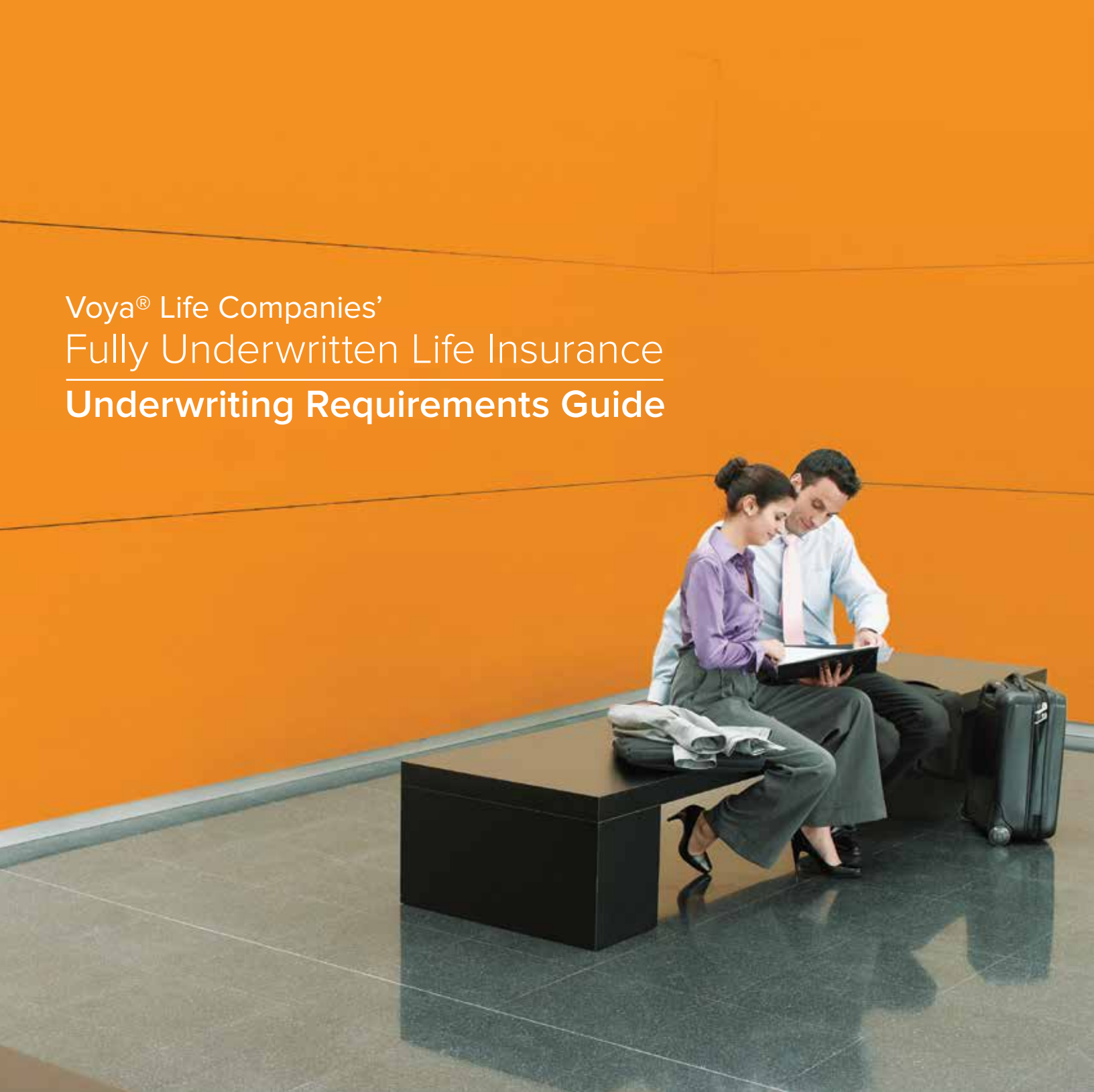


Voya® Life Companies’ Fully Underwritten Life Insurance Underwriting Requirements Guide



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Underwriting information

Underwriting age

Underwriting requirements are based on the proposed insured's age at nearest birthday as of the date of application.

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 Voya Life Companies (Voya) 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. Voya 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 six months for ages 71-80, and for a maximum of three months for age 81 up. The Age 71+ Questionnaire is valid for six months for ages 71-80, and three 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, Voya 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.

