



**Banner Life
William Penn**
Banner Life family of companies

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Field guide for life insurance underwriting

We underwrite individuals, not impairments.

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This underwriting field guide is intended to be a reference only and provides information regarding the typical underwriting requirements for Banner Life Insurance Company and William Penn Life Insurance Company of New York ("The Banner Life family of companies").

We reserve the right to request information other than as stated herein. Our underwriters will make decisions based on the entirety of the information provided to and received by The Banner Life family of companies, which may result in a determination that is more or less favorable than this guide.



We believe each client is unique, bringing a new collection of risks and goals along with them. In our underwriting process, we review the entirety of that risk when making a coverage decision.

This guide serves as an overview of the approach Banner Life Insurance Company and William Penn Life Insurance Company of New York (the Banner Life family of companies) take to underwriting. We don't believe underwriting has to be inflexible or restrictive, and you should keep that in mind throughout this guide.

Our approach to underwriting

Our underwriting processes are built on a holistic approach – we underwrite the entire risk.

Practically, that means we use data sources, applicant responses, and our longstanding expertise in every case. Our experienced underwriters seek to provide the correct level of coverage at a fair price to all our clients. We rely on the relationships agents build with their clients to provide the best customer experience possible.

As more data sources and assessment tools become available, we evaluate our existing processes to find ways of making underwriting faster and easier for everyone in the chain.

Our commitment to agents and customers

We provide as much transparency as possible into our underwriting process. We respond to inquiries in a timely manner. We apply a consistent and predictable approach to risk classification.

Our goal is to give everyone the coverage they need at a price that accurately reflects the risk they present, which means we must be unbiased in everything we do. Above all, we seek to act with integrity.

Risk classes

Non-Tobacco classes

Preferred plus non-tobacco: No use of tobacco or nicotine based products in the last 36 months.

Preferred non-tobacco: No use of tobacco or nicotine based products in the last 24 months.

Standard Plus non-tobacco: No use of tobacco or nicotine based products in the last 12 months.

Standard non-tobacco: No use of tobacco or nicotine based products within 12 months.

Tobacco classes

Preferred tobacco or Standard Tobacco

Tobacco use

A tobacco user is considered to be anyone who has used tobacco in any form in the last 12 months.

- Cigarettes
- Cigars — only limited cigar usage may be considered for non-tobacco rates. See below.
- Pipes or hookah
- Smokeless tobacco
- Chewing tobacco/snuff
- Nicotine substitutes/cessation products (such as patches, pouches and gum)
- Electronic cigarettes/vaping

Cigar use

This policy will apply only to occasional cigar users and not other forms of tobacco. Preferred Plus is available if:

- The use is admitted at the time of application/inquiry and all case data coincides with the admitted degree of usage; and
- No more than one cigar per month; and
- No nicotine metabolites (cotinine) are present in the urinalysis done within the past 12 months; and
- There is no use of tobacco products other than occasional cigars for at least three years prior to the time of application or inquiry
- No comorbid conditions such as diabetes or asthma

Marijuana use

Non-tobacco rates will apply.

Preferred classes may be available for infrequent recreational use. Marijuana used for medicinal use is typically rated based on the underlying condition.

Substandard risk

Substandard ratings only available through Table 12.

Table ratings are not available on Preferred Plus Non-Tobacco, Preferred Non-Tobacco or Preferred Tobacco.

Substandard premium calculations are based on our Standard Plus rates.

Meaning, non-tobacco substandard premiums are based off Standard Plus rates - not Standard. This includes flat extras with a table rating.

Note: Temporary flat extras (medicinal impairments) without a table rating will have a base rating of standard.

Visit our underwriting hub

[Click here to access more information about our underwriting approach. →](#)

Underwriting criteria: Preferred classes

Preferred Plus (Non-Tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available only if no flat extra premium would be required.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 135/85.
Build	See chart on page 7. →
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120 - 300, with or without treatment.
Chol/HDL Ratio	May not exceed 4.5 with or without treatment.
Driving History	No more than two moving violations in last three years. No DWI, DUI ¹ , reckless/negligent driving ² , license revocation or suspension in last five years.
Family History	No cardiovascular death in either parent or sibling before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency / Citizenship	U.S. citizen or legal permanent resident/green card ³ residing in the US at least three years.
Substance / Alcohol Abuse	No abuse.
Tobacco Use	No use of tobacco or nicotine-based products in last 36 months. One cigar allowed per month with HO specimen negative for cotinine.

Preferred (Non-Tobacco/Tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 140/90.
Build	See chart on page 7. →
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 5.5 with or without treatment.
Driving History	No more than two moving violations in last three years. No DWI, DUI ¹ , reckless/negligent driving ² , license revocation or suspension in last five years.
Family History	No cardiovascular death in either parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	U.S. citizen or legal permanent resident/green card ³ residing in the US at least three years.
Substance/ Alcohol Abuse	No abuse in past 10 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 24 months. One cigar allowed per month with HO specimen negative for cotinine. (For Preferred Non-Tobacco.)

¹Multiple DUIs are excluded

²Reckless/Negligent Driving: includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph

³Acceptable Green Cards include IR1, CR1, CR6, EB-1, EB-2, EB-3. Temporary visas E3, H1B, H4, K1, L1, L2 may also be considered.

Additional green cards and visas may be available. Please contact your underwriter for individual consideration.

Underwriting criteria: Standard classes

Standard Plus (Non-Tobacco)

Aviation	Available, however may have flat extra or exclusion rider. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 145/90.
Build	See chart on page 7. →
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120 - 300, with or without treatment.
Chol/HDL Ratio	May not exceed 6.5 with or without treatment.
Driving History	No more than three moving violations in last three years. No DWI, DUI1, reckless/negligent driving ² , license revocation or suspension in the last three years.
Family History	No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency / Citizenship	U.S. citizen or legal permanent resident/green card ³ residing in the U.S. at least two years.
Substance / Alcohol Abuse	No abuse in past seven years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One cigar allowed per month with HO specimen negative for cotinine.

