

Underwriting Guidelines



CATHOLIC ORDER OF FORESTERS

Bringing Catholic Values to LIFE | A Catholic Fraternal Benefit Life Insurance Society Since 1883
catholicforester.org | Facebook.com/catholicforester | 800-552-0145 | TTY 800-617-4176
355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012
U-72 (4/15) 14-005-05

Underwriting Guidelines

AGE AND AMOUNT REQUIREMENTS

FACE AMOUNT	ISSUE AGES					
	0 – 17	18 – 39	40 – 50	51 – 60	61 – 70	71+
0 – 25,000	JUVENILE APP - Non-Med	APP - Non-Med	APP - Non-Med	APP - Non-Med	APP - Rx Check - Tele-Med	APP - Rx Check - Tele-Med
25,001 – 50,000	JUVENILE APP - Non-Med	APP - Non-Med - MVR	APP - Non-Med - MVR	APP - Rx Check - Tele-Med - Oral fluid - MVR	APP - Rx Check - Tele-Med - Oral fluid - MVR	APP - Rx Check - Tele-Med - MVR - APS
50,001 – 99,999	JUVENILE APP - Non-Med	APP - Rx Check - Tele-Med - Oral fluid - MVR	APP - Rx Check - Tele-Med - Oral fluid - MVR	APP - Rx Check - Tele-Med - Oral fluid - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR - APS
100,000 – 249,999	JUVENILE APP - Non-Med - APS	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR - APS
250,000 – 1,000,000	APP - Non-Med - APS	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood ¹ - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR - APS
1,000,001+	APP - Non-Med - APS	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - MVR	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR - APS	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR - APS	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR - APS	APP - Rx Check - Tele-Med - Ht/Wt/Vitals - Hos - Blood - EKG - MVR - APS

- Non-Med = completion of Juvenile Application questions 33 - 45 or Section 9 of Application.
- Underwriting requirements are based on the proposed insured's age at nearest birthday.
- The amount being underwritten includes insurance applied for and placed in-force with COF within the past year.

¹ Blood for ages 51 - 60, \$500,001 to 1,000,000 to include NT ProBNP as a routine Age/Amount Requirement (ordered by Home Office)



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PREFERRED CLASSES CRITERIA

CRITERIA	PREFERRED PLUS	PREFERRED	SELECT PLUS
Tobacco and Nicotine Use	None within 60 months	None within 36 months. Smokeless tobacco ok if never a cigarette smoker. Occasional cigar ok (<i>1 or less weekly with nicotine negative on HOS/oral</i>)	None within 12 months. Smokeless tobacco ok if never a cigarette smoker. Occasional cigar ok (<i>1 or less weekly with nicotine negative on HOS/oral</i>)
BUILD	See Build Chart		
Maximum Blood Pressure	135/85 and no more than 2 medications	135/85	140/90
Maximum Total Cholesterol And Cholesterol/HDL Ratio	300 and 4.0	300 and 5.0	300 and 6.5
Mimumum Total Cholesterol And HDL (Untreated)	125 and 25	125 and 25	125 and 25
A1c	No greater than 6.0 with no history of diabetes	No greater than 6.0 with no history of diabetes	No greater than 6.0 with no history of diabetes
Family History: Vascular	No cardiovascular or cerebrovascular events or deaths in parents or siblings prior to age 65 for (father/brothers) and prior to age 70 for (mother/sisters)	No cardiovascular or cerebrovascular events or deaths in parents or siblings prior to age 60 for (father/brothers) and prior to age 65 for (mother/sisters)	No more than 1 cardiovascular or cerebrovascular event or death in parents or siblings prior to age 60 for (father/brothers) and prior to age 65 for (mother/sisters)
Family History: Cancer And Diabetes	No death or diagnosis of parents or siblings prior to age 60 (excluding basal cell and some squamous cell skin cancers)	No more than 1 death of parents or siblings prior to age 55 (excluding basal cell and some squamous cell skin cancers)	No restrictions
Driving Impaired And Reckless Driving	No DUI/DWI/OUI or reckless driving convictions within the past 10 years Not available with multiple violations regardless of age	No DUI/DWI/OUI or reckless driving convictions within the past 7 years Not available with multiple violations regardless of age	No DUI/DWI/OUI or reckless driving convictions within the past 5 years Not available with multiple violations regardless of age
Moving Violations	No more than 3 in the past 5 years	No more than 3 in the past 3 years	No restrictions
Drug And Alcohol Abuse/Dependency	No history of drug or alcohol abuse in past 10 years	No history of drug or alcohol abuse in past 10 years	No ratable history of drug or alcohol abuse
Personal History	Standard medical risk; no history of invasive cancer in the past 30 years (excluding basal cell and some squamous cell skin cancers)		
Aviation, Hazardous Avocation, Occupation	Not available with ratable aviation, hazardous avocation, or hazardous occupation		
Foreign Travel And Residency	Not available with ratable foreign travel or residency risks		



