



SBLI Agent Underwriting Guide

**For Agent Use ONLY. Not intended for Consumer Use.
January 2010**

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SBLI Underwriting Philosophy

The Savings Bank Life Insurance Company of Massachusetts (SBLI) has long prided itself on the experience, competency and fairness of its underwriting staff. On average, SBLI's underwriters have 20 plus years of experience and have a reputation of being accessible and willing to work with agents and their clients.

In order for the Company to fulfill its mandate of offering safe, low cost insurance to the consumer, SBLI underwriting may, along with other term providers, require a higher level of underwriting evidence before making a final underwriting offer. The benefit of this higher level of evidence is that SBLI's mortality experience is the envy of the life insurance industry, thus allowing the Company to consistently offer some of the lowest premium rates in the industry.

SBLI thanks you for choosing us to provide valuable life insurance coverage to your clients. Please take the time to carefully review the information presented in this Underwriting Guide before taking an application for insurance. Once an application for insurance has been submitted to SBLI's Underwriting Department, you can help to expedite the underwriting process by monitoring outstanding requirements on the SBLI Agent Web Site and helping to secure those requirements in a timely fashion.

Prescreening of Applicants for Level Term Insurance

SBLI offers very competitive level premium term insurance for periods of 10, 15, 20, 25 and 30 years. Level premium term insurance rates are based on the proposed insured's age nearest birthday, term of coverage and assigned underwriting class. SBLI offers six level term underwriting classes, four non-nicotine and two nicotine. To determine which class your client is most likely to qualify for, you are urged to ask your client Pre-Screen questions that are part of the SBLI Illustration System. The answers provided by the applicant will automatically "score" which class the proposed insured is most likely to qualify for. The suggested underwriting class resulting from the questions is only an estimate, and the applicant should be told that the final underwriting class will be determined based on the completion of an Application for Insurance, a paramedical examination, blood and urine lab tests and, in all probability, a review of the proposed insured's medical records. By asking the Pre-Screen questions before taking an application, you will be able to set the client's expectations at the appropriate level. If, during the underwriting process, the client's class is lowered, you will be notified of the change in class, and the reason for the change, providing the reason is not required to remain confidential. Additionally, any adverse underwriting decisions (i.e. decline, postpone, substandard or filed incomplete) will result in an Adverse Underwriting Notice being sent to the proposed insured. Whole life and yearly renewable term insurance are sold on the basis of a two class system; non-nicotine and nicotine.

The Application Process

All applicants for insurance are required to complete an Application for Insurance. It is imperative that the applicant complete the appropriate application approved by the department of insurance in the state in which the proposed insured resides. In addition, all applicants over the age of 15 must submit to a paramedical examination by an approved SBLI paramedical vendor, and provide a blood and urine sample. See the Underwriting Requirements section of this Guide for any additional test that may be required. All examinations ordered by SBLI pursuant to the initial application for insurance are paid for by the Company.

A separate Application for Insurance must be completed for each proposed insured. All of the questions in Part One of the Application must be completed, and the application signed by the proposed insured, applicant (if different), owner and the agent. The agent should then make an appointment with one of the paramedical firms approved for use by SBLI (see Paramedical Provider Section).

The completed Part One should be forwarded to the client for review and signatures. The applicant will retain Part One for the paramedical examiner who will complete Part Two of the application, collect lab specimens and measure the proposed insured (Ht, Wt and blood pressure). The entire application will be sent to the paramedical firm's home office for quality review and then forwarded to SBLI so that the underwriting process can begin.

In addition to the Application for Insurance, the applicant must also complete the HIV Authorizations approved by the state of the insured's residence. If the proposed insured indicates that they have existing in force life insurance coverage on their life, a state approved replacement form must be completed if the state of residence requires one. Updated versions of state required forms can be obtained at SBLIAgent.com.

Multi-Class Product Criteria – Non-Nicotine

**Level Term / Whole Life / YRT Products Effective 09/11/2008
Non-Nicotine Classes/Sound Underwriting Judgment Will Prevail**

Criteria	Preferred Plus Non-Nicotine	Preferred Non-Nicotine	Select Non-Nicotine	Standard Non-Nicotine
Nicotine	no nicotine 5 years	no nicotine 3 years	no nicotine 2 years	no nicotine 2 years
Blood Pressure	no treatment, past or present 135/85 up to age 60 145/90 age 61 and over	currently controlled by meds 135/85 up to age 60 145/90 age 61 and over	currently controlled by meds 140/90 up to age 60 145/90 age 61 and over	currently controlled by meds insurability and ratings depend on actual B/P and other medical conditions
Cholesterol	maximum 225	maximum 250	maximum 275	maximum 300
CHL/HDL Ratio	maximum 5.0 with no treatment with treatment (> 1 yr) maximum 4.5	maximum 6.0 with no treatment with treatment maximum 5.0	maximum 7.0 with no treatment with treatment maximum 6.5	maximum 8.0 with no treatment with treatment maximum 7.5
Blood Profile/HOS	all values within normal range for class	all values within normal range for class	values within acceptable range for class	values within acceptable range for class
Family History	no CVD or cancer in parent/siblings prior to age 60	no death in parent prior to age 60 due to CVD or cancer	not more than one CVD or cancer death in parents prior to age 60	more than 1 CVD death in parents prior to age 60 Indiv. Consider.
Driving Record	no more than 1 DUI, none last 7 years no reckless in last 7 years no more than 1 MV in last 3 yrs no license suspension within last 3 yrs	no more than 1 DUI, none last 5 years no reckless in last 5 years no more than 2 MV in last 3 yrs no license suspension within last 3 yrs	no DUI in last 5 years no more than 2 MV in last 3 yrs	DUI within 12 mos-no offer DUI 1 to 5 yrs-flat extra no more than 3 MV in last 3 yrs
Alcohol/Substance Abuse	no history of or treatment for alcohol/drugs	no history or treatment for alcohol/drugs last 10 yrs	no history or treatment for alcohol/drugs last 10 yrs	no history or treatment for alcohol/drugs last 7 years
Personal History (see below)	no personal hx of cancer, CVD or diabetes mellitus	no personal hx of cancer, CVD or diabetes mellitus	no personal hx of cancer or CVD	need specifics on any cancer or CVD/may require rating

