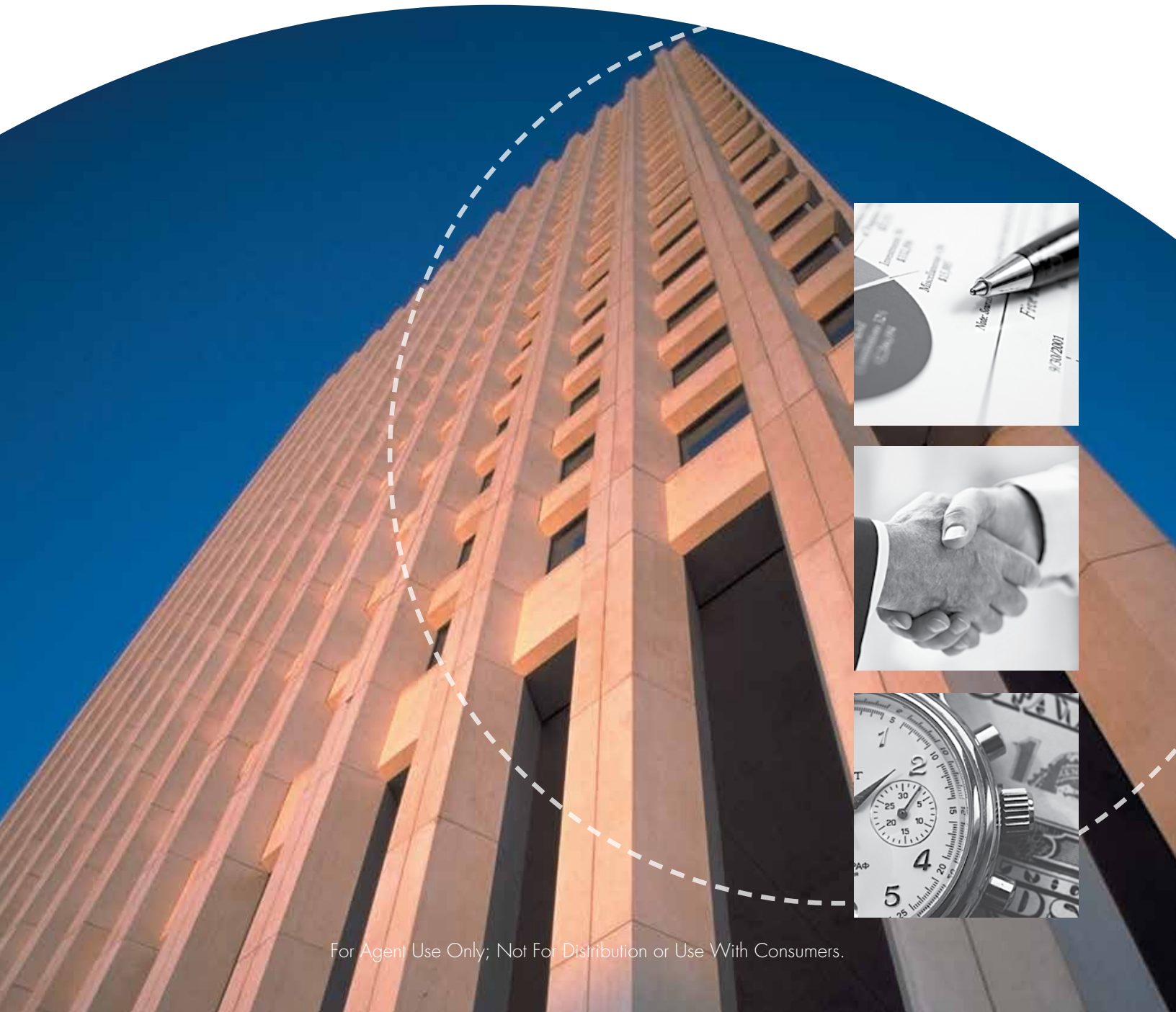




# Underwriting Guidelines

Agent Guide to basic underwriting information and requirements for American National Insurance Company & American National Life Insurance Company of New York



For Agent Use Only; Not For Distribution or Use With Consumers.

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American National Insurance Company, headquartered in Galveston, Texas is licensed to conduct business in all states except New York. Business is conducted in New York by American National Life Insurance Company of New York, headquartered in Glenmont, New York. Each company has financial responsibility for only the products and services it issues.

# How to Submit a Life Application

## Before Completing a Life Application Remember:

- The agent must be licensed and appointed, according to applicable state regulations, with American National Insurance Company and American National Life Insurance Company of New York (if doing business in NY) before writing and submitting an application.
- Applications cannot be dated prior to the agent's license appointment effective date with the company.
- Any application submitted from an agent that is not appointed with the company will be held in the Administrative Office pending compliance with state licensing appointment requirements.
- If state licensing appointment requirements are not met, the application will be incompleting.
- American National is not obligated to accept any business that is not in compliance with state regulations.

## What are my options for submission?

American National currently accepts life applications in the following formats:

<b>Electronic application through ExpertApp</b>	<b>Preferred Method!</b> Access via the IMG website <a href="http://img.anicoweb.com">img.anicoweb.com</a> or login to your ExpertOffice account
<b>ExpertScan Application</b>	Scanned life apps can be submitted through your ExpertOffice account
<b>Faxed Application</b>	You can fax all documents to 1-888-237-1012 (not available for NY)
<b>Paper Application</b>	<p>Paper applications can be mailed to:</p> <ul style="list-style-type: none"> <li>• Regular Mail: American National Processing Center, Life New Business, PO BOX 3297, Springfield, MO 65808-3297</li> <li>• Overnight Mail: American National Insurance Company, Mail Processing Center, Attn: LNB 3297, 1949 E Sunshine St., Springfield, MO 65899-3297</li> </ul>
<b>Paper Application (New York)</b>	<ul style="list-style-type: none"> <li>• New York Regular Mail Life New Business - New York P.O. Box 4408 Springfield, MO 65808-4408</li> <li>• New York Overnight Mail: Life New Business - New York 1949 E. Sunshine Street Springfield, MO 65899</li> </ul>

## Life Application Tips:




- The agent should examine the application thoroughly and become familiar with it before completing the information.
- All questions should be asked and all answers recorded completely and legibly, using black ink.
- Dashes, ditto marks and crosses have no legal meaning and are not valid answers.
- All boxes should be marked with Xs and not check marks. Those questions that do not apply should be left blank unless instructions are given to write "none."
- The agent has no right to change a signed application without the applicant's consent. Every alteration, erasure, correction, or addition made on the application must be initialed by the applicant.
- "White Out" is not acceptable on the application.

# Underwriting Requirements

The charts below illustrate the underwriting requirements for American National life policies. In order to set your client's expectations properly, the charts below separate requirements by what will be ordered by the agent and what will be ordered by the home office.

**Before ordering requirements listed as "Agent Orders", please check with your agency to see if they handle the order of any requirements on your behalf.**

## Legend:

	Automatic requirement. Agent can order the requirements now.
	Wait! No automatic exam is required. The agent orders the exam only at American National's direction.
	Automatically ordered by American National

<b>Blood/HOS</b>	Blood/HOS: Blood chemistry profile & urinalysis
<b>EKG</b>	Resting Electrocardiogram
<b>PFS</b>	Financial Supplement: Form 4165 (ANY-4165 for NY) (Business Financial Statement for Buy/Sell)
<b>SAS</b>	Senior Age Supplement
<b>PFIF</b>	Premium Funding Intent Form

<b>MIB</b>	Medical Inspection Bureau Report
<b>Risk Classifier</b>	Classifies risk by utilizing characteristics derived from public records, driving history, and credit history.
<b>MVR</b>	Motor Vehicle Report
<b>APS</b>	Attending Physician Statement

## Insured age 18-35

	Face Amount	Agent Orders				Home Office Orders							
		Blood/HOS/Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS	
<b>Xpress</b> (no automatic exams)	0 - 49,999												
	50,000 - 99,999												
	100,000 - 249,999												
<b>Xpress Plus</b> (no automatic exams)	250,000 - 500,000 (e-App)												
	500,001 - 1,000,000 (e-App)												
<b>Traditional Underwriting</b>	250,000 - 500,000 (Paper)												
	500,001 - 1,000,000 (Paper)												
	1,000,001 - 1,500,000												
	1,500,001 - 3,000,000												
	3,000,001 - 7,500,000												
	7,500,001 and up												

