

The Cincinnati Life Insurance Company

# LIFE UNDERWRITING HANDBOOK FOR AGENTS

Providing Quality Service



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## CINCINNATI LIFE UNDERWRITING HANDBOOK

This handbook is your guide to Cincinnati Life underwriting, our requirements, procedures and underwriting criteria. We provide updates to keep you aware of changes as they may occur.

You will find several options that simplify and expedite the life insurance application and underwriting processes. You may complete and submit life applications electronically. Electronic submission, updated underwriting requirements and some improved underwriting class criteria arm you with a renewed competitive edge.

Offering you quality service, creative underwriting and innovative technology is our goal.

### UNDERWRITING PROCESS FOR ORDINARY LIFE

Our underwriters depend on many sources for the information needed to provide your client the best possible offer. You can help expedite the process by accurately completing the application, including all medical questions and all other state- or company-required forms. Complete medical information is always helpful, even when a medical exam is required. Alerting your underwriter to a health concern allows for appropriate actions based on the information you provide instead of waiting for medical exam results. You can easily access required information by using our Life e-App.

### Electronic submission

You can complete the formal life application and simplified Lite application electronically, making it faster and easier for you and your clients.

The Cincinnati Life e-App process provides numerous advantages:

- Increase productivity. Easy to use and no extra equipment needed; just a connection to CinciLink®
- Reduce errors. Always have the correct product forms required by the state and by Cincinnati Life
- Reduce paper use. No need to keep an inventory of forms
- Complete the application face-to-face or by email
- Obtain signatures electronically
- Eliminate any waiting period by getting the forms immediately in front of your client for signature
- Save postage cost and time
- Fax directly to ExamOne, a Quest Diagnostic Company, after submitting the application to Cincinnati Life headquarters (Lite application only)

To begin using the Life e-App, please ask your agency's CinciLink administrator to add this role to My Tools list on CinciLink. Learn more by viewing the short introductory video in the Learning Center:

- Log in to CinciLink
- Go to Learning & Development and select Learning Center
- Go to Catalog Search and enter ACO200, then choose GO
- Click the Start button to begin the course (you may need speakers)

Please contact your life sales field representative or your headquarters life underwriting representative to learn how your agency can begin using this beneficial tool.



## Lite application

Simplify your life by taking advantage of our teleunderwriting Lite application process (also known as a teleapp). This service is available for applicants age 18 and older applying for a minimum face amount of \$100,000.

Here's how it works:

- Complete the simplified application Form CLI-1019. Please include all required information and print legibly. Contact information (phone number, day and time) is especially important.
- Fax only the application to ExamOne, 800-395-9457.
- Send the original application and other required application forms (HIV consent, medical authorization, replacement forms, pre-authorized withdrawal requirements and premium) to Cincinnati Life headquarters.
- ExamOne conducts a telephone interview with the applicant to obtain medical history and additional information typically included on the standard life application. Next, ExamOne schedules an appointment to complete necessary medical requirements. Then, ExamOne sends us information electronically from the interview.
- When the medical requirements are complete, blood and urine specimens are sent to ExamOne. ExamOne performs the analysis on the specimens and sends the results to us electronically.

We use ExamOne exclusively for this service so you and your clients gain the benefit of streamlined scheduling, status reporting, quality control and cost containment. These advantages enable us to better meet your service expectations.

Following these suggestions assures your business flows as quickly and smoothly through the process as possible:

- Use this simplified process for the specified ages (18 and up) and amounts (\$100,000 minimum) only.
- Fax only the application to 800-395-9457 and mail or fax the original to Life Policy Issue at Cincinnati Life headquarters with accompanying forms and payment without delay.
- Do not order paramedical services yourself.
- Let your client know the telephone interview lasts a minimum of 10 minutes and can be much longer if your client has significant medical history.

- To expedite the interview, please advise your client to have the following available:
  - Driver's license
  - Income and net worth
  - Names, addresses and phone numbers of physicians
  - Complete list of any medications your client is taking, dosage and the condition for which it is taken
  - Personal schedule so the interviewer can set up a date and time for the paramedical services
  - If business insurance, details regarding the structure of the business and financials



To check interview status online:

- Visit [portal.examone.com/login](http://portal.examone.com/login)
- Under Teleunderwriting, select Status
- Enter your last name and Social Security number
- Select GetStatus
- Choose the correct Order ID

Please allow at least 24 hours after you fax the application before checking its status.

By understanding the program, knowing what to expect and following the guidelines, you'll have great success with the Lite application teleunderwriting process.

## MOST COMMON UNDERWRITING REQUIREMENTS

### Medical

Amplified nonmedical exams, paramedical exams and physician's exams are required as indicated by age and amount in the Life Underwriting Requirements chart on Page 6.

An **amplified nonmedical exam** means that you complete the medical questions on the application, and a paramedical examiner records the client's height, weight, blood pressure and pulse.

A **paramedical exam** is an examination by a paramedic service consisting of an exam form (CLI-1696) plus height, weight, blood pressure, pulse and urine specimen.

A **physician's exam** is a full examination performed by a licensed M.D. or D.O., along with a urine specimen. Exams by personal or attending physicians, relatives or medical associates are **not acceptable**.

For a **blood profile and urinalysis**, our lab kit must be used and sent to ExamOne. For underwriting purposes, blood results are valid for six months only. *Consent forms* are required where applicable by state. **Please advise your client to fast for 12 hours prior to the scheduled blood draw and to avoid strenuous exercise.**

For amounts of coverage over \$500,000, applicants age 70 and above require a **Mature Assessment**. This is a series of questions, tests and light activities administered by the paramedical examiner. It supplements the physical exam and assesses mental attitude, mobility, memory and cognitive abilities. **APPS** and **ExamOne** are the **only** services approved to complete this requirement.

