



Polish Roman Catholic Union of America

A Legal Reserve Fraternal Benefit Society

984 N. Milwaukee Avenue, Chicago, Illinois 60642-4101

(773) 782-2600 - FAX (773) 278-4595 - (800) 772-8632 - PRCUA.org

Life Underwriting Guidelines

Routine Underwriting Requirements for PRCUALife

Instructions

This is intended for use by **PRCUALife** sales representatives and office personnel only. It is not intended for public use or distribution. For additional information, please contact us at **1-800-772-8632** or visit our Agent Portal at agent.prcua.org.

Medical Requirements

To qualify for plan available preferred rates, the proposed insured is required to complete a paramedical exam, including blood and urine samples.

TOTAL INSURANCE IN FORCE WITH PRCUA	AGES						
	0-15	16-35	36-45	46-55	56-69	70-74	75 & Up
\$ 10,000 - \$ 24,999	A	A	A	A	A	C	IC
\$ 25,000 - \$ 49,999	A	A	A	A	B	C	IC
\$ 50,000 - \$ 100,000	A	A	B	B	D	E	IC
\$ 100,001 - \$ 150,000	IC	C	C	D	D	E	IC
\$ 150,001 - \$ 250,000	IC	D	D	D	F	G	IC
\$ 250,001 - \$ 500,000	IC	D	D	F	F	G	IC
\$ 500,001 and over	IC	D	D	F	F	G	IC

KEY

- A** NON-MEDICAL, Rx Check
- B** Non-Medical, OFL, Rx Check
- C** PARAMED, URINE, Rx Check
- D** PARAMED, BLOOD, URINE, Rx Check
- E** PARAMED, BLOOD, URINE, APS. Cognitive testing, Rx Check
- F** PARAMED, BLOOD, URINE, NT-Pro BNP, Rx Check
- G** PARAMED, BLOOD, URINE, NT-Pro BNP, APS, Cognitive testing, Rx Check
- IC** INDIVIDUAL CONSIDERATION. Contact Underwriting for Requirements.

DEFINITIONS

- NON-MEDICAL** The agent or proposed member completes the application, including medical history questions.
- ORAL FLUID** Oral Specimen collected by Paramed or Agent.
- URINE** Urine specimen collected by Paramed.
- PARAMED** Medical history and physical measurements are taken on an exam form by the Paramed.
- NT-PRO-BNP** Used to help detect, diagnose, and evaluate the severity of heart issue by Paramed.



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Other Requirements

Inspection Report

Phone interview completed between a third-party vendor and the proposed member. Information includes verification of name (proposed member, owner, and beneficiary), date of birth, address, social security number, driver's license number, employment, income, net worth, bankruptcy, personal habits (i.e. foreign travel, driving record, avocations, etc.) and medical history (i.e. medical condition, date of diagnosis, treatment (i.e. tests, medication) and doctor information (full name, address and telephone number).


- Face amounts \$750,000 and higher

Attending Physician Statement (APS)

Clinical medical records and tests.

- All amounts and ages: Ordered for cause (medical history, exam findings or confidential information)
- \$100,001 & higher for children ages 0-6 months routinely
- \$250,000 & higher for ages 0-15 routinely
- \$350,000 & higher for ages 16-60 routinely
- \$200,000 & higher for ages 61-74
- All amounts for ages 75 & up routinely

HIPAA Compliant Authorization for Release of Medical Information must be submitted with every application.
PRCUALife orders all medical and non-medical requirements.

 *We reserve the right to request additional information at any time.*