

NWL®

freedom
term express



NWL®

Freedom Term Express
Underwriting Guide

For Agent use only





Automated Underwriting Approach Underwriting Decision at the Time of Sale!

Freedom Term Express will be underwritten on a simplified issue basis, subject to MIB, RX, MVR, and consumer reports as well as height and weight requirements. No medical exam or testing, no medical records. Faster issue, better service to your clients, and faster commissions.

NWL® Freedom Term Express Product Highlights

NWL® Freedom Term Express is a Simplified Issue Term product (Standard Issue, through Table 4 (D). Instant Decision Underwriting – MIB, Prescription check, MVR, and a Consumer Report Check* are done at the time of submission. Please note: This product is accept/reject and not priced to be underwritten with additional medical records or investigation.

Premium Classes:

Male & Female
Non-Tobacco , Tobacco

Face Amount:

Minimum \$25,000
Maximum \$250,000 (\$200,000 ages 61+)

Grace Period:

31 days

Premium Guarantee Period:

Level premiums are guaranteed for the term period. The premiums after the term period are guaranteed ART rates to age 95.

Premium Modes:

For modes other than annual, multiply the annual premium by the appropriate factor.

Issue Ages:

15 Year Term 20 – 70 years old
20 Year Term 20 – 65 years old
30 Year Term 20 – 55 years old (50 years old – Tobacco)

Mode	Factor
Semi-Annual	0.520
Monthly	0.087

Death benefits:

Level death benefit to age 95

Policy Fee:

\$72 for all terms (Commissionable)

Conversion:

15 Year Term: During the first 5 Policy Years
20 Year Term: During the first 7 Policy Years
30 Year Term: During the first 10 Policy Years

*Consumer Report Check is a score that predicts mortality based on FCRA real time data to include consumer’s public records such as court records, property records, bankruptcies, judgments, and consumer credit history (payment behavior, collections, available credit but, not credit scores). All information is disclosable, disputable, and correctable.



Here's how the Automated Underwriting Process generally works:

Getting Started

1. After the agent and client have determined life insurance coverage needs, the agent reviews the preliminary questions to determine if the applicant is prequalified (determined by all "No" responses).
2. Agent accesses the Vital Quote tool, inputs basic data on the proposed insured such as date of birth, desired face amount or premium, riders (if applicable), and tobacco status to generate a quote.
3. If quote results are satisfactory for the applicant, while in person with the client, the agent proceeds to the eApplication (eApp) directly from the quoting tool.

Application Process

- Within the eApp the client reconfirms responses to the preliminary application questions; if all questions are answered "No," the client is considered prequalified for the product and is ready to continue the process.
- Client's identification is verified by answering a few questions.
- Once identification is verified, then the remaining sections of the application, including proposed insured's height and weight, reflexive questions, additional non-medical questions, beneficiary information, and payment details can be completed.
- Once application is completed, client signatures are captured electronically including HIPAA, MIB, Prescription Check, MVR, and consumer report authorizations. Please note, MIB Pre Notices and fraud statements will be available for client's review prior to the signature process. The agent's signature(s) is also captured electronically. The agent will then provide the client with copies of all notices and application.

Submission

The case is then submitted to our Automated Underwriting Engine, all input information is analyzed with MIB, Prescription Check, MVR, and a Consumer Report Check, and a decision is provided on screen within minutes (oftentimes, in less than one minute). If there are no contradictions with MIB, RX, MVR or consumer data, the case is approved.

Decision is either, Accepted, Declined, or Refer to an Underwriter.

- If the case is accepted, the electronic application will be sent to the home office for processing. If all information including payment is acceptable, the Policy is issued and mailed to the client and the commission is released. Typical turnaround time is 48-72 business hours after accepted submission. If agent's license or contract appointment is not ready at the time of submission, turnaround time could be affected.
- If the case is declined, electronic application will be sent to the home office and a letter will be mailed to the client with details on the decision.
- If the case is referred to an underwriter, application will be sent to the home office for processing, and an underwriter may need to call applicant back for more information to assess the risk and determine whether the policy may be issued. A decision is expected to be made within 48-72 working hours. Please make sure client is aware that a phone call is expected and provides the best number to call them.

