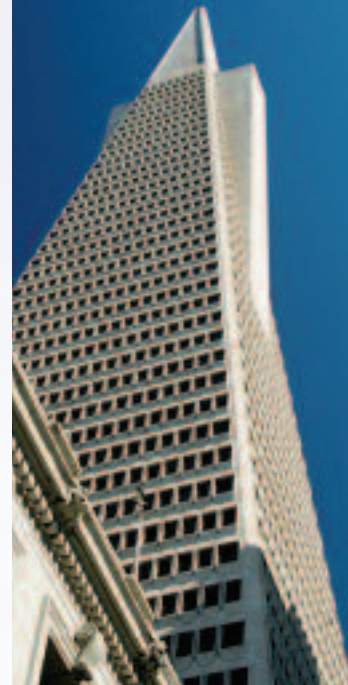


If you have questions concerning any of the information contained in this guide, please contact the Transamerica New Business & Underwriting Support Unit at (800) 295-3990.



**GUIDE TO
INITIAL
UNDERWRITING
REQUIREMENTS**

As of September 17, 2007

Transamerica Financial Life Insurance Company is authorized to conduct business in New York.

Transamerica Occidental Life Insurance Company is authorized to conduct business in all other states.



Transamerica Occidental Life Insurance Company
Transamerica Financial Life Insurance Company

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Guide to Initial Underwriting Requirements OL 419 0907



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TABLE OF CONTENTS

Authorized Paramedical Companies	2
Authorized APS Retrieval Companies	2
Authorized Inspection Companies	2
Testing of Proposed Insureds	3
APS Ordering Guidelines	6
Personal Financial Supplement	7
Inspection Reports	7
Motor Vehicle Reports	8
Additional Nonmedical Limits	8
Cash With Application	9
Illustrations	9
Underwriting Criteria for Term and UL Products	10
Male Build Table—Term and UL Products	18
Female Build Table—Term and UL Products	20
Financial Underwriting Guidelines	22
Personal Insurance Needs	22
Business Insurance Needs	23
Cover Letter (What to Include)	24
Retention and Reinsurance	25
Automatic Issue Limits	25
Jumbo Limit Definition	25
Initial Underwriting Requirements Chart	26

AUTHORIZED PARAMEDICAL COMPANIES

The companies listed below are authorized to perform paramedical and medical exams on behalf of Transamerica Occidental Life Insurance Company (TOLIC) and Transamerica Financial Life Insurance Company (TFLIC).

- American Para Professional Systems, Inc. (APPS)
- Examination Management Services, Inc. (EMSI)
- ExamOne, Inc.
- Portamedic/Hooper Holmes, Inc.

AUTHORIZED APS RETRIEVAL COMPANIES

The companies listed below are authorized to obtain Attending Physician Statements (APS) on behalf of TOLIC and TFLIC.

- Examination Management Services, Inc. (EMSI)
- ExamOne
- Express Imaging Services, Inc.
- Mediconnect.net, Inc.
- Portamedic/Hooper Holmes, Inc.
- Premier Information Management, Inc.
- Chart ACCESS

AUTHORIZED INSPECTION COMPANIES

The companies listed below are authorized to perform inspection reports on behalf of TOLIC and TFLIC.

- Examination Management Services, Inc. (EMSI)
- ExamOne
- Portamedic/Hooper Holmes, Inc.

TESTING OF PROPOSED INSURED

Blood Tests

Testing is performed by ExamOne, Clinical Reference Labs, and Heritage Labs. Appointed paramedical services can obtain the Abbreviated Blood Chemistry (ABC). The ABC is a venous blood draw. Fasting is recommended.

Home Office Urine Specimen (HOS)

An HOS is required with all medical and paramedical exams.

Resting Electrocardiogram (ECG) and Treadmill (TRD)

If Resting ECG or TRD records are available from a test conducted within the last 12 months, the test need not be repeated.

