

THE CONFIDENCE AND INSIGHT YOU CAN OFFER

TRANSAMERICA UNDERWRITING PRIMER:
TIPS, FAQs, AND COMMON IMPAIRMENTS



No one likes surprises when they're writing business. In an ever-changing landscape, tools that empower you with knowledge to quickly and efficiently help clients obtain coverage can help set your practice apart.

The **Transamerica Underwriting Primer: Tips, FAQs, and Common Impairments** is designed to position your submissions for success while enhancing the value you deliver and creating a superior experience for your clients.

This guide:

- Shows what distinguishes Transamerica underwriting from other providers
- Provides you with insight to confidently broach delicate topics in a caring, sensitive manner
- Points out common underwriting pitfalls and how to avoid them
- Describes certain conditions that might impact eligibility and how to handle them
- Details practical information field agents can access to provide a personal approach

Transamerica helps Americans from all walks of life feel better about their financial future. It's what we do, and have been doing for more than 100 years. We're proud of the trust we've earned from the families we've helped. One generation to the next. We offer solutions that help your clients protect what's important to them and live their best lives.

FAQs

Use this guide to see the bigger picture in your clients' lives, and deliver the confidence and insight they are seeking.

WHAT IS TRANSAMERICA'S UNDERWRITING PHILOSOPHY?

Transamerica's goal is to offer the best rate available for the underwritten risk.

We don't expect you to be field underwriting experts. We're here to help you with quick-quoting tools and easy access to underwriters for complex cases.

WHAT DIFFERENTIATES TRANSAMERICA FROM OTHER CARRIERS?

- Expanded nonmedical underwriting up to best class for broad range of issue ages and face amounts
- Extensive experience with mortality and morbidity underwriting
- Seasoned team of underwriters specializing in foreign nationals
- Proficiency in aviation underwriting
- Options like long term care (LTC) and living benefits riders

Beyond offering standard rates, Transamerica may offer preferred rates for the following conditions:

- Smokers may be eligible for preferred smoker rates, depending on age and face amount
- Cancer (e.g. some forms of non-melanoma skin cancers; and some prostate, testicular, thyroid, colon, endometrial, cervical, bladder and renal cancers once 10 years posttreatment)

HOW ARE UNDERWRITING REQUIREMENTS ORDERED?

All requirements will be ordered through Transamerica and administered through Transamerica-approved vendors. As we move to a new world of an enhanced consumer experience, there will be times when not all the traditional evidence will be necessary to determine your customer's insurability. As a result, Transamerica will order all necessary underwriting evidence for your customer, reducing the burden as well as ensuring we only get the necessary information to understand your customer's risk profile. When required, paramed physical findings are ordered by the home office and are completed by an approved third-party vendor.

WHAT CONDITIONS MAY MAKE MY CLIENT INELIGIBLE FOR THE LIVING BENEFIT OR LONG TERM CARE RIDERS?

LIVING BENEFIT RIDERS	ISSUES WITH ELIGIBILITY*		TYPICAL REQUIREMENTS
LTC RIDER AND CHRONIC ILLNESS RIDER	Base life rating greater than table D or \$2.50 flat extra	Residing in continuing care community or facility	Normal base age and amount Copy of green card if not a U.S. citizen LTC personal history interview, over age 59 LTC cognitive screen, over age 59 Attending physician's statement (APS) for cause over age 65 LTC face-to-face assessment, over age 69 Additional requirements at underwriter's discretion
	Carries Medicaid coverage	Chronic medical conditions without regular follow up	
	Having a designated power of attorney	Illicit drug use	
	Any cognitive impairment	Current treatment for cancer	
	Prescribed handicap parking	Current pregnancy through 3 months postpartum	
	Difficulty with ADLs**	To qualify for chronic illness coverage, the morbidity assessment cannot exceed the mortality assessment rate.	
	Use of walker or wheelchair		
LTC and Living Benefit Riders are available to U.S. citizens, green card holders, and valid, eligible visa and employment authorization card holders.			
CRITICAL ILLNESS RIDER	Certain medical conditions such as heart attack, stroke, cancer, end-stage renal failure, major organ transplant, paralysis, AIDS, aplastic anemia, coronary angioplasty, coronary bypass, motor neuron disease, and central nervous disease		Normal base age and amount Additional requirements at underwriter's discretion
	Base life rating greater than Table D or \$2.50 flat extra		
TERMINAL ILLNESS RIDER	Rider is inherent in <i>Trendsetter® Super</i> , <i>Trendsetter® LB</i> , <i>Transamerica Financial Foundation IUL® II</i> , <i>Transamerica Financial Choice IULSM II</i> , <i>Transamerica Financial Foundation IUL®</i> , <i>Transamerica Financial Choice IULSM</i> , and <i>Transamerica LifetimeSM</i> policies.		