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.

*Check product specifications for class availability

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

Approved underwriting vendors

Paramedical services

Preferred

- **Superior Mobile Medics (SMM)** – www.superiormobilemedics.com or 800-898-3926

Approved

- American Para Professional Systems, Inc (APPS) (preferred vendor) – www.appslive.com or 800-727-2101
- ExamOne – www.examone.com or 800-768-2056 csg.1@examone.net
- Examination Management Services, Inc. (EMSI) – www.emsinet.com or 800-872-3674

International paramedical services

- ExamOne (Voya pre-approval needed) – 800-873-8845 x1943
Outside US: 913-577-1943 internationalservices@examone.com
csg.international@examone.com
- Puerto Rico paramedical services
- American Para Professional Systems, Inc (APPS) – 787-722-6002

Lab services

Preferred

- **Clinical Reference Laboratory (CRL)**

Approved

- LabOne

Inspection reports

Preferred

- **ExamOne** – www.examone.com or 800-768-2056
csg.1@examone.com

Approved

- Examination Management Services, Inc. (EMSI) – www.emsinet.com or 800-872-3674

Attending Physician's Statements

Preferred

- **ExamOne** – www.examone.com or 800-768-2056
csg.1@examone.com

Approved

- ReleasePoint www.releasepoint.com or sales@releasepoint.com or 800-999-9589 x312

Accepted

- Examination Management Services, Inc. (EMSI) – www.emsinet.com or 800-872-3674

Voya encourages the use of our Preferred and Approved vendors. If a non-approved vendor is used for the ordering of Attending Physician Statements, the agency/agent will be responsible to pay the vendor directly and submit to Voya for reimbursement once a formal application is submitted. *All paramed exams, labs, inspection reports ordered for Voya must be directly billed by the vendor to Voya or the requirement may not be acceptable.* Agent reimbursements will be allowed up to our Voya contracted rates with **our Preferred and Approved Vendors** and any expense exceeding these rates will be the responsibility of the agency/agent. Voya agent reimbursement audit guidelines must be met to qualify and can be found on the Voya Professionals website (Voya Pro) under the Life Insurance/New Business/Underwriting tab. Please contact the Vendor Management team for details at vendormanagement@voya.com.

Voya life insurance underwriting requirements for UL and VUL

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 ¹ Age 71+Q	Paramed Blood/HOS ¹ 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 ¹ MVR Age 71+Q	Paramed Blood/HOS ¹ MVR Age 71+Q
\$100,000 - 500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS ¹ MVR	Paramed Blood/HOS ¹ MVR Age 71+Q	Paramed Blood/HOS ¹ 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 ¹ MVR EKG	Paramed Blood/HOS ¹ MVR EKG Age 71+Q	Paramed Blood/HOS ¹ MVR EKG Age 71+Q
\$1,000,001 - 3,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS ¹ MVR EKG	Paramed Blood/HOS ² MVR EKG	Paramed Blood/HOS ² MVR EKG Age 71+Q	Paramed Blood/HOS ² MVR EKG Age 71+Q
\$3,000,001 - 5,000,000	Paramed Blood/HOS MVR PersFinQ IRS Auth	Paramed Blood/HOS MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS ¹ MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS ² MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS ² MVR PersFinQ EKG Age 71+Q IRS Auth	Paramed Blood/HOS ² MVR PersFinQ EKG Age 71+Q IRS Auth
\$5,000,001 - 10,000,000	Paramed Blood/HOS MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS ¹ MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS ² MVR PersFinQ EKG IRS Auth	Paramed Blood/HOS ² MVR PersFinQ EKG Age 71+Q IRS Auth	Paramed Blood/HOS ² MVR PersFinQ EKG Age 71+Q IRS Auth
\$10,000,001 and up	Paramed Blood/HOS MVR PersFinQ IR EKG IRS Auth	Paramed Blood/HOS MVR PersFinQ IR EKG IRS Auth	Paramed Blood/HOS ³ MVR PersFinQ IR EKG IRS Auth	Paramed Blood/HOS ³ MVR PersFinQ IR EKG IRS Auth	Paramed Blood/HOS ³ MVR PersFinQ IR EKG Age 71+Q IRS Auth	Paramed Blood/HOS ³ MVR PersFinQ IR EKG Age 71+Q IRS Auth

¹ Blood/HOS must include NT-proBNP testing.