In calculating the coverage amount that requires these tests, be sure to include the total amount applied for with TOLIC and/or TFLIC during the past six months.

For Second-to-Die Coverage

The same treadmill requirement for age and amount as single life.

Senior Supplement Screen (SUP)

Proposed insureds age 71 and older will complete the Senior Supplement Screen at the time of the exam to test cognitive abilities and capacity for the activities of daily living.

EXAMINATION AUTHORITY OVER PARAMEDICAL LIMITS

Medical exams may be arranged through an authorized paramedical company. Board certified medical exams are not required.

Examinations by physicians not arranged by a paramedical company, such as applicant's personal physician, should not be used without prior approval from New Business Underwriting.

APS ORDERING GUIDELINES

APS REQUIREMENTS

Face Amounts			
Age	Up to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 and over
0–50	Not routinely including hypertension (on one medication)	Not routinely	YES Within prior 2 years
51–60	Not routinely	Not routinely	YES Within prior 3 years
61–69	Not routinely	YES Within the last 2 years for Preferred classes and has an established PCP	YES Within the last 2 years for Preferred classes and has an established PCP
70–74	YES Within the last 18 months for Preferred classes and MUST have an established PCP	YES Within the last 18 months for Preferred classes and MUST have an established PCP	YES Within the last 18 months for Preferred classes and MUST have an established PCP
75 and up	YES Within the last 12 months for Preferred classes and MUST have an established PCP	YES Within the last 12 months for Preferred classes and MUST have an established PCP	YES Within the last 12 months for Preferred classes and MUST have an established PCP

APS SHOULD be ordered on any impairment that may potentially require a rating, including, but not limited to: Asthma/Chronic Bronchitis/COPD/Emphysema, Cancer/Tumor, TIA/Cerebrovascular Accidents/Stroke, Crohn's Disease/Ulcerative Colitis, Diabetes, Epilepsy/Seizures, Heart Disease, Hypertension, Kidney Disorders, Liver Disorders, Anxiety/Depression (on multiple medications), Neurological Disorders (Parkinson's, MS), Peripheral Vascular Disease, Sleep Apnea, Substance Abuse.

APS SHOULD be ordered if prior adverse action was taken due to medical history. Example: Decline, postpone, rating, and approved other than as applied for.

APS SHOULD NOT be ordered for: FAA, DOT, insurance, military, or employment purposes.

Definition of Established Primary Care Physician (PCP): Receiving ongoing standard clinical surveillance and follow-up, that is appropriate for age, gender, as well as family history.

The underwriting department reserves the right to request an APS or other requirements whenever determined necessary.

The APS ordering guidelines are based on age, face amount, and last doctor visit. As with all guidelines, proper judgment needs to be used when applying these to individual cases.

PERSONAL FINANCIAL SUPPLEMENT (APE 56-196)

This is required at time of application and must be submitted with the application.

- Ages 18–70: Insurance amounts over \$1,000,000
- Ages 71+: Insurance amounts over \$500,000

INSPECTION REPORTS

Personal Coverage

Inspection Report required for:

- Ages 18–60: Insurance amounts over \$5,000,000
- Ages 61–80: Insurance amounts over \$2,000,000
- Ages 81–Up: Insurance amounts over \$100,000. Must be completed by EMSI, as an Older Age Supplement is required.

Family or Children's Riders of 21 Units or More

An Inspection Report may be requested at the discretion of the Underwriter.

Business Coverage

Inspection Report required for:

- Ages 0–80: Insurance amounts over \$2,500,000
- Ages 81+: Insurance amounts \$100,000 and over.
Must be completed by EMSI, as an Older Age Supplement is required.

A Business Beneficiary Report should be requested if the application amount is over \$2,500,000.