Basic Underwriting Qualifications to check prior to submission:

1. Applicant must be a US citizen or legal permanent resident (green card), and applicant must permanently reside in the US.
 - All foreign travel with duration of 180 consecutive days should be considered foreign residence.
2. Applicant must not have been declined for life, (fully underwritten or simplified issue), health, or disability insurance by any insurance carrier (including NWL) within the past 3 years.
3. Please have applicant's physician's information (full name, address, telephone number) and list of any medications.
4. Please make sure applicant's personal and contact information is available and is entered correctly (name, address, date of birth, SSN, etc.).
5. Applicant's driver's license should also be available at the time of application (if the client has been issued a driver's license), and must be entered exactly as it appears.



Preliminary Questions:

All questions must be answered "No," and proposed insured must meet height and weight criteria to prequalify. Questions may vary by state.

1. Currently:

- Are you hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, or receiving hospice care?
- Are you using a walker, wheelchair, electric scooter, oxygen, dialysis machine, or do you have a defibrillator implanted?
- Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as bathing, continence, dressing, eating, toileting, transferring, or taking medications?

2. Have you ever:

- Been diagnosed by a member of the medical profession as having, or tested positive for, Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?
- Been diagnosed, tested positive, or been given medical advice by a member of the medical profession for diabetes prior to age 30, been treated by a member of the medical profession for insulin shock, diabetic coma, retinopathy, nephropathy (kidney), neuropathy (nerve, circulation) disorder, amputation, or diabetes not under control?

3. Have you ever been medically diagnosed, treated for, tested positive for, or taken medication for:

- Alzheimer's disease, dementia, organic brain disease, memory loss, mental incapacity, Down's Syndrome, schizophrenia, bipolar disorder, Lou Gehrig's disease (ALS), Huntington's disease, muscular dystrophy, Cystic Fibrosis, pulmonary fibrosis, Parkinson's, Multiple Sclerosis, or multiple myeloma?
- Congestive heart failure, cardiomyopathy, cirrhosis of the liver, liver failure, kidney (renal) failure, chronic kidney disease, or renal insufficiency?

4. Within the past 5 years have you:

- Had or been advised by a licensed member of the medical profession to have an organ or bone marrow transplant or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less?
- Been diagnosed by a licensed member of the medical profession with leukemia, lymphoma, melanoma, or any cancer, or, have you received chemotherapy, radiation, or any type of treatment, or had surgery for any cancer (other than basal, or squamous cell cancer of the skin), or been diagnosed for more than one occurrence of any cancer, or had an amputation caused by cancer or any other disease?
- Been diagnosed, treated, or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for: respiratory failure, chronic hepatitis, liver disease, pancreatitis, stroke, transient ischemic attack (TIA), cerebral palsy, grand mal epilepsy, systemic lupus (SLE) disease, or do you have paralysis of two or more extremities?
- Been diagnosed, treated or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for: heart disease, heart attack, angina (chest pain), heart or circulatory surgery, including coronary artery bypass, angioplasty, cardiac or vascular stent placement, pacemaker or pacemaker replacement, heart valve replacement, aneurysm, or any cardiac or vascular surgery, or procedure to improve the circulation to the heart, brain, or extremities?
- Been diagnosed, treated or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for Chronic Obstructive Pulmonary or Lung Disease (COPD/COLD), emphysema, chronic bronchitis or had asthma attack(s) requiring visit(s) to the emergency room or hospitalization(s)?
- Been diagnosed, treated, or advised to receive treatment by a licensed member of the medical profession, or been hospitalized, for major depression, attempts of suicide, or suicidal thoughts?
- Pleaded guilty or been convicted of a felony, or are you currently incarcerated, on parole or on probation, or have pending charges but not gone to trial?
- Been treated for, or been advised by a licensed member of the medical profession to have treatment for alcohol or drug abuse?
- Been convicted of operating a vehicle while impaired or under the influence of alcohol or drugs?
- Used cocaine, heroin, amphetamines, barbiturates, hallucinogens, or other habit forming drugs except as prescribed by a physician?

