

POINT OF SALE UNDERWRITING AND MEDICAL IMPAIRMENT GUIDE



LIFE INSURANCE COMPANY

TABLE OF CONTENTS

- 1 Point of Sale Process
- 2 The Medical Information Bureau
- 2 The Pharmaceutical Database
- 2 Underwriting Process
- 3 Build Chart - Table 4
- 4 Medical Impairment
- 5 Impairment Conditions A-C
- 6 Impairment Conditions D-H
- 7 Impairment Conditions K-S
- 8 Impairment Conditions St-W

TO SCHEDULE A TELEPHONE INTERVIEW CALL TOLL-FREE

1-866-664-0083

Management Research Systems, Inc (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

NON-MED IS SIMPLE AND FAST!

Sagicor Life Insurance Company (Sagicor) offers products with simple and fast underwriting decisions and processes. To maintain simplicity and speed, please familiarize yourself with our step-by-step guide on how to apply and receive your decision for Sagicor's Non-Med products.

Flexibility

In a continued effort to make this process as simple as possible, we are pleased to offer increased flexibility in the telephone interview process (tele-interview).

To comply with Anti-Money Laundering rules, if the applicant is new, we require the producer and applicant be together to conduct the interview. The producer will make the telephone call to Management Research Systems, Inc (MRS).

Please Note: Once MRS is contacted, regardless of the underwriting decision or completion of the interview, the producer must fax the completed application to Sagicor at 1-800-324-8943.

Our Point of Sale Process

1. Complete the appropriate application and related forms with the applicant. All forms are available on Sagicor's website at www.SagicorLifeUSA.com.
2. Contact MRS at 1-866-664-0083 during their regular business hours to conduct the interview.
Hours of operation:
Mon - Fri 8:00 AM - 9:00 PM Central Time
Saturday 8:00 AM - 3:00 PM Central Time
Sunday - closed
3. MRS will facilitate the telephone interview on behalf of Sagicor with you and the applicant. The interview will take approximately 15 minutes with the first 5 questions directed to you, the producer, and all additional questions to the applicant.
4. Upon completing the interview you will be advised of one of the following decisions:
 - Applicant approved as Standard Non-Tobacco.
 - Applicant approved as Standard Tobacco.
 - Applicant referred to Sagicor for further underwriting review. There are two situations when the application will be referred to Sagicor for further underwriting review.

They are as follows:

- a) If the information received from the Medical Information Bureau (MIB) or the Pharmaceutical Database conflicts with the Point of Sale interview answers, the application will be closed incomplete and the applicant will be notified by mail to either contact MIB or the Pharmaceutical Database for additional information;
or
 - b) If the telephone interview, Pharmaceutical Database, or Medical Information Bureau (MIB) uncovers additional information indicating the applicant does not qualify, the applicant's information will be forwarded to Sagicor to determine if an offer on another product can be made.
5. You will be given a policy number to record at the top of the application in the space indicated.
 6. Fax the completed application, regardless of the underwriting decision or the completion of the interview, to Sagicor's Home Office at 1-800-324-8943.
 7. If the applicant is approved and the application is received, the policy will be mailed to you within 10 business days.

Saving Age Note:

Saving Age on the Fixed Indexed Single Premium Whole Life product - Upon receipt of the applicable premium, the effective date of the policy is equal to one of the four monthly allocation dates which are the 1st, 8th, 15th and 22nd. Therefore, backdating of a policy to save age is **not** available for this product.

THE MEDICAL INFORMATION BUREAU (MIB)

MIB will be consulted during the Point of Sale interview. Please review the MIB notice located in the Disclosure Notice to the Proposed Insured which included in the application, to make them aware of their rights as an applicant.

MIB does not make the underwriting decision for the applicant's policy. The applicant may request of MIB information contained in the applicant's file. If the applicant questions the accuracy of information in MIB's file, the applicant may contact MIB and seek a correction in accordance with the Fair Credit Reporting Act. The address, phone numbers and website of MIB's information office are:

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

Sagicor or its reinsurers may also release information to other life insurance companies to whom the applicant may apply for life or health insurance or to whom a claim for benefits may be submitted.

THE PHARMACEUTICAL DATABASE

Since 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 where we obtain this information.

Milliman IntelliScript
15800 Bluemound Road, Suite 400
Brookfield, WI 53005
(262) 784-2250

The consumer reporting agency (or agencies) identified above does not make the underwriting decision for the applicant's policy.

The applicant may obtain a free consumer report by requesting the report from each agency listed above within 60 days of the date 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.

UNDERWRITING PROCESS

To offer a quick turn around, underwriting will be focused on an accept/decline model with minimal traditional evidence of insurability. We plan to have a quick turn around process without sacrificing prudent risk selection. We expect 80% of applicants will be approved from the initial Point of Sale interview based on your good field underwriting. All other applicants will be subject to review by Sagicor's Underwriting Department for final decision. We reserve the right to require an examination or any other evidence of insurability deemed necessary to evaluate an application.

