

Medical Impairment Field Underwriting Guidelines

This medical impairment guide is designed to assist you in establishing an idea of how underwriting might be handled for particular medical conditions. This guide is not meant to be all-inclusive, and the Indianapolis Life underwriting department reserves the right to make final decisions on all individuals.

Category I - Usually Acceptable

Assumes adequate treatment and no multiple impairments.

Anemia - iron deficiency
Aneurysm - operated
Diabetes - not requiring insulin
Discoid Lupus Erythematosus
Emphysema, COPD - in a nonsmoker
Epilepsy
High Blood Pressure
Kidney Disease - without kidney failure
Melanoma
Psychosis - treated
Ulcerative Colitis

Category II - Individual Consideration

Please call Underwriting for approval

Coronary Bypass or Angioplasty (Generally not acceptable if within 1 year)
Diabetes - Insulin Dependent
Heart Attack or Angina
Heart Disease
Heart Valve Operation
Peripheral Vascular Disease
Stroke

Category III - Not Acceptable

A. Central Nervous System

Alcohol and/or Drug Abuse - with treatment or drug abuse within 3 years
Alzheimer's Disease
Depression - with history of contemplated or attempted suicide
Guillain Barre Syndrome
Lou Gehrig's Disease (ALS - Amyotrophic Lateral Sclerosis)
Organic Brain Syndrome, Senility
Paralysis - paraplegia, triplegia, quadriplegia
Parkinsonism
Psychosis - not treated

B. Cardiovascular

Aneurysm - nonoperative
Cardiomyopathy
Congestive Heart Failure
Pacemaker - implant within one year
Ventricular Fibrillation

C. Other

AIDS or HIV positive
Any organ transplant
Cancer - Leukemias; Lymphomas; Internal and/or invasive within 5 years
Cirrhosis
Currently hospitalized; bedridden; receiving oxygen
Huntington's Chorea in family history
Kidney Failure, Dialysis, Uremia
Muscular Dystrophy
Other Terminal Illness
Pancreatitis - within one year
Polycystic Kidney Disease
Scleroderma or Systemic Lupus Erythematosus

SIMPLIFIED UNDERWRITING GUIDE



VISTA & CROWN

Choice

SINGLE PREMIUM LIFE

INDIANAPOLIS LIFE INSURANCE COMPANY...

A tradition of quality, service and financial strength

Indianapolis Life Insurance Company is a subsidiary of AmerUs Group Co., an Iowa corporation located in Des Moines, Iowa. AmerUs Group is the publicly-owned holding company for its life insurance and annuity companies, which market and distribute a full range of individual life insurance and annuity products.

As of June 30, 2005 AmerUs Group's total assets were \$24.2 billion and shareholder's equity totaled \$1.7 billion, including accumulated other comprehensive income.

INDIANAPOLIS LIFE

An AMERUS Company

Indianapolis Life Insurance Company

9200 Keystone Crossing, Suite 800
Indianapolis, IN 46240

www.indylifeline.com



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ASSOCIATION

62010 11/05



TeleApp

INDIANAPOLIS LIFE

An AMERUS Company

Simplified Underwriting

The Vista and Crown Choice Single Premium Life plans use simplified underwriting via the TeleApp program. With TeleApp, you do the selling and we take care of all the rest.

For the Vista and Crown SPL,

1. Complete the "Simplified Issue" TeleApp application with all appropriate signatures and dates.*
2. Give your client the TeleApp brochure (form #62016).
3. Prepare your client to expect a short telephone interview for medical questions.



AMERILIFE Life Insurance Company
Home Office: Des Moines, IA
Marketing Address:
P.O. Box 4905
Des Moines, IA 50306-4905
Fax: 1-800-521-9028

INDIANAPOLIS LIFE Life Insurance Company
Home Office: Indianapolis, IN
Marketing Address:
P.O. Box 14790
Des Moines, IA 50306-3599
Fax: 1-888-729-1329

(In this application, "Company" refers to the insurance company whose name is checked above.)

