



EQUITABLE



Life Insurance

Field Underwriting Guide

Overview

This Field Underwriting Guide is designed to provide a comprehensive reference tool for life underwriting at Equitable. Effective field underwriting provides for proper expectation setting and an overall satisfying client experience. Full and detailed medical disclosure should be submitted using the Medical Information Questionnaire with every application.

This allows for

- 1** consideration of an appropriate accelerated underwriting program and
- 2** the quickest underwriting experience, eliminating potential additional requirements (i.e. attending physician's statements, additional contact with the client) to develop undisclosed medical history.

Table of contents

- 1** Medical and Non-Medical Conditions Guide
- 26** Financial Underwriting Guidelines
- 28** Retention Guidelines
- 30** Professional Athletes, Entertainers and Other High-Profile Individuals
- 31** LTCSR

Please note this guide provides a high-level overview of the factors considered during the underwriting review and the potential outcome. It is not a complete underwriting manual. The possible outcomes address the life portion of the coverage only and do not include information for consideration of the Long-Term Care ServicesSM Rider. For more details about the Long-Term Care ServicesSM Rider, please refer to the Long-Term Care Services RiderSM Technical Guide.

The Life Underwriting Condensed Guide is available for information about our age and amount underwriting requirements and preferred criteria.

Information contained in this guide is current as of the date of publication. Details are subject to change. If you have questions or need information regarding a specific condition not included in this guide, contact your underwriter for assistance.

The chart for the Medical and Non-Medical Conditions includes the following information:

Medical or non-medical condition

Includes conditions frequently encountered; it is not an all-inclusive list. Conditions are listed alphabetically (cancers are listed separately by type of cancer).

Questions to ask

Includes the specific details required to assess the risk. This information will help the underwriter make the most competitive decision.

Best case

Provides the best rate class possible for the most favorable case presentations.

Better than standard consideration possible? (Y/N)

Indicates preferred rate possibilities for the most favorable case presentations, assuming all preferred criteria are met.

Decline to offer or worst case

Includes a list of factors that would lead to an unfavorable underwriting decision. **Note:** For more complex or highly substandard scenarios, contact your underwriter.

Field Underwriting Guide: Medical & Non-Medical Conditions

Alcoholism

Questions to ask

- Date of last use or length of abstinence
- Date/length of rehab treatment
- Number of relapses
- History of DUI or other driving offenses
- Any psychiatric disorders or other medical disorders
- Any history of marital or job instability
- Details of past and present levels of alcohol consumption
- Any participation in a hazardous sport or occupation
- Please see substance usage questionnaire

Best case

- No current alcohol or drug use and no alcohol or drug use in the past 10 years
- Normal liver function tests (LFT)/negative alcohol marker
- Favorable motor vehicle report (MVR)
- Single rehab and/or rehab history greater than 10 years ago
- No secondary medical impairments

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- More than 1 relapse
- Polysubstance misuse
- Occupation involving alcohol
- Current use
- Adverse MVR
- Abnormal LFTs
- Positive alcohol marker
- Alcohol-related medical conditions

Angioplasty

See Coronary Artery Disease (CAD)

Asthma

Questions to ask

- Age of onset
- Symptoms in last 2 years
- Date of last symptoms
- Frequency/severity of symptoms/attacks
- Type/frequency of medication
- Any hospital admissions
- Date/results of most recent pulmonary function test (spirometry)
- Any limitation of activities
- Any smoking history

Best case

- Non-smoker
- Symptoms controlled, less than twice monthly and of low intensity/no daily symptoms
- Pulmonary function test (PFT) normal
- No hospitalizations or ER visits
- No work/school absences due to asthma symptoms
- No underwater or high-altitude avocations

Asthma (continued)

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Smoker (nicotine use current or within past year)
- Severe or daily symptoms/attacks
- Hospital admissions, 2 or more, in last 2 years
- Intensive care in last 5 years
- School/work absences > 2 weeks
- Markedly abnormal PFT (spirometry)
- Poor response to treatment and high dose of inhaled corticosteroids
- Presence of other pulmonary disease

Atrial Fibrillation

Questions to ask

- Date of onset
- Duration of atrial fibrillation
- Paroxysmal or chronic fibrillation
- Type of treatment
- Any Afib episodes after treatment
- Frequency of attacks
- Any associated symptoms and complications
- Any underlying cardiac disease

Best case

- Ablation therapy, all ages
- Stable x 5 years with no recurrence
- Normal cardiac evaluation

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Current on exam
- Episode within 1 yr with no evaluation
- New onset after age 75
- Other risk factors for stroke including prior history of stroke or TIA, hypertension, diabetes, embolism, left atrial enlargement, ventricular hypertrophy

Aviation

Questions to ask

- Type of license
- Total number of solo hours
- Number of solo hours, next 12 months, last 12 months
- Any flight certifications (i.e. Instrument flight rating)
- Type of aircraft
- Any accident history
- Any special aviation activity (instructor, crop dusting, bush pilot, paid or non-paid, etc.)
- Medical impairment history
- Please see aviation questionnaire

Best case

- Private pilots > 300 solo hours
- If solo hours < 300 total no more than 100 hours flown annually or expected
- If solo hours > 300 total no more than 200 hours flown annually or expected
- No medical impairments that could impact aviation activity
- No accident history
- Commercial aviation – airline pilot
- Aviation exclusion rider may apply if available in contract state

Aviation (continued)

Better than standard consideration possible? (Y/N)

Yes - Up to \$3.50/\$1,000 may be allowed

Decline to offer or worst case

- Flying over 350 hours/year
- Associated ratable medical impairments
- History of alcohol or substance misuse
- Experimental or amateur built aircrafts
- High risk commercial aviation (i.e. Test pilot, search and rescue, crop dusting)

