

BENEFIT ARCHWAY

Individual and Group Underwriting Guide

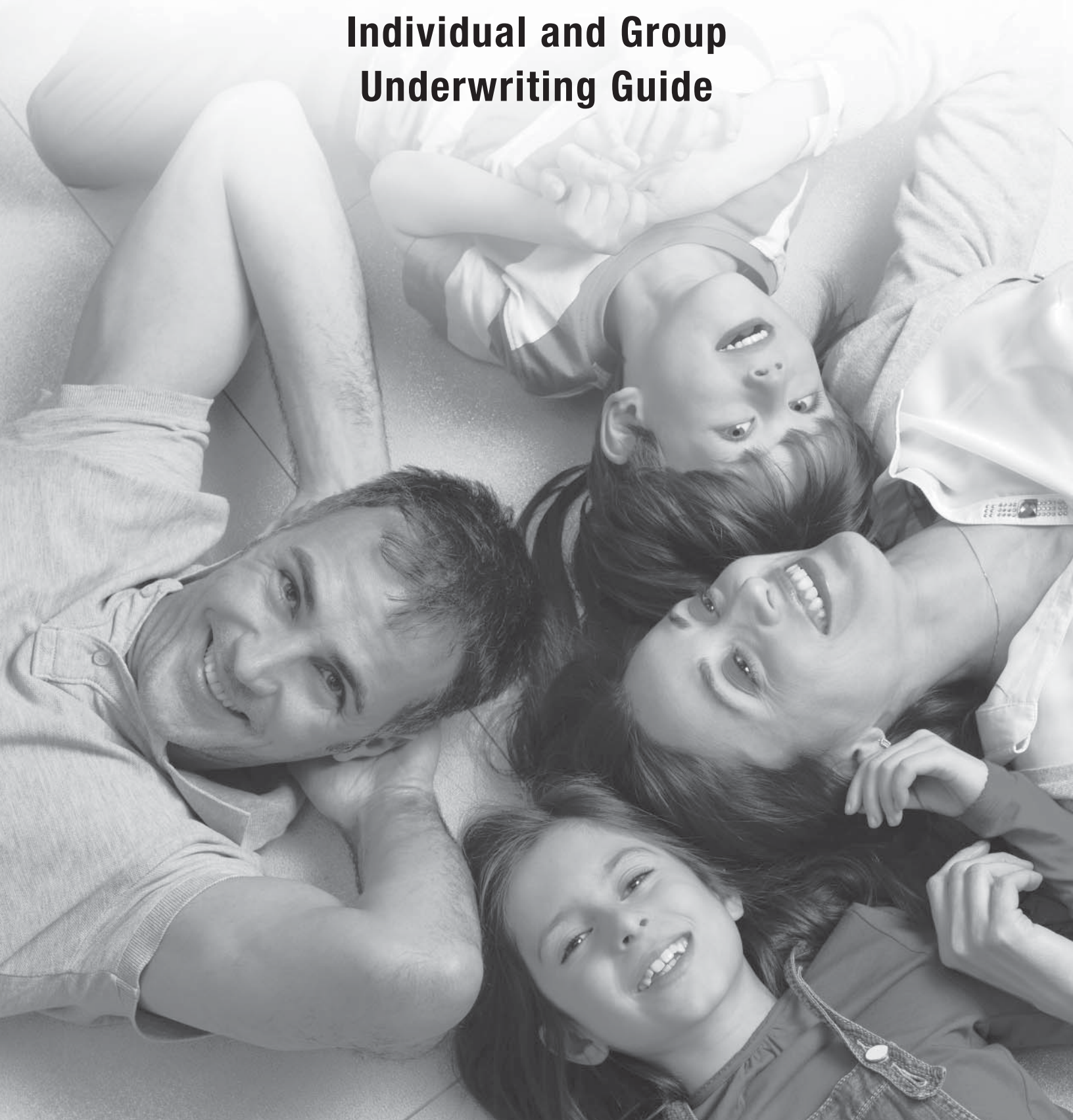


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PLAN SELECTION

Coverage is available on a simplified underwriting basis for adults 18-74 and dependents 0-25. Risk factors such as medical conditions, family history, lifestyle, build and occupation will be taken into consideration.

