

Field Underwriting Guidelines Manual



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A. Introduction to Field Underwriting

Field Underwriting/Risk Selection

The objective of a life insurance company is to provide insurance coverage to as many persons as possible.

However, not all people choose to accept (buy) this service at the moment it is presented to them for various reasons. Thus they have a choice whether to buy the service and, to some extent, when to buy it. Each person is free to select or choose, whether he wants to buy or not, why, how much, and when.

By the same token, the company is also free to appraise the risks, classify them, charge appropriate premium per the class which is consistent with the death and other risks and with the proportions in which they assist in the creation of the profit of the funds held on behalf of the company's group of policy owners.

This process is called selection of the risks or underwriting, which must be completed in a timely manner, with as little inconvenience to the client as possible and in the most cost-efficient way.

Risk selection or underwriting aims at reducing anti-selection by filtering out the acceptable risks, classifying them, and charging the appropriate premiums per the class of each risk. This is necessary to ensure the success of the insurance system and the principle of equity among Policy Owners: each contributing a premium that is in line with his risk.

Risk Selection/Underwriting

Tools of Risk Selection:

The Company employs various tools towards effective risk selection:

- 1) The answers of the Proposed Insured to the questions in the application form.
- 2) The observations of the Consultant concerning the Proposed Insured/the risk.
- 3) The answers of the Proposed Insured to the Medical Examiner and the physical examination, where applicable, and any subsequent examination.
- 4) Any additional information received from the client's attending physician, any hospital in which he might have been a patient, special reports, etc.
- 5) Any financial reports.
- 6) The various medical, occupational, and avocational questionnaires.

The Importance of the Client's Answers

In life insurance, more than any other type, it is imperative for the client to give complete and accurate disclosures. Even if he will be medically examined, the risk may not be fully reflected in the premium if the client chooses to

withhold important facts concerning his physical and/or family history from the Consultant or the doctor. The client will not usually realize the importance of disclosure and might unintentionally fail to disclose material facts necessary to the assessment of the risk. You play a major role in explaining this important matter to your clients.

How Should the Questions Be Asked?

The questions on the application must all be asked individually and in the way they appear on the form. The answers are to be recorded as "Yes" or "No" etc. in the appropriate places on the form. Answers in dash (-) form are not clear answers and will not be accepted.

Before Asking the Questions

The significance of answering accurately must be fully explained to the client and after recording the answers he should be asked to read through the form, the questions and the answers, and make sure they are correct before signing to that effect. Any corrections should be marked clearly and initialed and dated by the client. If they cannot be made clearly on the application they should be made on the form **UND 6 – Amendment to the Application**. Alternatively, the amendment can be done on an email sent by the client from his/her registered email address.



[UND 6.pdf](#)

The UND 6 form is also utilized for clarifying queries raised by the Underwriting Team, for instance, confirming annual earned income, beneficiary details, and missing questions in the application.

Facts Concerning Physical History, Family History, Occupation, etc.

In obtaining physical history details from the client keep in mind that the client may not realize the full significance of a particular doctor's visit or illness and therefore, may not give adequate information concerning it. For example, he may not have been told that the growth removed from his arm was malignant or that when he had his blood pressure taken after a dizzy spell that it was slightly raised despite the fact that the doctor advised him/her not to worry. It is important therefore to note down all features concerning that history or consultation.

Following is a short guide on the information that should be obtained from the client in such cases.

Any Illness or Disease

- 1) The name of the illness or disease if known, otherwise, a description of the symptoms indicating the exact part of the body affected. For example, if the client had abdominal pain ask him/her to point out its exact location.
- 2) The date when the symptoms first occurred, the duration, and severity.
- 3) The date of the first consultation with the doctor and/or hospital and the number of consultations. Include the name and address of the doctor and/or hospital.
- 4) The nature of any tests done and the results, if known. For example, X-rays, ECGs, and blood tests.
- 5) The nature of any treatment (medication, operation, etc.) and duration.
- 6) The duration of any hospital in-patient treatment.
- 7) The nature of any operation(s) done.
- 8) The time taken off work.
- 9) Details of any reoccurrence or residuals.
- 10) The current situation/condition.

Accidents

When an applicant declares having had an accident, please obtain the following information:

- 1) The date and nature of the accident.
- 2) Details of all injuries sustained, indicating broken bones, internal injuries, and duration of any unconsciousness.
- 3) The name and address of the doctor or hospital consulted.
- 4) The same information needed under the **“Any illness or disease” from 4-8.**
- 5) Details of any deformity, medical, or other problems resulting therefrom.

Routine Check-Ups

When an applicant declares having had a routine check up, please obtain the following information:

- 1) The date of the check-up.
- 2) The reason of the check-up i.e. purely routine or because of a certain complaint.

N.B. Please probe this one – many so-called routine check ups are not really routinary. Obtain details on exact symptoms or complaints and the name of doctor being consulted.

- 3) The nature of the check-up i.e. physical examination only, special investigations (chest X-ray, ECG, blood tests, and/or others).
- 4) The results of the check-up. This is most important.

- 5) Details of any treatment or advice given by the doctor.
- 6) How often routine check-ups are done/ recommended.

In the above you will notice that the date and duration of any illness is always to be requested.

For such cases, complete the Check-Up Form which can be obtained from the Underwriting Department. This form can also be downloaded from myMetLife.



[Check-up Form.pdf](#)

Family History

It is becoming more and more obvious with the increase in medical knowledge that certain medical conditions tend to run in families.

It is now recognized that many blood diseases, hypertensive heart diseases, certain nervous disorders, diabetes, and cancer have a higher probability of appearance in varying degrees, depending upon the particular disease, in the offspring of persons having those diseases.