Attention Deficit Disorder (ADD, ADHD)

Questions to ask

- Predominant symptoms
- Type of treatment
- Names of medications and dosages
- Other psychiatric or nervous disorders
- Any adverse MVR
- Any criminal history
- Any concerns with occupation/school performance

Best case

- No other psychiatric diagnoses or personality disorders
- No history of alcohol or drug misuse
- No adverse MVR information
- No criminal history
- No history of hospitalization
- No history of mood symptoms or attempted suicide
- No missed work or school of > 1 week
- No stimulant medication use in past 2 years

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Adults with motor hyperactivity and inattentiveness in addition to any of the following: explosive temper, relationship/occupational difficulties, impulse buying, motor vehicle accidents, alcohol/substance misuse, depression, conduct or personality disorder, arrest history
- Children with severe disorder with any of the following: significant aggression, violence, conduct disorder, oppositional defiant disorder, severe learning disability, personality disorder, alcohol or substance misuse, more than one medication
- Children with ongoing evaluation of new or changing diagnosis

Avocation

Questions to ask

- Type of activity with complete details
- Frequency of activity including dates
- Overall experience
- Location of activity
- Any license or certification
- Member of any organization or club
- Please see avocation questionnaire

Best case

- Individual consideration
- Racing Activity Exclusion Rider may apply if available in contract state

Avocation (continued)

Better than standard consideration possible? (Y/N) Yes - up to \$3.50/\$1,000 may be allowed

Decline to offer or worst case • Individual consideration

Basal Cell Carcinoma

Questions to ask

- Date of diagnosis
- Type of treatment
- Date treatment completed
- Lesion completely removed
- Any recurrence

Best case

- Current or past, superficial only, non-invasive
- Regular annual full-body exams
- Applicant > age 40
- Completely treated and resolved

Better than standard consideration possible? (Y/N) Yes

Decline to offer or worst case

- Stage 4/invasion to adjacent tissues, nodes or other organ systems
- Incomplete treatment and resolution
- No dermatology follow-up

Bladder Cancer

Questions to ask

- Date of diagnosis
- Type of treatment
- Date treatment completed
- Tumor removed/complete excision
- Any recurrence
- Staging/grading of tumor

Best case

- Tumor stage TA at initial diagnosis/treatment
- Tumor grade 1/well-differentiated
- Surgical treatment only (no radiation or chemotherapy)
- Current age > 50
- 10 years since cure of cancer
- Non-smoker
- Good follow-up
- Routine preventative care

Better than standard consideration possible? (Y/N) Yes

Bladder Cancer (continued)

Decline to offer or worst case	Invasion to adjacent tissues, lymph nodes or other organ systems	- Incomplete or no excision - Stages 3, 4	No routine medical follow-up
---------------------------------------	--	--	--

Blood Pressure

Questions to ask	- Type of treatment - Current and past years' blood pressures	- All medications being taken - Other cardiac risk factors	- Any cardiac testing - Any evidence of renal disease
Best case	Refer to the Life Underwriting Condensed Guide	- Stable, well controlled 140/85 or less for ages < 60	150/90 for age 60-69 125/80 for ages 0-69 if treated

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case	Uncontrolled blood pressure with or without treatment	Systolic > 180 or diastolic > 115	Low blood pressure (systolic 90 mm hg or lower with symptoms)
---------------------------------------	---	---	---

Breast Cancer

Questions to ask	- Date of diagnosis - Type of treatment - Date treatment completed - Tumor completely removed	- Any recurrence - Any other cancer history - Staging and grading of tumor	- Estrogen receptor testing - Any positive lymph nodes - Any current medications
-------------------------	--	--	--

Best case	- Carcinoma in-situ, stage 0 - Confirmed complete excision	- No other cancer history - Lymph nodes negative	- Regular medical follow-up - Negative mammograms
------------------	---	---	--

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case	- Positive lymph nodes - Metastasis or invasion to adjacent tissues, or other organ systems	- Stage 4/poorly differentiated - Recurrence	- No regular medical follow-up - Incomplete or no removal/excision
---------------------------------------	--	---	---

Build

Questions to ask

- Body mass index (BMI) or height and weight
- Any recent weight loss and reason
- Weight loss > 10-lbs and/or >5% of weight within the last 12 months and reason

Best case

- Refer to the Life Underwriting Condensed Guide
- For ages up to 69**
- Term/UL/VUL (except COIL)
- Preferred elite non-tobacco: max BMI 28.5
- Preferred non-tobacco: max BMI 30.5
- Standard plus: max BMI 32.5

For ages up to 69 (COIL):

- Preferred non-tobacco:
- Max BMI 30.5
- Standard plus
- Max BMI 32.5

For ages 70 and up Term/UL/VL (except COIL):

- Preferred elite non-tobacco: max BMI 30

- Preferred non-tobacco: max BMI 31.5
- Standard plus: max BMI 33

For ages 70 and up COIL:

- Preferred non-tobacco:
- Max BMI 31.5
- Standard plus
- Max BMI 33

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Underweight: BMI < 18.5
- Unexplained recent weight loss particularly in the elderly
- Weight loss of 5% or more in the last year ages 70+

Coronary Artery Bypass Graft

See Coronary Artery Disease (CAD)

Cholesterol and Cholesterol/HDL Ratio and Triglycerides

Questions to ask

- Type of treatment
- Results of current and past lipid tests
- Any associated impairments
- Other cardiac risk factors

Best case

For Cholesterol and Cholesterol/HDL ratio:

- Refer to the life underwriting condensed guide
- Preferred elite non-tobacco: total Cholesterol 300 or less, Chol/HDL ratio 5.0 or less and HDL = or > 30

