corebridge financial

Life Insurance
Field Underwriting Guide

DECEMBER 1, 2026

Replaces the version
dated September 19, 2025



Age Requirements

Amount Requirements

Preferred Class Criteria

APS Ordering Guidelines

Financial and Nonmedical Guidelines

Policies issued by **American General Life Insurance Company** (AGL), Houston, TX except in New York, where issued by **The United States Life Insurance Company in the City of New York** (US Life).

For use by

Life Brokerage | Partners Group

What's new or changed

- Updated Age & Amount requirements for both Term and Perm on pages 4 and 5.
- Third Party Financials have been eliminated as a base Age & Amount requirement through $10 Million face amount and age 66
- New section added to Page 15 outlining acceptable documentation for Third Party Financials

This guide is just that – a guide.

We will always view applicants as a whole – meaning we will consider other factors such as finance, profession and background. We won't rely solely on medical history when making an underwriting decision.

We will also practice a debit/credit approach, because we know that even though someone may have a health issue, favorable factors can help reduce the extra risk associated with it.

We have the utmost respect for the agent/client relationship and are committed to underwriting practices that strengthen that relationship. We know you have choices when deciding where to place your business, so we believe earning your business requires differentiating ourselves through the service and treatment we deliver to every producer and client.

Our underwriting: **Simple, fast, consistent**

Being a partner in your success is important to us, which is why we've built an underwriting process that will provide a seamless experience and reliable results for your cases.

Three key ways we bring value to YOUR business:

- Automation is our foundation
- We're constantly enhancing our Agile Underwriting (AU+)
- Consistent process and results you can trust

Get details at our Underwriting Story flyer.

NOTE:

The information contained within this Field Underwriting Guide may be updated at any time throughout the year. To view the most current version of this guide, please refer to the electronic document published on our producer portal Connext.

The charts on the following pages represent underwriting requirements for American General Life Insurance Company and The United States Life Insurance Company in the City of New York. Each company has the right to order any additional requirements deemed necessary to properly evaluate risk, regardless of age or amount.

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Age[1] and Amount Underwriting Requirements[2]

TERM PRODUCTS ONLY

Not all products are available at all ages, amounts or rate classes. Consult product guides for availability.

Face Amount	AGES 0-19	20-39	40-44	45-49	50-55	56-59	60-66	67-70	71+
	AGILE UNDERWRITING+ (AU+)[3] THROUGH $1 MILLION[4] available only to U.S. citizens or permanent resident green-card holders. Select-a-Term,[5] QoL Flex Term [6] For these products greater than $1 million, other Term products, or Category 2 or Category 3 Foreign Nationals, see Fully Underwritten below.								
	TI	TI, MVR	TI, MVR	TI, MVR	TI, MVR	TI, MVR	See **Fully Underwritten** below	See **Fully Underwritten** below	See **Fully Underwritten** below
	FULLY UNDERWRITTEN - Select-a-Term, QoL Flex Term								
$100,000 to 249,999	CR[9]	PM, B/U, MVR, CR	PM , B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, AC, CR	PM, B/U[8], FT, EKG, MVR, 71IR, AC, CR
$250,000	CR[9]	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[8], MVR, CR	PM,B/U[8], MVR, CR	PM, B/U[8], MVR, AC, CR	PM, B/U[8], FT, EKG, MVR, 71IR, AC, EIR, CR
$250,001 to $500,000	CR[9]	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, AC, CR	PM, B/U[8], FT, EKG, MVR, 71IR, AC, EIR, CR
$500,001 to 1 million	CR[9]	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], FQ, MVR, AC, CR	PM, B/U[8], FT, EKG, MVR, FQ, 71IR, AC, EIR, CR
$1,000,001 to 1.5 million	CR[9]	PM, B/U, MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, CR	PM, B/U[8], MVR, FQ, AC, CR	PM, B/U[8], FT, EKG, MVR, FQ, 71IR, AC, EIR, CR
$1,500,001 to 3 million[7]	CR[9]	PM, B/U, MVR, CR	PM, B/U[8], CR, MVR	PM, B/U[8], CR, MVR	PM, B/U[8], CR, MVR	PM, B/U[8], CR, MVR	PM, B/U[8], CR, MVR	PM, B/U[8], CR, MVR, FQ, AC	PM, B/U[8], FT, EKG, MVR, FQ, 71IR, AC, EIR, CR
$3,000,001 to 5 million[7]	CR[9]	PM, B/U, MVR, EIR, CR	PM, B/U[8], MVR, EIR, CR	PM, B/U[8], MVR, EIR, CR	PM, B/U[8], MVR, EIR, CR	PM, B/U[8], MVR, EIR, CR	PM, B/U[8], MVR, EIR, CR	PM, B/U[8], MVR, FQ, TPF, AC, EIR, CR	PM, B/U[8], FT, EKG, MVR, FQ,TPF, 71IR, AC, EIR, CR
$5,000,001 to $10 million[7]	CR[9]	PM, B/U[8], MVR, FQ, EIR, CR	PM, B/U[8], MVR, FQ, EIR, CR	PM, B/U[8], MVR, FQ, EIR, CR	PM, B/U[8], MVR, FQ, EIR, CR	PM, B/U[8], MVR, FQ, EIR, CR	PM, B/U[8], MVR, FQ, CR, EIR	PM, B/U[8], MVR, FQ, TPF, AC, EIR, CR	PM, B/U[8], FT, EKG, MVR, FQ, 71IR, AC, EIR, CR
Greater than $10 million[7]	CR[9]	PM, B/U, EKG, MVR, FQ, TPF, EIR, TT, CR	PM, B/U, EKG, MVR, FQ, TPF, EIR, TT, CR	PM, B/U, EKG, MVR, FQ, TPF, EIR, TT, CR	PM, B/U[8], CR, EKG, MVR, FQ, TPF, EIR, TT	PM, B/U[8], CR, EKG, MVR, FQ, TPF, EIR, TT	PM, B/U[8], CR, EKG, MVR, FQ, TPF, EIR, TT	PM, B/U[8], EKG, MVR, FQ, CR, TPF, AC, EIR, TT	PM, B/U[8], FT, EKG, MVR, FQ, TPF,71IR, AC, EIR, TT, CR

A HIPAA authorization is required for all ages and amounts. Face amount is based on the total coverage issued and placed inforce by AGL and US Life in the past 12 months. Financial requirements are based on the total line of coverage inforce with AGL and US Life.

