



UNDERWRITING GUIDE

# Simplified Issue Underwriting and Medical Impairment Guide

[SagicorLifeUSA.com](http://SagicorLifeUSA.com)

Sagicor Life 

Table of Contents	3	Simplified Issue Application Submission Process
	3	Our Simplified Issue Electronic Application (eApp)
	3	Our Simplified Issue Paper Application Process
	4	Simplified Issue Telephone Interview Process
	5	Sagicor Guidelines for Simplified Issue
	6	Sagicor Simplified Issue Unisex Build Chart
	6	Sagicor Simplified Issue Ineligible Prescription Drug List
	7	Sagicor Simplified Issue Medical Impairments A – B
	8	Sagicor Simplified Issue Medical Impairments C – F
	9	Sagicor Simplified Issue Medical Impairments G – L
	10	Sagicor Simplified Issue Medical Impairments M – R
	11	Sagicor Simplified Issue Medical Impairments R – W

## THE SIMPLIFIED ISSUE APPLICATION SUBMISSION PROCESS

### OUR SIMPLIFIED ISSUE ELECTRONIC APPLICATION

Our eApp process is quick and easy and it ensures that your application is submitted in good order.

1. Log on to the Producer portal of the website and launch our Illustration Software.
2. Click on the bar that says “Run Sagicor Life Illustration Software Online”.
3. Click on “New Illustration” under Activities.
4. You must select “Jurisdiction, Product Type, and Product Name” and “Save Illustration” for the Application option to appear.
5. Click on “Application” and then “Create Application”.
6. Complete the 4 steps for the eApp
  - A. Form Entry
  - B. Signatures
  - C. Review
  - D. Finalize
7. Submit the application electronically.

**Please note that the eApp process does not require a tele-interview. Your underwriting decision is returned to you within minutes after you submit the eApp.**

This process is available for the Sage Term, Sage NLUL and Sage Whole Life products.

### OUR SIMPLIFIED ISSUE PAPER APPLICATION

1. Complete the application along with any related forms. All forms are available on the producer section of Sagicor’s website at SagicorLifeUSA.com, or are also available through iPipeline.
2. Verify the personal information provided by the applicant by viewing a state issued driver’s license, state issued ID card, military ID card, passport, permanent US resident (Green card) or other government issued picture ID card. Applicants must be US citizens or legal residents.
3. Call 1-866-664-0083 to conduct the tele-interview through Management Research Systems, Inc (MRS). If the applicant does not speak English, Spanish speaking interviewers are available. For other languages, please contact the home office for instructions.

#### MRS hours of operation

**Monday – Friday: 8:00 AM - 9:00 PM Central time**

**Saturday: 8:00 AM - 3:00 PM Central time**

**Sunday: closed**

4. Upon completing the tele-interview, if the applicant is approved, you will be advised of one of the following five risk class decisions:
  - Preferred Non-Tobacco
  - Preferred Tobacco
  - Standard Non-Tobacco
  - Standard Tobacco
  - Rated Non-TobaccoIf the applicant is not approved, the file will be referred to the home office for review.
5. You will be given a reference number by MRS to record at the top of the application
6. Producers must submit the application, **whether accepted or declined**, to Sagicor within 48 hours of the completion of the tele-interview, along with all related forms. Underwriting will not be able to review the file until the application is received. Paper applications may be submitted by fax: (1-800-324 8943), or by mail: Sagicor Life Insurance Company, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251. Payment by check must be sent by mail.

This process is available for the Sage Term and Sage NLUL products.

## THE SIMPLIFIED ISSUE TELEPHONE INTERVIEW PROCESS (APPLIES TO PAPER APPLICATIONS ONLY)

In order to comply with Anti-Money Laundering rules, if the applicant is new or unknown to the producer, we require the producer and applicant to be together during the tele-interview. The producer will initiate the telephone call with the tele-interview company, Management Research Systems, Inc. (MRS).

MRS will facilitate the telephone interview on behalf of Sagicor with you and the applicant. The tele-interview will take approximately 15 minutes with the initial questions directed to you, the producer, and all additional questions to the applicant. To assist with the decision process, the tele-underwriter will access the Medical Information Bureau (MIB), a prescription drug profile called IntelliScript, and a motor vehicle report at the time of the interview. These tools are used to help ensure a prompt and accurate decision. We reserve the right to require an examination or any other evidence of insurability deemed necessary to evaluate an application.