## Insured age 36 - 40

	Face Amount	Agent Orders				Home Office Orders						
		Blood/ HOS/ Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS
<b>Xpress</b> (no automatic exams)	0 - 49,999	▲				■		■				
	50,000 - 99,999	▲				■		■				
	100,000 - 249,999	▲				■	■	■	■			
<b>Xpress Plus</b> (no automatic exams)	250,000 - 500,000 (e-App)	▲				■	■	■	■			
	500,001 - 1,000,000 (e-App)	▲				■	■	■	■			
<b>Traditional Underwriting</b>	250,000 - 500,000 (Paper)	●				■	■	■	■			
	500,001 - 1,000,000 (Paper)	●				■	■	■	■			
	1,000,001 - 1,500,000	●				■	■		■	■		
	1,500,001 - 3,000,000	●				■	■		■	■		■
	3,000,001 - 7,500,000	●		●		■	■		■		■	■
	7,500,001 and up	●	●	●		■	■		■		■	■

## Insured age 41-50

	Face Amount	Agent Orders				Home Office Orders						
		Blood/ HOS/ Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS
<b>Xpress</b> (no automatic exams)	0 - 49,999	▲				■		■				
	50,000 - 99,999	▲				■		■				
	100,000 - 249,999	▲				■	■	■	■			
<b>Xpress Plus</b> (no automatic exams)	250,000 - 500,000 (e-App)	▲				■	■	■	■			
	500,001 - 1,000,000 (e-App)	▲				■	■	■	■			
<b>Traditional Underwriting</b>	250,000 - 500,000 (Paper)	●				■	■	■	■			
	500,001 - 1,000,000 (Paper)	●				■	■	■	■			
	1,000,001 - 1,500,000	●				■	■		■	■		
	1,500,001 - 3,000,000	●				■	■		■	■		■
	3,000,001 - 7,500,000	●	●	●		■	■		■		■	■
	7,500,001 and up	●	●	●		■	■		■		■	■

## Insured age 51-60

	Face Amount	Agent Orders				Home Office Orders						
		Blood/HOS/Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS
<b>Xpress</b> (no automatic exams)	0 - 49,999	▲				■		■				
	50,000 - 99,999	▲				■	■	■				
	100,000 - 249,999	▲				■	■	■	■			
<b>Xpress Plus</b> (no automatic exams)	250,000 - 500,000 (e-App)	▲				■	■	■	■			
<b>Traditional Underwriting</b>	250,000 - 500,000 (Paper)	●				■	■	■	■			
	500,001 - 1,000,000	●				■	■		■			
	1,000,001 - 1,500,000	●				■	■		■			
	1,500,001 - 3,000,000	●	●			■	■		■			■
	3,000,001 - 7,500,000	●	●	●		■	■		■		■	■
	7,500,001 and up	●	●	●		■	■		■		■	■

## Insured age 61-65

	Face Amount	Agent Orders				Home Office Orders						
		Blood/HOS/Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS
<b>Xpress</b> (no automatic exams)	0-49,999	▲				■		■				
	50,000-99,999	▲				■	■	■				
	100,000 - 249,999	▲				■	■	■	■			
<b>Traditional Underwriting</b>	250,000-500,000	●				■	■		■			
	500,001-1,000,000	●				■	■		■			■
	1,000,001-1,500,000	●	●			■	■		■		■	■
	1,500,001-3,000,000	●	●			■	■		■		■	■
	3,000,001-7,500,000	●	●	●		■	■		■		■	■
	7,500,001 and up	●	●	●		■	■		■		■	■

## Insured age 66-70

	Face Amount	Agent Orders				Home Office Orders						
		Blood/HOS/Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS
<b>Traditional Underwriting</b>	0 - 24,999					■	■					
	25,000 - 49,999	●*				■	■					
	50,000 - 99,999	●				■	■					
	100,000 - 249,999	●				■	■		■			
	250,000 - 500,000	●				■	■		■			
	500,001 - 1,000,000	●				■	■		■			■
	1,000,001 - 1,500,000	●	●			■	■		■		■	■
	1,500,001 - 3,000,000	●	●			■	■		■		■	■
	3,000,001 - 7,500,000	●	●	●		■	■		■		■	■
7,500,001 and up	●	●	●		■	■		■		■	■	

\*HOS and Paramedical Exam only.

## Insured age 71 & up

	Face Amount	Agent Orders				Home Office Orders						
		Blood/HOS/Paramed	EKG	PFS	SAS & PFIF	MIB	Script Check	Risk Classifier	MVR	Electronic Inspection	Traditional Inspection	APS
<b>Traditional Underwriting</b>	0-24,999					<input type="checkbox"/>	<input type="checkbox"/>					
	25,000-49,999	●*				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
	50,000-99,999	●				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
	100,000 - 249,999	●				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
	250,000-500,000	●				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
	500,001-1,000,000	●	●		●	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	1,000,001-1,500,000	●	●		●	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	1,500,001-3,000,000	●	●		●	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	3,000,001-7,500,000	●	●	●	●	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	7,500,001 and up	●	●	●	●	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

\*HOS and Paramedical Exam only.

## Paramedical and Inspection Services

The numbers below are national numbers provided to assist agency staff in contacting a local servicing company representative. Appointments are arranged at the local level.

	Company	Phone Number
Setting Up Examinations (Agent to order and indicate from which company on checklist)	APPS	1-800-635-1677
	EMSI	1-800-872-3674
	ExamOne	1-800-768-2056
	IMS	1-877-808-5533
Inspections \$1,000,001 & Over (Underwriting to order unless agent indicates otherwise on agent checklist on application)	First Financial Underwriting Services	1-800-570-3477
	EMSI	1-800-338-5629 1-800-753-0283 (Fax)
	ExamOne	1-800-768-2056

## Important Information

1. An exam by an applicant's personal physician is usually unacceptable.
2. Medical requirements will not be waived if the amount is reduced after the application is submitted.
3. An application written in excess of \$500,000, including accidental death benefit, must be written C.O.D. Any policy that will be Table 4 or over should also be C.O.D.
4. Amounts over \$3,000,000 will require a financial statement with the application.
5. HIV consent form should be collected by the agent at the time of application, and submitted to the Administrative Office if required by state.
6. **CWA Refund Checks:** When a file is incomplete, declined, or postponed, the refund check may not be returned to American National for reversal. These checks may not be applied as CWA on a rewritten or reopened case. A new remittance must be obtained from the applicant in such cases so that no basis is established that would make the company liable for risks it has previously rejected. Refund checks for declined and postponed cases (CWA) will be returned directly to the client.

American National reserves the right to order any requirement it deems necessary for sound underwriting practice. To obtain a copy of an abnormal blood profile and/or information from an APS on rated, declined or postponed cases, write to the address below. (This written request must be over applicant/insured's signature and contain the name and address of the doctor whose records are in question.)

John F. White, M. D.  
Medical Director

American National Insurance Company | American National Life Insurance Company of New York  
PO Box 1720, Galveston, Texas 77553

# Underwriting Requirements Shelf Life

Age	Shelf Life
Up to 65	<p><u>Standard Risks or Better:</u> Medical Exams, labs, EKG's, and MVR's are good for 12 months on Standard risks or better. Underwriting reserves the right to order "for cause" requirements. After 6 months, a new non-medical application with completed medical questions will be required. The company will also order a new prescription check and MIB after 6 months.</p> <p><u>Substandard Risks:</u> Medical Exams, labs, EKGs, and MVR's are good for 6 months. Underwriting reserves right to order "for cause" requirements. A newly completed application or Good Health Statement may be required.</p>
66-75	Medical Exams, labs, EKG's and MVR's are good for 6 months. Underwriting reserves right to order "for cause" requirements. A Good Health Statement and updated prescription check will be required upon delivery if exam or fully completed application is over 3 months old.
76+	Medical Exams, labs, EKG's, and MVR's are good for 3 months. May allow up to 4 months if there has been a complete physical in the medical records in the past 3 months. Underwriting reserves right to order "for cause" requirements. Updated prescription checks and Good Health Statements may also be required.
Special Note: Exam and testing limits are based on amount currently applied for plus amounts issued within the previous 12 months.	

