

## Approved Paramedical Companies:

**Portamedic: 1-800/765-1010 • EMSI: 1-800/872-3674 • APPS: 1-800/727-2999 • ExamOne: 1-877/933-9261**

### INSTRUCTIONS

The purpose of this guide is to help an agent accurately identify appropriate rate classes. It is not appropriate for a potential applicant to complete the chart below.

1. Find the appropriate product in the top-far-left column below. The chart displays the available classes for each product.
2. Determine each health factor question starting with "No Tobacco Use."
3. For each health factor question in the far-left column, place a checkmark in the appropriate answer box on the right.
4. The furthest-right column with a checkmark in it is the class you should quote for that client regardless of how many check marks appear in the columns to the left of it.

Example: A single check mark under "Standard NT" requires you to quote Standard Non-Tobacco.

5. Once a Tobacco selection has been made, answer only those questions in the columns listed under Nontobacco or Tobacco.

Premiums are based on Sex, Age, and Underwriting Class of the Insured. Premium rates will ultimately depend on the outcome of the underwriting process and may vary significantly from what is shown on the quotation.

### AGLA Products Preferred Criteria

AGLA \$100,000 or Greater	N/A	Preferred NT	N/A	Standard NT	N/A	Standard Tobacco
AGLA Universal Life	N/A	Preferred NT	N/A	Standard NT	Preferred Tobacco	Standard Tobacco
AGLA ConsumerChoice Term <sup>SM</sup> AGLAFlex Term	Preferred Plus	Preferred NT	Standard Plus	Standard NT	Preferred Tobacco	Standard Tobacco
<b>No Tobacco Use</b>	<input type="checkbox"/> 5 years or more	<input type="checkbox"/> 3 years or more	<input type="checkbox"/> 2 years or more	<input type="checkbox"/> 1 year or more	<input type="checkbox"/> Use within past year	<input type="checkbox"/> Use within past year
<b>Personal History<sup>1</sup></b>	<input type="checkbox"/> No cancer history or ratable impairment	<input type="checkbox"/> No cancer history or ratable impairment	<input type="checkbox"/> No cancer history or ratable impairment	<input type="checkbox"/> Cancer history or ratable impairment	<input type="checkbox"/> No cancer history or ratable impairment	<input type="checkbox"/> Cancer history or ratable impairment
<b>Hazardous Occupation, Aviation, or Avocation?</b>	<input type="checkbox"/> No (If "Yes" quote Standard)	<input type="checkbox"/> No (If "Yes" quote Standard)	<input type="checkbox"/> No (If "Yes" quote Standard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No (If "Yes" quote Standard Tobacco)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cholesterol<sup>2</sup></b> If unknown, quote Standard Plus.	<input type="checkbox"/> Cholesterol is 205 or less	<input type="checkbox"/> Cholesterol is 206 to 235	<input type="checkbox"/> Cholesterol is 236 to 250 <input type="checkbox"/> Don't Know	<input type="checkbox"/> Cholesterol is greater than 250	<input type="checkbox"/> Cholesterol is 235 or less	<input type="checkbox"/> Cholesterol is greater than 235
<b>Blood Pressure<sup>2</sup></b> If being treated for blood pressure, quote Standard.	<input type="checkbox"/> Age 0-60 and BP 140/85 or Age 61+ and BP 150/85 <input type="checkbox"/> Don't know and not being treated for high blood pressure	<input type="checkbox"/> Age 0-60 and BP 145/88 or Age 61+ and BP 155/88 <input type="checkbox"/> Don't know and not being treated for high blood pressure	<input type="checkbox"/> Age 0-60 and BP 150/92 or Age 61+ and BP 160/92 <input type="checkbox"/> Don't know and not being treated for high blood pressure	<input type="checkbox"/> Greater than Standard Plus or being treated for high blood pressure	<input type="checkbox"/> Age 0-60 and BP 145/88 or Age 61+ and BP 155/88 <input type="checkbox"/> Don't know and not being treated for high blood pressure	<input type="checkbox"/> Greater than Preferred Tobacco or being treated for high blood pressure
<b>Build</b> See chart on reverse side	<input type="checkbox"/> Preferred Plus per chart	<input type="checkbox"/> Preferred NT per chart	<input type="checkbox"/> Standard Plus per chart	<input type="checkbox"/> Greater than Standard Plus per chart	<input type="checkbox"/> Preferred Tobacco per chart	<input type="checkbox"/> Greater than Preferred Tobacco per chart
<b>MVR</b>	<input type="checkbox"/> 1 violation in 3 years, No DUI, Reckless, Revocation or Suspension in 5 years	<input type="checkbox"/> 2 or less violations in 3 years, No DUI, Reckless, Revocation or Suspension in 5 years	<input type="checkbox"/> 2 violations in 3 years, No DUI, Reckless, Revocation or Suspension in 5 years	<input type="checkbox"/> 3 violations in 3 years or DUI, Reckless, Revocation or Suspension in 5 years	<input type="checkbox"/> 2 or less violations in 3 years, No DUI, Reckless, Revocation or Suspension in 5 years	<input type="checkbox"/> 3 or more violations in 3 years or DUI, Reckless, Revocation or Suspension in 3 years
<b>Family History</b> If "yes," quote Standard.	<input type="checkbox"/> No Coronary Artery Disease or Cancer diagnosed in parents prior to age 60	<input type="checkbox"/> No Coronary Artery Disease or Cancer death in parents prior to age 60	<input type="checkbox"/> One Coronary Artery Disease or Cancer death in parents prior to age 60	<input type="checkbox"/> Does not meet Preferred criteria for Family History	<input type="checkbox"/> No Coronary Artery Disease or Cancer death in parents prior to age 60	<input type="checkbox"/> Does not meet Preferred criteria for Family History