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**Level Term / Whole Life / YRT Products Effective 09/11/2008
Non-Nicotine Classes/Sound Underwriting Judgment Will Prevail**

Criteria	Preferred Plus Non-Nicotine	Preferred Non-Nicotine	Select Non-Nicotine	Standard Non-Nicotine
Residence	US resident for last 2 years and US citizen or permanent Visa or Green Card	US resident for last 2 years and US citizen or permanent Visa or Green Card	US resident for last 2 years and US citizen or permanent Visa or Green Card	US Resident for 2 years US citizen or permanent Visa or Green Card
Occupation/Avocation	no hazardous occupations/ avocations private pilot ok with exclusion active military not accepted scuba diving <30ft ok	no hazardous occupations/ avocations private pilot ok with exclusion active military considered if stationed in US and non-hazardous occupation scuba diving <50 ft ok	hazard occup/avocation subject to rating flat extra or exclusion for private pilot active military considered if stationed in US and non-hazardous occupation scuba diving <75 ft ok, >75 ft flat extra	hazard occup/avocation subject to rating flat extra or exclusion for private pilot active military considered if stationed in US and non-hazardous occupation scuba diving <100 ft ok, >100 ft flat extra
Build (ht and wt) male and female	4'8" 126 4'9" 131 4'10" 135 4'11" 140 5'0" 145 5'1" 149 5'2" 154 5'3" 159 5'4" 164 5'5" 169 5'6" 174 5'7" 179 5'8" 185 5'9" 190 5'10" 196 5'11" 201 6'0" 207 6'1" 212 6'2" 218 6'3" 224 6'4" 230 6'5" 236 6'6" 242 6'7" 248 6'8" 254 6'9" 260 6'10" 267 6'11" 273	4'8" 135 4'9" 140 4'10" 145 4'11" 150 5'0" 155 5'1" 160 5'2" 165 5'3" 170 5'4" 176 5'5" 181 5'6" 187 5'7" 192 5'8" 198 5'9" 204 5'10" 209 5'11" 215 6'0" 221 6'1" 227 6'2" 234 6'3" 240 6'4" 246 6'5" 253 6'6" 259 6'7" 266 6'8" 273 6'9" 279 6'10" 286 6'11" 293	4'8" 147 4'9" 152 4'10" 157 4'11" 162 5'0" 168 5'1" 173 5'2" 179 5'3" 185 5'4" 190 5'5" 196 5'6" 202 5'7" 208 5'8" 214 5'9" 221 5'10" 227 5'11" 233 6'0" 240 6'1" 247 6'2" 253 6'3" 260 6'4" 267 6'5" 274 6'6" 281 6'7" 288 6'8" 295 6'9" 303 6'10" 310 6'11" 318	4'8" 164 4'9" 170 4'10" 176 4'11" 182 5'0" 188 5'1" 194 5'2" 200 5'3" 207 5'4" 213 5'5" 220 5'6" 226 5'7" 234 5'8" 241 5'9" 248 5'10" 255 5'11" 263 6'0" 271 6'1" 279 6'2" 286 6'3" 294 6'4" 302 6'5" 309 6'6" 318 6'7" 326 6'8" 334 6'9" 343 6'10" 351 6'11" 360

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SBLI Agent Underwriting Guide

Level Term / Whole Life / YRT Products Effective 03/17/2008 Non-Nicotine Classes/Sound Underwriting Judgment Will Prevail