## Preferred Risk Underwriting - Available on Designated Plans Only

Preferred risk contracts are designed and priced to produce better mortality results than can be expected from an average block of business. In other words, to support pricing assumptions, preferred lives must be better than standard lives.

Item	Preferred Criteria Ages 0 - 60			Preferred Criteria Ages 61 +		
	Preferred Plus	Preferred	Standard Plus	Preferred Plus	Preferred	Standard Plus
Cholesterol	300	300	300	300	300	300
Ratio	4.5	5.5	6.0	5.0	5.5	6.0
	Untreated cholesterol of <130 will not be eligible for Std. Plus, Pref. or Pref. Plus					
Non-Nicotine User	5 Years	3 Years	2 Years	5 Years	3 Years	2 Years
	Cigar or smokeless tobacco use of no more than 2 per month and negative HOS					
Blood Pressure to age 60	No Rx 135/80	Rx/UN 140/90	Rx/UN 150/90	No Rx 140/85	Rx/UN 150/90	Rx/UN 155/95
Family History	No death or occurrence CAD, CVA or Familial Cancers (breast, colon, lung, ovarian, prostate or melanoma) in parents or siblings prior to age 65	No death from CAD, CVA, or Familial Cancers (breast, colon, lung, ovarian, prostate or melanoma) in parents or siblings prior to age 60	No death from CAD or CVA in parents or siblings prior to age 60	Not considered at ages 71 & up. Ages 61-70: See family history rules for ages 60 and under		



Item	Preferred Criteria Ages 0 - 60			Preferred Criteria Ages 61 +		
	Preferred Plus	Preferred	Standard Plus	Preferred Plus	Preferred	Standard Plus
Weight	According to Build Table					
Driving	No DUI/DWI or reckless driving for 5 years. No moving violations >2 in 5 yrs.	No DUI/DWI or reckless driving for 5 years. No moving violations >2 in 3 yrs.	No DUI/DWI for 5 years and not ratable for driving history.	No DUI/DWI or reckless driving for 5 years. No moving violations >2 in 5 yrs.	No DUI/DWI or reckless driving for 5 years. No moving violations >2 in 3 yrs.	No DUI/DWI for 5 years.
Aviation	Private Aviation Ratings table below. Preferred rating not available for ages 71+ (Standard or Substandard Only). An aviation exclusion is required for all rate classes for ages 75+					
Residency	3 years in the U.S. Must be a U.S. or Canadian Citizen or permanent resident. 2 years for Standard Plus.					
Travel	Travel to undeveloped countries, or countries where political violence or terrorism is a significant risk, may be rated or declined. If the risk is acceptable, there may be times a permanent plan is required.					
Personal Medical History	No personal history of heart disease, cancer, diabetes*, or other medical conditions or lab or exam results deemed as a non-preferred risk by the underwriting department. *Standard Plus is possible for diabetes in certain circumstances on permanent plans only.					
Alcohol & Drug Use	No alcohol or drug abuse in the past 10 years.					
Risk Classifier	Characteristics determined using Risk Classifier report outside our tolerance will be limited to standard. Risk Classifier utilized characteristics derived from public records, driving history, and credit history.					
Minimum Build				BMI must be greater than 18.5 to be considered Std. Plus, Pref. or Pref. Plus		
Serum Albumin				4.0 or greater	4.0 or greater	4.0 or greater
eGFR				60+	60+	60+
Cognitive/ Functional				No indications of cognitive impairment or inability to perform ADL's		

## Private Aviation Ratings

	Total Solo Hours	Expected Annual Flying Hours			
		0-200	201-300	301-600	601+
Qualified Pilots (age 27 - 64)	<100	\$3.50 x 5	\$3.50 per M	\$5.00 per M	\$5.00 per M
	100-399	Standard <sup>2</sup>	\$2.50 per M <sup>1</sup>	\$5.00 per M <sup>1</sup>	\$5.00 per M <sup>1</sup>
	>/= 400	Standard <sup>2</sup>	Standard <sup>2</sup>	\$2.50 per M <sup>1</sup>	\$5.00 per M <sup>1</sup>
Qualified Pilots (age 16 - 26)	<100	\$3.50 x 5	\$5.00 per M	\$5.00 per M	\$5.00 per M
	100-399	\$2.50 x 5	\$3.50 per M	\$5.00 per M	\$5.00 per M
	>/= 400	\$2.50 x 5 <sup>1</sup>	\$2.50 per M <sup>1</sup>	\$5.00 per M <sup>1</sup>	\$5.00 per M <sup>1</sup>

<sup>1</sup>If pilot has IFR, reduce flat-extra by \$1.00

<sup>2</sup>Preferred if meets all other preferred criteria

### Other Considerations:

- Pilots age 65 and over: Individual Consideration
- Commercial Pilots flying in North America can be considered for Preferred Plus rates.

# Build Table

Preferred Plus			
Height		Weight	
Feet	Inches	Low	High
5	0	95	146
5	1	98	151
5	2	101	156
5	3	105	162
5	4	108	167
5	5	111	172
5	6	115	177
5	7	118	182
5	8	122	188
5	9	125	193
5	10	129	199
5	11	133	205
6	0	136	211
6	1	140	217
6	2	144	222
6	3	148	229
6	4	152	234
6	5	156	241
6	6	160	247
6	7	164	253
6	8	168	260
6	9	172	266

Preferred			
Height		Weight	
Feet	Inches	Low	High
5	0	95	159
5	1	98	165
5	2	101	170
5	3	105	176
5	4	108	181
5	5	111	187
5	6	115	193
5	7	118	198
5	8	122	204
5	9	125	210
5	10	129	217
5	11	133	223
6	0	136	229
6	1	140	235
6	2	144	242
6	3	148	247
6	4	152	255
6	5	156	262
6	6	160	269
6	7	164	276
6	8	168	283
6	9	172	290

Standard Plus			
Height		Weight	
Feet	Inches	Low	High
5	0	95	169
5	1	98	175
5	2	101	181
5	3	105	187
5	4	108	193
5	5	111	199
5	6	115	205
5	7	118	211
5	8	122	218
5	9	125	224
5	10	129	230
5	11	133	237
6	0	136	244
6	1	140	251
6	2	144	258
6	3	148	265
6	4	152	272
6	5	156	279
6	6	160	286
6	7	164	293
6	8	168	301
6	9	172	308

## Non-Preferred Build Table

Height	Std	T2	T3	T4	T5	T6	T8	Decline
4'8"	83-149	168-173	174-180	181-189	190-194	195-202	203-207	>217
4'9"	86-154	174-180	181-187	188-196	197-201	202-210	211-214	>225
4'10"	89-160	180-186	187-193	194-203	204-208	209-217	218-222	>233
4'11"	92-165	186-193	194-200	201-210	211-215	216-225	226-230	>241
5'0"	95-171	193-199	200-207	208-217	218-222	223-232	233-238	>249
5'1"	98-177	199-206	207-214	215-224	225-230	231-240	241-246	>257
5'2"	102-183	206-213	214-221	222-232	233-237	238-248	249-254	>266
5'3"	105-189	212-220	221-228	229-239	240-245	246-256	257-262	>274
5'4"	108-195	219-227	228-235	236-247	248-253	254-265	266-270	>283
5'5"	112-201	226-234	235-243	244-255	256-261	262-273	274-279	>292
5'6"	115-207	233-241	242-250	251-263	264-269	270-281	282-288	>301
5'7"	119-213	240-249	250-258	259-271	272-277	278-290	291-296	>310
5'8"	122-220	247-256	257-266	267-279	280-286	287-299	300-305	>319
5'9"	126-226	254-264	265-274	275-287	288-294	295-308	309-314	>329
5'10"	129-233	262-271	272-282	283-296	297-303	304-317	318-324	>339
5'11"	133-240	269-279	280-290	291-304	305-311	312-326	327-333	>348
6'0"	137-247	277-287	288-298	299-313	314-320	321-335	336-342	>358
6'1"	141-253	285-295	296-306	307-322	323-329	330-344	345-352	>368
6'2"	145-260	293-303	304-315	316-331	332-338	339-354	355-362	>378
6'3"	149-268	301-312	313-324	325-340	341-348	349-364	365-372	>389
6'4"	152-275	309-320	321-332	333-349	350-357	358-373	374-382	>399
6'5"	157-282	317-328	329-341	342-358	359-366	367-383	384-392	>409
6'6"	161-289	325-337	338-350	351-367	368-376	377-393	394-402	>420
6'7"	165-297	333-346	347-359	360-377	378-386	387-403	404-412	>431
6'8"	169-304	342-355	356-368	369-386	387-395	396-414	415-423	>442
6'9"	173-312	350-363	364-377	378-396	397-405	406-424	425-433	>453