- Preferred non-tobacco: total Cholesterol 300 or less, Chol/HDL ratio 5.5 or less and HDL = or > 30
- Standard plus: total Cholesterol 300 or less, Chol/HDL ratio 6.0 or less and HDL = or > 30

For triglycerides:

- All levels of preferred for fasting specimens up to 300 (fasting is defined as > 6 hours postprandial)
- All levels of preferred up to 375 for non-fasting specimens

Cholesterol and Cholesterol/HDL Ratio and Triglycerides (continued)

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Cholesterol > 350
- Cholesterol/HDL ratio > 20
- Low cholesterol < 120 without lipid-lowering medication
- Triglycerides > 1,500 for fasting specimens or > 1875 for nonfasting

Colon Cancer

Questions to ask

- Date of diagnosis
- Type of treatment
- Date treatment completed
- Tumor completely removed
- Any recurrence
- Any other cancer history
- Staging and grading of tumor
- Date/result of recent colonoscopies

Best case

- Non-smoker
- Carcinoma-in-situ with no subsequent colon polyps
- Tumor grade 1/well differentiated
- Surgical treatment only (no radiation or chemotherapy)
- Current age > 50
- 10 or more years since remission of cancer
- No other cancer history

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case

- Positive nodes
- Metastasis
- Stage 4 poorly differentiated
- Recurrence
- No medical follow-up
- No treatment or treatment unsuccessful

Chronic Obstructive Pulmonary Disease (COPD)

Questions to ask

- Severity of symptoms and progression
- Type of treatment and/or medications
- Tobacco-use history
- Results of recent/current PFTs
- Any hospital admissions
- Any use of oxygen

Best case

- COPD noted on imaging only/no definite diagnosis
- Non-smoker
- PFTs normal
- No symptoms
- Maintenance medications only with rare use of rescue medication
- No hospitalizations
- No limitation of physical activity
- No oral steroids

Better than standard consideration possible? (Y/N)

No

Chronic Obstructive Pulmonary Disease (COPD) (continued)

Decline to offer or worst case	• Smoking • Rapidly progressive disease • Severely abnormal or worsening PFTs	• Lung transplant or lung volume reduction surgery • Corticosteroid therapy > 1 month in the last year	• Other signs of significant disease (unable to work, home oxygen use, pulmonary heart failure or cor pulmonale)
---------------------------------------	---	--	--

Coronary Artery Disease (CAD) – Heart Attack/Bypass/CABG/PTCA/Stent/Angioplasty

Questions to ask	• Date of onset • Type of treatment and/or medications	• Date/results of cardiac tests • Exercise capacity or any functional limitations	• Complications related to CAD • Time since last occurrence of angina, myocardial infarction or surgical intervention
-------------------------	---	--	--

Best case	• Single vessel disease • Onset over age 70+ • No heart attack • Cardiac calcium score of 0	• Normal heart function with favorable ejection fraction 55% and higher • Regular cardiac follow-up • Non-smoker	• Recent favorable imaging stress test • No diabetes • Well controlled cardiac risk factors
------------------	--	--	---

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case	• Current age under 50 • Diffuse or progressive disease • Multiple cardiac events	• Lack of routine medical follow-up • Other vascular disease • Frequent or worsening angina	• Poor cardiac risk factors • Smoker • Other significant medical conditions (e.g. Diabetes)
---------------------------------------	---	---	---

Crohns – pancolitis

Questions to ask	• Date of onset • Current symptoms • Frequency of flare-ups and date of last major attack	• Type of treatment, duration and dosage • History of hospital admissions • Any weight loss	• Any associated impairments or complications • Date/result of recent colonoscopies • Details of any surgical treatment
-------------------------	---	---	---

Best Case	• 3 years since last major attack • Currently in remission and no longer on treatment	• Stable build and stable symptoms • Routine medical follow-up with normal/stable lab results	• Recent favorable colonoscopy
------------------	--	--	--

Better than standard consideration possible? (Y/N)

No

Crohns – pancolitis (continued)

Decline to offer or worst case

- Age < 20
- Extensive or pan colitis
- Moderate to severe symptoms
- Underweight or recent weight loss
- Complications such as anemia, liver disease with current LFT > 3x normal
- Pericholangitis or sclerosing cholangitis
- Surgery contemplated

Depression

Questions to ask

- Date of onset
- Type of treatment
- Severity of symptoms
- Any suicide attempts/ideation
- Any hospital admissions
- Any associated social or medical impairments

Best case

- No diagnosis of bipolar disorder
- No other psychiatric diagnoses or personality disorders
- No history of alcohol or drug misuse
- No adverse MVR
- No history of suicidal thoughts or attempts
- No related hospitalization or disability
- Stable work and family life
- Working full time and using medications as prescribed

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Ages 65+ with recent onset
- Current disability
- Poorly controlled, unstable/ worsening symptoms
- Recent and/or multiple hospitalizations, suicide attempt or ideation
- Associated with alcohol and/or drug misuse

Diabetes

Questions to ask

- Age at diagnosis
- Type of diabetes
- Type of treatment
- Degree of control (A1C level)
- Any secondary complications
- Other associated impairments (cerebrovascular disease, chronic kidney disease, fatty liver)

Best case

- Adult-onset diabetes type 2
- Current age 50 or older
- A1C less than < 6.5
- BMI < 30
- Optimal blood pressure and cholesterol levels
- No related conditions or complications

Better than standard consideration possible? (Y/N)

No

Diabetes (continued)

Decline to offer or worst case	- Poor control (A1C level > 10) - Acute or chronic complications	Severe CAD, peripheral vascular disease, or cerebrovascular disease	Non-compliance with treatment
---------------------------------------	--	---	---

