

Phoenix Safe Harbor Term LifeSM



PHOENIX

Quick Reference Guide



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Product Overview

A term life insurance policy with living benefits designed to protect the future of loved ones and plan for the unexpected.

Coverage

- Death benefit equal to policy face amount; paid to policy beneficiary(ies) in a lump sum
- Level term periods and issue ages available:
 - 10 year: Ages 18-80
 - 15 year: Ages 18-70
 - 20 year: Ages 18-65
 - 30 year: Ages 18-55 (non-tobacco)
Ages 18-50 (tobacco)
- Four included riders provide living benefits in case of chronic illness, critical illness, terminal illness or unemployment
- One optional rider for Accidental Death available for an additional premium

Underwriting Classes

- Low Band and High Band available based on issue age and face amount. Rates and underwriting vary by band¹
- High Band requires a simple paramedical exam (height, weight, blood pressure and oral swab)

LOW BAND	HIGH BAND
<ul style="list-style-type: none">• Standard• Substandard• Tobacco• Tobacco Substandard	<ul style="list-style-type: none">• Preferred• Standard• Substandard• Tobacco• Tobacco Substandard

Face Amounts

- Minimum and maximum face amounts by issue age:

LOW BAND	HIGH BAND
18-50 \$50k - \$400k	18-50 \$400k - \$1m
51-60 \$50k - \$300k	51-60 \$300k - \$1m
61-70 \$50k - \$200k	61-70 \$200k - \$1m
71-80 \$50k - \$100k	71-80 \$100k - \$500k

- At breakpoint between Low and High, client can choose one or the other

¹ Band does not change after issue.

Product features, rider options and availability may vary by state.

Payment guarantees are based on the claims-paying ability of the issuing company.



Accelerated Benefit Rider Frequently Asked Questions

1. What is an Accelerated Death Benefit Rider for critical, chronic or terminal illness?

These riders give the client the option to accelerate, or take a portion of the death benefit early, in the event of a covered illness or condition. Clients may accelerate any amount up to 95% of the death benefit.

2. What conditions qualify under the Accelerated Death Benefit Riders?

- **Critical Illness:** heart attack, stroke, cancer, kidney failure, major organ transplant, ALS
- **Chronic Illness:** unable to perform without substantial assistance at least 2 of the 6 activities of daily living (bathing, continence, dressing, eating, toileting, transferring) or a severe cognitive impairment.
- **Terminal Illness:** terminally ill with a life expectancy of 12 months or less

Note: Diagnosis must be certified in writing by a licensed physician

3. What is the benefit amount a client will receive?

The actual benefit amount will be less than the amount accelerated, to reflect that a portion of the death benefit is being paid early. There is not a predetermined benefit amount. The benefit paid will be determined based on the health condition of the insured and their life expectancy at the time of claim. Generally, the more severe the condition, the shorter the life expectancy, and therefore the greater the potential benefit. An administrative charge of \$200 and an adjustment for future unpaid policy premiums will also apply.

4. Can a client decline the benefit offered?

Yes. When making a claim under the rider, the client will be provided with an offer of a specified benefit amount. The client may decide at that time whether to accelerate their benefit or not.

5. What happens to the death benefit upon rider exercise?

If a client exercises the rider, the death benefit will be reduced by the amount accelerated. For example, if the client accelerates 90% of the death benefit, they will have 10% of their death benefit remaining. Important note: the client's future premiums are based on the new lower death benefit and must continue to be paid to keep remaining death benefit in force.

6. Can a client qualify for both critical and chronic illness benefits?

The client may qualify under the terms of the policy for critical and chronic illness. However, the policy owner must choose which benefit they wish to file for at the time of claim.

7. Are multiple benefit elections allowed?

Yes, multiple elections are available under the Critical and Chronic Illness riders. If the policy owner only elects a partial election and later has another qualifying critical or chronic illness, a subsequent benefit election is allowed. For chronic illness, only one election may be made per calendar year. For critical illness, 180 days must elapse between benefit elections. The Terminal Illness rider may only be exercised once, and this will terminate the Chronic and Critical Illness riders.

8. Is there a waiting period to exercise these riders?

There is no waiting period for any of the benefits - critical, chronic or terminal. However, the chronic illness benefit does require the policy owner to be impaired for the past 90 days.

9. What can the benefit amount be used for?

The benefit amount is paid to the policy owner and there are no restrictions on how it can be used - quality of life expenditures, medical procedures, experimental treatments, reimbursing a loved one for assistance, etc.