WHAT SHOULD I DO IF MY CLIENT HAS SEEN A SPECIALIST, RECEIVED TREATMENT, OR HAS ITEMS THAT MAY APPEAR IN A MIB OR PRESCRIPTION CHECK?

To help your clients obtain the coverage they need, be sure to ask the necessary questions — even the uncomfortable ones. Obtain the following information for all healthcare providers or facilities treating them:

- Provider's name
- Specialty
- Address
- Phone number
- Date last seen
- Reason for last visit
- Results of visit
- Was any testing or treatment recommended?
If yes, details (including type of test, results of testing, and treatment details)
- Frequency of visits (How often seen?)

* Contact underwriting for more information on eligibility.

** ADLs are Activities of Daily Living and include bathing, continence, eating, dressing, toileting, transferring, and personal care/grooming.

WHY DOES AN APS TAKE SO LONG?

The APS, also referred to as an attending physician's statement or medical records, typically extends the underwriting cycle time due to the processing time required by the doctor's office to act on our request to send us the medical records. APS guidelines vary based on age, face amount, and riders. Transamerica typically orders medical records on less than 20% of term life cases, and an APS would generally not be requested for an admitted annual exam that was normal. Oftentimes, an APS is requested when significant medical impairments exist or to resolve any discrepancies in information provided; therefore the more complete and accurate the information on the application, the less likely an APS will be needed.

To expedite the APS process:

- Provide complete and legible doctor contact information, including address, phone, and fax number
- Check the pending report regularly, as some physician offices require special authorization unique to their medical facility that must be completed by the insured before the physician will release records
- Have the proposed insured contact the doctor to request his or her office expedite processing the request

HOW DOES CIGAR USAGE, VAPING, E-CIGARETTES, AND NICOTINE IMPACT UNDERWRITING?

Tobacco use is defined as using any tobacco product such as cigarettes, cigars, chewing tobacco, nicotine patch, lozenge/gum, e-cigarettes,* vapes,* pipes, or hookah within the past 24 months.

Celebratory cigars are considered "tobacco use" but may not result in tobacco rates subject to frequency.

* E-cigarettes and vapes both vaporize a liquid to be inhaled that may or may not contain nicotine. Any use is considered tobacco use since the inhalation of these vaporized liquids with or without nicotine can cause adverse long-term effects to the lungs and respiratory tract.

WHAT ARE JUVENILE GUIDELINES?

We allow coverage for a juvenile up to \$1 million to match parent or legal guardian coverage. Minimum household income must be \$100,000 for juvenile coverage amounts \$500,000 and up. APS records will be requested on juveniles applying for coverage. This does not apply in New York or Washington which have state-specific statutes that take precedence over our guidelines. Call your home office for more information.