PROPOSED INSURED
NAME (FIRST, MIDDLE, LAST) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
COUNTY _____ PARISH _____ BIRTH DATE _____ BIRTH STATE _____
HOME PH. () _____ BUS. PH. () _____ SOCIAL SECURITY NUMBER _____
EMPLOYER _____ OCCUPATION _____ DIVERSITY _____ STATE _____
DURATION OF EMPLOYMENT _____

OWNER INFORMATION
NAME _____ ADDRESS _____ CITY _____ COUNTY _____
BIRTH DATE _____ STATE _____ ZIP _____
RELATIONSHIP _____ TAXPAYER ID# _____
JOINT OWNER _____ TAXPAYER ID# _____
CONTINGENT OWNER _____ TAXPAYER ID# _____
MAIL NOTICES TO INSURED OWNER OTHER (specify) _____
OTHER NOTICE ADDRESS _____ STATE _____ ZIP _____

BENEFICIARY INFORMATION
PRIMARY BENEFICIARY(IES) PRINT FULL NAME _____
CONTINGENT BENEFICIARY(IES) _____

PLAN INFORMATION
PLAN APPLIED _____
LIFE PROTECTION _____
TOBACCO USE _____
UL DEATH BENEFIT _____
Any person may be paid _____

***PLEASE NOTE that if either of the two questions in Part A of the simplified TeleApp application is answered 'yes,' then you are NOT AUTHORIZED to submit the life insurance application. You may want to offer your client an annuity. The two questions are:**

1. In the past 12 months has the proposed insured been treated for internal cancer, malignant melanoma, leukemia, Alzheimer's Disease or had an organ transplant, heart attack, heart surgery, stroke, aneurysm or kidney disease?
2. Are you currently hospitalized, bedridden, receiving oxygen or been advised that you have a terminal illness?

PREMIUM INFORMATION
PREMIUM DIRECTION INTEREST CREDITING STRATEGY 1 YR PIP % MAS % NCS % MIS %
 INTEREST CREDITING STRATEGY 5 YR Fixed Term %
 INTEREST CREDITING STRATEGY _____ %
HAS THE PREMIUM FOR THE POLICY APPLIED FOR BEEN GIVEN TO THE AGENT IN EXCHANGE FOR THE CONDITIONAL LIFE INSURANCE AGREEMENT?
 YES NO AMOUNT \$ _____ HOW PAID? CHECK OTHER (specify) _____
PREMIUM PLANNED PREMIUM \$ _____ OTHER _____
POLICY DATE (optional) _____ Yes No

INSURANCE IN FORCE ON PROPOSED INSURED
ARE ANY LIFE INSURANCE OR ANNUITY CONTRACTS IN FORCE?
If yes, complete section below. (Attach separate sheets if necessary.)

Company	Amount	WP?	Personal/Business	Year Issued	Replacing?	Amount ADG

WILL ANY ANNUITY OR LIFE INSURANCE PRESENTLY OR RECENTLY IN FORCE BE REPLACED OR CHANGED BY THIS POLICY APPLIED FOR? Yes No
HAVE YOU EVER BEEN DECLINED, RATED, OR HAD COVERAGE MODIFIED OR WITHDRAWN, OR REINSTATEMENT DECLINED BY ANY INSURANCE COMPANY? Yes No
WITHIN THE LAST YEAR, HAS ANY OTHER LIFE, HEALTH OR LONG TERM CARE INSURANCE BEEN ISSUED OR APPLIED FOR, OR IS ANY TO BE APPLIED FOR? Yes No