EFFECTIVE DATE

This is the date coverage begins as shown in the Policy. Premiums are charged from the effective date. Policies cannot be dated on the 29th, 30th, or 31st day of the month.

PREMIUM CLASS

- uni-gender
- five year banded rates after age 39 years
- family rates based on age of Applicant

INITIAL PREMIUM COLLECTION

- personal check, money order or cashier's check submitted with application
- electronic bank draft - submit bank draft authorization
- credit card payment - submit credit card profile form with profile ID number
- post-dated checks, agents' personal checks, or agency checks are not acceptable
- **DO NOT SUBMIT CASH**

HOW TO OBTAIN A PROFILE ID NUMBER

- Go online to www.slaico.com, log in with your User ID and password and click on "Credit Card Authorization" under Quick Links. Follow the instructions to obtain a Profile ID.
- A new form "Recurring Credit/Debit Card Payment Authorization Form" must be completed and submitted with the application indicating the Profile ID and other information from the credit card.
- If you are using SLAICO's phone enrollment process, the CSR at the Home Office will obtain the Profile ID and complete this form for you.
- Only MasterCard, Visa and Discover are acceptable forms of credit cards.
- Pre-paid cards are not acceptable.
- Only individual health products can be paid by credit card at this time.

RENEWAL PREMIUM COLLECTION

Monthly premiums can only be collected through bankdraft or credit card.

Specific draft dates are available for renewal premiums. Draft occurs on the date of underwriting approval. If the premium exceeds the agent quote by \$10 or more, approval from the client will be required prior to the initial premium being drafted. If the premium difference is less than \$10, the initial premium will be drafted.

CHILD ONLY APPLICATION

- List custodial parent in Section A, Question #1 of the application
- List dependents in Dependent Section A, Question #2 of the application
- Dependent may be written at 30 days provided the child has had the routine four-week examination
- Custodial parent must be able to attest to child's health history
- Custodial parent must sign the application
- Write "Child Only" in the Special Request Section
- For one child only, quote Individual rates
- For more than one child, quote Individual + Children rates

OTHER INSURANCE

If replacing other Limited Benefit coverage, submit the appropriate replacement forms if required by state. Existing coverage should never be terminated until the new plan has been received and accepted. Limited Benefit plans may not be written in conjunction with the following coverage.

PLAN	AVAILABILITY
Medicaid	No
Medicare Supplement/ Medicare Advantage	No
Limited Benefit Indemnity	No

CHANGE OF BENEFITS

Increase in benefits requires a fully completed new business application, signed and dated by the Primary Insured. Decrease in benefits requires a written request signed and dated by the Primary Insured.

ADDITION OF FAMILY MEMBERS

Eligible family members may be added by completing a new business application. All underwriting requirements must be met.

ADDITION OF NEWBORN AND ADOPTED CHILDREN

Primary Insured must notify the Company of newborn or adopted child within 31 days of birth or placement. Provide name of the child, gender, date of birth, placement, or adoption. Newborns over 31 days old or children adopted over 31 days prior will require a completed new business application and are subject to underwriting if dependent coverage is not on the plan.

REINSTATEMENT

Coverage lapsed over 45 days requires a completed new business application but qualifies for reinstatement with a lapse in coverage. Coverage lapsed 180 days or longer cannot be reinstated and the individual must reapply for coverage.

SIMPLIFIED UNDERWRITING CRITERIA

- uninsurable conditions
- height and weight chart
- occupational and avocational guidelines
- prescription drug check at discretion of underwriter
- personal history interview at discretion of underwriter

UNINSURABLE CONDITIONS

The following conditions are not insurable (the list is not all inclusive, however, it does include the most common uninsurable conditions.)

