

West Coast Life Announces NEW Senior Underwriting Program!

To: All West Coast Life Agents and Brokerage General Agents

From: Marilyn Reed

Date: January 14, 2008

Re: Senior Underwriting Protocol

In an on-going effort to provide you with competitive solutions and to better meet the needs of your clients, I'm pleased to introduce a new West Coast Life Senior Underwriting protocol for proposed insureds over age 70 that will improve our risk selection abilities.

This program will allow us to **GREATLY** improve the opportunity for proposed insureds over age 70 to obtain both Super Preferred and Preferred risk classifications. The Senior Underwriting program recognizes the fact that at ages over 70, barring other risk factors, it is okay to have a more robust build and to have higher cholesterol levels if other health problems do not already exist.

During the last six months we have been performing a few additional blood tests for this age group and now we will ask that each proposed insured over age 70 complete a drawing exercise (Landmark Drawing Copy Test, LDCT) and answer questions on an Activities Questionnaire (AQ). These tools were selected because they are easy, quick, and will give us better classification information in some cases. Both of these will be completed as part of the normal examination process.

Successful completion in these areas will allow the proposed insured over age 70 to take advantage of our more relaxed Super Preferred and Preferred criteria in areas such as Cholesterol, Build and Blood Pressure. Please refer to the "**new**" Super Preferred and Preferred criteria that have been attached to this communication for proposed insureds over age 70.

We will immediately begin assessing all eligible internal cases and newly submitted applications using our new senior protocol. Please be assured that we will not ask for anything additional or hold up those cases that may have missed these requirements at the current time. We are going to be flexible in our administration of this program with a 60-day phase in period.

Communication

Senior Underwriting Program

The **Super Preferred Guidelines Chart** for proposed insureds over age 70 has been liberalized in several areas. Some of the highlights are as follows:

- **Blood Pressure** – Average from exam and readings within the last year **can go up to 150/90**.
- **Cholesterol** – Total cholesterol may not be lower than 130 untreated and **may not exceed 275**.
- **Build** – Weight in pounds is now evaluated with both a minimum and maximum – **with the maximums greatly expanded**.

The **Preferred Guidelines Chart** for proposed insureds over age 70 has been liberalized in several areas. Some of the highlights are as follows:

- **Blood Pressure** – Average from exam and readings within the last year **can go up to 160/95**.
- **Cholesterol** – Total cholesterol may not be lower than 130 untreated and **may not exceed 300**.
- **Build** – Weight in pounds is now evaluated with both a minimum and maximum – **with the maximums greatly expanded**.

Attached are the complete Super Preferred and Preferred Guidelines for proposed insureds over age 70, the Activities Questionnaire (AQ) and the Landmark Drawing Copy Test (LDCT).

We look forward to working with you and your applicants in expanding the opportunities with progressive yet sound underwriting.

Should you have questions, please do not hesitate to contact your Underwriting Team here at West Coast Life.

Cordially,



Marilyn Reed
Vice President, Underwriting

“Super Preferred Guidelines” Proposed Insureds Over Age 70

Tobacco	No tobacco for 5 years (urine negative).
Driving	Not available if two or more moving violations in the last three years or if any DUI or reckless driving in the last five years.
Basic Insurability	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
Blood Pressure	No history of treatment. Average from exam and readings within the last year may not exceed 150/90.
Cholesterol	Total Cholesterol may not be lower than 130 untreated and may not exceed 275. Cholesterol/HDL Ratio may not exceed 4.5.
Aviation	Available with an Exclusion Rider, except in New Jersey and North Dakota.
Residence	Citizen of U.S. or Canada or proof of permanent residence.
Build	Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

Height	Min	Max	Height	Min	Max
5-0	112	148	5-11	156	206
5-1	115	153	6-0	160	212
5-2	119	158	6-1	165	218
5-3	123	163	6-2	170	224
5-4	127	168	6-3	174	230
5-5	131	173	6-4	179	237
5-6	135	178	6-5	184	244
5-7	139	184	6-6	189	250
5-8	143	190	6-7	194	256
5-9	147	195	6-8	199	263
5-10	152	201	6-9	204	270

