



New business Life underwriting condensed guide



EQUITABLE



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Not applicable to paid (inforce) change requests

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Streamlined underwriting programs**

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Streamlined underwriting program	Easy Underwriting	Fluidless UW in Puerto Rico	VUL Optimizer® Max	Executive COIL
Ages	18-60	18-60	20-55	20-60
Products	Term 10, 15, 20, ART, VUL Legacy®, and VUL Optimizer®, BrightLife Grow	Term 10, 15, 20, ART, VUL Legacy®, and VUL Optimizer®, BrightLife Grow and COIL Institutional Series SM (COIL)	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	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 Easy Underwriting, Fluidless in PR).

**For Term-in-10SM details, see field bulletin.

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

For Optimizer Max®, Executive COIL refer to [page 1](#)

Tobacco use^{1, 2}	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	No personal history of cancer (except certain skin cancers), diabetes or 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.

Applicants 0-59			
Product	Rating	Rating	Rating
Term, UL/VL (except COIL)	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
COIL	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco

Family history³	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
Total Cholesterol and Cholesterol/HDL	300 and 5.0	300 and 5.5	300 and 6.0
Blood pressure	Untreated: 140/85 Treated: 125/80	Treated or Untreated 145/90	Treated or Untreated: 150/90
Driving history	No DWI, reckless driving or license suspension in the past 5 years No more than two moving violations in the past 3 years ⁴	No DWI, reckless driving or license suspension in the past 5 years No more than three moving violations in the past 3 years ⁴	No DWI, reckless driving or license suspension in the past 3 years No more than three moving violations in the past 3 years ⁴

Applicants 60 or over			
Family History	No criteria	No Criteria	No Criteria
Blood Pressure	Ages 60-69 Untreated: 150/90 Treated: 125/80 Ages 70+ Treated or Untreated: 150/90	Treated or Untreated 150/90	Treated or Untreated 150/90
Total Cholesterol and Cholesterol/HDL	300 and 5.0	300 and 6.0	300 and 7.0
Driving history	No DWI, reckless driving or license suspension in the past 5 years No more than two moving violations in the past 3 years ⁴	No DWI, reckless driving or license suspension in the past 5 years No more than three moving violations in the past 3 years ⁴	No DWI, reckless driving or license suspension in the past 3 years No more than three moving violations in the past 3 years ⁴

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

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	BMI ages up to 59 ⁵			BMI ages 60 and up ⁵		
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	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 32	Maximum weight BMI 34
4' 6"	118	126	135	124	133	141
4' 7"	123	131	140	129	138	146
4' 8"	127	136	145	134	143	152
4' 9"	132	141	150	139	148	157
4' 10"	136	146	155	143	153	163
4' 11"	141	151	161	148	158	168
5' 0"	146	156	166	154	164	174
5' 1"	151	161	172	159	169	180
5' 2"	156	167	178	164	175	186
5' 3"	161	172	183	169	181	192
5' 4"	166	178	189	175	186	198
5' 5"	171	183	195	180	192	204
5' 6"	177	189	201	186	198	211
5' 7"	182	195	208	192	204	217
5' 8"	188	201	214	197	211	224
5' 9"	193	207	220	203	217	230
5' 10"	199	213	227	209	223	237
5' 11"	205	219	233	215	230	244
6' 0"	210	225	240	221	236	251
6' 1"	216	231	247	228	243	258
6' 2"	222	238	253	234	249	265
6' 3"	228	244	260	240	256	272
6' 4"	234	251	267	247	263	280
6' 5"	241	257	274	253	270	287
6' 6"	247	264	282	260	277	295
6' 7"	253	271	289	267	284	302
6' 8"	260	278	296	273	292	310
6' 9"	266	285	304	280	299	318
6' 10"	273	292	311	287	306	326
6' 11"	280	299	319	294	314	334
7' 0"	286	307	327	302	322	342

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		
	0-15 ⁶	16/17 ⁶	18-50
\$0-\$99,999	Non-med ⁸	Non-med ⁸	Paramed, HOS, Blood and MVR
\$100,000-\$500,000		Non-med ⁸ and MVR	
Over \$500,000		Paramed, HOS, Blood and MVR	