Standard (Non-Tobacco)

Aviation	Available, however may have flat extra or exclusion rider. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 156/94.
Build	See chart on page 7. →
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120 - 300, with or without treatment.
Chol/HDL Ratio	May not exceed 8.0 with or without treatment.
Driving History	No more than 4 moving violations in last three years. No DWI, DUI1, reckless/negligent driving ² , license revocation or suspension in the last two years.
Family History	No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency / Citizenship	U.S. citizen or legal permanent resident/green card ³ residing in the U.S. at least two years.
Substance / Alcohol Abuse	No abuse in past seven years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One cigar allowed per month with HO specimen negative for cotinine. (for Standard Non-Tobacco.)

¹Multiple DUIs are excluded

²Reckless/Negligent Driving: includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph

³Acceptable Green Cards include IR1, CR1, CR6, EB-1, EB-2, EB-3. Temporary visas E3, H1B, H4, K1, L1, L2 may also be considered. Additional green cards and visas may be available. Please contact your underwriter for individual consideration.

Build chart

Preferred Plus, Preferred, Standard Plus and Standard classes

Half of intentional weight loss (i.e., diet, exercise, or gastric surgery) should be added if the lost weight exceeds 20 lbs. within the last 12 months.

Half-inch measurements are rounded up to the next inch.

We may underwrite applicants who do not fall within the specified height chart on an individual basis.

[See the Substandard Build Chart for expanded weights. →](#)

Weights below the chart minimum or a BMI of 18.5 will be evaluated by the underwriter. Items such as the cause for low build, underlying conditions and unintentional weight loss will be considered.

Height	Maximum weight in pounds (lbs)				
	Preferred Plus	Preferred May be eligible for 1" height adjustment or credits	Standard Plus May be eligible for 1" height adjustment or credits	Standard May be eligible for 1" height adjustment or credits	Standard Is not eligible for 1" height adjustment or credits
4'10"	89 - 134	135 - 144	145 - 155	156 - 181	182 - 196
4'11"	92 - 139	140 - 149	150 - 160	161 - 188	189 - 203
5'0"	95 - 144	145 - 154	155 - 166	167 - 194	195 - 209
5'1"	98 - 149	150 - 159	160 - 171	172 - 201	202 - 216
5'2"	101 - 153	154 - 164	165 - 177	178 - 207	208 - 224
5'3"	104 - 158	159 - 170	171 - 183	184 - 214	215 - 231
5'4"	108 - 164	165 - 175	176 - 188	189 - 221	222 - 238
5'5"	111 - 169	170 - 181	182 - 194	195 - 228	229 - 246
5'6"	115 - 174	175 - 186	187 - 200	201 - 235	236 - 253
5'7"	118 - 179	180 - 192	193 - 207	208 - 242	243 - 261
5'8"	122 - 185	186 - 198	199 - 213	214 - 249	250 - 269
5'9"	125 - 190	191 - 204	205 - 219	220 - 257	258 - 277
5'10"	129 - 196	197 - 210	211 - 225	226 - 264	265 - 285
5'11"	133 - 201	202 - 216	217 - 232	233 - 272	273 - 293
6'0"	136 - 207	208 - 222	223 - 239	240 - 279	280 - 302
6'1"	140 - 213	214 - 228	229 - 245	246 - 287	288 - 310
6'2"	144 - 219	220 - 234	235 - 252	253 - 295	296 - 319
6'3"	148 - 225	226 - 241	242 - 259	260 - 303	304 - 327
6'4"	152 - 231	232 - 247	248 - 266	267 - 311	312 - 336
6'5"	156 - 237	238 - 254	255 - 273	274 - 320	321 - 345
6'6"	160 - 243	244 - 260	261 - 280	281 - 328	329 - 354
6'7"	164 - 249	250 - 267	268 - 287	288 - 336	337 - 363
6'8"	168 - 256	257 - 274	275 - 295	296 - 345	346 - 372
6'9"	173 - 262	263 - 281	282 - 302	303 - 354	355 - 382
6'10"	177 - 268	269 - 288	289 - 309	310 - 363	364 - 391
6'11"	181 - 275	276 - 295	296 - 317	318 - 371	372 - 401

Medical and non-medical best classes

Our substandard premium calculations are based on Standard Plus rates, giving us a leg up on the competition.

All eligible Standard or better applications are evaluated for underwriting credits. If we can move your client up one rate class, we will!

[See our credit program on page 20. →](#)

[View our Top Underwriting Sweet Spots sheet for more information.](#)

Medical best classes		
History	Best possible class	Details
Alcohol or drug abuse treatment	Preferred	Treatment with last use more than 10 years ago, single treatment with no relapse, total abstinence from any mood-altering drug and no substance alcohol or drug related issues.
Anxiety, Bipolar and Depression	Based on diagnosis and various factors. See details.	<p>Anxiety: Preferred Plus if mild and well controlled on single medication</p> <p>Bipolar: Standard Plus may be possible if mild, well-followed, compliant with treatment and stable for at least 5 years</p> <p>Depression: Preferred Plus possible for one episode, duration less than one year, no current medication. Preferred possible for mild and well controlled on one medication.</p> <p>Ratings vary based on length of stability, severity, type of treatment, employment, any hospitalization history and/or suicide attempt/self-harm history.</p> <p>Ratings above assume all factors are favorable.</p>
Asthma	See details	<p>Preferred Plus for mild, infrequent attacks (such as seasonal or exercise induced) on occasional or 1 medication.</p> <p>Preferred for mild, well controlled on 2 medications or less.</p> <p>Ratings may vary depending on type of treatment and assume applicant qualifies for non-tobacco rates.</p>
Autism	Preferred Plus	<p>High functioning autism (IQ >70, well developed language skills and able to learn and live independently)</p> <p>This assumes no neurobehavioral, mental health symptoms or epilepsy.</p>
Cancer	See details	<p>Preferred Plus for basal cell and squamous cell skin cancer (superficial).</p> <p>Standard Plus at best for other personal history of cancer depending on type, staging, date of onset and treatment (including efficacy).</p>
Carotid Imaging	Preferred Plus	CIMT mildly increased for age/gender, no plaque or carotid stenosis.