It is therefore important that, when a near relative of the Proposed Insured has suffered from any of the above types of diseases, full details be given. These will include the relationship, the specific disease, the age at which they contracted the disease, and the age at death, if applicable.

Occupation

Today, very few occupations are rated for life insurance. Occupation can be a significant underwriting factor when considering the risk elements of accident and disability. Accident hazards are more common among workers who are exposed to heights, explosives, electrical shock, gunfire, etc. Disability hazards are common among workers who are exposed to poisonous chemicals, radiation, dusts, among others. Some occupations have risks which involve a lifestyle that can expose the worker to a poor class of associates or environment. Some of these are workers involved in alcohol or liquor production, bartending, dock-work, and gambling industries.

It is important that the Consultant does not use general terms in describing the occupation and exact daily duties. It is not sufficient to use terms such as owner, manager, worker, or trader. To soundly evaluate the occupation, the Underwriter needs clearly defined wording, which completely describes all aspects of the risk. Exact daily duties must be given and these may make a big difference in the rating of benefits requested including the life portion.

Occupational Questionnaires

The Company has questionnaires which are to be completed when the client works in any one of several specific industries, such as:



[Oil and Natural Gas Questionnaire.pdf](#)



[Electrical Industry Questionnaire.pdf](#)



[Civil Aviation Questionnaire.pdf](#)

For other occupations, consult with the Underwriting Department.

The Occupational Ratings

The Company charges life and accident rating for a variety of occupations. The client should be informed that a rating might be charged.

Sports/Hobbies

Some avocations and sports present extra mortality and morbidity. Automobile, motorboat racing, ballooning, hang gliding, scuba diving, and other activities have extra risks associated with them. A flat extra premium rating may be necessary to cover the additional mortality the avocation or sport present. In some instances, life premiums may be sufficient for certain risks although waiver of premium and/or accidental death premiums may not be and often require increases. When a Proposed Insured indicates that there is involvement in hazardous avocations or sports, an appropriate questionnaire must be completed before a sound evaluation of any extra risk can be made.



[Diving Questionnaire.pdf](#)



[Water Sport Questionnaire.pdf](#)



[Yachting Questionnaire.pdf](#)



[Motor Racing Questionnaire.pdf](#)

For other sports/hobbies, consult with the Underwriting Department.

Significance of the Appearance

Bear in mind again that the Consultant might be the only person who sees the client. Mere answers to the questions may not fully reflect the picture and may be amplified fully by a report from the Consultant on what he has seen.

Below is a list of a few examples that will help demonstrate this point:

- 1) Excessive smoking at the time of the interview – this could indicate a nervous disorder or could result in a heart or respiratory impairment being more hazardous than otherwise.
- 2) Redness of the face – could indicate a heart disorder, high blood pressure, etc.
- 3) Bluish tinge to the skin – could indicate a respiratory disorder.
- 4) A regular cough during the interview could indicate a respiratory disorder.
- 5) Protruding eyeballs or enlarged neck could indicate a thyroid disorder.
- 6) Uneasiness or fidgeting could indicate a nervous disorder or a guilty conscience.
- 7) Sweating could indicate a glandular disorder.
- 8) Overweight or underweight could indicate a variety of health problems.

The good Consultant will assess for himself whether the information and figures given by the client are accurate.

Other facts which might be shown by the Consultant could include confidential information on the client's health known to the Consultant but not disclosed on the application in answer to the questions.

The Advantages of Getting Full Details

As explained, the client may not be aware of the exact ramifications of his condition, family history, or occupation and how they affect his life expectancy.

Similarly, the client may not give full details intending to get a policy at a cheaper rate than his situation or history merits. As a result of probing and asking for more complete details, these aspects will often become obvious.

And, of course, an inadequately completed application might necessitate the Consultant to revisit his client to get additional information. This will cause inconvenience to the Consultant and client, will delay the policy and the commission, and possibly result in the client withdrawing the application or at best result in the loss of good will.

It should also be borne in mind that a clear and detailed description of an illness will often obviate the necessity of the Company asking for additional requirements – which would usually delay the case further – **or even sending the client for a medical examination for further tests.**

Full information is essential.

The Effects of Non-Disclosure

Non-disclosure is a very broad area, but when applied to life insurance it usually refers to material non-disclosure. If a client fails to give details of his medical history, occupation, or other aspects requested in the application, the validity of the contract will be questioned. If the underwriting decision would have been different had we known about the facts withheld then the contract will not be valid. The same applies even if the client had a substandard policy but should have had it at an even higher premium.

Summary

The good Consultant has a responsibility to his client to try to see that he gets his policy as quickly as possible and with as little inconvenience as possible. The Consultant has also to ensure growth in the chosen vocation with regards to his/her reputation for professionalism. This is the epitome of a good Consultant, working to the best of his/her ability for the benefit of the clients as well as his own benefits.

B. General Underwriting Concepts/ Guidelines

Upon securing an application, the Consultant should refer to the **MetLife Gulf Underwriting Requirements Chart** related to the plan of insurance to confirm if any medical examination or tests are required.

Remember that in determining requirements you must also take into account the sum insured under any existing policies issued by the Company. Non-medical limits and basic medical requirements are strictly governed by age of the Proposed Insured and total cover.

An application will be considered without an examination provided the sum insured does not exceed the non-medical limits.

It should be noted that the Company retains the right at all times to request a medical examination in respect of any application irrespective of the sum insured.

Accumulation Guidelines for the Purpose of Determining Medical Requirements

As per the relaxation guidelines in determining the basic medical requirements on new applications of existing Insureds, the accumulation period is up to 24 months subject that all previous cases have been approved at standard rates.

For example, on a new application submitted by an existing Insured:

- 1) Add the amount of the current application to the in-force coverage for policies issued (effective date) on the same life within the last 2 years from the date of the current application.
- 2) The basic medical requirements will be determined based on this total amount of cover and the current age of the life applying for insurance.