Notes: 1) Examples of Ratable Impairments include Diabetes, Lung Disease (COPD, Emphysema, Asthma), Cerebrovascular Disease (Stroke), Anxiety Disorders, Alcoholism, Heart Disease, etc.  
 2) If the person's blood pressure and/or cholesterol is under treatment, he/she may be considered for a lower classification by the Home Office Underwriting Department based on actual findings and medical history.  
 In addition: Family history can be disregarded if the proposed insured is age 66 or older. Gender specific cancers can be disregarded at all ages (Male insured: disregard mother hx, breast, ovarian, cervical cancer. Female insured disregard father hx prostate, testicular cancer)

# AGLA<sup>®</sup>

American General Life and Accident Insurance Company

## Underwriting Quick Reference Guide

**AGLA Life Products\***

**American General Life and Accident Insurance Company**

The underwriting risks, financial obligations and support functions associated with the products issued by American General Life and Accident Insurance Company (AGLA) are its responsibility. AGLA does not solicit business in the states of New York and Wyoming.

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\*Excluding AGLA LegacyPlus<sup>®</sup>

## AGLA Underwriting Requirements

AGES	AMOUNT	REQUIREMENTS
0 - 17	\$0 - \$99,999 \$100,000 and above	Home Office will determine Home office will order TIS or APS (APS as required by chart below), 16 - 17 MVR
18 - 39*	\$0 - \$99,999 \$100,000 - \$500,000 \$500,001 - \$1,500,000 \$1,500,001 - \$5,000,000 \$5,000,000 - \$10,000,000 > \$10,000,000	Oral Fluid Paramed, BP, Urine, MVR Paramed, BP, Urine, MVR; FQ and TIS > \$1,000,000 Paramed, BP, Urine, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, TPF, Inspection
40 - 44*	\$0 - \$99,999 \$100,000 - \$500,000 \$500,001 - \$1,500,000 \$1,500,001 - \$5,000,000 \$5,000,001 - \$10,000,000 > \$10,000,000	Oral Fluid Paramed, BP, Urine, MVR at \$500,00 Paramed, BP, Urine, EKG, MVR; FQ and TIS > \$1,000,000 Paramed, BP, Urine, EKG, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, Inspection MD Exam, BP, Urine, TEKG, MVR, EFQ, TPF, Inspection
45 - 49*	\$0 - \$99,999 \$100,000 - \$499,999 \$500,000 - \$1,500,000 \$1,500,001 - \$5,000,000 \$5,000,001 - \$10,000,000 > \$10,000,000	Oral Fluid Paramed, BP, Urine Paramed, BP, Urine, EKG, MVR; FQ and TIS > \$1,000,000 Paramed, BP, Urine, EKG, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, TPF, Inspection MD Exam, BP, Urine, TEKG, MVR, EFQ, TPF, Inspection
50 - 55*	\$0 - \$49,999 \$50,000 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$1,500,000 \$1,500,001 - \$5,000,000 \$5,000,001 - \$10,000,000 > \$10,000,000	Oral Fluid Paramed, BP, Urine, EKG, MVR \$500,000 and above Paramed, BP, Urine, EKG, MVR, FQ TIS Paramed, BP, Urine, EKG, MVR, FQ, TIS Paramed, BP, Urine, EKG, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, Inspection MD Exam, BP, Urine, TEKG, MVR, EFQ, TPF, Inspection