Medical and non-medical best classes, continued

Medical best classes		
History	Best possible class	Details
Diabetes	Standard Plus	May be available for age of onset 50 and older, non-tobacco, well controlled and favorable risk factors.
Dysplastic Nevii	Preferred Plus	Single atypical or dysplastic nevi, no personal or family history of melanoma, well documented favorable dermatology follow-up. Preferred for up to 3 atypical or dysplastic nevi with above criteria.
Mitral Valve Prolapse	Preferred Plus	Mitral valve normal appearing with normal thickness and echocardiogram otherwise normal, no regurgitation.
Sleep Apnea	Preferred	Mild or moderate sleep apnea compliant with treatment and no residual symptoms.
Osteoporosis	Preferred Plus	No complications or history of fractures.
Non-medical best classes		
History	Best possible class	Details
Aviation	Preferred Plus	Preferred Plus may be available for pilots of major airlines flying in the U.S. and Canada without any other aviation exposure. Preferred Plus may be available with an Aviation Exclusion Rider (AER) for other aviation activities. Otherwise, the best class is Standard Plus. Flat extras may be added to the Standard Plus base class. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight. *AER may not be available in all states. Private pilots over age 70 require an aviation exclusion rider.
Avocations	Preferred may be possible.	Flat extras may be added to a Preferred base class (excluding skydiving) assuming qualifies otherwise. Ratings are dependent on the type of avocation and details. Examples: <ul style="list-style-type: none"> Note preferred plus for scuba on this page Auto racing dependent on type of vehicle/size of engine, speeds, course type etc. Mountaineering/Climbing dependent on location, type of climbing, altitude/heights, level of difficulty (such as YDS, Grade) etc.

Medical and non-medical best classes, continued

Non-medical best classes		
History	Best possible class	Details
Foreign Travel	Preferred Plus may be available. Includes planned foreign travel within the next 12 months.	<p>Ratings are dependent on multiple factors such as:</p> <ul style="list-style-type: none"> • State legislature • County/regions • Duration • Purpose of travel (personal, business, missionary etc.) • Citizenship/foreign nationals • Age <p>Due to the evolutionary nature of this topic, please consult with your underwriting team or request a Quick Quote for contemplated travel.</p>
Foreign Residence	Foreign Residence is considered travel outside the U.S. for greater than 6 months or plans to change country of residence within the next 12 months.	<p>Non-U.S. Citizens may not be acceptable. Please consult with your underwriting team or request a Quick Quote for contemplated foreign residence.</p> <p>It is helpful to include:</p> <ul style="list-style-type: none"> • Country/specific cities/locations • Confirm if U.S. Citizen, Permanent Resident or other residency status • Occupation • Ties to the U.S. (financial and/or plans to return)
Scuba (Recreational)	Preferred Plus	<p>Must meet the following:</p> <ul style="list-style-type: none"> • Dives do not exceed 100 feet • PADI, NAUI, or SSI Certified and all dives are done with dive master or instructor • Open water dives only • Does not participate in wreck, salvage, ice or cave diving • No personal history of disease or impairment that would adversely impact mortality • No pre-existing medical impairments which may affect the safety of scuba diving

Note: Medical and Non-Medical information listed are best case scenarios based on our guidelines at the time of publication. Underwriting offers may vary based on requirements received during underwriting, severity and overall history of the individual.

Please contact your home office underwriter or submit a Quick Quote for more information.

Declines and postpones

Our goal is to provide you and your clients with a quick, transparent underwriting process. To support that aim, we want to help you submit applications that are more likely to result in an offer and positive experience.

Below, we've listed common situations and medical impairments (admitted or discovered) that result in declines or postponements. Avoid submitting applications with these conditions unless you've spoken to our underwriting team ahead of time.

Situation or impairment	Details
Alcohol abuse/Alcoholism	<ul style="list-style-type: none"> With current use or abstinence < 2 years
Alzheimer's disease or dementia	<ul style="list-style-type: none"> All cases
Bankruptcy	<ul style="list-style-type: none"> Chapter 7 not discharged Chapter 13 not discharged without a debt repayment plan and/or payments made for <2 years
Bipolar	<ul style="list-style-type: none"> Diagnosed within the last year Suicide attempt within 10 years
Cancer (excluding basal cell or squamous cell skin cancer)	Contact underwriting before submitting the following since may result in a decline: <ul style="list-style-type: none"> Diagnosis or treatment within the last 12 months Multiple cancer history, or recurrence.
Cardiomyopathy	Most cardiomyopathies have a postpone period of at least 1-3 years from diagnosis or recovery. Other types are declined permanently. <ul style="list-style-type: none"> If the type of cardiomyopathy is known (such as dilated, peripartum, alcoholic, hypertrophic or restrictive), we suggest contacting underwriting before applying.
Cirrhosis of the liver	<ul style="list-style-type: none"> All cases
COPD (Emphysema/Chronic Bronchitis)	<ul style="list-style-type: none"> With oxygen use or hospitalization within the last year
Coronary artery disease	<ul style="list-style-type: none"> Stent or bypass within 6 months
Criminal activity	<ul style="list-style-type: none"> Currently in jail Awaiting trial On probation or parole Any connection to organized crime or terrorism Multiple or major convictions (such as murder, sexual assault, aggravated assault, arson etc.)
Defibrillator	<ul style="list-style-type: none"> Automatic implantable cardioverter-defibrillator
Diabetes	<ul style="list-style-type: none"> A1c >10 Significant complications
Drug Abuse (excluding marijuana)	<ul style="list-style-type: none"> Use within 3 years (timeframe may vary depending on type and if had single relapse) Multiple relapses