1 Use age nearest

2 Home Office may order additional database checks. (This may include a Milliman Database Check, property verification, Internet report, MIB, or other research deemed necessary by the Home Office Underwriting Department.)

3 "Agile Underwriting+" or "AU+" refers to a streamlined underwriting process providing a path to policy approval that may not require an in-person paramedical examination. If we are unable to make an underwriting decision based on Agile Underwriting+, your client will pivot to full underwriting for physical measurements and labs, which will be ordered by Corebridge Financial. Corebridge Financial underwriting rules will determine final underwriting process based on medical and prescription history, insurance history, and other factors.

4 To qualify for AU+, total inforce and applied for with Corebridge Financial within the past 12 months must be within this range.

5 Select-a-Term cases for AU+ must be submitted by an approved ticket platform: AG Quick Ticket, iGO Drop Ticket, Express Complete Ticket. AU+ is not available for Select-a-Term cases submitted via paper application.

6 QoL Flex Term cases for AU+ must be submitted by iGO full eApp. AU+ is not available for QoL Flex Term cases submitted via paper application.

7 Inspection Report required for any non-resident alien living outside the United States applying for more than $1,500,000.

8 Lab testing includes NT pro-BNP at these ages and amounts.

9 Credit Report required at age 18 and up.

AC	Agent Certification form
B/U	Full blood profile and urinalysis
CR[10]	Credit Report
EKG	Resting EKG
EIR[10]	Electronic Inspection Report
FQ	Financial questionnaire
FT	Functional Tests conducted with paramedical exam. These include a gait test to assess the applicant's ability to walk at a normal pace and a test to assess the applicant's ability to rise from a seated position unassisted.
IC	Individual consideration
IR[10]	Inspection report
MVR[10]	Motor vehicle report
PM	Paramedical exam to include height/weight, blood pressure and pulse
TI	Agent-Completed Part A and a Vendor-Completed Part B interview required
TPF	Third Party Financials - Please see Page 15 for acceptable Third Party Financial documentation.
TT[10]	Tax Transcript (Client must provide Request for Transcript of Tax Return, form 4506-C, find on Forms Depot). TPF alone may be accepted as an alternative for TT, depending on the circumstances specific to each individual case and the quality of the TPF documents received.
71IR[10]	Expanded Inspection Report to include Cognitive Tests. The EMST portion is an enhanced mental skills test that helps assess the applicant's cognitive skills. This test takes approximately 15 minutes.

10 Home Office-ordered requirement

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Age[1] and Amount Underwriting Requirements[2]

PERMANENT PRODUCTS ONLY

For Chronic Illness Rider: see footnote 3 below, and details on page 8.

Face Amount	AGES								
	0-15	16-17	18-39	40-44	45-49	50-55	56-66[3]	67-70[3]	71+
	AGILE UNDERWRITING+ (AU+)[4] THROUGH $2 MILLION[5] available only to U.S. citizens or permanent resident green-card holders. Max Accumulator+ III, Value+ Protector III, Secure Lifetime GUL 3 [6],QoL Guarantee Plus GUL II [7], QoL Max Accumulator+ III, QoL Value+ Protector III For these products greater than $2 million, other UL products, or Category 2 or Category 3 Foreign Nationals, see Fully Underwritten below.								
	TI [8]	TI [8], MVR	TI [8], MVR	TI [8], MVR	TI [8], MVR	TI [8], MVR	Age 56-59: TI [8], MVR; >Age 59: See **Fully Underwritten** below	See **Fully Underwritten** below	See **Fully Underwritten** below
	FULLY UNDERWRITTEN - UL, IUL, Whole Life Products								
$50,000 to $250,000	NM	NM, MVR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[12], MVR, CR	PM, B/U[11], MVR, AC, CR	PM, B/U[11], FT, EKG, MVR, 71IR, AC, CR
$250,001 to $500,000	NM	NM, MVR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, AC, CR	PM, B/U[11], FT, CR, AC, EKG, MVR, 71IR, EIR
$500,001 to $1 million	IC	IC, MVR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, AC, CR	PM, B/U[11], FT, CR, AC, EKG, MVR, 71IR, EIR
$1,000,001 to $1.5 million	IC	IC, MVR	PM, B/U, MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], CR MVR, FQ, AC	PM, B/U[11], FT, EKG, CR, MVR, FQ, 71IR, AC, EIR
$1,500,001 to $3 million[10]	IC	IC, MVR	PM, B/U, MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], MVR, CR	PM, B/U[11], CR MVR, FQ, AC	PM, B/U[11], FT, EKG, MVR, FQ, 71IR, AC, EIR, CR
$3,000,001 to $5 million[10]	IC	IC, MVR	PM, B/U, MVR, EIR, CR	PM, B/U[11], MVR, EIR, CR	PM, B/U[11], MVR, EIR, CR	PM, B/U[11], MVR, EIR, CR	PM, B/U[11], MVR, EIR, CR	PM, B/U[11], MVR, FQ, TPF, AC, EIR, CR	PM, B/U[11], FT, EKG, MVR, FQ,TPF, 71IR, AC, EIR, CR
$5,000,001 to $10 million[9,10]	IC, FQ	IC, MVR, FQ	PM, B/U[11], CR, MVR, FQ, EIR	PM, B/U[11], MVR, FQ, EIR, CR	PM, B/U[11], MVR, FQ, EIR, CR	PM, B/U[11], MVR, FQ, EIR, CR	PM, B/U[11], CR, MVR, FQ, EIR	PM, B/U[11], CR MVR, FQ, TPF, AC, EIR	PM, B/U[11], FT, EKG, MVR, FQ, 71IR, AC, EIR, CR
Greater than $10 million[10]	IC, FQ, TPF	IC, MVR, FQ, TPF	PM, B/U[11], CR, EKG, MVR, FQ, TPF, EIR, TT	PM, B/U[11], CR, EKG, MVR, FQ, TPF, EIR, TT	PM, B/U[11], CR EKG, MVR, FQ, TPF, EIR, TT	PM, B/U[11], EKG, MVR, FQ, TPF, EIR, TT, CR	PM,B/U[11], EKG, MVR, FQ, TPF, EIR, TT, CR	PM, B/U[11],EKG, MVR, FQ, TPF, AC, EIR, TT, CR	PM, B/U[11], FT, EKG, MVR, FQ, TPF, 71IR, AC, EIR, TT, CR

A HIPAA authorization is required for all ages and amounts. Face amount is based on the total coverage issued and placed inforce by AGL and US Life in the past 12 months. Financial requirements are based on the total line of coverage inforce with AGL and US Life.