56 - 60	\$0 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$1,000,000 \$1,000,001 - \$1,500,000 \$1,500,001 - \$5,000,000 \$5,000,001 - \$10,000,000 > \$10,000,000	Oral Fluid Paramed, BP, Urine Paramed, BP, Urine, EKG, MVR \$500,000 and above Paramed, BP, Urine, EKG, MVR, FQ, TIS Paramed, BP, Urine, EKG, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, TPF, Inspection MD Exam, BP, Urine, TEKG, MVR, EFQ, TPF, Inspection
61 - 66	\$0 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$500,000 \$500,001 - \$1,500,000 \$1,500,001 - \$3,000,000 \$3,000,001 - \$10,000,000 > \$10,000,000	Paramed, Urine Paramed, BP, Urine Paramed, BP, Urine, EKG, MVR at \$500,000 Paramed, BP, Urine, EKG, MVR, FQ and TIS > \$1,000,000 Paramed, BP, Urine, EKG, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, TPF, Inspection MD Exam, BP, Urine, TEKG, MVR, EFQ, TPF, Inspection
67 - 70	\$0 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$500,000 \$500,001 - \$1,500,000 \$1,500,001 - \$3,000,000 \$3,000,001 - \$10,000,000 > \$10,000,000	Paramed, Urine Paramed, BP, Urine Paramed, BP, Urine, EKG, MVR Paramed, BP, Urine, EKG, MVR, FQ and TIS > \$1,000,000 Paramed, BP, Urine, EKG, MVR, FQ, Inspection Paramed, BP, Urine, EKG, MVR, EFQ, TPF, Inspection MD Exam, BP, Urine, TEKG, MVR, EFQ, TPF, Inspection
71+	\$0 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$3,000,000 > \$3,000,000	Paramed, Urine Paramed, BP, Urine Paramed, FT, BP, Urine, EKG, MVR, CT, 71+IR MD Exam, FT, BP, Urine, EKG, MVR, CT, 71+IR, FQ MD Exam, FT, BP, Urine, EKG**, MVR, CT, 71+IR, FQ, TPF

\*\* treadmill for cause only

<b>APS</b> Attending Physician's Statement	<b>Oral Fluid</b> Oral fluid specimen collected by the agent at the time of the application.
<b>BP</b> A Blood Specimen drawn by the Paramedical Examiner (includes urine)	<b>Paramed</b> An examination by an approved Paramedical Examiner (includes medical history).
<b>CT</b> Cognitive Test. Completed as part of the 71+IR	<b>RxDB</b> A prescription data base.
<b>EKG</b> A resting electrocardiogram. Arrangements for this should be made through the Paramedical Examiner	<b>TEKG</b> A treadmill electrocardiogram. Arrangements for this should be made through the Paramedical Examiner.
<b>FQ</b> Financial Questionnaire - Form AGLA2181F	<b>TIS</b> A telephone report completed in the Home Office.
<b>FT</b> Functional test (Gait and Chair Stand). Completed by Paramedical Examiner	<b>TPF</b> Third Party Financials - Balance Sheets and Income Statements signed off by an accountant or CPA.
<b>Inspection</b> A background report completed by a Commercial Inspection Company. Ordered by the Home Office.	<b>Urine</b> A urine specimen collected by the Paramedical Examiner at the time of the examination.
<b>MIB</b> Medical Information Bureau	<b>71+IR</b> Inspection report completed by a Commercial Inspection Company. Ordered by Home Office. Includes Cognitive test.
<b>MD Exam</b> An examination by a Medical Doctor. Arrangements for this should be made through the Paramedical Exam Service.	
<b>MVR</b> Motor Vehicle Report. Ordered by Home Office.	