In addition, for Insureds with existing policies within this 2 year period that have been approved on a standard medical basis, MetLife will extend the validity of those medical requirements for 24 months (2 years). If any additional basic medical requirement is needed for the age and total amount of coverage (in-force and applied within the 24 month period), only that additional basic medical requirement is necessary and would be requested.

This extension of the validity of medical requirements for new application received from existing Insureds will be subject to the following conditions:

- 1) The guideline is subject to a maximum total life coverage of USD 2 Million. For total sum assured greater than USD 2 Million, these guidelines will not be applicable and the total sum insured will be fully underwritten.
- 2) All applications must have been approved at standard rates (the basic coverage and all riders) within the past two years from the date the application was signed.
- 3) There must be no changes in health, medical or non-medical insurability (current or history), or adverse claims; no Declined, Postponed, Incomplete, Cancelled, or Not Taken business following the last approved case.

Note: The Underwriting Department reserves the right to request any medicals when deemed necessary.

For reinsurance and financial underwriting purposes, we will continue to accumulate all existing in force and new coverage applied for.

Medical Examinations

The following points must be noted:

- 1) The Consultant is not permitted to be present at the examination.
- 2) Only doctors appointed by the Company for the purposes of examining applicants can conduct the medical examination. An updated, current list of appointed medical service providers can be found on myMetLife.
- 3) A doctor must not examine an applicant who is related to him or clients of a Consultant to whom he is related.
- 4) The Consultant is not allowed to obtain a copy of the medical reports. The medical service provider is responsible for providing the reports directly to the Underwriting Department.
- 5) Home medicals can be conducted on clients if the application meets the following criteria:
 - Term products where the annual premium is USD 3000
 - VUL products where the annual premium is USD 5000
- 6) The Consultant is responsible for booking the appointment for the client's medical tests. The contact numbers of each service provider is included on the List of Pre-Insurance Medical Service Providers.
- 7) The Consultant must ensure that he/she provides the medical service provider with the appropriate medical slip according to the total sum assured on the life applying for insurance.

Substandard Lives

In some cases it may be necessary to charge an applicant an additional premium due to reasons of health, occupation, or other factors such as aviation. You will be advised of the additional premium required before you deliver the policy. The signed acceptance letter, substandard illustration, if applicable, is an acceptance of the special terms offered. Failing to provide the above will result in cancellation of the contract.

If the applicant is not willing to accept the extra premium you should try to persuade him/her to reduce the sum insured (subject to our minimum sum insured requirement) so that the total modal premium remains approximately the same as that quoted for the original plan.

If this is still not acceptable you must return the policy document to the Underwriting Department, where the policy will be considered "Not Taken" and a refund will be made. However if a change is required, have an amendment to application form (UND-6) completed and return it with the policy document.

Dependent Spouses

A dependent spouse is one who is not actively employed and does not earn an income outside their place of residence. Life insurance of up to USD 300, 000 can be granted if applying as single life without proof of insurance on the life of the employed spouse.

If the dependent spouse is applying for sum assured above the stated limit, the actively employed/earning spouse must be insured under an individual type of cover for at least the same sum insured unless he is uninsurable. Proof of insurance (Policy Specification Schedule [PSS] and a copy of last premium payment receipt) should be provided if the latter is insured with other insurance company. The maximum amount of total life cover for a dependent spouse is USD 2 Million under either a permanent/unit link or term product subject to receiving proper justification of the insurance need. Higher amounts can be granted if applying for joint loan mortgage insurance cover. The dependent spouse must reside in the same household as the earning spouse.

Additional Riders/Benefits

- Disability benefits, such as waiver of premiums, are not granted to a dependent spouse.
- Permanent Total Disability can be granted up to USD 750,000.

Pregnancy

The mortality risk during pregnancy and childbirth in healthy women in countries with sound medical care is minimal and the majority of cases can be accepted at standard rates. The following underwriting requirements will suffice provided there has been no adverse medical history.

Underwriting Requirements:

- < age 40: Health declaration confirming no complications.
- ≥ age 40: Attending Physician Statement would be required confirming the current medical status.

It is important to note that we accept applications from females who are in their 8th month or less of pregnancy; otherwise, they can apply for insurance 1 month post-child delivery.

Juvenile Lives and Dependents above the Legal Age

A juvenile is any Proposed Insured between the ages of 0 to 15 years. Then, there are also Proposed Insureds who

are above age 15, but, at the same time, are not of legal age. Legal age differs from country to country. In some places, it is 18; in others, it may go up to 21. Check the legal age in the country of your operations.

People who have not attained legal age cannot enter into a legally binding contract with any party. Such contract, if effected, is generally considered voidable, but not void. This means the person who is below the legal age and has signed the contract can repudiate the contract later on; however, the insurance company cannot do so. Therefore, whenever there is a Proposed Insured who is either a juvenile or a person below the legal age, you will have to observe the following:

- a) The applicant (Policy Owner) should be the person legally responsible for the child, the legal guardian, normally the parents. Should the occasion arise where someone other than the legal guardian is to be the applicant, the legal guardian must sign a statement giving approval to this arrangement (Non-Objection Certificate). A photocopy of his identification with his original signature on it should be attached to the statement.
- b) The Company will not consider applications on children who are not permanently residing with their parents in the territory of operation. The producer must also personally observe the child or children to be insured and report accordingly. If there is a genuine reason as to why the producer was not able to observe the child, this should be explained. In such cases, the child will have to be examined by one of our local Medical Examiners.
- c) If an applicant (Policy Owner) has more than one child and is not applying for insurance on all their children (unless the other children are already insured by the Company), the child(ren) to be insured must be medically examined and a satisfactory written explanation provided as to why only those child(ren) is/are being insured.
- d) Any life/disability riders on the applicant (Policy Owner), such as Waiver of Premium due to Death and/or Disability or Income Benefit Rider (IBR), are issued subject to the insurability of the applicant.
- e) Policies will not be issued to juveniles under the age of 10 who the Company assesses to be substandard lives. For ages 10 and above, the maximum substandard rate will be Class B with 50% extra mortality.
- f) A child must have reached the age of one month before an application is completed for insurance on his/her life. Local product technical notes and guidelines apply.

