

Phoenix Safe Harbor Term LifeSM



PHOENIX

Quick Reference Guide



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

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

Product Overview

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

Coverage

- Lump sum death benefit paid to policy beneficiary(ies)
- Term periods and issue ages (last birthday):
 - 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)
- Two bands available (Low Band and High Band)
 - Band is determined by issue age and face amount selected
 - Rates and underwriting vary by band
 - Low Band (non-medical) does not require a paramedical exam
 - High Band (simplified paramedical) requires a simple exam consisting of height, weight, blood pressure, oral swab

Included Riders:

- Accelerated Benefit Riders - option to accelerate the death benefit in the event of a serious illness:
 - Chronic Illness
 - Critical Illness
 - Terminal Illness
- Unemployment Rider

Optional Rider:

- Accidental Death Benefit
- Available for additional premium (commissionable)

Premiums:

- Monthly bank draft or quarterly, semi-annual or annual billing
- Premiums are guaranteed not to increase during term period
- Option to continue coverage after the term period until age 100 at annually renewable rates¹
- Policy fee = \$72/year
- Premiums dependent on frequency of billing²

Underwriting Classes

- Low Band and High Band available based on issue age and face amount. Rates and underwriting vary by band³

LOW BAND (non-med)	HIGH BAND (simplified paramedical)
<ul style="list-style-type: none"> • Standard • Tobacco 	<ul style="list-style-type: none"> • Preferred • Standard • Tobacco

- Substandard ratings are available for non-preferred classes (tables 1-8)

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 the breakpoint between Low and High Band, choice of underwriting available (non-medical or simplified paramedical)

Term Conversions

Flexibility to convert term life insurance to permanent life insurance based on the duration of the policy.

- 10-Year Term: Convertible in first 5 policy years
- 15-Year Term: Convertible in first 7 policy years
- 20-Year Term: Convertible in first 10 policy years
- 30-Year Term: Convertible in first 10 policy years
- Full and partial conversions are allowed
- Same underwriting classification as term product will apply
- No medical evidence is required

Free Look

- Policy includes a Free Look period during which policy may be reviewed and returned for a full refund
- Free Look period varies by state; but is never less than 10 days

1. Annual renewable term premiums will be materially higher than premiums during the term period. See policy's schedule pages.

2. Modal factors (portion of annual premium): Annual = 1, Semi-annual = 0.5125, Quarterly = 0.2625, Monthly = 0.0863

3. Band does not change after issue.



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.

**Premiums reduced proportionally to remaining death benefit, but annual policy fee remains the same.*

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 insured 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.



Completing the Application

Three Easy Ways to Apply

1 FAST - ONE AND DONE!

Just complete Part 1 of the application to determine your client's eligibility and capture key information. Then, call us.

How it works:

- Download the required application and forms for the state in which the application is signed
- Complete and sign the Application Part 1, 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 1. We'll take it from there!

How it works:

- Complete and sign the Application Part 1, required forms and HIPAA authorization and submit them to Phoenix
- Phoenix will call the client and complete the Application Part 2 over the phone

3

- The agent will be notified of the decision

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 1, Application Part 2, 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

- 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.
- HIPAA forms must be fully completed including date of birth and insured's signature.

In certain circumstances, an Attending Physician's Statement (APS) may be requested. Clients selecting the High Band will be required to complete a simple paramedical exam (height, weight, blood pressure and oral swab).

Tele-interview Process

The tele-interview can be used to fulfill the underwriting portion of the application in lieu of completing the Application Part 2 on paper.

Phoenix will use the information provided in the tele-interview to determine an underwriting decision. An underwriting decision will typically be made within 2 business days for Low Band and 5 business days for High Band.*

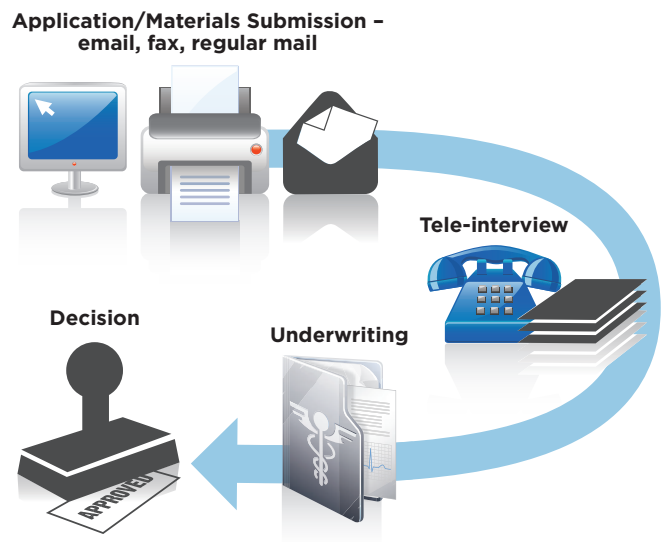
All application materials must be received by Phoenix within 10 days of completion of the telephone interview regardless of the underwriting decision.