1 Use age nearest

2 Additional database checks may be ordered from the Home Office. (This may include a Milliman Database check, property verification, Internet report, MIB, or other research deemed necessary by the Home Office Underwriting Department.)

3 Expanded Inspection Report (71IR) required for age 61-70 when applying for Accelerated Access Solution (Chronic Illness) Rider.

4 "Agile Underwriting+" or "AU+" refers to a streamlined underwriting process providing a path to policy approval that may not require an in-person paramedical examination. If we are unable to make an underwriting decision based on Agile Underwriting+, your client will pivot to full underwriting for physical measurements and labs, which will be ordered by Corebridge Financial. Corebridge Financial underwriting rules will determine determine final underwriting process based on medical and prescription history, insurance history, and other factors.

5 To qualify for AU+, total inforce and applied for with Corebridge Financial within the past 12 months must be within $2 million for IUL, or $1 million for GUL.

6 Secure Lifetime GUL 3 cases for AU+ must be submitted by an approved ticket platform: AG Quick Ticket, iGO Drop Ticket. AU+ is not available for Secure Lifetime GUL 3 cases submitted via paper application.

7 QoL Guarantee Plus II cases for AU+ must be submitted by iGO full eApp, AU+ is not available for QoL Guarantee Plus II cases submitted via paper application.

8 Tele-interview or agent-completed Part B is acceptable for AU+ IUL cases through $1 million and submitted via iGO full eApp.

9 Maximum retention over age 80: $4,000,000

10 Inspection Report required for any non-resident alien living outside the United States applying for more than $1,500,000.

11 Lab testing includes NT pro-BNP.

12 Lab testing includes NT pro-BNP starting at $100,000.

AC	Agent Certification form
B/U	Full blood profile and urinalysis
EKG	Resting EKG
EIR[13]	Electronic Inspection Report
FQ	Financial questionnaire
FT	Functional Tests conducted with paramedical exam. These include a gait test to assess the applicant's ability to walk at a normal pace and a test to assess the applicant's ability to rise from a seated position unassisted.
IC	Individual consideration
IR[13]	Inspection report
MVR[13]	Motor vehicle report
PM	Paramedical exam to include height, weight, blood pressure and pulse
TI	Agent-Completed Part A and a Vendor-Completed Part B interview required
TPF	Third Party Financials - Please see Page 15 for acceptable Third Party Financial documentation.
TT[13]	Tax Transcript (Client must provide Request for Transcript of Tax Return, form 4506-C on Forms Depot). TPF alone may be accepted as an alternative for TT, depending on the circumstances specific to each individual case and the quality of the TPF documents received.
71IR[13]	Expanded Inspection Report to include Cognitive Tests. The EMST portion is an enhanced mental skills test that helps assess the applicant's cognitive skills. This test takes approximately 15 minutes.

13 Home Office-ordered requirement

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Preferred Underwriting Class Guidelines for Term, UL, WL

	Preferred Plus Non-tobacco	Preferred Non-tobacco	Standard Plus Non-Tobacco[1] (Term only)	Preferred Tobacco
Aviation/ Avocation or Occupation / Foreign Travel	• No ratable aviation, avocations, occupations or foreign travel. • Allow recreational scuba diving.		• Aviation, Avocation, Occupation flat extras, Foreign Travel flat extras, and/or Aviation Exclusion Rider (AER) are acceptable[2]	• No ratable aviation, avocations, occupations or foreign travel. • Allow recreational scuba diving.
Cholesterol ≤ 300 (mg/dl)	• Age < 45 HDL Ratio 4.5 or less • Age 45 - 69 HDL ratio 5.0 or less • Age ≥ 70 Cholesterol > 130 and HDL ratio 5.0 or less	• Age < 45 HDL Ratio 5.5 or less • Age 45 - 69 HDL ratio 6.0 or less • Age ≥ 70 Cholesterol > 130 and HDL ratio 6.0 or less	• Age < 45 HDL Ratio 6.5 or less • Age 45 - 69 HDL ratio 7.0 or less • Age ≥ 70 Cholesterol > 130 and HDL ratio 7.0 or less	• Age < 45 HDL Ratio 5.5 or less • Age 45 - 69 HDL ratio 6.0 or less • Age ≥ 70 Cholesterol > 130 and HDL ratio 6.0 or less
Build	BMI 18.5 – 29.5	BMI 18.5 – 31.5	BMI 18.5 – 33	BMI 18.5 – 31.5
Blood Pressure	Age ≤ 59 BP ≤135/85 Age 60 - 69 BP ≤140/85 Age ≥ 70 BP ≤150/90	Age < 45 BP ≤ 140/85 Age 45 – 69 BP ≤ 140/90 Age ≥ 70 BP ≤ 155/90	Age < 45 BP ≤ 145/90 Age 45 – 69 BP ≤ 150/90 Age ≥ 70 BP ≤ 160/90	Age ≤ 59 BP ≤ 145/90 Age 60 – 69 BP ≤ 150/90 Age ≥ 70 BP ≤ 155/90
Tobacco (yrs)[3]	5	3	1	N/A
MVR[4]	No DUI convictions, reckless or non-administrative suspension in past 7 years.	No DUI convictions, reckless or non-administrative suspension in past 6 years.	No DUI convictions, reckless or non-administrative suspension in past 5 years.	No DUI convictions, reckless or non-administrative suspension in past 6 years.
Personal Health History	• No medical flat extra premium. • No debits for build, cholesterol or blood pressure or other medical impairment. • No personal history of cancer. • May disregard non-rated history of non-melanoma skin cancer, cervical cancer, Stage 1 Seminoma, papillary thyroid cancer and remote history of melanoma in situ.			
Family History • Ignore family history for PI age ≥ 65. • Disregard family history that is adopted or unknown. • Disregard cervical cancer and non-melanoma skin cancer.	• No death from cardiovascular disease or cancer (colon, lung, melanoma, pancreatic) in either parent prior to age 60. • No death from breast, ovarian, prostate cancer in parent of same sex prior to age 60.		• 1 death from cancer (colon, lung, melanoma, pancreatic) or cardiovascular disease in either parent <60. • 1 death from breast, ovarian, prostate cancer in parent of same sex prior to age 60.	• No death from cancer (colon, lung, melanoma, pancreatic) or cardiovascular disease in either parent prior to age 60. • No death from breast, ovarian, prostate cancer in parent of same sex prior to age 60.