Declines and postpones, continued

Situation or impairment	Details
Gastric Bypass	<ul style="list-style-type: none"> • Within 6 months
Heart Attack (MI)	<ul style="list-style-type: none"> • Within 6 months
HIV positive	<ul style="list-style-type: none"> • Most likely decline
Pregnancy	<ul style="list-style-type: none"> • Currently pregnant with complications such as eclampsia, pre-eclampsia or gestational diabetes (current or prior pregnancy)
Renal (kidney) failure	<ul style="list-style-type: none"> • Chronic kidney failure • Dialysis
Schizophrenia	<ul style="list-style-type: none"> • Possible consideration after 1 year of stability, treatment compliance minimal symptoms, good follow-up and employed
Seizures	<ul style="list-style-type: none"> • Cause known: within 3 months of first seizure • Cause unknown: within 6 months of first seizure (exception: petit mal/absence seizures do not have a postpone period)
Stroke (CVA)	<ul style="list-style-type: none"> • May not be able of offer if within 6 months (dependent on type) • Severe (such as impaired cognition, wheelchair or needing assistance with ADLs) • Multiple strokes
Suicide Attempt	<ul style="list-style-type: none"> • Single attempt within 2 years • Multiple attempts
Transplant recipient	<ul style="list-style-type: none"> • Contact underwriter if kidney, liver age 40 and above or bone marrow/stem cell transplant. • Otherwise, decline.
Quadriplegia	<ul style="list-style-type: none"> • Most likely decline
Valve replacement	<ul style="list-style-type: none"> • Less than 6 months

Banner Life Horizon digital application and digital AppAssist

The Horizon digital application allows your clients the flexibility to complete the application online with or without agent assistance.

For clients who prefer a phone interview and in-house expertise, our digital AppAssist team makes it easy for clients to complete their digital application over a 30-minute call that can be scheduled at their convenience.

The digital application is available for:

- All issue ages
- All coverage amounts
- All states except New York
- Up to three applications at once

When an application is submitted to Banner Life's digital application underwriting platform via drop ticket, underwriting evidence is gathered digitally in real-time during the application process and gives applicants the greatest opportunity for approval with less requirements.

Full details and other resources for the digital application platform are [available here](#). →

Visit our underwriting hub

[Click here to access more information about our underwriting approach.](#) →

Banner Life accelerated underwriting

Accelerated Underwriting determines the need for medical records (APS) or exams by evidence collected during the Horizon application or digital AppAssist process.

This includes disclosures by the applicant, prescription history, medical claims data and other third party data.

Eligibility parameters

- Ages 20-60, Up to \$4,000,000*
- Ages 61-70, Up to \$500,000*, APS required
- OPTerm with any term duration

*Including total coverage in force and applied for with Banner Life and William Penn

Applicants who qualify may get an instant decision. If they do not meet the instant decision criteria, they may still have an exam-free or APS-free journey.

[Learn how our Accelerated Underwriting paths adapt to meet the needs of your clients.](#) →

Banner Life Lab Lift

Agencies have the option to offer their clients an exam-free experience through Lab Lift if they were not approved through Accelerated Underwriting.

With Lab Lift, electronic health records (EHR) or an attending physicians statement (APS) are substituted for an exam assuming a physical with complete blood work has been completed within 18 months.

Eligibility parameters

- Ages 20-60, Up to \$4,000,000 (including total coverage in force and applied for with Banner Life and William Penn)
- Flexibility to turn preferences on or off to fit agency business models

Lifestyle factors and third-party data

Lifestyle factors, whether admitted or identified by third-party data, may impact underwriting. In some cases, an applicant may become ineligible for Accelerated Underwriting. Factors include, but are not limited to, items such as bankruptcies, criminal history and driving history.

Banner Life age and amount requirements

Our innovative Horizon digital application and digital AppAssist determines if your client is eligible for reduced requirements for face amounts up to \$4,000,000 for ages 20-60 and up to \$500,000 for ages 61-70. If needed, requirements will be ordered at the end of the application journey.

Face amount

To determine the underwriting requirements, please add:

1. The face amount currently being applied for, PLUS
2. The face amount (including rider amount) of all existing policies with Banner Life

Age is defined by age nearest birthday.

Face amount	Ages				
	20-40	41-50	51-60	61-70	>70
\$100,000 to \$250,000	APM, BU	APM, BU	APM, BU	APM, BU APS	APM, BU APS DAQ*
\$250,001 to \$500,000	APM, BU	APM, BU	APM, BU	APM, BU APS	APM, BU APS DAQ*
\$500,001 to \$1,000,000	APM, BU	APM, BU	APM, BU	APM, BU APS	APM, BU APS DAQ*
\$1,000,001 to \$2,000,000	APM, BU	APM, BU	APM, BU	APM, BU APS	APM, BU APS DAQ*
\$2,000,001 to \$3,000,000	APM, BU	APM, BU	APM, BU	APM, BU EKG APS	APM, BU EKG APS DAQ*
\$3,000,001 to \$5,000,000	APM, BU EIR > \$4M	APM, BU EIR > \$4M	APM, BU EIR > \$4M	APM, BU EKG EIR > \$4M APS	APM, BU EKG EIR > \$4M APS DAQ*
\$5,000,001 to \$10,000,000	APM, BU EIR	APM, BU EIR	APM, BU EKG EIR	APM, BU EKG EIR APS	APM, BU EKG EIR APS DAQ*
\$10,000,001 +	APM, BU EIR	APM, BU EIR	APM, BU EKG EIR	APM, BU EKG EIR APS	APM, BU EKG EIR APS DAQ*

Banner Life reserves the right to request additional requirements.

William Penn (NY) accelerated underwriting and Lab Lift exam substitution program

William Penn (NY)
Accelerated underwriting

New York applicants may qualify for exam-free underwriting when a drop ticket is submitted through AppAssist (voice signature required). The client may be approved instantly or within 48 hours of the interview.

Eligibility parameters

- Standard Plus or better
[See pages 5 and 6 for additional eligibility parameters](#)) →
- No premium financing
- No policy lapse or replacement considered within the last 6 months
- No internal policy lapse or internal replacement within the last 2 years

OPTerm 15, 20, 25, 30	OPTerm 10
Ages 20-40, Amounts \$100,000 - \$1 million	Ages 20 - 50, Amounts \$100,000 - \$500,000
Ages 41-45, Amounts \$100,000 - \$750,000	
Ages 46-50, Amounts \$100,000 - \$500,000	

- No APS required and no major medical conditions

Lifestyle factors and third-party data

Lifestyle factors, whether admitted or identified by third-party data, may impact underwriting. In some cases, an applicant may become ineligible for Accelerated Underwriting, or an offer may be lowered by one class.