### CONSUMER REPORTING AGENCIES

Because our underwriting decision will be based, in whole or in part, on one or more consumer reports regarding the applicant, we are required to inform the applicant of where we obtain this information. The consumer reporting agencies do not make the underwriting decision for the applicant's policy.

The Disclosure Notice to Proposed Insured is included in the application. Sagicor or its reinsurers may also release information to other insurance companies to whom the applicant may apply for life or health insurance or to whom a claim for benefits may be submitted.

The applicant may obtain a free consumer report by requesting it directly from that agency within 60 days of the interview. Further, the applicant has the right to dispute, directly with the consumer reporting agency, the accuracy or completeness of any information provided by that consumer reporting agency.

### THE MEDICAL INFORMATION BUREAU (MIB)

MIB, Inc.  
50 Braintree Hill, Suite 400  
Braintree, MA 02184-8734  
(866) 692-6901 or TTY (866) 346-3642  
[www.mib.com](http://www.mib.com)

### MOTOR VEHICLE RECORDS

First Advantage ADR  
Attn: Consumer Request  
2860 Gold Tailings Court  
Rancho Cordova, CA 95670



## SAGICOR GUIDELINES FOR SIMPLIFIED ISSUE

If you have questions regarding our guidelines, please call Producer Resource Center (PRC) at 1-888-724-4267, ext. 4680

	Preferred Non-Tobacco	Preferred Tobacco	Standard Non-Tobacco	Standard Tobacco	Rated Non-Tobacco
Alcohol/Substance Abuse	Not Available	Not Available	Not Available	Not Available	No History in over 5 years
Aviation	No past or future piloting within 24 months	No past or future piloting within 24 months	Aviation allowed	Aviation allowed	Aviation allowed
Avocations	No ratable avocations	No ratable avocations	Avocation allowed	Avocation allowed	Avocation allowed
Blood Pressure	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments
Driving History	No history of DWI, DUI, Reckless Driving within 5 years and, no more than 2 minor violations within last 12 months	No history of DWI, DUI, Reckless Driving within 5 years, and, no more than 2 minor violations within last 12 months	No history of DWI, DUI, Reckless Driving within 3 years and, no major violations within 12 months	No history of DWI, DUI, Reckless Driving within 3 years and, no major violations within 12 months	No history of DWI, DUI, Reckless Driving within 2 years
Family History	No death of either parent prior to age 60 for Heart Attack, Stroke, Cancer or Unknown  No death of any siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	No death of either parent prior to age 60 for Heart Attack, Stroke, Cancer or Unknown  No death of any siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	Family history allowed	Family history allowed	Family history allowed
Medical History <sup>1</sup>	All medical and personal history questions answered no	All medical and personal history questions answered no	See Medical Impairments starting on page 7	See Medical Impairments starting on page 7	See Medical Impairments starting on page 7
Tobacco or Nicotine Products <sup>2</sup>	No use over 24 months	Use within 24 months	No use over 24 months	Use within 24 months	No use over 24 months



## SAGICOR SIMPLIFIED ISSUE UNISEX BUILD TABLE

Minimum, Preferred, Standard and Rated risk class weights are listed in pounds. Weights listed for Preferred, Standard and Rated are maximum weights. Preferred and Standard risk classes apply to both Tobacco and Non Tobacco. Rated risk class applies only for Non-Tobacco use.

Height	Minimum	Preferred	Standard	Rated
4'8	75	139	147	186
4'9	77	144	151	192
4'10"	79	149	155	199
4'11"	82	154	161	206
5'0"	85	159	166	213
5'1"	88	164	172	220
5'2"	91	169	178	227
5'3"	94	174	184	235
5'4"	97	179	190	242
5'5"	100	184	196	250
5'6"	103	189	202	258
5'7"	106	194	208	265
5'8"	109	200	215	273
5'9"	112	205	221	282
5'10"	115	211	228	290
5'11"	118	216	235	298
6'0"	123	223	242	306
6'1"	128	228	248	315
6'2"	132	235	255	324
6'3"	137	241	263	333
6'4"	142	247	270	341
6'5"	146	254	277	350
6'6"	150	261	284	360
6'7"	154	268	292	369
6'8"	158	275	299	378
6'9"	162	282	307	388

## SAGICOR SIMPLIFIED ISSUE INELIGIBLE PRESCRIPTION DRUG LIST

This is not an all inclusive list.