Driving history/MVR

Questions to ask	- Type/date of infraction(s) - Any history of accidents	Any history of driving under the influence (DUI)/driving while intoxicated (DWI)	Any history of suspended (dates, reason, reinstatement date)
Best case	- Refer to condensed underwriting guide - No DUI/DWI in past 5 years	- No history of multiple DUIs - No reckless driving in past 5 years	- No license suspension in past 5 years due to moving violations - No more than 2 moving violations (including cellphone/texting violations) in the past 3 years

Better than standard consideration possible? (Y/N) Yes

Decline to offer or worst case	Numerous or frequent infractions within past 3 years	DUI/DWI history with alcohol/drug misuse	- History of > 2 DUI/DWIs - Currently driving with a suspended license
---------------------------------------	--	--	--

Drug use/abuse (See Marijuana use below)

Questions to ask	All usage and type of drugs past and present	- Date last used - Any history of DUI/DWI	Treatment past/current
Best case	- Admitted on application - Rehab completed for 1 substance over 8 years ago with no relapse	- Full-time employment - Favorable driving record - Favorable insurance lab tests	- No relapse history - No use or treatment > 8 years - Participation in support group

Better than standard consideration possible? (Y/N) Yes

Drug use/abuse (See Marijuana use below) continued

Decline to offer or worst case

- Current alcohol or drug use criticism
- Any relapses
- History includes more than 1 substance misuse
- Unemployed
- More than 1 episode of inpatient or outpatient treatment
- Criminal history
- Ratable driving record
- Current treatment
- Ratable psychiatric impairments

Marijuana use

Questions to ask

- Frequency
- Date last used
- Any history of DUI/DWI

Best case

- Marijuana use only: < 1x per month on average
- Full-time employment
- No other alcohol or drug misuse
- No other social criticisms

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Marijuana used in conjunction with other substances
- Ratable driving record
- Affiliation/employment with marijuana business
- Synthetic marijuana use

Emphysema

Best case

See chronic obstructive pulmonary disease (COPD)

Epilepsy

Questions to ask

- Age at diagnosis
- Cause/type
- Date of last seizure
- Number of seizures per year
- Type of treatment
- Any history of complete neurological evaluation
- Any diagnostic tests
- Any complications or associated impairments

Epilepsy (continued)

Best case	• Single seizure or epilepsy diagnosed before age 30 and not ratable	• No seizures in last 5 years • No drug/alcohol misuse	• Complete neurological investigation including CT scan normal
Better than standard consideration possible? (Y/N)	Yes		
Decline to offer or worst case	• First seizure or episode of status epilepticus within 1 year • > 12 seizures in past year	• Drug/alcohol misuse • Increasing frequency/severity of seizures	• Neurological evaluation not completed • Noncompliant with treatment

Family history

Questions to ask	• Family history details, ages and causes of death		
Best case	• No deaths from CAD, CVD or cancer for mother, father, or sibling less than age 60	• If death occurs from testicular, prostate, ovarian, cervical, breast or uterine cancer in a relative of the opposite gender of the proposed insured	• Acceptable if death of relative occurred due to lung cancer and the proposed insured has never smoked • Refer to Life Underwriting Condensed Guide
Better than standard consideration possible? (Y/N)	Yes		
Decline to offer or worst case	• Individual consideration	• Certain genetic disorders	

Foreign Nationals

Questions to ask	• Country of citizenship • Permanent U.S. residency	• Foreign travel destination and length of travel	• How long in U.S. • Type of visa
Best Case	• Individual consideration		
Better than standard consideration possible? (Y/N)	Yes		

Foreign Nationals (continued)

Decline to offer or worst case

- Individual consideration
- No valid SS#
- Travel to countries on U.S. State Department list as class 4

Foreign travel

Questions to ask

- City/country of destination
- Frequency/duration of travel
- Country of citizenship and residence if not U.S.
- Location/state of residence if in U.S.
- Purpose of travel

Best case

- Maximum 12 weeks within a 12-month period to countries not at risk
- Medical condition(s) not contraindicated to travel

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Travel to countries on U.S. State Department list as class 4
- Individual consideration for American citizens who travel outside U.S. > 12 weeks per year

Gastric Bypass

Questions to ask

- Weight prior to surgery
- Date of surgery
- Current weight
- Complications, if any
- Type of surgery

Best case

- Surgery 2 or more years ago with no complications
- Weight stable for at least 6 months
- No jejunioleal bypass

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case

- Surgery within 3 months, with complications, or jejunioleal bypass
- History of surgical revisions

Hepatitis B/C

Questions to ask	• Date of diagnosis • HBV-DNA results (for Hep B) and date completed	• HCV-RNA results (for Hep C) and date completed • Liver imaging or biopsy date and results	• Current liver function tests • Current alcohol use • Treatment details (current or completed)
-------------------------	---	--	---

Best case	• Normal LFTs and elasticity study • No viral load • Liver biopsy stage 0 or at worst stage 1 to 2 fibrosis	• Successfully completed treatment regimen • Asymptomatic • No alcohol use	• No drug misuse • No history of moderate or severe fibrosis or cirrhosis
------------------	---	--	--

Better than standard consideration possible? (Y/N)	Yes
---	-----

Decline to offer or worst case	• Untreated or within 12 weeks of treatment • Markedly elevated LFTs • Elevated AFP	• Co-infection with Hepatitis B or C or HIV • Moderate – severe cirrhosis or fibrosis	• Failed or incomplete treatment • Regular alcohol use • Reinfection after clearance
---------------------------------------	---	--	--

Kidney Disease/Kidney Transplant

Questions to ask	• Reason for transplant • Date of transplant	• Donor type (living or cadaver) • Current kidney function tests	• Other medical impairments
-------------------------	---	---	---