Factors include, but are not limited to, items such as bankruptcies, credit history, criminal history, driving history, evictions and property ownership.

If the applicant does not qualify for automated approval, the process will continue seamlessly with traditional underwriting.

William Penn (NY)
Lab Lift exam substitution program

Our exam substitution program, Lab Lift, is an accelerated underwriting enhancement designed for your clients. With Lab Lift, clients who are not initially approved exam-free have the option to substitute recent electronic health records (EHR), if available, or an attending physician statement (APS) for a paramedical exam assuming a physical with complete blood work has been completed within 18 months.*

*Eligibility for Lab Lift is determined by date of last physician visit and information provided by the EHR/APS. If the applicant does not qualify for Lab Lift, an exam will be ordered.

William Penn (NY) eligibility parameters

- Ages 20-60 up to \$2,000,000 of coverage (including total coverage in force and applied for with Banner Life and William Penn)
- Lab Lift Program Cover Sheet (LP-203)

William Penn (NY) age and amount requirements

Face amount

To determine the underwriting requirements, please add:

1. The face amount currently being applied for, PLUS
2. The face amount (including rider amount) of all existing policies with William Penn

Age is defined by age nearest birthday.

Face amount	Ages				
	20-40	41-50	51-60	61-70	>70
\$100,000 to \$250,000	APM/NM, BU	APM/NM, BU	APM/NM, BU	APM, BU APS	APM, BU APS DAQ
\$250,001 to \$500,000	APM/NM, BU	APM/NM, BU	APM/NM, BU	APM, BU APS	APM, BU APS DAQ
\$500,001 to \$1,000,000	APM/NM, BU	APM/NM, BU	APM, BU	APM, BU APS	APM, BU APS DAQ
\$1,000,001 to \$2,000,000	APM/NM, BU	APM/NM, BU	APM, BU	APM, BU EIR APS	APM, BU EIR APS DAQ*
\$2,000,001 to \$3,000,000	APM/NM, BU	APM/NM, BU EIR	APM, BU EIR	APM, BU EKG EIR APS	APM, BU EKG EIR APS DAQ*
\$3,000,001 to \$5,000,000	APM, BU EIR	APM, BU EIR	APM, BU EIR	APM, BU EKG EIR APS	APM, BU EKG EIR APS DAQ*
\$5,000,001 to \$10,000,000	APM, BU EIR	APM, BU EIR	APM, BU EKG EIR	APM, BU EKG EIR APS	APM, BU EKG EIR APS DAQ*
\$10,000,001 +	APM, BU EIR	APM, BU EIR	APM, BU EKG EIR	APM, BU EKG EIR APS	APM, BU EKG EIR APS DAQ*

William Penn reserves the right to request additional requirements.

Requirements key

Requirements

APM/NM	Abbreviated Paramed/Non-med <ul style="list-style-type: none">• APM: The examiner will take vitals (height, weight, blood pressure and pulse)• NM: Medical history can be attained by completing the Non-med Part 2 of the application
APS	Attending Physician Statement <ul style="list-style-type: none">• Medical records from an attending physician/licensed medical professional
BBR	Business Beneficiary Report <ul style="list-style-type: none">• Required for any business case over \$5 million. Acceptable 3rd party financials can also be used to satisfy this requirement
BU	Blood and Urine
DAQ	Daily Activities Questionnaire *Banner Life collects responses as part of the Horizon application. William Penn requires that the form be submitted.
EKG	Electrocardiogram
EIR	Electronic Inspection Report <ul style="list-style-type: none">• Banner Life: Required for amounts over \$4 million• William Penn: \$2 million for ages 20-60 and for amounts over \$1 million for ages over 60
PM	Paramedical Examination <ul style="list-style-type: none">• The examiner will take vitals, blood and urine, as well as a medical history from the applicant

Special lab tests

The following lab tests will be added if labs are ordered:

Lab test	Age and face amounts
ProBNP	Ages 51 - 60, > \$1,000,000 Ages >60, >\$250,000
PSA	Ages ≥ 50 (males)
CEA	Ages > 50, all amounts Ages ≤ 50, >\$5,000,000

Shelf life

Permissible time limits for the application and routine age and amount medical evidence (abbreviated paramed, paramedical exam, blood/urine, electrocardiogram) are as follows:

Ages 20 - 60	Ages 61 - 80	Ages over 80
1 year	6 months	3 months

Note: A Good Health Statement is required when medical evidence is over 60 days old. [Please reference Good Health Statement guidelines on page 25.](#) →

APS ordering guidelines: enhanced

Horizon/Digital applications

An Attending Physician Statement (APS) is required when:

A physician/licensed medical professional is consulted within these time frames:

Age	\$100,000 - \$2 million
20-60	No APS required* (if Standard NT or better)
61+	APS always required
Age	\$2,000,001 and up
20-50	2 years
51-60	3 years
61+	APS always required

*Subject to full disclosure on the application (Part 1 and Part 2).

An APS is always required for applicants over age 60. At all ages, an APS may be requested at the discretion of the underwriter.

Digital applications automatically determine if an APS is needed and simplifies the process even further by placing the APS order for you.

An APS is not required for:

- Examinations for employment, FAA, DOT, military or insurance
- Routine gynecological exams; findings normal
- Normal pregnancy and childbirth
- Minor illnesses (such as seasonal allergies, cold flu or minor injury)

William Penn applications

An Attending Physician Statement (APS) is required when:

A physician/licensed medical professional is consulted within these time frames:

Age	\$100,000 - \$249,999
20 - 50	No APS required (if Table 4 or better)
51 - 60	1 month
61+	APS always required
Age	\$250,000 - \$1 million
20 - 40	No APS required (if Standard or better – otherwise 1 month)
41 - 50	No APS required (if Standard or better – otherwise 3 months)
51 - 60	3 months
61+	APS always required
Age	\$1,000,001 - \$2 million
20 - 50	No APS required (if Standard or better AND have exam/labs – otherwise 1 year)
51 - 60	2 years
61+	APS always required
Age	\$2,000,001 and up
20 - 50	2 years
51 - 60	3 years
61+	APS always required

An APS is always required for applicants over age 60. At all ages, an APS may be requested at the discretion of the underwriter.