[1] Where applicable by plan and state approval. If "Standard-Plus Non-Tobacco" is not available for the plan, the client must meet PNT guidelines to qualify for better than Standard rates.

[2] Will be considered with appropriate rating.

[3] See Cigar Smokers section on page 15 for occasional cigar use allowances.

[4] A rating may apply due to overall driving history.

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Underwriting Crediting Programs

- **Expanded Standard** is available on permanent products (where state approved) for applicants age 18-70. Expanded Standard allows product pricing to encompass Table 1 and 2 under the Standard class. Flat extra ratings cannot be used by the Expanded Standard program.
- **Flex Points crediting program** utilizes the latest in medical research to achieve the best rating possible for your client.[1] Flex Points is applied by Underwriting to every case age 18-70 with the goal of finding opportunities for improved ratings, so special requests are not necessary.

  With Flex Points, your client may qualify for one Preferred class upgrade or one Substandard class improvement (on cases originally assessed at Table D or less) if they meet any 4 of the factors listed below.[2,3]

FLEX POINTS CREDITING PROGRAM FACTORS	
1	Normal stress EKG, thallium, stress echo, Sestamibi, EBCT, or other perfusion or imaging test within 2 yrs
2	Normal chest or abdominal CT scan within 2 years
3	Hemoglobin A1C < 5.5
4	LDL <100 within 6 months and Cholesterol/HDL ratio ≤5.0 without medication
5	BMI of 23-25
6	Untreated blood pressure 120/80 or better (age 40-70), maintained for past 6 months
7	Normal mammogram within 2 years
8	Good exercise capacity testing (age 40-70)
9	Normal cardiac cath or Cardiac CT Angiogram (age 40-70), within 3 years
10	Normal colonoscopy within 3 years
11	NT Pro-BNP ≤100 (age 60-70)
12	Normal CBC within 12 months (age 60-70)
13	Normal Carotid Ultrasound
14	Normal LFTs AND triglycerides <200 mgl/dL
15	Normal Prostate exam within 2 years
16	Favorable Lab Risk Score on cases standard or better

Questions about Flex Points may be directed to your Underwriting Team.

[1] Where applicable by plan and state approval. If "Standard Plus" is not available for the plan, the client must meet PNT guidelines to qualify for better than Standard rates.

[2] Special conditions may apply. Certain Flex Points vary by age and credits may not be available for tests performed on younger individuals. All credits have additional requirements and time frame criteria required before they can be used to improve a rating. Consult with your AGL underwriters for details.

[3] Flex Points and Expanded Standard can be combined, but the best possible offer using both can be no better than Standard rates.



Lab Scoring

AGL and US Life use a lab scoring methodology to determine preferred rate classes and overall acceptability. Applicants with favorable lab scoring results, in addition to our established preferred criteria, are eligible to receive our best offers. The vast majority of applicants who previously met Preferred Plus, Preferred Non Tobacco, Standard Plus, or Preferred Tobacco rate class criteria continue to do so.

Accelerated Access Solution (AAS) Chronic Illness Rider

- Rider is available on certain products at issue and may be added to certain term conversions.
- Chronic Illness Supplemental Application required at the time of application (available on Forms Depot)
- For all amounts, Expanded Inspection Report (71IR) required for ages 61+, when this rider is requested. This inspection report must be ordered from the home office and includes an EMST (Enhanced Mental Skills Test)
- Rider coverage is not available:
    - If rated Table E or higher, or
    - If rated with medical or non-medical flat extras

Trust Certificate

A Certificate of Trust (form AGLC2239COT) must be submitted prior to underwriting approval whenever a trust is listed as policy owner. An Acknowledgement and Release Form (form AGLC2239AR) is required whenever an agent is named as trustee.

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Attending Physician Statement (APS) ordering guidelines

A routine physical exam (PE) APS should be ordered in these circumstances:

AGE AND AMOUNT APS ORDERING GUIDELINES [1]	
AGE	**Face Amount and other guidelines**
6-17	Exceeds $3,500,000 PE within 5 years
18-39	Exceeds $3 million PE within 2 years
18-39	Exceeds $3,500,000 PE within 5 years
40-59	Exceeds $3 million PE within 3 years
40-59	Exceeds $3,500,000 PE within 5 years
60-70	Exceeds $1 million PE within 5 yrs+ See older age guidelines below
71-80	All amounts & PE within 2 yrs+ See older age guidelines below
81+	All amounts & PE within 1 yr+ See older age guidelines below
AGE	**+ Older Age Guidelines**
60-70	Standard if no complete PE within 2 years
71-80	Decline if no complete PE within 2 years
81+	Decline if no complete PE within 1 year; Preferred Plus not available over age 80

A complete physical exam (PE), for ages 60 and up, is defined as a full exam with a personal physician, including a history, physical and labs. A brief blood pressure check or prescription refill would not satisfy this definition.