## Universal Life Plans

AGES	AMOUNT	STREAMLINED UNDERWRITING REQUIREMENTS
18 - 40	\$0 - \$249,999	STANDARD RATE CLASS, Oral Fluid, MVR at \$50,000
41 - 50	\$0 - \$249,999	STANDARD RATE CLASS, Oral Fluid, MVR at \$100,000

**MIB** Ordered from Home Office on all Life applications.  
**RxDB** Ordered from Home Office on ages 71 + \$100,000 and above.  
 Ordered from Home Office all ages \$500,000 and above.

## AGLA APS Requirements

AGES	AMOUNT	
0 - 5	> \$249,999	
0 - 17	> \$500,000	
18 - 39	> \$2,000,000	
40 - 59	> \$1,000,000	
60 - 80	\$100,000 and up	
81+	\$500,000 and up	

## PREFERRED BUILD CHART FEMALE

HEIGHT	PREFERRED PLUS		PREFERRED NT		STANDARD PLUS		PREFERRED TOB		
	Ft	In.	Low	High	Low	High	Low	High	
4	8	82	123	81	134	80	141	81	134
4	9	84	127	84	139	83	146	84	139
4	10	87	132	86	144	85	151	86	144
4	11	90	137	89	149	88	157	89	149
5	0	92	142	91	154	90	162	91	154
5	1	94	147	93	159	92	167	93	159
5	2	97	151	96	163	95	173	96	163
5	3	99	156	97	168	96	178	97	168
5	4	101	161	100	173	99	183	100	173
5	5	103	165	102	178	101	189	102	178
5	6	106	170	104	183	103	195	104	183
5	7	107	175	106	188	105	200	106	188
5	8	111	180	110	194	108	206	110	194
5	9	114	185	112	199	111	211	112	199
5	10	117	190	116	205	114	217	116	205
5	11	120	195	118	210	117	222	118	210
6	0	122	200	121	216	120	228	121	216
6	1	126	206	124	222	123	234	124	222
6	2	128	211	127	229	126	240	127	229
6	3	132	217	131	235	129	246	131	235
6	4	136	223	134	242	132	253	134	242
6	5	139	229	137	248	136	259	137	248
6	6	143	235	141	255	139	265	141	255
6	7	145	241	144	261	142	272	144	261

## PREFERRED BUILD CHART MALE

HEIGHT	PREFERRED PLUS		PREFERRED NT		STANDARD PLUS		PREFERRED TOB		
	Ft	In.	Low	High	Low	High	Low	High	
4	8	83	126	82	137	81	145	82	137
4	9	85	131	84	142	83	150	84	142
4	10	88	136	87	147	86	155	87	147
4	11	92	141	91	153	90	161	91	153
5	0	96	146	95	158	94	166	95	158
5	1	99	150	98	163	97	172	98	163
5	2	103	155	102	168	101	177	102	168
5	3	107	160	106	173	105	183	106	173
5	4	110	164	109	178	108	188	109	178
5	5	114	169	112	183	111	194	112	183
5	6	117	174	116	188	114	200	116	188
5	7	121	179	119	193	118	206	119	193
5	8	123	184	122	199	120	211	122	199
5	9	128	189	126	204	125	217	126	204
5	10	130	195	129	210	127	223	129	210
5	11	134	200	132	215	131	229	132	215
6	0	137	205	136	221	134	235	136	221
6	1	142	211	140	227	138	241	140	227
6	2	145	217	144	234	142	248	144	234
6	3	149	222	147	240	145	255	147	240
6	4	152	228	151	246	149	261	151	246
6	5	157	234	155	253	153	268	155	253
6	6	161	240	159	260	157	275	159	260
6	7	165	245	164	266	162	282	164	266
6	8	169	250	168	272	167	289	168	272
6	9	174	255	173	278	172	296	173	278