10. What else should I know about the riders?

In some situations the benefit may be subject to taxation. Prior to making a claim under the riders, a client should consult with a qualified tax advisor to discuss the possible tax consequences. Benefit amounts received may affect eligibility for public assistance programs.



Application & Underwriting Options

Process Overview

Application / Materials Submission - All Application Part One materials and HIPAA authorization can be submitted by email, fax or regular mail.

Telephone Interview / Application Part Two - Fulfill the underwriting portion of the application. May be completed using Phoenix's tele-interview service or on paper.

Decision - Decline or referral to underwriting decision will be made at the conclusion of the tele-interview. Decisions on underwriting referrals are typically made within a week.

Underwriting - If referred to underwriting, clients selecting the High Band will be required to complete a simple paramedical exam (height, weight, blood pressure and oral swab).

All application materials must be received by Phoenix within 10 days of completion of the telephone interview regardless of the underwriting decision.



Three Easy Ways to Apply

1 FAST - ONE AND DONE!

Just complete Part One of the application to determine your client's eligibility and capture key information. Then, call us. You'll have a decision in about 20 minutes.

How it works:

- Download the required application and forms for the state in which the application is signed
- Complete and sign the Application Part One, required forms and HIPAA authorization and submit them to Phoenix
- Call Phoenix so the Proposed Insured can complete the tele-interview while you are together

2 CONVENIENT AND CONFIDENTIAL

Your client can complete the tele-interview in the comfort and privacy of home. Just provide your client's phone number and best time to call on the completed application Part One. We'll take it from there!

How it works:

- Complete and sign the Application Part One, required forms and HIPAA authorization and submit them to Phoenix.
- Phoenix will call the client and complete the Application Part Two over the phone
- The agent will be notified of the decision typically within a couple of days of the interview

3 TRADITIONAL - JUST PAPER

For clients who are most comfortable with good old-fashioned paper, complete the full application and required forms and submit! It's as simple as that.

How it works:

- Complete and sign the Application Part One, Application Part Two, required forms and HIPAA authorization and submit them to Phoenix
- Phoenix will review the application and communicate the underwriting decision to you
- In certain cases, Phoenix may call the client to clarify an answer on the application

Helpful Tips

- Complete all applicable fields legibly, printing in black ink.
- Any changes or corrections on the application must be initialed by the owner. Errors covered with correction fluid will not be accepted.
- All necessary signatures must be on the application at the time of submission or the application will be returned.



Tele-interview

The tele-interview will take about 20 minutes to complete.¹

If you choose not to initiate the tele-interview at the time of application, or your application is being written outside normal business hours, the tele-interview will be conducted when Phoenix receives the application. For this reason, it is essential that you indicate the Proposed Insured's phone number and best time to call on the application.

1. Be sure to make each Proposed Insured aware that a telephone interview will be completed. Ask your client to be prepared to provide their driver's license number and medical history including: condition, diagnosis date, treatment and physician's name and address as well as the names of all medications taken (both daytime and nighttime) and condition(s) being treated.
2. Call and identify yourself as a Phoenix agent. The interviewer will need to speak with the Proposed Insured.

Hours for Telephone Interviews

1-855-249-8441

Monday - Friday 8:00 a.m. - 8:00 p.m. Eastern Time

3. **Phoenix must receive the signed and dated application and HIPAA authorization within 10 days of completion of the telephone interview regardless of the underwriting decision.** If they are not received within the 10-day time frame, corrective action may be taken.

Good to Know!

Tele-interviews are recorded and saved for future reference. In the event there is a dispute over the manner in which the medical questions were originally answered on the application, the recording can be utilized. Clients will confirm the representations that were made during the tele-interview with a voice signature at the end of the call.

¹ Call times will vary based on the Insured's medical and prescription history.

Requirements for Application & Payment

Depending on state law, an agent may be required to be contracted with Phoenix before taking an application.

An original application, along with the initial premium payment and state-required forms including replacement forms, will be accepted. It is the agent's responsibility to mail the premium payment (if being made by check) and application materials immediately following the underwriting process.

Insurable Interest

Policy owners and beneficiaries must have an insurable interest in the life of the insured. This means they have a relationship by blood, marriage, or would suffer financial loss if the insured dies.

Insured Consent

ALL applications must have the consent and signature of the Proposed Insured.

Replacement

We will permit replacements as long as the replacement is in the best interest of the client and the appropriate state replacement forms are submitted with the application. However, Section 1035 Exchanges are not permitted.

