

Life Alliance *with* LIVING BENEFITS Underwriting Guide



www.gpmlife.com

Effective Date: November 2025

Agent Support

Chat: <https://gpmagent.gpmlife.com>
Email: AgentSupport@gpmlife.com
Phone: (800) 938-4765

Risk Assessment

Email: uwrisk@gpmlife.com

Application Kits & Forms

Online via Agent Access: <https://gpmagent.gpmlife.com>

Submit Applications

Electronic application is available

Online via Agent Access: <https://gpmagent.gpmlife.com>

Fax: (888) 701-3869

CONTENTS

page

General Underwriting Guidelines	CONTROLLED / FAMILY BUSINESS	2
	GENERAL FINANCIAL REQUIREMENTS	2
	LAB TESTING & EXAM	2
Alliance TERM & UL	MEDICAL REQUIREMENTS	3
	BUILD TABLE	3
	PREFERRED UNDERWRITING GUIDELINES	4
Traditional WHOLE LIFE	MEDICAL REQUIREMENTS	5
	BUILD TABLE	5
	PREFERRED UNDERWRITING GUIDELINES	6
Impairments		7-10
Juvenile Guidelines		11

This Life Insurance Underwriting Guide is intended to be a reference while providing GPM Life's typical requirements for underwriting. GPM Life reserves the right to request information other than as stated in this Life Insurance Underwriting Guide. Underwriting will make its decision based on the entirety of the information provided to and received by GPM Life, which may result in a decision that is more or less favorable than the underwriting guide dictates.

Policies Underwritten by:

Government Personnel Mutual Life Insurance Company • GPM Life

FOR AGENT USE ONLY - NOT FOR PUBLIC DISTRIBUTION

CONTROLLED / FAMILY BUSINESS

Proposed Insured is self, spouse, parent, grandparent, child, grandchild, (adopted, half, step), sibling, contracted or previously contracted agents.

⚠ NOTE: Underwriting will order medical records and conduct underwriting requirements that apply to the product for all applicants who meet the definition of "Controlled Business".

GENERAL FINANCIAL REQUIREMENTS

RISK AMOUNT	REQUIREMENTS
\$1,000,000 - \$2,000,000	Financial Statement
\$2,000,001 - \$10,000,000	a. Balance Sheet / income for at least one (1) year. b. Income Statement (if business) for at least one (1) year. (K1 schedule)

Provide an explanation (cover letter) whenever the amount of personal insurance in force and applied for exceeds the amount obtained by multiplying the appropriate factor, from the chart below, for the insured's age by the insured's annual income.

AGE	FACTOR	AGE	FACTOR	AGE	FACTOR	AGE	FACTOR
0 - 20	IC*	31 - 40	25	51 - 60	15	66 - 70	7
21 - 30	25	41 - 50	20	61 - 65	10	71 - 75	4

* Individual Consideration

LAB TESTING & EXAM

Authorized Paramedical Companies

The companies listed below are authorized to perform paramedical and medical exams on our behalf.

- ExamOne, Inc.
- American Para Professional Systems, Inc. (APPS)

Senior Screening (SS)

Proposed insureds ages 71 and older will need to complete a senior screening test (SS) which screens for cognitive deficits.

EXAM	UP to AGE 70	AGE 71 & OLDER
Blood	Good for 1 year	Good for 6 months
Home office Urine Specimen (HOS)	Good for 1 year	Good for 6 months
Paramed	Good for 1 year	Good for 6 months
Motor Vehicle Report (MVR)	Good for 6 months	Good for 6 months
Senior Screening (SS)	N/A	Good for 6 months

MEDICAL REQUIREMENTS

In determining the dollar amount to use in the table below, add:

- The total initial face amount of the life insurance applied for; and
- The total life insurance and including any riders in force with GPM Life issued within the past five years.