# Financial Underwriting Guidelines

## Personal Coverage - Income replacement and Estate Preservation

### Earned Income Replacement Table

Age	Income Factor
18-40	20-30 x
41-50	15-20 x
51-60	10-15 x
61-65	8 x
>65	5 x

### Estate Preservation Calculation (Ages below 70)

1. Assess value of net worth.
2. Apply reasonable factors for growth and years compounding to determine future value. See "Growth Rates and Years Projected for Estate Preservation" below.
3. Multiply future value by 40% (estate tax rate) = Total amount needed for estate preservation. Subtract any personal life insurance coverage not being replaced.

### Estate Preservation Calculation (Ages 70+)

Same formula as "Ages below 70" as listed above, except subtract \$5,000,000 exemption.

### Growth Rates and Years Projected for Estate Preservation

Use higher annual growth rates when asset allocation/situation indicates that higher rates of return could be reasonably expected:

Age	Years Projected	Annual Growth Rate
50 & Under	20 years	6% (10% max)
51-65	15 years	4% (8% max)
66-70	10 years	3% (6% max)
71+	7 years (If life expectancy is less, use life expectancy)	3% (5% max)

## Special Requirements - Personal Coverage (Income Replacement and Estate Preservation)

### Ages under 61

\$1,000,001- \$3,000,000	<ul style="list-style-type: none"> <li>EIR (to be ordered by the Administrative Office)</li> </ul>
\$3,000,001- \$10,000,000	<ul style="list-style-type: none"> <li>Financial Supplement (Form Series 4165 / ANY-4165 for NY)</li> <li>Inspection Report from First Financial or comparable inspection from another approved vendor that includes confirmation of income and net worth by CPA and verifies credentials of sources.</li> <li>If no third party confirmation on the inspection, underwriter will request written third party financials with breakdown of assets/liabilities and the last 2 years of tax returns. If case is purely an income replacement case, it may be sufficient to accept the 4165 in lieu of CPA breakdown of assets/liabilities, but third party income verification is required. (See Acceptable Written Third Party Verification of Financials Below)</li> </ul>
\$10,000,001+	<ul style="list-style-type: none"> <li>Financial Supplement (Form Series 4165 / ANY-4165 for NY)</li> <li>Inspection report from First Financial or comparable inspection from another approved vendor that includes confirmation of income and net worth by CPA and verifies credentials of sources.</li> <li>Written third party financials with breakdown of assets/liabilities and 2 years of tax returns. (See below for acceptable forms of written third party verification)</li> </ul>

### Ages 61+

1,000,001 - \$3,000,000	<ul style="list-style-type: none"> <li>Inspection Report from First Financial or comparable inspection from another approved vendor. <b>For ages 71+, this inspection will include confirmation of income and net worth by a CPA and verifies credentials of the source(s).</b></li> <li>If no third party confirmation on the inspection, underwriter will request written third party financials with breakdown of assets/liabilities and the last 2 years of tax returns. (See Acceptable Written Third Party Verification of Financials below).</li> <li>Premium Funding Intent (Form Series 10051 / ANY-10051 for NY) for ages 71+</li> </ul>
\$3,000,001- \$10,000,000	<ul style="list-style-type: none"> <li>Financial Supplement (Form Series 4165 / ANY-4165 for NY)</li> <li>Inspection Report from First Financial or comparable inspection from another approved vendor that includes confirmation of income and net worth by CPA and verifies credentials of sources.</li> <li>If no third party confirmation on the inspection, underwriter will request written third party financials with breakdown of assets/liabilities and the last 2 years of tax returns. (See Acceptable Written Third Party Verification of Financials below).</li> <li>Premium Funding Intent (Form Series 10051 / ANY-10051 for NY) for ages 71+</li> </ul>
\$10,000,001+	<ul style="list-style-type: none"> <li>Financial Supplement (Form Series 4165 / ANY-4165 for NY)</li> <li>Inspection report from First Financial or comparable inspection from another approved vendor that includes confirmation of income and net worth by CPA and verifies credentials of sources.</li> <li>Written third party financials with breakdown of assets/liabilities and 2 years of tax returns. (See below for acceptable forms of written third party verification).</li> <li>Premium Funding Intent (Form Series 10051 / ANY-10051 for NY) for ages 71+</li> </ul>

## Premium to Income Ratio

Gross Income:	% of income available for Life Insurance Premium
<\$50,000	Up to 10%
\$50,001-75,000	10-15%
\$75,001-100,000	15-20%
>\$100,000	20-25%

In the event that life insurance premiums exceed these amounts, please include a detailed cover letter explaining the reason and the source of the premiums. Underwriter may ask for detailed third party financial documentation in these situations.

## Non-Income Earning Spouses

- Allow up to 100% of insurance in force on the employed spouse up to \$1,000,000 if no dependent children (and up to \$2,000,000 if there are dependent children) as long as household income justifies the amount on the wage earning spouse.
- Amounts exceeding these guidelines would need a detailed cover letter explaining reason for face amount (estate planning needs, for example).

## Personal Loans

- Term of loan must be 5 years or more.
- Generally up a maximum of 75% of the loan.

## Juvenile Coverage

- Siblings must be equally covered.
- For amounts over \$500,000, parents should have at least twice the amount of life insurance. For up to \$499,999, will allow at least equal amount of coverage on parents.
- Amounts greater than \$500,000 require facultative reinsurance.

## Charitable Coverage

- Multiply amount of annual giving by 10 for typical maximum face amount (average amount from the past 3 years x 10).
- Should have adequate personal coverage already in force.
- Cover letter explaining how face amount determined.
- For amounts over \$250,000 will require documentation of prior giving. Underwriter discretion below \$250,000.

# Business Coverage

## Buy/Sell

Value of company multiplied by percent of ownership to determine maximum face amount.

### Buy/Sell Special Requirements

- For amounts over \$1 million, Business Financial Questionnaire needed. If no questionnaire, company will order Inspection/Business Beneficiary report from First Financial.
- For Amounts over \$3,000,000, Inspection Report with a Business Beneficiary Report and business financial statements from the last 2 years.
- Completion of the Business Financial Questionnaire is strongly encouraged to be included with the application. Underwriter may request this questionnaire at his/her discretion.
- Completion of cover letter explaining the case and how face amount determined strongly encouraged.

## Key Person

10 x annual income to determine typical maximum face amount.

### Key Person Special Requirements

- For amounts over \$1 million, Business Financial Questionnaire needed. If no questionnaire, company will order Inspection/Business Beneficiary report from First Financial.
- For Amounts over \$3,000,000, Inspection Report with a Business Beneficiary Report and business financial statements from the last 2 years.
- Completion of the Business Financial Questionnaire is strongly encouraged to be included with the application. Underwriter may request this questionnaire at his/her discretion.
- Completion of cover letter explaining the case and how face amount determined strongly encouraged.

## Business Loan or Creditor Coverage

- Typically cover face amounts up to 75% of the loan.
- Terms of loan typically must be 5 years or more.
- Proposed Insured must be a key person.

## New Business/Start Up Companies

- Considered on Case-By-Case Basis.
- Total line of coverage not to exceed 50% of the loan or investment.
- Cover letter explaining amount and source of funding, experience of the owners in the field and their prior success strongly encouraged.
- Balance sheet and income/expense statements, pro forma statements and business plans should be submitted with the application.