Criteria	Preferred Plus Non-Nicotine	Preferred Non-Nicotine	Select Non-Nicotine	Standard Non-Nicotine
Additional Personal History	A history of the following will rule out consideration for this class:	A history of the following will rule out consideration for this class:	A history of the following will rule out consideration for this class:	A history of the following will rule out consideration for this class:
	AIDS Alzheimer's disease Asthma Cancer (except basal cell over 1 yr) Chronic obstructive pulmonary disease Coronary artery disease Crohn's disease Depression/Mental Disorder Diabetes Drug or alcohol abuse Emphysema Epilepsy Heart disease Heart murmur Chronic kidney or liver disease Melanoma Mitral valve prolapse Multiple sclerosis Neurogenic bladder Rheumatoid arthritis Stroke Suicide attempts Taking meds for any chronic on-going condition Ulcerative colitis Vascular disease	AIDS Alzheimer's disease Asthma (except mild forms) Cancer (except basal cell) Chronic obstructive pulmonary disease Coronary artery disease Crohn's disease *Depression/Mental Disorder Diabetes Drug or alcohol abuse (in past 10 yrs) Emphysema Epilepsy (seizure within last 5 yrs) Heart disease Heart murmur Chronic kidney or liver disease Melanoma *Mitral valve prolapse Multiple sclerosis Neurogenic bladder Rheumatoid arthritis Stroke Suicide attempts Ulcerative colitis Vascular disease *Individual Consideration	AIDS Alzheimer's disease Asthma (severe) Cancer Chronic obstructive pulmonary disease Coronary artery disease Crohn's disease *Depression/Mental Disorder Diabetes Drug or alcohol abuse (in past 10 yrs) Emphysema Epilepsy (seizure within last 3 yrs) Heart disease Chronic kidney or liver disease Melanoma *Mitral valve prolapse Multiple sclerosis Neurogenic bladder Rheumatoid arthritis (mild/asymtomatic) Stroke Suicide attempts Ulcerative colitis (within 3 years) Vascular disease *Individual Consideration	AIDS Alzheimer's disease Suicide attempts (within 2 years)
Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons				

Multi-Class Product Criteria – Nicotine

**Level Term / Whole Life / YRT Products
Nicotine Classes/Sound Underwriting Judgment Will Prevail**

Criteria	Preferred Nicotine	Standard Nicotine
Nicotine	not exceeding one pack per day and no use of other nicotine products	tobacco use exceeding 1 pack per day
Blood Pressure	currently controlled by meds 135/85 up to age 49 140/90 age 50 and over	currently controlled by meds insurability and ratings depend on actual B/P and other medical conditions
Cholesterol	current tx (>1yr)/hx acceptable maximum 250	current treat/hx acceptable maximum 300
CHL/HDL Ratio	maximum 5.5	maximum 7.5
Blood Profile/HOS	all values within normal range	values within acceptable range for class
Family History	no death in parent or sibling prior to age 60 due to CVD or cancer	more than 1 CVD death in parents prior to age 60 Indiv. Consider.
Driving Record	no more than 1 DUI, none last 5 years no reckless in last 5 years no more than 2 MV in last 3 yrs no license suspension within last 3 yrs	DUI within 12 mos-no offer DUI 1 to 5 yrs-flat extra no more that 3 MV in last 3 yrs
Alcohol/Substance Abuse	no history or treatment for alcohol/drugs last 10 yrs	no history or treatment for alcohol/drugs last 7 years
Personal History (see below)	no personal hx of cancer, CVD or diabetes mellitus	need specifics on any cancer or CVD/may require rating
Residence	US resident for last 3 years and US citizen or permanent Visa or Green Card no intention to travel to LDC	US Resident for 2 years US citizen or permanent Visa or Green Card flat extra for travel to LDC
Occupation/Avocation	no hazardous occupations/avocations private pilot ok with exclusion active military considered if stationed in US and non-hazardous occupation scuba diving <50 ft ok	hazard occup/avocation subject to rating flat extra or exclusion for private pilot active military considered if stationed in US and non-hazardous occupation scuba diving <100 ft ok, >100 ft flat extra
Build (ht and wt) male and female	4'8" 131 4'9" 136 4'10" 141 4'11" 146 5'0" 151 5'1" 156 5'2" 161 5'3" 166 5'4" 172 5'5" 177 5'6" 183 5'7" 188 5'8" 194 5'9" 200 5'10" 205 5'11" 211 6'0" 217 6'1" 223 6'2" 230 6'3" 236 6'4" 242 6'5" 249 6'6" 255 6'7" 262 6'8" 269 6'9" 275 6'10" 282 6'11" 289	4'8" 164 4'9" 170 4'10" 176 4'11" 182 5'0" 188 5'1" 194 5'2" 200 5'3" 207 5'4" 213 5'5" 220 5'6" 226 5'7" 234 5'8" 241 5'9" 248 5'10" 255 5'11" 263 6'0" 271 6'1" 279 6'2" 286 6'3" 294 6'4" 304 6'5" 309 6'6" 318 6'7" 326 6'8" 334 6'9" 343 6'10" 351 6'11" 360

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Level Term / Whole Life / YRT Products Nicotine Classes/Sound Underwriting Judgment Will Prevail

Criteria	Preferred Nicotine	Standard Nicotine
Additional Personal History	A history of the following will rule out consideration for this class:	A history of the following will rule out consideration for this class:
	<ul style="list-style-type: none"> AIDS Alzheimer's disease Asthma Cancer (except basal cell) Chronic obstructive pulmonary disease Coronary artery disease Crohn's disease Depression/Mental Disorder Diabetes Drug or alcohol abuse (in past 10 yrs) Emphysema Epilepsy (seizure within last 5 yrs) Gastric/peptic ulcers Heart disease Heart murmur Chronic kidney or liver disease Melanoma Mitral valve prolapse Multiple sclerosis Neurogenic bladder Prostate related impairments Rheumatoid arthritis Stroke Suicide attempts Ulcerative colitis Vascular disease 	<ul style="list-style-type: none"> AIDS Alzheimer's disease Suicide attempts (within 2 years)
<p>Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons</p>		