TERM LIFE		18 - 40	41 - 50	51 - 55	56 - 65	66 - 70	71 - 75	76 - 80
	\$50,000 to \$99,999	NM	NM	NM	NM	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS
	\$100,000 to \$250,000	NM	NM	NM	NM	Paramed, BLD, HOS	Paramed, BLD, HOS, SS	Paramed, BLD, HOS, SS
	\$250,001 to \$500,000	NM	NM	NM	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS, SS	Paramed, BLD, HOS, SS
	\$500,001 to \$999,999	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS, SS, CFS	Paramed, BLD, HOS, SS, CFS
	\$1,000,000 to \$3,000,000	Paramed, BLD, HOS, CFS	Paramed, BLD, HOS, CFS	Paramed, BLD, HOS, CFS	Paramed, BLD, HOS, CFS	Paramed, BLD, HOS, CFS	Paramed, BLD, HOS, SS, CFS	Paramed, BLD, HOS, SS, CFS

Alliance UL		18 - 40	41 - 50	51 - 55	56 - 65	66 - 70	71 - 75	76 - 80
	\$25,000 to \$99,999	NM	NM	NM	NM	Paramed, BLD, HOS	Paramed, BLD, HOS	Paramed, BLD, HOS
	\$100,000 to \$250,000	NM	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS, SS	Paramed BLD, HOS, SS
	\$250,001 to \$500,000	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS, SS	Paramed BLD, HOS, SS
	\$500,001 to \$999,999	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed, BLD, HOS, SS, CFS	Paramed, BLD, HOS, SS, CFS
	\$1,000,000 to \$3,000,000	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed, BLD, HOS, SS, CFS	Paramed, BLD, HOS, SS, CFS

Non-Med (NM) includes: MIB, Motor Vehicle Report (MVR), Prescription (Rx) and Medical Data (Dx).

KEY		NOTE: ALL REQUIREMENTS ARE ORDERED BY THE AGENT UNLESS OTHERWISE NOTED
BLD	Blood Draw	► (Strongly Suggest 8-12 hours of fasting prior to test)
CFS	Confidential Financial Statement	► (Ordered by Home Office)
HOS	Urine Specimen	
NM	Non-Medical	► Complete part 2 of the application ¹
Paramed	Paramed Exam	► Medical History Questions, Measured Height and Weight, Pulse and Blood Pressure
SS	Senior Screening	► Screening for Cognitive Defects ► Not ordered by Home Office

¹ Other requirements may be ordered at the Underwriter's discretion.

BLOOD TESTING

Various states require special authorization for blood testing. Please submit a signed authorization form with the application when required. Forms are available on <https://gpmagent.gpmlife.com>

Build Table (Male and Female) Maximum Weight for Standard Plus and Standard Express risks

	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5	6'6	6'7
ST+	169	173	178	182	186	192	197	203	208	214	219	225	231	236	243	249	255	262	271	277	285	294
EXP	199	206	213	220	227	235	242	250	258	265	273	282	290	298	306	315	324	333	341	350	360	369

See Preferred Underwriting Guidelines for Preferred risks.

PREFERRED UNDERWRITING GUIDELINES

Preferred NON-TOBACCO (available ages 18-55 \$100,000 to \$500,000 without a Paramed)

TOBACCO USAGE - Includes, all forms of tobacco, nicotine-based products and vape products.	None in the past 5 years
MARIJUANA USE - Includes inhalation and edible products. (CBD products excluded)	None in the past 10 years.
DRIVING	Moving Violation: No more than 2 in past 3 years DWI, DUI, Reckless Driving: None in past 10 years
FAMILY HISTORY - Includes coronary artery disease, stroke, diabetes, or cancer.	No deaths of either parent before age 60. Disregard if PI is age 60 as a result from these conditions. Disregard if PI is age 60 or older.
FOREIGN TRAVEL	Dangerous locations: None* (ex. on US Travel Advisory list) <i>*State legislation laws are followed</i>

BUILD

4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5	6'6	6'7
154	157	160	165	170	175	180	185	190	195	200	205	210	215	220	225	232	238	245	253	260	268

MEDICAL IMPAIRMENTS	No ratable impairments or impairments in the Medical Manual suggesting "No Preferred". Medical data will be used as a source.
----------------------------	---

PRESCRIPTION DRUG HISTORY

No medications in the past 5 years for:

