

Field Underwriting Guide

Jet Term 15, 20 & 30-Year Term

SecureLife Universal Life

Essential Life Whole Life

Youth Essential Life Whole Life

Single Premium Whole Life



**INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM**

Royal Neighbors of America Field Underwriting Guide

This guide has been designed to facilitate your field underwriting with prospective clients. Please note these are guidelines, which are subject to change without notice, and all cases are subject to individual assessment. Our dedicated risk assessment line is staffed with underwriters to discuss any cases you would like to submit.

TABLE OF CONTENTS	PAGE
The Application	3
SPWL Age and Amount Requirements	6
Jet Term Age and Amount Requirements	6
UL Age and Amount Requirements	4
WL Age and Amount Requirements	5
Preferred Guidelines.....	7
Medical Conditions	9-11
Financial Underwriting Guidelines	12-13
Additional Guidelines.....	18-19
• <i>1035 exchange information</i>	
• <i>Bankruptcy</i>	
• <i>Business coverage</i>	
• <i>Cashier's check/money order</i>	
• <i>Certificate dating</i>	
• <i>Children</i>	
• <i>Conditional receipt</i>	
• <i>Conversion</i>	
• <i>Foreign travel/residency</i>	
• <i>Lapses & reapplying for insurance</i>	
• <i>Mature assessment</i>	
• <i>Military</i>	
• <i>Non-working spouse coverage limits</i>	
• <i>Owner/beneficiary</i>	
• <i>Personally controlled business</i>	
• <i>Power of attorney</i>	
• <i>Writing business in non-resident state</i>	
Owner and Beneficiary Designations.....	14-17
Contact Us.....	20

The Application

Tips to expedite review of your application

Application completion

- Use the correct application/state forms for the state in which you are licensed and awaiting the application. Refer to the agent website if you are unsure.
- The correct application will match the resident state of the proposed insured.
- Application must be taken in person to verify ID and health. Check photo ID for verification.
- Write legibly, when completing a paper application.
- Include DOB and SSN for proposed insured, owner and Beneficiaries.
- Answer all questions. Leaving blanks on the application is the biggest reason for service delays.
- Obtain all appropriate signatures.
 - The only electronic signature we accept is through our proprietary Docusign application or using the e-application for Jet Term
 - Proposed insured age 12 and older must sign
 - Owner or petitioner (if other than proposed insured)
 - Parent (if child is 16 or younger); guardian can sign in place of parent, but must include court-appointed guardianship papers
 - Payor - Complete EFT form; if submitting a voided check, indicate "see voided check" on EFT form. The form must be signed by an authorized accountholder.
- Leave MIB notice with client.
- If an application is received without a signature, date of birth, Social Security number, or on an outdated or incorrect form, the application will be rejected. No copy will be kept on our system for these cases.

Submitting an application

- **Fax:** (866) 787-1450.
 - No fax cover page needed; any additional information should follow application pages
- **Secure Email** (access secure email from the quick links box on the home page of agent website to get set up). You will receive a system-generated email when application is received.
- **App Loader** Mobile App – Visit the Mobile App Center at <https://agentapps.royalneighbors.org> for download instructions.
- **Mail:** 230 16th Street, Rock Island, IL 61201

Application review

- Applications will be entered into our system the same day as received until 2 P.M. Central Time.
- Once an application is in the system, you will see it on your pending business report and you will receive a confirmation email.
- Please allow two business days for the underwriter to review.
- If additional information is needed, Underwriting will email you promptly.

Checking on pending applications

- Use agent website <https://agent.royalneighbors.org>.
 - Updated nightly
 - On home page of website go to Reports tab; New Business, Pending, Final Action
- Agent Mobile App/Agent Access, New Business
 - Realtime updates

Age & Amount Requirements

The underwriting amount (in the chart below) is based upon the total amount of new coverage applied for plus any in-force with Royal Neighbors within the last five years. We reserve the right to order additional requirements as needed to make a risk assessment.

Single Premium Whole Life (Royal Legacy SPWL) Underwriting Requirements

MIB and Rx profile ordered on all applicants

Net Amount at Risk	Age 45-65 Requirements	Age 66-80 Requirements
Up to \$49,999	Telephone Interview	Telephone Interview
\$50,000-\$99,999	Telephone Interview	Telephone Interview, APS
Over \$100,000	Telephone Interview, APS	Telephone Interview, APS

(Where APS is required - if no doctor visit in past 12 months, and mature assessment exam and blood profile/UA will be ordered)

Point-of-sale phone interview

Our interview process can give you a point-of-sale decision on cases where an APS is not needed.

