

ING Life Underwriting



Requirements Guide

June 2011

- 1 General Information

- 2 Medical, Inspection & APS Requirements

- 3-4 Preferred Criteria

- 5-6 Financial Requirements/Underwriting Guide

LIFE INSURANCE



For agent/registered representative use only. Not for public distribution.

Your future. Made easier.®

Underwriting Information

Underwriting Age

Underwriting requirements are based on the proposed insured's age at nearest birthday.

Underwriting Risk Amount

Underwriting risk amount is based on highest target death benefit to age 100. The amount being underwritten includes insurance placed in-force and applied for with the ING life insurance companies within the past year.

Requirements Notes

Please contact your underwriter with specific questions regarding underwriting requirements, health history, or financial underwriting. Significant health history may necessitate additional requirements. ING reserves the right to request additional information as deemed necessary.

MD exams, Paramedical exams, and lab tests (blood, HOS) are valid for a maximum of 12 months through age 70, for a maximum of 6 months for ages 71-80, and for a maximum of 3 months for age 81 up. The Age 71+ Questionnaire is valid for 6 months for ages 71-80, and 3 months for age 81 up. Electrocardiograms (EKG's) and Treadmills (TM's) are valid for a maximum of 12 months from completion date. Depending on case circumstances, ING Underwriting may request updated medical requirements, APS information, or Additional Statements to Application on delivery sooner than the above maximums.

Tobacco Use Definitions*

Super Preferred No Tobacco (SPNT)

No tobacco or nicotine products in any form within the past five years.

Preferred No Tobacco (PNT)

No tobacco or nicotine products in any form within the past three years.

*Check product specifications for class availability

Celebratory Cigar Practice: The occasional use of a cigar (1 time per week or less) may be disregarded if the cigar use is fully admitted on the application and the urine specimen is negative for cotinine/nicotine.

Select No Tobacco (SLNT)

No tobacco or nicotine products in any form within the past two years.

Standard No Tobacco (SNT)

No tobacco or nicotine products in any form within the past one year.

Preferred Tobacco (PT)

A user of tobacco (less than two packs of cigarettes per day) or nicotine within the past three years who otherwise qualifies for Preferred Rates.

Standard Tobacco (ST)

A tobacco or nicotine user who otherwise qualifies for Standard Rates.

Approved Underwriting Vendors

Paramedical Services

- American Para Professional Systems, Inc (APPS) (preferred vendor) – www.appslive.com or 800-727-2101
- ExamOne – www.examone.com or 800-768-2056
- Examination Management Services, Inc. (EMSI) – www.emsinet.com or 800-872-3674
- Portamedic/Hooper Holmes – www.portamedic.com or 866-335-5575
- Superior Mobile Medics (SMM) – www.superiormobilemedics.com or 800-898-3926

Puerto Rico paramedical services

- American Para Professional Systems, Inc (APPS) – 787-722-6002

International paramedical services

- ExamOne (ING pre-approval needed) – 800-333-9947

Lab

- Clinical Reference Laboratory (CRL)

Inspection Reports

- ExamOne – www.examone.com or 800-768-2056
- Hooper Holmes – www.portamedic.com or 866-335-5575

Attending Physician's Statements

- Examination Management Services, Inc. (EMSI) – www.emsinet.com or 800-872-3674
- Hooper Holmes – www.portamedic.com or 866-335-5575
- Western Field Investigations (WFI) – www.wfi-inc.com or 800-999-9589
- ExamOne – www.examone.com or 800-768-2056

ING encourages the use of our approved vendors. If a non-approved vendor is used, the agency/agent will be responsible to pay the vendor directly and submit to ING for reimbursement once a formal application is submitted. Agent reimbursements will be allowed up to our ING contracted rates and any expense exceeding these rates will be the responsibility of the agency/agent. ING agent reimbursement audit guidelines must be met to qualify.

Please contact the Vendor Management team for details at vendormanagement@us.ing.com or call 1-877-882-5050; option 4, x89197.