Impairments usually requiring an APS

- Abnormal cardiac test (or other abnormal testing)
- Barrett's Esophagus
- Cancer or Malignant Tumor (not Basal Cell or Squamous Cell)
- Cardiomyopathy (Congestive Heart Failure)
- Carotid Artery Disease/Stenosis
- Cerebrovascular Disease
- Cerebral Aneurysm
- Connective Tissue Disorder
- Coagulation Disorder
- Collagen Disease
- Congenital Heart Disease
- Coronary Artery Disease
- Depression, Major
- Diabetes Type I
- Eating Disorder
- GI Hemorrhage
- Hemochromatosis
- Idiopathic Thrombocytopenic Purpura (ITP)
- Liver Disorder (other than fatty liver)
- Lupus (SLE)
- Lymph Node Disorder
- Medicinal Marijuana (assessment will be based on disorder requiring this therapy)
- Multiple Sclerosis
- Muscular Dystrophy
- Narcolepsy
- Osteomyelitis
- Pancreatic Disorder
- Parkinson's Disease
- Polycystic Kidney Disease
- Polycythemia
- PSA Abnormality
- Psychiatric Illness (significant) – includes Bipolar disorder, Psychotic disorder, and Schizophrenia
- Renal Failure (Chronic Kidney Disease)
- Respiratory Disorder (significant) – includes COPD, Pulmonary Embolism and Pulmonary Nodules
- Rheumatoid Disorders including Rheumatoid Arthritis and Lupus[1]
- Stroke or TIA
- Suicide Attempt
- Ulcerative Colitis (and similar disorders)[1]
- Valvular Heart Disease – includes Mitral Regurgitation, Mitral Stenosis, Aortic Regurgitation, Aortic Stenosis, Pulmonary Insufficiency, Pulmonary Stenosis, Tricuspid Insufficiency and Tricuspid Stenosis
- Vasculitis

Ordering an unnecessary APS may delay a decision on the case while that APS is reviewed. **There is no need to order an APS for impairments that are automatically declined** (see page 10), or for impairments that do not appear on the list of those usually requiring an APS.

Additional situations APS is needed

- Any impairment that's rated Table D or greater
- Recent consultation for someone who has no pattern of regular medical care, but has consulted a physician in the last 90 days

This list reflects some of the more common disorders seen, but does not limit the ordering of an APS for situations of concern that the underwriter might identify.

[1] The underwriter may elect to use a Personal Health Interview (PHI) initially, in lieu of ordering an APS in certain circumstances



Impairments that are automatically declined. Do not routinely order an APS.

- Abdominal Aortic Aneurysm surgically corrected in the last 6 months
- Alcohol treatment in the last 2 years
- Automatic Defibrillator (ACID) implanted with history of Cardiac Arrest
- Alzheimer's disease or Dementia
- Blood Pressure exceeding 185/100
- Cancer treatment (current)
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling)
- CVA (stroke) within 1 year
- Diabetes if significantly complicated (i.e. amputation, etc.) or very poor control
- Drug use (other than marijuana) in the last 3 years
- Gastric/Intestinal Bypass within 6 months
- Grand Mal Seizures within 1 year of diagnosis
- HIV Positive*
- Juvenile Onset Diabetes, younger than age 20
- Kidney Dialysis
- Mental Disorder (including anxiety or depression requiring hospitalization or disability in last year)
- Medical testing advised but not yet completed
- MI/heart attack in the last 6 months
- Myelodysplastic Syndrome
- Organ Transplant* (awaiting or recipient) (except kidney - contact your underwriter)
- Pregnant (current) with toxemia, eclampsia, pre-eclampsia
- Quadriplegia
- Suicide attempt in the last year
- Suicide attempts (more than one) if the last one was within the last 2 years
- Surgery (major) advised but not yet completed
- Term Insurance, age > 70 & rated over Table D or with a flat extra
- Valve replacement within 6 months

* Subject to individual state regulation.

Health Statement

Underwriting reserves the right to request more information. A health statement is required for:

- Ages 0–70 when the exam is within 2 weeks of 90 days, or older
- Ages 71+ when the exam is within 2 weeks of 60 days, or older
- Withdrawn or incompleted case that's re-opened, regardless of the age of the exam
- A face amount increase requested after the initial review, regardless of the age of the exam

Expiration of Underwriting Requirements

Paperwork and exams are only valid for a limited period of time. Below are guidelines for acceptable age of underwriting requirements.

TEST	AGE 0-70	AGE 71+
Application	1 year	1 year
Exam	1 year	6 months
Blood and urine	1 year	6 months
EKG, inspection, MVR	1 year	1 year
71+ inspection, cognitive test	1 year	1 year
Functional test	N/A	6 months

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Selected Non-Medical Risks

Following are guidelines for a few of the most common non-medical activities and histories for which agents seek advice. Note: When in doubt, or the topic is not on this list, send a quote request to our QuickQuote desk.

Motor Vehicle[1]

High risk circumstances:

- DUIs - two or more in last 5 years, decline
- More than 3 moving violations in the last 3 years, no DUI history–add $2.50 per $1,000 or more
- More than 3 moving violations in the last 3 years, with single DUI history, age 35 and up–add $3.50 per $1,000 or more, decline if over age 65
- Single DUI > 3 years ago, no other violations, possible standard (with no other related history)
- Single DUI > 7 years ago, no other violations, possible preferred plus (with no other related history)

Aviation

Common circumstances (also see Preferred Underwriting Class Guidelines section).

Pilots for major airlines flying in the US and Canada only and no other aviation exposure – Preferred Plus

Other aviation

- Aviation Exclusion Rider (AER) will apply if driving history is rated
- Corporate pilots–plane is company-owned, maintained at same standards as commercial aircraft, pilot with ATR or commercial license with IFR, flying in US and Canada only–Preferred Plus
- Private pilots (flying in US and Canada ONLY)
  - Students pilots, at best Standard Plus with additional $2.00 per $1,000
  - Licensed pilots w/over 100 hours solo hours–Standard Plus
  - Flying more than 200 hours per yr–likely $2.50 per $1,000
  - Flying into Mexico–$2.50 per $1,000
- Flying other than in the US or Canada (including Bermuda or Bahamas) or Mexico–AER, or IC with facultative reinsurance
- Best rates with an AER:
  - Within our retention:
    - ✓ Best rates otherwise qualified
  - Over our retention:
    - ✓ Permanent plans, STD+ (Standard NT if STD+ not available)
    - ✓ Term plans, STD+

[1] A rating may apply based on age and/or overall driving history.

Foreign Residence and Travel

This is a constantly changing topic and is not applicable in all states. For our current guidelines, check our producer website Connext.