NON-NICOTINE

Level Term / YRT / Whole Life Multi-Class Build Table Revised February 2008

Height	Preferred +	Preferred	Select	Standard	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating
	NonNicotine up to	NonNicotine	NonNicotine	NonNicotine	50Debits	75Debits	100Debits	125Debits	150Debits	175Debits	200Debits	250Debits	300Debits
4'8"	126	127-135	136-147	148-164	165-170	171-178	179-185	186-192	193-199	200-206	207-210	211-216	217+
4'9"	131	132-140	141-152	153-170	171-176	177-185	186-191	192-199	200-206	207-214	215-218	219-224	225+
4'10"	135	136-145	146-157	158-176	177-182	183-191	192-198	199-206	207-213	214-221	222-225	226-232	233+
4'11"	140	141-150	151-162	163-182	183-189	190-198	199-205	206-213	214-221	222-229	230-233	234-240	241+
5'0"	145	146-155	156-168	169-188	189-195	196-205	206-212	213-220	221-228	229-236	237-241	242-248	249+
5'1"	149	150-160	161-173	174-194	195-201	202-211	212-219	220-228	229-236	237-244	245-250	251-256	257+
5'2"	154	155-165	166-179	180-200	201-208	209-218	219-227	228-235	236-244	245-252	253-258	259-265	266+
5'3"	159	160-170	171-185	186-207	208-215	216-226	227-234	235-243	244-252	253-261	262-266	267-274	275+
5'4"	164	165-176	177-190	191-213	214-222	223-233	234-242	243-250	251-259	260-269	270-275	276-282	283+
5'5"	169	170-181	181-196	197-220	221-229	230-240	241-249	250-258	259-268	269-277	278-283	284-291	292+
5'6"	174	175-187	188-202	203-226	227-236	237-247	248-256	257-266	267-276	277-286	287-292	293-300	301+
5'7"	179	180-192	193-208	209-234	235-243	244-255	256-264	265-274	275-284	285-295	296-301	302-310	311+
5'8"	185	186-198	199-214	215-241	242-250	251-263	264-272	273-282	283-293	294-303	304-310	311-319	320+
5'9"	190	191-204	205-221	222-248	249-258	259-270	271-280	281-291	292-302	303-313	314-319	320-328	329+
5'10"	196	197-209	210-227	228-255	256-266	267-278	279-288	289-299	300-310	311-322	323-329	330-338	339+
5'11"	201	202-215	216-233	234-263	264-273	274-286	287-296	297-308	309-319	320-331	332-338	339-347	348+
6'0"	207	208-221	222-240	241-271	272-280	281-294	295-305	306-317	318-329	330-341	342-348	349-357	358+
6'1"	212	213-227	228-247	248-279	280-289	290-304	305-314	315-326	327-338	339-350	351-358	359-367	368+
6'2"	218	219-234	235-253	254-286	287-297	298-311	312-322	323-335	336-347	348-360	361-367	368-377	378+
6'3"	224	225-240	241-260	261-294	295-305	306-320	321-331	332-343	344-357	358-370	371-377	378-388	389+
6'4"	230	231-246	247-267	268-302	303-313	314-329	330-340	341-353	354-365	366-379	380-387	388-398	399+
6'5"	236	237-253	254-274	275-309	310-321	322-337	338-349	350-363	264-376	377-390	391-397	398-409	410+
6'6"	242	243-259	260-281	282-318	319-330	331-346	347-358	359-372	373-386	387-400	401-408	409-420	421+
6'7"	248	249-266	267-288	289-326	327-338	339-355	356-368	369-382	383-396	397-410	411-418	419-431	432+
6'8"	254	255-273	274-295	296-334	335-347	348-364	365-377	378-391	392-406	407-421	422-429	430-442	443+
6'9"	260	261-279	280-303	304-343	344-356	357-373	374-386	387-401	402-416	417-431	432-440	441-453	454+
6'10"	267	268-286	287-310	311-351	352-364	365-383	384-396	397-411	412-427	428-442	443-450	451-464	465+
6'11"	273	274-293	294-318	319-360	361-373	374-392	393-406	407-421	422-437	438-453	454-462	463-475	476+