- Heart or cardiovascular system
- Metabolic endocrine medical condition (i.e., diabetes)
- Cancer or a precancerous condition
- Brain or nervous system
- Mental health condition or mood disorder
- Condition of the lungs or respiratory system
- Autoimmune Disorder or a condition of the Immune System
- Gastrointestinal system
- Condition of the blood
- Condition of the Urinary System and Reproductive organs
- Chronic Pain
- Disorder of the muscles
- Weight-loss/management

Rx allowances for Preferred consideration:

- (1) Rx for well controlled high blood pressure
- (1) Rx for Cholesterol
- (1) Rx Short-acting beta 2-agonists (SABAs) for mild asthma
- (1) Rx for well controlled GERD (acid reflux/heartburn)
- (1) Rx for occasional headaches/migraines
- (1) Rx intermittent or low dose NSAID (ex, ibuprofen)

Requirements listed above are not all-inclusive and other factors could prevent qualification for a class. Final decision will be made by GPM Life's Underwriting Department.

MEDICAL REQUIREMENTS

In determining the dollar amount to use in the table below, add:

- The total initial face amount of the life insurance applied for; and
- The total life insurance and including any riders in force with GPM Life issued within the past five years.

Traditional WHOLE LIFE		18 - 40	41 - 50	51 - 60	61 - 65	66 - 70	71 - 75	76 - 80
	\$25,000 to \$50,000	Non-Medical: 18 - 49		Not Available: 50 - 80				
	\$50,001 to \$99,999	NM	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS
	\$100,000 to \$250,000	NM	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS, SS	Paramed BLD, HOS, SS
	\$250,001 to \$500,000*	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS, SS	Paramed BLD, HOS, SS
	\$500,001 to \$999,999*	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS, SS, CFS	Paramed BLD, HOS, SS, CFS
	\$1,000,000 to \$3,000,000*	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, CFS	Paramed BLD, HOS, SS, CFS	Paramed BLD, HOS, SS, CFS

* Call for Active Duty Military Limits.

Non-Med (NM) includes: MIB, Rx, Dx, MVR.

KEY		NOTE: ALL REQUIREMENTS ARE ORDERED BY THE AGENT UNLESS OTHERWISE NOTED
BLD	Blood Draw	► (Strongly Suggest 8-12 hours of fasting prior to test)
CFS	Confidential Financial Statement	► (Ordered by Home Office)
HOS	Urine Specimen	
N/A	Not Available	
NM	Non-Medical	► Complete part 2 of the application ¹
Paramed	Paramed Exam	► Medical History Questions, Measured Height and Weight, Pulse and Blood Pressure
SS	Senior Screening	► Screening for Cognitive Defects

¹ Other requirements may be ordered at the Underwriter's discretion.

Build Table (Male and Female) - Maximum weight for each height and class

	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5	6'6	6'7
P+	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	230	235	240
PNT	140	145	150	155	160	165	170	175	180	185	190	195	205	210	215	220	225	230	235	240	250	260
PT	140	145	150	155	160	165	170	175	180	185	190	195	205	210	215	220	225	230	235	240	250	260
Std	175	180	190	195	200	205	210	215	220	225	230	235	240	250	255	265	270	280	285	290	300	320

PREFERRED UNDERWRITING GUIDELINES

No-Tobacco (NT) • Tobacco (T)

