max and eligibility within each program. (\$4MM Executive COIL, \$2M Max program, \$2M Easy Underwriting, Fluidless in PR).

\*\*For Term-in-10<sup>SM</sup> details, see field bulletin.

#### Underwriting criteria | Preferred guidelines

All applicants					
Product	Rating	Rating	Rating		
Term, UL/VL except Corporate Owned IncentiveLife® (COIL)	Preferred Elite Non-tobacco	Preferred Non-tobacco	Standard Plus Non-tobacco Preferred tobacco¹		
COIL and VUL Survivorship®	N/A	Preferred Plus Non-tobacco	Preferred non-tobacco Preferred tobacco <sup>1</sup>		

For Equitable Advantage Max<sup>SM</sup>, Optimizer Max<sup>®</sup>, Executive COIL refer to page 1

Total Cholesterol and Cholesterol/HDL	300 and 5.0	300 and 5.5	300 and 6.0		
Tobacco use <sup>1, 2</sup>	No nicotine use past 5 years	No nicotine use past 3 years	No nicotine use for past 12 months to qualify for non-tobacco use rates		
Alcohol and/or substance abuse	No history	No history of abuse for 8 years	No history of abuse for 6 years		
Aviation (private), avocation and occupation	Preferred ratings may be allowed. Permanent flat extra up to \$3.50 per thousand may be available for all products as applicable.				
Medical history/ physical condition		f cancer (except certain skin heart disease, even if not ratable			

1 Tobacco rates will be charged if the proposed insured tests positive for nicotine or used cigarettes, e-cigarettes, hookah or vape within the last 12 months.

2 Marijuana usage: Preferred Elite and Preferred ≤ 12 times per year. Standard Plus at best, 2 to 8 times per month and must be > age 25 with all other favorable factors. If a positive marijuana test is developed, Standard NT rates will be best rate available, if otherwise qualifies.

#### **Underwriting criteria** | Preferred guidelines cont'd

Back to Table of Contents

	Applica	nts 0-69	
Product	Rating	Rating	Rating
Term, UL/VL (except COIL)	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
COIL & VUL Survivorship®	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco
Family history <sup>3</sup>	No deaths from CAD, CVD, or Ca for M or F or S < 60	No deaths from CAD or the following Ca: breast, melanoma, colorectal, ovarian or prostate for M or F < 60	No more than one death from CAD for M and F < 60
Medication	All Rx considered	All Rx considered	All Rx considered
Blood pressure	Ages < 60: 140/85 Ages 60-69: 150/90 Ages 0-69: 125/80 if treated	Ages < 60: 145/90 Ages 60-69: 150/90	Non-ratable BP readings
Driving history	No DWI, reckless driving or license suspension in the past 5 years	No DWI, reckless driving or license suspension in the past 5 years	No DWI, reckless driving or license suspension in the past 3 years
	No more than two moving violations in the past 3 years <sup>4</sup>	No more than three moving violations in the past 3 years <sup>4</sup>	No more than three moving violations in the past 3 years <sup>4</sup>
	Applicant	s 70 or over	
Medication	All Rx considered	All Rx considered	All Rx considered
Family history	No criteria	No criteria	No criteria
Blood pressure	150/90	150/90	150/90
Driving history	No DWI, reckless driving or license suspension in the past 5 years	No DWI, reckless driving or license suspension in the past 5 years	No DWI, reckless driving or license suspension in the past 3 years
	No more than two moving violations in the past 3 years <sup>4</sup>	No more than three moving violations in the past 3 years <sup>4</sup>	No more than three moving violations in the past 3 years <sup>4</sup>

3 All preferred ratings are available if death occurs from testicular, prostate, ovarian, cervical, breast or uterine cancer in a relative of the opposite sex to the proposed insured. All preferred ratings are also available if death occurred from lung cancer in a relative for proposed insureds who have never smoked.

4 Includes cell phone and texting violations.

Abbreviations are as follows: Coronary Artery Disease (CAD), Cerebrovascular Disease (CVD), Cancer (Ca), Mother (M), Father (F), Siblings (S), Blood Pressure (BP), Medication (Rx), Attending Physician Statement (APS), Motor Vehicle Report (MVR), Home Office Specimen – urinalysis (HOS).

