



Underwriting Guidelines and Requirements

At Guardian®, the Life Underwriting Team strives to issue business expeditiously. Here are some of the most recent updates and changes.

Face Amount	Ages 15-16	17-30	31-40	41-50	51-60	61-65	66-69	70 and Over
\$25,000 to \$99,999		Medical Supplement (Part II): • Non-Med OR • eMed						Paramed Urine
\$100,000		Medical Supplement (Part II): • Non-Med OR • eMed						Paramed Urine Older Age Q
\$100,001 to \$249,999		Urine						
\$250,000		Medical Supplement (Part II): • Non-Med OR • eMed Blood and Urine						Paramed Blood and Urine Older Age Q
\$250,001 to \$1,000,000				Medical Supplement (Part II): • Paramed OR • eMed and Physical Measurements Blood and Urine				
\$1,000,001 to \$3,000,000						Medical Supplement (Part II): • Paramed OR • eMed and Physical Measurements Blood and Urine EKG		Paramed Blood and Urine EKG Older Age Q Third-Party Financial Documentation
\$3,000,001 to \$5,000,000		Paramed Blood and Urine				Paramed Blood and Urine EKG	Paramed Blood and Urine EKG LBS or Financial Supplement signed by agent and client	
\$5,000,001 to \$10,000,000		Paramed Blood and Urine LBS or Financial Supplement signed by agent and client		Paramed Blood and Urine EKG LBS or Financial Supplement signed by agent and client			Paramed Blood and Urine EKG Third-Party Financial Documentation	Paramed Blood and Urine EKG Older Age Q Inspection Report Third-Party Financial Documentation
\$10,000,001 to \$20,000,000				Paramed Blood and Urine EKG Third-Party Financial Documentation		Paramed Blood and Urine Stress EKG Third-Party Financial Documentation		
\$20,000,001 and over		Paramed Blood and Urine Third-Party Financial Documentation						

Key:
Non-Med = Paper Medical Supplement form completed with agent
Paramed = Paramedical Examination
Physical Measurements = Height, weight, blood pressure, pulse and chest measurements (males only) collected by paramed examiner
eMed = Medical Supplement completed electronically by client
Urine = Urine/HIV
Blood = Full Blood Profile
Older Age Q = Older Age Questionnaire
LBS¹ = The Living Balance Sheet® (This is a detailed financial document of assets, liabilities, net worth and income.)

Attending Physician's Statement (APS) guideline summary

Ages	Face Amount	Guideline
0-19	\$750,001 and over	APS required if physician consulted within the last 12 months
20-49	\$2,000,001 and over	APS required if physician consulted within the last 12 months
50-59	\$1,000,001 and over	APS required if physician consulted within the last 12 months
60-64	\$250,001 and over	APS required if physician consulted within the last 12 months
65+	All amounts	Over age 70, client must have consulted a physician within the last 12 months to be considered for coverage

Higher face amount cases may require medical records for doctor consultations that occurred more than 12 months ago and at the discretion of the underwriter.

When to order an APS

There are certain conditions that will almost always require an APS. They include, but are not necessarily limited to:

- Alcohol/drug treatment
- Cancer and tumors within 10 years (include pathology reports)
- Cerebrovascular accidents/transient ischemic attack (TIA) / stroke
- Crohn's disease/ulcerative colitis
- Diabetes
- Emphysema/COPD
- Epilepsy/seizures
- Heart disease (coronary artery disease [CAD]/ valvular disease/heart attack/arrhythmia, etc.)
- Liver and kidney disorders
- Mental disorders requiring multiple medications or hospitalization
- Neurological disorders (Parkinson's disease/ multiple sclerosis [MS])

When not to order an APS

Do **not** order an APS for the following:

- Examination/consultation for employment, premarital, school, military, Federal Aviation Administration (FAA), routine gynecological exams if application indicates "Within Normal Limits"
- For simple fractures, pregnancy resulting in routine delivery, or routine surgery (such as tonsillectomy, hernia repair, or an appendectomy)
- If the consultation was before the date of the last application (Life or Disability) to Guardian, GIAC, or Berkshire Life and an APS was included in the prior underwriting file

Additional information

APS ordering reminders

It is important to include the date(s) the physician or medical facility was last consulted, the reason(s) they were consulted, the symptoms, diagnosis, and treatments (including tests completed), results and recommendations. Special attention to these details may help limit the number of Attending Physician's Statements required.

