



# 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 general public use. For additional information, please contact us at **1-800-772-8632** or visit our Agent Portal at [agent.prcua.org](http://agent.prcua.org).

#### Medical Requirements

\*Note: To be considered for preferred rates, where available, the proposed insured must have a minimum of a Paramed, Blood, and Urine.

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 3<sup>rd</sup> 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 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.*