



## PREFERRED UNDERWRITING GUIDELINES

\*Note: Preferred rates are not available for all ages and face amounts.

\*\*Note: The Proposed Insured must have at least a Paramed, Blood, and Urine. (Refer to Routine Underwriting Requirements / Form SRM-B4).

### Preferred Checklist

Traditional Whole Life and 5, 10, 15, 20 Year Limited Payment Whole Life have a minimum face amount \$50,000 and age 16 requirement. Single Payment Whole Life (SP) is not available.

10, 15, 20, 30 Year Renewable Level Term have a minimum face amount requirement of \$100,000.

For additional information, please contact us at ☎ 1-800-772-8632 or visit our Extranet website at 🌐 [extranet.prcua.org](http://extranet.prcua.org).

### PREFERRED NON-TOBACCO

- ✓ **Aviation** ..... *No ratable aviation.*
- ✓ **Blood pressure** ..... *Has blood pressure that is 140/90 or better over the past two years. Current treatment is permitted.*
- ✓ **Build** ..... *See Build Chart.*
- ✓ **Cholesterol** ..... *Maximum cholesterol of 250 or less, with a total cholesterol/HDL ratio of 5.0 or less. Or maximum cholesterol of 260 or less, with a total cholesterol/HDL ratio of 4.5 or less. Current treatment is permitted.*
- ✓ **Citizenship** ..... *Must be a U.S. citizen or a permanent resident.*
- ✓ **Driving** ..... *Has not had more than 2 moving violations in the past 2 years, or a DWI, DUI, reckless driving, or non-administrative license suspension in the past 5 years.*
- ✓ **Drug / Alcohol** ..... *No history of drug or alcohol abuse or treatment within the past 10 years.*
- ✓ **Family history** ..... *No death or diagnosis before age 60 in parents, brother or sisters of cancer, stroke or cardiovascular disease. Applicants age 60 and over may qualify with only one death prior to age 60.*
- ✓ **Foreign travel** ..... *Travel outside the United States is limited to vacation.*
- ✓ **Military** ..... *Not an active military risk.*
- ✓ **Personal history** ..... *Not under treatment or physician's care for diabetes, cerebrovascular disease, coronary artery disease, kidney disease, liver disease, respiratory, mental/nervous disorder or cancer.*
- ✓ **Recreation** ..... *Non-ratable hazardous sports are acceptable.*
- ✓ **Tobacco** ..... *No tobacco in any form within the past 12 months.*

BUILD CHART	
HEIGHT	MAX WEIGHT
4'8"	134
4'9"	138
4'10"	143
4'11"	148
5'0"	153
5'1"	158
5'2"	164
5'3"	169
5'4"	174
5'5"	180
5'6"	186
5'7"	191
5'8"	197
5'9"	203
5'10"	209
5'11"	215
6'0"	221
6'1"	227
6'2"	233
6'3"	240
6'4"	246
6'5"	252
6'6"	260
6'7"	265
6'8"	272

### PREFERRED TOBACCO

Meets Preferred Non-Tobacco criteria but has used tobacco within the past 12 months.