Payment

Personal checks from the client or bank draft (monthly mode only) will be accepted for premiums. No agent or agency checks or CODs will be accepted for premium payment. Money orders will not be accepted as initial payment on monthly electronic funds transfer.



Application Submission & Policy Issue

How To Submit An Application

Up to 10 new applications at a time may be submitted **via fax to 1-816-527-0053 or via email to pnx.newbusiness@phoenixwm.com**.

For faxes, identify the number of pages including the cover sheet. A copy of the premium check should be included with each application (if initial payment is not a bank draft). Mail initial premium checks to:

Phoenix Life Insurance Company
P.O. Box 8027
Boston, MA 02266-8027

Application Processing and Policy Issue

Application materials will be reviewed and processed promptly within receipt. The agent will be notified via email of the policy number and any outstanding questions. Once the application is “In Good Order,” the policy will be issued and mailed to the agent or owner via US Mail, depending on delivery method.

For questions on a pending life case, please call the Phoenix Life New Business team at 1-800-417-4769, option 2, option 3.

Policy Delivery

On the Producer’s Report, the agent has the option of electing the policy delivery method:

- The policy is mailed directly to the owner
- The policy is mailed to the agent. If this method is selected, a Policy Acceptance form must be signed by the insured and owner (if other than insured) and returned to Phoenix within 30 days.

In certain instances, the Policy must be mailed to the agent and a signed Policy Acceptance form must be signed by the client and returned to Phoenix within 30 days, including:

- The client declines voice signature during the tele-interview
- When amendments are made to the policy prior to issue
- The policy is issued in a no-voice-signature state

Important Dates

Application Date – Applications must be dated the day the application is completed.

Application Receipt – Applications must be received at Phoenix’s processing location within 10 days of the application date.

Policy Effective Date – The policy will be placed in force on the policy issue date. If a signed Policy Acceptance Form is required, the policy effective date will be the date it is received by Phoenix.

Specific Draft Dates – Initial premium will be drafted upon policy issue. Requests for a specific date for monthly bank draft must be requested on the Electronic Funds Transfer (EFT) form.

Field Underwriting

Phoenix Safe Harbor Term is underwritten on a simplified issue basis. There are no medical examinations, tests or fluid collection. This product is designed to accept risks up to 8 tables or 300% mortality. Clients over 8 tables or 300% mortality will be declined. Underwriting is based on your client's answers on the application.

Part One of the application is completed with your client. This form includes a series of screening questions. If your client answers "yes" to any of these questions, coverage will not be available.

Part Two of the application contains underwriting questions used to determine if your client is eligible for coverage. This step can be completed in one of three ways (see page 7 for details).

Please impress upon your client the need to ensure that their answers on the application and tele-interview are full, true and complete. Application answers will be validated against data received from third-party sources relative to identity, driving record, prescription and insurance history (MIB). Coverage may not be available if application or tele-interview responses conflict with data we receive from these sources.

Our Life New Business team is available to field questions regarding eligibility whenever there may be an area of uncertainty. Call 1-800-417-4769, option 2, option 3 for assistance.

Preparing Your Client

To help ensure an efficient application process, ask your client to be prepared to provide information about their medical history including: condition, diagnosis date, treatment and physician name and address as well as the names of all prescription medications taken and condition being treated.

Screening Questions

If the client answers "yes" to any of the questions in Section 2 of application Part One, no coverage will be available. Please review these questions with your client carefully.

Low Band Underwriting

- Standard, Substandard, Tobacco and Tobacco Substandard
- No paramedical exam required

High Band Underwriting

- Preferred, Standard, Substandard, Tobacco and Tobacco Substandard
- A simple paramedical exam required (height, weight, blood pressure and oral swab)

Tobacco Classification

In the past year, have you used tobacco in any form (excluding occasional pipe or cigar use) or nicotine replacement therapy?



Preferred Class

Criteria:

- No tobacco use in past year
- No debitable medical conditions
- No history of cancer (except basal cell), heart disease, diabetes, or cognitive impairment
- No private aviation within past 3 years
- No ratable avocation or occupation within the past 3 years
- No history or recommendation for drug or alcohol treatment within the past 10 years
- No more than 3 motor vehicle violations in the past 3 years, no DUI within the past 3 years
- No family history of coronary artery disease or cancer in parents or siblings prior to age 60

- Under Age 70: Blood pressure reading 140/84 or lower
- 70 and over: Blood pressure reading 145/90 or lower

Maximum height/weight chart:

Height	Weight for Women	Weight for Men
Up to 4' 10"	136	150
4' 11" - 5' 0"	142	160
5' 1" - 5' 2"	148	170
5' 3" - 5' 4"	154	182
5' 5" - 5' 6"	162	194
5' 7" - 5' 8"	170	206
5' 9" - 5' 10"	178	218
5' 11" - 6' 0"	184	232
6' 1" - 6' 2"	198	244
6' 3" - 6' 4"	210	260
6' 5" - 6' 6"	224	276
6' 7" - 6' 8"	238	292
6' 9" - 6' 10"	252	308

Medications and Charts

List of Concerning Medications

If your client is currently on any of the medications cited below, coverage may not be available.