Criminal Activity

Applicants who are in jail, awaiting trial, or who are out on probation or parole are postponed until out of jail and off probation or parole for at least 12 months.

Misdemeanors

(e.g. disorderly conduct, shoplifting) and white collar felonies (tax evasion, political graft)

1 or 2 convictions

- Off probation > 12 months; best class if otherwise qualified

> 2 convictions

- Individual consideration
- If > 2 within last 5 years, consider decline

Single felonies

(e.g. grand theft, larceny, assault, involuntary manslaughter)

- Off probation: 1–5 years standard with $2.50 per $1,000 extra
- Off probation: 5–7 years–standard
- Off probation: 7+ yrs–better than standard if otherwise qualified

Multiple felonies or major felonies

(e.g. murder, rape, organized crime, espionage, terrorist acts, possession with intent to deliver, traffic or manufacture drugs) convicted at any time, UNLESS overturned–decline



Selected Non-Medical Risks, continued

Following are guidelines for a few of the most common non-medical activities and histories for which agents seek advice. Note: When in doubt, or the topic is not on this list, send a quote request to our QuickQuote desk.

Scuba

See Preferred Underwriting Class Guidelines section

Applicants who are recreational SCUBA divers are eligible for our best class (Preferred Plus) if all the following guidelines are met:

- Applicant dives to depths not exceeding 100 feet
- Participates in no more than 10 dives per year
- Dives must be in open water; applicant does not participate in wreck, salvage, cave or under-ice diving (penetration diving)
- Applicant is PADI-, NAUI, or SSI-certified or all dives are done with divemaster or instructor

Otherwise

- If over 100 feet, likely $2.50 per $1,000
- No exclusion rider available

Military

All applications must comply with the NAIC regulations regarding military applicants, per procedures published by Corebridge Financial member life insurers.

Active military personnel

- It is acceptable for agents to write active military personnel
- No government allotment for initial submissions
- Total line must meet income replacement guidelines
- The applicant can have an alert or orders for overseas duty as long as not to a "hot spot" (if the applicant cannot disclose location, the case cannot be written) (not applicable in all states)
- No Special Forces, Rangers, SEALS, Marine Force Recon, Marine Raiders, Delta Force, Air Force Para Rescue (PJs) other similar units
- Military pilots may be rated and we will not consider for better with an AER
- Face amount may be limited based on military rank



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General Financial Underwriting Guidelines
PERSONAL INSURANCE

Personal Insurance

The Financial Underwriting section of this guide is intended to provide you with a basic overview of the most common financial situations and the methods used for calculating a justified amount of coverage.

INCOME REPLACEMENT[1]	
AGE	Multiply Earned Income by
≤40[2]	25
41-50	20
51-55	15
56-65	10
66-70	5
71+	Individual Consideration

Non-Working Spouse, age 59 or less:

- Use household income to justify coverage through $1,500,000, using income replacement multiples.
- Amounts over $1,500,000 will be individually considered based on estate planning needs.

Non-Working Spouse, age 60-65

- If household income is less than $25,000, we will allow up to 10 times the income of the working spouse.

Non-Working Spouse, over age 65:

- The amount of coverage must be justified using estate planning needs.

Secondary Earner, age 59 or less:

- We will match the coverage available for the secondary earner (spouse with lower earned income) to that applied and qualified for the primary earner (up to $1,500,000)

Additional Personal Insurance Notes

Note: all amounts referenced are total line (in force and applied).

Additional amounts may be considered if justified.

- Estate Conservation need is based on the taxable value of the estate. Provide estate conservation analysis with the application. Maximum allowable growth rate is 6 percent up to a maximum limit of double the current gross estate.
- Final Expense coverage will be considered for a maximum of $50,000 when limited financial justification is demonstrated. This amount includes total line with all carriers. If no financial justification is demonstrated, no coverage will be issued.

Juveniles

Juveniles are defined as clients age 0 to 17.

Financial Requirements:

Face amounts $0-$500,000

Note: Amounts requiring only a non-medical Part B (not completed by paramedical exam company)[3]

- At least one parent(s)/guardian will need to have the same amount being requested (unless state specific statutes apply).
- If the other parent does not have any coverage inforce, or has coverage inforce at a lesser amount than the coverage being requested for the juvenile, the agent will need to provide a cover letter detailing the circumstances surrounding the reason for
  1. either the lack of any coverage inforce, or
  2. coverage inforce at an amount less than the amount being requested for the juvenile (unless one is uncovered due to un-insurability - contact your home office underwriter to discuss first)
- All siblings require equal amounts of coverage

Face amounts over $500,000

- Individual consideration (contact your home office underwriter to discuss first)

[1] Income multiples for personal insurance are guidelines only. Consider the income multiple for each age range as the maximum amount for which an individual might qualify. The maximum income factor may not be appropriate for all applicants in a particular age range.
[2] Special consideration for an additional amount given to clients with special established occupations where income is expected to increase substantially
[3] An APS and/or inspection may be ordered for cause. Other requirements may be necessary based upon the underwriter's judgment

Business Insurance

Financial Questionnaire required for all business insurance applications.

Key Person
Coverage financially protects the company from adverse financial impact if a key employee suddenly dies. The policy would provide funds to find, recruit and train a replacement, help replace any lost profits, and strengthen the balance sheet to assure creditors the business will continue.

Maximum of 10 times total compensation. In some circumstances (e.g., age, time to retirement, industry and location, etc.), 3 to 5 times compensation will be considered as an appropriate maximum.

Buy-Sell/Business Succession/ Business Continuation
Coverage is limited to the market value of the proposed insured's portion of the business as detailed in the Buy-Out or Buy-Sell agreement, or third party financials.

Business Loan Coverage
Minimum 5 years remaining on the loan, coverage limited to 75 percent of loan, prorated per each owner's percent share of the business. Business will be the owner and beneficiary with collateral assignment to the debtor. Venture capital is limited to 50 percent coverage, prorated as above.

Accidental Death Benefit
A maximum of $250,000 per life subject to filed plan limitations. See each plan for details.

Waiver Of Premium
A maximum of $5,000,000 per life subject to filed plan limitations. See each plan for details.