Second-to-Die Coverage

- *If the Proposed Insureds are husband and wife:*
Follow regular Inspection Report age and amount guidelines for the Primary Insured. For the Secondary Insured, order a Spousal Supplement if an Inspection Report is needed on the Primary Insured.
- *If the Proposed Insureds are not husband and wife:*
Follow regular Inspection Report age and amount guidelines for each Proposed Insured.
- *For the Uninsurable Version:*
Do not order an Inspection Report on the Proposed Insured who is uninsurable.

MOTOR VEHICLE REPORTS

These reports are ordered by Underwriting:

- Ages 18 and older. All amounts.

ADDITIONAL NONMEDICAL LIMITS

Children's Rider:

- Up to 20 units
- 21 units and up: Additional evidence of insurability may be ordered at the discretion of the Underwriter.

Other requirements may be requested by New Business Underwriting after the initial case review.

CASH WITH APPLICATION

Money may be taken with an application(s), provided the total of all amounts applied for does not exceed \$1,000,000.

Even though we allow money to be collected on applications up to and including \$1,000,000, the Company's liability is limited to the terms of the Conditional Receipt.

The Conditional Receipt can be used only if payment is made at the time the application is signed. If money is not collected with the application, the blank Conditional Receipt must be submitted with the application.

ILLUSTRATIONS

A signed illustration is required to be submitted with all applications in jurisdictions where the NAIC Model Illustration regulation has been passed and the plan is illustratable.

Please ask your General Agent for a list of TOLIC or TFLIC products that are illustratable and the states that have passed the regulation.

All UL applications require an illustration regardless of jurisdiction.

**UNDERWRITING CRITERIA
FOR TERM & UL PRODUCTS**

CLASS	Term Preferred Plus/UL Select	Preferred Nonsmoker	Preferred Smoker	Standard Plus (Term only)	Standard Nonsmoker	Standard Smoker
SMOKING Smoker:	Not available	Not available	Available	Not available	Not available	Available
Nonsmoker (no tobacco or nicotine use for):	5 years (60 months)	2 years (24 months)	Not available	2 year (24 months)	2 year (24 months)	Not available
Incidental Cigar Usage	Not available	Available subject to: • Admitted on app and/or exam • HOS neg for cotinine • No more than 1 per month	Available	Available subject to: • Admitted on app and/or exam • HOS neg for cotinine • No more than 1 per month	Available subject to: • Admitted on app and/or exam • HOS neg for cotinine • No more than 1 per month	Available
BUILD	Refer to appropriate build table. There are no weight allowances.	Refer to appropriate build table. There are no weight allowances.	Refer to appropriate build table. There are no weight allowances.	Refer to appropriate build table. There are no weight allowances.	Refer to appropriate build table. There are no weight allowances.	Refer to appropriate build table. There are no weight allowances.
CHOL/HDL With or without treatment	Up to and including age 70: 5.0 or less; age 71+: 5.5 or less	Up to and including age 70: 5.5 or less; age 71+: 6.0 or less	Up to and including age 70: 5.5 or less; age 71+: 6.0 or less	Up to and including age 70: 6.2 or less; age 71+: 6.7 or less	Term & Males for UL: Up to and including age 70: 7.0 or less; age 71+: 7.5 or less Females for UL: Up to and including age 70: 6.5 or less; age 71+: 7.0 or less	Term & Males for UL: Up to and including age 70: 7.0 or less; age 71+: 7.5 or less Females for UL: Up to and including age 70: 6.5 or less; age 71+: 7.0 or less
CHOLESTEROL With or without treatment	230; disregard if ratio 4.0 or less	260	260	300 or less	No limit	No limit