Acquired Immune Deficiency Syndrome (AIDS)	Kidney Disease
AIDS Related Complex (ARC)	Liver Disease
Alcohol or Drug Abuse	Lou Gehrig's Disease (ALS)
Alzheimer's Disease	Lupus Erythematosus
Arterial Disease	Major Depression
Bipolar Disorder/Manic Depression	Melanoma Cancer
Bone Disease	Multiple Sclerosis
Cerebrovascular Accident (CVA)	Muscle Disease
Chronic Obstructive Lung Disease (COLD)	Muscular Dystrophy
Chronic Obstructive Pulmonary Disease (COPD)	Myositis
Cirrhosis	Organ Failure
Crohn's Disease (Ileitis)	Organ Transplant
Emphysema	Organic Brain Syndrome/Dementia
Fibromyalgia	Osteoporosis with History of Bone Fracture
Heart Attack	Paralysis (any type or degree)
Heart Disease	Peripheral Vascular Disease
Heart Surgery	Rheumatoid Arthritis
Hepatitis B or C	Stroke
Human Immunodeficiency Virus (HIV)	Substance Abuse
Insulin Dependent -Diabetes	Transient Ischemic Attack (TIA)
Internal Cancer	Ulcerative Colitis

OCCUPATIONS / ADVOCATIONS

The occupation and or avocation of an Applicant is a major factor with regard to insurance eligibility. Applicants who engage in the activities below are not eligible for coverage.

INELIGIBLE OCCUPATIONS	INELIGIBLE AVOCATIONS
Active Military Personnel	Diving (more than 200 feet for pleasure or profit)
Asbestos Workers	Hang Gliding
Atomic or Nuclear Energy Workers	Luge Participation
Crop Dusters	Parachuting
Explosive Workers/Pyrotechnical (dynamite, TNT, etc.)	Racing (any type, pleasure or profit)
Hazardous Chemical Exposure Environment	Rodeo Participation
Offshore Workers (oil well drilling/operations)	Student or Instructor Pilot
Professional Athletes (except golfers and bowlers)	
Quarry Workers	
Stunt Activity (flying, aerobatics)	
Toxic Waste Handlers	
Underground Miners	
Unemployed	

PERSONAL HISTORY INTERVIEW / PHARMACEUTICAL (R) PROFILE**I PHI**

A personal history interview may be done at the discretion of the Home Office underwriter. Should this be needed, a Home Office representative will contact the client for an interview within 48 hours after the application is submitted. If the client is difficult to reach, they can contact our office by calling 800.377.3541 between 8:00 am and 4:30 pm CST.

I R Profile

This is requested only if the Home Office underwriter determines additional information is needed. It requires nothing on the part of the Applicant. The Pharmaceutical Profile will reflect prescriptions obtained through a Pharmacy Benefit Manager.

GROUP ELIGIBILITY

- To be eligible, an Employer Group must have been in business for at least one year and in sound financial condition and not on the list of Ineligible Industries or Groups (page 7)
- Employer/Employee relationship must exist. Self-employed, one person businesses do not qualify as a group. The group can not be formed for the purpose of acquiring insurance.
- Employer must provide documentation that all employees age 65 or older, who are applying for coverage, are working a minimum of 20 hours per week
- Following Groups require Home Office approval prior to applying:
 - Groups of 1000 or more eligible employees
 - Professional Employee Organization Group (PEO)
 - Motels/Hotels
 - Restaurants
 - Convenience Stores
 - Large Corporate Service Stations or Car Washes
- PEO:
 - PEO must have been in business for a minimum of two years
 - Only employees working directly for the PEO are eligible in the group for that organization. Quarterly wage report will be required for verification
 - Employer groups under the PEO must have been in business for a minimum of one year
 - All participating employer groups must meet the minimum participation requirements