ABILIFY	DEPO-PROVERA ²	HALOPERIDOL	MEGACE	RISPERDAL	TYSABRI
ALKERAN	DEXAMETHASONE	HYDERGINE	MELLARIL	SANDIMMUNE	VIRAMUNE
ANTABUSE	DIGOXIN	IMURAN	METHADONE	SEROQUEL	WARFARIN
ARICEPT	ERGOLOID MESYLATES	INVIRASE	PURINETHOL	STELAZINE	ZENAPAX
AVONEX	ESKALITH	JANTOVEN	RAZADYNE	SUSTIVA	ZERIT
CASODEX	EXELON	LANOXIN	REBIF	TAMOXIFEN	ZIAGEN
COGNEX	GENGRAF	LEXIVA	REMICADE	TESLAC	ZIDOVUDINE
COMBIVIR	GEODON	LITHIUM	REMINYL	THORAZINE	ZOLADEX ³
COPAXONE	HALDOL	LUPRON	RETROVIR	TRUVADA	ZYPREXA
CYTOXAN					

2. Use to age 50 is acceptable.

3. Use in treatment for endometriosis is acceptable.

Height & Weight Chart

This chart is designed to provide the maximum height/weight combinations for this product. The limits shown reflect a full 8 table or 300% mortality loading. If your client is near the high end of these limits and has other medical history, they may not qualify for coverage.

Ages 18-44			
Height	Minimum	Maximum Standard	Maximum (Table 8)
4' 9"	79	157	209
4' 10"	81	161	220
4' 11"	84	165	226
5' 0"	87	169	233
5' 1"	90	177	240
5' 2"	93	182	247
5' 3"	96	188	254
5' 4"	99	194	265
5' 5"	102	200	271
5' 6"	105	206	278
5' 7"	109	213	287
5' 8"	112	219	294
5' 9"	115	227	303
5' 10"	118	234	315
5' 11"	122	241	323
6' 0"	125	248	331
6' 1"	129	255	339
6' 2"	132	263	347
6' 3"	136	271	355
6' 4"	140	279	362
6' 5"	143	286	371
6' 6"	147	295	384
6' 7"	151	301	391
6' 8"	155	308	399

Age 45 and up			
Height	Minimum	Maximum Standard	Maximum (Table 8)
4' 9"	79	171	223
4' 10"	81	176	231
4' 11"	84	179	236
5' 0"	87	185	247
5' 1"	90	193	255
5' 2"	93	198	262
5' 3"	96	205	274
5' 4"	99	211	282
5' 5"	102	218	288
5' 6"	105	225	296
5' 7"	109	233	307
5' 8"	112	239	317
5' 9"	115	248	329
5' 10"	118	255	339
5' 11"	122	262	346
6' 0"	125	270	355
6' 1"	129	278	362
6' 2"	132	286	370
6' 3"	136	295	380
6' 4"	140	303	391
6' 5"	143	311	401
6' 6"	147	321	414
6' 7"	151	328	424
6' 8"	155	335	433