**UNDERWRITING CRITERIA
FOR TERM & UL PRODUCTS**

CLASS	Term Preferred Plus/UL Select	Preferred Nonsmoker	Preferred Smoker	Standard Plus (Term only)	Standard Nonsmoker	Standard Smoker
SUBSTANDARD	No ratable impairments.	No ratable impairments. Flat extras allowed for aviation on UL only.	No ratable impairments. Flat extras allowed for aviation on UL only.	Table ratings and flat extras allowed.	Table ratings and flat extras allowed.	Table ratings and flat extras allowed.
BLOOD PRESSURE	No current treatment for hypertension. Prior treatment OK if discontinued more than 2 years ago: Up to and including age 70: 135/85; age 71+: 145/85	With or without treatment, up to and including age 70: 145/85; age 71+: 150/90	With or without treatment, up to and including age 70: 145/85; age 71+: 150/90	With or without treatment, up to and including age 70: 148/88; age 71+: 152/88	Term & Males for UL: With or without treatment, up to and including age 70: 150/90; age 71+: 155/90 Females for UL: With or without treatment, up to and including age 70: 145/85; age 71+: 150/90	Term & Males for UL: With or without treatment, up to and including age 70: 150/90; age 71+: 155/90 Females for UL: With or without treatment, up to and including age 70: 145/85; age 71+: 150/90
FAMILY HISTORY	No family deaths before age 65 of heart or vascular disease or cancer of either parent or any sibling. Disregard if PI is age 71 or older.	No death due to heart or vascular disease or cancer of either parent before age 60. Disregard if PI is age 71 or older.	No death due to heart or vascular disease or cancer of either parent before age 60. Disregard if PI is age 71 or older.	No death due to heart or vascular disease or cancer of either parent before age 60. Disregard if PI is age 71 or older.	No death due to heart or vascular disease or cancer of both parents before age 60. Disregard if PI is age 71 or older.	No death due to heart or vascular disease or cancer of both parents before age 60. Disregard if PI is age 71 or older.
PERSONAL HISTORY	No heart or vascular disease, diabetes, or cancer (except some skin cancers).	No heart or vascular disease, diabetes, or cancer (except some skin cancers).	No heart or vascular disease, diabetes, or cancer (except some skin cancers).	No heart or vascular disease, diabetes, or cancer (except some skin cancers).	No ratable impairments.	No ratable impairments.

**UNDERWRITING CRITERIA
FOR TERM & UL PRODUCTS**

CLASS	Term Preferred Plus/UL Select	Preferred Nonsmoker	Preferred Smoker	Standard Plus (Term only)	Standard Nonsmoker	Standard Smoker
DRIVING HISTORY	No more than 2 moving violations in the past 3 years AND no convictions for operating a motor vehicle while under the influence of alcohol or other drugs, or reckless driving in the past 5 years.	No more than 2 moving violations in the past 3 years AND no convictions for operating a motor vehicle while under the influence of alcohol or other drugs, or reckless driving in the past 5 years.	No more than 2 moving violations in the past 3 years AND no convictions for operating a motor vehicle while under the influence of alcohol or other drugs, or reckless driving in the past 5 years.	No more than 2 moving violations in the past 3 years AND no convictions for operating a motor vehicle while under the influence of alcohol or other drugs, or reckless driving in the past 5 years.	No more than 2 moving violations in the past 3 years AND no convictions for operating a motor vehicle while under the influence of alcohol or other drugs, or reckless driving in the past 5 years.	No more than 2 moving violations in the past 3 years AND no convictions for operating a motor vehicle while under the influence of alcohol or other drugs, or reckless driving in the past 5 years.
*PRIVATE AVIATION	Available with Aviation Exclusion Rider. Ages 71 and over— not available.	Available with Aviation Exclusion Rider. (May qualify for special no-flat rates as determined by Underwriting.) Flat extra available on UL.	Available with Aviation Exclusion Rider. (May qualify for special no-flat rates as determined by Underwriting.) Flat extra available on UL.	Available as qualifies.	Available as qualifies.	Available as qualifies.
AVOCATION	No participation in recreational activities listed below.**	No participation in recreational activities listed below.**	No participation in recreational activities listed below.**	No participation in recreational activities listed below.**	No participation in recreational activities listed below, if ratable.**	No participation in recreational activities listed below, if ratable.**