ING Life Insurance Underwriting June 2011 Requirements for UL, VUL, and Term Products

Risk Amount	Age of Applicant*					
	16 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 85
0 - \$49,999	Medical questions on app completed by agent Physical measurements by Paramed Urine HIV	Medical questions on app completed by agent Physical measurements by Paramed Urine HIV	Medical questions on app completed by agent Physical measurements by Paramed Urine HIV	Paramed Blood/HOS	Paramed Blood/HOS Age 71+Q	Paramed Blood/HOS Age 71+Q
\$50,000 - 99,999	Medical questions on app completed by agent Physical measurements by Paramed Blood/HOS MVR	Medical questions on app completed by agent Physical measurements by Paramed Blood/HOS MVR	Medical questions on app completed by agent Physical measurements by Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR Age 71+Q	Paramed Blood/HOS MVR Age 71+Q
\$100,000-500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	Paramed Blood/HOS MVR EKG Age 71+Q
\$500,001-1,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	Paramed Blood/HOS MVR EKG Age 71+Q
\$1,000,001-3,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	Paramed Blood/HOS MVR EKG Age 71+Q
\$3,000,001-5,000,000	Paramed Blood/HOS MVR PersFinQ	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG Age 71+Q	Paramed Blood/HOS MVR PersFinQ EKG Age 71+Q
\$5,000,001-10,000,000	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG Age 71+Q	Paramed Blood/HOS MVR PersFinQ EKG Age 71+Q
\$10,000,001 and up	MD Exam Blood/HOS MVR PersFinQ IR EKG	MD Exam Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ IR TM	MD Exam Blood/HOS MVR PersFinQ IR TM	MD Exam Blood/HOS MVR PersFinQ EKG Age 71+Q	MD Exam Blood/HOS MVR PersFinQ EKG Age 71+Q

Home office underwriting may also obtain routine ID verifications.

Age and Amount APS Ordering Guidelines

Ages 16-60	No routine Age and Amount APS ordering; order APS's for cause only	Ages 61-70	For routine consultations and examinations (excluding employment, school or insurance physicals, routine normal OB/GYN related exams, and routine care for cold, flu, allergies, and minor accidental injuries) Risk Amount \$500,000 or less \$500,001-\$1,000,000 \$1,000,001+	Ages 71+	All amounts. APS from personal physician always required
			If physician was consulted Within past 1 year Within past 2 years Within past 3 years		

APS - Attending Physician's Statement

Blood/HOS - Blood chemistry profile & urinalysis

EKG - Electrocardiogram

IR - Inspection Report

PersFinQ - Underwriting Personal Financial Questionnaire (replaces Underwriting Financial Data form)

MD Exam - Exam by a physician

MVR - Motor Vehicle Report

Paramed - Paramedical exam

TM - Treadmill (stress) EKG

Age 71+Q - Questionnaire for Proposed Insureds age 71 and up - completed by examiner

Survivorship Guidelines

- Regular underwriting guidelines for full risk amount on each person
- Treadmill EKG required at ages 51-70 at \$20,000,001 risk amount and higher for non-tobacco users and at \$10,000,001 risk amount and higher for tobacco users

***Ages 0-15** 0-\$250,000

\$250,001+

Ages 86+ All Amounts

Medical questions on app completed by agent
Individual consideration - contact Underwriting for requirements
Individual consideration - contact Underwriting for requirements