Advair	Copaxone	Evista	Lanoxin	Risperdal	Zidovudine (AZT)
Aggrenox	Coumadin	Exelon	Lasix	Sinemet	Zofran
Amiodarone	Crixivan	Femara	Lupron	Spiriva	Zyprexa
Aricept	Depakote	Furosemide	Morphine	Sustiva	
Avonex	Digitex	Haldol	Nitroglycerin	Tamoxifen	
Baclofen	Digoxin	Heparin	Plavix	Tarceva	
Cognex	Eldepryl	Infergen	Requip	Warfarin	
Combivent	Epivir	Isosorbide dinitrate	Ribavirin	Xeloda	

## SAGICOR SIMPLIFIED ISSUE MEDICAL IMPAIRMENTS

This is not an all inclusive list. Rate class shown is not guaranteed and subject to prescription history. If you have questions regarding conditions, please call Underwriting at 1-888-724-4267, ext. 4650.

Condition	Criteria	Possible Rate Class
AIDS	<ul style="list-style-type: none"> <li>Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC)</li> </ul>	Decline
Alcoholism	<ul style="list-style-type: none"> <li>Diagnosis of alcohol abuse within the last 5 years</li> <li>Treatment for alcohol abuse within the last 5 years</li> </ul>	Decline
Alzheimer's	<ul style="list-style-type: none"> <li>Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease</li> </ul>	Decline
Amputation	<ul style="list-style-type: none"> <li>Caused by disease</li> </ul>	Decline
Anemia	<ul style="list-style-type: none"> <li>Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female</li> <li>Diagnosis of Thalassemia, Sideroblastic anemia or sickle cell</li> </ul>	Decline
Aneurysm	<ul style="list-style-type: none"> <li>Not treated</li> </ul>	Decline
	<ul style="list-style-type: none"> <li>Treated</li> </ul>	Rated <sup>3</sup>
Angina	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease
Angioplasty	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease
Arthritis	<ul style="list-style-type: none"> <li>Rheumatoid, controlled with treatment of NSAIDs</li> </ul>	Rated
	<ul style="list-style-type: none"> <li>Rheumatoid, All others</li> </ul>	Decline
Asthma	<ul style="list-style-type: none"> <li>Hospitalized or seen in ER 2 or more times,</li> <li>Used steroid medication or required oxygen in the past 12 months</li> <li>Combined with Tobacco Use, Smoker</li> </ul>	Decline
Bladder	<ul style="list-style-type: none"> <li>History of neurogenic bladder</li> <li>Bladder paralysis</li> <li>Tumors, cysts or hospitalizations</li> </ul>	Decline
Blindness	<ul style="list-style-type: none"> <li>Caused by diabetes, circulatory disorder, or other illness</li> </ul>	Decline
	<ul style="list-style-type: none"> <li>Other causes</li> </ul>	Rated <sup>3</sup>
By-pass Surgery	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease

Condition	Criteria	Possible Rate Class
Cancer	• Basal or Squamous cell	Standard
	• Colon, Liver and Pancreatic	Decline
	• 6 years or more since surgery, diagnosis, or last treatment; no recurrence or additional occurrence	Rated <sup>3</sup>
Cerebral Palsy	• If not self-supporting and/or mental impairment	Decline
Chest Pains	• If tests were done and the results were not normal	Decline
Chronic Obstructive Pulmonary Disease (COPD)	• All cases	Decline
Congestive Heart Failure	• All cases	Decline
Cystic Fibrosis	• All cases	Decline
Diabetes	• Diagnosis under age 40 • Blood sugar not checked in the past 6 months • Insulin dependent • Advised of uncontrolled blood sugars in the past 12 months • Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss	Decline
	• If controlled on oral medication only or diet	Rated <sup>3</sup>
Down's Syndrome	• All cases	Decline
Driving Record	• DWI/DUI is within 24 months	Decline
	• 2 or more driving violations within 24 months	
	• License suspended/revoked within 24 months	
Drug Abuse	• Diagnosis of substance abuse within the last 5 years	Decline
	• Treatment for drug abuse	
	• Relapses or abuse of another substance after initial treatment	
Epilepsy	• Convulsions within the last 12 months	Decline
Felony	• Currently on parole, probation, awaiting pending charges or trial	Decline