5. Additional Questions:

- Are you not a U.S. citizen or lawful permanent resident (green card) who has lived in the U.S. for more than two years?
- Do you intend to live or work outside of the United States in the next two years?
- Within the past 3 years have you applied for life, health, or disability insurance and been declined or postponed?
- Within the past two years have you had your driver's license suspended or revoked, or have you been found guilty or convicted of reckless or negligent driving?

Reflexive Questioning

In addition to the [Preliminary Questions](#), responses to additional application questions may have an impact on the underwriting decision. Any “yes” answer on a medical or non-medical question will generate [Reflexive Questions](#) for the underwriting engine to process, if answers are satisfactory and there are no discrepancies on MIB, Rx or MVR, case will be accepted, otherwise case may be declined or referred to an underwriter to call back applicant for more information.



Reflexive Questions are leading or drill down inquiries that generate a follow-up question based upon the answer initially provided.



Sample Reflexive Questions

1. Are you presently taking any medications for any medical condition(s) that you have not already disclosed? (Excluding Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC).
2. Within the past 2 years did you, or in the next 2 years do you intend to:
 - a) Participate in any aviation activity other than as a passenger on a scheduled commercial airline?
 - b) Participate in any form of motorcycle, car, or boat racing, mountain, rock, or ice climbing, cave exploration, hang gliding, scuba or sky diving?
3. Are you an active duty Military, Military Reserve, or National Guard currently serving, have orders for, or anticipate orders in the next 2 years?
4. In the last 12 months, have you used any tobacco or nicotine products such as smoking cigarettes, cigars, pipes, cannabis, using electronic cigarettes, vapor, snuff, chewing tobacco, or used any nicotine delivery device such as a patch, gum, or lozenge?



Impairment Guidelines

The following guidelines are designed to provide the underwriting action that is normally taken for the most frequent impairments encountered; the final underwriting decision can vary due to the specifics of a particular impairment or combination of impairments. The Company reserves the right to obtain additional underwriting information such as a telephone interview with proposed insured. The final decision may differ from the guidelines based on the overall underwriting evaluation of each individual and their unique medical and non-medical history.

Impairment	Criteria	Eligible
Acquired Immunodeficiency Syndrome (AIDS)		No
ALS (Lou Gehrig's Disease)		No
Alcohol/Drug	Excessive Use or Drug use within 5 years	No
	Treated, or advised to be treated, DUI/DWI within 5 years	No
Alzheimer's/Dementia		No
Amputation	Due to injury, recovered	Yes
	Due to disease within 5 years	No
Aneurysm	Within 5 years	No
Anxiety		Yes
Arthritis	Moderate and no disability	Yes
Asthma	Controlled, mild to moderate	Yes
	Not under control, ER visits, or hospitalizations	No
Atrial Fibrillation	No complications	Yes
Benign Prostate Hypertrophy		Yes
Bipolar Disorder		No
Bronchitis	Acute, (Mild/Moderate), complete recovery	Yes
	Chronic	No
Cancer	Basal Cell Carcinoma – skin (not advanced) Squamous Cell	Yes
	Currently on treatment or observation or within the last 5 years	No
	Recurrence of any cancer	No
Cardiomyopathy		No
Cerebral Hemorrhage, CVA, Stroke	Within 5 years	No
Cerebral Palsy	Within 5 years	No