Preferred Classes Criteria for all Products Ages 16-60

Category	Super Preferred No Tobacco	Preferred No Tobacco	Select No Tobacco
No Tobacco (Minimum duration)	No use of tobacco or nicotine products in any form within the past 5 years	No use of tobacco or nicotine products in any form within the past 3 years	No use of tobacco or nicotine products in any form within the past 2 years
Build (See BMI/height & weight charts)	BMI 18-29	BMI 18-31	BMI 18-33
Blood Pressure No current or prior blood pressure in excess of:	<ul style="list-style-type: none"> • Male 135/90 • Female 135/85 No history of treatment for hypertension	<ul style="list-style-type: none"> • Male 140/90 • Female 135/90 Treated well controlled hypertensives with pretreatment levels exceeding the above limit may be considered	<ul style="list-style-type: none"> • Male 145/95 • Female 140/95 Treated well controlled hypertensives with pretreatment levels exceeding the above limit may be considered
Maximum Cholesterol (treated or untreated)	300	300	300
Maximum HDL	<ul style="list-style-type: none"> • Male 75 • Female 90 	<ul style="list-style-type: none"> • Male 75 • Female 90 	<ul style="list-style-type: none"> • Male 75 • Female 90
Maximum Cholesterol /HDL Ratio	<ul style="list-style-type: none"> • Male 5.0 • Female 4.5 	<ul style="list-style-type: none"> • Male 5.5 • Female 5.2 	<ul style="list-style-type: none"> • Male 6.0 • Female 6.0
MVR	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years		
Personal Medical History	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)		
Alcohol/ Drug	No history of drug or alcohol abuse in past 10 years	No history of drug or alcohol abuse in past 10 years	No ratable history of drug or alcohol abuse
Family History (If proposed insured < age 60)	No cardiovascular deaths in parents prior to age 65	No cardiovascular deaths in parents prior to age 60	No more than one cardiovascular death in parents prior to age 60
Aviation or Hazardous Avocation/Occupation	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation		

PREFERRED CLASSES - WEIGHT RANGES Ages 16-60

Height	MINIMUM Weight	MAXIMUM Weight		
		Super Preferred	Preferred	Select
4'8"	80	129	138	147
4'9"	83	134	143	153
4'10"	86	139	148	158
4'11"	89	144	154	163
5'0"	92	149	159	169
5'1"	95	153	164	175
5'2"	98	159	170	180
5'3"	102	164	175	186
5'4"	105	169	181	192
5'5"	108	174	186	198
5'6"	112	180	192	204
5'7"	115	185	198	211
5'8"	118	191	204	217
5'9"	122	196	210	223
5'10"	125	202	216	230
5'11"	129	208	222	237
6'0"	133	214	229	243
6'1"	136	220	235	250
6'2"	140	226	241	257
6'3"	144	232	248	264
6'4"	148	238	255	271
6'5"	152	245	261	278
6'6"	156	251	268	286
6'7"	160	257	275	293
BMI	18	29	31	33

BMI=Body Mass Index, calculated as (weight in pounds divided by (height in inches x height in inches)) x 703.

Minimum weight applies for Super Preferred, Preferred and Select classes.

BMI (height/weight) criteria apply to both males and females.

Preferred Classes Criteria for all Products Ages 61+

Category	Super Preferred No Tobacco (available at ages 61-80 only)	Preferred No Tobacco	Select No Tobacco
No Tobacco (Minimum duration)	No use of tobacco or nicotine products in any form within the past 5 years	No use of tobacco or nicotine products in any form within the past 3 years	No use of tobacco or nicotine products in any form within the past 2 years
Build (See BMI/height & weight charts)	BMI 18-31; for age 71+, weight must be confirmed as stable for at least the past 2 years by medical records.	BMI 18-33; for age 71+, weight must be confirmed as stable for at least the past 2 years by medical records.	BMI 18-37
Blood Pressure	Average of past 2 years' blood pressure readings not in excess of 140/95 plus no pulse pressure greater than 70	Average of past 2 years' blood pressure readings not in excess of 145/100 plus no pulse pressure greater than 75	Average of past 2 years' blood pressure readings not in excess of 145/100
BP Treatment	For treated and controlled hypertensives, pre-treatment BP's may be eliminated from averaging.		
Maximum Cholesterol (treated or untreated)	300	300	300
Maximum Cholesterol /HDL Ratio	<ul style="list-style-type: none"> • Male 6.0 • Female 5.5 	<ul style="list-style-type: none"> • Male 6.5 • Female 6.2 	<ul style="list-style-type: none"> • Male 7.0 • Female 7.0
Minimum Serum Albumin	<ul style="list-style-type: none"> • Male 4.0 • Female 3.9 	<ul style="list-style-type: none"> • Male 3.8 • Female 3.7 	N/A
Minimum Adjusted GFR	60	55	N/A
MVR/Driving History	Age 61-70 -See criteria for age 16-60. Age 71+ - No history of accidents, reckless driving, or revocation of license in past 10 years.		
Personal Medical History	Standard medical risk with no history of cancer in past 30 years (other than basal cell skin cancer, or certain squamous cell cancers)		
Alcohol/Drug	No history of drug or alcohol abuse within the past 10 years.		
Aviation or Hazardous Avocation/Occupation	Aviation available at ages 61-75 may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation		