**EKG tracings** must be the original, **uninterpreted** tracings.

**X-rays** must be P.A. and lateral chest views. These must be original, **uninterpreted** films.

It is your responsibility to make arrangements for the medical requirements (except when using the Lite application process).

The paramedical facilities listed below are approved and recommended by Cincinnati Life. Each facility is familiar with our requirements and has the necessary supplies. Please refer to your local directory for the facility nearest your client:

- American Para Professional – 800-488-3541
- EMSI – 214-689-3600
- ExamOne – 877-933-9261
- MediPro Direct – 877-268-1021

Consider Form CLI-20045, Information About Underwriting, as a resource to leave with applicants when they complete the application. It answers questions applicants ask most frequently and can help them prepare for their paramedical appointments.

Applicant may obtain lab results by going to: [applicant.examone.com](http://applicant.examone.com).



### Nonmedical

The underwriter determines if Cincinnati Life needs an Attending Physician Statement (APS), Motor Vehicle Report (MVR) or Inspection Report (IR) and orders these documents for you.

You can expect your underwriter to order an APS if the applicant has significant medical history, including but not limited to: diabetes, high blood pressure, cancer, heart attack, cardiovascular disease, asthma, digestive problems, nervous disorder (such as depression, anxiety or seizures) or alcohol and/or drug abuse treatment. However, you can help reduce the number of APS requests and expedite underwriting action by providing all pertinent details. Please refer to the Agent's Medical History Guide on Page 17 for specific information.

We'll order an MVR as needed for risk evaluation and/or determination of the proposed insured's rate class.

**Inspection Reports** are routinely ordered for life insurance amounts of \$1,000,000 and up and for disability income amounts of \$501 per month and up. An inspection report may be deemed necessary by the underwriter on an individual basis for lower amounts.

An **interview** with the proposed insured is typically conducted by telephone for life insurance amounts of \$1,000,000 through \$10,000,000 and for all disability income benefit amounts of \$501 per month and higher.

Generally, in the interviews, the questions asked are similar to those in the written application and physical exam. Prior to beginning the questions, our representative verifies demographic information including name, address dated back for 10 years, Social Security number, date of birth, driver's license, etc. Questions are asked in the following categories and are not limited to a specific example.

#### **Business**

We request 10 years of employment history. This refers to employment status whether the applicant is employed, unemployed, a homemaker or retired. We request a description of the applicant's business/ employer and applicant's duties. Questions about duties also address business-related air travel including number, frequency and (if international) the destination.

#### **Health**

This group of questions addresses tobacco, alcohol and drug use, driving history and arrest record.

#### **Personal**

Includes questions on activities outside of employment. These include routine sports/exercise and any hazardous activities such as aviation, racing and scuba diving.

#### **Beneficiary**

Includes questions to confirm or obtain the beneficiary and establish the purpose of the policy.

**Spouse's name** – When listing a spouse as beneficiary, be sure a woman's name is shown as "Jane Doe" and not "Mrs. John Doe," so that there is no question of the proper beneficiary in the event of divorce and remarriage. Be clear by listing full first, middle and last names without courtesy titles.

**Divorce** – Recommend reviewing beneficiary designations at the time of divorce. Many states automatically revoke the beneficiary designation of a spouse upon divorce, so it is important to review beneficiary designations and advise your client to discuss them with an attorney if they need assistance.

**Minors** – Life insurance companies generally cannot pay the proceeds directly to minors. If there are minor children, alternatives include setting up a trust for their benefit or naming a custodian under the Uniform Transfers to Minors Act, rather than listing them as a life insurance beneficiary. An attorney can help with either of these options.

**Contingent beneficiary** – It is always helpful to name a contingent beneficiary on a life insurance policy. If the primary beneficiary dies and the policyowner neglects to name a replacement, the insurance company can still pay policy proceeds to the contingent beneficiary. Without a contingent beneficiary, the proceeds are paid to the estate, and it will take longer for family members to receive policy proceeds.

If the purpose of the policy is business related, the life field representative needs to expand information on the business by completing a business beneficiary report.

#### **Finances**

Includes questions regarding public record items (bankruptcy, suits, liens, judgments) and basic information on spousal employment. If the applicant has existing life insurance, we ask for the name of the carrier and the benefit amount. If the applicant has ever had insurance refused, rated or canceled, we ask for details.

#### **Income and net worth**

This information is obtained based on the applicant's best estimates and includes an aggregate figure for each category. Unless otherwise instructed, we do not need exact figures or an itemized listing in any category addressed.

#### **References**

Larger face amounts may require the applicant's accountant information for use as a reference. This is obtained during the inspection report.

## LIFE UNDERWRITING REQUIREMENTS

Where there is existing coverage with Cincinnati Life, contact your underwriter to determine the necessary requirements. An explanation of all requirements and terms is provided on the following page. See Financial Underwriting on Pages 11-12 for financial guidelines and requirements.

Age last birthday	Through \$99,999	\$100,000 through \$250,000	\$250,001 through \$500,000	\$500,001 through \$3,000,000	\$3,000,001 through \$5,000,000	\$5,000,001 and above
0-17	Ages 0 through 17 are all nonmedical, subject to special request by the underwriter. Teleunderwriting Lite applications are not appropriate for these ages.					
18-40	Nonmedical No Lite applications	Amp Blood HOS	Amp Blood HOS	Paramed Blood HOS TIR (\$1 mil+)	Paramed Blood HOS TIR	Paramed Blood HOS EKG TIR
41-50	Nonmedical No Lite applications	Amp Blood HOS	Amp Blood HOS	Paramed Blood HOS TIR (\$1 mil+)	Paramed Blood HOS TIR	Paramed Blood HOS EKG TIR
51-60	Nonmedical No Lite applications	Amp Blood HOS	Paramed Blood HOS	Paramed Blood HOS TIR (\$1 mil+)	Paramed Blood HOS EKG TIR	Paramed Blood HOS EKG TIR
61-69	Paramed HOS No Lite applications	Paramed Blood HOS	Paramed Blood HOS	Paramed Blood HOS EKG TIR (\$1 mil+)	Paramed Blood HOS EKG TIR	Paramed Blood HOS EKG TIR CXR*
70-above	Paramed HOS No Lite applications	Paramed Blood HOS EKG	Paramed Blood HOS EKG	Paramed Blood HOS EKG TIR (\$750,000+) Mature Assess. †	Paramed Blood HOS EKG TIR Mature Assess. †	MD Exam Blood HOS EKG TIR CXR* Mature Assess. †

\*Chest X-ray is required only if applicant is a smoker or has smoked within the last year.