Impairment	Criteria	Eligible
Chronic Obstructive Lung Disease – COLD	Within 5 years	No
Chronic Obstructive Pulmonary Disease COPD	Within 5 years	No
Cirrhosis of the Liver		No
Colitis		Yes
Congestive Heart Failure - CHF		No
Crohn's Disease		Yes
Cystic Fibrosis		No
Major Depression	Stable environment, no hospitalizations, controlled	Yes
	Resistant to treatment, suicide attempts, hospitalizations	No
Diabetes	Diagnosed prior to age 30	No
Diabetes – Type 1 and 2 Diagnosed after age 30	With Coronary Artery Disease, TIA, Stroke	No
	With insulin shock, diabetic coma, or retinopathy	No
	With nephropathy, neuropathy, amputation or diabetes not under control	No
Diabetes – Type 1 and 2 Diagnosed after age 30	Under control	Yes
Driving History	License suspended, disqualified, revoked or withdrawn, reckless or negligent driving, within 2 years	No
	DWI/DUI within 5 years	No
Down's Syndrome		No
Drug Use	Treated, no relapse, no current use, and no hospitalizations, after 5 years	Yes
Emphysema	Within the past 5 years	No
Epilepsy	Petite Mal	Yes
	Grand Mal, within the past 5 years	No
Gall Bladder Disorders	Most cases	Yes
Gangrene	Result from disease or injury	No
Gastric Bypass/Lap Band	No complications	Yes
Gastritis	If acute or short duration (less than 2 weeks)	Yes
Gout		Yes
Heart Attack / Myocardial Infarction	Within the past 5 years	No
Heart Surgery	Within the past 5 years	No
Hepatitis	A, complete recovery, no liver damage	Yes
	B or C Diagnosis in the past 5 years	No
Hepatomegaly		No
HIV		No

Impairment	Criteria	Eligible
Huntington's disease		No
Hypertension	Controlled, treated with medication	Yes
	Uncontrolled, or severe	No
Hysterectomy	Complete recovery with no cancer or malignancy	Yes
Kidney Disease	Kidney stones, recovered	Yes
	Kidney failure/Renal insufficiency/ Chronic Kidney Disease	No
	Polycystic Disease	No
Leukemia	Within the past 5 years	No
Liver Failure		No
Liver – Cirrhosis		No
Lou Gehrig's Disease (ALS)		No
Lupus Erythematous	Within the past 5 years	No
Marfan's Syndrome		No
Mental Incapacity		No
Memory Loss		No
Multiple Sclerosis		No
Multiple Myeloma		No
Muscular Dystrophy		No
Pacemaker	Including replacement within the past 5 years	No
Pancreatitis	Within the past 5 years	No
Paralysis	2 or more extremities	No
Parkinson's		No
Peripheral Vascular Disease		No
Prostatitis		Yes
Pulmonary Fibrosis		No
Respiratory Failure	Within the past 5 years	No
Schizophrenia		No
Sickle Cell Anemia		No
Stroke	Within the last 5 years	No
Suicide Attempt	Within the last 5 years	No
TIA – Transient Ischemic Attack	Within the last 5 years	No



Prescription History

Taking any of the prescriptions for the conditions below, in the time frame indicated on the application will generally result in a decline.

Medication	Indication prescribed for:
Abilify	Bipolar disorder / Antipsychotic
Alglucosidase	Pompe Disease
Amantadine	Parkinson's
Amiodarone HCL	Arrhythmia
Anastrozole	Cancer
Anoro	COPD
Antabuse	Alcohol Abuse Treatment
Aprepitant	Cancer Induced Nausea
Apresoline	Severe Hypertension
Aralast	Respiratory Disorder
Aricept	Dementia/Cognitive Disorder
Arimidex	Cancer
Atrovent	COPD
Azathioprine	Transplant
Basiliximab	Transplant
Belimumab	Systemic Lupus Erythematosus
Benlysta	Systemic Lupus
Bentztropine/Cogentin	Anti-Parkinson's
Bepridil	Angina
Bidil	Congestive Heart Failure
Breo Ellipta	COPD
Calcitriol	Kidney Disease/Failure
Calcium Acetate	Kidney Disease
Carbidopa	Anti-Parkinson's
Carvidopa – Levodopa	Anti-Parkinson's
Casodex	Cancer