Guide to Impairments

IMPAIRMENT	LOW BAND	HIGH BAND
Addison's Disease	Standard to Decline	Standard to Decline
ADHD/ADD	Standard	Standard, possible Preferred
ADLs (requires assistance)	Decline	Decline
AIDS/HIV +ve	Decline	Decline
Alcohol Abuse (current)	Decline	Decline
Alcohol Abuse (history)	Less than 5 years from end of use/treatment, Decline After 5 years, Std to T4	Less than 5 years from end of use/treatment, Decline After 5 years, Std to T4
Alzheimer's Disease	Decline	Decline
Amputation	Caused by injury, Accept Due to disease within 1 year, Decline Otherwise, Rate for Cause	Caused by injury, Accept Due to disease within 1 year, Decline Otherwise, Rate for Cause
Amyotrophic lateral sclerosis (ALS)	Decline	Decline
Anemia, Iron Deficiency	Standard	Standard, possible Preferred
Aneurysm	Standard to Decline	Standard to Decline
Angina Pectoris	see coronary artery disease	see coronary artery disease
Ankylosing Spondylitis	Mild-Moderate, Standard to T2 Severe, T8 to Decline	Mild-Moderate, Standard to T2 Severe, T8 to Decline
Anorexia Nervosa	Fully recovered, normal build, no treatment in last 2 years, Standard Otherwise, T4 to Decline	Fully recovered, normal build, no treatment in last 2 years, Standard Otherwise, T4 to Decline
Anxiety Disorders	Mild-Moderate, Standard to T2 Severe, T6 to Decline	Mild-Moderate, Standard to T2 Severe, T6 to Decline
Aortic Aneurysm	Standard to Decline	Standard to Decline
Aortic Murmurs/Insufficiency	Standard to Decline	Standard to Decline
Aplastic Anemia	Standard to Decline	Standard to Decline
Asthma	Mild-Moderate, Standard to T6 Severe, Decline	Mild-Moderate, Standard to T6 Severe, Decline
Atrial Fibrillation	No evidence of other heart disease, Standard to T4 Otherwise, T4 to Decline	No evidence of other heart disease, Standard to T4 Otherwise, T4 to Decline
Autism	Highly functioning and living independently, Standard Otherwise, Decline	Highly functioning and living independently, Standard Otherwise, Decline
Barlow's Syndrome/mitral valve prolapse	Asymptomatic and no evidence of other heart disease, Standard Otherwise, T2 to Decline	Asymptomatic and no evidence of other heart disease, Preferred Otherwise, T2 to Decline
Barrett's esophagus	No history of dysplasia, usually Standard Otherwise, T4 to Decline	No history of dysplasia, usually Standard Otherwise, T4 to Decline
Basal Cell Carcinoma	Single occurrence, usually Standard Otherwise, Standard to Decline	Single occurrence, usually Standard Otherwise, Standard to Decline
Benign Prostatic Hypertrophy	Standard	Preferred
Berger's Disease (IgA Nephropathy)	Standard to Decline	Standard to Decline
Bipolar Disorder	Mild-Moderate, Standard to T2 Severe, T6 to Decline	Mild-Moderate, Standard to T2 Severe, T6 to Decline
Breast Cancer	Standard to Decline	Standard to Decline
Bronchiectasis	Standard to Decline	Standard to Decline
Bronchitis	Acute episode, fully recovered, Standard Otherwise, Standard to Decline	Acute episode, fully recovered, Standard Otherwise, Standard to Decline
Bundle Branch Block LBBB	No heart disease, Standard to T4 Otherwise, T4 to Decline	No heart disease, Standard to T4 Otherwise, T4 to Decline
Bundle Branch Block RBBB	Standard	Standard, possible Preferred

Guide to Impairments cont.