New business Life underwriting requirements | Ages 51 and above

Face Amounts	Issue Ages			
	51-60	61-65	66-69	70 & over
\$0 to \$99,999	Paramed, HOS, Blood, MVR			Paramed, HOS, Blood, ⁷ MVR
\$100,000 to \$250,000	Paramed, HOS, Blood, ⁷ MVR			
\$250,001 to \$500,000				
\$500,001 to \$5,000,000	Paramed, HOS, Blood, ⁷ MVR			
\$5,000,001 to \$10,000,000	Paramed, HOS, Blood, ⁷ MVR			
Over \$10,000,000	Paramed, HOS, Blood, ⁷ MVR			

APS required if proposed insured had checkup		
Issue Age	Amount	APS required if checkup
16-50	> \$2,000,000	Within past 6 months
51-60	> \$2,000,000	Within past 6 months
61-65	≥ \$100,000	Within past 12 months
66-69	> \$50,000	Within past 12 months

APS always required	
Issue Age	Amount
0-15	> \$500,000
16-60	> \$5,000,000
61-69	> \$1,000,000
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 requirements⁹

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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 style="list-style-type: none"> Financial questionnaire For trusts: complete trust document
\$2,000,001 to \$5,000,000	N/A	<ul style="list-style-type: none"> Financial questionnaire For trusts: complete trust document
\$5,000,001 to \$10,000,000	<ul style="list-style-type: none"> Financial questionnaire E-Inspection and national credit file 	<ul style="list-style-type: none"> Financial questionnaire Inspection report Documentation of net worth by disinterested third party For trusts: complete trust document
\$10,000,001 +	<ul style="list-style-type: none"> Financial questionnaire E-Inspection and national credit file Documentation of net worth by disinterested third party 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. 	<ul style="list-style-type: none"> Financial questionnaire Inspection report Documentation of net worth by disinterested third party For trusts: complete trust document 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.

Approved vendors

Approved paramedical vendors

APPS (American Para Professional Services) (800) 727-2101 appslive.com	ExamOne (a Quest Diagnostics Company) portal.examone.com please note: online orders only
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Approved APS retrieval services

Parameds.com (888) 766-3999 or (718) 575-2000 parameds.com	Express Imaging Services (EIS) (888) 846-8804 eiscallcenter.com
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Approved laboratory testing services

CRL (Clinical Reference Lab)

Approved inspection report services

CRL Plus

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

Financial underwriting

Purpose	Description/Criteria	Amounts	
Personal			
		Growth potential	
		Maximum	Ages
Income replacement¹⁰	<p>Working individual – All sources of earned income, including salary, bonus or other deferred compensation or gross annual earned income</p> <p>Non-working spouse, co-breadwinner, and other dependent adults – To determine if any amount is available, require income information and amount of insurance on breadwinner</p> <p>Unemployed – To determine if any amount is available, require information regarding past earnings, current assets, past and future occupation contemplated</p>	30x income	18–40
		25x income	41–45
		20x income	46–55
		15x income	56–60
		10x income	61–70
		5x income	71–79
		Individual Consideration	80 and up
		50%–75% life expectancy x appropriate estate growth factor x applicable tax rate	
		Age	Estate growth
Estate planning	Need clear figure of net worth	< 70	7%
		70–79	6%
		≥ 80	2%
Juvenile	<ul style="list-style-type: none"> • Equal amounts on all children • 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 	¼ to ½ 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 contributions	
Future inheritance	<ul style="list-style-type: none"> • Donor must be age 70 or older; If donor < 70, a detailed explanation from independent source must be submitted confirming Life expectancy < 5 years • Cover letter containing estate planning details • Applicable trust documents, will, or other third-party verification of expected inheritance • Verification of net worth of parent(s) or bequeather(s) 	Growth rate factor up to 3%–5% for a maximum of 10 years	
Long-Term Care ServicesSM 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 ≤ 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 years – 100% of loan amount x% ownership of business	

¹⁰ Financial guidelines may be different for Term-in-10SM

Financial underwriting cont'd

Purpose	Description/Criteria	Amounts
Business		
Buy-Sell	<ul style="list-style-type: none"> • Insured percentage of ownership in business • Cover letter regarding buy-sell arrangement • Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner 	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

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Face amount

All life insurance in force 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).

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), eInspection Report (EIR), National Credit File (NCF) and other data searches

Will be ordered by the home office.

Electrocardiogram (EKG)

For the International Underwriting Program (IUP), 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.

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