The tele-interview will take about 20 minutes to complete.⁴

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, physician's name, date of last visit and any current medication(s).
2. Call and identify yourself as a Phoenix agent. The interviewer will need to speak with the Proposed Insured.

Hours for Telephone Interviews: Monday – Friday, 8:30 a.m. – 8 p.m. Eastern Time,
1-844-805-LIFE (5433)



Good to Know!

Tele-interviews are recorded and saved for future reference. Clients will confirm the representations that were made during the tele-interview with a voice signature at the end of the call.

*Assuming no APS is requested and Paramedical results are received in a timely manner.
4. 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.

Insurable Interest

Policy owners and beneficiaries must have an insurable interest in the life of the insured:

- Financial loss in the event of the insured's untimely death
- A close relationship to the insured (e.g. spouse, domestic partner, dependent).

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 made payable to Phoenix 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," and any underwriting requirements are satisfied, the policy will be issued and mailed to the agent or owner.

Pending case information can be found by logging in to www.phoenixsalesnet.com, and clicking on My Business Reports. Data is current as of the close of business on the prior day.

Policy Delivery

On the application, 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 application.



Field Underwriting

Phoenix Safe Harbor Term is underwritten on a limited evidence basis. Underwriting is based on your client's answers on the application.

Part 1 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 2 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 6 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 including: electronic search records, motor vehicle reports, Rx database, and MIB (insurance activity). 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.

Screening Questions

If the client answers "yes" to any of the questions in Section 3 of application Part 1, no coverage will be available.

UNDERWRITING CLASSES:

Low Band	High Band
Standard Non-Tobacco Tobacco	Preferred Non-Tobacco Standard Non-Tobacco Tobacco

- Substandard ratings are available for non-preferred classes (tables 1-8)

Tobacco Definition

Use of tobacco or nicotine products, including e-cigarettes, in the past 12 months with the exception of occasional cigar or pipe use (less than 6 times a year).

Underwriting Based On Underlying Cause

Phoenix's practice is to underwrite based on the underlying cause of an impairment. For example, if a proposed insured experiences shortness of breath as a result of Chronic Obstructive Pulmonary Disease (COPD), the underwriting determination will follow the rules for COPD. In the Guide to Impairments that follows, such impairments include a notation, "Rate for Cause." In such cases, Phoenix will seek to understand the cause of the condition in order to make an underwriting assessment on the case.

Preferred Criteria:

Tobacco / Nicotine	No use of tobacco or nicotine products, including e-cigarettes, in the past 2 years, EXCEPT for occasional cigar or pipe use
Family History (Does not apply if age 65 and older)	No death of a parent or sibling prior to age 60 due to heart disease or cancer
Blood Pressure (Treated/ Untreated)	Age 18-50 < 140/85 Age 51-70 < 145/90 Age 71+ < 140/90
Medical History	No history of heart disease, diabetes, or cancer (except for basal cell carcinoma and superficial squamous cell carcinoma)
Driving Record	No more than 3 moving violations within the past 3 years; no DWI, DUI, or reckless driving within the past 3 years
Aviation	No private aviation within the past 2 years for pilots only
Avocation	No rateable avocation or occupation within the past 2 years
Alcohol / Drug	No history or recommendation for drug or alcohol treatment within the past 10 years
Build	See height and weight chart below

Preferred Height/Weight Chart (Male and Female):

Height	Maximum Weight
Up to 4' 10"	150
4' 11" - 5' 0"	160
5' 1" - 5' 2"	170
5' 3" - 5' 4"	182
5' 5" - 5' 6"	194
5' 7" - 5' 8"	206
5' 9" - 5' 10"	218
5' 11" - 6' 0"	232
6' 1" - 6' 2"	244
6' 3" - 6' 4"	260
6' 5" - 6' 6"	276
6' 7" - 6' 8"	292
6' 9" - 6' 10"	308



Height & Weight Chart for Low/High Bands

This chart is designed to provide the maximum height/weight combinations for this product. The limits shown reflect the maximum height/weight measurements to qualify for standard and Table 8 ratings. If your client is near the high end of these limits and has other medical history, they may be rated or not qualify for coverage.