	PREFERRED PLUS (NT)	PREFERRED (NT)	PREFERRED (T)	STANDARD (T) or (NT)	
TOBACCO USE Includes tobacco and nicotine-based products	MUST NOT EXCEED	None in the past 5 years	None in the past 3 years	Yes	(T) - Yes (NT)-None in the past 2 years
CHOLESTEROL		220	250	250	(T) - 300 (NT) - 250
CHOLESTEROL TREATMENT		◆	◆	◆	◆
CHOLESTEROL - HDL Ratio		4.5	5.5	5.5	7.0
BLOOD PRESSURE NO TREATMENT		135 / 80	140 / 90	140 / 90	150/90 through 45 (age) 155/95 46 - 65 (age) 160/95 66 and up (age)
BLOOD PRESSURE TREATMENT		No	140 / 90	No	Yes
FAMILY HISTORY Coronary Artery Disease -or- Cancer		NO Occurrences Prior to age 60	NO Occurrences Prior to age 60	NO Occurrences Prior to age 60	Individual Consideration
ALCOHOL SUBSTANCE ABUSE		No History	No History	No History	Individual Consideration
AVIATION (Does NOT including commercial flight)		No	No	No	Allowed with appropriate rating, if applicable
AVOCATION (Hazardous)		No	Individual Consideration	Individual Consideration	Allowed with appropriate rating, if applicable
DRIVING Moving Violations		No more than 1 in the past 3 years	No more than 2 in the past 3 years	No more than 2 in the past 3 years	No more than 3 in the past 3 years
DRIVING DUI / Reckless		None in the past 5 years			
TRAVEL (unsafe)		Individual Consideration Travel to areas currently under a U.S. State Department Travel Warning, or areas experiencing military or terrorist activity will not be accepted, if applicable law permits.			
MILITARY		Not Available	Individual Consideration (E-4 and above) ¹	Individual Consideration (E-4 and above) ¹	Refer to Military Issue Limits

To be considered for any of the preferred classifications, the insured must pass a paramedical exam or physical measurements exam including screening tests, and must not be substandard for any reason except for flat extras (PNT and PT only) for aviation, occupation or avocation.

Other factors not addressed by these guidelines could prevent a Proposed Insured from qualifying for Preferred Plus, Preferred or Standard as determined by the underwriter.

To determine the final risk classification, a combination of the following cardiovascular risk factors will be taken into consideration: cholesterol, family history, and build.

◆ If pre-treatment and post-treatment cholesterol readings do not exceed limits for the class, it is acceptable to issue that class.

¹ Individual Consideration: Military service in hazardous areas or those alerted to serve in hazardous areas will not be accepted.

IMPAIRMENTS

Below are some common impairments that normally cause a case to be rated highly substandard or a decline. This is not meant to be a comprehensive listing. All cases are subject to underwriting review.

IMPAIRMENT	PROBABLE ACTION
AIDS/HIV	Decline.
Alcoholism	Current abuse, or within two years of treatment: Decline.
	Treatment within two to five years: minimum Substandard.
	Treatment over five years ago: Standard.
ALS (Lou Gehrig's Disease)	Decline.
Alzheimer's Disease	Decline.
Anemia	Rating is dependent upon underlying cause.
	Iron deficiency anemia: Standard unless anemia is severe which would be Substandard.
Aneurysm (Cerebral)	Within three years of surgical correction: Substandard.
	Over three years since surgical correction: Standard.
Aneurysm (Thoracic/abdominal)	Surgically repaired: Standard.
	No treatment: Standard to Decline.
Angina pectoris	Unstable angina or not fully investigated with cardiac catheterization: Decline.
	Stable angina treated with medication: Standard Tables F and up.
Anxiety	Within two years of last symptoms: Substandard.
	Over two years since last symptoms: Standard.
Aortic murmur	Mild or Moderate murmur with no symptoms: Substandard.
	Severe murmur with cardiac symptoms: Substandard to Decline.
Atrial Fibrillation (Chronic)	With no underlying heart disease or cardiac symptoms: Substandard.
	With underlying heart disease: Decline.
Atrial Fibrillation (Intermittent)	Standard to Decline.
Arthritis (osteo)	Mild or Moderate with little impact on daily activities: Standard.
	Severe with persistent pain, limited range of activities, regular use of aids to locomotion: Substandard.
Arthritis (rheumatoid)	Mild to Moderate with little impact on activities of daily living and no continuous steroid use: Substandard.
	Severe with persistent pain, impact on activities of daily living and/or continuous steroid use: Standard Tables F to Decline.
Asthma	Mild to Moderate with up to daily symptoms with little impact on lung capacity: Standard.
	Severe with continuous use of steroids and/or impact on lung capacity: Substandard.
Breast Cancer	Stages 1 & 2 (early breast cancer) minimum five years post treatment: Standard.
	Stage 3 & 4 (Locally advanced and metastatic cancer): Decline.
Cancer (internal)	Email uwrisk@gpmlife.com . We will need following information: Tumor Stage, Grade, location, time since treatment and type of treatment.
Cancer (melanoma)	Stage 1: Decline for one year following last treatment. One year post treatment up to five years: Standard with temporary flat extra. Email uwrisk@gpmlife.com . Standard after five years post treatment.
	Stage 2: Decline for at least two years post treatment. Two years post treatment up to five years: Standard with temporary flat extra. Email uwrisk@gpmlife.com . Standard after seven years post treatment.
	Stage 3 & 4: Decline.