An APS is typically required for:

An APS will typically be required at all ages and amounts, if the proposed insured has obtained a medical consultation for the following conditions.*

- Blood Disorders
- Brain Tumor
- Cancer/Malignant Tumors** (may not be required for superficial basal cell or squamous cell carcinoma)
- Cerebral Vascular Disease (Hemorrhage/Stroke/TIA)
- Chronic Obstructive Pulmonary Disease (COPD)/Emphysema
- Cognitive Disorders
- Diabetes
- Embolism
- Heart (Cardiac) Disease
- Heart or Blood Vessel Surgery/Disease
- Hereditary Cancer Syndrome
- Intestinal Bleeding
- Inflammatory Bowel Disease (Ulcerative Colitis/Crohn's)
- Kidney Disease
- Liver Disease
- Mental Health Disorders (exception: mild anxiety well controlled on one medication)
- Multiple Sclerosis
- Muscular Dystrophy
- Pancreatic Disease
- Paralysis
- Rheumatoid Arthritis
- Substance Abuse/Dependence
- Systemic Lupus
- Thrombosis (Clots/DVT).

*APS requirements may vary based on individual factors of the case and details provided.

**Biopsy and follow-up surgical procedures: Please request Gross and Microscopic Pathology Reports.

APS ordering:

- APSs for Banner Life applications will be ordered in Horizon when required.
- APSs for William Penn will be ordered based on agency preference (home office or agent ordered).
 - If agent ordered, please ask for full records to include medical history, testing, treatment and follow-up care.

Please review the Decline and postpone list on pages 11 and 12 before ordering requirements. →

Credit program

Improve one rate class with credits

We can improve an underwriting decision by one class for qualified applicants in the Standard eligible or better categories.

If one adverse finding was for build, blood pressure, family history or cholesterol/HDL ratio, our underwriters will automatically check to see if the respective credit criteria can be satisfied and improve the rate class.

Availability:

- All ages
- All face amounts
- All riders
- Non-tobacco and tobacco users

For exam-free underwriting, only the one inch credit for build is available.

Applicants who may qualify for credits

Non-Tobacco examples

An applicant meets all criteria for Preferred Plus, except for a build of 5 foot 9 inches and 195 pounds, which falls into the Preferred range. By adding one inch, the build becomes 5 foot 10 inches, 195 pounds, which qualifies for Preferred Plus.

An applicant who is Standard Plus due to family history of cardiovascular death of a parent before age 60 and Preferred for everything else, may qualify for Preferred using the credit criteria.

An applicant who is Preferred for blood pressure and Preferred Plus for everything else can qualify for Preferred Plus using the credit criteria.

Tobacco examples

A tobacco user who is Standard Tobacco due to blood pressure readings in the Standard Plus range and Preferred for everything else, can qualify for Preferred Tobacco if the credit criteria is met.

A tobacco user who is Standard Tobacco due to family history of cardiovascular death of a parent before age 60 and Preferred for everything else, can qualify for Preferred Tobacco if the credit criteria is met.

1. Qualifying for an improved class

Build

We will add an inch to measured height to see if a one class improvement is available.

2. No improvement? Try adverse findings...

Adverse findings

- Family History
- Blood Pressure
- Cholesterol / HDL Ratio

If the applicant's rate class was due to an adverse finding in any of these categories, try credit criteria.

Credit criteria

If the applicant meets any three of the seven credit criteria, he or she may move up one underwriting class!*

1. No tobacco use in the past 10 years. This criteria is met if the applicant occasionally smokes cigars (no more than 12 per year) and has a current urine specimen showing negative for nicotine. (Not available as a credit for tobacco users)
2. Cholesterol/HDL ratio of $\leq 4.5^*$
3. NT ProBNP under 100 (for ages 60 and up)*
4. Evidence of a normal cardiac test within the past 2 years yielding superior positive predictive value such as a negative exercise stress test (at least 10 METS), nuclear / perfusion stress test, stress echocardiogram, cardiac angiogram, CT angiogram or EBCT score of 0.
5. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
6. Lifestyle: One of the following must be met: regular annual checkups, regular participation in exercise / wellness programs, routine age or gender related preventative / baseline studies (pap smear, mammography, prostate exams, colonoscopy, etc.) or any other endeavor that adds positive protective value as evidenced in routine medical records.
7. GGT below 30*

*Values must be from exam lab results or medical records.

Financial underwriting focus

Our financial underwriting philosophy mirrors our general underwriting philosophy. We assess the whole individual and their risk when considering an application for coverage. This includes insurable interest at the time of application and the purpose of coverage.

Throughout the process, we seek to work as collaborators, not gatekeepers. If additional information is required, we'll reach out to you. If you have any questions about the process, please contact us.

The financial guidelines listed here represent some of the factors considered to justify the requested face amount. Individual aspects of each case determine the final amount of coverage that can be offered.

Providing answers to the questions below, any other key points and supporting documentation will help streamline the underwriting process:

- Does the owner, beneficiary, and/or premium payor have an interest in the continued life of the proposed insured?
- What is the reason for an uncommon owner, beneficiary or payor?
- What is the specific purpose of coverage or need being covered?
- How was the amount applied for determined?
- Are the premiums being paid for all life insurance coverage affordable in relation to the client's annual income in order to sustain the policy?
- Does the amount of insurance applied for correlate with the amount of financial loss to the owner/beneficiary?
- What is the total amount of life insurance with all carriers on the insured's life?
- Are any policies being replaced?
- Are there applications pending with other carriers?

Financial underwriting requirements

Third-party financial verification

Third Party Financial Verification is required when the total line with Banner Life and William Penn coverage in force and pending is \$10,000,000 or more for personal coverage or \$5 million or more for business cases. A Business Beneficiary Report (BBR) may be requested for business cases.

Although the third-party financial requirement is based on Banner Life and William Penn's total line, the ultimate total line with all carriers (in force and applied for) must be financially justified.