Condition	Criteria	Possible Rate Class
Gallstones	<ul style="list-style-type: none"> <li>More than one episode in the past 12 months other than the removal of the gallbladder</li> </ul>	Decline
Headaches	<ul style="list-style-type: none"> <li>Headaches that have increased in frequency or severity</li> <li>Headaches that have required hospitalization</li> <li>Abnormal tests results within the past 2 years</li> <li>Currently under evaluation or been advised to have further evaluation or testing done for headaches</li> </ul>	Decline
Heart Disease	<ul style="list-style-type: none"> <li>Includes heart attack, angina and angioplasty or stents</li> </ul>	Rated <sup>4</sup>
	<ul style="list-style-type: none"> <li>Cardiomyopathy</li> <li>Ventricular Fibrillation</li> <li>Heart Transplants</li> </ul>	Decline
Heart Murmur	<ul style="list-style-type: none"> <li>History of surgery</li> </ul>	Rated <sup>3</sup>
High Blood Pressure	<ul style="list-style-type: none"> <li>Controlled with medication.</li> </ul>	Rated <sup>5</sup>
	<ul style="list-style-type: none"> <li>Uncontrolled</li> </ul>	Decline
Hodgkin's Disease	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Hypothyroidism or Hyperthyroidism	<ul style="list-style-type: none"> <li>If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment</li> </ul>	Decline
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> <li>Positive test results for Human Immunodeficiency Virus (HIV)</li> </ul>	Decline
Immune System Disorder	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Kidney Disease	<ul style="list-style-type: none"> <li>Kidney Failure</li> <li>Insufficiency or any other disease or disorder of the kidneys</li> <li>Nephrectomy</li> <li>Polycystic Kidney Disease</li> <li>Transplant recipient</li> </ul>	Decline
Leukemia	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Liver Disease	<ul style="list-style-type: none"> <li>History of Cirrhosis or Fibrosis</li> <li>History of elevated liver enzymes</li> <li>Hepatitis C or any other forms (except A and B)</li> </ul>	Decline
Lupus Erythematosus (SLE)	<ul style="list-style-type: none"> <li>Systemic</li> </ul>	Decline

Condition	Criteria	Possible Rate Class
Melanoma	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 6 years or more, no recurrence or additional occurrence</li> </ul>	Rated <sup>3</sup>
	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 5 years or less, any recurrence</li> </ul>	Decline
Mental or Nervous Disorder	<ul style="list-style-type: none"> <li>Psychosis, Schizophrenia, Bipolar Disorder (Manic Depression), Major Depression, Down Syndrome, or Autism</li> <li>Suicide Attempt</li> <li>Disability or loss of work due to any mental/nervous condition</li> <li>Hospitalization within the last 6 months</li> </ul>	Decline
	<ul style="list-style-type: none"> <li>Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD)</li> <li>Anxiety or Panic Disorder, Seasonal Affective Disorder (SAD)</li> </ul>	Standard
Multiple Sclerosis	<ul style="list-style-type: none"> <li>All Cases</li> </ul>	Decline
Muscular Dystrophy	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Pacemaker	<ul style="list-style-type: none"> <li>Without defibrillator and no other heart conditions</li> </ul>	Rated <sup>4</sup>
Pancreatitis	<ul style="list-style-type: none"> <li>If more than a single attack within a year</li> <li>If history of a pancreatic cyst, tumor or unresolved abscess</li> </ul>	Decline
Paralysis	<ul style="list-style-type: none"> <li>Includes paraplegia and quadriplegia</li> </ul>	Decline
Parkinson's Disease	<ul style="list-style-type: none"> <li>All Cases</li> </ul>	Decline
Peripheral Vascular Disease (PVD)	<ul style="list-style-type: none"> <li>All cases</li> <li>Includes Peripheral Arterial Disease (PAD)</li> </ul>	Decline
Prostate	<ul style="list-style-type: none"> <li>History of elevated PSA test results within the past 2 years</li> <li>History of prostate tumors other than BPH (benign prostatic hypertrophy)</li> </ul>	Decline
Pulmonary Embolism	<ul style="list-style-type: none"> <li>Single Episode over 6 months ago</li> </ul>	Rated
	<ul style="list-style-type: none"> <li>Multiple Episodes</li> </ul>	Decline
Rectum or Intestines	<ul style="list-style-type: none"> <li>Crohn's Disease</li> <li>More than 1 episode of polyps or tumors in the past 3 years and was not benign</li> <li>History of bleeding, obstructions, or unintended weight loss in the past 12 months</li> <li>Ulcerative Colitis or surgical resection</li> </ul>	Decline