- Hours: 8 A.M. – 5 P.M. Central Time
- Phone: (800) 627-4762, Option 1, Option 1
- Or you may submit application to Royal Neighbors and our service provider, MRS, will contact your applicant for interview.

Financial requirements for SPWL

- The minimum premium is \$10,000. No exceptions.
- Pre-authorization is required before submitting cases with premium of \$200,000 or more. Please call Sales Support.
- Source of Funds Documentation Requirements
 - CASH of \$10,000 to \$24,999: Please be sure to indicate on page 2 of the application where these funds originated.
 - CASH of \$25,000 - \$49,999: Please complete the SPWL Declaration of Source of Funds document and submit it with the application.
 - CASH of \$50,000 or more: Bank statements or other proof of source of funds will be required with the funds.

1035 Exchange from an existing life policy

- Please confirm that the client has sufficient funds to cover the \$10,000 minimum before you submit the application.

Substandard rates

- Non-tobacco Substandard rate is not available on applicants age 73 and over.
- Tobacco Substandard rate is not available age 72 and over.

Single Premium Whole Life Underwriting Requirements (cont.)

Build Chart for SPWL

Male & Female

Height (Inches)	Maximum Weights		Decline
	Standard	Substandard	
58	203	204-222	223
59	210	211-230	231
60 (5 ft)	217	218-238	239
61	224	225-246	247
62	232	233-254	255
63	239	240-262	263
64	247	248-270	271
65	255	256-279	280
66	263	264-288	289
67	271	272-296	297
68	279	280-305	306
69	287	288-314	315
70	296	297-324	325
71	304	305-333	334
72 (6 ft)	313	314-342	343
73	322	323-352	353
74	331	332-362	363
75	340	341-372	373
76	349	350-382	383
77	358	359-392	393
78	367	368-402	403

Term (Jet Term 15, 20, 30-year) Underwriting Requirements

Preferred consideration for face amounts that are fully underwritten only

MIB, MVR and Rx profile ordered on all applicants

Issue Age (current age)	\$50,000 - 250,000	\$250,001 - 500,000	\$500,001 - 2,000,000	\$2,000,001 - \$5,000,000
18–50	Accelerated Underwriting	Accelerated Underwriting	PM, IR	PM, IR, FINC
51–60	Accelerated Underwriting	PM	PM, IR, SB	PM, IR, SB, APS, FINC
61–65	PM	PM	PM, MA, EKG, APS, IR, FINC	PM, MA, EKG, APS, IR, FINC

PM – Paramed, Blood/UA

SB – NT-proBNP (blood test)

APS – Medical Records

MA – Mature Assessment

IR – Electronic Inspection Report

FINC – Financials

Things to know about Term:

- Jet Term is targeted to customers under age 50 who are in relatively good health.
- The rules behind the application are set to evaluate actual health history, not just whether a question is answered yes or no. The system also matches medications, driving record and MIB responses to answers on the application.
- There is no knock-out medication list.
- This process must be completed face to face. The applicant and any other signors must be present with the agent to complete the process.
- Term applications and forms are based on the Proposed Insured’s resident state not the state they are signed in.
- Premiums for the Jet Term product are drafted upon approval. If you elect monthly withdrawals and select a withdrawal date day other than the issue date, two drafts may occur in the first month. This information is also noted on the EFT form.
- If the applicant already has existing coverage with Royal Neighbors of America, that when added to the Term amount applied for would place them in the fully underwritten category, it will not go through the accelerated underwriting process.
- To help prescreen your customer and avoid surprises, we’ve developed a form you can get from the agent website: Form 2990-B2 Jet Term Referred & Declined Guide.
- You can also call Underwriting for a risk assessment.

Risk classes:

Accelerated Underwriting

Standard Non-tobacco

Standard Tobacco

Substandard Non-tobacco (1 class includes up to Table 4)

Substandard Tobacco (1 class includes up to Table 4)

Traditional Underwriting

Super Preferred Non-tobacco

Preferred Non-tobacco

Preferred Tobacco

Standard Non-tobacco

Standard Tobacco

Term (Jet Term 15, 20, 30-year) Underwriting Requirements (cont.)