IMPAIRMENT	LOW BAND	HIGH BAND
CABG/Bypass Surgery	Under Age 45, Decline Age 46-50, T6 to Decline Age 51-60, T4 to Decline Age 61 and up, Standard to Decline	Under Age 45, Decline Age 46-50, T6 to Decline Age 51-60, T4 to Decline Age 61 and up, Standard to Decline
Cancer	Standard to Decline	Standard to Decline
Cardiac Pacemaker (Artificial)	Standard to Decline	Standard to Decline
Cardiomyopathy	Standard to Decline	Standard to Decline
Carotid Disease	Standard to Decline	Standard to Decline
Cerebral Palsy	Mild, no mobility limitations, no cognitive dysfunction, Standard Otherwise, Standard to Decline	Mild, no mobility limitations, no cognitive dysfunction, Standard Otherwise, Standard to Decline"
Cerebrovascular Accident	Standard to Decline	Standard to Decline
Chest Pain (cardiac)	see coronary artery disease	see coronary artery disease
Chronic Obstructive Pulmonary Disease (COPD)	Mild-Moderate, Standard to T6 Severe, Decline	Mild-Moderate, Standard to T6 Severe, Decline
Cirrhosis	Decline	Decline
Cocaine	Less than 5 years from end of use/treatment, Decline After 5 years, usually Standard	Less than 5 years from end of use/treatment, Decline After 5 years, usually Standard
Colon Polyps	If removed, no cancer, usually Standard Otherwise, Standard to Decline	If removed, no cancer, usually Standard Otherwise, Standard to Decline
Congestive Heart Failure (Chronic)	Decline	Decline
Connective Tissue Disease	Standard to Decline	Standard to Decline
Coronary Artery Disease	Under Age 45, Decline Age 46-50, T6 to Decline Age 51-60, T4 to Decline Age 61 and up, Standard to Decline	Under Age 45, Decline Age 46-50, T6 to Decline Age 51-60, T4 to Decline Age 61 and up, Standard to Decline
Crohn's Disease	Mild-Moderate, Standard to T6 Severe, T6 to Decline	Mild-Moderate, Standard to T6 Severe, T6 to Decline
Cystic Fibrosis	Decline	Decline
Dementia	Decline	Decline
Depression	Mild-Moderate, Standard to T4 Severe, T6 to Decline	Mild-Moderate, Standard to T4 Severe, T6 to Decline
Diabetes	NIDDM/IDDM: Under Age 30, Decline Age 31 and up: Mild-Moderate, non-tobacco user, Standard to T8 Severe, T3 to decline	NIDDM/IDDM: Under Age 30, Decline Age 31 and up: Mild-Moderate, non-tobacco user, Standard to T8 Severe, T3 to decline
Dialysis	Decline	Decline
Diverticulitis/Diverticulosis	Usually Standard	Usually Standard
Down's Syndrome	Decline	Decline
Drug Addiction	Less than 5 years from end of use/treatment, Decline After 5 years, usually Standard	Less than 5 years from end of use/treatment, Decline After 5 years, usually Standard
Emphysema	Mild-Moderate, Standard to T6 Severe, Decline	Mild-Moderate, Standard to T6 Severe, Decline
Epilepsy	Mild-Moderate, Standard to T4 Severe, T4 to Decline	Mild-Moderate, Standard to T4 Severe, T4 to Decline
Fibromyalgia	Usually Standard	Usually Standard, possible Preferred
Gastric Bypass	Surgery > 1 year ago without complications, usually Standard (evaluate build)	Surgery > 1 year ago without complications, usually Standard (evaluate build)
Gestational Diabetes	Fully recovered, no treatment, Usually Standard Current treatment, T3	Fully recovered, no treatment, Usually Standard Current treatment, T3



Guide to Impairments cont.

IMPAIRMENT	LOW BAND	HIGH BAND
Glomerulonephritis (Chronic)	Standard to Decline	Standard to Decline
Goiter/Graves Disease	Usually Standard	Usually Standard, possible Preferred
Gout	Standard	Standard, possible Preferred
Heart Attack (See Myocardial Infarction)	see coronary artery disease	see coronary artery disease
Heart Disease	see coronary artery disease	see coronary artery disease
Heart Failure (Chronic)	Decline	Decline
Heart Transplant	Decline	Decline
Hemophilia	Decline	Decline
Hepatitis A (Acute)w	Fully recovered, Standard Otherwise, Decline	Fully recovered, Standard, possible Preferred Otherwise, Decline
Hepatitis B (Chronic)	Standard to Decline	Standard to Decline
Hepatitis C	Standard to Decline	Standard to Decline
High Blood Pressure	Usually Standard	Usually Standard
Hodgkins Disease	Standard to Decline	Standard to Decline
Huntington's Chorea	Decline	Decline
Hyperlipidemia	Standard	Standard, possible Preferred
Hypertension	Usually Standard	Usually Standard
Hyperthyroidism	Usually Standard	Usually Standard, possible Preferred
Hypothyroidism	Standard	Standard, possible Preferred
Hysterectomy (benign)	Standard	Standard, possible Preferred
Inflammatory Bowel Disease (see Crohn's or Ulcerative Colitis)	Mild-Moderate, Standard to T6 Severe, T6 to Decline	Mild-Moderate, Standard to T6 Severe, T6 to Decline
Irritable Bowel Syndrome (spastic colitis)	Standard	Usually Preferred
Juvenile Rheumatoid Arthritis (see Rheumatoid Arthritis)	Mild-Moderate, Standard to T3 Severe, T4 to Decline	Mild-Moderate, Standard to T3 Severe, T4 to Decline
Kidney Disease	Standard to Decline	Standard to Decline
Kidney Stones	Usually Standard	Usually Standard, possible Preferred
Kidney Transplant (see Renal Transplant)	Decline	Decline
Leukemia	Standard to Decline	Standard to Decline
Liver Disease	Standard to Decline	Standard to Decline
Liver Transplant	Decline	Decline
Lung Transplant	Decline	Decline
Lupus (Discoid)	Usually Standard	Usually Standard
Lupus (Systemic) Erythematosus	Standard to Decline	Standard to Decline
Lymphoma	Standard to Decline	Standard to Decline
Marfan's Syndrome	Decline	Decline
Melanoma	Standard to Decline	Standard to Decline
Meningitis	Fully recovered, Standard Otherwise, Decline	Fully recovered, Standard, possible Preferred Otherwise, Decline
Mental Retardation	Highly functioning and living independently, Standard Otherwise, Decline	Highly functioning and living independently, Standard Otherwise, Decline
Migraines/Headaches	Usually Standard	Usually Preferred
Mitral Insufficiency	Standard to Decline	Standard to Decline
Mitral Stenosis	Standard to Decline	Standard to Decline
Mitral Valve Prolapse	Usually Standard	Usually Standard, possible Preferred
Mononucleosis	Standard	Standard, possible Preferred
Multiple Myeloma	Decline	Decline