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PREFERRED PLUS (PP) HEIGHT AND WEIGHT REQUIREMENTS

HEIGHT	WEIGHT MALE	WEIGHT FEMALE	HEIGHT	WEIGHT MALE	WEIGHT FEMALE
5' 0"	148	125	5' 11"	200	172
5' 1"	151	129	6' 0"	206	177
5' 2"	154	133	6' 1"	212	181
5' 3"	158	138	6' 2"	218	185
5' 4"	164	142	6' 3"	224	189
5' 5"	170	146	6' 4"	230	193
5' 6"	175	150	6' 5"	237	
5' 7"	180	154	6' 6"	245	
5' 8"	185	159	6' 7"	250	
5' 9"	190	163	6' 8"	258	
5' 10"	195	168			

PREFERRED (P) HEIGHT AND WEIGHT REQUIREMENTS

HEIGHT	WEIGHT MALE	WEIGHT FEMALE	HEIGHT	WEIGHT MALE	WEIGHT FEMALE
5' 0"	165	137	5' 11"	222	188
5' 1"	168	141	6' 0"	228	194
5' 2"	171	145	6' 1"	234	198
5' 3"	176	150	6' 2"	240	204
5' 4"	182	154	6' 3"	248	210
5' 5"	188	158	6' 4"	254	215
5' 6"	194	162	6' 5"	262	
5' 7"	199	167	6' 6"	270	
5' 8"	205	172	6' 7"	276	
5' 9"	210	177	6' 8"	284	
5' 10"	216	183			

SELECT PLUS (SP) HEIGHT AND WEIGHT REQUIREMENTS

HEIGHT	WEIGHT MALE	WEIGHT FEMALE	HEIGHT	WEIGHT MALE	WEIGHT FEMALE
5' 0"	173	144	5' 11"	233	197
5' 1"	176	148	6' 0"	239	204
5' 2"	180	152	6' 1"	246	208
5' 3"	185	158	6' 2"	252	214
5' 4"	191	162	6' 3"	260	221
5' 5"	197	166	6' 4"	267	226
5' 6"	204	170	6' 5"	275	
5' 7"	209	175	6' 6"	284	
5' 8"	215	181	6' 7"	290	
5' 9"	221	186	6' 8"	298	
5' 10"	227	192			



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TOBACCO AND FOREIGN RISK GUIDELINES

Tobacco Classification	Tobacco rates will apply to those who, within the past 12 months, have: <ul style="list-style-type: none">• Smoked cigarettes on a regular or occasional basis;• Smoked more than 1 cigar per week; smoked a pipe, water pipe or hookah; or• Used some sort of nicotine replacement product (gum, patch, e-cigarettes, etc.) regardless of urine results
	Smokeless tobacco users who have: <ul style="list-style-type: none">• Never smoked cigarettes may qualify for Preferred• Smoked cigarettes in the past, but have not smoked cigarettes within the last 12 months may qualify for Select• Smoked cigarettes within the past 12 months will be considered at Tobacco rates
	Regular or frequent marijuana users: <ul style="list-style-type: none">• Smoking more than 1 joint weekly will be considered at Tobacco rates
Marijuana Use	Occasional marijuana users, smoking no more than 1 joint per week, ages 25 and older, may qualify for Preferred
Foreign Travel and Residency	<ul style="list-style-type: none">• Applicant must be a United States citizen or permanent resident residing in the United States, U.S. Territories or Canada• Policy Owner must reside within the United States and premium paid in U.S. dollars• Permanent residents must have intent to remain in the U.S. permanently and either have 5 years of continuous residency or present evidence of permanence: owning property, marriage to a U.S. citizen, or having long-term U.S. employment• Travel activity is evaluated on an individual basis and is dependent on the location, purpose and duration of travel



Underwriting Guidelines

APS GUIDELINES AND FINANCIAL UNDERWRITING REQUIREMENTS

Required Attending Physician Statements (APS)	RISK AGES
	Age 0 – 17 with face amount of \$100,000 or greater
	Age 40 – 70 with face amount greater than \$1 million
	Age 71 and over with face amount up to \$25,000 at underwriter's discretion
	Age 71 and over with face amount of \$25,001 and greater all require APS
Financial Requirements	PERSONAL COVERAGE
	Up to \$3 million requires: <ul style="list-style-type: none"> Completion of all applicable Financial section questions on the application
	\$3,000,001 and over requires: <ul style="list-style-type: none"> Completion of all applicable Financial section questions on the application Completion of Amplified Interview or Inspection Report
	BUSINESS COVERAGE
	Buy/Sell, Stock redemption/repurchase of \$1 million to \$5 million requires: <ul style="list-style-type: none"> Completion of all applicable Financial section questions on the application Completion of Inspection Report with Business Beneficiary Report Additional requirements may be required at the underwriter's discretion (e.g., tax returns, business financial statements, etc.)
	Buy/Sell, Stock redemption/repurchase of \$5,000,001 and over requires: <ul style="list-style-type: none"> Completion of all applicable Financial section questions on the application Completion of Inspection Report with Business Beneficiary Report Copy of Buy/Sell or redemption/repurchase agreement with copies of business income statement and balance sheet Additional requirements may be required at the underwriter's discretion (e.g., tax returns, additional business financial statements, etc.)