Build Chart for Jet Term – Accelerated Underwriting

Male & Female
Ages 18-50 – up to \$500,000
Ages 51-60 – up to \$250,000

Height (inches)	Maximum Weights Shown		Decline
	Standard	Substandard	
58	160	161 to 203	204+
59	165	166 to 210	211+
60	171	172 to 217	218+
61	177	178 to 224	225+
62	183	184 to 232	233+
63	189	190 to 239	240+
64	195	196 to 247	248+
65	201	202 to 255	256+
66	207	208 to 263	264+
67	213	214 to 271	272+
68	220	221 to 279	280+
69	226	227 to 287	288+
70	233	234 to 296	297+
71	240	241 to 304	305+
72	247	247 to 313	314+
73	253	254 to 322	323+
74	260	261 to 331	332+
75	268	269 to 340	341+
76	275	276 to 349	350+
77	282	283 to 358	359+
78	289	290 to 367	368+

(See chart on page 9 for fully underwritten Jet Term)

Universal Life (SecureLife UL DB & UL CV) Underwriting Requirements

Preferred consideration for face amounts \$250,000 and up only

MIB, MVR and Rx profile ordered on all applicants

Issue Age (current age)	\$50,000- 99,000	\$100,000- 249,999	\$250,000- 999,999 ¹	\$1,000,000+ (Requires pre-approval. Call Sales Support)
0-17	Non-Med	Non-Med	APS	IC
18-39	Non-Med	Non-Med	PM	PM, IR, FINC
40-50	Non-Med	Non-Med	PM	PM, EKG, IR, FINC
51-65	PM	PM	PM	PM, EKG, APS, IR, FINC
66-85	MA	MA	MA, EKG	MA, EKG, APS, IR, FINC

PM – Paramed, Blood/UA

SB – NT-proBNP (blood test)

APS – Medical Records

MA – Mature Assessment

IR – Electronic Inspection Report

FINC – Financials

Whole Life (Essential Life & Youth Essential Life) Underwriting Requirements

Preferred consideration for face amounts \$250,000 and up only

MIB, MVR and Rx profile ordered on all applicants

Issue Age (current age)	To age 17: \$10,000- 49,999 Age 18+: \$25,000- 49,999	\$50,000- 99,000	\$100,000- 249,999	\$250,000- 999,999 ¹	\$1,000,000+ (Require pre-approval. Call Sales Support)
0-17	Non- Med	Non- Med	Non- Med	APS	IC
18-39	Non- Med	Non- Med	Non- Med	PM	PM, IR, FINC
40-50	Non-Med	Non-Med	Non-Med	PM	PM, EKG, IR, FINC
51-65	Non-Med	PM	PM	PM	PM, EKG, APS, IR, FINC, FINC
66-85	MA	MA	MA	MA, EKG	MA, EKG, APS, IR, FINC

PM – Paramed, Blood/UA

SB – NT-proBNP (blood test)

APS – Medical Records

MA – Mature Assessment

IR – Electronic Inspection Report

FINC – Financials

Preferred Guidelines for Fully Underwritten Products

The following products allow for preferred rates: Jet Term (with full underwriting), Essential Whole Life, Secure Life UL

Build Chart for Fully Underwritten Products

MALE (Maximum weight listed)					FEMALE (Maximum weight listed)				
Height		Super Preferred	Preferred	Standard	Height		Super Preferred	Preferred	Standard
Feet	Inches				Feet	Inches			
5	0	156	161	192	4	10	121	133	179
	1	160	165	198		11	125	137	185
	2	164	169	205	5	0	131	143	192
	3	168	173	211		1	135	147	198
	4	173	178	218		2	140	152	205
	5	178	183	225		3	145	158	211
	6	184	189	232		4	150	162	218
	7	190	195	239		5	154	167	225
	8	195	200	246		6	158	172	232
	9	201	206	253		7	164	177	239
	10	207	212	261		8	168	182	246
	11	212	217	268		9	173	187	253
6	0	218	223	276		10	178	192	261
	1	223	228	284		11	185	197	268
	2	230	235	292	6	0	188	203	276
	3	237	242	300		1	193	207	284
	4	243	248	308		2	197	212	292
	5	250	255	316		3	202	218	300
	6	257	262	324		4	207	222	308
	7	261	266	332		5	212	228	316
	8	267	272	341		6	218	234	324

For heights and weights greater than Standard, please call for a risk assessment.

Preferred Guidelines (cont.)