** *Avocation: Prohibited activities involving aeronautics (e.g., hang-gliding, ultralight, soaring, skydiving, ballooning, etc.), powered racing, competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet.*

* *Private Aviation: An Aviation Exclusion Rider is not available on Joint Survivor life policies.*

**UNDERWRITING CRITERIA
FOR TERM & UL PRODUCTS**

CLASS	Term Preferred Plus/UL Select	Preferred Nonsmoker	Preferred Smoker	Standard Plus (Term only)	Standard Nonsmoker	Standard Smoker
ALCOHOL/ SUBSTANCE ABUSE	No history or treatment at any time.	No history or treatment at any time.	No history or treatment at any time.	No history or treatment in the past 10 years.	No history or treatment in the past 7 years.	No history or treatment in the past 7 years.
RESIDENCE/ CITIZENSHIP	Residence in a stable country. No flat extra allowed.	Residence in a stable country. No flat extra allowed.	Residence in a stable country. No flat extra allowed.	Residence in a stable country. No flat extra allowed.	Residence in a stable country. Flat extra allowed.	Residence in a stable country. Flat extra allowed.
FOREIGN TRAVEL	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories.**	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories.**	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories.**	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories.**	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories.**	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories.**
MILITARY	May not be on active military duty.**	May not be on active military duty.**	May not be on active military duty.**	May be on active military duty.**	May be on active military duty.**	May be on active military duty.**

**Unless otherwise prohibited by statute.

**MALE BUILD TABLE
TERM AND UL PRODUCTS**

Up to and including Age 70	Weight			
	Height	Select/PFD+ (UL/Term)	PFD (UL/Term)	STD+ (Term)
4' 6"	119	132	139	155
4' 7"	123	136	144	160
4' 8"	127	140	149	166
4' 9"	131	145	154	172
4' 10"	135	150	159	178
4' 11"	140	155	164	184
5' 0"	144	160	169	190
5' 1"	149	164	175	196
5' 2"	154	169	180	202
5' 3"	159	174	186	208
5' 4"	164	179	192	214
5' 5"	169	184	198	220
5' 6"	174	189	204	227
5' 7"	179	195	210	233
5' 8"	184	200	215	239
5' 9"	189	206	221	244
5' 10"	195	211	227	250
5' 11"	200	217	233	256
6' 0"	205	223	239	263
6' 1"	211	229	245	269
6' 2"	217	235	251	276
6' 3"	223	241	257	283
6' 4"	228	247	263	289
6' 5"	233	253	269	296
6' 6"	238	259	276	303
6' 7"	244	265	283	310
6' 8"	249	271	289	317
6' 9"	254	277	295	324
6' 10"	260	283	302	331
6' 11"	265	289	308	338
7' 0"	270	295	314	346

Ages 71+	Weight			
	Height	Select/PFD+ (UL/Term)	PFD (UL/Term)	STD+ (Term)
4' 6"	123	133	143	158
4' 7"	127	138	148	164
4' 8"	131	143	153	170
4' 9"	135	148	158	176
4' 10"	140	153	163	182
4' 11"	145	158	168	188
5' 0"	149	163	173	194
5' 1"	154	168	179	200
5' 2"	159	173	185	206
5' 3"	164	178	191	212
5' 4"	169	184	197	218
5' 5"	174	189	203	225
5' 6"	179	194	209	232
5' 7"	185	200	215	238
5' 8"	190	205	221	244
5' 9"	195	211	227	249
5' 10"	200	216	232	255
5' 11"	206	222	238	261
6' 0"	212	228	244	268
6' 1"	217	234	250	274
6' 2"	222	240	256	281
6' 3"	228	246	262	288
6' 4"	234	252	268	295
6' 5"	239	258	274	302
6' 6"	244	264	281	309
6' 7"	250	270	287	316
6' 8"	255	276	293	323
6' 9"	261	282	300	331
6' 10"	266	288	306	338
6' 11"	272	294	313	345
7' 0"	277	300	319	353