Another group of Proposed Insured that is worth mentioning are those above the legal age but are financially dependent on their parents/legal guardians.

Special considerations relating to these groups, both

juveniles and dependents, are as follows:

- Offer life with investment (savings) plans only.
- Cover less than or equal to US\$ 1 Million subject to proper justification.
- Parents must have 2 x cover. If with another company, proof of cover such as a copy of Policy Specification Schedule & last premium payment receipt must be submitted.
- The amount of insurance will depend upon the financial need/motive.

Purpose of the Insurance Coverage

Primarily insurance is purchased as:

- Protection for dependents.
- An investment, saving, or to provide capital at a future date, say, at retirement.
- Collateral against a mortgage or other loans against a legally established financial entity.
- Protection on key person/s, business partner/s, or on the business itself.
- A combination of two or more of the above.

Insurable Interest and Beneficiaries

A clear and fairly reasonable financial insurable interest should exist among the Proposed Insured, the Beneficiary, and the Policy Owner, if other than the Proposed Insured.

Remember that the life insurance contract is a financial transaction – a long term financial plan. Life insurance is a promise of paying money at some future date. The loss covered by insurance is economic or financial in nature, not emotional.

For example, a 40 years old single working lady applying for insurance on her mother who is 60 years old and financially depending on her daughter. Insurable interest does not exist as there will be no financial loss in case the Insured passes away.

Insurable interest does not exist if the assigned beneficiary is the applicant's neighbor or friend where both will not suffer any financial loss in case the Insured dies prematurely.

Insurable interest is acceptable even if the assigned beneficiary is not the Applicant's first blood relative, such as the uncle or aunt, as long as the designated beneficiary is depending financially on the Insured.

A simple and practical guide to determine whether a reasonable and clear financial insurable interest exists or not is through answering these two questions, in every situation:

- Does the Beneficiary gain financially from the continued living of the Proposed Insured? Is it in the financial interest/advantage of the Beneficiary that the Insured remains alive?

- Is it against the financial interest/the disadvantage of the Beneficiary if the Insured dies prematurely? Will the Beneficiary suffer a financial loss from the premature death of the Proposed Insured?

The two questions may be combined in one: does the Proposed Insured gain financially from the continued living of the Proposed Insured or lose financially from his/her premature death? If the answer is a clear “yes” to both questions, then financial insurable interest does exist and the life insurance application is justified in principle.

The next step to determine is the amount of insurance which depends upon the monetary dimension of the financial gain or loss. However, if the answer is not a straightforward “yes”, then financial insurable interest is said to be weak or non-existent and it will be difficult to justify the cover.

Beneficiary Types:

The beneficiary of a life insurance policy may be a named individual, the executor of an estate, a trustee, a corporation, a charitable organization, or any other entity. A Policy Owner also can designate a group of persons as beneficiary. A beneficiary designation that identifies a certain group of persons, rather than naming each person, is called a class designation. The beneficiary designation “my children” is an example of a class designation.

Primary and Contingent Beneficiaries:

The primary beneficiary, or first beneficiary, is the party designated to receive the policy proceeds following the death of the insured. If more than one party is named as primary beneficiary, the Policy Owner may indicate how the proceeds are to be divided among the parties. If the Policy Owner does not make such an indication, then the insurer divides the proceeds evenly among the primary beneficiaries who survived the insured. Note that, to receive policy proceeds, the primary beneficiary must survive the insured; the beneficiary’s estate has no claim to the policy proceeds if the beneficiary dies before the insured.

The Policy Owner also may designate a contingent beneficiary who will receive the policy proceeds if the primary beneficiary should die before the insured. A contingent beneficiary, sometimes referred to as a secondary beneficiary or successor beneficiary, can receive the policy proceeds only if all designated primary beneficiaries have predeceased the insured. The Policy Owner can name any number of contingent beneficiaries and may decide how the proceeds are to be divided among the contingent beneficiaries. The designation of contingent beneficiaries can be especially important in cases in which the primary beneficiary dies and the Policy Owner is unable to designate a new beneficiary before the policy becomes payable.

No Surviving Beneficiary:

If no beneficiary has been named or none of the named beneficiaries is living when the insured dies, then the policy proceeds typically are paid to the Policy Owner, if the Policy Owner is living. If the Policy Owner is deceased, then the proceeds are paid to the Policy Owner’s estate.

Revocable Beneficiary:

Most beneficiary designations are revocable, that is, the Policy Owner (usually the same person as the Proposed Insured) will have the right to change the beneficiary without the latter’s consent.

Irrevocable Beneficiary:

Under this arrangement, the Policy Owner cannot change the beneficiary without the beneficiary’s consent. Often, this kind of arrangement is usually found in a business, credit-creditor, or partnership insurance. It may also occur in other types. The Consultant should keep the financial motive of insurance in mind and provide his client with the best professional advice to satisfy his financial insurance needs.

Note: The above different types/classifications of beneficiary designations are subject to local legislation and regulators terms and conditions.

Basic Financial Aspects

The finances indicate first and foremost the ability to pay the premiums and keeping the policy in force. A policy which will lapse is of no benefit either to the client (he will, usually have paid premiums but have not received cover of equivalent value) or to the Company since heavy initial expenses will have been incurred which might not have been reduced by the time of lapse.