Medication	Indication prescribed for:
Clopidogrel	Heart Disease, Stroke/TIA, PVD/PAD
Clozapine	Schizophrenia
Clozaril	Antipsychotic
Codein-Acetaminophen/Tylenol	Pain
Combivent	COPD
Compazine – Frequent Fills	Antipsychotic
Corlanor	Congestive Heart Failure or Angina
Corticosteroid Multiple Use	Unmanaged Asthma/COPD
Creon	Pancreatitis
Cyclosporine	Transplant
Daliresp	COPD
Dasatinib	Cancer
Decadron	Chemo Induced Nausea
Depo-Provera – Significant	Cancer
Dextromethorphan-quinidine	Neurological
Digoxin	Heart Failure/Arrhythmias
Donepezil HCL	Dementia/Cognitive Disorder
Dronavinol	Anti Nausea RX Caused by Cancer treatment
Effient	Heart Disease, Stroke/TIA, PVD/PAD
Entecavir/Baraclude	Hepatitis B
Entresto	Heart Failure
Erivedge	Advanced Basal Cell Carcinoma
Eterplisern	Muscular Dystrophy/Progressive Neuromuscular Disorder
Exelon	Dementia/Cognitive Disorder
Femara	Cancer
Fentanyl/Duragesic	Pain
Geodon	Psychotic Disorder
Herceptin	Cancer
Hydralazine	Severe Hypertension
Hydrea	Cancer
Inspira	Post MI, CHF or Severe Hypertention
Interferon	Multiple Sclerosis
Isosorbide	Angina

Medication	Indication prescribed for:
Isoniazid	Tuberculosis
Lactulose	Cirrhosis
Lanoxin	Heart Failure
Lasix	Heart/Liver/Kidney Disorder
Leucovorin	Cancer
Leuprolid	Cancer
Lithium	Bi-polar Disorder
Lucentis	Diabetic Retinopathy
Lupron	Cancer
Lyrica/Gabapetin	Diabetic Neuropathy
Megestrol Acetate	Cancer
Methadone	Narcotic Addition/ Severe Pain/Abuse
Methyldopa	Severe Hypertension
Mirtazapine	Severe Depression
Morphine or Morphine Equivalent	Pain
Morphine sulfate/Contin	Pain
Mycophenolate	Transplant
Multiple narcotic drugs or narcotics given by multiple doctors	Abuse/Pain/Multiple Conditions
Naloxegol	Opioid Induced Constipation
Namenda	Anti-Dementia
Narcotics and Benzodiazepine concurrent use	Abuse/Pain
Neupogen	Cancer
Nimotop	Stroke
Nitrates/Nitroglycerin	Angina/Chest pain
Ofev	Pulmonary Fibrosis
Opiod/Narcotic, Oxycodone/Oxycotin	Pain/Frequent Fills
Osmitrol	Severe Intracranial Pressure/Cerebral Edema
Paricalcitol	Serious Endocrine
Pasireotide	Cushing's Disease
Pegasys	Hepatitis
Peginterferon Alfa -2a/Pegasys	Hepatitis B or C
Phenelzine/Nardil	Severe Depression
Phenytoin/Dilantin	Very Serious Anticonvulsant/Seizures

Medication	Indication prescribed for:
Plavix	Heart disease, Stroke/TIA, PVD/PAD
Pletal	Heart disease, Stroke/TIA, PVD/PAD
Primasol	Kidney Disease
Pulmozyme	Cystic Fibrosis Pulmonary
Ranexa	Angina
Rifaximin	Cirrhosis
Reglan	Diabetic Gastroparesis
Ribavirin	Hepatitis
Riluzole	Amyotrophic Lateral Sclerosis
Risperdone	Psychotic Disorder
Salmeterol/Serevent	COPD
Sensipar	Kidney Disease/Failure
Seroquel > 75 mg	Psychotic Disorder
Serzone	Psychotic Disorder
Sildenafil	Pulmonary Hypertension
Sirolimus	Transplant or Cancer
Sofosbuvir/Sovaldi	Hepatitis C
Spiriva	Severe Asthma or COPD
Spirolactone	Severe Hypertension/Congestive Heart Failure
Suboxone	Drug Abuse/Pain
Sulfadiazine/Primasol	Serious Kidney Therapy
Symbiax	Antipsychotic/Bipolar
Tamoxifen	Cancer
Telostristat	Cancer
Tetrabenazine	Neurological
Thorazine	Antipsychotic
Tizanidine HCL – significant fills	Musculoskeletal Therapy
Trastuzumab	Cancer
Trazodone > 150 mg/Day	Severe Depression
Trientine HCl	Congenital Genetic Disorder/Wilson's Disease
Zemplar	Kidney Disease/Failure
Zyprexa	Psychotic Disorder