## Acceptable Sources for Written Third Party Financial Documentation

- CPA
- Personal Attorney with supporting documentation
- Personal Banker with supporting documentation
- Financial Statement Questionnaire (personal and business) signed by CPA
- Tax Returns
- Brokerage Statements
- Bank Statements
- Audited Business Financials
- Property tax assessment or appraisal

# STOLI/IOLI and Rebating

## STOLI/IOLI

It is American National's policy that life insurance should only be purchased to provide protection to those with an insurable interest in the life of the insured. We will not knowingly participate in life insurance sales motivated by the possible sale of policies in a secondary market or participation of investors in policy death benefits. This includes Stranger-Owned Life Insurance (STOLI), Investor-Owned Life Insurance (IOLI), life settlements or viatication.

In order to control the issuing of policies intended for these purposes, we require that Form 4439 (ANY-4439 in NY) "Customer Identification Verification" be completed on all cases. If any of the questions on this form are answered "Yes," additional forms will need to be completed, per the instructions on the form. Form Series 10051 (ANY-10051 in NY) "Premium Funding Intent Form" will also need to be completed for all cases in which the proposed insured is age 70 or older and the face amount applied for is \$500,000 or more. Both forms are available on the IMG Web site.

## Rebating

American National complies with all anti-rebate laws and expects its producers to also comply.

## Autobind:

Ages	Standard – T4	T5 – T8	T9 – T16
18-70	\$20 Million	\$20 Million	\$20 Million
71-80	\$10 Million	\$ 5 Million	No Autobind
81-85	\$ 5 Million	No Autobind	No Autobind

## Jumbo Case Limit:

Age	Limit	Rate Classes
18-85	\$50 Million	All Classes

## Retention Limits:

(effective 1/1/2019)

Age	Retention Limits	Maximum Table Rating
0-75	\$5,000,000	All
76-80	\$2,000,000	Table 8
81-85	\$1,000,000	Table 4



# Side-by-Side Accelerated Underwriting Comparisons

	<b>Xpress</b> (formerly Underwriting Express)	<b>Xpress Plus</b>	<b>Worksite Simplified Issue</b>
<b>Program Description</b>	A program designed to provide a quick underwriting process for limited ages and face amount and will not automatically require an exam to be ordered.	A program designed to enhance the underwriting process when using electronic applications. Xpress Plus will not automatically require an exam to be ordered. Instead, the agent will be notified via ExpertOffice if an exam is required.	A program for employer groups (federal market, teachers, etc.) that have been pre-approved to sell Signature Guaranteed Universal Life SI through the Worksite program.
<b>Who Can Apply?</b>	<b>Individual Applications</b>	<b>Individual Applications</b>	<b>Approved Employer Groups</b> (minimum of 10 participating employees)
<b>Issue Ages</b>	0-65	18-60	18-65
<b>Face Amounts</b>	Up to \$249,999	Ages 18-50: \$250,000 - \$1,000,000 Ages 51-60: \$250,000 - \$500,000	Up to \$250,000
<b>eApp Available?</b>	Yes	Yes	Yes
<b>eApp Required?</b>	No	<b>Yes</b>	No
<b>Underwriting Classes</b>	Standard Substandard	<b>Preferred Plus</b> <b>Preferred</b> <b>Standard Plus</b> <b>Standard</b> <sup>1</sup>	Standard  (Classes are issued on Accept/Decline basis with tables 1-4 issued as standard)
<b>Exam Required?</b>	<b>No Automatic Exam Required.</b>  The need for an exam is determined based on answers to the application, MIB, Rx, and Risk Classifier. <sup>2</sup>	<b>No Automatic Exam Required.</b>  The need for an exam is determined based on answers to the application, MIB, Rx, and Risk Classifier. <sup>2</sup>  <b>When submitted through ExpertApp:</b> <ul style="list-style-type: none"> <li><b>Step 1: ExpertApp</b> If answers on the application prompt the need for an exam, the agent will receive a notification immediately in ExpertApp.</li> <li><b>Step 2: Underwriting</b> If the MIB, Rx, Risk Classifier and/or underwriter review prompt the need for an exam, the agent will receive a notification via ExpertOffice and email.</li> </ul>	<b>No Exam Required.</b>  Underwriting decision is based on a few simple health questions.
<b>Available Products</b>	All (excluding Worksite SI products)	All (excluding Worksite SI products)	Signature GUL SI

## Cases outside of the parameters of the programs above will require traditional underwriting.

<sup>1</sup> Characteristics determined using Risk Classifier report outside our tolerance will be limited to standard. Risk Classifier utilized characteristics derived from public records, driving history, and credit history.

<sup>2</sup> Cases rated substandard will be disqualified from the Xpress Plus program but are still eligible for issue with full underwriting.

# Common conditions that require additional Labs, Exams, and/or APS

Not all applications will be issued without additional exams. Common conditions that will require additional exams to be ordered are listed in the chart below.

<b>Xpress Plus</b>	<b>Exam/ Labs</b>	<b>APS</b>
Diabetes or Glucose Intolerance	<b>X</b>	
Hypertension (when any of the following apply: diagnosed within 6 months, applicant is under age 35, applicant requires >2 medications to control, or is undisclosed/suspected)	<b>X</b>	
Heart Disease	<b>X</b>	<b>X</b>
Renal Disease	<b>X</b>	<b>X</b>
Liver Disease	<b>X</b>	<b>X</b>
Cancer	<b>X</b>	<b>X</b>
Substance Abuse	<b>X</b>	<b>X</b>
Cerebral Vascular Disease	<b>X</b>	<b>X</b>
Peripheral Vascular Disease	<b>X</b>	<b>X</b>
COPD	<b>X</b>	<b>X</b>
Barrett's Esophagus	<b>X</b>	<b>X</b>
Crohn's Disease	<b>X</b>	<b>X</b>
Ulcerative Colitis	<b>X</b>	<b>X</b>
Epilepsy/Seizure	<b>X</b>	
Gastric Bypass/Lap Band	<b>X</b>	
Lupus	<b>X</b>	<b>X</b>
Multiple Sclerosis	<b>X</b>	<b>X</b>
Parkinson's Disease	<b>X</b>	<b>X</b>
Rheumatoid Arthritis	<b>X</b>	
Sleep Apnea	<b>X</b>	
Criminal History that is not an automatic decline.	<b>X</b>	
Driving History that is not an automatic decline.	<b>X</b>	
Disability	<b>X</b>	<b>X</b>
Unemployed - when specifically listed as such (does not apply to homemaker)	<b>X</b>	
Over-insurance/Stacking	<b>X</b>	
Inforce/Applied with American National and subsidiaries exceeds our max limits for Xpress Plus	<b>X</b>	
HIV	<b>X</b>	<b>X</b>
Underweight	<b>X</b>	<b>X</b>
Build Table 2 or higher	<b>X</b>	
Other characteristics determined using the Risk Classifier report are outside our tolerance.	<b>X</b>	
Rx record not found and >50 years old	<b>X</b>	
Previous substandard or declined case with American National or other company	<b>X</b>	<b>X</b>
Parent or sibling death from cardiovascular disease or stroke prior to age 60	<b>X</b>	

<b>Xpress Plus</b>	<b>Exam/ Labs</b>	<b>APS</b>
Parent or sibling death from colon, ovarian, or prostate cancer prior to age 60	<b>X</b>	
If labs completed in past 12 months for insurance purposes, we will attempt to obtain those requirements. If unable to obtain, we will order our own exam, labs.	<b>X</b>	
Nondisclosure of material medical history (including smoking/nicotine/tobacco history)	<b>X</b>	

<b>Xpress</b>	<b>Exam/ Labs</b>	<b>APS</b>
Undisclosed Diabetes	<b>X</b>	
Diabetes Requiring more than 1 medication	<b>X</b>	
Undisclosed ratable Obesity	<b>X</b>	
Hypertension age 35 and under	<b>X</b>	
Hypertension over age 35 requiring 3 or more medications	<b>X</b>	
Undisclosed Hypertension	<b>X</b>	
Heart Disease		<b>X</b>
Suspected kidney function abnormality without diagnosis	<b>X</b>	
Kidney Disease		<b>X</b>
Liver Disease		<b>X</b>
Suspected Liver Enzyme elevations without diagnosis	<b>X</b>	
Cancer		<b>X</b>
Substance Abuse	<b>X</b>	<b>X</b>
Cerebral Vascular Disease		<b>X</b>
Peripheral Vascular Disease		<b>X</b>
COPD		<b>X</b>
Barrett's Esophagus		<b>X</b>
Crohn's Disease		<b>X</b>
Ulcerative Colitis		<b>X</b>
Lupus		<b>X</b>
Multiple Sclerosis		<b>X</b>
Parkinson's		<b>X</b>
Criminal History	<b>X</b>	
History of DUI in the past 2 years	<b>X</b>	
Underweight	<b>X</b>	
Other characteristics determined using the Risk Classifier report are outside our tolerance	<b>X</b>	
Non Disclosure of material medical history (including smoking, nicotine, tobacco history)	<b>X</b>	

Since each case is different, the underwriter reserves the right to order APS's or other requirements depending on the merits of each individual case.