NICOTINE

Level Term / Whole Life / YRT Multi-Class Build Table Revised December 2004

Height	Preferred Nicotine up to	Standard Nicotine	Rating 50 Debits (Table 2)	Rating 75 Debits (Table 3)	Rating 100 Debits (Table 4)	Rating 125 Debits (Table 5)	Rating 150 Debits (Table 6)	Rating 175 Debits	Rating 200 Debits (Table 8)	Rating 250 Debits (Table 10)	Rating 300 Debits (Table 12)
4'8"	131	132-164	165-170	171-178	179-185	186-192	193-199	200-206	207-210	211-216	217+
4'9"	136	137-170	171-176	177-185	186-191	192-199	200-206	207-214	215-218	219-224	225+
4'10"	141	142-176	177-182	183-191	192-198	199-206	207-213	214-221	222-225	226-232	233+
4'11"	146	147-182	183-189	190-198	199-205	206-213	214-221	222-229	230-233	234-240	241+
5'0"	151	152-188	189-195	196-205	206-212	213-220	221-228	229-236	237-241	242-248	249+
5'1"	156	157-194	195-201	202-211	212-219	220-228	229-236	237-244	245-250	251-256	257+
5'2"	161	162-200	201-208	209-218	219-227	228-235	236-244	245-252	253-258	259-265	266+
5'3"	166	167-207	208-215	216-226	227-234	235-243	244-252	253-261	262-266	267-274	275+
5'4"	172	173-213	214-222	223-233	234-242	243-250	251-259	260-269	270-275	276-282	283+
5'5"	177	178-220	221-229	230-240	241-249	250-258	259-268	269-277	278-283	284-291	292+
5'6"	183	184-226	227-236	237-247	248-256	257-266	267-276	277-286	287-292	293-300	301+
5'7"	188	189-234	235-243	244-255	256-264	265-274	275-284	285-295	296-301	302-310	311+
5'8"	194	195-241	242-250	251-263	264-272	273-282	283-293	294-303	304-310	311-319	320+
5'9"	200	201-248	249-258	259-270	271-280	281-291	292-302	303-313	314-319	320-328	329+
5'10"	205	206-255	256-266	267-278	279-288	289-299	300-310	311-322	323-329	330-338	339+
5'11"	211	212-263	264-273	274-286	287-296	297-308	309-319	320-331	332-338	339-347	348+
6'0"	217	218-271	272-280	281-294	295-305	306-317	318-329	330-341	342-348	349-357	358+
6'1"	223	224-279	280-289	290-304	305-314	315-326	327-338	339-350	351-358	359-367	368+
6'2"	230	231-286	287-297	298-311	312-322	323-335	336-347	348-360	361-367	368-377	378+
6'3"	236	237-294	295-305	306-320	321-331	332-343	344-357	358-370	371-377	378-388	389+
6'4"	242	243-302	303-313	314-329	330-340	341-353	354-365	366-379	380-387	388-398	399+
6'5"	249	250-309	310-321	322-337	338-349	350-363	364-376	377-390	391-397	398-409	410+
6'6"	255	256-318	319-330	331-346	347-358	359-372	373-386	387-400	401-408	409-420	421+
6'7"	262	263-326	327-338	339-355	356-368	369-382	383-396	397-410	411-418	419-431	432+
6'8"	269	270-334	335-347	348-364	365-377	378-391	392-406	407-421	422-429	430-442	443+
6'9"	275	276-343	344-356	357-373	374-386	387-401	402-416	417-431	432-440	441-453	454+
6'10"	282	283-351	352-364	365-383	384-396	397-411	412-427	428-442	443-450	451-464	465+
6'11"	289	290-360	361-373	374-392	393-406	407-421	422-437	438-453	454-462	463-475	476+

Initial Underwriting Requirements

Age and Amount Requirements

Ages	To 100,000	100,001-250,000	250,001-500,000	500,001-1,000,000	1,000,001-3,000,000	3,000,001-5,000,000	\$5,000,001 and over
0	5,000 to 25,000 Non-Med	N/A	N/A	N/A	N/A	N/A	N/A
1-15	Non-Med	N/A	N/A	N/A	N/A	N/A	N/A
16-30	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	M.D. Exam BP/HOS MVR EKG	M.D. Exam BP/HOS MVR EKG
31-40	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS MVR	M.D. Exam BP/HOS MVR EKG	M.D. Exam BP/HOS MVR EKG
41-50	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS MVR EKG	M.D. Exam BP/HOS MVR EKG	M.D. Exam BP/HOS MVR EKG
51-60	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS EKG	Para BP/HOS MVR EKG	M.D. Exam BP/HOS MVR EKG	M.D. Exam BP/HOS MVR TMT
61-69	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	M.D. Exam BP/HOS MVR EKG	M.D. Exam BP/HOS MVR EKG	M.D. Exam BP/HOS MVR TMT
70-80	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	N/A	N/A	N/A	N/A

KEY

Para =	Paramedical Exam (Nurse)
M.D. Exam =	Exam by Physician
BP =	Blood Profile with HIV Test / PSA over Age 50
HOS =	Home Office Specimen (Urine)
TMT =	Exercise EKG (Treadmill)
EKG =	Electrocardiogram (Resting)
MVR =	Motor Vehicle Reports

Business Beneficiary Report over \$500,001 for business cases.
All applications over \$1,000,000 will be subject to Consumer Inspection Report

Effective 9/11/08

Approved Paramedic Examiners and Locations

The following companies are the only Paramedic Organizations authorized to perform examinations for SBLI.

Please click on their hyperlink to find branch locations and contact information.

APPS (American Para Professional Systems) - www.appslive.com

EMSI - <http://www.emsinet.com/>

EXAM ONE - <http://www.myexamone.com/>

Healthmasters - <http://healthmastersonline.com/>

Portamedic - <http://portamedic.com/>

Super Mobile Medics – <http://www.supermobilemedics.com>

Attending Physician (APS) Ordering Guidelines Effective January 2010

Order an Attending Physician Statement if the proposed insured has been seen by a health care professional within the time frame indicated below.