Bankruptcy

Tax Return Transcript may be required at the discretion of the underwriter.

Term Insurance - Chapters 7, 11, 12, 13

Single Bankruptcy:
- We will not consider coverage until the bankruptcy has been discharged for at least 24 months (2 years), and financial data supports the total line of coverage to be in force.

Multiple Bankruptcies:
- We will not consider coverage until the most recent bankruptcy has been discharged for at least 60 months (5 years), and financial data supports the total line of coverage to be in force.

Permanent Insurance

Chapter 7
We can consider coverage immediately upon discharge of the bankruptcy:

- If the discharge was less than 12 months ago, the proposed insured must be employed full time and provide us with a current pay stub (or tax return) that documents an income appropriate for the amount of coverage in force and applied.
- For applicants that have had a Chapter 7 bankruptcy discharged more than 12 months ago, no current pay stub or tax return is required in most cases, however, financial justification for the amounts in force and applied will be required.

Permanent Insurance

Chapters 11, 12, 13
We will consider permanent insurance coverage for applicants currently in Chapter 11, 12, or 13 bankruptcy once the applicant is making regular debt payments and financial data supports the total line of coverage to be in-force.

- Note that we will reduce the amount of income we consider the applicant to make by the amount of the debt payment made, as per court direction.
- Copies of court papers directing repayment will be required for amounts of $5 million and up.

Permanent Insurance

Multiple Bankruptcies
- No offer until discharged from last bankruptcy for at least 24 months and financial data supports the total line of coverage to be in-force.

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General Financial Underwriting Guidelines
OTHER CONSIDERATIONS

These maximum retention and reinsurance limits are generally for ages 0-70, Table D or better.

Retention

Up to $3.5 million on term products, and up to $10 million on permanent products.

Reinsurance

Auto-bind capacity up to $41 million for term products, $60 million for permanent plans. Jumbo limit of $65 million.

For both Retention and Automatic Reinsurance, clients age 81+ must qualify for Standard or better to be considered.

Please contact your underwriting team for ages 71+ or known higher sub-standard situations.

Third Party Financials

Third Party Financials as defined and accepted by Corebridge include but are not exclusively limited to:

- CPA prepared Tax returns for the last two filing years.
- A current paystub or W-2.
- CPA prepared Business Financial Statements.
- CPA prepared Personal Financial Statement.
- Verifiable ownership in a publicly traded company (10Kor 10Q filing)
- Investment Account Statements in the name of the proposed insured.
- Reliable public information (Forbes list, annual reports, etc.).

In continuing support of our prior practice, a supportive IRS Tax Transcript obtained through the use of form 4506C may be utilized in lieu of separate TPF requirements.

Cigar Smokers

This policy will apply only to occasional cigar users and not other forms of tobacco.

Based on current mortality information, underwriting will consider cigar use a non-factor in the risk evaluation process if:

1. The use is admitted at the time of application/inquiry and all case data coincides with the admitted degree of usage; and
2. No more than one cigar per week; and
3. No nicotine metabolites (cotinine) are present in the urinalysis done for AGL/US Life or any other company within the past 12 months; and
4. There is no use of tobacco products other than occasional cigars for at least 5 years prior to the time of application or inquiry.

Tobacco Use

A Tobacco user is considered to be anyone who has used tobacco in any form in the last 12 months. This includes:

- Cigarettes
- Cigars - Only limited cigar usage may be considered for non-tobacco rates. (See “Cigar Smokers”)
- Pipes
- Smokeless tobacco
- Chewing tobacco / Snuff
- Nicotine substitutes, including patches and gum
- Electronic (smokeless) cigarettes
- Vaping

Marijuana Use (Smoking or Vaping)

- Adult (18+), use 8 or less days per month may qualify for best class.
- Use 9-16 days/month: Standard Tobacco rates at best
- Use >16 days/month or 4 days/week: Decline
- Medicinal use: APS required (decision will be based on history requiring this prescription)

Opioid Use

In light of the opioid epidemic currently being experienced in the United States, Corebridge Financial has toughened its underwriting position and will be very conservative when reviewing cases involving ongoing use of prescription or non-prescription opioid medications.

Important Consumer Disclosures Regarding Accelerated Benefit Riders

Disclosures Solely Applicable to Quality of Life...Insurance® Riders:

- **Critical Illness Accelerated Death Benefit rider**
- **Chronic Illness Accelerated Death Benefit rider**
- **Terminal Illness Accelerated Death Benefit rider**

(1) When filing a claim for Qualifying Critical Illness under a Critical Illness Accelerated Death Benefit Rider, for Qualifying Chronic Illness under a Chronic Illness Accelerated Death Benefit Rider or for Qualifying Terminal Illness under a Terminal Illness Accelerated Death Benefit Rider, the claimant must provide to the Company a completed claim form and then-current Certification which must be received at its Administrative Center.

(2) If a benefit under the Critical Illness Accelerated Death Benefit Rider is payable, the Company will provide the Owner with one (1) opportunity to elect a Critical Illness Accelerated Benefit Amount as to the occurrence of the Qualifying Critical Illness in question. To make such an election, the Owner must complete an election form and return it to AGL within the Election Period set forth in the rider (i.e., within 60 days of the owner's receipt of the election form).

The Company will not provide a later opportunity to elect a Critical Illness Accelerated Benefit Amount under a Policy as to the same occurrence of a Qualifying Critical Illness.

(3) If a benefit under the Chronic Illness Accelerated Death Benefit Rider or under the Terminal Illness Accelerated Death Benefit Rider is payable, the Company will provide the Owner with an opportunity to elect a Chronic Illness Accelerated Benefit Amount as to the Qualifying Chronic Illness in question or to elect a Terminal Illness Accelerated Death Benefit Amount as to the Qualifying Terminal Illness in question, as applicable. To make an election, the Owner must complete an election form and return it to AGL within 60 days of the Owner's receipt of the election form.

(4) **Under certain circumstances where an insured's mortality (i.e., our expectation of the insured's life expectancy) is not significantly changed by a Qualifying Critical Illness or a Qualifying Chronic Illness and, notwithstanding the Minimum Accelerated Benefit Amount provision, the accelerated benefit may be zero.**

(5) Any actual benefit amount will be determined at the time of claim and will be subject to underwriting requirements, an actuarial discount, and all limitations and other terms of the applicable rider. See your policy for applicable requirements concerning claim and election forms for accelerated death benefits.