Underwriting Guidelines

FINANCIAL UNDERWRITING GUIDELINES: PERSONAL NEEDS

PURPOSE OF COVERAGE	GUIDELINES		REQUIRED INFORMATION
Income Replacement	AGES	MULTIPLIER TO INCOME	<ul style="list-style-type: none"> Gross annual earned income Purpose of coverage specified on the application
	20 – 39	30	
	40 – 44	25	
	45 – 49	20	
	50 – 54	15	
	55 – 59	12	
	60 – 69	10	
	70 and older	5	
Debt Protection	100% balance for mortgage or other long-term loan		<ul style="list-style-type: none"> Loan amount Purpose of loan Repayment period
Juvenile Coverage	<ul style="list-style-type: none"> Amount should be related to the parents' coverage and in accordance with the family's income If multiple children, all children should be insured for the same amount Parents should be policy owner and beneficiary 		Details about: <ul style="list-style-type: none"> Parents' inforce coverage Total household income <i>A cover letter explaining the situation is required if special needs exist.</i>
Non-Working Spouse	<ul style="list-style-type: none"> Amount should be in accordance with the working spouse's coverage and the family's income Maximum amount should be no more than the working spouse's inforce amount 		Details about: <ul style="list-style-type: none"> Working spouse's inforce coverage Total household income Net worth <i>A cover letter explaining the situation is required if special needs exist.</i>



Underwriting Guidelines

FINANCIAL UNDERWRITING GUIDELINES: BUSINESS NEEDS

PURPOSE OF COVERAGE	GUIDELINES	REQUIRED INFORMATION
Key Person	<ul style="list-style-type: none"> • All key employees should be insured for amounts relative to their value to the company • Maximum of 10x employee's compensation can be considered • Compensation can include: <ul style="list-style-type: none"> – Salary – Bonuses – Subsidies – Car and living allowances – Stock options, etc. 	<p>Details about:</p> <ul style="list-style-type: none"> • Proposed Insured's total compensation stated on the application • List of other key employees and their coverage <p><i>A cover letter explaining the need is required if the amount applied for is greater than 10x compensation</i></p>
Buy/Sell and Stock Redemption	<ul style="list-style-type: none"> • All business owners should be insured in proportion to their share of company ownership • Amount determined by the percentage of business ownership multiplied by the business' value 	<p>Details about:</p> <ul style="list-style-type: none"> • Percentage of business ownership • Business' market or book value <p><i>Copies of business income statement and balance sheet may be requested</i></p>
Creditor	<ul style="list-style-type: none"> • Coverage should be on business' principals who are responsible and legally obligated for debt repayment in proportion to their share of business ownership. • Will consider up to 75% of loan balance • Business should be policy owner • Duration of loan repayment: 5 year minimum 	<p>Details about:</p> <ul style="list-style-type: none"> • Amount • Purpose • Duration of loan • Repayment period
Deferred Comp	<ul style="list-style-type: none"> • Amount is typically a formula multiple of deferrable income • Amount plus personal needs coverage (based on income replacement and estate protection) should not exceed the maximum amount of allowable personal coverage 	<p>Details about:</p> <ul style="list-style-type: none"> • Gross annual earned income • Personal net worth • Amount of personal needs coverage currently in force • Repayment period



Underwriting Guidelines

UNDERWRITING INFORMATION

Approved Vendors	TELE-MED
	EXAM ONE <ul style="list-style-type: none"> Interviews ordered by the Home Office Interview Call Center hours <ul style="list-style-type: none"> Monday – Thursday: 7 a.m. to 11 p.m., Central Friday: 7 a.m. to 9 p.m. Saturday: 8 a.m. to 4 p.m. Sunday: Closed
	EXAMS
	EXAM ONE (preferred provider) <ul style="list-style-type: none"> Orders and status: Online at www.examone.com Orders only: Call (800) 768-2071 <ul style="list-style-type: none"> Monday – Friday, 7:30 a.m. to 5:30 p.m., Central
	APPS <ul style="list-style-type: none"> Online <ul style="list-style-type: none"> Visit www.appslive.com Click on Office Search Enter Zip code Call: (800) 727-2101
	EMSI <ul style="list-style-type: none"> Call: (800) 872-3674
Requirement Notes	PORTAMEDIC <ul style="list-style-type: none"> Call: (866) 335-5575
	<ul style="list-style-type: none"> Please contact your underwriter with questions regarding underwriting requirements. <i>Note: Significant health histories or complex financial situations may necessitate additional requirements.</i> COF reserves the right to request any and all additional necessary information Valid 6 months from date of completion: Applications, lab results, EKGs and MVRs Valid 4 months from date of completion: Part II, Exams and Tele-med interviews. <i>Note: May be used up to 6 months with a Good Health Statement</i> Valid 12 months from statement date or date prepared: Inspection reports and financial documents