Additionally, it should be considered that a high amount of insurance in relation to relatively low income could either indicate that the client’s health is failing or he is loaded with financial obligations over his capacity and is seeking insurance to resolve the situation. If it is non-disclosure, this could lead to repudiation or denial of a claim. If it is a potential suicide, either the claim will not be paid or the funds of the other policyholders will suffer.

It is difficult to give guidance on amounts of insurance or premiums which would suggest problems in this respect since these vary with age, income, need, motive, family circumstances, among others.

Effective financial underwriting takes into consideration the total in-force and applied-for insurance on an individual life. The present application may not appear out of line but when added to significant existing coverage or significant amounts applied for concurrently in other companies, it may be evidence of possible speculative motivation.

Affordability:

Affordability is the percentage ratio of the total annual premium paid by the Insured to the total earned income, which is calculated so as to enable the applicant to keep the policy active by paying premiums on time in addition to their living expenses.

- 1) **For Life products with no saving element**, the total annual premium (AP) payment should not exceed 10% of the gross annual income (AI) of the applicant/family; which might increase on case by case subject to proper judgment* of the Underwriter (*considering the applicant's age with financial obligations, marital status, number of children and their ages, other income).
- 2) **For Life products with investment component (VUL)**, ratio can be increased up to 20% based on judgment* of the Underwriter (*considering the applicant's age with financial obligations, marital status, number of children and their ages, other income).
- 3) **For purely investment plans:**
 - if the annual income is < US \$100,000 - AP/AI must not exceed 20%
 - if the annual income is > US \$100,000 - AP/AI must not exceed 35%
 - The affordability criteria under Investor Advantage for 1 year payment duration with monthly installments is up to 50%.

The Single premium payments should not be included in the affordability calculation.

Eligibility

Eligibility in life insurance can be defined as the maximum life cover that can be granted to an applicant, calculated as a multiple of the earned annual income.

Effective financial underwriting takes into consideration the total in-force and applied-for insurance on an individual life. The present application may not appear out of line but when added to significant existing coverage or significant amounts applied for concurrently in other companies, it may be evidence of possible speculative motivation.

What is income?

In setting the levels of sum insured, we often relate this to the life insured's income. There are a few principles relating to income such as:

- The income must be 'earned' income, i.e., it is a direct reward from the life insured's employment or business activity.
- It must be income that will cease if the life insured dies or becomes disabled.

- For employees, this is usually their direct salary and bonus; for self-employed, it is usually the net profit generated by their business, adjusted to take into account salary or dividends paid to the life insured, or 'administration fees' paid to them.
- It does not include investment income (e.g. income from interest, dividends or rents that will continue after death or disablement).
- It must be income that is verifiable, e.g., through bank statements, financial statements, etc.

In financial underwriting, we look for stability of income. When income has varied considerably over the past few years, we will usually take an average income over these years.

Eligibility for life insurance coverage:

- Age 18-40: 25 x earned AI
- Age 41-55: 15 x earned AI
- Age 56-60: 10 x earned AI
- Above age 60: 5x earned AI

Eligibility for accidental death (AD&D) insurance coverage:

- Age 18-45: 20 x earned AI
- Age 46-55: 15 x earned AI
- Age 56+: 10 x earned AI

Financial Evidence

When the amount of cover on an applicant is substantial, the Company (and reinsurer) needs satisfactory proof that the sum insured is justified and bears a reasonable relationship to the applicant's financial and social status. Consequently, more detailed reports are required giving details as to the purpose of insurance, income, net worth, mortgages outstanding, etc. For very large sums, the applicant will also be requested to file a statement of his financial position.

Audited financial statements/balance sheets for the last 2 – 3 years are requirements for exceptionally large amounts.

Applicant's Confidential Financial Statement (UND 54)

This form is to be completed personally by the applicant when the total death benefit amounts to USD 1 Million and above. It is requested as well whenever the total annual premium, including the existing policies, exceeds USD 10,000.

Note: There is no need to fill out this form separately as the questions have already been embedded on the life insurance application form. However, if it has been missed on your case, or if you have filled out the A&H application form, the Underwriter will be asking for you to submit this form. You can access and download this from myMetLife.



[UND 54.pdf](#)

Business Insurance Questionnaire (UND 50)

This form is required when the purpose of insurance is for business and not for family coverage. In this case, insurance could be towards loan/facilities, key man insurance, or partnership.



[UND 50.pdf](#)

Travel Questionnaire

This form is required when the total accidental death benefit is from US \$ 1 million and up.

Note: There is no need to fill out this form separately as the questions have already been embedded on the life insurance application form. However, if it has been missed on your case, or if you have filled out the A&H application form, the Underwriter will be asking for you to submit this form. You can access and download this from myMetLife.

Underwriting Requirements

Occasionally, it will be necessary for the Underwriter to insist on the completion of certain requirements before a policy can be issued. These will usually fall into one of two categories:

1) Medical Requirements

These may be required because of the client's medical history or due to current abnormalities. The requirements could range from a report from the medical attendant which will not require the attendance or assistance of the client, to the occasional requirement of something more complex.

When requesting any client to attend for further medical requirements, it should be borne in mind that:

- a) The Company may be able to offer better terms should the test prove favorable.
- b) The client will be able to get treated or be medically supervised should the test prove unfavorable.

2) Non-Medical Requirements

Basically, these will be requested to clarify certain inconsistencies or incomplete details in the application form. They could include answers to missing questions, further details of the occupational duties, etc. Usually,

these will have to be given in writing by the client on the Amendment to Application form (UND 6) or via an email from his/her registered email address.