Height and Weight Chart - Unisex

Height	Minimum Weight	Maximum Weight
4' 8"	74	189
4' 9"	77	192
4' 10"	79	199
4' 11"	82	206
5' 0"	85	213
5' 1"	88	220
5' 2"	91	228
5' 3"	94	235
5' 4"	97	243
5' 5"	100	250
5' 6"	103	258
5' 7"	106	266
5' 8"	110	274
5' 9"	112	282
5' 10"	115	291
5' 11"	119	299
6' 0"	122	308
6' 1"	126	316
6' 2"	129	325
6' 3"	133	334
6' 4"	136	343
6' 5"	140	352
6' 6"	143	361
6' 7"	147	371

Premiums per \$1,000

15 Year Term - Premiums per 1000				
Issue Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
25	2.02	3.12	1.57	2.60
35	2.67	4.48	2.20	4.15
45	5.28	10.60	3.95	8.56
55	12.24	26.64	8.08	17.96
65	30.56	63.76	18.56	43.49
70	49.72	97.00	31.49	63.84

20 Year Term - Premiums per 1000				
Issue Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
25	2.19	3.45	1.70	2.90
35	2.98	5.19	2.43	4.73
45	5.96	12.22	4.46	10.18
55	14.04	30.38	9.32	21.19
65	37.34	76.81	23.13	55.27

30 Year Term - Premiums per 1000				
Issue Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
25	2.32	4.05	1.86	3.52
35	3.42	7.03	3.12	6.64
45	7.33	15.99	6.79	14.51
55	17.75		17.11	

Financial Underwriting Guidelines



Financial underwriting is a critical part of the underwriting process. Automated underwriting allows for Personal Insurance/Income Replacement only and is generally not intended for Business Coverage (Key Person, Buy/Sell, or Stock repurchase etc.), or charitable purposes.

Insurable Interest must exist prior to the approval of an application between the insured and Owner and/or Beneficiary. Insurable Interest exists if there is an economic loss that would be suffered by the Owner/Beneficiary if the insured was to die prematurely.

Automated underwriting will generally accept the following Personal relationships as having Insurable Interest:

- Spouse / Life Partner / Fiancé
- Parent
- Child

Maximum Face Amount Chart	
Age	Income Factor
<= 30	30
31 - 40	25
41 - 50	20
51 - 60	12
61 - 65	10
> 65	5

Please refer to chart for maximum face amount allowed. Also consider insurance inforce with other carriers.

Example: proposed insured's age is 51 and annual income is \$20,000. Maximum coverage allowed is \$240,000 ($\$20,000 \times 12$).

Contact US

Contact the NWL Agent Only Sales Desk



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About National Western Life Insurance Company®

National Western Life Insurance Company® is a Colorado corporation with executive offices in Austin, Texas. The Company offers a full line of life insurance and annuity products in 49 states and the District of Columbia. Since its start in 1956, National Western has emphasized financial strength for the protection of its Policyholders. As a legal reserve insurance company, National Western must set aside a portion of its assets equal to reserves required by law. Annually, a financial statement is filed with each state's insurance department. These departments have authority to verify that the appropriate reserves are maintained.

Excellent Ratings

Rating agencies continue to recognize the strengths of National Western. As of the date of this printing, Standard and Poor's® has rated National Western "A (Strong)", while A.M. Best Company's rating is "A (Excellent)." A Standard & Poor's® rating is an opinion of a company's financial security with respect to its ability to pay under its insurance policies and contracts in accordance with their terms. Ratings range from AAA (extremely strong) to CC (extremely weak) and R (regulatory supervision). A.M. Best's ratings evaluate company factors in order to provide an opinion of the company's financial strength, operating performance, and ability to meet its obligations to Policyholders. Ratings range from A++(superior) to F (in liquidation).



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