² Blood/HOS must include NT-proBNP and hemoglobin testing.

³ Blood/HOS must include NT-proBNP, hemoglobin, and microalbumin testing.

See page 6 for financial documentation requirements. 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; underwriters may order APS's based on medical history or case circumstances	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 All amounts \$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

MVR - Motor Vehicle Report
Paramed - Paramedical exam
Age 71+Q - Questionnaire for Proposed Insureds age 71 and up - completed by examiner
IRS Auth - 4506T-EZ authorization

Survivorship guidelines
• Regular underwriting guidelines for full risk amount on each person

***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 five years	No use of tobacco or nicotine products in any form within the past three years	No use of tobacco or nicotine products in any form within the past two 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 five years and no more than two moving violations within the past three 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

Maximum weight

Height	Minimum 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 inches²) x 703.

Example: BMI for weight 200lbs and height 6'1" (73")
 $= (200/5329) \times 703 = 26.4$

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 five years	No use of tobacco or nicotine products in any form within the past three years	No use of tobacco or nicotine products in any form within the past two years
Build (See BMI/height & weight charts)	BMI 18-31; for age 71+, weight must be confirmed as stable for at least the past two years by medical records.	BMI 18-33; for age 71+, weight must be confirmed as stable for at least the past two years by medical records.	BMI 18-37
Blood pressure	Average of past two years' blood pressure readings not in excess of 140/95 plus no pulse pressure greater than 70	Average of past two years' blood pressure readings not in excess of 145/100 plus no pulse pressure greater than 75	Average of past two 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+

Maximum weight

Height	Minimum 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 inches²) x 703.

Example: BMI for weight 200lbs and height 6'1" (73")
 $(200/5329) \times 703 = 26.4$

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 20-70: Personal insurance	Personal Financial Questionnaire			Personal Financial Questionnaire, third party verification of financial information	Personal Financial Questionnaire, written third party verification of financial information, copies of financial statements (or CPA compilation statement)
71-80: Personal Insurance	Personal Financial Questionnaire		Personal Financial Questionnaire, written third party verification of financial information, copies of financial statements (or CPA compilation statement)		
81-90: Personal Insurance	Personal Financial Questionnaire	Personal Financial Questionnaire, written third party verification of financial information, copies of financial statements (or CPA compilation statement)			
Age 20-70: Buy-sell/Stock redemption/ Key executive	Business Financial Questionnaire, IR with business beneficiary report	Business Financial Questionnaire, IR with business beneficiary report, copies of business financial statements		Business Financial Questionnaire, IR with business beneficiary report, copies of business financial statements, written third party verification of financial information	
Age 71 up - Buy-sell/Stock redemption/ Key executive	Consult your underwriter for requirements				
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.</p>					

Voya Financial underwriting guidelines

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 (See Documentation requirements on p. 6)		
Income replacement	Maximum coverage Ages 20-30 31-40 41-50 51-60 61-70 71 and over Factor X earned income 25-30 20-25 15-20 10-15 7-10 Individual Consideration	Gross annual earned income How amount of insurance was determined Purpose of coverage Additional documentation see page 6.
Creditor insurance (debt protection) – Personal	50-75% of outstanding loan balance	Amt, duration, purpose of loan; Collateral pledged; Repayment period – minimum five years
Estate planning	Estate appreciation at reasonable interest rate (4-6% range) X 20 years or remaining life expectancy (whichever is less) X 50% (estimate of average estate tax liability, as estate taxes vary over time) Higher or lower rates subject to individual consideration.	Estate analysis Personal balance sheet Additional documentation see page 6.
Juvenile coverage	Coverage should not exceed 50% of the amount on parents (or legal guardians). In NY, issue age 0-4, up to 25% of the insurance on parent's life. Risk Amounts \$1,000,000 + require Individual Consideration. Limited amounts of coverage can be considered on high school seniors (\$50,000), college students (\$100,000) and graduate students (\$250,000), even if there is no coverage in force or applied for on the parents.	All children in family should be insured for similar amounts. A cover letter explaining the need and purpose of insurance should be submitted for face amounts over \$100,000.
Charitable giving	Average of three 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 (See Documentation requirements on p. 6)		
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
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.

Voya 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. A client's total in-force and applied-for life insurance coverage with all companies may be considered in establishing coverage amounts and underwriting information needs.

Life insurance products are issued by 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 Voya 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 Voya® 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.

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