Height	Weight (lbs)		
	Minimum	Maximum (Standard)	Maximum (Substandard)
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

Guide to Impairments

Impairment	Low Band	High Band
Addison's Disease	Standard	Preferred
Attention Deficit Disorder (ADD/ADHD)	Standard	Preferred
Activities of Daily Living (ADL's) requires assistance	Decline	Decline
Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus(HIV)	Decline	Decline
Alcohol Abuse (Current)	Decline	Decline
Alcohol Abuse (Past history)	Less than 5 years from end of use/treatment, Decline Otherwise, possible Standard to Table 4 (200%)	Less than 5 years from end of use/treatment, Decline Otherwise, possible Standard to Table 4 (200%)
Alzheimer's Disease	Decline	Decline
Amputation	Caused by injury, Standard Due to disease within 1 year, Decline Otherwise, rate for cause	Caused by injury, Standard 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 Severe, Decline	Mild-Moderate, Standard Severe, Decline
Anorexia Nervosa	Fully recovered without treatment in the past 2 years, Standard Otherwise, Decline	Fully recovered without treatment in the past 2 years, Standard Otherwise, Decline
Anxiety Disorders	Mild-Moderate, Standard to Table 2 Severe, Decline	Mild, Preferred Mild-Moderate, Standard to Table 2 Severe, Decline
Aortic Aneurysm	Standard to Decline	Standard to Decline
Aortic Murmur/Insufficiency	Standard to Decline	Standard to Decline
Aplastic Anemia	Standard to Decline	Standard to Decline
Asthma	Mild, Standard Moderate, Standard to Table 4 Severe, Decline	Mild, possible Preferred Moderate, Standard to Table 4 Severe, Decline
Atrial Fibrillation	No evidence of other heart disease, Standard to Table 4 Otherwise, Decline	No evidence of other heart disease, Standard to Table 4 Otherwise, Decline
Autism	Highly functioning and living independently, Standard Otherwise, Decline	Highly functioning and living independently, Standard Otherwise, Decline
Barlow's Syndrome/Mitral Valve Prolapse (MVP)	Standard	Asymptomatic and no evidence of other heart disease, Preferred Otherwise, Standard to Decline
Barrett's Esophagus	No history of dysplasia, Standard Otherwise, Table 4 to Decline	No history of dysplasia, Preferred Otherwise, Table 4 to Decline
Basal Cell Carcinoma	Standard	Preferred
Benign Prostatic Hypertrophy	Standard	Preferred
Berger's Disease (IgA Nephropathy)	Standard to Decline	Standard to Decline
Bipolar Disorder	Mild-Moderate, Standard to Table 2 Severe, Decline	Mild-Moderate, Standard to Table 2 Severe, Decline
Breast Cancer	Treatment completed > 5 years ago, possible Standard Otherwise, possible Decline	Treatment completed > 5 years ago, possible Standard Otherwise, possible Decline
Bronchiectasis	Standard	Standard



Guide to Impairments (continued)