3) Requirements on Pure Investment Products

In addition to the basic application documents, the below sets out the required evidence and guidelines on the pure investment products.:

- a) Resident customers, applying on either regular or single premiums:
 - Proof of income (Audited Financial statement if self-employed. Salary Certificate if employed) is required whenever the total annual premium including premiums on the existing policies, if any, amounts to US \$100K and above
 - if the applicant's income is below US\$ 100K, the affordability ratio must not exceed 20%
 - if the applicant's income is above US \$100K, the affordability ratio must not exceed 35%

Note 1: Affordability ratio is not applicable on single premium policies.

Note 2: For unemployed persons not earning a regular income who's purchasing an investment plan where the premium will be paid by the employed spouse, the proof of income of the employed spouse, being the payer, is required in order to calculate the affordability ratio. Any current or existing policies paid for by the employed spouse will be included in deriving the affordability ratio.

- b) Non-resident customers, applying on either regular or single premiums:
 - proof of entry into the MetLife country of operation (e.g., copy of recent visa entry stamp)
 - evidence of financial interest, such as business, mortgage loan, bank accounts, real estate ownership, and investments in the MetLife country of operation
 - proof of residence address in the origin/home country of residence (e.g., utility bill dated within last 3 months, valid Tenancy Agreement or Title Deed)
 - proof of income (Audited Financial statement if self-employed. Salary Certificate if employed) is required whenever the total annual premium including premiums on the existing policies, if any, amounts to US \$100K and above
 - if the applicant's income is below US\$ 100K, the affordability ratio must not exceed 20%
 - if the applicant's income is above US \$100K, the affordability ratio must not exceed 35%

Note 1: Affordability ratio is not applicable on single premium policies.

Note 2: For unemployed persons not earning a regular income who's purchasing an investment plan where the premium will be paid by the employed spouse, the proof of income of the employed spouse, being the payer, is required in order to calculate the affordability ratio. Any current or existing policies paid for by the employed spouse will be included in deriving the affordability ratio.

Most of these requirements could be avoided if the Consultant takes care when completing the application documents.

Policy Dating

It is important to know that no policy may be dated 29th, 30th, or 31st of a month. Normally, any policy which would otherwise be so dated will be dated 1st of the following month.

Special Dating

Backdating

Backdating may be requested on life policies, but please note the following:

- 1) The Company will allow backdating a term policy no more than 6 months or a VUL policy no more than 2 months from the date of the application.
- 2) No policy may be backdated in such a way as to allow a benefit which would otherwise not be available if the date is not changed.

Thus, the only benefit from backdating is to save age by one year.

Cancellation Before Issue

Should a client not wish to proceed with the application at any stage prior to the issue of the policy, the Company is prepared to cancel his/her application once the applicant provides the Company with a written and signed cancellation request or an email from the client.

Such action will be confirmed by the issue of a letter of cancellation.

Incomplete Application

When underwriting requirements are requested, the Company will give the client and Consultant a reasonable period of time to complete these.

They have approximately 90 days from the date of the application, or from the date of the medical examination, if performed, for fulfilling the listed requirements. The Company will consider the application Incomplete and a letter will be sent out to the client if at the expiry of the mentioned periods, required documentations remain outstanding.

Declined or Postponed Applications

The Company will endeavor where possible to quote terms of acceptance. It will, however, occasionally be impossible or impractical to do so on a particular case. On such occasions, a letter of declination or postponement will be issued to the client.

Details of the reasons for the decision cannot be given but we are always prepared to give details to the client's medical attendant, if so requested. The client can provide the authority to any one he trusts, including his/her Consultant, in obtaining the details of the medical findings and/or medical reports upon receipt of a duly-filled Consent to Disclose Medical Information. The form is available for download from myMetLife.

Reconsideration

A. Postponed Applications

When an application is postponed, it is usually due to an existing medical condition which requires further medical investigations to confirm the ailment, treat, or bring it under control.

To reconsider a postponed application for such a reason, the following are to be noted:

- 1) Ask your client to provide copies of all medical reports/investigative tests done since the date of postponement.
- 2) Send those to the Underwriting Department who will advise you on how to proceed further.

B. Incomplete/Cancelled Applications

The Company will be prepared to reconsider such cases subject to receipt of:

- 1) a repeat of expired tests,
- 2) a new application,
- 3) the outstanding requirements,

C. Rated Policies

It may be possible to reconsider the rating on an existing policy if the type of risk would diminish with age/ time.

If a new standard or reduced rating class policy is issued on a life who has a higher rated policy issued previously, the Company will reduce the rating of the first policy to match the current one.

Replacement of Existing Policies

Be reminded that in accordance with the terms of the Consultant contract, the cancellation of an existing MetLife policy and replacement with a new policy will result in a reduction of the commission on the new policy.

Cases of replacement will be investigated and viewed very seriously by the Company.

Policy Information

Policy information of any kind may not be given to anyone other than the Policy Owner or a person having a direct interest in the policy unless written authorization has been obtained from the Policy Owner.

C. Completing the Application Form

Accurate completion of the application is essential in life insurance. Together with any statements made to the Medical Examiner by the applicant, the application forms the basis of the contract between the client and the Company. Inaccurate or inconsiderate completion of the application could lead to undesirable consequences.

For this reason, the application form should be completed very clearly and it should be written in dark ink.

The following points are to be noted:

- 1) It must be completed at the time of discussion between the Sales Representative and the Proposed Insured or the applicant if he is other than the Proposed Insured.
- 2) All questions must be asked carefully and the answers recorded accurately.
- 3) Any changes or alterations must be initialed and dated by the client.

The applicant can complete the form personally but the Consultant should ensure that all questions are answered correctly in a neat and legible manner.

The application is the legal tool used by the client to ask the Company for the life insurance benefits he wants. It is an offer, in the legal sense, from the client to the Company.

In this offer, the client states his name, occupation, the plan required, the benefits, the amounts, the beneficiaries, and other basic medical and personal information. He is asking the Company to provide the insurance cover he wants based on the information he declares in the application form.