(6) Benefits payable are intended to receive favorable tax treatment under IRC Section 101(g); however, under certain circumstances, the benefits payable may be taxable. Neither American General Life Insurance Company nor any agent representing it is authorized to give legal or tax advice. Please consult a qualified legal or tax advisor regarding questions concerning the information and concepts contained in this material.

(7) Generally, we will send you an IRS Form 1099-LTC if you receive an accelerated death benefit on account of a Chronic Illness or a Terminal Illness. We will send you an IRS Form 1099-R if you receive an accelerated death benefit on account of a Critical Illness. The sum that will be included in Box 2 (Accelerated death benefits paid) of IRS Form 1099-LTC or in Box 1 (Gross distribution) of IRS Form 1099-R will be the actual sum you received by check or otherwise minus any refund of premium and/or loan interest included with our benefit payment plus any unpaid but due policy premium, if applicable, and/or pro rata amount of any loan balance.

(8) The maximum amount of life insurance death benefits that may be accelerated as to an Insured Person under all accelerated benefit riders is the lesser of the existing amount of such death benefits or a lifetime maximum of $2,000,000.

(9) See your policy for details.

Disclosures Applicable to All Chronic Illness Accelerated Death Benefit riders

NOT Long-Term Care Insurance

This is a life insurance benefit that also gives you the option to accelerate some or all of the death benefit in the event that you meet the criteria for a qualifying event described in the policy. This policy or certificate does not provide long-term care insurance subject to California long-term care insurance law. This policy or certificate is not a California Partnership for Long-Term Care program policy. This policy or certificate is not a Medicare supplement policy.

The Accelerated Access Solution (AAS) is an optional living benefit rider that is available on the insurance policy issued by American General Life Insurance Company (AGL), Houston, TX except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life). The Accelerated Access Solution is a life insurance rider that accelerates a portion of a policy's death benefit upon the insured's not being able to perform two or more of the activities of daily living or being cognitively impaired. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring.[1] Unlike Long-Term Care benefits, control over how money is spent is up to the policy holder: There are no receipts required and no restrictions on what the money is used for once the policy owner has been certified as eligible to receive AAS benefits. Benefits are paid directly to the policyholder for as long as the criteria are met, or until the AAS benefit amount is exhausted, whichever occurs first.

Acceleration of death benefits and payments under such an accelerated death benefit will reduce the death benefit of the policy and reduce other policy values as well, potentially to zero. If the entirety of the insurance amount is accelerated, the policy terminates.

A Long Term Care insurance (LTCI) policy is any insurance policy, certificate, or rider providing coverage for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services that are provided in a setting other than an acute care unit of a hospital. Generally, accelerated chronic illness death benefit riders and LTCI is conditioned upon the insured not being able to perform two or more of the activities of daily living or being cognitively impaired. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring.[1] LTCI includes disability based long-term care policies but does not include insurance designed primarily to provide Medicare supplement or major medical expense coverage.

If you are interested in long-term care, nursing home or home care insurance, you should consult with an insurance agent licensed to sell that insurance, inquire with the insurance company offering the accelerated death benefits.

Receipt of accelerated death benefits may affect eligibility for public assistance programs, such as Medi-Cal (in California) or Medicaid (all other states). Prior to electing to receive the accelerated death benefit, you should consult with the appropriate social services agency concerning how receipt of accelerated death benefits may affect that eligibility.

If the policy terminates, the Chronic Illness Accelerated Death Benefit Rider will also terminate.

ADB benefits will reduce the death benefit that the policyholder's heirs will receive, and the use of the ADB proceeds is unrestricted, whereas LTC benefits will not reduce the death benefit that the policyholder's heirs will receive, and the policyholder must use LTC benefits for LTC services.

Tax Implications. There are no restrictions or limitations on the use of the accelerated death benefit proceeds under a Chronic Illness Accelerated Death Benefit Rider. The accelerated benefits payable under such a rider are generally intended for favorable tax treatment under Section 101(g) of the Internal Revenue Code[1]. There may be tax consequences in some situations in accepting an accelerated benefit payment amount, such as where payments exceed the per diem limitation under the Internal Revenue Code. You should consult your personal tax advisor to assess the impact of this Benefit prior to accepting the Benefit.

Please note: The life insurance offered with Accelerated Benefit Riders is not stand-alone long term care insurance, disability income insurance, or other insurance designed to cover specific costs associated with an illness or condition. Receiving benefits under any one of the Accelerated Benefit Riders will reduce the amounts available for future acceleration under it and any of the others. It will also reduce the base life insurance benefit and the funds available to supplement retirement or other needs and may result in policy termination. The amount received after acceleration may be less than what is needed to cover all of the cost associated with an illness or condition.

[1] Insured must be certified as chronically ill by a Licensed Health Care Practitioner and meet all eligibility requirements and the condition need not be permanent.

Disclosures Solely Applicable to Accelerated Access Solution (Chronic Illness Accelerated Death Benefit rider)

Payout Options

All states except California. Three monthly benefit options are available. Monthly benefit under any option is capped at the maximum IRS per diem amount at the time claim begins.

- 2% of the AAS benefit
- 4% of the AAS benefit
- IRS maximum per diem

California ONLY. Two monthly options are available. Monthly benefit under any option is capped at the maximum monthly benefit amount under the policy at the time claim begins.

- 2% of the AAS benefit
- 4% of the AAS benefit

Alternatively, in all states, you have the option at the time of claim to receive the accelerated benefit in a lump sum payment in lieu of the benefits payable under the monthly payment option you selected. Such lump sum benefit will be subject to a present value discount that is determined by the company at the time you become eligible for benefits under the rider.

Benefit Payment

Once the insured meets the health impairment criteria and benefits have been approved for payment, they may select their disbursement. There is a maximum benefit payable under the monthly disbursement option that we'll notify the insured of at their time of claim. The insured may also select a smaller amount than the maximum monthly benefit. A lump sum option is available as well, which can be substituted for monthly benefits.

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