†Mature Assessment must be completed by APPS or ExamOne.

## EXPLANATION OF REQUIREMENTS AND TERMS

You are responsible for arranging the following requirements as specified by age and amount:

### **Amp**

Amplified nonmedical – Agent completes the medical questions on the application, and paramedical examiner records the client's height, weight, blood pressure and pulse.

### **Blood**

Blood profile – Proposed insured should be fasting 12 hours prior to blood draw. Our lab kit must be used in all cases and sent to ExamOne's lab. Blood results are valid only six months for underwriting purposes. Consent forms are required where applicable by the state.

### **CXR**

Chest X-ray (posterior to anterior and lateral views) – Uninterpreted, with original to Cincinnati Life.

### **EKG**

Electrocardiogram – must be original uninterpreted tracing.

### **HOS**

Home office specimen – Urine sample collected by the paramedical service and sent to our lab for testing.

### **Mature assessment**

A series of questions, tests and light activities administered by the paramedical examiner to supplement the physical exam and assess mental attitude, mobility, memory and cognitive abilities.

### **MD exam**

Physician's exam – Full examination by licensed M.D. or D.O. Exams by personal or attending physicians, relatives or medical associates are not acceptable.

### **Nonmedical exam**

Requires only our application with all medical questions completed.

### **Paramed**

Paramedic exam – Examination by paramedical service consisting of medical questions on our exam form plus height, weight, blood pressure, pulse and urine specimen.

Cincinnati Life arranges these optional requirements:

### **APS**

Attending physician's statement – Copies of the applicant's medical records may be required at the underwriter's discretion. The request is generated from Cincinnati Life headquarters; however, you or the applicant may help expedite by contacting the physician or facility and requesting priority handling.

### **MVR**

Motor vehicle report – A report of your client's driving record can be very beneficial in considering a risk and placing an applicant in an appropriate rate class.



### **TIR**

Telephone inspection report – Please advise your applicants that a Cincinnati Life representative will contact them for this interview. Include phone number(s) and best day(s) and times to contact the applicant(s) on the application. See Inspection Report in the Underwriting Requirements on Page 5 for full details.

## UNDERWRITING CLASSES

Cincinnati Life offers six underwriting rate classes to help provide your clients the best rate available.

These classes allow us to identify insurance risks that demonstrate exceptional, good, average and below-average mortality experience. Placing each risk in the appropriate classification is essential in maintaining class integrity and competitive pricing. In order to maintain our strong premium structure, we must strictly adhere to our guidelines.

### Nonsmoker Classes

#### Preferred Plus/Super Select Plus

Preferred Plus is our best risk classification reserved for those who have not used tobacco or nicotine products in any form in the last five years and meet our Preferred Plus criteria.

#### Preferred/Select Plus

This class is for applicants who enjoy exceptionally good health, have not used tobacco or nicotine products in any form in the last three years and meet our Preferred criteria.

#### Standard Plus/Select

This is available to applicants in good health who have not smoked cigarettes in the past year and meet all of the Standard Plus criteria. Some non-cigarette tobacco users may qualify.

#### Standard Nonsmoker/Ultra Standard

Includes non-cigarette tobacco users and non-tobacco users who do not meet Standard Plus criteria.

### Smoker Classes

#### Preferred Smoker/Preferred Standard

Available to applicants applying for \$100,000 face amount or higher who have smoked cigarettes within the past year but otherwise meet the Preferred criteria. Past smokers still dependent on a nicotine substitute may qualify by meeting the same Preferred criteria.

#### Standard Smoker/Standard

Includes most applicants who have smoked cigarettes within the past year, past cigarette users still dependent on a nicotine substitute.

**Note:** At all ages and face amounts, the minimum requirements for Standard Plus, Preferred and Preferred Plus classes are an amplified nonmedical exam, blood profile and urinalysis (A few plans are still based on our previous five-class structure). Please check Pages 9-11 for available classes.

Applications that give no admission of tobacco or nicotine product use, but urine is positive for nicotine, are subject to the Standard Smoker rate class. Secondhand smoke is rarely concentrated enough to be detected in a urinalysis. However, in the event urine is positive for nicotine in a non-tobacco user, the quantity is sufficient to affect health and the related mortality risk.

### Underwriting class comparison based on multi-carrier software

Cincinnati Life All Other	Cincinnati Life Lifesetter UL	Compulife	iPipeline	Term4Sale	VitalQuote
Preferred Plus	Super Select Plus	Preferred Plus Nonsmoker	Preferred Best Non-Tobacco	Preferred Plus	Super Preferred Non-Tobacco
Preferred	Select Plus	Preferred Nonsmoker	Preferred Non-Tobacco	Preferred	Preferred Plus Non-Tobacco and Preferred Non-Tobacco
Standard Plus	Select	Regular Plus Nonsmoker	Standard Plus Non-Tobacco	Regular Plus	Standard Plus Non-Tobacco
Standard Nonsmoker	Ultra Standard	Regular Nonsmoker	Standard Non-Tobacco	Regular Non-smoker	Standard Non-Tobacco and Tobacco Non-Cigarette
Preferred Smoker	Preferred Standard	Preferred Smoker	Preferred Tobacco	Preferred Plus and Preferred	Preferred Smoker and Standard Plus Smoker
Standard Smoker	Standard	Regular Smoker	Standard Tobacco	Regular Plus and Regular	Standard Smoker

### Celebratory cigar exception

Cincinnati Life offers Preferred Plus and Preferred consideration for applicants who meet all the outlined class criteria other than having smoked celebratory cigars. This allows for no more than six cigars per year and a urine specimen must be negative for nicotine.