Therefore, it is extremely important that the information given in the application is true and complete.

The following is an explanation of the more significant questions in the application. The purpose is to explain the importance of each question and how the answers should be provided. The more accurate and thorough the answers are, the less are the requirements and the faster is the service.

The Applicant's Statements

Full Name

It is necessary to write the name in full, noting down any "alias" or "Also Known As". The name will be taken from the application, so ensure that it is correctly spelled on the form and that it appears exactly the same as that on the

official document, such as passport, or the official proof of identity in your territory.

Be mindful when writing down the first name, middle name, and last name. This applies to all persons under the insurance policy, namely, the Proposed Insured, Applicant/Policy Owner, and Beneficiary(ies).

Date of Birth

Full date of birth must be recorded.

Proof of Age

All claims by death or maturity must be supported by proof of age. It will usually be much easier to produce that proof when applying for insurance.

Sex/Gender

Select the appropriate tick box, whether the Proposed Insured, Applicant/Policy Owner is male or female.

Marital Status

Select the appropriate box whether the Proposed Insured, Applicant, and/or Policy Owner is single or married.

Nationality/ies

Enter current nationality/ies.

Place of Birth (City and Country of Birth)

Place of birth, specifically the city and the country, should be mentioned clearly and correctly.

Exact Daily Duties

Explain in detail the usual exact duties and functions performed by the Proposed Insured during the course of the working day.

It is not enough to declare "Engineer", for example. The exact daily duties should be described.

It should clearly show whether duties are confined to office/administration, supervision, or extend to manual duties.

In case the applicant is a dependent spouse/student/pensioner, strike out the section for occupational details and specify accordingly.

Earned Annual Income

The income shown should be the total earnings per annum over the last year. It may include tips, overtime, bonuses, etc., as long as **these are regular**. Income from rents or investments should be included, but details of these must be given separately. If a dependent spouse/student/pensioner, the source of income should be specified. For example:

- Retired - receiving pension from XYZ Company
- Housewife - dependent on husband's income.

Complete Physical Address (Business/Residence)

Put down the complete current address.

The business, residence, and mailing (correspondence) addresses should be clear enough to enable any correspondence, by person or mail, reach the client easily.

It is noteworthy to ask your client to inform MetLife of any future change of address.

Name and Address of Policy Owner

Where the Policy Owner is other than the life insured (for example, a husband effecting a policy on the life of his wife), the name and address of the Policy Owner must be fully shown in the appropriate section of the application.

At the same time, specify the relationship of the Policy Owner to the Proposed Insured: husband, partner, employer, etc.

Contact Number/Correspondence Address

All the information should be entered clearly and correctly.

Existing Insurance

Provide details on the existing insurance policies including the following:

- 1) the name of the insurance company
- 1) the face amount
- 2) the effective date of the coverage

Plan of Insurance

The exact and full name of the plan being applied for should be shown.

Amount of Insurance

State the sum in words under the basic policy; do not include the sum assured for the riders. The sum assured for each rider requested can be stated on the respective sections of the application form.

Mode of Payment

The mode of payment must be specified by ticking the respective box.

Supplementary Contracts

The Company has a varied range of Supplementary Contracts.

These may be added to any policy subject to the Company's limitations. Select the required Supplementary Contract/s, the sum assured, and the duration, if applicable, in the section provided.

Beneficiary Designation

The following are to be provided:

- 3) The complete, full name of each beneficiary. The first name and last/family name must be stated.
- 4) The relationship of each beneficiary to the Proposed Insured should be clear.
- 5) The date of birth of each beneficiary should be mentioned.
- 6) The nationality and the country of residence of each named beneficiary should be specified.
- 7) If shares of proceeds are not to be distributed equally among beneficiary(ies), the share of each beneficiary should be shown next to his/her name in percentage of sum assured, not in amounts.

An example of multiple beneficiaries with different shares is as follows:

Name of beneficiary	Relationship	Date of birth	Nationality	Country of Residence	Percentage
First & Last Name	Father	01/01/1955	Indian	UAE	70%
First & Last Name	Mother	01/01/1956	Indian	UAE	30%

- 8) The beneficiaries' contact numbers and email address/es.

In case the designated beneficiary is a class designation such as legal heirs, as per Islamic law/ Sharia law, or if the beneficiary is a minor (below the legal age), please indicate the name and contact details of the authorized representative.

Height and Weight

Provide the client's answer as to height, weight, and change if any. The client's answer should not be taken at its face value. If the declared weight is 75 kg but you observe him/her weighing more, discuss with him/her and note down the appropriate weight. Or note down the declared weight but attach your observation to the Company separately.

Name and Address of Doctor

Complete details should be provided. If the Proposed Insured has recently changed his doctor, make sure to list his previous doctor in order to avoid delays.

Smoking/Tobacco Use

Details should be given, for instance, whether the client has been smoking cigarettes, or any other form of tobacco (cigar, pipe, shisha, chewing tobacco) within the past 12 months.

Note: If the applicant has quit smoking for less than 1 year, smoker rates will apply.

Medical History Questions

For full details – see **Introduction to Field Underwriting**. Conscientious questioning is essential. Ask the question as it is and tick the appropriate box with Yes or No. For any “Yes” answer, ask the applicant for details as in the “**Remarks**” section.

Avocation/Recreational Activities

The Company is obviously just as interested in the past and the future as in the present when considering hazardous recreation or pursuits. The person who has done diving in the past may do it again and someone who is now a clerk but has signed up to join a deep sea diving school in one month’s time is definitely an underwriting risk.

Anyone who answers this question with a “Yes” must complete a supplementary questionnaire.

Please obtain from the Underwriting Department the respective questionnaire applicable to your case.