COMMON IMPAIRMENTS

DIABETES

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Standard to table 8	At underwriter's discretion	Onset date? Current treatment/medications? Any history of complications? Any ER visits/hospitalization for diabetes? Dates? Any history of comorbidities? Any cardiac surgery? Date and number of vessels affected? Last A1C reading? Last tobacco/nicotine use? Current status of condition/impairment?	Type 1: Age < 20 A1C > 9.0 or uncontrolled Type 2: Age < 30 with a dx > 15 yrs ago. A1C > 10.0 or uncontrolled or: Comorbidities resulting in rating > table 4 Amputation or skin ulcer Hospitalization in last 6 months or multiple stays Peripheral artery disease Stroke in last 12 months Current pregnancy Renal failure	Obesity Cardiovascular disease Heart attack Stroke or TIA Kidney disease/nephropathy Amputation Neuropathy Retinopathy Hypertension Elevated cholesterol or triglycerides Any tobacco or nicotine use
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline			Insulin dependence Juvenile onset A1C > 7.9 or uncontrolled Stroke history	
CHRONIC ILLNESS RIDER¹	Yes	Standard, table A-D, or decline with diabetes	Yes		Current age < 31 Type 1 or insulin dependence Juvenile onset A1C > 7.9 or uncontrolled Stroke history Multiple comorbidities of any additional rating > table 4 Not a U.S. citizen or green card holder	
LTC RIDER	Yes	Standard, table A-D, or decline with diabetes	Yes			
MONTHLY DISABILITY INCOME RIDER	No					

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¹ To qualify for chronic illness coverage, the morbidity assessment cannot exceed the mortality assessment rate.

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*** Potential comorbid conditions compound the overall risk profile and may result in additional debits or a decline in coverage.

CARDIAC CAD/MI

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Age: < 40 - decline 40 to 45 - table 6 to decline 46 to 59 - table 4 to decline 60 & up - table 2 to decline	Yes	Date of heart attack or surgery? Type of surgery (stent, angioplasty, bypass)? Number of vessels? Symptoms since surgery? Any limits on physical activity? Current status of condition? Prescribed medications? Date of last cardiac testing and results? Cardiologist name/address/ phone number and last time seen? Any history of comorbidities?	< 1 month from angioplasty or stent < 3 months from cardiac bypass Current Age < 40 Multiple comorbidities	Stroke or TIA Peripheral vascular disease Obesity Diabetes Hypertension Elevated cholesterol or triglycerides Carotid artery disease Tobacco
CRITICAL ILLNESS RIDER	No	N/A	N/A			
CHRONIC ILLNESS RIDER¹	Yes	Standard if base rate table 4 or better, otherwise decline	Yes		Stroke (CVA), within 2 years, multiple, or in combination with diabetes No medical follow up in last 2 years Any presence of chest pain, shortness of breath, dizziness, arrhythmia	
LTC RIDER	Yes	LTC Rider can be rated standard, Table A - D, or decline with diabetes. LTC Rider can be rated standard, Table A-D, or decline with CAD/ MI history.	Yes			
MONTHLY DISABILITY INCOME RIDER	No					

ANXIETY/MOOD DISORDER (NOT INCLUDING DEPRESSION, MAJOR DEPRESSIVE DISORDERS)*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***	
TERM AND IUL	Yes	Mild* - Stable, no time lost from work, low-dose single medication, no antipsychotic meds, no alcohol abuse or adverse driving - standard Moderate - Satisfactory response to treatment, out-patient therapy, no more than 1-2 weeks off work - tables 2 to 4 Severe or disabled - Suicide attempts, inpatient hospitalization - decline	At underwriter's discretion	Diagnosis? Date of diagnosis? Current medications or treatment? Currently disabled? Any time off work due to condition? Dates off work? Any hospitalizations? Dates of hospitalizations? Any suicide attempts or thoughts? When? Any family history of suicide or attempt? Which member? Any history of comorbidities? Current status of condition?	History of drug and/ or alcohol abuse in last 7 years Hospitalization in last 12 months Suicide attempt or thoughts within last 12 months Multiple suicide attempts	Panic disorder Obsessive-compulsive disorder Cognitive disorders Somatoform disorders Personality disorders Sleep disorders Drug and/or alcohol abuse Suicide attempt Cardiovascular disorders Immune disorders Cancer	
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline					
CHRONIC ILLNESS RIDER¹	Yes						Diagnosis in last 6 months
LTC RIDER	Yes	Mild - preferred to standard Moderate - standard to table D/4					Any hospitalization in last 12 months
MONTHLY DISABILITY INCOME RIDER	No	Severe - decline					