The celebratory cigar exception is **available by request only**.

Here is how to apply for this exception:

- Bring the exception to your underwriter's attention and include a cover letter
- For full applications, be sure to include the number of cigars smoked in the past year when completing the tobacco questions
- For the Life e-App, indicate the request and the number of cigars smoked per year in the agent cover letter during the Life e-App process
- For the Lite applications process, if the client indicates cigar use during the phone interview, ExamOne asks how many cigars the client has smoked in the prior year

## UNDERWRITING CLASS CRITERIA

### Standard Nonsmoker, Preferred Smoker and Standard Smoker

As with Preferred Plus, Preferred and Standard Plus classifications, the above classifications are based on:

- Tobacco (users of e-cigarettes are considered the same as a cigarette user)
  - Standard Nonsmoker: Includes some tobacco (except cigarette) users who do not fit Standard Plus criteria.
  - Preferred Smoker (\$100,000 and above): Includes some tobacco users who do not fit Standard Smoker criteria.

### Cigarette smokers applying for Preferred Smoker must:

- Meet Preferred medical requirements
- Fit Preferred criteria, including Preferred Build Chart
- Standard Smoker: Includes most cigarette users, past cigarette users still dependent on a nicotine substitute and other tobacco users who do not fit Preferred Smoker criteria.

- Cholesterol
- Hypertension
- Blood pressure
- Pulse rate
- Personal history
- Family history
- Avocations
- Motor vehicle history
- Height and weight
- Other medical/nonmedical factors

Build			
Height	Weight	Height	Weight
4' 8"	182	5' 8"	269
4' 9"	189	5' 9"	277
4' 10"	196	5' 10"	285
4' 11"	202	5' 11"	293
5' 0"	209	6' 0"	302
5' 1"	216	6' 1"	310
5' 2"	224	6' 2"	319
5' 3"	231	6' 3"	328
5' 4"	238	6' 4"	336
5' 5"	246	6' 5"	345
5' 6"	254	6' 6"	354
5' 7"	261	6' 7"	363

Weights that exceed the above for corresponding heights may be subject to an additional premium charge. Contact underwriting for more information.

### Substandard cases

You may write substandard cases using the Standard Nonsmoker, Preferred Smoker and Standard Smoker classifications.

Avocations may warrant a flat extra premium on an otherwise Standard Plus risk.

## UNDERWRITING CLASS CRITERIA (CONT'D)

For use with Lifesetter UL, Simplicity UL, Termsetter, Termsetter ROP and Whole Life. The following are guidelines. The final decision is based on all information received.

		Super Select Plus/Preferred Plus		Select Plus/Preferred		Select/Standard Plus		
<b>Tobacco</b>		No use in 5 years, urine negative Celebratory cigar*		No use in 3 years, urine negative Celebratory cigar*		No cigarette use within 1 year. Some tobacco users may qualify		
<b>Cholesterol</b>		Total not > 240 Chol/HDL ratio 4.5 or less		Total not >250 Chol/HDL ratio 5.0 or less		Total not >280 Chol/HDL ratio 6.0 or less		
<b>Blood Pressure</b>		Currently controlled and average reading in last 2 years (including treatment) does not exceed: 135/85 through age 60 145/85 age 61+		Currently controlled and average reading in last 2 years (including treatment) does not exceed: 140/85 through age 60 150/90 age 61+		Currently controlled and average reading in last 2 years (including treatment) does not exceed: 140/90 through age 60 150/90 age 61+		
<b>Personal History</b>		No cardiovascular disease or cancer history, except basal cell		No cardiovascular disease or cancer history, except basal cell		No ratable impairment or cancer history, except basal cell		
<b>Family History</b>		No cardiovascular or cancer death of a parent or sibling prior to 60 Disregard gender-specific cancers of the opposite sex, except for breast cancer		No more than 1 cardiovascular or cancer death in a parent prior to 60 Disregard gender-specific cancers of the opposite sex, except for breast cancer		No specific criteria		
<b>Residence</b>		Permanent resident of U.S. for at least 3 years		Permanent resident of U.S. for at least 1 year		Permanent resident of U.S. for at least 1 year		
<b>Avocations (Hazardous)</b>		None – recreational SCUBA up to depths of 75 feet is acceptable		Available if no flat extra premium would be required and not hazardous		May have flat extra		
<b>Aviation</b>		Pilot and crew members on regularly scheduled passenger flights on major airlines with exclusion rider Private pilot with exclusion rider		Pilot and crew members on regularly scheduled passenger flights on major airlines  Private pilot with exclusion rider		Major airlines only, private aviation with flat extra or exclusion rider		
<b>Motor Vehicle History</b>		No more than 2 moving violations in 5 years; and no DUI, reckless operation, revocation or suspension in last 5 years		No DUI, reckless operation, revocation or suspension in last 5 years		No DUI, reckless operation, revocation, suspension in last 3 years		
<b>Alcohol/ Substance Abuse</b>		No history of, or treatment for, alcohol or substance abuse		No history of, or treatment for, alcohol or substance abuse		No history of, or treatment for, alcohol or substance abuse		
<b>Impairments</b>		No diseases, disorders or activities that would affect mortality		No diseases, disorders or activities that would affect mortality		No diseases, disorders or activities that would affect mortality		
<b>Build</b>	<b>Height</b>		<b>Male Weight</b>	<b>Female Weight</b>	<b>Male Weight</b>	<b>Female Weight</b>	<b>Male Weight</b>	<b>Female Weight</b>
	<b>Ft.</b>	<b>In.</b>						
	4	8	126	123	137	134	145	141
	4	9	131	127	142	139	150	146
	4	10	136	132	147	144	155	151
	4	11	141	137	152	149	161	157
	5	0	146	142	158	154	166	162
	5	1	150	147	163	159	172	167
	5	2	155	151	168	163	177	173
	5	3	160	156	173	168	183	178
	5	4	164	161	178	173	188	183
	5	5	169	165	183	178	194	189
	5	6	174	170	188	183	200	195
	5	7	179	175	193	188	206	200
	5	8	184	180	199	194	211	206
	5	9	189	185	204	199	217	211
	5	10	195	190	210	205	223	217
5	11	200	195	215	210	229	222	
6	0	205	200	222	216	235	228	
6	1	211	206	227	222	241	234	
6	2	217	211	234	229	248	240	
6	3	222	217	240	235	255	246	
6	4	228	223	246	242	261	253	
6	5	234	229	253	248	268	259	
6	6	240	235	260	255	275	265	
6	7	245	241	266	261	282	272	