Preferred Underwriting Guidelines				
	Super Preferred	Preferred	Preferred Tobacco	Standard: Non-Tobacco/ Tobacco
Tobacco ¹	No tobacco use in past 5 years	No tobacco use in past 3 years	Current use, or use within past 3 years	No tobacco use within last 12 months/current use
Family History	No incidence of coronary or cardiovascular disease or cancer in either parent or sibling prior to age 60	No death from coronary or cardio - vascular disease or cancer in either parent or siblings prior to age 60	No death from coronary or cardiovascular disease or cancer in either parent or siblings prior to age 60	N/A
Cholesterol/ HDL Ratio	No history of treatment; may not exceed 5.0	May not exceed 6.0	May not exceed 6.0	Levels 6.1–8.5
Cholesterol Level	No history of treatment; may not exceed 220	May not exceed 240	May not exceed 240	Levels 241–299
Blood Pressure	No history of treatment; readings may not exceed 130/80	Controlled with treatment; readings may not exceed 135/85	Controlled with treatment; readings may not exceed 135/85	Controlled with treatment; readings may not exceed 150/90
Alcohol/ Substance Abuse	No history	No history in the past 10 years	No history in the past 10 years	No history in the past 5 years
Driving History	No DUI, DWI or reckless driving in the past 5 years; no more than 1 moving violation in the last 3 years	No DUI, DWI or reckless driving in the past 5 years; no more than 2 moving violations in the last 3 years	No DUI, DWI or reckless driving in the past 3 years; no more than 3 moving violations in the last 3 years	No DUI, DWI or reckless driving in the past 2 years; no more than 3 moving violations in the last 3 years
Aviation	Commercial airline pilots may qualify; not available for private pilots	Commercial airline pilots may qualify; not available for private pilots	Commercial airline pilots may qualify; not available for private pilots	Commercial airline pilots may qualify; private pilots given individual consideration
Avocation	Ratable avocation: not available	Ratable avocation: not available	Ratable avocation: not available	Ratable avocation: Flat extra
Military	Retired/inactive only	Individual consideration	Individual consideration	Individual consideration

¹ Tobacco Use - Definition

Tobacco classification includes any use of tobacco products, use of nicotine replacement therapy (gum, patch, eCig, etc.), cigar use, chewing tobacco or snuff, pipe, etc. Rate reclassification is available once client has stopped using tobacco for one year. Call member services to apply for a rate change.

Medical Conditions/Impairment Guide

This chart lists common medical conditions along with risk assessment and additional information required to assist with field underwriting. All cases are subject to individual assessment. If you encounter any conditions not in the guide, please call for a risk assessment.

Please note that this is just a guide – the severity of any impairment or underlying medical condition varies among individuals.

Condition	Rating	Automatic decline if:	To expedite application, include:
AIDS/HIV	N/A	Always decline	N/A
Alzheimer's Disease/Dementia	N/A	Always decline	N/A
Anxiety/ Depression/ Psychological Conditions	<ul style="list-style-type: none"> • Standard possible on mild cases • Table 2 to Table 4 on moderate cases 	<ul style="list-style-type: none"> • Severe psychotic disorder • Illness not effectively controlled • History of chronic substance abuse 	<ul style="list-style-type: none"> • Date of diagnosis • Disability, limitations or interference with daily or work activities
Asthma/ Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • Asthma considered mild intermittent may qualify for a preferred rating; call for details • Standard for mild, up to Table 4 for moderate, and Table 8 for severe 	<ul style="list-style-type: none"> • FEV1 less than 49% • Moderate to severe asthma with coronary artery disease (CAD) • Cor pulmonale or cardiac arrest history • Severe COPD and currently smoking • Use of oxygen 	<ul style="list-style-type: none"> • When diagnosed and treatment type (medication or oxygen) • Any hospitalizations or emergency visits (date and duration) • Date of last attack • Frequency of attacks
Cancer (APS is required)	<ul style="list-style-type: none"> • Rating will depend on type, staging and treatment • Some cancers will qualify for standard • Minimum rating starts at \$5 flat extra per \$1,000 of coverage; call for risk assessment 	<ul style="list-style-type: none"> • Cancer within the last year or cancer that has metastasized (except skin cancer) 	<ul style="list-style-type: none"> • Type of cancer • Type and length of treatment (surgery, radiation, chemotherapy) • Staging, grade, size of tumor

We reserve the right to order an APS (Attending Physician's Statement) in all instances.