Acceptable third-party documents vary depending on the purpose of coverage and aspects of the case.

Trust certificate

A Trust Certificate must be submitted prior to underwriting approval whenever a trust is the Policy Owner or Primary Beneficiary if:

- The proposed insured is over age 65 or the face amount is over \$1,000,000
- The agent is the trustee. A detailed explanation of the agent's relationship to proposed insured and beneficiaries in the trust must also be provided. A copy of the complete, executed trust may also be required.
- There are multiple or third-party trustees.

Note: Trust Certificate information is obtained during the Horizon digital application. The Trust Certificate form is only required on non-digital William Penn (NY) applications.

Financial underwriting: Personal insurance

Personal insurance

Purpose	Guidelines	Considerations																
Income replacement	<table><thead><tr><th>Age</th><th>Income factor</th></tr></thead><tbody><tr><td><30</td><td>40x</td></tr><tr><td>30-39</td><td>35x</td></tr><tr><td>40-49</td><td>25x</td></tr><tr><td>50-59</td><td>20x</td></tr><tr><td>60-64</td><td>10x</td></tr><tr><td>65-70</td><td>5x</td></tr><tr><td>71+</td><td>3x</td></tr></tbody></table> <p>The above are maximum income factors of which the underwriter may modify on a case-by-case basis, if the individual circumstances warrant such a change.</p> <p>For applicants age 71 or older who are still employed, we will individually consider income replacement using small multipliers.</p>	Age	Income factor	<30	40x	30-39	35x	40-49	25x	50-59	20x	60-64	10x	65-70	5x	71+	3x	<ul style="list-style-type: none">Gross annual earned incomeHow the amount of insurance was determinedAmount of personal insurance coverage pending and in force with Banner Life and William Penn and all carriers not being replacedVerification of income such as tax returns (included those verified by 4506TEZ form) or W-2 forms may be needed
Age	Income factor																	
<30	40x																	
30-39	35x																	
40-49	25x																	
50-59	20x																	
60-64	10x																	
65-70	5x																	
71+	3x																	
Dependent spouse or life partner	A dependent or non-wage earning spouse or life partner is eligible for coverage generally up to the amount of personal insurance coverage of the working spouse or life partner.	<ul style="list-style-type: none">Dependent on household incomeAmount of personal insurance coverage pending and in force with all carriers for working spouse/life partner and applicantOther sources of income and amountsAny special circumstances contributing to how the amount of coverage was determined																
Charitable giving	Annual donation x number of years pledged OR Annual donation x earned income multiplier	<ul style="list-style-type: none">Contribution Record (confirming established history of giving to the institution/charity)Other insurance needs must be metCharitable giving statements																
Estate conservation/liquidity	Maximum amounts based on future value of the estate amount x estate tax rate (40%) General guidelines <ul style="list-style-type: none">Interest rates for future value from 5-10% (subject to individual consideration)Growth spans based on the applicant's age and life expectancy to a maximum of 20 years	<ul style="list-style-type: none">Net worthHow the face amount was determined (estate analysis)Verification of assets and liabilities (such as broker dealer statements, CPA letter/audited statements, tax appraisals) may be needed																

Financial underwriting: Business insurance

Business insurance guidelines

Any type of business coverage being considered must be limited to business interests in the U.S.

Business valuation methods

Providing favorable corporate financial justification may allow consideration beyond the following typical business value multiples:

- 1x sales
- 10-15x net earnings
- 4 to 5x EBITDA

Purpose	Guidelines	Considerations
Key person	<p>Ages ≤ 64 up to 20x* applicant's annual income</p> <p>Ages 65-70 up to 10x* applicant's annual income</p> <p>Ages ≥ 71 individual consideration when facts and financial data demonstrate a significant loss to the company</p>	<ul style="list-style-type: none">• Owner and beneficiary should generally be the business.• Amounts are dependent on the factors such as age, involvement in the business, expertise, unique skills, contribution to revenue or growth and total compensation. <p>* Financial justification, verification of compensation or contributions may be needed to allow maximum multipliers.</p>
Buy-sell and stock redemption	<p>Fair market value of the business x percentage of ownership held by the applicant.</p> <p>All business partners should be similarly insured.</p>	<ul style="list-style-type: none">• Owner and beneficiary for cross purchase should generally be business partners/owners. For entity/purchase or stock redemption, should generally be the business/company.• Business financials such as the balance sheet, income statement and/or Buy Sell agreement may be needed.
Business loans	<p>Consider coverage provided the term of the new loan is at least seven years (when the coverage is solely for loan coverage needs).</p> <p>Consider up to 80% of the loan amount for uncollateralized loans and up to 100% of the loan if structured as a collateral assignment.</p> <p>Loan coverage on a sole proprietor may be considered for personal or business coverage.</p> <p>For life insurance policies tied to an SBA (7a) loan, we will generally forgo the need for business or personal financial statements supporting the financial justification. The reasoning behind this is due to diligence that is put into the loan process. SBA 7 (a) loans cap out at \$5 million.</p>	<ul style="list-style-type: none">• Owner should typically be the business or proposed insured dependent on the situation (a bank/creditor cannot be the owner of the beneficiary). <p>Requirements</p> <ul style="list-style-type: none">• Purpose, amount, date and loan duration• Collateral assignment• A copy of the loan agreement, SBA 7(a) loan approval document or business financials may be needed.

Note: We do not allow any coverage for business operations, owners, growers and/or distributors of marijuana or related products containing THC.

Employer owned life insurance acknowledgment and consent

Employer-owned policies must have a completed LR-63 or LR63WP Employer Owned Life Insurance Acknowledgment and Consent form signed by both the proposed insured and the employer.

Large cases

All applications greater than \$5 million face amount get all the special attention we know they require.

Our underwriting professionals have the expertise necessary to drive these critically important cases through to policy issue.

Retention

Ages	Preferred Plus Table 4	Tables 5 - 8	Tables 9 -12
20 - 75	\$4 million	\$1 million	\$1 million

Automatic binding limits

Ages	Preferred Plus Table 4	Tables 5 - 8	Tables 9 -12
20 - 75	\$30 million	\$10 million	\$10 million

Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.