Impairment	Low Band	High Band
Bronchitis (Acute)	Standard	Preferred
Bronchitis (Chronic)	See COPD ratings	See COPD ratings
Bundle Branch Block (Left)	No other heart disease, Standard to Table 4 Otherwise, Decline	No other heart disease, Standard to Table 4 Otherwise, Decline
Bundle Branch Block (Right)	Standard	Preferred
CABG/Bypass Surgery	Under age 45, Decline Age 46-50, Table 6 to Decline Age 51-60, Table 4 to Decline Age 61+, Standard to Decline	Under age 45, Decline Age 46-50, Table 6 to Decline Age 51-60, Table 4 to Decline Age 61+, Standard to Decline
Cancer	Treatment completed > 5 years ago, possible Standard Otherwise, possible Decline	Treatment completed > 5 years ago, possible Standard Otherwise, possible Decline
Cardiac Pacemaker (Artificial)	Current age > 50, Standard Otherwise, Table 2 to Decline	Current age > 50, Standard Otherwise, Table 2 to Decline
Cardiomyopathy	Likely Decline	Likely Decline
Carotid Bruit	No evidence of carotid disease, Standard to Table 2 Otherwise, rate for Carotid disease	No evidence of carotid disease, Standard to Table 2 Otherwise, rate for Carotid disease
Carotid Disease	Mild-to-Moderate disease, Table 2 to Table 4 Otherwise, Table 4 to Decline	Mild-to-Moderate disease, Table 2 to Table 4 Otherwise, Table 4 to Decline
Celiac Disease	Standard	Standard, possible Preferred
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	Age 45-69, possible Table 4 to Decline Age 70+, possible Table 2 to Decline	Age 45-69, possible Table 4 to Decline Age 70+, possible Table 2 to Decline
Chest Pain (cardiac)	See Angina	See Angina
Chronic Obstructive Pulmonary Disease (COPD)	Mild-Moderate, Age < 40, Table 2 to Table 6 Mild-Moderate, Age 41+, Standard to Table 4 Severe, all cases, Decline	Mild-Moderate, Age < 40, Table 2 to Table 6 Mild-Moderate, Age 41+, Standard to Table 4 Severe, all cases, Decline
Cirrhosis	Decline	Decline
Cocaine	Treatment completed > 5 years ago, possible Standard Otherwise, Decline	Treatment completed > 5 years ago, possible Standard Otherwise, Decline
Colon Polyps	Removed, no evidence of cancer, Preferred Otherwise, Standard to Postponement	Removed, no evidence of cancer, Preferred Otherwise, Standard to Postponement
Congestive Heart Failure	Decline	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 Table 2 Severe, Table 4 to Decline	Mild, single medication prescribed, possible Preferred Moderate, more than one medication prescribed, Standard to Table 2 Otherwise, Table 4 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

Guide to Impairments (continued)

Impairment	Low Band	High Band
Dialysis	Decline	Decline
Diverticulitis/Diverticulosis	Resolved, no complications, Standard Otherwise, possible postponement	Resolved, no complications, possible Preferred Otherwise, possible postponement
Down's Syndrome	Age 20 and older, independent, possible Standard Otherwise, Table 4 to Decline	Age 20 and older, independent, possible Standard Otherwise, Table 4 to Decline
Drug Addiction	Treatment completed > 5 years ago, possible Standard Otherwise, Decline	Treatment completed > 5 years ago, possible Standard Otherwise, Decline
Emphysema	See COPD	See COPD
Epilepsy	Mild, Standard to Table 2 Moderate, Table 2 to Table 6 Severe, Decline Last attack < 6 months ago, Postponement	Mild, Standard to Table 2 Moderate, Table 2 to Table 6 Severe, Decline Last attack < 6 months ago, Postponement
Fibromyalgia	Standard	Preferred
Gastric Bypass	Surgery > 6 months ago, no complications, Standard (rate for build)	Surgery > 6 months ago, no complications, Standard (rate for build)
Gastroesophageal Reflux Disorder (GERD)	Standard	Preferred
Gestational Diabetes	Standard	No current treatment, Preferred
Otherwise, Standard		
Glomerulonephritis (Acute)	Standard	Standard, possible Preferred
Glomerulonephritis (Chronic)	Substandard to Decline	Substandard to Decline
Goiter/Graves Disease	Standard	Possible Preferred
Gout	Standard	Preferred
Heart Attack (Myocardial Infarction)	See Coronary Artery Disease	See Coronary Artery Disease
Heart Disease	Refer to specific condition	Refer to specific condition
Heart Failure (Chronic)	Decline	Decline
Heart Transplant	Decline	Decline
Hemophilia	Decline	Decline
Hepatitis A (Acute)	Fully recovered, Standard Otherwise, Decline	Fully recovered, Preferred
Otherwise, Decline		
Hepatitis B (Chronic)	Standard to Decline	Standard to Decline
Hepatitis C	Standard to Decline	Standard to Decline
High Blood Pressure	Standard	Preferred
Hodgkins Disease	Treatment completed > 5 years ago, possible Standard Otherwise, Decline	Treatment completed > 5 years ago, possible Standard Otherwise, Decline
Huntington's Chorea	Decline	Decline
Hyperlipidemia	Standard	Preferred
Hypertension	Standard	Preferred
Hyperthyroidism	Standard	Preferred
Hypothyroidism	Standard	Preferred
Hysterectomy (benign)	Standard	Preferred
Inflammatory Bowel Disease	See Crohn's or Ulcerative Colitis	See Crohn's or Ulcerative Colitis
Irritable Bowel Syndrome (spastic colitis)	Standard	Preferred
Juvenile Rheumatoid Arthritis	See Rheumatoid Arthritis	See Rheumatoid Arthritis
Kidney Disease	Standard to Decline	Standard to Decline
Kidney Stones	Standard	Preferred