Medical Conditions (continued)

Condition	Rating	Automatic decline if:	To expedite application, include:
Cardiovascular Disease (CAD) (heart attack, bypass, stent) (APS is required)	<ul style="list-style-type: none"> • Rating will depend on age, number of vessels affected (stent, bypass), cardiac testing and follow-up • Rating typically starts at Table 4 and may go up to Table 10 with a flat extra 	CAD with: <ul style="list-style-type: none"> • Cerebral vascular disease (stroke), transient ischemia attack, (TIA) • Peripheral vascular disease • Diabetes, uncontrolled high blood pressure • Severe valvular disease • Current tobacco use: 2 packs or more • Prior to age 40 • Within the last 6 months 	<ul style="list-style-type: none"> • Symptoms • Date and type of previous procedures • Current medications
Congestive Heart Failure (CHF)	N/A	Always decline	N/A
Diabetes	<ul style="list-style-type: none"> • Rating will depend on current age, age of onset and control • Minimum rating is Table 2 	Diabetes with a history of: <ul style="list-style-type: none"> • Cardiovascular disease • Cerebral vascular disease (stroke) • Peripheral vascular disease • Kidney disease • Onset of diabetes at age 9 or younger 	<ul style="list-style-type: none"> • Date and age of diagnosis • Medications • Applicant's last A1C result
Epilepsy	<ul style="list-style-type: none"> • Rating will depend on type (grand mal, petit mal) • Possible standard if last attack over 3 years ago, rating up to Table 8 	<ul style="list-style-type: none"> • Mental deterioration or personality change • Poorly controlled • More than 6 attacks per year 	<ul style="list-style-type: none"> • Date of diagnosis • Type of seizures (grand mal, petit mal) • Current medications • Frequency of attacks and date of last attack

We reserve the right to order an APS (Attending Physician's Statement) in all instances.

Medical Conditions (continued)

Condition	Rating	Automatic decline if:	To expedite application, include:
Hepatitis Inflammation of the Liver	<ul style="list-style-type: none"> • Minimum rating is Table 4 • Rating will depend on type; call for assessment 	<ul style="list-style-type: none"> • Chronic active hepatitis • Co-infections of hepatitis (ex. Hep B and Hep C) • Current alcohol use • Cirrhosis • Abnormal liver Function tests (LFTs) 	<ul style="list-style-type: none"> • Type of disease, duration or age of onset
High Blood Pressure	<ul style="list-style-type: none"> • Usually standard • Preferred may be available 	Poorly controlled or non-compliant with prescribed medication	<ul style="list-style-type: none"> • Current blood pressure reading • Current medications • Length of time on current medication
Lou Gehrig's Disease (ALS)	N/A	Always decline	N/A
Muscular Dystrophy	N/A	Always decline	N/A
Sleep Apnea	<ul style="list-style-type: none"> • Standard is available for mild cases • Moderate Sleep Apnea starts at Table 2 	<ul style="list-style-type: none"> • Central sleep apnea • Severe uncontrolled Obstructive sleep apnea (OSA) • Use of oxygen 	<ul style="list-style-type: none"> • Type of treatment • Date and results of last sleep study
Stroke: Cerebral Vascular Accident (CVA), Transient Ischemic Attack (TIA) (APS is required)	<ul style="list-style-type: none"> • Rating will depend on type (ischemic, lacunar, hemorrhagic) number of accidents/attacks • Minimum rating of Table 2 	Stroke with: <ul style="list-style-type: none"> • CAD or PVD (peripheral vascular disease), PAD (peripheral artery disease) • Diabetes • Abnormal EKG or other signs of cardiovascular disease • 3 or more CVAs 	<ul style="list-style-type: none"> • Age of first stroke • Number of episodes • Time since last episode • Type (ischemic, lacunar, hemorrhagic)

We reserve the right to order an APS (Attending Physician's Statement) in all instances.

Financial Underwriting Guidelines

Financial underwriting is a critical part of the underwriting process. The purpose of financial underwriting is to prevent anti-selection or speculation on the Proposed Insured's life, as well as to ensure that the proposed certificate is affordable for the owner.

Age	Coverage – Maximum Multiple of annual earned income
Under 18	Individual consideration (see below)
18–40	20x
41–50	15x
51–69	10x
Over 69	5x

²Household income can be used for homemakers, other non-wage earning individuals.