\*See Celebratory cigar exception on Page 10.

## FINANCIAL UNDERWRITING

Part of the underwriting process is evaluating a proposed insured's need and relating the total amount of life insurance to the potential economic loss sustained by the beneficiary(ies) if premature death occurs.

Much like a bank loan, our liability begins as soon as the coverage is in force. Therefore, the Cincinnati Life underwriter evaluates the amount of insurance coverage similar to a bank officer analyzing a loan or credit risk. The underwriter frequently requests information regarding finances, which is particularly important for business insurance or large amounts of personal insurance.



The large-case market requires special handling, individual attention and a close working relationship between you and your underwriter. It helps to send your underwriter a cover letter explaining the need for the insurance and how you determined the face amount. We strongly urge you to include a cover letter if your client is applying for a policy more than \$1 million. Because your letter provides an up-front, comprehensive summary of your client's needs and objectives, it also is helpful for lower face amount cases.

The underwriter looks for an insurable interest and assures that the total amount of insurance in force and applied for makes sense. Third-party financial information also helps expedite large cases. If tax returns or other financial statements are available, send copies of these along with your cover letter. The more information you provide in your cover letter, the more you help streamline the underwriting process.

The financial underwriting guidelines on the following page outline items of importance to include in your cover letters and guidelines for determining justifiable amounts of coverage. Please contact your underwriter with questions on specific situations or circumstances.

*To expedite underwriting, we strongly recommend you include with your cover letter copies of any estate plan or other analysis, the most recent financial statements and any other pertinent information.*

## Financial underwriting guidelines for personal insurance

Purpose of insurance	Highlight in cover letter	Guidelines and formulas		
Family protection	Background of the sale, including the purpose and need for coverage (how the amount was determined), total income (includes salary, bonuses, commissions, deferred compensation but excludes investment income)	<b>Age</b>	<b>Factor</b>	
		20-30 31-40 41-50 51-60 61+	25 x income 20 x income 15 x income 10 x income 5 x income	
Juvenile coverage	Amount carried on all family members, full explanation of need if over \$100,000	Equal amounts on siblings, no more than half the amount on parents		
Estate conservation	Net worth, details of estate analysis and personal financial statement. Include copies of each with application	<b>Jt. Age</b>	<b>Rate</b>	<b>Years</b>
		0-49  50-65  66+	Up to 4% 4-6% 6-8% Up to 4% 4-6% 6-8% Current need only	15 12 10 12 10 5
Personal debt repayment	Identity of the lender. Amount, purpose and duration of loan, interest rate and balance	50% to 80% of loan balance. Term of the loan should be longer than 5 years		
Charitable gift	Full description of charity, details of past association with charity, details of personal and financial insurance	Average of past 3 years' gifts multiplied by income factor (as indicated in Family Protection above)		

## Financial underwriting guidelines for business insurance

Purpose of insurance	Highlight in cover letter	Guidelines and formulas	
Deferred compensation/Executive bonus	Outline the benefit need and include copy of plan document	Amount should not exceed amount outlined in the plan document	
Key person	Salary, how amount was determined, why is the applicant key, all other key employees and whether they are covered for equitable amounts	<b>Age</b>	<b>Factor</b>
		Up to 35 35-60 60+	10-15 x income 5-10 x income 1-3 x income
Buy-sell/Stock redemption	Business fair market value, the number of partners and their ownership percentages, details of buy/sell agreement (if all partners are not applying for coverage, what are the circumstances)	Market value of business multiplied by ownership percentage of the applicant	
Business debt repayment	Identity of lender, amount of loan and balance, purpose and duration of loan, interest rate, what was used as collateral, why applicant is key to loan repayment, any details of the lien agreement (if revolving line of credit, state the credit limit and give past loan history and future intentions)	50% to 80% of loan balance. Term of the loan should be longer than 5 years	

## Business Insurance Concepts and Needs

	Key Person	Buy Sell		Sec. 162 Executive Bonus
		Stock Redemption	Cross Purchase	
Premium Payor is:	Business	Business	Each partner, stockholder or key employee pays premiums for policy on the life of partner, co-stockholder or owner	Business for covered employee
Policy Owner is:	Business	Business	Each partner, stockholder or key employee owns policy on the life of partner, co-stockholder or owner	Covered employee
Beneficiary is:	Business	Business	Each partner, stockholder or key employee beneficiary of policy they own on the life of partner, co-stockholder or owner	As designated by covered employee

## DISABILITY INCOME

Due to the nature of the coverage, disability income underwriting philosophies and guidelines differ from those associated with underwriting life insurance. The focus is on morbidity rather than mortality, and occupation plays a very important role.