Good Field Underwriting

Carefully ask all of the application questions and accurately record the answers. Report additional information whenever possible, especially when the problem seems severe or complicated. Keep in mind the following considerations:

- Tobacco use within a 24-month period will warrant a tobacco rating.
- During the Point of Sale interview, MIB and the Pharmaceutical Database will be checked. Coverage will not be offered if there is conflicting information with the application and the Point of Sale interview, MIB or the Pharmaceutical database.

BUILD CHART - TABLE 4

Applicants with weight outside of the following ranges are not eligible.

Height	Minimum Weight	Maximum Weight
4'8"	74	188
4'9"	76	195
4'10"	79	202
4'11"	82	209
5'0"	84	216
5'1"	87	223
5'2"	90	231
5'3"	93	238
5'4"	96	246
5'5"	99	253
5'6"	102	261
5'7"	105	269
5'8"	109	277
5'9"	112	286
5'10"	115	294
5'11"	118	302
6'0"	122	311
6'1"	125	320
6'2"	129	329
6'3"	132	338
6'4"	136	347
6'5"	139	356
6'6"	143	365
6'7"	146	375
6'8"	150	384

MEDICAL IMPAIRMENT

Following are helpful hints to make the Point of Sale interview process go smoothly.

Medical Impairment

The Medical Impairment information has been developed to assist you in determining an applicant's insurability. The information is not all inclusive and combinations of conditions may cause a rating over Table 4 mortality.

If you have any questions regarding medical conditions not listed, please contact our Underwriting Department at 1-888-724-4267 extension 4650.

Eligible Insureds

All applicants issued thru Table 4 as standard for the Interest Sensitive Single Premium Whole Life and Fixed Indexed Single Premium Whole Life.

Point of Sale plans are not Guaranteed Issued.

Telephone Interview

Good Field Underwriting is invaluable for these products. Carefully ask all of the application questions and accurately record the answers. This document is an important tool to your success with Sagicor's Point of Sale Process. Please make sure that you are completely familiar with all the details of the program before contacting an applicant.

After fully completing the application you need to complete the Point of Sale process with the telephone interview. The interview is designed to confirm the answers given on the application.

The applicant must always complete the telephone interview without assistance from the producer or another person, unless that person is a Sagicor approved translator.

IN ORDER TO SHORTEN THE INTERVIEW PROCESS, IF THE APPLICANT IS TAKING MEDICATIONS PLEASE ASK THEM TO HAVE A LIST OF THEM AVAILABLE. THEY SHOULD LIST THE MEDICATIONS BY NAME, DOSAGE, HOW LONG THEY HAVE BEEN TAKING THE MEDICATION AND FOR WHAT PURPOSE.

PLEASE ASK THEM TO HAVE A LIST OF THEIR PHYSICIANS WITH ADDRESSES, PHONE NUMBERS AND DATES LAST SEEN AND THE REASON.

SAGICOR'S POINT OF SALE MEDICAL IMPAIRMENT		
Condition	Criteria	Action
AIDS	Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC)	Decline
Alcoholism	Diagnosis of alcohol abuse within the last 10 years	5 years
	Treatment for alcohol abuse	5 years
	Any current alcohol use	Decline
Alzheimer's	Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease	Decline
Amputation	Caused by disease	Decline
Anemia	Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female	Decline
	Diagnosis of Thalassemia or Sideroblastic anemia	Decline
Aneurysm	Not treated	Decline
Angina	See Heart Disease	
Angioplasty	See Heart Disease	
Arthritis	Rheumatoid-minimal, slight impairment	Accept
	Rheumatoid-all others (Severe)	Decline
Asthma	If age 10 or less at diagnosis	Decline
	Hospitalized or seen in ER 2 or more time, used steroid medication or required oxygen in the past 12 months	Decline
	Combined with Tobacco Use Smoker	Decline
Bladder	History of neurogenic bladder, bladder paralysis, tumors, cysts or hospitalizations	Decline
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline
	Other causes	Refer
By-pass Surgery	See Heart Disease	
Cancer	Basal or Squamous cell skin carcinoma	Accept
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Refer
	All others	Refer
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)	History of COPD/COLD, pulmonary embolism, collapse lung Pneumothorax, or lung nodules, cysts or tumors in the past 5 years	Mild Accept
	History of oxygen use, steroid use, abnormal pulmonary function tests, or hospitalization in the past 5 years	Decline
Cirrhosis of the Liver	History of cirrhosis of fibrosis. History of elevated liver function tests, cysts or tumors or diagnosis of excessive alcohol use within the past 5 years	Decline
Congestive Heart Failure (CHF)		Decline
Crohn's Disease	History of Crohn's Disease - If within 3 years	Decline
Cystic Fibrosis		Decline

