

## Ordering Medical Requirements

If you are using the Easy Application process, you do not need to contact a paramedical company. We order everything that is required. An interviewer will call your client to complete the medical history questions. If there are medical requirements, the interviewer will set up an appointment for the exam and lab tests.

If you are using the Traditional Application process, here are some things to keep in mind when scheduling the exam:

1. Call a Symetra-appointed Paramedical Service Company.

### Preferred Paramed Provider

ExamOne 1-877-933-9261

### Other Approved Paramed Providers

AAPS 1-800-635-1677  
 EMSI 1-800-872-3674  
 Portamedic 1-800-765-1010  
 Superior Mobile Medics 1-800-898-3926

These companies will help you locate an office for the city where you want to schedule the exam.

2. Confirm the specific exam and tests required with the examiner.
3. Follow up on your appointments with the examiner and mention that you would like a call when scheduling is confirmed, or when the exam is completed.
4. If using the Quick Check exam, be sure to complete the medical history questions on the Part II application.

To help prepare your client for the insurance exam, we have developed a handout, titled "Important Information About Your Insurance Exam," that describes the exam and other studies (Form LU-521, available through your regular supply channels).

Check the status of your applications in the online pending report:

- 1) Log on to <http://www.symetra.com>
- 2) Click on **Log in to My Account** (top right on page)
- 3) Click on **Pending Business Report** (under Top Tools heading)
- 4) Click on **Life Pending Report**

If you have any questions, please call us at 1-800-796-3872.

## Financial Underwriting Guidelines

Life insurance replaces a beneficiary's financial loss resulting from the insured's death. The amount of this loss is estimated by the underwriter at issue time, using formulas as guidelines.

In most cases, the financial need is obvious. However, for cases involving large amounts, and for unusual situations, financial justification needs to be established.

**Please send a cover letter along with the application, when the purpose of the insurance is primarily cash accumulation, when the face amount is above \$1,000,000, or when the financial loss to the beneficiary is unclear.**

In this letter tell us what the financial loss to the beneficiary will be, how the amount was determined, and the details of any other large amount policies in force or recently applied for. Please include the purpose, amount, beneficiary and status.

Financial statements are required on applications over \$2,000,000. Please make copies and send them with the application. If financial statements are to follow, please indicate this in your cover letter. When financial documentation is not readily available, complete the Financial Information Supplement (Form LUC-32, available through your regular supply channels). We will attempt to obtain any additional financial documentation necessary through an inspection company.

If the policy owner is an incorporated business—LLC, S-Corp or C-Corp—please include with the application a copy of the corporate resolution, listing the corporation's approved signers.

## Financial Guidelines

### Personal Insurance

PURPOSE/FORMULA		DATA REQUIRED
AGE	FACTOR TIMES EARNED INCOME	Cover letter explaining your knowledge of the proposed insured if amount is over \$1,000,000.
20-25	20	
26-30	30	
31-40	25	
41-50	20	
51-55	15	
56-65	10	
66 and up	5	

### Estate Conservation

To provide for future growth in estate value, use the following guidelines:

The face amount should equal the Federal estate tax on the amount resulting from multiplying the current net estate value by these growth factors:

Through age 60	6% for 10 years = Multiply by 1.8
Ages 61 thru 65	6% for 8 years = Multiply by 1.6
Ages 66 thru 70	6% for 6 years = Multiply by 1.4
Ages 71 thru 80	6% for 3 years = Multiply by 1.2

### Creditor—Personal: Term of Loan at Least 5 Years

PURPOSE/FORMULA	DATA REQUIRED
100% of current loan balance. Any future excess insurance payable to personal beneficiary or estate. The total line of insurance to be within Personal Insurance limit (see above).	Cover letter explaining length of loan, loan purpose and current loan balance, when coverage amount exceeds \$1,000,000.

### Key Employee

PURPOSE/FORMULA	DATA REQUIRED
5-10 times annual income (salary + bonus). Up to 15 times annual income when evidence demonstrates greater loss to the company.	Cover letter explaining proposed insured's key value to the business when amount exceeds \$1,000,000 or if amount is more than 10 times income.

### Buy-Sell/Buyout

PURPOSE/FORMULA	DATA REQUIRED
Percentage of ownership times value of the business.	For amounts over \$1,000,000, submit: <ul style="list-style-type: none"> <li>• buy-sell agreement</li> <li>• current balance sheet and income statement of partnership or corporation</li> <li>• cover letter explaining basis for business evaluation.</li> </ul>

### Creditor—Business: Term of Loan at Least 5 Years

PURPOSE/FORMULA	DATA REQUIRED
75% of current loan balance. Sole proprietorship creditor coverage considered as personal insurance.	Cover letter explaining length of loan, loan purpose and current loan balance, when coverage amount exceeds \$1,000,000.  Business Financial Statement if amount exceeds \$1,000,000.

### Charitable Contributions

PURPOSE/FORMULA	DATA REQUIRED
Average contribution for past 3-5 years times life expectancy based on current age.	Contribution record and cover letter.

### Juvenile

PURPOSE/FORMULA	DATA REQUIRED
Up to 50% of amount of insurance on parent.  Equal amounts for all juvenile children in family.	For amounts over \$100,000, explain family background, including amounts of parents' coverage, parents' incomes, family net worth.

### Overall Limits—Combination of Purposes

PURPOSE/FORMULA	DATA REQUIRED
Sum of personal insurance plus key employee insurance to the extent the key employee coverage is not essentially personal coverage.	As indicated above plus any pertinent data available for consideration.

### Exceptions

PURPOSE/FORMULA	DATA REQUIRED
Exceptions to all limits will be considered with well-documented information and explanatory letter.	

### Beneficiary

If the beneficiary is a trust, provide the name and date of the trust agreement.

If there are multiple primary beneficiaries, indicate each beneficiary's share of the proceeds in percentages, rather than in dollar amounts.

As a service to your clients, we will prepare endorsements for complex beneficiary designations. Please explain the arrangement desired in a cover letter when submitting the application.

### Attending Physician Statement in Lieu of Exam

We will accept an Attending Physician Statement (APS) report of a complete routine checkup within 6 months if the results are equivalent to an insurance examination, the applicant has no significant impairments, and the medical questions on the application are complete, within these limits: age 0-50, \$500,000.

Other medical information obtained from tests, such as blood profile, fingerstick and EKG, must still be provided. Paramedical examiners can administer the needed tests without performing a complete paramedical exam.

We may request a regular insurance exam if the information in the APS is not equivalent to what we ordinarily obtain in an insurance exam.

### Additional Coverage

To request additional coverage on applications underwritten within 6 months, submit a new application with all questions answered. Beyond 6 months follow regular underwriting requirements for a new policy.

When other Symetra Life coverage is in force determine requirements for the total of the current face amount plus the amount issued in the past 5 years. Add to the current examination and studies any requirements for the total which have not been previously completed. For assistance in determining underwriting requirements, please contact Individual Life Underwriting.