PART A
(A "Yes" answer to this part of the application disqualifies the applicant for Life Insurance.)
IN THE PAST 12 MONTHS HAVE YOU BEEN TREATED FOR INTERNAL CANCER, MALIGNANT MELANOMA, LEUKEMIA, ALZHEIMER'S DISEASE OR HAD AN ORGAN TRANSPLANT, HEART ATTACK, HEART SURGERY, STROKE, ANEURYSM OR KIDNEY DISEASE? Yes No
ARE YOU CURRENTLY HOSPITALIZED, BEDRIDDEN, RECEIVING OXYGEN OR BEEN ADVISED THAT YOU HAVE A TERMINAL ILLNESS? Yes No

PART B
HAVE YOU EVER HAD OR BEEN TREATED BY A MEDICAL PROFESSIONAL FOR DIABETES, HEART DISEASE, CANCER, ALCOHOLISM OR DRUG ABUSE? Yes No
Provide details here for any Yes answer in this section.

ADDITIONAL INSTRUCTIONS

Form 1552 8/05

Make sure the following additional items are completed, signed and indicated on the Fax Transmittal form (62023).

- Replacement forms.
- If applicable, a signed illustration or policy Illustration Certification (form 12425), which may also be obtained upon delivery of the policy. **(Remember that ONLY the Vista Choice INDEXED SPL requires an illustration or illustration certification form).**
- Other compliance forms as may be required in your state.

The complete list of required forms for your state can be accessed via the New Business Wizard on IndyLifeLine. With one click of the mouse, you will have all the forms you need!



Fax applications and forms to (888) 329-1329

Use our FAX TRANSMITTAL form 62023 to document the items you are faxing.

When the telephone interview is complete, the home office underwriting staff will do one of three things:

- Accept the application and issue the policy; or
- Reject the life application; or
- Determine the need for medical records. If medical records are required, the underwriter will notify the agent to determine if they wish to proceed with a life application for a different product.

When the policy is approved, the simplified application, along with a copy of the full application completed by telephone, will be included as part of the contract and will require the client's signature on delivery.

Tips for smooth processing ...

Application

- Check appropriate company.
- Print clearly with black ink.
- Have corrections initialed and dated by the proposed insured/owner. Do not use white out.
- Include the proposed insured's full name on question #1 and have them sign identically on page 3.

• For Indexed SPL, Clearly mark the desired interest crediting strategies (percentages must add up to 100%)

- Prepare your client(s) to expect a short telephone interview for medical questions. **(The home office will order the MIB).**

Premium

- All premium collected (as well as the other items faxed) should be documented on our FAX TRANSMITTAL form 62023.
- The initial premium should then be submitted to the home office. Please note the policy number on the check. Policy numbers will be available on IndyLifeLine shortly after the application is faxed.
- When premium is collected, at the time of application, make sure to give a copy of the conditional receipt (form 15738*) to the owner.
- Original applications that were faxed to the home office **do not need to be mailed.**
- The policy will be issued ONLY after all premium is received.

* State variations of this form apply for Kansas (15673), Missouri (15674) and New Hampshire (15739). Check the New Business Wizard on IndyLifeLine for the most current forms in your state.

Processing Times

It is anticipated that a majority of the applications that are submitted will be approved. In most cases where medical records are NOT required, policies should be issued in about a week of the receipt of the application in the home office.

In cases where medical records are required, and the agent has agreed to continue underwriting, an average of three weeks is generally needed to complete the process.

Build Chart

Minimum/Maximum Build Chart for SPL product

Height	Minimum Weight	Maximum Weight
4' 8"	92	184
4' 9"	95	191
4' 10"	98	198
4' 11"	101	205
5' 0"	105	212
5' 1"	108	219
5' 2"	111	226
5' 3"	114	233
5' 4"	118	241
5' 5"	121	248
5' 6"	124	256
5' 7"	128	264
5' 8"	131	272
5' 9"	135	280
5' 10"	139	288
5' 11"	142	296
6' 0"	146	305
6' 1"	150	313
6' 2"	154	322
6' 3"	158	331
6' 4"	162	340
6' 5"	166	349
6' 6"	170	358
6' 7"	174	367
6' 8"	178	376
6' 9"	182	386
6' 10"	187	395
6' 11"	191	405