SAGICOR'S POINT OF SALE MEDICAL IMPAIRMENT		
Condition	Criteria	Action
Diabetes	Diagnosis under age 40	Decline
	Blood sugar not checked in the past 6 months, insulin dependent, advised of uncontrolled blood sugars in the past 12 months	Decline
	Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss	Decline
	If on oral medication and controlled	Accept
Down's Syndrome		Decline
Driving Record	DUI is within one year or 3 or more driving violations or combination thereof	Decline
	License currently suspended	Refer
Drug Abuse	Diagnosis of substance abuse within the last 10 years	Decline
	Treatment for drug abuse	Decline
	Relapses or abuse of another substance after initial treatment	Decline
Emphysema	Minimal Impairment	Accept
Epilepsy	Convulsions within the last 12 months	Decline
Felony	Convicted of felony within the past 5 years or awaiting trial for a felony	Decline
Gallstones	More than one episode of gallstones in the past 12 months other than the removal of the gallbladder	Accept
Headaches	Headaches that have increased in frequency or severity	Decline
	Headaches that have required hospitalization or abnormal tests results within the past 2 years	Decline
	Currently under evaluation or been advised to have further evaluation or testing done for headaches	Decline
Heart Disease	Includes heart attack, or failure, or stroke or TIA diagnosis	Decline
	Any other disease/disorder of the heart or blood vessels	Decline
	Diagnosis of atrial fibrillation/flutter, cardiac arrest, sick sinus syndrome or ventricular fibrillation/flutter	Decline
Heart Murmur	History of surgery	Refer
Hepatitis	Diagnosed with Hepatitis A in the past 12 months and did not make a complete recovery	Decline
	Diagnosed with Hepatitis B or C, chronic Hepatitis or any other form Hepatitis (besides A)	Decline
High Blood Pressure	Under age 45 and BP is greater than 150/97 (T2) 165/97 (T4)	Decline
	Over age 45 and BP is greater than 160/97 (T2) and 170/98 (T4)	Decline
Hodgkin's Disease		Decline
Hypothyroidism or Hyperthyroidism	If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment	Decline
Human Immunodeficiency Virus (HIV)	Positive test results for Human Immunodeficiency Virus (HIV)	Decline

SAGICOR'S POINT OF SALE MEDICAL IMPAIRMENT		
Condition	Criteria	Action
Kidney Disease	Kidney Failure	Decline
	Insufficiency or any other disease or disorder of the kidneys	Decline
	Nephrectomy	Decline
	Polycystic Kidney Disease	Decline
	Transplant recipient	Decline
Leukemia		Decline
Liver Impairments	Any associated history of liver disease/disorder	Decline
Lupus Erythematosus (SLE)	Systemic	Decline
Melanoma		Decline
Mental or Nervous Disorder	Within the last 5 years hospitalization or history of psychosis, bipolar disorder, major depression or manic-depressive disorder	Refer
	History of hospitalization, use of Lithium, Haldol, or Thorazine or continuing psychotherapy	Refer
	If anxiety or situation depressions-could possibly accept	
Multiple Sclerosis		If mild Accept
Muscular Dystrophy		Refer
Pacemaker		Refer
Pancreatitis	If more than a single attack within a year	Refer
	If history of a pancreatic cyst, tumor or unresolved abscess	Decline
Paralysis	Includes paraplegia and quadriplegia	Decline
Parkinson's Disease	If Mild	Accept
	Severe, Progressive	Decline
Peripheral Vascular Disease		Refer
Probation	If currently on probation	Decline
Prostate	History of elevated PSA test results within the past 2 years	Decline
	History of prostate tumors other than BPH (benign prostatic hypertrophy)	Decline
Pulmonary Embolism	Single Episode	Accept
Rectum or Intestines	More than 1 episode of polyps or tumors in the past 3 years and was not benign	Decline
	History of bleeding, obstructions, or unintended weight loss in the past 12 months	Decline
	Ulcerative Colitis or surgical resection over 1 year	Accept
Reproductive Organs	Disease/disorder of reproductive system:	
	History of abnormal bleeding or abnormal test results within the past two years	Decline
	History of tumors, polyps, cysts, or fibroids in the past 2 years	Decline
	Evaluated or advised to have further evaluation or surgery	Decline
Seizures	History of seizures lasting 30 minutes or concurrent seizures without recovery in between episodes	Decline

SAGICOR'S POINT OF SALE MEDICAL IMPAIRMENT		
Condition	Criteria	Action
Stomach	History of bleeding, coughing up blood, or unintended weight loss in the last 12 months. Any history of strictures, obstructions, duping or erosion of stomach lining or hospitalizations in the past 12 months	Decline
Stroke, CVA Subarachnoid Hemorrhage	Within 5 years	Decline
Suicide Attempt	Any history of suicide attempts or thoughts within the last 10 years	Decline
Transplant, Organ or Bone Marrow	History of transfusion, stem cell or bone marrow treatment	Decline
Tuberculosis	Less than one year	Decline
Urinary	Urinary obstruction within the last 12 months other than UTI or history of blood or protein in urine	Decline
Weight Reduction Surgery	Within one year no complications	Accept

SAGICOR LIFE INSURANCE COMPANY
4343 N SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85251

UNDERWRITING SERVICES
(888) SAGICOR ext. 4650 or (888) 724-4267 ext. 4650
FAX (800) 324-8943

PRODUCER RESOURCE CENTER
(888) SAGICOR or (888) 724-4267 Opt. 2
FAX (800) 497-7461
www.SagicorLifeUSA.com



LIFE INSURANCE COMPANY