### **BMI/build charts**

Back to Table of Contents

	BMI ages up to 69⁵		BMI ages 70 and up⁵			
Product	Rating	Rating	Rating	Rating	Rating	Rating
Term, UL/VL (except COIL) Products	Preferred Elite Non-tobacco	Preferred Non-tobacco	Standard Plus Non-tobacco Preferred tobacco	Preferred Elite Non-tobacco	Preferred Non-tobacco	Standard Plus Non-tobacco Preferred tobacco
COIL & VUL Survivorship	N/A	Preferred Plus non-tobacco	Preferred Non-tobacco, Preferred tobacco use	N/A	Preferred Plus Non-tobacco	Preferred Non-tobacco, Preferred tobacco
Height	Maximum weight BMI 28.5	Maximum weight BMI 30.5	Maximum weight BMI 32.5	Maximum weight BMI 30	Maximum weight BMI 31.5	Maximum weight BMI 33
4' 6"	118	126	135	124	131	137
4' 7"	123	131	140	129	135	142
4' 8"	127	136	145	134	140	147
4' 9"	132	141	150	139	146	152
4' 10"	136	146	155	144	151	158
4' 11"	141	151	161	149	156	163
5' 0"	146	156	166	154	161	169
5' 1"	151	161	172	159	167	175
5' 2"	156	167	178	164	172	180
5' 3"	161	172	184	169	178	186
5' 4"	166	178	189	175	184	192
5' 5"	171	183	195	180	189	198
5' 6"	177	189	201	186	195	205
5' 7"	182	195	208	192	201	211
5' 8"	188	201	214	197	207	217
5' 9"	193	207	220	203	213	224
5' 10"	199	213	227	209	220	230
5' 11"	204	219	233	215	226	237
6' 0"	210	225	240	221	232	244
6' 1"	216	231	247	228	239	250
6' 2"	222	238	253	234	246	257
6' 3"	228	244	260	240	252	264
6' 4"	234	251	267	247	259	271
6' 5"	241	257	274	253	266	279
6' 6"	247	264	282	260	273	286
6' 7"	253	271	289	267	280	293
6' 8"	260	278	296	273	287	301
6' 9"	266	285	304	280	294	308
6' 10"	273	292	311	287	302	316
6' 11"	279	299	318	294	309	323
7' 0"	286	306	326	301	316	331

Note: BMI = Body Mass Index. Chart is unisex, maximum weight is in pounds.

5 Minimum BMI of 18.5 is required for all levels of preferred.

Do not use these charts if the proposed insured qualifies for streamlined underwriting without labs and paramedical requirements. Use these charts if full underwriting is required.

#### New business Life underwriting requirements | Ages 0-50

See page 9 for definitions and additional information

See footnotes for other details.

See charts below for APS requirements.

Face Amounts	Issue Ages			
race Amounts	<b>0–15</b> <sup>6</sup>	<b>16/17</b> <sup>6</sup>	18–50	
\$0-\$99,999	Non-med <sup>8</sup>	Non-med <sup>8</sup>	Paramed, HOS, Blood and MVR	
\$100,000-\$500,000		Non-med and MVR <sup>8</sup>		
Over \$500,000		Paramed, HOS, Blood and MVR		

#### New business Life underwriting requirements | Ages 51 and above

Face Amounts	Issue Ages			
Face Amounts	51-60	61–65	66-69	70 & over
\$0 to \$99,999	Paramed, HOS, Blood	Paramed, HOS, Blood, MVR		
\$100,000 to \$250,000	Deversed LIOC Disc.			
\$250,001 to \$500,000	Paramed, HOS, Blood, <sup>7</sup> MVR			Paramed, HOS,
\$500,001 to \$5,000,000	Paramed, HOS, Blood, <sup>7</sup> MVR			Blood, <sup>7</sup> MVR
\$5,000,001 to \$10,000,000	Paramed, HOS, Blood, <sup>7</sup> EKG, MVR			
Over \$10,000,000	Paramed, HOS, Blood	Paramed, HOS, Blood, <sup>7</sup> EKG, MVR		

APS required if proposed insured had checkup			AF	PS always required
Issue Age	Amount	APS required if checkup	Issue Age	Amount
16–50	> \$2,000,000	Within past 6 months	0-15	> \$500,000
51-60	> \$2,000,000	Within past 6 months	16-60	> \$5,000,000
61–65	≥ \$100,000	Within past 12 months	61-69	> \$1,000,000
66-69	> \$50,000	Within past 12 months	70+	All amounts

6 NOTE: For ages 0-17, Standard Plus is only rate available.

7 NT Pro BNP is required at certain ages and amounts as part of the insurance blood profile: ages 51-65 >\$500,000, ages 66+>\$250,000.