Guide to Impairments cont.

IMPAIRMENT	LOW BAND	HIGH BAND
Multiple Sclerosis (MS)	Standard to Decline	Standard to Decline
Murmur (heart)	Standard to Decline	Standard to Decline
Muscular Dystrophy (MD)	Decline	Decline
Myocardial Infarction	see coronary artery disease	see coronary artery disease
Narcolepsy	Mild-Moderate, Standard to T3 Severe (uncontrolled), Decline	Mild-Moderate, Standard to T3 Severe (uncontrolled), Decline
Nervous Disorder	Mild-Moderate, Standard to T2 Severe, T6 to Decline	Mild-Moderate, Standard to T2 Severe, T6 to Decline
Osteoarthritis	Usually Standard	Usually Preferred
Osteoporosis	Under Age 45, Usually Decline Age 45 and up, Mild-Moderate, Standard Severe (multiple fractures, limited mobility), Usually Decline	Under Age 45, Usually Decline Age 45 and up, Mild-Moderate, Standard Severe (multiple fractures, limited mobility), Usually Decline
Pacemaker (Artificial)	Standard to Decline	Standard to Decline
Pancreatitis	Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline	Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline
Paraplegia	Standard to Decline	Standard to Decline
Parkinson's Disease	Standard to Decline	Standard to Decline
Pericarditis	Single episode, fully recovered, no surgery, usually Standard Otherwise, T2 to Decline	Single episode, fully recovered, no surgery, usually Standard Otherwise, T2 to Decline
Peripheral Vascular Disease	Standard to Decline	Standard to Decline
Polycystic Kidney Disease	T2 to Decline	T2 to Decline
Polycythemia (Vera)	T4 to Decline	T4 to Decline
Prostate Cancer	Standard to Decline	Standard to Decline
Prostatitis	Standard	Preferred
Proteinuria	Standard to Decline	Standard to Decline
Psoriatic Arthritis (see Rheumatoid Arthritis)	Mild-Moderate, Standard to T3 Severe, T4 to Decline	Mild-Moderate, Standard to T3 Severe, T4 to Decline
PTSD (Post Traumatic Stress Disorder)	Mild-Moderate, Standard to T2 Severe, T6 to Decline	Mild-Moderate, Standard to T2 Severe, T6 to Decline
Pulmonary Embolism	Two or fewer episodes, fully recovered, Standard Otherwise, Standard to Decline	Two or fewer episodes, fully recovered, Standard Otherwise, Standard to Decline
Pulmonary Fibrosis	Decline	Decline
Pulmonary Hypertension	Usually Decline	Usually Decline
Pyelonephritis	Standard to Decline	Standard to Decline
Quadriplegia	Decline	Decline
Renal Failure	Decline	Decline
Renal Transplant	Decline	Decline
Rheumatic Fever	Single episode, fully recovered, Standard Otherwise, Standard to Decline	Single episode, fully recovered, Standard Otherwise, Standard to Decline
Rheumatoid Arthritis	Mild-Moderate, Standard to T3 Severe, T4 to Decline	Mild-Moderate, Standard to T3 Severe, T4 to Decline
Sarcoidosis	Mild (stage 0 - stage 1, asymptomatic), Standard Moderate-Severe, T2 to Decline	Mild (stage 0 - stage 1, asymptomatic), Standard Moderate-Severe, T2 to Decline
Schizophrenia	Decline	Decline
Seizure/Convulsion	Mild-Moderate, Standard to T4 Severe, T4 to Decline	Mild-Moderate, Standard to T4 Severe, T4 to Decline
Sickle Cell Anemia	Decline	Decline
Sickle Cell Trait	Standard	Standard, possible Preferred

Guide to Impairments cont.