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ASTHMA*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Adult nonsmoker: Mild* – standard to table 2; Moderate – tables 3 to 8; Severe – decline Adult smoker: Mild – tables 2 to 4; Moderate – table 8; Severe – decline Children: < Age 6: all cases – decline Children ages 6 to 17: Mild, diagnosed > 1 year: standard to table 2, otherwise decline	At underwriter's discretion	Date of diagnosis? What symptoms do you have? When do you experience symptoms? Frequency of attacks/symptoms per week? Medications prescribed? How often meds or inhalers are used? How often are nebulizer treatments done? Last date used oral steroids? Last ER or hospital visit and length of stay? Ever have lung surgery? Date? Date of last lung function testing? Results? FEV1%? Last tobacco use? Ever prescribed oxygen? Any history of comorbidities?	Severe condition Use of supplemental oxygen Frequent ER or inpatient visits Poor lung function Noncompliance with treatment	Steroid therapy Polio Low BMI (underweight) Tobacco use Coronary artery disease Hypertension Congestive heart failure Sleep apnea
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Yes					
LTC RIDER	Yes	LTC rider can carry preferred, standard, or table rates A, B, C, & D.				
MONTHLY DISABILITY INCOME RIDER	Yes (with exclusion rider)					

CANCER*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Standard to table 8	Yes	Cancer type? Location? Date of diagnosis? Stage and grade? Any metastasis? Treatment(s) received? Dates of treatments? Remission or cure date? Date of any recurrence? Any history of comorbidities? Any lymph nodes involved? How many?	Watch-and-wait treatment plan Currently under treatment Pending testing or treatment Inability to perform ADLs Elevated PSA, CEA, or other tumor marker Any metastasis or recurrence (for LTC and Chronic Riders) Any diagnosis in last 12 months (MDI Rider)	Any residual organ failure, damage Complications from cancer or treatment Depression, anxiety Chronic pain or fatigue
CRITICAL ILLNESS RIDER	Only non-melanoma, noninvasive skin cancers	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Some forms of bladder, brain, breast, cervical, colon/rectal, esophageal, Hodgkin's disease, Stage I, lymphoma Stage I, some melanomas, pancreas, prostate, stomach, testicular, thyroid, uterine	Standard to table 2				
LTC RIDER						
MONTHLY DISABILITY INCOME RIDER	Internal cancers and melanoma – decline Non-melanoma skin – Yes					

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COPD

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild - tables 2 to 4 Moderate - tables 5 to 8 Severe - decline	Yes	Date of diagnosis? What symptoms do you have? When do you experience symptoms? Frequency of attacks/symptoms per week? Medications prescribed? How often meds or inhalers are used? How often are nebulizer treatments done? Last date used oral steroids? Last ER or hospital visit and length of stay? Ever have lung surgery? Date? Date of last lung function testing? Results? FEV1%? Last tobacco use? Ever prescribed oxygen? Any history of comorbidities?	Late stage or severe condition FEV1 < 60% Chronic steroid use Oxygen supplementation Inability to perform ADLs Use of assistive devices Ratable for tobacco	Steroid therapy Polio Low BMI (underweight) Coronary artery disease Hypertension Congestive heart failure Sleep apnea Tobacco
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Yes	Standard to table 4				
LTC RIDER	Yes	Standard to table 4				
MONTHLY DISABILITY INCOME RIDER	No					