Please obtain an APS using the following guidelines for death benefit amounts up to \$500,000	
Proposed Insured Age	Seen Health Care Professional within time frame below
20 – 40	1 month
41 – 50	1 year
51 – 60	1 year
61 and older	All cases

Please obtain an APS using the following guidelines for death benefit amounts between \$500,001 and \$750,000	
Proposed Insured Age	Seen Health Care Professional within time frame below
20 – 40	3 months
41 – 50	1 year
51 – 60	1 year
61 and older	All cases

Please obtain an APS using the following guidelines for death benefit amounts between \$750,001 and \$1,000,000	
Proposed Insured Age	Seen Health Care Professional within time frame below
20 – 40	6 months
41 – 50	1 year
51 – 60	2 years
61 and older	All cases

Please obtain an APS using the following guidelines for death benefit amounts between \$1,000,001 and \$2,000,000	
Proposed Insured Age	Seen Health Care Professional within time frame below
20 – 40	1 year
41 – 50	2 years
51 – 60	3 years
61 and older	All cases

Please obtain an APS using the following guidelines for death benefit amounts between \$2,000,001 and up	
Proposed Insured Age	Seen Health Care Professional within time frame below
20 – 40	5 years
41 – 50	5 years
51 – 60	All cases
61 and older	All cases

*at all ages, including 0-19, an APS may be requested at the underwriter's discretion.

The Underwriting Department will assess applications on an individual basis and sound underwriting judgment will prevail. We reserve the right to process with or without medical records at our discretion.

Medical Records Direct Billing Programs

In effort to continue to streamline doing business with SBLI we are instituting a new medical records billing feature which will simplify the medical retrieval process for both you and us and will allow us to expedite the payment process for the medical record vendors. We believe that this will free up more time for you to do what you do best. Sell SBLI...

Effective immediately, we will begin to accept Direct Billing* from our list of pre-approved Medical Record Vendors. The list of approved vendors will be listed on the SBLI agent website shortly.

Please ensure that you adhere to the following procedures:

- Review our "APS Ordering Guidelines" in order to determine if an APS is required. SBLI will only pay for APS's based on our "APS Ordering Guidelines".
- Prior to requesting any medical records, you must obtain the state specific SBLI HIPAA Compliant Authorization Form (part of the SBLI application). This form must be signed and dated by the client.
- All records must be sent directly from the vendor to the SBLI. The agency will be allowed to receive a copy of the records free of charge from the vendor provided that the agency obtains a signed authorization from the client granting permission for the dissemination medical information.
- If the APS has been ordered and is not included with the application package, please indicate vendor name and date APS was ordered on your transmittal sheet.
- If the APS was not ordered by agency and SBLI determines that medical records are necessary, SBLI will notify the agency (if applicable) to request the APS.
- All medical facility/retrieval fees over \$100.00 must be pre-approved by the SBLI. This can be achieved by emailing records@sbli.com and stating the client's name, date of birth, policy reference number (if available), the name and address of the medical facility and the fee requested. Any records secured over the \$100 threshold without pre-approval, will reimbursed a maximum of \$100 plus the applicable service fee.
- If you do not wish to participate in the Medical Records Direct Billing Program, you should be aware that SBLI will only reimburse you for records based on our "APS Ordering Guidelines" and specifically when the new business submission meets one of the following conditions ...
 - Issued and Paid
 - Declined
 - Postponed

*Requires a 75% placement rate with SBLI

SBLI Medical Retrieval Approved Vendors

SBLI Vendors

APS Inc.	800-355-5424
EMSI	800-530-0560

Broker Approved Vendors

Rocca Salviola and Associates, Inc. (RSA)	630-809-3003
Examination Management Services, Inc. (EMSI)	800-530-0560
J & H Copy Service	714-921-0102
Express Imaging Services	888-846-8804
Superior APS	877-890-4277
APS Workflow	636-812-0166

Guidelines for Releasing Medical Records to Brokers

- SBLI will only release Medical records to external brokers with the approved authorization signed by the broker and proposed insured and a copying fee of \$50.00 (Please note that this excludes any medical records that reference any information regarding Mental Health or other sensitive information that appears inappropriate to send per underwriting discretion.)
- Any medical records related to Mental Health will only be released to the Proposed insured and then only with written approval from the Medical Care Provider who generated the records.
- Any written request for medical records to be sent directly to a proposed insured in response to an adverse underwriting decision will not be charged a copying fee.
- No Broker will be granted access to medical records via the EMSI website.

*All payments must be made to Savings Bank Life Insurance.
Please submit check to:

SBLI
Attn: Release of Medical Records
PO Box 4046

Woburn, MA 01888



Medical Records Release Authorization

I understand the Life Insurance Broker listed below may need to collect information in regards to applying for life insurance on my life.

Accordingly, I hereby authorize The Savings Bank Life Insurance Company of Massachusetts (SBLI) to send all my medical records in connection with my application for life insurance directly to:

Name of Brokerage _____

Address of Brokerage _____

If there are categories of sensitive or personal information, which you wish to exclude from this authorization, please list the categories:

I understand that any medical records that pertain to Mental Health information will not be disclosed.

By this authorization, I hereby release SBLI from any liability in connection with the release of any medical records. This authorization shall be valid for 90 days from execution.

Name of Proposed Insured: _____

Date of Birth: _____ Policy Number _____

Proposed Insured's Signature: _____ Date _____

I hereby agree to indemnify and hold SBLI harmless from any claim, damages, expenses and legal fees relative to the release of the requested information.

Broker's Signature _____ Date _____



Medical Records Release Authorization

I understand the Life Insurance Broker listed below may need to collect information in regards to applying for life insurance on my life.

Accordingly, I hereby authorize Centrian Life Insurance to send all my medical records in connection with my application for life insurance directly to:

Name of Brokerage _____

Address of Brokerage _____

If there are categories of sensitive or personal information, which you wish to exclude from this authorization, please list the categories:

I understand that any medical records that pertain to any Mental Health information will not be disclosed.