Guide to Impairments (continued)

Impairment	Low Band	High Band
Kidney Transplant	See Renal Transplant	See Renal Transplant
Leukemia	Treatment completed > 5 years ago, possible Standard Otherwise, Decline	Treatment completed > 5 years ago, possible Standard Otherwise, Decline
Liver Disease	Standard to Decline	Standard to Decline
Liver Transplant	Decline	Decline
Lung Transplant	Decline	Decline
Lupus (Discoid)	Standard	Standard, possible Preferred
Lupus (Systemic) Erythematosus	Standard to Decline	Standard to Decline
Lymphoma	Treatment completed > 5 years ago, possible Standard Otherwise, Decline	Treatment completed > 5 years ago, possible Standard Otherwise, Decline
Marfan's Syndrome	Decline	Decline
Melanoma	Treatment completed > 5 years ago, possible Standard Otherwise, Decline	Treatment completed > 5 years ago, possible Standard Otherwise, Decline
Meningitis	Fully recovered, Standard Otherwise, Decline	Fully recovered, Preferred Otherwise, Decline
Mental Retardation	Highly functioning and living independently, Standard Otherwise, Decline	Highly functioning and living independently, Standard Otherwise, Decline
Migraines/Headaches	Standard	Preferred
Mitral Insufficiency	Mild, Standard Moderate, Table 2 to Table 6 Severe, Decline	Trace/Trivial, possible Preferred Mild, Standard Moderate, Table 2 to Table 6 Severe, Decline
Mitral Stenosis	Standard to Decline	Standard to Decline
Mitral Valve Prolapse	No evidence of mitral valve disease or insufficiency, Standard	No evidence of mitral valve disease or insufficiency, Preferred
Mononucleosis	Standard	Preferred
Multiple Myeloma	Decline	Decline
Multiple Sclerosis (MS)	Mild, Standard to Table 2 Moderate, Table 2 to Decline Severe, Decline Age < 45, Decline	Mild, Standard to Table 2 Moderate, Table 2 to Decline Severe, Decline Age < 45, Decline
Murmur (heart)	Rate for cause	Rate for cause
Muscular Dystrophy (MD)	Decline	Decline
Myocardial Infarction	See Coronary Artery Disease	See Coronary Artery Disease
Narcolepsy	Mild, Standard Moderate, Table 2 to 4 Severe, Decline	Mild, Standard, possible Preferred Moderate, Table 2 to 4 Severe, Decline
Nervous Disorder	Mild-Moderate, Standard to T2 Severe, T6 to Decline	Mild, Preferred Moderate, Standard to Table 2 Severe, Decline
Osteoarthritis	Standard	Preferred
Osteoporosis	Mild-Moderate, age > 45, Standard Severe (multiple fractures, limited mobility), or age < 45, Decline	Mild-Moderate, age > 45, Standard Severe (multiple fractures, limited mobility), or age < 45, Decline
Pacemaker (Artificial)	See Cardiac Pacemaker	See Cardiac Pacemaker
Pancreatitis (Acute)	Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline	Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline

Guide to Impairments (continued)