IMPAIRMENTS

IMPAIRMENT	PROBABLE ACTION
Cancer (skin-other than melanoma)	Rating dependent upon type of skin tumor. Email uwrisk@gpmlife.com with name of tumor, staging information, treatment, and length of time since completion of treatment.
Cardiomyopathy	Currently present, or within three years of full recovery: Decline. Over three years since full recovery: Substandard to Decline.
Cerebral Palsy	Under age 8: Decline. Over age 8, mild case with good motor skills and no intellectual disability: Standard Over age 8, mild/moderate intellectual disability: Substandard. Over age 8, requiring wheelchair, major intellectual disability, unable to perform ADL's/IADL's: Decline.
Chronic fatigue syndrome	After one year since onset of symptoms with full recovery: Standard. Current without full recovery: Substandard.
COPD (chronic obstructive pulmonary disease)	Less than age 45 and non-smoker, Mild case: Substandard. Less than age 45 and smoker, Mild case: Substandard to Decline. Less than age 45, Moderate/Severe case: Decline. Over age 45 and non-smoker, Mild/Moderate case: Substandard. Over age 45 and smoker, Mild/Moderate case: Substandard to Decline. Over age 45, Severe case: Decline.
Cirrhosis (liver)	Decline.
Colitis, spastic (Irritable bowel syndrome)	Standard.
Colitis, ulcerative	Substandard.
CHF (Congestive Heart Failure)	Current: Decline. One year post full recovery: Standard Table F to Decline.
Coronary angioplasty/stenting	Substandard to Decline depending on: number of vessels involved, location of the lesions within the vessels, severity of these lesions, treatment given and current cardiac status.
Coronary artery disease	Substandard to Decline depending on: number of vessels involved, location of the lesions within the vessels, severity of these lesions, treatment given and current cardiac status.
CABG (coronary artery bypass graft)	Substandard to Decline depending on: number of vessels involved, location of the lesions within the vessels, severity of these lesions, treatment given and current cardiac status.
Crohn's disease	Standard to Decline.
CVA (stroke)	Substandard to Decline.
Depression	Standard to Decline.
Diabetes mellitus	Type 1 Diabetes: Substandard to Decline. Type 2 Diabetes: Standard to Substandard.
Diverticulitis	Standard to Substandard
Drug abuse	Current or within five years of past use: Decline. Five years since last use: Standard to Decline.
Emphysema	Substandard to Decline. With ongoing oxygen use and/or smoking: Decline.