“Preferred Guidelines” Proposed Insureds Over Age 70

Tobacco	No tobacco for 1 year (urine negative).
Driving	Not available if three or more moving violations in the last three years or if any DUI or reckless driving in the last five years.
Basic Insurability	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
Blood Pressure	Average from exam and readings within the last year may not exceed 160/95.
Cholesterol	Total Cholesterol may not be lower than 130 untreated and may not exceed 300. Cholesterol/HDL Ratio may not exceed 5.0.
Aviation	Available with an Exclusion Rider, except in New Jersey and North Dakota.
Residence	Citizen of U.S. or Canada or proof of permanent residence.
Build	Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

Height	Min	Max	Height	Min	Max
5-0	102	168	5-11	142	236
5-1	105	174	6-0	146	242
5-2	108	180	6-1	150	249
5-3	112	185	6-2	154	256
5-4	115	191	6-3	158	262
5-5	119	197	6-4	162	270
5-6	123	203	6-5	167	277
5-7	127	209	6-6	172	284
5-8	130	216	6-7	176	292
5-9	134	222	6-8	180	299
5-10	138	229	6-9	185	306



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Insurance Company**
A PROTECTIVE COMPANY

ACTIVITIES QUESTIONNAIRE

(Required for all Proposed Insureds Over Age 70, to be administered by an examiner)

1. PROPOSED INSURED'S NAME (<i>Please Print</i>)	Date of Birth
2. DO YOU PARTICIPATE IN ANY TYPE OF WORK ACTIVITIES (Full-Time, Part-Time, Volunteer, Etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Type: _____ Frequency: _____	
3. ARE YOU A MEMBER OF ANY TYPE OF CLUB OR ORGANIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Activities Involved: _____ Frequency of Attendance: _____	
4. DO YOU CURRENTLY DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Describe any violations or accidents within the past five years: _____ _____ (If "No", complete the following) When did you last drive? _____ Why did you stop driving? _____	
5. DO YOU PARTICIPATE IN ANY TYPE OF EXERCISE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Type: _____ Frequency: _____	
6. DO YOU PARTICIPATE IN ANY OTHER HOBBIES OR ACTIVITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Type: _____ Frequency: _____	
7. DO YOU LIVE ALONE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", give full details) _____	
8. DO YOU HAVE A PET? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Type: _____	
9. DO YOU PERFORM REGULAR HOUSEHOLD TASKS (e.g., cooking, cleaning, laundry, shopping, yard or handy work)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Which ones? _____	
10. DO YOU HAVE ANYONE THAT HELPS YOU WITH OR DOES REGULAR HOUSEHOLD TASKS FOR YOU (e.g. Hired Help, Friend, Family)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", give full details) _____	
11. DO YOU MANAGE YOUR OWN FINANCES? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", give full details) _____	
12. DO YOU TAKE ANY TYPE OF MEDICATIONS (e.g., prescription, over-the-counter, vitamins, herbs, or supplements)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Type: _____ Frequency: _____	
13. HAVE YOU FALLEN OR HAD ANY INJURIES IN THE PAST FIVE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", give full details) _____	
14. HAVE YOU USED ANY WALKING ASSISTANCE IN THE PAST FIVE YEARS (e.g., crutches, cane, leg braces, walker, wheelchair, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following) Type: _____ Frequency: _____ Date Last Use: _____	
15. ADDITIONAL DETAILS AND COMMENTS	
I agree all statements and answers to the above questions are complete and true.	

DATED AT (City) (State)	ON (Month) (Day) (Year)
WITNESS	PROPOSED INSURED



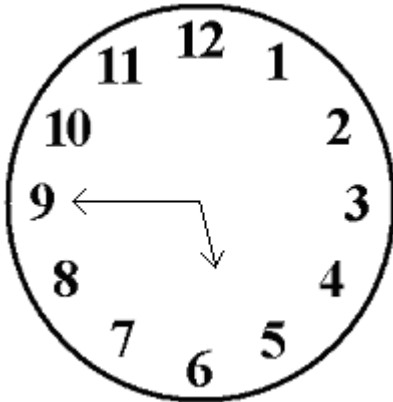
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Landmark Drawing Copy Test

Note to the Examiner: This test must be completed with an eraser-tipped pencil.

PROPOSED INSURED'S NAME (<i>Please Print</i>)	Date of Birth
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Instructions: Copy the clock below in the area provided to the right.



I certify that I alone have completed this test, without the assistance of the examiner or any other person(s).

Dated at _____ this _____ day of _____ 20 _____
(City, State)

Signed in the presence of _____
(Medical Examiner) (Signature of Proposed Insured)