# Underwriting Strengths

Preferred Plus	
<b>Cigar and Smokeless Tobacco User</b>	<ul style="list-style-type: none"> <li>• Preferred Plus rates for occasional cigar and smokeless tobacco users.</li> <li>• 2 times a month or less and negative specimen.</li> </ul>

Preferred	
<b>Sleep Apnea</b>	Individuals with this condition who are well-controlled, compliant with treatment, and have other favorable risk factors may receive preferred rates.
<b>Mild Situational Depression or Anxiety</b>	Mild situational depression and anxiety with favorable characteristics may receive preferred rates.
<b>Adult Attention Deficit Disorder</b>	Individuals with this condition who are very well controlled and do not represent any increased risk may receive preferred rates.
<b>Preferred Exceptions</b>	<p>Our preferred guidelines require that we exclude preferred if there has been a death from breast, colon, lung, ovarian, prostate cancer, or melanoma in parents or siblings prior to the age of 60. We now allow for some exceptions for preferred:</p> <ul style="list-style-type: none"> <li>• <b>Colon Cancer:</b> Allow one family history of colon cancer death prior to age 60 for preferred rates if client has had a normal colonoscopy in the past 24 months (No adenomatous polyps or ulcerations consistent with inflammatory bowel disease). Limit to age 50+</li> <li>• <b>Coronary Artery Disease:</b> Allow for one family history of death from CAD before age of 60 with a negative Stress EKG with good exercise tolerance (at least 8 METS) in the past 12 months. Limit to age 50+</li> <li>• <b>Prostate Cancer:</b> Allow a family history of prostate cancer if current PSA is &lt;2.0 and there has been a normal prostate exam in the past 24 months. Limit to age 50+</li> </ul>

Standard Plus	
<b>Prostate Cancer</b>	Ages 70+ with low grade prostate tumor treated with surgery may receive standard plus rates with evidence of good follow-up and no other significant medical problems.
<b>Type 2 Diabetes</b>	Type 2 diabetics' ages 50+ with good control and optimal control of other risk factors (blood pressure, lipids, build) may receive Standard Plus rates on any permanent product.

Standard	
<b>Coronary Artery Disease</b>	Ages 70+ with single vessel (right coronary artery) disease and other favorable factors, may receive standard rates.

Family History	
"Family history of cancer" only includes these cancers (breast, colon, lung, ovarian, prostate, and melanoma).	

Obesity	
Generous credits for individuals who have favorable risk factors such as optimal blood pressure readings, favorable lipids, recent favorable stress testing or an EBCT.	

Scenarios listed in the Underwriting Strengths section reflect the best possible case and individuals with such conditions are not guaranteed rates listed.

# General Reinstatement Procedures

## Applying for Reinstatement:

<p>Policies with original face amounts between \$1 and \$500,000:</p>	<ol style="list-style-type: none"> <li>1. Call customer service at 1-800-899-6806 to obtain the calculated reinstatement premium amount.</li> <li>2. Have the client complete a reinstatement form. This form varies by state and is available at <a href="http://www.img.anicoweb.com">www.img.anicoweb.com</a>.</li> <li>3. Submit reinstatement form and premium to American National</li> <li>4. American National's Underwriting team will review the application, if additional requirements are needed, they will be ordered at this time. Note: Premium will be returned to the client if any pending requirements are not received within 30 days of request.</li> <li>5. Once a reinstatement decision has been made, American National will send a letter of either acceptance or decline to the client and the agent.</li> <li>6. If American National does not receive enough premium to reinstate, a letter will be sent to the client (with an email to the agent). At that point, the client has 30 days to send the difference of premium. Note: If premium is NOT received in 30 days, the file is closed and the client will have to restart the reinstatement process.</li> </ol>
<p>Policies with original face amounts of \$500,001 or higher:</p>	<ol style="list-style-type: none"> <li>1. Do NOT submit a premium with application.</li> <li>2. Have the client complete a reinstatement form. This form varies by state and is available at <a href="http://www.img.anicoweb.com">www.img.anicoweb.com</a></li> <li>3. Submit the reinstatement form to American National</li> <li>4. American National's Underwriting team will review the application, if additional requirements are needed, they will be ordered at this time. The file will be closed if any pending requirements are not received within 30 days of request.</li> <li>5. If the reinstatement is approved, American National will overnight a request for premium to the client (and email the agent) along with a modification application, which must be signed. If the reinstatement is declined, American National will send a letter informing the client and the agent.</li> <li>6. The signed modification application and premium must be received by American National within 30 days of the date the overnight envelope was delivered to the client. Note: If the premium and application are NOT received in 30 days, the client will have to complete a declaration of insurability and the premium may need to be adjusted for additional underwriting.</li> <li>7. If complete application and correct premium is received, American National will send a letter of acceptance to the client and the agent.</li> </ol>

## Where to send Reinstatement Form and/or Premium:

Mail	Overnight	Fax
<p>American National PO Box 3257 Springfield MO, 65808</p>	<p>American National 1949 E. Sunshine Street Springfield MO, 65899</p>	<p>409-621-7505</p>

## Service Turnaround and Expectations:

<p>Policies with original face amounts between \$1 and \$500,000</p>	<p><b>If the policy has been lapsed for LESS THAN ONE YEAR and the insured has not had a significant change in health:</b></p> <ul style="list-style-type: none"> <li><b>In Good Order:</b> Typically, one week from the time the application is received to the acceptance/approval letter being mailed.</li> <li><b>Not In Good Order:</b> The typical reinstatement depends on the response time from agent/client to receive the outstanding requirements. Average turnaround time is less than two weeks to complete the reinstatement process.</li> </ul>
<p>Policies with original face amounts of \$500,001 or higher:</p>	<p><b>If the policy has been lapsed for LESS THAN SIX MONTHS:</b></p> <ul style="list-style-type: none"> <li><b>In Good Order:</b> Typically, three weeks from the time the application is received to the acceptance/approval letter being mailed.</li> <li><b>Not In Good Order:</b> The typical reinstatement depends on the response time from agent/client to receive the outstanding requirements. Average turnaround time is approximately four weeks to complete the reinstatement process.</li> </ul> <p><b>If the policy has been lapsed for MORE THAN SIX MONTHS:</b></p> <ul style="list-style-type: none"> <li>This situation involves the same process, underwriting time frames, as it would for newly submitted life insurance cases. The underwriting process could take up to a total of two to three weeks to order, receive, and analyze questionnaires and medical records to render a decision. Then, there are the additional days it takes to receive the reinstatement premiums and modification application back from the client. Average turnaround is typically a month to perform the entire reinstatement process.</li> </ul>