The underwriter reserves the right to request or order any additional APS or underwriting requirements as deemed necessary.

APS: ordering priority – multiple physicians:

For ages under 50 for \$1,000,000 or less, please do not order multiple APS's without prior underwriter approval.

Where several physicians are mentioned for a condition, attempt to establish from whom to request the APS on the following basis:

1. The principal physician who has treated the most recent disorder
2. The regular family physician, if indications are that he/she has been consulted for that disorder
3. If more than one doctor has been consulted for a condition, the APS should be sent to the one who would have the complete, up-to-date record. If a specialist has been consulted, the regular physician will usually have the specialist's report

Examples of acceptable third-party financial documentation

Income (Earned)	Federal tax return, W-2, 1099
Cash/CDs	Current bank/financial institution statement
Equities	Current brokerage statement
Real Estate	Complete listing of properties held, including addresses and ownership percentages, current property tax statements or assessments, appraisals and title (to prove ownership if not on property tax statement)
Business Interests	Federal tax return along with audited statements (balance sheet and income statement), proof of ownership via articles of organization or incorporation

Please note: Signed financial statements (from a CPA or attorney) or audited financial documents may be used in lieu of the suggested documentation listed, subject to underwriter approval.

Juvenile underwriting

- For all amounts, the Application for Individual Life Insurance and the Medical Supplement are required. An APS may be requested at the underwriter's discretion.
- For amounts of \$750,001 and up, an APS is required. An M172 completed by the child's physician is required if the child has not had a checkup in the past year.
- An M172 or APS is required for all amounts if the agent did not see the child within 30 days of the application.

Key considerations

1. An underwriter reserves the right to order additional requirements as deemed necessary. Additional Underwriting requirements, including Motor Vehicle Reports (MVR), LifePlus reports and database searches, may be ordered by the Home Office.
 - The Home Office will order an MVR on all cases when an Accidental Death Benefit (ADB) of \$100,000 or more is requested. An MVR will also be ordered on cases ages 17-30 with face amounts over \$250,000, and ages 31 and up with face amounts over \$1,000,000.
 - The Home Office will order a LifePlus report for all face amounts over \$1,000,000.
2. Underwriting requirements are based on the total amount currently applied for at Guardian, plus any insurance issued by Guardian within the last six months.
 - If applying for Guaranteed Purchase Option (GIO), Whole Life Purchase Option (WLPO) and/or ADB riders, the underwriting requirements are based on the total first-year coverage and do not include the death benefit amount of the riders.
 - For survivorship cases: Underwriting requirements are based on 60% of the total death benefit, except for laboratory requirements (i.e., blood/urine), which are determined at 100%.
3. In general, underwriting requirements such as a paramed exam are considered current if they are completed within the last 12 months for applicants ages 65 or younger, and within the past six months for applicants ages 66 and older. Labs, EKGs and treadmills are good for up to 12 months. The underwriter has the discretion to require a Health Certificate or current paper Medical Supplement to update the original application Medical Supplement (Part II).
4. An approved paramedical facility must be used for all medical underwriting requirements. eMeds from other carriers are not accepted.
5. The completion of a supplemental Older Age Questionnaire is required for issue ages 70 and older for face amounts of \$100,000 and greater, and for ages 80 and older at all amounts. The Questionnaire includes delayed word recall, cognitive questions and a mobility assessment to be administered by the examiner.

The Guardian Life Insurance
Company of America

guardianlife.com

New York, NY

Rider form numbers 18-GIO, 05-R31 GLT, 86-R1
Pub4501 (05/19) 2019-79520 (Exp. 05/21)

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Please note: Underwriting reserves the right to request additional information, including other financial verification, as needed. Additional data sources, including Motor Vehicle Reports (MVR), database searches, and LifePlus reports, may be ordered by the Home Office.

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