Debt2Capital Underwriting Guide

GBU Life®
4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Automated Decline Scenarios:

- Body Mass Index (BMI) 44.1 and up
- AIDS/HIV
- Not a U.S. citizen. Exception: A green card holder is acceptable if they have had the green card for more than 2 years.
- Currently receiving treatment for illegal drug use, alcohol abuse, or prescription medication abuse.
- Personal history of internal cancer
- Disabled and unable to work
- Chronic Pain with Narcotic use
- Angina diagnosed within the last year
- Receiving extended care (ADL impairment)
- Charged with a felony
- DUI within the past 5 years
- High-Risk Occupations
- Military application who has been alerted, has orders to serve or is currently serving in hazardous location
- Travel to hazardous destinations
- Medical Risks approved at or better than Table D or Table 4 that usually require a traditional APS

Product Specifications	
Issue Age	25-60
Face Amounts	• Minimum coverage amount: $25,000. • Maximum total coverage amount: $5 million on any one individual across all life products.
Underwriting	• Instant decision underwriting is available for coverage amounts up to $500,000. Coverage amount calculations include base coverage, PUA Rider, GPO and Term Rider. • Additional underwriting requirements, including a paramedical exam and blood and urine testing, are required for coverage amounts above $500,000 **Primary Evidence** • CLEAR (Identity, fraud, criminal history, and driving history checks) • Application disclosures • Milliman: prescription history, medical claims, diagnosis information, and criminal history. **Secondary Evidence** • Electronic Health Records, or EHR, may be used when needed because of the applicant's age, coverage amount, or missing Milliman record. • A paramed exam with blood and urine testing may be used when needed, when there is no Milliman record for coverage of $250,001 to $500,000, or when coverage is above $500,000.

Product Specifications	

Underwriting (continued)	**Underwriting age and coverage rules: Ages 25–60**
	• Total Base, PUA Rider, GPO and Term Rider coverage: $25,000 to $250,000.
	  ○ Requires Milliman plus CLEAR (identity, fraud, criminal history, and driving history checks).
	• Total Base, PUA Rider, GPO and Term Rider coverage: $250,001 to $500,000.
	  ○ Requires Milliman and CLEAR.
	  ○ If there is no Milliman record, the case will be referred to an underwriter for EHR request.
	  ○ If there is no EHR, the case will be referred to an underwriter for additional requirements needed.
	• Total Base, PUA Rider, GPO and Term Rider coverage: $500,001 to $2.5 million
	  ○ Requires Milliman, CLEAR, and a paramed exam with blood and urine testing.
	• Total Base, PUA Rider, GPO and Term Rider coverage: More than $2.5 million.
	  ○ Requires Milliman, CLEAR, paramed exam with blood and urine testing, inspection report, and Form 1040.
	
	Substandard Risk Rules
	• For all face amounts, substandard rates are not available. Substandard risks up to Table 4 may be accepted as Standard if the condition severity is supported by diagnosis information. If the information is not supported, the case is limited to Table 2.
	• If Milliman prescription or diagnosis information is available, risks up to Table 4 can be issued. Risks above Table 4 are declined. If Milliman prescription or diagnosis information is not available, risks up to Table 2 can be issued. Risks above Table 2 are declined.

APS vs DHR/EHR (Digital Health Records/Electronic Health Records)

What are traditional medical records?

Think of traditional medical records as the paper trail created every time someone interacts with the healthcare system. When a doctor diagnoses a condition, orders a blood test, writes a prescription, or a patient is admitted to a hospital — that generates a medical record. These records are owned by the provider, protected under HIPAA, and can only be accessed with the patient's signed authorization. In underwriting, we typically obtain these through an Attending Physician Statement, or APS. They are the gold standard — highly trusted, clinically precise, and legally vetted — but they take time, sometimes weeks, to obtain.

What is digital health data?

Digital health data is not a doctor's note or a lab report in the traditional sense. It's structured data that has been aggregated electronically from transactions that already happened — primarily prescription fills, lab results, and coded health information — and made available through third-party data vendors. Companies like LexisNexis and Milliman collect and organize this data into risk scores and reports that underwriters can pull in seconds with the applicant's consent. Sources include pharmacy claims databases, electronic health record feeds, lab result networks like Quest and LabCorp, and MIB coded data.

So what's the key difference?

The simplest way to explain it: traditional medical records tell you what a doctor documented during a visit. Digital health data tells you what transactions occurred in the healthcare system — prescriptions filled, labs run, codes submitted. One is a narrative written by a clinician; the other is a structured data record of activity.

Why does this matter for the application process?

Digital health data is what makes accelerated underwriting possible. When a carrier can instantly pull a pharmacy claims history or a risk score from a data vendor, they may be able to make an underwriting decision without ordering an APS or requiring a medical exam. That means faster decisions and better experience for your client. However, for larger face amounts or more complex health histories, traditional records remain essential because digital data alone may not capture the full clinical picture.

Important Information

- This program doesn't replace fully underwritten products.
- All case inquiries need to be submitted via email to lifeuw@gbu.org. Policy number and clients last name is to be included in the subject line.
- This program should not be compared to any other carrier programs. The parameters of these types of programs vary widely according to the individual carrier's risk tolerance, reinsurance guidelines and underwriting requirements.
- This is not a guaranteed issue product.
- It is very important that the proposed insured provides full disclosure on all aspects of the application process. With the limited information used to make decisions on these cases, the more the client shares, the easier and faster it is for the underwriter to make an accurate decision.
- Corroborated information across medical and non-medical impairments, in theory, covers up to a Table 4 risks. If the information cannot be corroborated, the risk tolerance is reduced to a Table 2. It is designed to be "Accept" or "Decline" based on very limited instant data information and conditions or scenarios that require the obtainment of additional evidence (generally found in traditional medical records), will not be eligible for this program.
- Clients who are fully underwritten and have a Table 4 or better are not guaranteed to be eligible for the program.
- This product is intended to be decisioned quickly so therefore no EFT draft date choice is requested. Premium is drafted at the time of approval.
- To ensure consistency and compliance in how we handle business, we don't hold or delay issuance on request. Applications move forward as soon as they're submitted, so please confirm the client is ready to process before sending.

This reference guide is intended for informational and reference purposes only and does not create a binding underwriting decision, commitment, or guarantee of coverage. Final eligibility, classification, issue, and premium determinations remain subject to applicable underwriting review, product rules, and company approval.

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