8 Juvenile Insurance Questionnaire (ages 0-14; 0-17 in PA). Medical Information Questionnaire and Personal History Questionnaire (all other ages).

## Financial underwriting requirements<sup>9</sup>

#### See footnote below and page 9 for definitions and additional information

Face amounts	Age 69 and below	Ages 70 and above
\$2,000,000	N/A	<ul><li>Financial questionnaire</li><li>For trusts: complete trust document</li></ul>
\$2,000,001 to \$5,000,000	N/A	<ul><li>Financial questionnaire</li><li>For trusts: complete trust document</li></ul>
\$5,000,001 to \$10,000,000	<ul> <li>Financial questionnaire</li> <li>E-Inspection and national credit file</li> </ul>	<ul> <li>Financial questionnaire</li> <li>Inspection report</li> <li>Documentation of net worth by disinterested third party</li> <li>For trusts: complete trust document</li> </ul>
\$10,000,001 +	<ul> <li>Financial questionnaire</li> <li>E-Inspection and national credit file</li> <li>Documentation of net worth by disinterested third party</li> <li>Prior year's federal income tax statement; for business coverage, corporate business financial statements acceptable in lieu of personal income or business tax returns. Business financial statements must include proposed insured's/owner's income or compensation; otherwise, copies of the client's personal or business tax returns will be required.</li> </ul>	<ul> <li>Financial questionnaire</li> <li>Inspection report</li> <li>Documentation of net worth by disinterested third party</li> <li>For trusts: complete trust document</li> <li>Prior year's federal income tax statement; for business coverage, corporate business financial statements acceptable in lieu of personal income or business tax returns. Business financial statements must include proposed insured's/owner's income or compensation; otherwise, copies of the client's personal or business tax returns will be required.</li> </ul>

#### **Approved vendors**

Approved paramedic	al vendors		
APPS (American Para Profes (800) 727-2101 appslive.com	ssional Services)	<b>ExamOne</b> (a Quest Diagnostics Company) portal.examone.com please note: online orders only	
Approved APS retrie	val services		Approved laboratory testing services
Parameds.com	Express Imag	•	CRL (Clinical Reference Lab)
(888) 766-3999 or     Services (EIS)       (718) 575-2000     (888) 846-8804		Approved inspection report services	
parameds.com	eiscallcenter.		CRL Plus

9 For IUP-eligible cases, inspection report is required over \$2,000,000.

## **Financial underwriting**

Purpose	Description/Criteria	Amounts	
Personal			
		Growth poten	tial
		Maximum	Ages
	Working individual — All sources of earned income, including salary, bonus or other deferred compensation or gross annual earned income	30x income	18-40
	Non-working spouse, co-breadwinner, and other dependent adults -	25x income	41-45
Income replacement <sup>10</sup>	To determine if any amount is available, require income information and amount of insurance on breadwinner	20x income	46-55
	<b>Unemployed</b> – To determine if any amount is available, require	15x income	56-60
	information regarding past earnings, current assets, past and future occupation contemplated	10x income	61–70
		5x income	71–79
		Individual Consideration	80 and up
		50%–75% life expectancy estate growth factor x app	
		Age	Estate growth
Estate planning	Need clear figure of net worth	< 70	7%
		70–79	6%
		≥ 80	2%
	Equal amounts on all children		
Juvenile	<ul> <li>Provide coverage information on application — Total life insurance inforce or pending in all companies on the juvenile and on the applicant or child's parent AND reason if there are any other children in the family insured for a lesser amount</li> </ul>	$^{1\!\!/}_{2}$ to $^{1\!\!/}_{2}$ amount on parent or payor Special rules apply in NY, WA and MD	
Charitable	Cover letter explaining interest in the charity and how the amount was determined	Replacement of financial and/or service contribution	IS
Future inheritance	<ul> <li>Donor must be age 70 or older; If donor &lt; 70, a detailed explanation from independent source must be submitted confirming Life expectancy &lt; 5 years</li> <li>Cover letter containing estate planning details</li> <li>Applicable trust documents, will, or other third-party verification of expected inheritance</li> <li>Verification of net worth of parent(s) or bequeather(s)</li> </ul>	Growth rate factor up to 3%–5% for a maximum of 10 years	
Long-Term Care Services <sup>∞</sup> Rider (LTCSR)	LTCSR questionnaire plus other new business requirements	Maximum monthly benefit available, including pending plus inforce LTCSR, all companies, is lesser of \$50,000 or 3x annual income/12 at ages > 50 or 6x annual income/12 at ages $\leq$ 50	
Debt repayment	Amount of loan, loan duration, date loan committed, name of lender and collateral pledged to secure loan	Loan duration at least 5 ye 100% of loan amount x% ownership of business	ars —