PREFERRED CLASSES - WEIGHT RANGES Ages 61+

Height	MINIMUM Weight	MAXIMUM Weight		
		Super Preferred (max age 80)	Preferred	Select
4'8"	80	138	147	165
4'9"	83	143	153	171
4'10"	86	148	158	177
4'11"	89	154	163	183
5'0"	92	159	169	189
5'1"	95	164	175	196
5'2"	98	170	180	202
5'3"	102	175	186	209
5'4"	105	181	192	216
5'5"	108	186	198	222
5'6"	112	192	204	229
5'7"	115	198	211	236
5'8"	118	204	217	243
5'9"	122	210	223	251
5'10"	125	216	230	258
5'11"	129	222	237	265
6'0"	133	229	243	273
6'1"	136	235	250	280
6'2"	140	241	257	288
6'3"	144	248	264	296
6'4"	148	255	271	304
6'5"	152	261	278	312
6'6"	156	268	286	320
6'7"	160	275	293	328
BMI	18	31	33	37

BMI=Body Mass Index, calculated as (weight in pounds divided by(height in inches x height in inches)) x 703.

Minimum weight applies for Super Preferred, Preferred and Select classes.

BMI (height/weight) criteria apply to both males and females.

FINANCIAL UNDERWRITING: Underwriting Documentation & Verification Requirements

Age	Underwriting Risk Amount				
	\$3,000,001-5,000,000	\$5,000,001-7,500,000	\$7,500,001-10,000,000	\$10,000,001-20,000,000	\$20,000,001 and up
Age 20-64: Personal insurance	Und Personal Financial Questionnaire			Und Personal Financial Questionnaire, Third party verification of financial information	Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)
Age 20-64: Buy-sell/Stock redemption	Und Business Financial Questionnaire, IR with business bene report		Und Business Financial Questionnaire, IR with business bene report, Copies of business financial statements		Und Business Financial Questionnaire, IR with business bene report, Copies of business financial statements, Written third party verification of financial information
65-70: all apps	Und Personal Financial Questionnaire			Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)	
71-80: all apps	Und Personal Financial Questionnaire		Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)		
81-90: all apps	Und Personal Financial Questionnaire	Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)			
Acceptable Written Third Party Verification of Financials:	<ul style="list-style-type: none"> • Attorney signature with supporting documentation • CPA verified and signed statement with supporting documentation 		<ul style="list-style-type: none"> • Audited CPA statement • Broker dealer statement 		<ul style="list-style-type: none"> • Tax return • Tax assessment or appraisal
<p>The above guidelines and requirements may be modified by the Underwriting Department depending on case circumstances. Premium Financed cases may have additional information requirements for Advanced Case Design review. Consult your Internal Wholesaler for specifics. Underwriting Personal Financial Questionnaire replaces the Underwriting Financial Data form.</p>					

ING Financial Underwriting Guidelines – June 2011

Financial questions on the application and agent's report must be fully completed on all cases.