Pre-approval - Contact Sales Support for any case where

- Face amount \$1M or greater,
- Or planned/annual premium \$10,000 or greater (does not apply to SPWL)
- Agent must submit the following prior to taking an application:
 - Cover letter explaining how face amount is determined, purpose, affordability, source of funds
 - Fully completed page 1 of the application
 - Signed illustration (Form 1844 not accepted)
 - If a trust is involved, a copy of the trust document

Affordability

- Affordability of the premium provides the Society the protection against early lapse due to non-payment of premium. Whether the case is for \$1 million or \$25,000, the underwriter will review the premium payment to determine if it is in line with the applicant's income. If there are any concerns with affordability, additional questions may be asked or in some instances the case may be rejected.
- If the premium is more than 6% (or 10% for UL) of your client's annual household income, please provide an explanation of how the customer will pay for the coverage.

Proof of income

- Income tax returns (prior year) are required where the face amount is over \$1,000,000. Tax returns may also be required by the underwriter as proof of income where the applicant is self-employed or employment/income questions are raised during the underwriting process.

Source of funds

Source of funds documentation must be provided in all cases where

- For products other than SPWL, the premium amount is \$10,000 or greater and the funds are not from a 1035 transaction
- Payment over \$500 is made with a money order or cashier's check
- Payment is made from trust bank account
- Bank or account statements are acceptable forms of documentation

Any payment where source of funds does not originate with the Insured/Owner's personal account will not be accepted.

No COD on cases where source of funds documentation is required.

Additional Guidelines

1035 Exchange information

- Available on UL/SPWL products only.
- For non-taxable treatment of 1035 Exchange, the following must be in place:
 - Exchange must be *from* life insurance going to life insurance. Annuity to life insurance is not acceptable.
 - Owner and Insured on both contracts must be identical
 - Contract being exchanged must be in force
 - Entire value of existing contract must be exchanged

Bankruptcy and liens

- Will only consider insuring an individual after any bankruptcy has been discharged
- Need details of any outstanding liens and judgement; payment plan will be required for any debt repayment arrangement

Business coverage

Certain coverage restrictions apply. Buy/Sell coverage and Key Person arrangements can be considered with the following requirements:

1. Buy/Sell coverage
 - a. Provide coverage amounts on all Owners/partners and copy of Buy/Sell agreement
2. Key Person
 - a. Available for family owned and operated businesses where the continuity of business is the primary financial need
 - b. Provide corporate resolution or Key Person agreement, reason client is a Key Person and justification for face amount

Cashier's check/money order

- In order to comply with U.S. Treasury regulations, cashier's check or money order for payment of life insurance premium greater than \$500 requires a certified receipt from the issuing bank providing the source of funds. The source of funds must be from an account that is owned by the Owner of the certificate.
- If the Owner is unable to provide this certification, we will accept a personal check for the initial premium.
- A money order cannot have agent's name on it.

Certificate dating

- Issue ages are calculated based on the Proposed Insured's last birthday.
- A certificate can be backdated 90 days from the issue date in order to save age.
- A certificate cannot be backdated in order to make someone eligible for a product or rider for which she/he otherwise would not be eligible.

Additional Guidelines

Children (Ages 0-17)

- Newborn children must have a Social Security number issued to them in order to write the application.
- Please make sure you weigh and measure the child. Child height/weight guidelines take age into account. If the measurements are not current it will impact our ability to offer coverage.
- Any insurance applied for on a child under the age of 16 requires a “Petitioner” as Owner. The Petitioner will most likely be the child’s parent but can also be the grandparents, but parental authorization is needed. Here’s what you need to know about Petitioner-Owner status:
 - The Petitioner has complete control of certificate until child reaches age 16
 - At age 16-21 the child has limited rights that will require Petitioner’s consent
 - At age 21 the child has full ownership transferred to her/him; the Petitioner has no rights to contract or to make any changes going forward
- All siblings should have the same total coverage amount. As a general rule, face amount is limited to half (50%) of parents’ total coverage. Grandparents may purchase limited coverage on grandchildren (parent signature is required).
- Financials needed for any amount greater than \$50,000. Need the household income, coverage on parents, need for coverage and the corresponding coverage on each sibling

Conditional receipt

- If face amount is over \$1 million or if within the past 12 months the Proposed Insured has been treated for or had any known heart trouble, stroke or cancer, payment (including authorization to draft the first premium) cannot be received with application and no conditional receipt may be given and there will be no coverage under any conditional receipt.