IMPAIRMENT	LOW BAND	HIGH BAND
Sleep Apnea	Mild-Moderate (treated, asymptomatic), Standard to T4 Severe, usually Decline	Mild-Moderate (treated, asymptomatic), Standard to T4 Severe, usually Decline
Stroke	Less than 1 year since occurrence, Postpone Otherwise, Standard to Decline Multiple Strokes, Decline	Less than 1 year since occurrence, Postpone Otherwise, Standard to Decline Multiple Strokes, Decline
Suicide Attempt	Less than 5 years since occurrence, Decline Otherwise, Standard to Decline	Less than 5 years since occurrence, Decline Otherwise, Standard to Decline
Systemic Lupus Erythematosus (SLE)	Less than 1 year since diagnosis, Postpone Mild-Moderate, Standard to Decline Severe, Decline	Less than 1 year since diagnosis, Postpone Mild-Moderate, Standard to Decline Severe, Decline
Transient Ischemic Attack	Less than 6 months since occurrence, Postpone After 6 months (no tobacco use, single episode), Standard to T4 Otherwise, T4 to Decline	Less than 6 months since occurrence, Postpone After 6 months (no tobacco use, single episode), Standard to T4 Otherwise, T4 to Decline
Tuberculosis	Positive PPD only, normal Chest X-ray, Standard Otherwise, Decline	Positive PPD only, normal Chest X-ray, Standard Otherwise, Decline
Ulcer	Usually Standard	Usually Standard, possible Preferred
Ulcerative Colitis	Mild-Moderate, Standard to T6 Severe, T6 to Decline	Mild-Moderate, Standard to T6 Severe, T6 to Decline

Multiple Medical Conditions

The underwriting approach is designed to accommodate the likelihood of multiple medical conditions. Conditions are evaluated in a manner which takes into account varying degrees of severity, treatment and age. Note that the presence of either numerous or significant medical conditions may result in decline.

Financial Guidelines

This chart provides the financial underwriting guidelines for this product.

Employed	Non-working/Retired
Age 18-45: 25x income	We can offer 100% of Net Worth plus 5x income multiplier for unearned income
Age 46-60: 15x income	
Age 61 and up: 10x income	

Agent Resources

Website

For product information, state availability, quotes, apps/forms, marketing material and new business processing information, please visit phoenixsalesnet.com.

Live Support

Call for live assistance Monday through Friday, except major holidays.

Product Information, Marketing Fulfillment and Application Help:

Sales Desk 1-888-794-4447

Available Monday through Friday,
8 a.m. – 6 p.m. Eastern Time

Pending Case Status, New Business and Underwriting Eligibility Questions:

Life New Business: 1-800-417-4769, option 2,
option 3

Available 8:30 a.m. – 5 p.m. Eastern Time

Tele-interviews: 1-855-249-8441

Available 8 a.m. – 8 p.m. Eastern Time

Rules and Alerts

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) combats waste, fraud and abuse in the insurance industry. HIPAA guidelines have specific disclosure requirements that prohibit unauthorized persons from viewing or receiving confidential medical information. As a result, strict HIPAA regulations prohibit us from divulging or discussing with the agent any medical information obtained during underwriting.

Medical Information Bureau, Inc.

The Medical Information Bureau (MIB) is a membership association of life insurance companies. The primary mission of the MIB is to provide an alert to its member insurance companies against omissions and fraud. This helps MIB member companies to protect their interests and leads to cost savings which can be passed on to the insurance consumer.

The authorization sections on the application authorize Phoenix to access the MIB and to obtain any necessary medical records for the Proposed Insured during the underwriting process. Please note that the MIB is used as an alert. Actual underwriting decisions are not based on MIB inquiry results alone.

Phoenix helps people secure their retirement dreams and protect loved ones with annuities and life insurance. Founded in 1851, Phoenix has a long, proud history of keeping its promises.



PHOENIX

Guarantees are based on the claims-paying ability of the issuing company, PHL Variable Insurance Company or Phoenix Life Insurance Company.

Phoenix Safe Harbor Term Life (ICC14PPTL) whole life insurance is issued by PHL Variable Insurance Company (PHLVIC). In Maine and New York, Phoenix Safe Harbor Term Life is issued by Phoenix Life Insurance Company (PLIC). PHLVIC is not authorized to conduct business in Maine and New York.

These insurers are separate entities and each is responsible only for its own financial condition and contractual obligations.

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