HYPERTENSION*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Standard if well controlled	At underwriter's discretion	Date of diagnosis? Cause of hypertension? Last blood pressure reading? Date? Medications prescribed? Any other cardiovascular conditions? Any kidney issues? Any history of comorbidities?	Uncontrolled or high readings Noncompliance with treatment Complications of uncontrolled blood pressure	Cardiovascular diseases (coronary artery disease, stroke, peripheral vascular disease) High BMI (overweight) Kidney disease Diabetes Retinopathy
CRITICAL ILLNESS RIDER	Yes, max 170/100	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Yes	Standard to table 4				
LTC RIDER	Yes	Standard to table 4				
MONTHLY DISABILITY INCOME RIDER	Yes					

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RHEUMATOID ARTHRITIS

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild (minimal disease activity, well controlled on NSAIDs, mild functional limitations) – standard to table 2 Moderate (chronic joint inflammation, not completely controlled with NSAIDs, evidence of anemia) – table 3 to 4 Severe (disability and pain, organ involvement, continuous treatment) – tables 5 to 8	At underwriter's discretion	Date of diagnosis? Current and past treatments Any limits on physical activity? What part(s) of body are affected? Any time off work due to condition? Dates off work? Rheumatologist/doctor name, address, phone number, and date last seen? Any history of comorbidities?	Confined to bed or wheelchair	Depression Anxiety Use of immunosuppressants Chronic steroid therapy Drug/alcohol abuse
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Yes (mild cases only)					
LTC RIDER	Yes	Mild – standard to table 1 Moderate – tables 2-4 Severe – decline	Yes			
MONTHLY DISABILITY INCOME RIDER	No					

OBSTRUCTIVE SLEEP APNEA (OSA)*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild – standard Moderate – standard to table 3 Severe – standard to table 6	At underwriter's discretion	Date of diagnosis? Date of last sleep study and results (mild, moderate, or severe)? Any oxygen use? What type of treatment? If CPAP recommended, how often is it used?	Substance abuse Poor driving record Oxygen use Ratable COPD or asthma	Hypertension Coronary artery disease Stroke/TIA Obesity COPD Asthma Heart arrhythmias
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Yes					Severe condition Oxygen use
LTC RIDER	Yes	Mild – preferred to standard Moderate – table A-table D Severe – decline				
MONTHLY DISABILITY INCOME RIDER	No					

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STROKE

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Table 2 to decline	Yes	Date of stroke(s)? What was the cause? Any residual effects? Medications prescribed? Any assistance needed with activities of daily living (ADLs)? Neurologist/doctor name, address, phone number? Last date seen? Any history of comorbidities?	Stroke in past 6 months Multiple strokes Comorbidities rated > table 4	Heart disease Peripheral vascular disease Obesity Diabetes Hypertension Tobacco use
CRITICAL ILLNESS RIDER	No					
CHRONIC ILLNESS RIDER¹	Yes	Standard if base rate table 4 or better, otherwise decline				
LTC RIDER	Yes	Standard to table 3				
MONTHLY DISABILITY INCOME RIDER	No					

ATRIAL FIBRILLATION

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Non-chronic, no underlying heart disease, short durations, less than four episodes per year – standard to table 2 Chronic A-fib – tables 2 to 4	Yes	Date of diagnosis? How many episodes and when was last episode? Medications prescribed? Past and current treatment? Any surgery/ablation? Any cardiac tests performed? Type, date, and results? Any history of comorbidities?	With heart disease, stroke, or valvular heart disease New finding on EKG and no evaluation Poorly controlled hypertension	Coronary artery disease Stroke or TIA Hypertension Diabetes
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER¹	Yes					
LTC RIDER	Yes	Non-chronic, no underlying heart disease, short durations, less than four episodes per year – standard to table 2 Atrial fib / LTC Rider / Chronic A-fib - tables 1-4 or decline				
MONTHLY DISABILITY INCOME RIDER	No					

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