Conversions

- All applications for conversion must be accompanied by a check or EFT authorization for the first conversion premium payment or they cannot be processed. The check must be received by us before the contract is sent out. We do not allow COD on conversions.

Foreign travel/residency

- Applicants planning travel to areas of armed conflict, or countries/areas designated as *Level 4 No Travel* by the US Department of State, may not be accepted for coverage. Please call for a risk assessment.
- Anticipated or planned travel to disaster areas and prolonged travel out of the country – call for assessment (800) 627-4761, press 1.
- Must be a U.S. citizen or legal resident to be eligible for coverage.
- Foreign nationals, applicants with visa or applicants without a Social Security number are not eligible for coverage.
- State laws supersede any travel restrictions indicated here.

Additional Guidelines

Fraternals considerations

1. Policy is referred to as "Certificate."
2. Insured and/or Owners with a criminal background are not accepted regardless of the face amount of the certificate.
3. Fraternal benefit societies must issue insurance for the benefit of members and their dependents. Insurance owned or benefiting corporations is generally prohibited. See section on acceptable Owner & Beneficiary relationships for more information or call Underwriting to discuss your situation.

Lapses and reapplying for insurance

If client has one certificate that has lapsed within the last 12 months, we will allow client to reapply with new application with current date and signature.

If client has two certificates that have lapsed (regardless of timeframe), we will allow client to reapply with:

- Cover letter explaining improvement in financial situation
- New application with current date and signature
- First premium submitted with the application

We are unable to consider any client who has three or more lapsed certificates.

Mature assessment

For ages 66+ a mature assessment will be completed at the time of the paramedical exam. Assessment includes "get up and go test" and activities of daily living questions.

Military personnel

- Application and any medical requirements must be completed in the United States.
- Military personnel alerted for, on orders or deployed to active duty are unacceptable risks and will be postponed for coverage.

Non-working spouse

- A non-working spouse can be insured equal to working spouse up to \$500,000. For amounts greater than \$500,000, please call for risk assessment.

Owner/beneficiary

- Standard beneficiary designations include:
 - Spouse/Parent/Child
 - Estate
 - Legal dependent (guardianship papers required)
- Trust papers must be submitted when a trust is listed as Owner and/or Beneficiary. Please provide the first page, signature page, trustee designation page and beneficiary pages. For irrevocable trust, please submit full trust document for review.

Additional Guidelines

Personally controlled business

- We do not advance commission on personally controlled business including any certificate where the Insured, Annuitant or Beneficiary is immediately related to you. Immediate relations include your spouse, children, brothers, sisters, parents and yourself.

Power of attorney

- Power of attorney signatures are not acceptable at any point during the underwriting process.
- The insured must have the mental capacity to enter into a contract and be able to understand and sign documents, complete interviews and any related requirements with full understanding.

Writing business in non-resident state

- We cannot accept applications on individuals residing (part-time or full-time) in the states of Alaska, Hawaii, Alabama, Louisiana, New Hampshire, New York and Massachusetts.
- Applicants should be solicited for new business in the state in which they reside. The application must be signed in the resident state of the proposed insured and the agent must be licensed in that state.
- Rebating is not a practice that Royal Neighbors permits in any state, in any form.

Owner and Beneficiary Designations

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable?		Conditions	What agents need to provide
	Owner	Beneficiary ³		
Aunt/Uncle	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	
Bank/Lender	No	Yes		Beneficiary designation must read as follows: _____ (Name & address of bank), creditor, as its interest may appear, but not in excess of the certificate proceeds. The remainder of the proceeds, if any, to _____ (name a contingent beneficiary here to receive any excess).
Brother/Sister	No	Yes	None	
Business	See Conditions	See Conditions	Certain restrictions apply. Insurance must be issued for benefit of members and their dependents. Therefore, insurance owned by or benefiting corporations is generally prohibited.	Key Person coverage (available for family owned and operated businesses) requires a corporate resolution, reason client is Key Person and justification for face amount. For Buy/Sell coverage provide coverage amounts on all Owners/partners and a copy of the Buy/Sell agreement.
Charity	No	See Conditions	Nominal percentage of benefit (20% +/-) goes to charity. Owner must be insured.	State the percent of death benefit in beneficiary section of the application. Need name, address, phone, date of incorporation or tax ID. Name contingent beneficiary.
Child (adult)/ Step child	Yes	Yes	None	
Child (minor)	No	Yes	None	
Cousin	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	Include written explanation for the arrangement with application.