Purpose of Insurance	Formulas and Guidelines	Information Required														
PERSONAL																
Income replacement	<p style="text-align: center;">Maximum coverage</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Ages</td> <td style="text-align: center;">Factor X earned Income</td> </tr> <tr> <td style="text-align: center;">20-30</td> <td style="text-align: center;">25-30</td> </tr> <tr> <td style="text-align: center;">31-40</td> <td style="text-align: center;">20-25</td> </tr> <tr> <td style="text-align: center;">41-50</td> <td style="text-align: center;">15-20</td> </tr> <tr> <td style="text-align: center;">51-60</td> <td style="text-align: center;">10-15</td> </tr> <tr> <td style="text-align: center;">61-70</td> <td style="text-align: center;">7-10</td> </tr> <tr> <td style="text-align: center;">71 and over</td> <td style="text-align: center;">Individual Consideration</td> </tr> </table>	Ages	Factor X earned Income	20-30	25-30	31-40	20-25	41-50	15-20	51-60	10-15	61-70	7-10	71 and over	Individual Consideration	<p>Gross annual earned income</p> <p>How amount of insurance was determined</p> <p>Purpose of coverage</p> <p>Additional documentation see page 5.</p>
Ages	Factor X earned Income															
20-30	25-30															
31-40	20-25															
41-50	15-20															
51-60	10-15															
61-70	7-10															
71 and over	Individual Consideration															
Creditor insurance (debt protection) – Personal	50-75% of outstanding loan balance	Amt, duration, purpose of loan; Collateral pledged; Repayment period – minimum 5 years														
Estate planning	Estate appreciation at reasonable interest rate % (6-8% range) X 15 years or remaining life expectancy (whichever is less) X 50% (max tax rate) *Higher or lower rates subject to individual consideration.	Estate analysis Personal balance sheet Additional documentation see page 5.														
Juvenile coverage	Up to 50% of largest amount of insurance on either parent's (or guardian's) life; (In New York, issue age 0-4, up to 25% of the insurance on the parent's life.) Risk amounts \$1,000,000+ require Individual Consideration	All children in family should be insured for similar amounts. If not, an explanation is needed. Need and purpose of insurance (cover letter required on any apps over \$100,000).														
Charitable giving	Average of 3 year's history of gifts X lesser of 10 years or remaining life expectancy; Personal insurance needs must be fully met before charitable giving purchases are addressed.	To qualify for higher amounts, need multi year history of giving to the benefiting charity, documented by receipts or income tax returns														

Purpose of Insurance	Formulas and Guidelines	Information Required
BUSINESS		
Key executive	Up to 10 times annual income	Verification of income; List of other key executives and their coverage
Buy/sell & stock redemption plans	% of ownership X value of company (typically 5-15 X earnings, depending on the industry)	Details as to how the amount was determined; Corporate financial statements (income stmt and balance sheet); Percentage ownership in company; Details regarding buy/sell agreement; Market value of business Additional documentation see page 5.
Deferred compensation	Insurance amount is typically a formula multiple of deferrable income.	Deferred comp plan formula and description of insurance benefit
Creditor (debt repayment) – Business	Up to 75% of outstanding loan balance – Business should be the owner of the policy	Amt, purpose, duration of loan; Business financial statements; Collateral pledged Repayment period – minimum 5 years

Notes

For **ATR (Adjustable Term Rider)** or other increasing risk benefit pattern, need justification for total ultimate risk amount and increase pattern (if irregular).

If **traditional premium financing** is used as a payment method, full risk amount will be underwritten according to regular financial underwriting guidelines.

ING does not accept and will not approve **Non-Recourse or Hybrid Premium Financing, Investor-Owned- or Stranger-Owned-Life-Insurance (IOLI/SOLI)** applications or programs.

Life insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), ReliaStar Life Insurance Company of New York (Woodbury, NY) and Security Life of Denver Insurance Company (Denver, CO). Variable universal life insurance products are distributed by ING America Equities, Inc. Within the state of New York, only ReliaStar Life Insurance Company of New York is admitted and its products issued. All are members of the ING family of companies.

All guarantees are based on the financial strength and claims-paying ability of the issuing insurance company, who is solely responsible for all obligations under its policies.

© 2011 ING North America Insurance Corporation
cn67433062013



WWW.INGLIFEINSURANCE.COM