**FEMALE BUILD TABLE
TERM AND UL PRODUCTS**

Up to and including Age 70	Weight			
	Height	Select/PFD+ (UL/Term)	PFD (UL/Term)	STD+ (Term)
4' 6"	117	128	136	149
4' 7"	121	132	141	154
4' 8"	125	136	146	159
4' 9"	129	140	151	164
4' 10"	133	144	156	169
4' 11"	138	149	161	175
5' 0"	142	154	166	181
5' 1"	147	159	171	187
5' 2"	151	164	176	193
5' 3"	156	169	181	197
5' 4"	161	174	185	202
5' 5"	165	179	189	206
5' 6"	170	184	194	210
5' 7"	174	189	199	215
5' 8"	178	195	204	220
5' 9"	182	200	210	225
5' 10"	186	205	215	230
5' 11"	190	210	221	236
6' 0"	195	216	227	242
6' 1"	200	222	233	248
6' 2"	205	228	239	254
6' 3"	210	233	244	260
6' 4"	215	239	250	267
6' 5"	220	245	256	274
6' 6"	225	250	262	281
6' 7"	230	256	268	287
6' 8"	235	262	274	293
6' 9"	240	267	280	300
6' 10"	245	273	286	306
6' 11"	250	279	292	313
7' 0"	255	284	298	319

Ages 71+	Weight			
	Height	Select/PFD+ (UL/Term)	PFD (UL/Term)	STD+ (Term)
4' 6"	120	132	140	152
4' 7"	124	136	145	157
4' 8"	128	140	150	162
4' 9"	133	145	155	168
4' 10"	137	150	160	174
4' 11"	142	155	165	180
5' 0"	146	160	170	186
5' 1"	151	164	176	192
5' 2"	156	169	181	198
5' 3"	160	174	186	203
5' 4"	165	179	190	207
5' 5"	170	184	195	211
5' 6"	175	189	199	215
5' 7"	179	195	204	220
5' 8"	183	200	210	225
5' 9"	187	205	215	230
5' 10"	191	210	220	235
5' 11"	196	216	226	241
6' 0"	201	222	232	247
6' 1"	206	228	238	254
6' 2"	211	233	244	260
6' 3"	216	239	251	267
6' 4"	221	244	257	273
6' 5"	226	250	263	279
6' 6"	231	256	270	286
6' 7"	237	261	277	292
6' 8"	243	267	284	299
6' 9"	249	273	291	305
6' 10"	254	279	298	312
6' 11"	259	285	305	319
7' 0"	264	290	312	325

FINANCIAL UNDERWRITING GUIDELINES

Amounts over \$10,000,000-third party verification required.

Personal Insurance Needs

Total personal needs will be a combination of 1 and 2 below, minus the personal coverage already in force. Remember that “earned income” includes salary, bonuses, commissions, and deferred compensation. It excludes income from investments.

1. *Income Replacement = Earned Income x Factor*

Age	Income Factor
Up to age 35	30
36 to 45	25
46 to 50	20
51 to 55	15
56 to 65	10
66 to 70	5
71 and over	Individual Consideration

2. *Estate Settlement Costs =*

Tax Liability + Administration Costs

Coverage for an unemployed spouse will be a percentage of the employed spouse’s income replacement amount plus a percentage of the joint estate tax liability.

If copies of the estate analysis and personal financial statement are submitted, we will consider the following factors in estate liquidity needs.

Expected Annual Interest	Number of Years	Age
7%	15	To age 65
7%	10	66 to 75
7%	7	Over 75

Coverage for juveniles or adults with no apparent dependents or taxable estate will be determined by the need for and purpose of the insurance.

Business Insurance Needs

1. *Key Person*

Age	Income Factor
Up to age 65	10 times income
65 and above	5 times income

A cover letter from the writing producer is needed to explain the key person’s value to the company, how the coverage amount was determined, whether the Proposed Insured has ownership in the company and, if so, the percentage of ownership.