### Eligibility

#### Foreign nationals

To be eligible for coverage, a non-U.S. citizen needs:

- a permanent visa (temporary work visas or student visas do not qualify)
- a working knowledge of English
- residence in the United States for at least one year
- plan to reside permanently in the United States
- ownership of property in the United States
- immediate family (for example, spouse, school-age children) living with them in the United States
- an examination by a physician in the United States with adequate history available for medical underwriting

#### Government employees

Federal government employees are not eligible for coverage due to the generous nature of their government disability benefits. State and local government employees may be eligible, depending on benefits available under their plans. Many state and local plans do offer some level of disability protection, often under the retirement plan. However, disability benefits from a LifeHorizons Disability Income policy do not, in most cases, reduce the benefits ultimately available at retirement.

#### Young professionals

Benefits are available for certain young professionals who do not yet have the income to qualify for these benefits, but have the income potential, due to the profession that they are studying or entering, such as medical, dental, legal, accounting, etc.

### Dual occupations

Individuals with two occupations are eligible with the following stipulations:

- use income from a second occupation for benefit amount determination only if it has been a steady source of income for at least two years
- disregard any income generated from working more than a 50-hour work week in determining the benefit amount
- use the lower occupation class
- note that an applicant who has more than two different occupations is not eligible

### Foreign travel

Only applicants who live and work in the United States (and its territories) or Canada are eligible. Infrequent trips to the United Kingdom or Europe do not affect eligibility. Individuals making frequent or lengthy trips or traveling to countries other than the United Kingdom or Europe are not eligible.

### Employment

Individuals who are employed less than 30 hours per week are not eligible. Do not use any income generated from working in excess of 50 hours per week.

### Changes in employment

An applicant who has recently changed employment but remains in the same field of work is eligible, provided that verification of income is available. An applicant who moves into a different line of work is eligible after one year in the new occupation with income verification.

### Working out of the home

Underwriting disability income insurance for individuals who work out of the home may present problems. One of the most significant is the difficulty in determining the extent of disability in the event of a claim. Individuals who work out of the home but leave the home on a daily basis to meet with clients or have clients come to the home to conduct business, such as accountants, are eligible. Individuals whose employment or livelihood does not require them to leave the home are not eligible.

Consult the LifeHorizons Disability Income Agent Guide, Form CLI-20005, for complete details.

## Disability income underwriting requirements

Age last birthday	Through \$500	\$501 through \$1,500	\$1,501 through \$2,000	\$2,001 through \$2,500	\$2,501 through \$5,000	\$5,001 through \$8,000	\$8,001 and above
18-40	Amp Blood HOS Fin 1	Amp Blood HOS Fin 1 TIR	Amp Blood HOS Fin 1 TIR	Amp Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 2 TIR	Paramed Blood HOS Fin Full TIR
41-50	Amp Blood HOS Fin 1	Amp Blood HOS Fin 1 TIR	Amp Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 2 TIR	Paramed Blood HOS Fin Full TIR
51-60	Amp Blood HOS Fin 1	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 1 TIR	Paramed Blood HOS Fin 2 TIR	Paramed Blood HOS Fin Full TIR EKG

A full disability income application, including all medical questions, must be completed in all instances whether an exam is required or not.

### EXPLANATION OF DISABILITY INCOME UNDERWRITING REQUIREMENTS AND TERMS

You are responsible for arranging the following requirements as specified by age and amount:

#### Amp

Amplified nonmedical – Agent completes the medical questions on the application, and paramedical examiner records the client’s height, weight, blood pressure and pulse.

#### Blood

Blood profile – Proposed insured should be fasting 12 hours prior to blood draw. Our lab kit must be used in all cases and sent to ExamOne. Blood results are valid only six months for underwriting purposes. Consent forms are required where applicable.

#### EKG

Electrocardiogram – Must be original uninterpreted tracing.

#### Fin 1

One year financial documentation – W-2 or Form 1040 for most recent tax year.

#### Fin 2

Two years financial documentation – W-2 or Form 1040 for most recent tax year and the year prior.

#### Fin Full

Full tax return – Form 1040 with all supporting schedules for the past two years.

#### HOS

Home office specimen – Urine sample collected by the paramedical service and sent to our lab for testing.

#### Paramed

Paramedic exam – Examination by paramedical service consisting of medical questions on our exam form plus height, weight, blood pressure, pulse and urine specimen.

#### Cincinnati Life arranges this requirement: TIR

Telephone inspection report – This is normally a telephone interview for disability income coverage, however a face-to-face interview report may be requested at the underwriter’s discretion. Please advise your applicants that they may be contacted by a Cincinnati Life representative for this interview. Include phone number(s) and best day(s) and times to contact the applicant(s) on the application. For full details, see Inspection Report in the Underwriting Requirements on Page 5.

## DISABILITY INCOME (CONT'D)

### NONACCEPTABLE RISKS

Individuals in any of the following categories do not qualify for coverage.

#### Adult Attention Deficit Hyperactivity Disorder (ADHD)

- Not well followed
- Unstable work history
- With any other psychiatric conditions or risk factors

#### Asthma

- Severe: A history of status asthmaticus
- Admission to hospital because of asthma within two years
- Rather persistent use of oral steroids for control of asthma

#### Bankruptcy

- Current
- Within two years of discharge

#### Build

Height	Underweight lbs.	Overweight lbs.
4' 8"	70 or less	194 or more
4' 9"	73 or less	201 or more
4' 10"	75 or less	208 or more
4' 11"	78 or less	215 or more
5' 0"	81 or less	222 or more
5' 1"	84 or less	230 or more
5' 2"	86 or less	237 or more
5' 3"	89 or less	245 or more
5' 4"	92 or less	253 or more
5' 5"	95 or less	261 or more
5' 6"	98 or less	269 or more
5' 7"	101 or less	277 or more
5' 8"	104 or less	285 or more
5' 9"	107 or less	294 or more
5' 10"	110 or less	303 or more
5' 11"	113 or less	311 or more
6' 0"	117 or less	320 or more
6' 1"	120 or less	329 or more
6' 2"	123 or less	338 or more
6' 3"	127 or less	347 or more
6' 4"	130 or less	357 or more
6' 5"	134 or less	366 or more
6' 6"	137 or less	376 or more
6' 7"	141 or less	385 or more
6' 8"	144 or less	395 or more
6' 9"	148 or less	405 or more