## Financial underwriting cont'd

Purpose	Description/Criteria	Amounts
Business		
Buy-Sell	<ul> <li>Insured percentage of ownership in business</li> <li>Cover letter regarding buy-sell arrangement</li> <li>Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner</li> </ul>	Percent ownership x market value of business; in some cases, coverage is available based on projected value of business, not to exceed 2x market value
Key person	Cover letter describing how amount was determined	10x compensation (salary plus bonus)
Employee benefit	Cover letter describing how amount was determined, who is covered, formula for determining coverage amount, and size of company	Individual consideration
Debt repayment	Amount of loan, loan duration, date loan committed, name of lender and collateral pledged to secure loan	Loan duration at least 5 years — 100% of loan amount x% ownership of business

## **Definitions and additional information**

Face amount	All life insurance inforce and applied for with Equitable Financial, Equitable America and/or affiliates within the past 12 months from the date of the application. This includes ultimate death benefit amounts of any policy or rider (e.g., ROPR). For Survivorship, order requirements on half the face amount, except for financial underwriting requirements (such as trust documents, financial supplements, Inspection Report, or federal income tax statements), order on the full face amount.
Applicants age 70 and above	Paramed exams include a senior questionnaire with cognitive/frailty tests.
Paramedical exams and laboratory test results	Valid up to 12 months for proposed insureds under age 70; otherwise, up to 6 months. Requirements completed for another carrier will be considered on a case-by-case basis. Equitable reserves the right to request additional requirements if our specifications are not met.
MVR, pharmaceutical profile (Rx check), elnspection Report (EIR), National Credit File (NCF) and other data searches	Will be ordered by the home office.
<b>Electrocardiogram</b> (EKG)	A copy of a resting EKG within the past 12 months may be used in lieu of a current test. The actual tracings (not the EKG report) are required.
Attending physician statement (APS)	Refer to Life underwriting requirements charts. An APS may also be needed to verify the proposed insured's medical history. An APS is not needed for physicals completed for employment, school, insurance, military, FAA (aviation) and Department of Transportation.
Inspection report	A telephone interview with the proposed insured by our preferred vendor to confirm information provided on the application and questionnaires such as the proposed insured's personal data, habits, insurance activity, health, finances, etc.
Documentation of net worth by independent third party	Balance sheets, profit and loss statements, other pro forma documents are examples of acceptable forms of documentation.

Equitable reserves the right to request additional requirements whenever these are deemed necessary. The requirements submitted do not guarantee any specific underwriting rate classification.

Life insurance products are issued by Equitable Financial Life Insurance Company (New York, NY); or Equitable Financial Life Insurance Company of America (EFLOA) an Arizona stock company. EFLOA is not licensed to conduct business in New York and Puerto Rico. Variable life insurance products are codistributed by affiliates Equitable Advisors, LLC and Equitable Distributors, LLC. Life insurance is co-distributed by affiliates Equitable Distributors, LLC and Equitable Network, LLC and its subsidiaries.

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Life Insurance: 
- Is Not a Deposit of Any Bank - Is Not FDIC Insured - Is Not Insured by Any Federal Government Agency - Is Not Guaranteed by Any Bank or Savings Association - Variable Life Insurance May Go Down in Value

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