## Underwriting Requirements: (Underwriter reserves the right to order requirements based on individual situations)

Length of Lapse	Amount of Insurance	Underwriting Requirements ( <b>Bold</b> must be ordered by the agent)
90 Days or Less	Up to \$100,000	Reinstatement Application
	\$100,001 - \$1,000,000	Reinstatement Application, MIB
	\$1,000,000 +	Reinstatement Application, MIB, Scriptcheck
91 to 180 days	Up to \$1,000,000	Reinstatement Application, MIB, Scriptcheck
	\$1,000,000 +	Reinstatement Application, MIB, <b>Exam, Urine, Blood Profile</b> , Scriptcheck
181 to 365 days	Up to \$500,000	Reinstatement Application, MIB, Scriptcheck
	\$500,001 to \$1,000,000	Reinstatement Application, MIB, <b>Blood, Urine</b> , Physical Measurements
	\$1,000,001 +	Reinstatement Application, MIB, <b>Exam, Urine, Blood Profile</b> , Scriptcheck
365 days+	Up to \$250,000	Reinstatement Application, MIB, Scriptcheck
	\$250,001 to \$1,000,000	Reinstatement Application, MIB, Scriptcheck, <b>Blood, Urine, Exam</b>
	\$1,000,001 and up	Reinstatement Application, MIB, Scriptcheck, <b>Blood, Urine, Exam</b>

## Other Underwriting Expectations:

<p>Attending Physician Statements</p>	<p>Normal new business age/amount requirements will be followed. APS may also be ordered at underwriter discretion.</p>
<p>Financial Requirements</p>	<p>If it is determined there is a <b>MAJOR</b> discrepancy between the original financials and the financials provided on the Application for Reinstatement, it will be at the underwriter's discretion if additional financial documents are required.</p>

# Impairment Guide

	Impairment (Alphabetical)	Rating	
<b>A</b>	Acromegaly	Table 4-8	
	Addison's disease	Standard -Table 3	
	ADD/ADHD	Standard -Table 2	
	AIDS or ARC	Decline	
	Alcohol treatment then 2 years sobriety	Standard – Table 8	
	Alpha 1 Antitrypsin Def (no meds, good pulmonary, favorable A1P, NS)	Standard	
	Alzheimer's disease	Decline	
	Amyloidosis	Standard – Decline	
	Amyotrophic lateral sclerosis	Decline	
	Anemia	Standard – Decline	
	Aortic aneurysm	Table 2 – Decline	
	Angina	Standard – Decline	
	Angioedema	Standard	
	Ankylosing spondylitis	Standard – Table 4	
	Anorexia nervosa	Standard – Decline	
	Anxiety	Standard – Table 2	
	Aortic insufficiency	Standard – Table 8	
	Arteriosclerosis obliterans	Table 4 – Decline	
	Arteriovenous malformations	Standard – Decline	
	Arthritis – osteoarthritis	Standard	
	Arthritis – rheumatoid or psoriatic	Standard – Table 6	
	Asbestosis	Standard – Decline	
	Ascites	Decline	
	Asthma	Standard – Table 4	
	Atrial fibrillation or flutter	Table 2 – Decline	
	Atrial septal defect	Standard – Decline	
	Atrioventricular block 1st and 2nd degree	Standard – Table 2	
	Atrioventricular block 3rd degree – complete	Table 4 – Decline	
	<b>B</b>	Barlow's syndrome	Standard – Table 2
		Basal cell carcinoma	Standard
		Bells palsy	Standard
		Benign prostate hypertrophy	Standard
		Berger's disease	Table 2-8
Bicuspid aortic valve		Standard – Table 8	
Bigeminy		Standard – Table 8	
Bipolar mental illness		Table 2 – 8	

	Impairment (Alphabetical)	Rating
<b>C</b>	Bright's disease	Standard – Decline
	Bronchiectasis	Table 3 – Decline
	Bronchitis chronic	Table 4 – Decline
	Buerger's disease	Standard – Table 4
	Bundle branch block – hemiblock or right	Standard – Table 2
	Bundle branch block – left	Table 4 – Decline
	Cancer – two years after treatment, no metastases, no recurrence	Standard – Decline
	Cardiomyopathy	Decline
	Carotid bruit	Standard – Table 3
	Celiac disease	Standard – Table 4
	Cerebral palsy – gainfully employed & no assistance in walking	Standard – Table 3
	Cerebrovascular accident	Table 4 – Decline
	Charcot Marie Tooth disease	Standard – Decline
	Cholecystitis - recovered	Standard
	Cholelithiasis – no symptoms	Standard
	Christmas disease (Factor IX deficiency)	Table 2-8
	Chronic Fatigue Syndrome	Standard – Table 2
	Chronic obstructive pulmonary disease (COPD)	Table 4 – Decline
	Chronic pain – regular narcotic use	Table 4 – Decline
	Chronic renal insufficiency /failure	Decline
	Cirrhosis	Decline
	Cocaine use – no use in past 3 years	Standard – Decline
	Colitis – not ulcerative & full recovery	Standard
	Colon polyp(s) – benign	Standard
	Congestive Heart Failure	Decline
	Cor Pulmonale	Decline
	Coronary artery disease – bypass or stent	Table 2 – Decline
	Costochondritis	Standard
	Crohn's disease	Table 2 -8
	Cushing's syndrome	Standard – Table 4
	Cystic fibrosis	Decline
	Cystitis	Standard
	<b>D</b>	Deep Venous Thrombosis (two months after recovery)
Dementia		Decline
Depression		Standard – Table 8

	Impairment (Alphabetical)	Rating
	Diabetes – NS – dx <5 years – age <50	Table 3 – 8
	Diabetes – NS – dx <5 years – age >50	Standard – Table 4
	Diabetes – NS – dx >5 years – age <50	Table 4 – Decline
	Diabetes – NS – dx >5 years – age >50	Table 2 – 6
	Dialysis	Decline
	Discoid lupus (more than one year after clear diagnosis)	Standard
	Diverticulitis/Diverticulosis – recovered	Standard
	Down’s syndrome	Decline
	Drug abuse or addiction – no drug use in 3 years	Standard – Table 8
<b>E</b>	Eclampsia – recovered	Standard
	Emphysema	Table 4 – Decline
	Encephalitis – recovery no residuals	Standard
	Endocarditis – recovered no residuals	Standard
	Epilepsy	Standard – Decline
	Erythema nodosum – recovered	Standard
	Esophageal varices	Decline
<b>F</b>	Factor VII or IX Deficiency	Table 2 – Decline
	Fibrocystic breast disease	Standard
	Fibromyalgia	Standard
	Fibromuscular Dysplasia (treated after 6 months)	Standard – Table 2
<b>G</b>	Gastric bypass - one year after surgery	Standard – Table 3
	GERD	Standard
	Gestational diabetes – not currently pregnant and normal labs	Standard
	Gilbert’s syndrome	Standard
	Glomerulonephritis	Table 4 – Decline
	Graves’ disease – controlled	Standard
	Guillain – Barre syndrome- recovered no residuals	Standard
<b>H</b>	Hashimoto’s disease – controlled	Standard
	Heart attack	Table 4 – Decline
	Hemochromatosis – six months after dx well controlled	Standard – Table 4
	Hemophilia	Table 2 – Decline
	Hematemesis (unresolved or unexplained)	Decline
	Hematochezia (fully investigated and benign)	Standard

	Impairment (Alphabetical)	Rating
	Hematuria (resolved or no genitourinary disease)	Standard
	Hemoptysis (unresolved or unexplained)	Decline
	Hepatitis A – recovered	Standard
	Hepatitis B – no acute symptoms	Standard – Table 8
	Hepatitis C – no acute symptoms	Table 2 – Decline
	Hirschsprung’s disease – surgically corrected	Standard
	Histoplasmosis	Standard – Table 2
	HIV	Individual Consideration
	Hodgkin’s disease – postpone 1 to 5 years depending on Stage	Table 2 – Decline
	Huntington’s chorea	Decline
	Hydrocephalus	Table 2-8
	Hyperglycemia – medically monitored and not diabetes	Standard
	Hyperlipidemia – controlled	Standard
	Hypertension – controlled	Standard
	Hyperthyroidism or hypothyroidism	Standard
	Hypoglycemia	Standard
	Idiopathic Hypertrophic Sub Aortic Stenosis	Table 4 – Decline
<b>I</b>	Ileitis	Standard – Table 8
	Intermittent claudication	Table – Decline
	Irritable Bowel Syndrome	Standard
	Inflammatory Bowel Disease	Table 2 – Table 8
<b>K</b>	Kaposi’s sarcoma	Decline
	Kidney stones	Standard
<b>L</b>	Labyrinthitis	Standard
	Left Anterior Hemiblock	Standard
	Left Posterior Hemiblock	Standard
	Legionnaire’s Disease (full recovery)	Standard
	Leukemia (five years after end of treatment)	Table 4 – Decline
	Lyme Disease (full recovery)	Standard
	Lymphoma – postpone 1 to 5 years depending on stage	Table 4 – Decline
<b>M</b>	Mallory-Weiss Syndrome (currently under treatment)	Decline
	Marfan’s Syndrome (no cardiac or vascular impairments)	Table 2-Table 8
	Marijuana Use (infrequent and no criminal record)	Standard NU – Table 4 NU