EMPLOYEE ELIGIBILITY

- Available for ages 18-74
- Must be actively at work a minimum of 20 hours per week at usual place of employment
- Must be part of an eligible class on employer's application
- Must have completed employer's Waiting Period as shown on employer's application
- Employee Effective Date is the latest of the following:
 - Group Policy Effective Date
 - Certificate Effective Date as reflected on the Schedule of Benefits
 - Date employee's enrollment is approved by the Company
 - Required premium contribution is received by the Company
 - If the employee is not actively at work on his/her effective date, the effective date will be delayed until the date the employee returns to work
- Employee Waiting Period
 - Determined by the employer and reflected on the application and Schedule of Benefits
 - Time between first day of employment and date eligible to apply for coverage
- Enrollment Period
 - Must enroll within 31 days of the end of the Employee Waiting Period
 - Time to enroll a new group will vary by the size of the group

DEPENDENT ELIGIBILITY

- Spouse – Ages 18-75*, Dependent Children – Ages 0-25
- The date the Employee is eligible for coverage, or
- The date the Employee acquires an eligible dependent
- **Date Acquired – First Acquired Date for Eligible Dependents** (also see dependent Effective Date)
 - Date of a marriage;
 - Date a natural child is born;
 - Date a stepchild(ren) is/are acquired through a marriage to legal spouse;
 - Date adopted child is placed or date of order granting adoption; or
 - Date of court order requiring Employee to cover eligible dependents
- **Dependent Effective Date – Occurs on the Latest of the Following:**
 - Policy effective date;
 - Employee's effective date of insurance;
 - Date employee elects dependent coverage under the Policy;
 - Certificate date shown on Schedule of Benefits; or
 - Date Company approves employee's enrollment form for dependent coverage
 - If the dependent is unable to perform normal activities of a person in good health of like age and gender on the effective date, the dependent's effective date will be delayed until the dependent is able to perform normal activities of a person in good health of like age and gender.

LATE ENTRANT/ENROLLEE

An employee or eligible dependent not enrolled within 31 days of becoming eligible

- Must meet evidence of insurability at the expense of the employee; and
- Subject to approval by the Company

PARTICIPATION REQUIREMENTS

Minimum participation is listed below. A minimum of 2 employee participants is required to form a group.

Number of Enrolled Lives	Minimum Eligible Employees Participating	Rate Class	Underwriting Class
2 to 9**	2	Age Banded Rates	Simplified Issue
10 or More**	less than 20%	Composite Rates	Simplified Issue
10 or More	20%	Composite Rates	Guaranteed Issue
10 or More (50% or More Employer Paid)	25%	Discounted Composite Rates	Guaranteed Issue

RATING CLASSES

- Individual
- Individual and Spouse
- Individual and Children
- Family

UNDERWRITING REQUIREMENTS

- Applicants must meet the rules of enrollment
- Applicants must not engage in any occupations on the Ineligible Groups listed below
- Groups of 10+ employees or 20% of a group, whichever is greater, are guaranteed issue and sections A and B of the application must be completed
- Applicants in groups of 2 – 9 or anyone applying outside initial enrollment period must complete sections A, B, C, and D of the new business application, are subject to underwriting review, and will be assessed on an accept or reject basis. They must also meet the requirements of the Height and Weight Chart
- Replacement forms are required in states where mandated
- A Waiver Form is recommended for employees who elect not to enroll

APPLICATION COMPLETION FOR ACCIDENT ONLY (PLAN D):

- Application Section A
 - answer only through the actively at work question
- Application Section B
 - do not complete
- Application Section C
 - answer only the disability/hospitalization question

INELIGIBLE INDUSTRIES OR GROUPS:

- Groups that do not have an employer-employee relationship
- Groups in bankruptcy or reorganization
- Groups in business less than one year
- Groups having 10% or more employees age 65 or older
- 1099 employees
- Groups that fall into one of the listed categories below:
 - asbestos workers, bands, barber shops, bars, beauty salons, bowling alleys, chemical manufacturing and processing, cocktail lounges, crop dusters, dance clubs, entertainers, explosives handlers, exterminators, family farms and ranches, fertilizer manufacturing, fishing, home-based groups, meat packing industries, migrant farm workers, nightclubs, nuclear plants, oil or gas exploration, pool halls, race tracks, refining and production, sawmills/logging, seasonal employees, taverns, theaters, underground mining, unions, used car dealers.