Best case	• Single transplant > 12 months ago • Stable, normal kidney function tests (KFT)	• Controlled or no hypertension • No coronary artery disease or diabetes	• age > 18
------------------	--	---	---

Better than standard consideration possible? (Y/N)	No
---	----

Decline to offer or worst case	• Elevated/abnormal kidney function tests • Diabetes or CAD (coronary artery disease) • Uncontrolled hypertension, coronary artery disease	• History of organ rejection, sepsis • Poor compliance with therapy	• Transplant done < age 18 • Transplant < 1 year prior to application
---------------------------------------	--	--	--

Leukemia

Questions to ask

- Type of leukemia
- Age at diagnosis
- Treatment dates (start and stop)
- Complete remission date
- Any recurrences (informal submission recommended)

Best case

- More than 5-10 years disease-free; acute form, depending on type

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case

- Diagnosis within 5-10 years, depending on type
- Relapse(s)
- Delay in remission
- Unsuccessful treatment
- Offer may not be available for chronic leukemia, especially under age 55
- No coverage for juveniles

Lymphoma

Questions to ask

- Age at diagnosis
- Stage, grade and type
- Treatment dates (start and stop)
- Any recurrence
- Pathology (informal submission recommended)

Best case

- More than 5 years since treatment ended
- Single episode
- Stage 1a (Hodgkin's type) confined to 1 group of lymph nodes without weight loss, night sweats or fever
- Some non-Hodgkin's lymphomas (stage 1 and 2) may be considered standard 3-5 years after treatment ends and complete remission

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case

- Recurrence
- Unsuccessful or no treatment
- No biopsy
- Some low grade (less common) forms of non-Hodgkin's lymphoma
- Higher grade non-Hodgkin's lymphoma

Melanoma

Questions to ask

- Date of diagnosis
- Stage or thickness
- Treatment type and dates
- Any recurrences or > than 1 melanoma
- History of dysplastic nevi
- Family history
- Pathology
- Any other cancer history

Melanoma (continued)

Best case	• Single melanoma • In-situ, Clark Level 1, well differentiated • Complete surgical removal	• No radiation or chemo • No recurrence or dysplastic nevi • Yearly dermatology follow-up	• Over age 50 • > 10 years since treatment • Non-smoker
Better than standard consideration possible? (Y/N)	Yes (best case only, may be standard plus)		
Decline to offer or worst case	• > Stage IIA • Chemo or radiation • Metastatic to adjacent tissue, lymph nodes or other organs	• Incomplete or no removal • > Three melanomas	• Familial melanoma syndrome • Dysplastic nevi syndrome with personal history of melanoma

Memory Loss

Questions to ask	• Date symptoms started • Results of neurological exam	• Stable or increasing in severity • Medications taken	• Any history of other medical impairments
Best case	• History of mild cognitive impairment • Reversible cause > 2 years since recovery • Favorable/normal cognitive screening tests and neurological exam	• Normal activities of daily living (ADLs) and independent activities of daily living (IADLs) independent, normal social and occupational function • Favorable MVR	• No concurrent depression or significant anxiety disorders • No alcohol or drug abuse • No history of head injury or stroke
Better than standard consideration possible? (Y/N)	No		
Decline to offer or worst case	• Current or non-reversible memory loss with or without loss of occupational or social function • Abnormal neurocognitive screening tests • Diagnosis of dementia or Alzheimer's	• No neurological exam • Increasing in severity or frequency of memory loss • Medications for dementia	• Significant depression • Drug/alcohol abuse/misuse • Cruetzfeld-Jakob disease, vascular dementia, pre-senile/senile dementia

Multiple Sclerosis

Questions to ask	• Date of diagnosis • Subtype, if known (progressive or relapsing/remitting)	• Current symptoms • Date of last symptoms	• Complications if any • Degree of disability if any
-------------------------	---	---	---

Best case	• At least 1 year since diagnosis • Relapsing/remitting type with no residual impairment	• Benign MS, stable with no signs/symptoms for 10 years	• No history of disability • Normal ADL and IADL
------------------	---	---	---

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case	• Severe functional limitations • Rapid progression	• Cerebellar/brain stem manifestations • Difficulty with speech or swallowing	• Pulmonary complications • Wheelchair-dependent
---------------------------------------	--	--	---

Monoclonal Gammopathy of Undetermined Significance (MGUS)

Questions to ask	• Date of diagnosis	• Symptoms at time of diagnosis	• Symptoms currently present
-------------------------	---	---	--

Best case	• Favorable and complete evaluation by hematologist	• Regular medical follow-up	• Diagnosis made greater than 2 years ago, asymptomatic, stable or no rise in M (Monoclonal) protein, or no longer present
------------------	---	---	--

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case	• Less than 2 years since discovery/diagnosis • Rising M protein level	• Significant symptoms • Disability	• Not evaluated by physician/hematologist • No regular, routine medical care
---------------------------------------	---	--	---

Parkinson's Disease

Questions to ask	• Date of diagnosis • Current symptoms	• Any progression of symptoms • Any restrictions of activities	• Disabilities, if any
-------------------------	---	---	--

Best case	• Age 60 and up • Mild severity	• Stable with no or minimal progression	• Localized tremor confined to fingers, no rigidity, no treatment required
------------------	--	---	--

Parkinson's Disease (continued)

**Better than standard
consideration possible?
(Y/N)**

No

**Decline to offer
or worst case**

- Intellectual deterioration, dementia, severe disability

- Rapid progression

- Progressive supranuclear palsy

Peripheral vascular disease

Questions to ask

- Date of diagnosis
- Results of testing

- Severity of current symptoms
- Treatment/surgery

- Current activity level or changes in the past year

Best case

- No CAD
- No limitations in activity

- Non-smoker
- No symptoms or complications

- Good control of lipids, blood pressure and other cardiovascular risk factors
- Regular medical follow-up