#### Colitis, ulcerative colitis

Current

#### Chronic Obstructive Pulmonary Disease (COPD)

- Intermediate Stage: Moderate changes in pulmonary function tests with or without moderate COPD changes on chest X-ray. (Patient may take one or more routine pulmonary medications. No function limitations. Rare hospitalization and occasional physician visits.)
- Late Stage: Shortness of breath on ordinary effort (For example, stair climbing) or at rest. Multiple pulmonary medications. Have had hospitalizations due to COPD. Is often followed routinely by physician for pulmonary problems.

#### Crohn's Disease

- Current
- Within the last five years

#### Depression

Watch for medications such as Paxil, Prozac, Wellbutrin, Zoloft, Xanax

- Chronic, mild if less than one year since diagnosis
- Major depression diagnosed less than two years ago
- Bipolar disorder diagnosed less than three years ago

#### Diabetes

- Under age 30
- Type 1 under age 36 and diagnosed 16 or more years ago
- Type 1 or Type 2 and diagnosed over 20 years
- Type 1 or Type 2 not controlled

#### Drug or alcohol abuse

- Current
- Treatment within five years

#### Group LTD

Generally pays 66 percent disability

#### Hepatitis

- All types, current
- Chronic hepatitis B or C

#### Lasik eye procedures

Within one year

## DISABILITY INCOME (CONT'D)

Occupation listed as 'NE' (not eligible) in the agent's guide

### Pregnancy

Abnormal or from start of seventh month, even if normal

### Rheumatoid arthritis

- Current or
- Recovered less than five years

### Sleep apnea

- Untreated
- Treated but not controlled
- Severe, treated and controlled but less than two years since therapy initiated

### Working at home

100 percent and no client visits

## MEDICAL HISTORY GUIDE

You can help reduce the number of attending physician's statements required and expedite underwriting action by using this guide to obtain full and complete information.

### For all medical histories, please indicate:

1. Symptoms, duration and frequency of attacks or episodes.
2. Date of last attack or episode.
3. Diagnosis and treatment prescribed and results.
4. Names, addresses and phone numbers of all physicians and hospitals.

Note: If any one doctor has all the necessary information, please indicate.

For some of the more frequently encountered medical histories, this guide indicates specific information helpful for underwriting and pre-solicitation quote purposes.

## Provide accurate and complete information

### Arthritis

1. Type (degenerative, gouty, psoriatic, systemic, rheumatoid or others)
2. Degree of any disability or crippling
3. Medications and/or types of treatment
4. Surgery or hospitalizations

### Asthma, emphysema – respiratory disorders

1. Date of diagnosis
2. Type of treatment or hospitalization
3. Occurrence
4. Degree of impairment (minimal, mild, moderate, severe, extreme)
5. Any restrictions with daily activities

### Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder (ADD, ADHD)

1. Severity (mild, moderate, severe)
2. Medication(s), dosage and if discontinued, date
3. Other neurological or psychological impairments, conduct disorder or aggression

### Back, spine, neck, disc disorders

1. Location of problem, such as cervical spine (neck) or lumbosacral spine (low back)
2. Severity, including interference with employment
3. Type of treatment, use of braces, traction, hospitalization

### Cancer, tumor, cyst, polyp

1. Specific location in or on body
2. Type of treatment and dates
3. Pathological diagnosis if removed surgically (benign, malignant)
4. Type of growth, (name) if known

### Cardiovascular disorders (heart disease, heart attack, MI, CAD, chest pain, angina, arrhythmia, palpitations)

1. Location and any radiation of pain
2. Any surgery or diagnosis of heart attack
3. Date of first symptoms
4. Special studies performed (stress test, catherization, EKG)
5. Medications prescribed or restrictions in activities
6. Date and results of last cardiovascular follow up

## **DISABILITY INCOME (CONT'D)**

### **Check up, routine physical**

1. Part of a personal or company physical at regular intervals
2. Symptoms
3. Special studies performed (EKG, X-ray, GI series)
4. Findings and medications prescribed

### **Colitis or Crohn's disease**

1. Type (spastic, mucous, nervous or ulcerative)
2. Type of treatment (diet, surgery, medication)
3. Severity of pain and/or symptoms

### **Depression, anxiety, nervousness**

1. Date of diagnosis
2. Medications
3. Nature of treatment (hospitalization, individual or group therapy)
4. Any disability or time missed from work due to disorder

### **Diabetes**

1. Age at diagnosis
2. Type of treatment (diet, oral medication, insulin)
3. Complications (eye or kidney disease)

### **Drug, alcohol, substance abuse**

1. Specific substance or substances were used
2. Treatment or hospitalization
3. Current or active member of support group
4. Current drug, alcohol, substance use and date last used

### **Epilepsy, seizures, dizziness**

1. Cause, if known
2. Duration and severity of attacks and any loss of consciousness
3. Effect of attacks on applicant
4. Any special studies  
(For example, electroencephalogram) and results

### **Esophagitis, GERD, acid reflux, indigestion, heartburn**

1. Exact diagnosis
2. Biopsy results if performed
3. Any bleeding, corrosion, stricture, dysplasia, malignancy or Barrett's disease
4. Medications (prescribed and/or over the counter) and frequency used

### **Heart murmur**

1. Any history of rheumatic fever
2. Date murmur first detected or diagnosed
3. Findings of echocardiogram if completed
4. Medication required prior to dental work or surgeries
5. Restrictions on activities