Condition	Criteria	Possible Rate Class
Reproductive Organs	<ul style="list-style-type: none"> <li>• Disease/disorder of reproductive system</li> <li>• History of abnormal bleeding or abnormal test results within the past two years</li> <li>• History of tumors, polyps, cysts, or fibroids in the past 2 years</li> <li>• Evaluated or advised to have further evaluation or surgery</li> </ul>	Decline
Seizures	<ul style="list-style-type: none"> <li>• Grand Mal (Tonic-Clonic)</li> <li>• Complex Partial Seizure</li> <li>• Petite Mal – 3 or more seizures w/n 12 months</li> </ul>	Decline
Sleep Apnea	<ul style="list-style-type: none"> <li>• Controlled with treatment</li> </ul>	Rated <sup>3</sup>
Stomach	<ul style="list-style-type: none"> <li>• History of bleeding, coughing up blood, or unintended weight loss in the last 12 months.</li> <li>• Any history of strictures, obstructions, duping or erosion of stomach lining or hospitalizations in the past 12 months</li> </ul>	Decline
Stroke, CVA/ Subarachnoid Hemorrhage, Transient Ischemic Attack (TIA)	<ul style="list-style-type: none"> <li>• Stroke, 2 or more TIAs</li> </ul>	Decline
	<ul style="list-style-type: none"> <li>• 1 TIA</li> </ul>	Rated
Transplant, Organ or Bone Marrow	<ul style="list-style-type: none"> <li>• History of transfusion, stem cell or bone marrow treatment</li> </ul>	Decline
Tuberculosis	<ul style="list-style-type: none"> <li>• Less than 1 year</li> </ul>	Decline
	<ul style="list-style-type: none"> <li>• Over 1 year ago and no complications</li> </ul>	Rated
Urinary	<ul style="list-style-type: none"> <li>• Urinary obstruction within the last 12 months other than UTI</li> <li>• history of blood or protein in urine</li> </ul>	Decline
Weight Reduction Surgery	<ul style="list-style-type: none"> <li>• Within 2 years no complication weight stabilized.</li> </ul>	Rated

- <sup>1</sup> In order to qualify for a Preferred rating, insured must be able to answer no to all medical and personal history questions.
- <sup>2</sup> Tobacco classification includes any use of tobacco products (cigar use, chewing tobacco or snuff, pipe, e-cigarettes, etc.) or use of nicotine replacement therapy (gum, patch, etc.).
- <sup>3</sup> Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.
- <sup>4</sup> Consider Rated if 2 years since diagnosis, surgery or last treatment if application has no other ratable impairments and meets all other rated or better criteria.
- <sup>5</sup> High blood pressure may qualify for Preferred. Rate class determination will be made during automated underwriting process.

**SAGICOR LIFE INSURANCE COMPANY**

4343 N. Scottsdale Road, Suite 300  
Scottsdale, AZ 85251  
[www.SagicorLifeUSA.com](http://www.SagicorLifeUSA.com)

**PRODUCER RESOURCE CENTER**

(888) 724-4267 Ext. 4680  
Fax (800) 497-7461

**UNDERWRITING DEPARTMENT**

(888) 724-4267 Ext. 4650  
Fax (480) 425-5143