	Impairment (Alphabetical)	Rating
	Melanoma (complete excision and established pathology)	Standard – Decline
	Melena (unresolved or unexplained)	Decline
	Meniere’s Disease (controlled or resolved)	Standard
	Meningitis (fully recovered without complications)	Standard
	Migraines (fully evaluated)	Standard
	Mitral insufficiency or regurgitation	Standard – Decline
	Mitral Valve Prolapse	Standard
	Monoclonal Gammopathy or MGUS (after 2 years stable labs)	Table 2 – Table 4
	Mononucleosis (recovered)	Standard
	Motor Neuron Disease	Decline
	Multiple Sclerosis	Table 2 – Decline
	Muscular Dystrophy	Standard – Decline
	Myasthenia Gravis	Standard – Decline
	Myelofibrosis	Decline
	Myeloma	Decline
	Myeloproliferative Disorders	Table 2 – Decline
	Myocardial Bridging (asymptomatic)	Standard
	Myocardial Infarction	Table 4 – Decline
	Myocarditis (single incident, one year full recovery)	Standard
	Myositis (chronic or progressive)	Decline
<b>N</b>	Narcolepsy	Standard – Table 4
	Nephritis	Standard – Decline
	Neuritis	Standard – Table 2
	Neuropathy	Standard – Table 4
<b>O</b>	Organic Brain Syndrome	Decline
	Osteomyelitis (chronic stable, not progressive)	Table 2-Table 4
	Osteoporosis	Standard
<b>P</b>	Pacemaker	Table 2 – Decline
	Paget’s Disease of Bone (not progressive)	Standard
	Palpitations (normal cardiac workup)	Standard
	Pancreatitis (chronic or recurrent)	Decline
	Paraplegia	Table 6 – Decline
	Parkinson’s Disease	Table 2 – Decline
	Patent Ductus Arteriosus (surgically corrected)	Standard
	Pericarditis (full recovery)	Standard

	Impairment (Alphabetical)	Rating
	Peripheral Vascular Disease (non-smoker)	Standard – Table 4
	Phlebitis (full recovery)	Standard
	Plasma Cell Disorder (2 years after diagnosis, stable labs)	Table 2 – Decline
	Poliomyelitis (stable no wheelchair)	Standard – Table 3
	Polycystic Kidney Disease	Table 2 – Decline
	Polycythemia (diagnosed two years, stable CBC)	Table 2 – Table 6
	Polymyositis	Standard – Decline
	Polyp (benign pathology)	Standard
	Post-Polio Syndrome (stable no wheelchair)	Standard - Table 3
	Post-Traumatic Stress Disorder	Standard – Table 6
	Prostatitis (treated)	Standard
	Proteinuria	Standard – Decline
	Psoriasis	Standard
	Psoriatic Arthritis	Standard – Table 6
	Pulmonary Embolism (after 6 months full recovery)	Standard – Table 4
	Pulmonary Hypertension	Decline
	Pyelonephritis (full recovery)	Standard
<b>Q</b>	Quadriplegia	Decline
<b>R</b>	Regional Enteritis	Table 2 – Table 8
	Renal Artery Stenosis (6 months after treatment, no HTN)	Standard – Table 3
	Renal Dialysis	Decline
	Renal Insufficiency / Failure	Decline
	Renal Transplant	Decline
	Restless Leg Syndrome	Standard
	Right Bundle Branch Block	Standard
	Rheumatic Fever (full recovery no cardiac residuals)	Standard
	Rheumatoid Arthritis	Standard – Table 6
<b>S</b>	Sarcoidosis (lungs/skin only and remission 6 months)	Standard
	Schizophrenia	Decline
	Scleroderma (skin only, two years after diagnosis)	
	Sclerosing Cholangitis	Decline
	Sickle Cell Disease (normal CBC, no hospitalizations past 5 years)	Table 3 – Decline
	Sickle cell trait	Standard
	Sjogren’s Syndrome	Standard



	Impairment (Alphabetical)	Rating
	Sleep apnea (treated)	Standard – Table 3
	Spina Bifida (asymptomatic)	Standard
	Spina Bifida (symptomatic)	Table 4 – Decline
	Stroke (after first year)	Table 4 – Decline
	Suicide attempt (after first year)	Flat extra \$5/M
	Suicide attempts (two years after last)	Table 4 – Decline
	Systemic Lupus Erythematosus	Table 2 –Table 8
<b>T</b>	Tachycardia (cardiac workup neg)	Standard – Table 2
	Transient Ischemic Attack (after six months)	Table 3 –Table 6
	Tremor (negative neurological evaluation)	Standard
<b>U</b>	Ulcerative Colitis	Table 2 - Table 8
<b>V</b>	Varicose veins	Standard
	Vertigo (after neurological evaluation)	Standard
	Ventricular Septal Defect (no surgery needed)	Standard – Table 4
<b>W</b>	Wolff-Parkinson-White (WPW)	Standard
<b>X</b>	Xeroderma Pigmentosum	Decline

## The American National Story

Chartered on March 17, 1905 by American National Insurance Company's founder, W. L. Moody Jr., began operations with \$100,000 of capital and \$20,000 surplus. Following a conservative investment philosophy, Mr. Moody believed that profits should finance future growth, so American National did not pay dividends to investors in those early years. Mr. Moody envisioned a company that would flourish for centuries. His conservative business approach created a unique corporate culture that remains the heart of the company today.

American National Life Insurance Company of New York, a wholly-owned subsidiary of American National Insurance Company, was incorporated under the laws of New York in October 2009 and is only licensed to business in New York.

This culture has helped American National persevere through wars, hurricanes, economic volatility, extraordinary technological advancements, evolving products, and the changing needs of contract holders and agents. American National remains financially strong and will continue to manage its business respecting the conservative principles of its founder, driven by its corporate vision to be a leading provider of financial services for current and future generations.



## Life New Business Quick Reference

<b>Electronic application through ExpertApp</b>	<p><b>Preferred Method!</b> Access via the IMG website or login to your ExpertOffice account</p>
<b>Faxed Application</b>	You can fax all documents to 1-888-237-1012 (not available for NY)
<b>Paper Application</b>	<p>Paper applications can be mailed to:</p> <ul style="list-style-type: none"> <li>• Regular Mail: American National Processing Center, Life New Business, PO BOX 3297, Springfield, MO 65808-3297</li> <li>• Overnight Mail: American National Insurance Company, Mail Processing Center , Attn: LNB 3297, 1949 E Sunshine St., Springfield, MO 65899-3297</li> <li>• New York Regular Mail Life New Business - New York P.O. Box 4408 Springfield, MO 65808-4408</li> <li>• New York Overnight Mail: Life New Business - New York 1949 E. Sunshine Street Springfield, MO 65899</li> </ul>
<b>Pending Life Application Status</b>	<ul style="list-style-type: none"> <li>• 800-672-9960</li> <li>• 866-490-3163 (New York)</li> </ul>
<b>Life New Business Case Managers</b>	<ul style="list-style-type: none"> <li>• Email: IMGteam@americannational.com</li> <li>• Phone: 1-800-773-0924</li> <li>• Fax: 1-888-237-1012</li> </ul>
<b>Underwriting Contacts</b>	<ul style="list-style-type: none"> <li>• Phone: 1-800-773-0924</li> <li>• Fax: 1-888-237-1012</li> </ul>
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