By this authorization, I hereby release Centrian from any liability in connection with the release of any medical records. This authorization shall be valid for 90 days from execution.

Name of Proposed Insured: _____

Date of Birth: _____ Policy Number _____

Signature _____ Date _____

I hereby agree to indemnify and hold Centrian harmless from any claim, damages, expenses and legal fees relative to the release of the requested information.

Broker's Signature _____ Date _____

Financial Underwriting Guidelines and Tips

Life Insurance is intended to protect against economic loss due to the unforeseen or premature death of the insured. Cover letters explaining in full detail how the amount of coverage and reason for the coverage was determined will help underwriters understand the need and possibly help speed up the underwriting process. Cover letters are especially important on cases where business purposes are involved.

The purpose of financial underwriting is to determine whether the amount of coverage applied for and inforce bears a reasonable relationship to this loss.

Income Replacement and Estate Conservation

Income replacement coverage establishes security against loss by providing funds to repay personal debt and continue income. In effect, the goal is to determine an amount that maintains the previous lifestyle. Traditionally, this value is calculated via a multiple of income approach. Income in this context would include salaries, wages, and bonuses. As income replacement needs diminish with age, estate conservation often becomes an issue. Life insurance proceeds are legitimately used to satisfy the, at times, significant costs associated with estate transfer, thereby avoiding a forced sale of assets at death. Income replacement and estate conservation needs may be considered concurrently.

Use the Multiple of Income by Age, table to calculate the amount of insurance that SBLI generally considers to be reasonable for married applicants. For those who are single, just use one-half of the amount calculated.

Age	Multiple of Annual Earned Income
To age 30	*Up to 30 times salary
31-40	Up to 25 times salary
41-50	Up to 20 times salary
51-55	Up to 15 times salary
56-65	Up to 10 times salary
66-70	Up to 5 times salary
71 and over	Individual consideration

*Upper limits for High growth potential income market only.

Occupations with fluctuating income levels require close analysis. Reduced multiples should be considered in those instances where reported income figures may be suspect, sources may not be knowledgeable, the applicant is new to the occupation, changes occupation frequently, or the occupation itself has little potential for growth.

Estate Conservation

- As income replacement needs diminish with age estate conservation often becomes an issue.

Key: IT MUST MAKE SENSE!!

Personal Creditor Insurance

- Used to repay outstanding indebtedness on the death of the debtor. Rules of thumb:
- Provide the amount and purpose of the loan and terms of repayment.
- Generally, we will insure 80% of the loan.
- Collateral assignment form is required.

Personal Bankruptcy

- Individuals petition the courts for bankruptcy relief under Chapter 13 or Chapter 7 of the code. Rules of thumb:
- Generally, cases involving bankruptcies will not be considered until the bankruptcy has been resolved.
- Underwriting may ask for copies of the bankruptcy petition and/or final discharge papers.

Juvenile Insurance

- There should be a relationship between the amount applied for and the parent's insurance program. General guidelines:
- Limit this amount to a maximum of 50% of the breadwinner's insurance amount.
- Insurable Interest is generally limited to parents and grandparents.
- All juvenile siblings should have similar amounts of coverage.

Charitable Giving

- The use of life insurance in charitable giving is most often simply an attempt to provide an uninterrupted continuation of an existing pattern of giving.
- Generally, annual contribution x 10 = Charitable amount of life insurance.

Business Insurance

Life Insurance is often used to alleviate the financial strain caused by the death of an owner or key employee.

Purpose: To maintain the same financial position that existed prior to the loss, not to enhance the financial position of the organization.

Among the forms business insurance takes on, the more common are

1. Buy/Sell
2. Key Employee (AKA – Key Man)

Buy/Sell:

- Identification of major owners and their respective ownership positions are required.
- A determination, and how arrived at, of the Book Value and/or Market Value of the business should be provided.
- Partners or owners are normally insured in proportion to their percentage ownership.

Key Employee (Key Man):

- Purpose of this coverage is to protect the company against economic loss and facilitate replacement in the event of the untimely death of a key person. There is no benefit to the insured's heirs as there is in Buy/Sell.
- A Key Employee is defined as someone who:
 - possesses special skills
 - is a source of business for the firm
 - holds a patent in his/her name
 - his/her name and personal reputation in the industry carries a value for the company
 - individuals who have partial ownership in the business
 - highly paid individuals
- 5 times the employees salary is generally considered a reasonable amount of coverage but we will consider up to 10 times but the amount must be justified and an explanation is required.

Business Loan (Creditor) Insurance:

- Lenders may insist on coverage of owners to pay outstanding principle balance due to owner's premature death.
- Beneficiary should be the creditor, as their interest may appear.
- Underwriting may ask for documentation of the loan.
- Collateral assignment form is required.

*The new Financial Application Supplement (AM26-1) is now available and should be completed on applications in excess of \$1,000,000 (Applied for and In-Force). The form is included below.