HEIGHT AND WEIGHT CHART

Any Applicant or Proposed Insured 15 years and older, who falls outside the Height and Weight range on this chart is not eligible for coverage.

HEIGHT	FEMALE		MALE	
	Minimum Weight	Maximum Weight	Minimum Weight	Maximum Weight
4'8"	78	175	83	175
4'9"	81	180	86	180
4'10"	84	185	89	185
4'11"	87	190	92	190
5'0"	90	196	95	196
5'1"	93	202	98	202
5'2"	96	208	101	208
5'3"	99	214	104	214
5'4"	102	220	107	220
5'5"	105	226	110	226
5'6"	108	232	113	232
5'7"	111	238	116	238
5'8"	114	244	119	244
5'9"	118	250	123	250
5'10"	122	256	127	256
5'11"	126	262	131	262
6'0"	130	269	135	269
6'1"	134	276	139	276
6'2"	138	283	143	283
6'3"	143	290	148	290
6'4"	148	297	153	297
6'5"	153	304	158	304
6'6"	158	311	163	311

APPLICATION SUBMISSION PROCESS

Fax Applications to: Standard Life and Accident Insurance Company
Health Underwriting Department
800.647.6085

- complete all necessary forms (applications must contain a physical address)
- submit to the Home Office within 5 days of completion
- fax confirmation will be provided with assigned Policy Number and instructions regarding missing documents or requirements
- retain the original application for your files – **DO NOT SUBMIT TO HOME OFFICE**

Mail Applications to: Standard Life and Accident Insurance Company
Health Issue Department
P. O. Box 10627
Springfield, MO 65808

SCANIT – SCANNED APPLICATION SUBMISSION

Before you begin:

- The application or document must have a barcode to use Scanit.
- Be sure to name the scanned document something you will be able to easily find when you upload the document, i.e., the client's name.
- Do not use a period (.) in the file name of the application. Scanit won't recognize it and you will receive an error. If necessary, use an underscore (_) or dash (-) as these are supported.
- Scanner settings should be set to black and white text. Do not scan applications in color or photo settings.
- The application must be scanned as one of the following file types: pdf, tif, tiff, jpg or jpeg.

Scanned Upload Start – When submitting applications, use the “Scan/Upload a new application” selection.

The only time you should use the “Scan/Upload for submitted application” selection is when you have additional requirements to upload to an application that has already been submitted to the company.

To upload an Individual application:

- Select Health Product – Select the product.
- Then select Application Type – Individual or Worksite/List Bill
- Application/Document Upload – Browse and upload the application. Once the application is successfully uploaded, the path will display under Uploaded File(s). Click the Submit Upload button to complete processing.
- Make sure to submit individual applications separately. Do not upload multiple applications at the same time as policy numbers are assigned as the applications are uploaded.

Confirmation – Please record the policy number. You will need this number to submit any additional requirements to the file. If a premium check is to be mailed, indicate the policy number on the check. You may also wish to print the confirmation for your records.

Click “Do another upload” link to return to the Scanit home page to upload another application.

STATUS ON PENDING APPLICATIONS

Internet:

- Access the Standard Life and Accident Insurance Company home page at www.slaico.com
- Enter your Login ID and Password
- On the home page, go to “Business Information” and select “Pending Business” from the Services Menu

Customer Service Department:

You may also contact our Customer Service Department at 888.350.1488.

Electronic Mail:

Electronic mail is encouraged for communication whenever possible. You may contact a Standard Life Administrative employee by using the following format: FIRSTNAME.LASTNAME@ANICO.COM.

You may contact anyone in the Standard Life Marketing Department by using the following address format: FIRSTNAME.LASTNAME@SLAICO.COM.

Any group that falls outside of these guidelines must be referred to Standard Life and Accident Insurance Company, Underwriting Department. All guidelines shown are subject to change.



GALVESTON, TEXAS

888.290.1085

Visit our web site at www.slaico.com