2. *Buy-Sell and Stock Repurchase*

The amount should be related directly to the Proposed Insured’s ownership percentage and the fair market value of the company.

3. *Creditor or Business Loan Coverage Guidelines*

- Ceiling of no more than 80% of the loan.
- Amount depends upon the amount and purpose of the loan, the duration of the loan, collateral pledged, and interest rate.
- Term of the loan is 5 years or more.
- Coverage considered on key individuals only.

COVER LETTER (WHAT TO INCLUDE)

The writing producer is an important source of information. Through the cover letter, he or she can provide an explanation of the purpose of the coverage and the method used to establish the requested face amount.

Specific information should be included regarding the background of the sale and the purpose and need for the coverage. Be sure to clarify any unusual aspects of the case. List all coverage amounts in force and the amount being replaced, if any. Copies of an estate planning analysis and available financial statements should accompany the cover letter.

A cover letter should be sent on all cases over \$5,000,000. This will help expedite handling and result in less inconvenience to all parties.

RETENTION AND REINSURANCE

Reinsurance plays an important role in our business. TOLIC and TFLIC have developed valuable relationships with our reinsurers over the years that enable us to meet and service the needs of our field representatives and clients effectively.

The amount of life insurance retained by TOLIC and TFLIC varies by the age and rating class of the client. Amounts in excess of what we retain are reinsured with top-rated reinsurance companies through an automatic reinsurance pool or facultative reinsurance. Under the automatic arrangement, the reinsurers are automatically bound to accept our decision and do not review our underwriting papers.

Facultative cases do not qualify for automatic pool arrangements. These require the entire underwriting file to be sent to the reinsurance company for the reinsurer's review and decision.

Automatic Issue Limits

The automatic issue limit is the amount of life insurance coverage we can issue without seeking facultative coverage. It includes the amount we retain, as well as the amount we automatically cede to our reinsurers.

Our limits are among the highest in the industry and have been made possible by the strength and integrity of TOLIC and TFLIC, our underwriting standards and practices, and the quality of our field underwriting.

Jumbo Limit Definition

The jumbo limit cannot be exceeded, or we must seek facultative coverage. It is defined as the sum of all in force coverage plus the sum of all face amounts applied for whether to be placed or not.

**INITIAL UNDERWRITING
REQUIREMENTS CHART**

Issue Age

Amount Underwritten	0-17	18-40	41-50	51-60	61-70	71-75	76-80	81+
\$0 – 100,000	Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS SUP MVR	Paramed ABC HOS SUP MVR	Medical ABC HOS SUP ECG MVR
\$100,001 – 250,000	Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS ECG SUP MVR	Paramed ABC HOS ECG SUP MVR	Medical ABC HOS ECG SUP MVR IR
\$250,001 – 500,000	Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG SUP MVR	Medical ABC HOS ECG SUP MVR	Medical ABC HOS ECG SUP MVR IR
\$500,001 – 1,000,000	1	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR SUP PFS	Medical ABC HOS ECG MVR SUP PFS	Medical ABC HOS ECG MVR SUP IR PFS
\$1,000,001 – 2,000,000	2	Paramed ABC HOS MVR PFS	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR PFS SUP	Medical ABC HOS ECG MVR PFS SUP	Medical ABC HOS ECG MVR SUP IR PFS
\$2,000,001 – 3,500,000	3	Paramed ABC HOS MVR PFS	Paramed ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS
\$3,500,001 – 5,000,000	4	Medical ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS
\$5,000,001 – 10,000,000	5	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS
\$10,000,001 and higher*	6	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS TRD MVR IR PFS	Medical ABC HOS TRD MVR IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS	Medical ABC HOS ECG MVR SUP IR PFS

1-6 Call Transamerica New Business & Underwriting

Support Unit at (800) 295-3990 as applicable.

* Third party financial verification required.