IMPAIRMENTS

IMPAIRMENT	PROBABLE ACTION
Endocarditis	Current: Decline.
	Over one year since diagnosis, no IV drug use, no cardiac or stroke history, normal heart valves: Standard
Epilepsy	Absence or petit mal seizures, last seizure over two years ago: Standard.
	Grand Mal seizures, last seizure over two years ago: Standard to Substandard.
Fibromyalgia	Current, Mild (Currently at work, active lifestyle, intermittent use of medications at low dosages): Standard.
	Current, Moderate (minimal functional impairment, currently at work, active lifestyle, moderate dosages of medication): Substandard.
	Current, Severe (Disabled, limited activities, associated with moderate to severe depression, multiple medications at high dosages or frequent changes in medication): Decline.
Gastroenteritis	Fully recovered: Standard.
Gout	Mild/Moderate (infrequent, acute attacks, no joint deformities): Standard.
	Severe (chronic, frequent attacks with joint deformities): Substandard.
Headache (migraine)	Mild (infrequent attacks without underlying cause identified): Standard.
	Severe, frequent attacks or increasing frequency: Decline.
Heart Attack	Substandard to Decline.
Heart Valve replacement/repair	Substandard to Decline.
Hepatitis	Hep B, resolved: Standard
	Hep C, resolved: Substandard to Decline.
High blood pressure (hypertension)	Well controlled (with or without medication): Standard.
Hodgkin's disease	Stage 1: One year post treatment to five years, Standard with a temporary extra. Five years post treatment, Standard.
	Stage 2: Three years post treatment to eight years, Standard with a temporary extra. Eight years post treatment, Standard.
	Stage 3 or 4: Decline.
Kidney failure	Acute episode, fully recovered: Standard.
	Chronic disease: Substandard to Decline.
	Currently treated with dialysis: Decline.
Lupus (discoid)	Standard.
Lupus (systemic)	Substandard to Decline.
Mitral valve murmur	Substandard to Decline.
	Mitral Valve prolapse: Standard.
MS (multiple sclerosis)	Not progressive or relapsing-remitting: Substandard to Decline.
	Progressive: Decline.
Myasthenia gravis	Ocular form: Within five years of onset: Substandard. Over five years since onset: Standard.
	Generalized form: Substandard.
Myocarditis	Acute viral, single attack: Two years since resolution, Standard.
	More than single attack: Decline.
Muscular dystrophy	Substandard to Decline.
Non-Hodgkin's lymphoma	Stage 1: Within three years of last treatment, Standard with temporary flat extra. Over three years since last treatment, Standard.

IMPAIRMENTS

IMPAIRMENT	PROBABLE ACTION
Non-Hodgkin's lymphoma (<i>continued</i>)	Stage 2: Within five years of last treatment, Standard with temporary flat extra. Over five years since last treatment, Standard.
	Stage 3: Within seven years of last treatment, Standard with temporary flat extra. Over seven years since last treatment, Standard.
	Stage 4: Decline.
Pacemaker	Substandard to Decline.
Pancreatitis	Acute, over one year since recovery: Standard.
	Chronic disease: Substandard to Decline.
Paraplegia	Substandard to Decline.
Parkinson's disease	Substandard to Decline.
Pericarditis	Acute, fully recovered: Standard.
Peripheral vascular disease	Mild or moderate: Substandard.
	Severe: Decline.
Phlebitis	Single episode with full recovery: Standard.
	Multiple episodes: Substandard to Decline.
Prostate cancer	Email uwrisk@gpmlife.com . We will need following information: Tumor Stage, Grade, time since treatment and type of treatment.
Prostatitis	Acute, Fully recovered: Standard.
Psychosis (schizophrenia)	Substandard to Decline.
Quadriplegia	Substandard to Decline.
Raynaud's disease	Fully recovered: Standard.
	Otherwise: Substandard to Decline.
Rheumatic fever	Fully recovered with no heart valve damage: Standard.
	With heart valve damage: Substandard to Decline.
Sarcoidosis	Rating depends on organs involved: if eyes, skin, joints, Standard.
	Liver, heart, kidneys, nervous system involvement: Substandard to Decline.
Sleep apnea	Mild with consistent use of CPAP: Standard.
	More severe and/or inconsistent use of CPAP: Substandard.
Stroke (CVA)	Substandard to Decline.
Suicide attempt	Single attempt, over one year since attempt: Standard with temporary flat extra.
	Multiple attempts, over two years since last attempt: Standard Table F with temporary flat extra to Decline.
Thyroid disorder (non-cancerous)	Standard.
TIA (transient ischemic attack)	Single attack, within four years: Substandard.
	Single attack, over four years: Standard.
	Multiple attacks, within five years of last attack: Substandard to Decline.
	Multiple attacks, over five years since last attack: Substandard.
Transplants (heart, liver, lung)	Decline.
Transplants (kidney)	Email uwrisk@gpmlife.com .
Ulcer	Standard to Substandard.
Varicose veins	Standard.

List is not all-inclusive. "Probable Action" meant to provide agent with general parameters of risk classification and should not be interpreted as quotes in any way. All cases are subject to full underwriting review. Please contact the Underwriting Department with any questions or for impairments not listed.