### **Hepatitis/elevated liver enzymes**

1. Type of hepatitis (A, B, C)
2. Type of treatment
3. Level of recovery
4. Liver function studies or biopsy performed (date and results of last study)

### **Hypertension/elevated blood pressure**

1. Date first detected
2. Current blood pressure readings
3. Type of treatment and whether current or past

### **Kidney, bladder, renal, prostate disorders (includes cystitis)**

1. Type of disorder and precise diagnosis, if known
2. Date of diagnosis
3. Nature of any studies (urinalysis, X-rays, IVP, cystoscopy, etc.) dates and results
4. Treatment, medications, hospitalizations
5. Date and result of last follow-up

### **Multiple Sclerosis (MS)**

1. Date of diagnosis
2. Number of episodes or attacks, frequency of attacks and date of last attack
3. Degree of involvement (benign stable, progressive, optical only) and severity (mild, moderate, severe, extreme)
4. Symptoms and any disability
5. Treatment (medications, adheres to MS diet)

### **Physical disability or paralysis**

1. Cause (congenital, injury, polio, etc.)
2. Parts of body affected
3. Severity and degree of limitations in walking, driving, speech or other activities
4. Surgery performed or planned
5. Bowel or bladder function affected

## **DISABILITY INCOME (CONT'D)**

### **Pregnancy**

1. Expected date of delivery
2. List any complications
3. Number of pregnancies
4. Complications with any previous pregnancy
5. Complications expected with delivery

Note: Most uncomplicated pregnancies are insurable for life insurance at any time

### **Sleep apnea**

1. Sleep studies that have been completed
2. Treatment used (CPAP, UPPP, weight loss, surgery)
3. Condition after treatment

### **Stroke/TIA**

1. Age at diagnosis
2. Cause (trauma, hemorrhage, etc.)
3. Number of episodes and date of last episode
4. Degree of neurologic impairment (mild, moderate, severe)

### **Lupus**

1. Type (discoid or systemic)
2. Date of diagnosis
3. Symptoms, treatment, medications
4. Associated renal or cerebral involvement

### **Ulcer**

1. Type (duodenal, esophageal, gastric, peptic)
2. Underlying cause
3. Date of original diagnosis and any recurrences
4. Perforation or history of bleeding
5. Treatment, medications, special studies (endoscopy, biopsy)
6. Surgery

## AGENT CONSIDERATIONS

You can do a lot prior to sending in a new application to assure the most effective coverage for your clients.

Here are a few time-saving suggestions:

- Make sure you are licensed and appointed by Cincinnati Life to write life insurance business in the applicant's state of residence.
- Be certain each question on the application is completed.
- Provide complete details on the application even if a medical exam is required and especially if you are aware of positive medical history.
- If the requested policy will replace existing coverage, make sure all questions in reference to replacement are answered **yes**. Please provide the name of the issuing company, the policy number and submit the appropriate replacement form with the application. We need the in-force, pending and to-be-placed amounts.
- Provide complete details for **yes** answers on the application.
  - A. Medical details include:
    1. Specific condition
    2. Date(s) of diagnosis/treatment
    3. Doctor's name, address and phone number
    4. Medication or treatment
    5. Degree of recovery
  - B. Nonmedical details include:
    1. Previous ratings/declines
      - a. Specific action
      - b. Company
      - c. Reason
    2. Pending or contemplated application
      - a. Type of coverage
      - b. Amount requested
      - c. Company
      - d. Outcome or current status
    3. Foreign travel/residence or occupation change
      - a. Specific location
      - b. Date
      - c. Length of stay
      - d. Purpose of trip
      - e. Intended occupation and duties
      - f. Known hazards(If proposed insured intends to travel outside the United States or Canada, do not accept premium.)

4. Arrest, license revocation/suspension
    - a. Date
    - b. Charge
    - c. Length of suspension
    - d. License number
  5. Aviation/hazardous sports
    - a. List specific involvement
    - b. Complete special questionnaire
- Be certain there is insurable interest between the proposed insured and proposed beneficiary(ies). If not absolutely clear, please provide explanation.
  - If initial premium is collected, please indicate amount on application and be certain the conditional receipt is given to the applicant.

Note: Premium cannot be accepted and conditional receipt should remain attached to the application if proposed insured has:

    - A. Been admitted to a hospital or other medical facility, been advised to be admitted, scheduled surgery or had surgery performed or recommended in the past 90 days;
    - B. Been treated by a medical professional for heart disease, stroke, cancer or AIDS (acquired immune deficiency syndrome) in the past two years; or
    - C. Any intention to travel outside the United States or Canada within the next 90 days.
  - Be certain the Fair Credit Reporting Act notice is removed and given to the applicant.
  - Verify the signature sections:
    - A. Did you sign and answer the replacement question?
    - B. Are your name and agency name legible?
    - C. Did you indicate the city, state and date the application was completed?
    - D. Did the proposed insured sign the application appropriately?
    - E. If the proposed insured is under age 15, did you obtain the signature of a parent or guardian?
  - Complete the Agent's Report section of the application. Often this information can shed additional light on an underwriting question or concern and may avoid additional correspondence and time delay.
  - Include state-required HIPAA authorization.
  - Complete the necessary HIV consent form.

## About Cincinnati Life

The Cincinnati Life Insurance Company stands among the top U.S. life insurers with a high financial strength rating from A.M. Best Co., an independent provider of insurance ratings since 1899. Through one of its predecessor companies, Cincinnati Life has more than a century of experience serving policyholders. A wholly owned subsidiary of The Cincinnati Insurance Company, Cincinnati Life was formed in 1988 when The Life Insurance Company of Cincinnati merged with Inter-Ocean Insurance Company. Please view [cinfin.com](http://cinfin.com) for current information about Cincinnati Life and its financial strength ratings.



This is not a policy. For a complete statement of the coverages and exclusions, please see the policy contract. All applicants are subject to underwriting approval. Products available in most states.

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