The Savings Bank Life Insurance Company of Massachusetts
P.O. Box 4048, Woburn, MA 01888
Telephone (800) 694-7254 www.sbli.com

TO BE COMPLETED FOR ALL APPLICATIONS IN EXCESS OF \$1,000,000 (APPLIED FOR + INFORCE)

NAME (Please Print) _____ **DOB** ___ / ___ / ___

A. INSURANCE PROGRAM

	TOTAL	PERSONAL	BUSINESS
1. Insurance applied for:	_____	_____	_____
2. In Force Insurance:	_____	_____	_____
3. Being Replaced:	_____	_____	_____
4. Ultimate Total: (1+2 minus 3)	_____	_____	_____
5. How were the current and ultimate amounts determined? (Attach copy of needs analysis completed or provide the calculations used)			

B. PERSONAL FINANCIAL INFORMATION

1. Earned Income (include all sources): _____
2. Unearned Income (to include sources): _____
3. Have you declared bankruptcy in the past 5 years? **(If yes, please provide a copy of the filing and discharge, if any)**

_____ No

_____ Yes

C. NET WORTH

1. Assets (savings, stocks, real estate, etc.) \$ _____
2. Liabilities (mortgages, other loans/debts, etc.) \$ _____
3. Net Worth: (1 minus 2) \$ _____

D. PURPOSE OF COVERAGE

1. Personal (check all that apply): Family Protection Estate Conservation Other (explain below)
2. Business (check all that apply):
 - Keyman (Are any other keymen insured?) _____ Yes _____ No (explain below)
 - Buy/Sell (Are all other co-owners insured?) _____ Yes _____ No (explain below)
 - Creditor (Please enter the loan amount) \$ _____
 - Other (explain below)

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PURPOSE OF COVERAGE (continued)

Explanation of "No" and "Other" Answers

E. BUSINESS INSURANCE APPLICANTS ONLY

1. Type of Business: Sole Proprietorship Partnership Corporation (type?) _____
2. Complete the following for each partner, owner, keyman and corporate officer:

Name	Age	Position	%Ownership	Active?	Amount of Insurance Payable to the Business	
					Inforce	Applied For
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. If any business associates listed in #2 above are not to be insured, please explain.

4. Business Finances (Attach a copy of the most recent Balance Sheet and Profit/Loss Statement)

Assets _____ Liabilities _____ Net Worth _____

Gross Sales _____ Net Profits _____ Net Income _____

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P.O. Box 4048, Woburn, MA 01888
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BUSINESS INSURANCE APPLICANTS ONLY (continued)

- 5. If this is Buy/Sell, provide a copy of the agreement.
- 6. Has the Business ever been reorganized due to financial problems?

_____ No _____ Yes (explain) _____

- 7. Market Value of Business (Provide calculations below used to determine this value)

8. Nature of Business _____ Year Business Established _____

- 9. Proposed Insured's Compensation from Business?

Salary _____ Commission _____ Bonus _____ Total _____

SIGNATURE:

It is represented that the statements and answers given in this supplement to application are true, complete and correctly recorded to the best of my knowledge and it is agreed that this supplement shall be part of the application for insurance on the life of the proposed insured.

Signed at: _____ Date: _____

Proposed Insured (print) _____ Signature: _____

AGGREEMENT OF OWNER (If other than the proposed insured): The owner agrees to be bound by the statements, answers, agreements made by the proposed insured on this supplement to this application.

Signed at: _____ Date: _____

Owner (print) _____ Owner Signature: _____

Note: If owner is a corporation, full name of Corporation to be shown and signature of an authorized officer other than the proposed insured, with title, is required.

General Non-Medical Information

SBLI takes into consideration many aspects when underwriting an application. Medical histories are only one element of the decision making process. Below are the guidelines we utilize for some of the non-medical portions of our process.

Armed Services Personnel

Military Personnel information has been moved to a separate document, also found in the underwriting area.

Foreign Residency

We do consider non US citizens living in the US that have the intention of permanently residing in the US, however, parameters outlining specific temporary visa types and conditions are usually given, such as:

- Permanent Resident with temporary visa types E 1-2, H-1B, H-4, K 1-4, L-1A, L-1B, L-2,
- Student Visas not to be considered
- Intent to remain in the US permanently
- Minimum 2 -5 years of US residence

Travel

SBLI will consider travel to foreign lands deemed safe by the United States government, depending upon reason for travel, length of stay and subject to the discretion of SBLI underwriting. Various state laws may have an impact on this issue.

SCUBA Diving

SBLI typically accepts diving to depths of 100 feet at standard rates. However, SBLI reserves the right to offer coverage at a higher rate.

This information is provided as an aid only in evaluating proper risk classification and premium estimates at the point of sale. Any application submitted to SBLI is subject to full underwriting. Final risk determination will be presented by the SBLI underwriting department.

SBLI Military Guidelines

Applicants in the military service are offerable with certain specifications:

- Amounts should bear a reasonable relationship to the risk from a financial standpoint, taking age, rank, family status and military duty assignments into consideration. No amount limitations for pay grades have been specified, each set of circumstances affording individual consideration.
- Applicants involved in the following military special forces should not be considered for insurance:
 - Army Rangers
 - Delta Force
 - U. S. Army Special Forces (a.k.a. The Green Berets)
 - Navy SEALs or Navy Special Warfare Development Group
 - Air Force Special Forces

***It is suggested by the underwriting department that on any military applicant, a questionnaire be completed and submitted to the home office for consideration.**

The Military Sales Disclosure Form A-77 (DA-77 in CT) is **required** to be given to all applicants of life insurance policies and annuity contracts, if they are active military personnel (or military dependents in ND, OH and WA) regardless of the sale location. Producers are to direct the applicant to sign the disclosure form and return the original with their signed applications.