JUVENILE GUIDELINES for APPLICATIONS

▲ Note: Before considering insurance coverage on children, please make sure there is adequate insurance on the proposed insured child's parents. Any reference to parents means custodial parent.

1. **Exceptions to Juvenile Underwriting Guidelines:** Written approval is needed from an Assistant VP or VP of Underwriting prior to taking an application.
2. **Declined for Insurance:** A proposed insured child should not have any previous declines for an individual policy or a rider.
3. **Insurable Interest:** This is generally a blood relationship, legal adoption or financial interest in the continued life of the insured, between the proposed insured, policy owner and policy beneficiary.
4. **Stepparents - MAY NOT insure stepchildren without the WRITTEN CONSENT of custodial parent. This applies to both the amount of coverage and the designated beneficiary.**
5. **Foster Parents - DO NOT have an insurable interest in the life of a foster child and should not apply for coverage.**
6. **When there is an application on a child, but there is no coverage on the child's parents:** Please provide an outline for the purpose of insurance and the reason why there is no coverage on parents. If parents have existing insurance, either individual or group, please provide name of insurer, how much coverage, and length of time insurance has been in force for each parent.
7. **Siblings and Coverage:** Siblings should have similar amounts of coverage. Explain why one child might have a greater amount of coverage than any other sibling. Do not leave a conditional receipt in such cases.
8. **Greater than 50%:** Insurance on a child should not be greater than 50% on the least amount of coverage in force on an individual parent.
9. **Visual Observation:** Soliciting agents must actually see the proposed insured child when taking an application and note any observable physical and/or mental impairment in the Agent's Report.

10. **Family Relations:** Explain familial relationships when a child's last name is not the same as the applicant's and/or the beneficiaries'.
11. **Medical History:** Provide medical history for any child being insured, such as wellness exam results, immunizations, office visits, the doctor's name and address and the date of the child's last check-up.
12. **State Guidelines:** Many states have specific guidelines for insuring juveniles with which we must comply but that are not specifically listed above.
Please direct questions to the Underwriting Department (800) 938-4765, ext. 6003

SIGNATURE GUIDELINES for JUVENILE APPLICATIONS

When using the paper application for your state, and the Primary Proposed Insured is a minor aged 15-17:

- The minor must sign the application on the "Signature of the Primary Proposed Insured" signature line. Cross out the material below that signature line, like this - "(if minor, ~~parent, or legal guardian~~)."
- The Proposed Owner (parent, grandparent, or guardian) of such minor must also sign on the "Signature of Proposed Owner" signature line.
- If a grandparent will be the owner, the minor's parent must sign on any of the four "Signature of Other Proposed Insured" signature line; modify the material below the signature line, like this: "Signature of Other Proposed Insured" Parent (if age 15 or over)." Notice that you must add "Parent."

These guidelines will apply for most applications on minors aged 15-17 submitted to GPM Life. If a parent cannot sign, please write an explanation to accompany the application. Some states allow minors to apply for insurance on their own lives without a parent's signature, but those situations are limited. You are encouraged to become familiar with the regulations applicable to minors for the state(s) in which you write.

Example - Signature Guidelines on Paper Application*Minor Aged 15 - 17*

Signature of Primary Proposed Insured
(if minor, ~~parent or legal guardian~~)

Signature of Spouse, if a Proposed Insured

xx / xx / xxxx

*** Date Signed ***

Custodial Parent or Grandparent

Signature of Proposed Owner
(if not Primary Proposed Insured)

Custodial Parent

Signature of Other Proposed Insured
(if age 15 or over) *Parent*

Signature of Other Proposed Insured
(if age 15 or over)

Signature of Other Proposed Insured
(if age 15 or over)

Signature of Other Proposed Insured
(if age 15 or over)



Government Personnel Mutual Life Insurance Company (GPM Life) • (800) 938-4765 • Fax: (888) 701-3869
2211 N. E. Loop 410, San Antonio, TX 78217 • PO Box 659567, San Antonio, TX 78265 • www.gpmlife.com
© 2025 Government Personnel Mutual Life Insurance Company (GPM Life)

FOR AGENT USE ONLY - NOT FOR PUBLIC DISTRIBUTION