**Better than standard
consideration possible?
(Y/N)**

Yes

**Decline to offer
or worst case**

- Severe symptoms
- Limitations in activity

- Smoker
- Any complications or other associated impairments

- Ischemia, heart disease, or CVD, pain at rest, ischemic ulcers, gangrene, amputation

Polycythemia vera

Questions to ask

- Age at diagnosis
- Results of most recent CBC

- Type of treatment

- Any complications

Best case

- Age 41-65 and duration over 2 years
- Well controlled with phlebotomy treatment

- No OCP or hormone supplementation
- No complications

- Ratable at best
- Non-smoker

**Better than standard
consideration possible?
(Y/N)**

No

Polycythemia vera (continued)

Decline to offer or worst case	• < Age 40 diagnosed < 2 years • Age >65 and diagnosis less than or equal to 2 years	• Use of cytotoxic drugs or radioactive phosphorus	• Complications • Lack of monitoring
---------------------------------------	--	--	---

Prostate Cancer

Questions to ask	• Date of diagnosis • Type of treatment	• Stage/grade/Gleason score (if known) • Date treatment completed	• Any recurrence • Any other cancer history • Current/recent PSA
-------------------------	--	--	--

Best case	• Gleason 6 or lower • Organ confined	• Treated with prostatectomy • Treatment completed > 2 years ago	• Active surveillance with PSA levels that are < 0.2
------------------	--	--	---

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case	• Gleason 8 to 10 or stage 4 • Abnormal current PSA levels	• Unsuccessful treatment • Lymph node or distant metastasis	• Lack of monitoring
---------------------------------------	---	--	--

Pulmonary Nodules

Questions to ask	• Date of diagnosis • Tobacco usage	• Type of follow-up and date • Date and results of any CT scans, radiologic study or biopsies	• Additional test planned
-------------------------	--	--	---

Best case	• No risk factor for malignancy • Imaging with no features suggestive of malignancy	• Single nodule • Unchanged from prior imaging	• 6-8 mm diagnosed > 12 months, unchanged from prior imaging • > 8mm diagnosed > 24 months, unchanged from prior imaging
------------------	--	---	--

Better than standard consideration possible? (Y/N)

No

Decline to offer or worst case	• Malignant, or with personal history of any cancer or lung disease • Present on current radiologic study and no prior imaging for comparison	• Less than 1 year since diagnosed if > 6mm • Increasing size	• Risk factors for malignancy: current smoker, emphysema on CT, pulmonary fibrosis, asbestos, uranium or radon exposure, family history of lung cancer
---------------------------------------	--	---	--

Renal Insufficiency

Questions to ask	• Date of diagnosis • Type of disease (acute or chronic)	• Type of treatment • Current KFTs and urinalysis	• Any complications or other associated impairments
Best case	• Acute condition due to a reversible cause that was identified and successfully treated	• Normal KFTs and urinalysis • Normal blood pressure	• Regular medical follow-up • No other significant medical conditions
Better than standard consideration possible? (Y/N)	Yes		
Decline to offer or worst case	• Severely abnormal, or deteriorating KFTs and/or abnormal urinalysis	• Rapidly progressive • Currently on dialysis	• In combination with CAD, HTN or DM • No medical follow-up

Rheumatoid Arthritis

Questions to ask	• Date of diagnosis • Type of treatment	• Current symptoms • Activity limitations	• Non-joint RA disease (i.e. Rheumatoid nodules or eye symptoms)
Best case	• Mild disease • Minimal pain or stiffness	• No continuous treatment • No disability	• Able to carry out all ADLs (activities of daily living) • Normal inflammatory markers
Better than standard consideration possible? (Y/N)	Yes		
Decline to offer or worst case	• Rapidly progressive	• Highly disabled	• Complications with eyes, lungs, neck or other organ systems

Sleep Apnea

Questions to ask	• Date of diagnosis • Sleep study results	• Type of treatment • Compliance with recommended treatment	• Any follow-up sleep studies • Any current symptoms
Best case	• Favorable follow-up sleep study confirming resolution of sleep apnea • Successfully treated > 2 years	• Documented compliance with prescribed treatment > 1 year	• No COPD-related motor vehicle accidents, loss of memory, arrhythmia, cardiac impairment, alcohol/drug misuse

Sleep Apnea (continued)

Better than standard consideration possible? (Y/N) Yes

Decline to offer or worst case

- Severe sleep apnea with no treatment
- Chronic obstructive lung disease
- Motor vehicle accidents
- Decreased memory
- Significant heart arrhythmias or other cardiac impairments
- Supplemental oxygen use
- Alcohol or drug misuse

Stroke

Questions to ask

- Date of diagnosis
- Number of strokes
- Last episode
- Cause/type of stroke
- Type of treatment
- Residuals or limitations
- Tobacco usage
- History of diabetes/CAD/ cardiovascular conditions

Best case

- Cause known (trauma, oral contraceptive, congenital heart defect such as atrial septal defect or patent foramen ovale with corrective cardiac repair) and treated
- No residuals or disability
- Single event
- Non-smoker
- Clinically stable for 4 years
- Negative CAD work-up

Better than standard consideration possible? (Y/N) No

Decline to offer or worst case

- Occurrence within 6 months or under age 40
- Residual deficit, limitations, restrictions, disability
- Other cardiovascular disease, peripheral vascular disease, or poorly controlled hypertension or diabetes
- Smoker
- Impaired cognitive function
- Neurological exam not completed
- Multiple strokes

Tobacco use

Questions to ask

- Frequency of use
- Type of tobacco/nicotine use
- Date usage stopped, if applicable