Jumbo limits

Ages	Amounts
20 - 75	\$65 million

Foreign national jumbo limit

20 - 70	\$35 million
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Cases in excess of our jumbo limits require facultative approval by our reinsurers. Case size is determined by total in force plus total amount currently applied for with all companies, including amounts to be replaced.

TIAA and Good Health Statement

Temporary Insurance Application and Agreement (TIAA)

Our agreement provides a limited amount of life insurance coverage, for a limited amount of time and is subject to specific terms, conditions and other limitations.

Temporary insurance cannot begin and no payment should be taken, if any question on the TIAA is answered "Yes" or left blank.

Maximum face amount for temporary insurance is \$1,000,000 for all pending applications. Maximum issue age is 70.

If, based on the terms of the TIAA, payment is made and accepted with the application, please be sure to:

- Read and answer all questions accurately
- Fully explain the terms of the agreement to the proposed insured and owner
- Fully complete the TIAA
- Secure proposed insured and owner signatures and date TIAA

William Penn only:

- Provide proposed insured and owner with a copy
- Submit the TIAA along with the application and payment

Policies covered under the TIAA will receive a policy date equal to the issue date, unless an older date is requested.

Note: Underwriting can return the payment and remove temporary insurance at any time within the underwriting process. (Kansas exception: temporary coverage is limited to \$25k and will not be removed until a final decision has been made by underwriting.)

Good Health Statement

A Good Health Statement is required when:

- The proposed insured is over age 70
- The application is approved on a substandard/rated basis
- Medical evidence is over 60 days
- Delivery is extended
- The policy is reissued
- An application previously closed, withdrawn or incomplete is reopened and approved
- Post-issue change request is to increase amount, policy duration, death benefit or an increase in our liability

If any change in the insured's health has occurred or if the insured has seen or consulted with a member of the medical profession, do not deliver the policy or collect any premium even if a premium was collected with the TIAA.

Reinstatement requests

If a policy lapses due to non-payment, Reinstatement Application forms are available on Partner Dashboard.

You may also contact our customer service department at **800-638-8428** or customerservice@bannerlife.com.

We allow policies to be considered for up to 5 years from the lapse date and all back premiums must be paid to bring the policy up-to-date. Evidence of insurability is required and a new contestable period begins at 2 years from reinstatement.

In order for a policy to be reinstated, the insured must qualify for the same or better rate class/table rating as when issued.

Rate reduction and changes to Non-Tobacco rates

Requests for reconsideration of an original underwriting rate class, including a change to non-tobacco rates, can be facilitated with a quick call to our customer service department to begin the process.

The customer service representative will contact the underwriting department to review the request on a preliminary basis and determine what, if any, underwriting requirements will be necessary.

If underwriting agrees that the change request can be considered, the service representative will provide the client with the proper change request form and advise him or her of the requirements necessary to proceed.

Quick Quotes

Please utilize our easy-to-use online Quick Quote tool quickquote.bannerlife.com, send an email to quickquotes@bannerlife.com, or call our [Underwriting Hotline at 833-341-0793](tel:833-341-0793).

The Quick Quote should include:

- Age, gender, tobacco status
- Height and Weight
- Medical History (diagnosis, treatments and medications)
- Occupation, foreign travel, hazardous hobbies
- Driving History
- Recreational activities, including drug and alcohol use
- Desired face amount and policy type

We will review your Quick Quote request and provide you with an accurate and timely quote. Quotes will generally be processed within 48 hours.

We strive to issue a policy that matches your Quick Quote. The tentative quote is nonbinding and is based solely on the information you have provided and is subject to complete underwriting requirements.

We do not accept formatted requests from XRAE and PSG eValue.

The Quick Quote is valid for 60 days from the date of the quote and a copy of the Quick Quote must accompany the formal application. We do not accept APS summaries in the Quick Quote format or as attachments unless requested by underwriting.

[View our Quick Quote guide for more information →](#)

Approved vendors

About orders

Paramed exam vendors	
AAPS - Portamedic	800-635-1677
ExamOne	877-933-9261
APS vendors	
AdamsBridge	844-202-2357
eNoah	855-955-4217
ExamOne	877-933-9261
Express Imaging Services	888-846-8804
Jetstream APS*	888-233-8015 x229 310-826-3759 x225
J & H Copy Service	714-921-1122 x102
Parameds.com	718-575-2000

*Only approved for Banner Life applications.

Paramed exam orders

We will only accept examinations from approved vendors. We will not remit payment for any exam(s) performed by an unapproved vendor.

We have made every effort to provide you with the broadest geographical coverage and the best possible service. In that rare instance where an applicant is in a remote area not covered by one of our services, kindly contact your general agent. He or she can get in touch with your team's underwriting director to discuss making other arrangements.

APS orders

Only approved vendors can secure APSs. Those we've chosen provide excellent service when it comes to medical record processing and charge fees that fit well with our cost-management standards.

In most cases, APS orders are placed by our company. If your agency currently orders its own APSs, you may continue to do so as long as you use one of the approved vendors. Use of a vendor that does not have preferred status, runs the risk that your APS costs will not be reimbursed.

Post issue change requests

ExamOne is the only vendor we use for post issue change requests such as rate reduction and reinstatement requests.



Banner Life Insurance Company
Urbana, MD | 800-638-8428

William Penn Life Insurance Company of New York
Valley Stream, NY | 800-346-4773

Life insurance and retirement products are underwritten and issued by Banner Life Insurance Company, Urbana, MD and William Penn Life Insurance Company of New York, Valley Stream, NY. Banner Life products are distributed in 49 states and in D.C. William Penn products are available exclusively in New York; Banner Life is not an authorized New York insurer and does not do business in New York. Each company is solely responsible for its own financial and contractual obligations. Product guarantees are backed by the financial strength and claims paying ability of the issuing company. Policy coverage and features may not be available in all states and may vary by state. Exclusions and limitations may apply. Two-year contestability and suicide provisions apply. A one-year suicide provision applies in CO, MO, and ND. CN01212026-1

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