Impairment	Low Band	High Band
Pancreatitis (Acute)	Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline	Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline
Pancreatitis (Chronic)	Decline	Decline
Paraplegia	Standard to Decline	Standard to Decline
Parkinson's Disease	Standard to Decline	Standard to Decline
Pericarditis	Single episode, fully recovered, no surgery, Standard Otherwise, Table 2 to Decline	Single episode, fully recovered, no surgery, Standard Otherwise, Table 2 to Decline
Peripheral Vascular Disease	Standard to Decline	Standard to Decline
Polycystic Kidney Disease	Table 2 to Decline	Table 2 to Decline
Polycythemia (Vera)	Table 4 to Decline	Table 4 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	See Rheumatoid Arthritis
PTSD (Post Traumatic Stress Disorder)	Mild-Moderate, Standard to T2 Severe, Table 6 to Decline	Mild-Moderate, Standard to Table 2 Severe, T6 to Decline
Pulmonary Embolism	Two or fewer episodes, fully recovered, Standard Otherwise, Decline	Two or fewer episodes, fully recovered, Standard Otherwise, Decline
Pulmonary Fibrosis	Decline	Decline
Pulmonary Hypertension	Decline	Decline
Pyelonephritis	Standard to Decline	Standard to Decline
Quadriplegia	Decline	Decline
Renal Failure	Decline	Decline
Renal Transplant	Decline	Decline
Rheumatic Fever	No current treatment, Standard Otherwise, Decline	No current treatment, Preferred Otherwise, Decline
Rheumatoid Arthritis	Mild-Moderate, Standard to Table 2 Severe, Table 4 to Decline	Mild-Moderate, Standard to Table 2 Severe, Table 4 to Decline
Sarcoidosis	Mild (stage 0 - 1), Standard Moderate-Severe, Table 2 to Decline	Mild (stage 0 - 1), Standard Moderate-Severe, Table 2 to Decline
Schizophrenia	Decline	Decline
Seizure/Convulsion	Mild, Standard to Table 2 Moderate, Table 2 to Table 6 Severe, Decline Last attack < 6 months ago, Postponement	Mild, Standard to Table 2 Moderate, Table 2 to Table 6 Severe, Decline Last attack < 6 months ago, Postponement
Sickle Cell Anemia	Decline	Decline
Sickle Cell Trait	Standard	Standard, possible Preferred
Sleep Apnea	Mild-Moderate (treated), Standard Severe (treated), Table 4 to Decline Severe (untreated), Decline	Mild-Moderate (treated), Standard Severe (treated), Table 4 to Decline Severe (untreated), Decline
Stroke	Age 45-69, possible Table 4 to Decline Age 70+, possible Table 2 to Decline	Age 45-69, possible Table 4 to Decline Age 70+, possible Table 2 to 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)	Mild-Moderate, Standard Severe, Decline Diagnosis < 1 year ago, Postpone	Mild-Moderate, Standard Severe, Decline Diagnosis < 1 year ago, Postpone
Transient Ischemic Attack	Single episode > 6 months ago, Standard to Table 4 Otherwise, Decline	Single episode > 6 months ago, Standard to Table 4 Otherwise, 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.

Foreign National Guidelines

Only holders of permanent U.S. Visas are eligible. Temporary Visa holders are not eligible. There are no restrictions on foreign travel for U.S. citizens.

Financial Guidelines

Employed	Non-working/Retired	Non-working Spouse
Age 18-45: 25x income	We can offer 100% of Net Worth plus 5x income multiplier for unearned income	Accept up to the amount of coverage in force and applied for on the working spouse up to maximum face amount of \$1,000,000
Age 46-60: 15x income		
Age 61 and up: 10x income		

APS Guidelines

Band	18-50	51-60	61-65	65+
Low Band	Individual Consideration	Individual Consideration	Individual Consideration	APS will be ordered
High Band	Individual Consideration	If the proposed insured has seen a physician or medical provider within 12 months, an APS will be ordered	If the proposed insured has seen a physician or medical provider within 18 months, an APS will be ordered	APS will be ordered

Aviation and Avocation

Use the Aviation Supplement form (OL1064) and/or Avocation Questionnaire (FN7) to provide further detail if the client answers yes to the following questions.

In the past 2 years, have you engaged in skydiving, motor vehicle racing, motor boat racing, mountain or rock climbing, cave exploration, base jumping, scuba diving, or ultra light flying, or do you plan such activity in the next 2 years?

In the past 2 years, have you flown in an aircraft as a pilot, student pilot or crew member, or plan such activity in the next 2 years?

Preferred Vendors

Simple Paramedical Exam (Height, Weight, Blood Pressure and Oral Swab)

The Phoenix New Business Team will order the paramedical exam within 24 business hours from the time the application is received or the tele-interview completed. Please refer to the product's age and face amount submission guidelines on page 3 for further details. If you prefer to order the simple paramed exam from your office, please use the preferred vendor below on behalf of Phoenix Life Insurance Company:

Examination Management Services, Inc. (EMSI)
Phone: 800-872-3674

Attending Physician Statement (APS)

The Phoenix New Business Team will order APS(s) if required, according to age and face amount submission guidelines, or if deemed necessary based on an underwriter's discretion. If you prefer to order the APS(s) from your office, please use the preferred vendor below on behalf of Phoenix Life Insurance Company:

Express Imaging Services, Inc. (EIS)
Address: 1805 West 208th Street, Suite 202
Torrance, CA 90501
Phone: 888-846-8804

Agent Resources

Website

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

For mobile quotes, please save this link to your bookmarked sites:

<https://phx.insurancetechnologiespos.com/mobile/main/autologin.aspx>

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, Call 1-800-417-4769

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

Underwriting: option 2, option 4

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

Tele-interviews: 1-844-805-LIFE (5433)

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

More Information

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) 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.

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