Best case

- No tobacco usage and negative urine specimen
- Refer to Life Underwriting Condensed Guide
- Note: celebratory cigar usage (12 cigars or less per year) and urine is negative can be considered for all preferred classes and non-tobacco rates

Tobacco use (continued)

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Refer to Life Underwriting Condensed Guide

- Tobacco rates apply if tobacco usage admitted (or discovered) and/or nicotine in urine is positive

Thyroid Disorders

Questions to ask

- Type of disease
- Date of diagnosis

- Type of treatment
- Any other impairments

- Biopsy results if performed

Best case

- History of hyperthyroid disease/Graves' disease, resolved, treated/compliant with replacement medication

- Mild hypothyroidism with long-term replacement therapy and well-controlled hormone levels

- Nodule confirmed benign (if biopsied) or surveillance only recommended (if not biopsied)

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Uncontrolled or symptomatic
- Recurrent hyperthyroidism with cardiac impairments

- Diagnosis within 3 months
- Recommended biopsy not performed

- Thyroid eye disease

Ulcerative Colitis

Questions to ask

- Date of diagnosis
- Type and extent of disease
- Severity and frequency of symptoms

- Type of treatment
- Current height and weight
- Date of last colonoscopy and results

- Biopsy results if performed
- Any hospitalizations or surgeries

Ulcerative Colitis (continued)

Best case

- Current age 20 years or older
- Mild disease limited to rectum or sigmoid
- Diagnosed > 5 years and no evidence of progression
- Normal and stable weight
- Regular colonoscopy shows normal results or minimal disease
- No continuous (> 3 months) treatment, no biologic medications or immunosuppressants within 1 year
- No recent surgery
- Normal lab tests

Better than standard consideration possible? (Y/N)

Yes

Decline to offer or worst case

- Recent hospitalization or surgery
- Extensive or Pancolitis
- Moderate to severe symptoms
- Recent weight loss or underweight
- Complications such as anemia or liver disease

Financial underwriting guidelines

For personal and business financial guidelines, refer to the Life Underwriting Condensed Guide.

Juveniles

- Ages 0 to 14½ years.
- **Individual coverage:** must be at least standard risk to be eligible for coverage; rate class limited to standard plus only.
- **Children's Term Rider (CTR):** not available if the rating on the base insured is over Table D.
- Equal amounts of coverage on each child (total life insurance inforce and/or pending across all companies).
- Deviations from guidelines require written explanation and/or documentation.
- Face amount dependent on amount inforce and/or pending life insurance across all companies on each parent.
- Signature of the parent or legal guardian is required on the application.
- Agent must see the child within the last 3 months of taking the application. If agent cannot see child due to residing in different state, an APS from child's physician will be needed.
- APS records required at face amounts > \$500,000.
- Check with Home Office for other state limitations or restrictions on amount of insurance applied for (see below).
- Amounts > \$2,000,000 require additional underwriting review and are accepted on an individual consideration basis.

Special rules apply for coverage amount allowed on juveniles

- **N.Y.: Ages 0-4½:** \$50,000 or 25% or amount of coverage inforce and applied for on the applicant, whichever is greater; Ages > 4½ to 14½: \$50,000 or 50% or amount of coverage inforce and applied for on the applicant, whichever is greater.
- **Non N.Y.:** Ages 0-14 for amounts > \$100,000: \$50,000 or 50% of amount of coverage inforce and/or applied for on the parent or applicant, whichever is greater; Ages 0-14 for amounts > \$100,000: 50% of the amount of coverage inforce and/or applied for on parent or applicant.
- **Washington State:** The amount of insurance requested on the juvenile should not exceed the household income.
- **Maryland:** Maryland's regulations require that life insurance companies take reasonable steps to verify the amount of life insurance already inforce or pending on the life of a minor.

Teenage/College-Age Dependents

- Insurance typically purchased in anticipation of future insurance needs such as savings, education or to protect future insurability.
- Acceptable to consider an amount up to \$500,000 if personally owned by the college age student or their parent.
- If parent is the owner/payor has insurance inforce and can provide financial justification to exceed \$500,000, can consider up to a maximum of 50% of what is inforce on the parent, not to exceed a total line of \$2,000,000.
- Long-Term Care ServicesSM Rider (LTCSR) available subject to underwriting guidelines for the rider.

Charitable Owner or Charitable Beneficiary

- Full name of charity with tax ID number.
- Proposed insured's role and/or contribution to charity (e.g., volunteer time/hours, financial contributions, board member) must be provided in agent cover letter and include rationale for amount applied for.
- Key person coverage can be considered case-by-case based on facts and circumstances such as:
 - Time commitment and service
 - Special name recognition that drives quantifiable contributions
 - Special role or function such as a professional (e.g. CPA or lawyer) who donates their services pro bono (refer to Charitable Calculator).
- Board members serving > 2 years may be considered for max of \$2m.
- Can either be a current board member or member who has rotated off the board in the past year but has continued involvement with the charity.

Charitable Legacy Rider®

- Up to 1% base policy, maximum \$100,000.
- Must be qualified 501(c) organization.
- Rider amount counts toward Equitable retention.

Future Inheritance

- Donor/bequeather must be age 70 or older. If less than age 70, detailed explanation from an independent source is needed confirming life expectancy less than 5 years.
- Cover memo containing estate planning details.
- Applicable trust documents, bequeather's Last Will and Testament, or other third-party verification of expected inheritance is needed.
- Verification of net worth of parent(s) or bequeather(s).
- Amount consideration: growth rate factor up to 3-5% for a maximum of 10 yrs.

New Business Retention guidelines

Additional automatic reinsurance above internal retention limits may be available. Consult your underwriter for assistance.

Exceptions to underwriting guidelines, use of the credit program or other underwriting programs restrict the coverage to Equitable's retention. Any excess amount over retention requires participation from our reinsurance partners. See special categories on page 16 for reduced retention limits.