³ State laws supercede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable? ³		Conditions	What agents need to provide
	Owner	Beneficiary		
Common law spouse	Yes	Yes	None	
Domestic Partner	Yes	Yes	None	
Estate	No	Yes	None	
Executor	No	No	Beneficiary must be the estate, not a named person.	
Ex-spouse	See Conditions	Yes	Maximum face amount \$250,000. Court order to cover child support/debt must exist.	Provide copy of court order with application.
Fiance(e)	See Conditions	Yes	Must have reciprocal coverage on each other for face amount higher than \$50,000	Provide amount of coverage, unless submitting applications on both to Royal Neighbors.
Foster Child	No	No	Due to the temporary relationship between Foster Parent/Child, coverage is not allowed.	
Friend	No	No		
Funeral Home	Yes	See Conditions	Funeral home is not viewed as an acceptable beneficiary in the states of ID, IL, MA, MI, NY, NV.	Beneficiary designation must read: _____ (Named Funeral Home), creditor, as its interest may appear, but not in excess of the certificate proceeds; the remainder of proceeds, if any, to _____ (name a contingent beneficiary here to receive any excess). NOTE: Required wording for the state of Minnesota: "Irrevocably to any funeral home that has provided funeral or burial services to the Insured."
Grandchild	No	Yes		

³ State laws supercede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable?		Conditions	What agents need to provide
	Owner	Beneficiary ³		
Grandparent	See Conditions	Yes	Parent signature required if Proposed Insured is a minor. If face amount is >\$25,000, other grandchildren must have similar amounts of coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	Obtain parent’s signature if Insured is a minor and provide details of other grandchildren’s coverage, if needed.
Guardian	See Conditions	See Conditions	Copy of court-issued guardianship papers required. If Proposed Insured is a minor and face amount is >\$25,000: other children in family must have similar amounts of coverage and maximum face amount is 1/2 guardian's coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	Provide a copy of the guardianship papers with application and other insurance coverage information if needed.
In-laws	No	Yes		
Niece/Nephew	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	Include written explanation for the arrangement with application.
Parent or Step parent of adult child	See Conditions	Yes	For college age students, ages 18–26, for face amount \$100,000 or less. All other insured adults should be the owner of their certificate.	Provide a cover letter of explanation for any exceptions.

³ State laws supercede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable?		Conditions	What agents need to provide
	Owner	Beneficiary ³		
Parent or Step parent (of minor child 0–17)	See Conditions	Yes	If applicant is a minor and face amount is > \$25,000: other children must have similar amounts of coverage and maximum face amount is 1/2 parents' coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	If face amount exceeds \$25,000 provide details regarding parents' and siblings' coverage with application. If face amount is premium driven (same premium per child) please advise.
Partner (business)	See Conditions	See Conditions	Key Person, Buy/Sell agreements	Key Person coverage requires a corporate resolution and proof of coverage on other key employees. Buy/Sell requires a copy of the Buy/Sell agreement.
Partner (domestic)	Yes	Yes	None	
Power of Attorney	No	No	Power of attorney rights terminate at time of death.	
Spouse	Yes	Yes	None	
Trust	See Conditions	See Conditions	Trust must exist for the benefit of the Proposed Insured's family. Trustee must sign application as "Owner."	Provide a copy of the trust document. Please provide the first page, signature page, trustee designation page and beneficiary pages.

³ State laws supersede any requirements outlined in this guide.

Contact Us

Website: <https://agent.royalneighbors.org>

- Download forms and applications
- Obtain status of pending business/certificates
- Obtain commissions
- Run illustrations/quotes
- Training
- Get latest Royal Neighbors news
- Order supplies

Phone: (800) 627-4762, option 1 (for agent), then:

Pending applications.....	Option 1
Certificate changes	Option 1
Risk assessment	Option 1
Commissions of 1099s	Option 2
Contracting and licensing	Option 3
In-force certification info	Option 4
Illustrations/quotes	Option 5
Annuity underwriting.....	Option 6
Member savings.....	Option 7
Chapter information	Option 8
Inquiries	Option 5

Email: UW@royalneighbors.org

Fax: New applications: (866) 787-1450
Agent Supply Orders: (866) 837-5835

Mail: Royal Neighbors or America
230 16th Street
Rock Island, IL 61201-8645

We appreciate your business!



INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM

www.royalneighbors.org