Single Life Retention Limits^{1,2}

Issue Age	Single Life Retention	Rating Maximum
0-14	Refer to Juvenile parameters on pg. 14	
15-17	\$20,000,000**	Standard Plus
18-70	\$20,000,000 \$10,000,000	Standard or better – Table C Table D or higher
71-74	\$15,000,000 \$5,000,000	
75	\$15,000,000	
76-80	\$10,000,000	
81-85	\$5,000,000	
86-90	n/a	

**Retention is subject to other considerations

1 Backdating to save age is available according to normal procedures but cannot be used to secure higher retention limits. The retention limit at the age prior to backdating will apply.

Special Categories and Reduced Retention Limits**

Private pilots	If Aviation Exclusion Rider (AER) is permissible and elected, regular retention limits may be available.
Ratable avocations, hazardous sports or occupations	Regular retention limits may apply if exclusion rider is permissible and elected for the policy.
Foreign risks	Consult International Underwriting Program (IUP).
Non-immigrants	(Those not intending to remain or temporarily residing in the United States): Consult underwriter — type of visa is required for discussion.
Immigrants	(Those intending to remain in the United States), currently reside full time in the United States and/or have 3 years of continuous U.S. residence): Permanent visa type is required.
Military personnel	Consult Home Office Underwriter for more information.

Jumbo Limits^{1,2,3}

Issue Age	Jumbo Limit
80 and under	\$65,000,000
81-85	\$50,000,000
86 up	\$0
IUP or Foreign Business	\$35,000,000

- 1 Jumbo limit is defined as the total amount applied for in all companies, plus ALL amounts in force with ALL companies, including replacements.
- 2 Charitable Legacy Rider® (CLR), and Return of Premium Rider Death Benefit (ROPR) and term riders count toward retention and the jumbo limit.
- 3 Backdating to save age is available according to normal procedures but cannot be used to secure higher jumbo limits. The jumbo limit at the age prior to backdating will apply.

**Any excess over retention requires facultative reinsurance.

Professional athletes, entertainers and other high-profile individuals

- ✓ All term and permanent life insurance products available up to full retention limit for personally owned coverage. Regular compensation schedule applies.
- ✓ 10-year level term and Annual Renewable Term (ART) available up to full retention for business or team-owned coverage. Levelized compensation schedule applies.
- ✓ Term plans available only with business contracts 2 years or greater. For professional athletes, a copy of the contract may be used in lieu of a financial questionnaire, third-party financial verification, and prior year's federal income tax return for applications over \$10,000,000.
- ✓ No automatic reinsurance capacity. Facultative reinsurance may be considered for excess over retention.
- ✓ No team limits on business-owned (or team-owned) term insurance coverage.
- ✓ Reduced retention (\$10,000,000) if the professional athlete is a U.S. Visa holder (not a U.S. citizen) with country of citizenship A, B or C class countries. Must have a residence in the United States and reside in the United States most of the year. Other parameters may apply for the foreign athlete. Please consult with a Home Office Underwriter.

Long-Term Care ServicesSM Rider

Long-Term Care ServicesSM Rider

Equitable's approach to underwriting eligibility for the Long-Term Care ServicesSM Rider makes the rider available to more clients than ever.

LTCSR may be considered for eligibility with the following:

- ✓ Single life permanent policies, including substandard ratings up to Table D (except certain illnesses, impairments or conditions relating to morbidity regardless of the mortality risk or rating).
- ✓ Single life permanent policies with a flat extra due to a non-medical reason no worse than the equivalent of Table D.
- ✓ Single life term conversions and replacements.
- ✓ Foreign nationals living in the United States with a strong U.S. nexus and proof of permanent ties or intent to remain in the United States permanently.
- ✓ U.S. citizens temporarily living abroad.

The LTCSR is not available where:

- Substandard underwriting worse than the equivalent of Table D and/or medical flat extras are on the policy.
- DDW or DPW is elected and rated (in this case the policy may have LTC or DDW/DPW, but not both).
- DDW or DPW is elected and is declined for certain impairments.
- Reinsured policies (excluding ARC), International Underwriting Program.
- Policy includes the Cash Value Plus Rider, Return of Premium Rider, or where policy was issued by exercising an Option to Purchase Additional Insurance (OPAI) Rider.
- Use of qualified plans or plans otherwise subject to ERISA.
- Insured is eligible for Medicaid.
- Current medical rating is less than standard for term conversion requests.

Underwriting information contained in this guide is up to date as of January 2025.

All underwriting guidelines are subject to change. Equitable reserves the right to take underwriting action other than stated in this guide, if necessary.

Life insurance products are issued by Equitable Financial Life Insurance Company (NY, NY) or Equitable Financial Life Insurance Company of America, an Arizona stock company with an administrative office located in Charlotte, NC, and are co-distributed by Equitable Network, LLC (Equitable Network Insurance Agency of California in CA; Equitable Network Insurance Agency of Utah in UT; Equitable Network of Puerto Rico, Inc. in PR) and Equitable Distributors, LLC. Variable products are co-distributed by Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN) and Equitable Distributors, LLC. When sold by New York state-based (i.e., domiciled) Equitable Advisors Financial Professionals, life insurance products are issued by Equitable Financial Life Insurance Company (NY, NY).

References to Equitable in this brochure represent both Equitable Financial Life Insurance Company and Equitable Financial Life Insurance Company of America, which are affiliated companies. Overall, Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with an administrative office located in Charlotte, NC; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

For financial professional use only. Not for distribution to the public.

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

© 2025 Equitable Holdings, Inc. All rights reserved. IU-6555825.1 (4/24) (Exp. 4/28) | G2533978 | Cat. #157971 (4/24)



EQUITABLE