Decisions on Previous Insurance Applications

This is important to the Company and to the client. If the applicant has been given an adverse decision by any insurance company, obtain the following information:

- 1) the name of the insurance company
- 2) the date of the decision, the nature of the decision (whether declined, postponed, approved with extra premium, approved with an exclusion)
- 3) the reason for that decision to the best of his knowledge
- 4) the reference number/policy number if known
- 5) the face amount and the type of coverage

Special Instructions

This box could contain requests for policy dating or instructions on the time of the Welcome Call.

Signing, Dating, and Witnessing the Application

The signature of the Proposed Insured and applicant (if another person) must be the usual ones. It is better to ask the applicant to write his full name in his own handwriting next to the signature. The Consultant should witness the signature.

The date must always be the date on which the questions were answered and has no connection at all with the payment of the premium. If a special date is desired, it should be clearly mentioned in the “Special Instructions” box of the application.

D. Special Guidelines

Key Person Insurance

The purpose of key person insurance is to indemnify a company against the death of a key employee; the probable loss to the company should be quantified, including the cost of recruiting and/or training a substitute key person. Each key person situation is different and should be treated on its merits.

Guidelines:

Available products: Term (pure protection) and whole of life insurance.

The amount of protection the business needs depends on the key person’s contribution to the company.

Eligibility criteria:

- **Multiple of salary:** 5-10 x key person’s annual income
- **Multiple of profit:** 2-3 x average gross attributable profit over the last 3 years or 5 x average net attributable profit over the last 3 years.

Key person insurance documentation requirements:

- **Proposed Insured:** Insured member/key person
- **Policy Owner and Beneficiary:** The Company
- Application form has to be stamped by the company seal and signed by the authorized signatory
- Illustration
- KYC (Know Your Customer) documents of the key person
- Trade License and Shareholder Certificate for the entity
- Audited Financial Report of the firm for the last 2 to 3 years
- Business Insurance Questionnaire (UND 50)
- Customer Profile and Insurance Need Analysis
- W8 form (can be obtained by a request from the Underwriting Department)

Partnership Insurance

Life insurance can be used to allow the survivor or survivors to purchase the share of the deceased partner (or shareholder) so as to avoid the sale of the deceased’s share by the estate.

Guidelines:

Available products: Term (pure protection) insurance and whole of life.

The amount of protection the business needs under a partnership insurance should be equivalent to the partner’s share in the business.

Eligibility criteria:

- **Multiple of net profit:** up to 5 times of net profit x share of life assured

Partnership insurance documentation requirements:

- **Proposed insured:** Insured member/partner
- **Beneficiary:** The other partner/partners
- **Policy Owner:** The Company
- Each partner has to assign the other partner/partners as beneficiaries
- Application form has to be stamped by the company seal and signed by the authorized signatory
- KYC documents for each partner
- Illustration
- Trade License and Shareholder Certificate
- Audited Financial Report of the firm for the last 2 to 3 years
- Business Insurance Questionnaire (UND 50)
- Buy and Sell Agreement
- W8 form (can be obtained by a request from the Underwriting Department)

Loan and Mortgage Cover/Assignments

The applicant may negotiate a loan and the lender may require life insurance coverage as a loan collateral where the lender will be designated as an Irrevocable Beneficiary. The designation of the lender as an Irrevocable Beneficiary is a collateral for credit facilities/loans granted by the Irrevocable Beneficiary to the Policy Owner/Applicant.

At the date of entitlement, provided credit facilities/loans are still due by the Policy Owner/applicant to the Irrevocable Beneficiary, the policy proceeds less any debt on the policy, if any, shall be payable to the Irrevocable Beneficiary up to the aggregate outstanding balance of such credit facilities/loans or up to the net amount of the policy proceeds, whichever is less. The balance of the net proceeds, if any, shall be payable to the Contingent Beneficiary reduced by any debt on the policy, if any, with interest thereon, if applicable. It is important to note that MetLife provides life insurance coverage on loans taken from a financial institution/entity recognized by the government; we do not, however, grant coverage on loans taken between individuals.

Underwriting requirements are as follows:

Original beneficiary endorsements signed by the applicant and stamped by the lending entity.

Non-Resident Guidelines: Guidelines for Selling in Different Countries

MetLife is organized with branch and/or subsidiary operations in several countries in the Middle East. The

Consultants are authorized to market MetLife products to individuals who are citizens and/or current, valid residents (permanent or temporary) of the country in which the MetLife operation is located and from which the policy is issued (hereinafter referred to as the "MetLife country of operation").

There are many instances when Consultants want to market MetLife products to other individuals that do not meet the above criteria. **In all cases**, it is understood that:

- Consultants should not travel outside of their country of operation to sell MetLife products.
- All applications must be signed and medical examinations performed in the MetLife country of operation.

The following text outlines the underwriting guidelines on persons who are considered non-resident of the MetLife Gulf countries (UAE, Bahrain, Kuwait, Oman, and Qatar).

1) Nationals of Gulf countries residing in another Gulf Country

- a) Citizens of Gulf countries residing in another Gulf country can also purchase insurance in their home country. For example: A Kuwaiti currently working in the UAE can buy insurance from the UAE (UAE products & guidelines) or from Kuwait (Kuwait products and guidelines).

2) Nationals of Gulf countries visiting another Gulf country of operation

- a) Provide a copy of the passport showing entry date in the MetLife country of operation to confirm that the applicant was in that country at the time the application was completed.
- b) All premium modes is allowed: either annually, semi-annually, quarterly, or monthly.

Examples of a prospect visiting another EMEA country:

A Bahrain national, living in Bahrain, visiting UAE on holiday or business, who is solicited by a UAE Consultant.

3) Nationals of Gulf countries temporarily living/working outside of Gulf

- a) The prospect should be living abroad temporarily.
- b) The client should present a proof of valid residency, proof of investment or active bank account in his home country; that is, in the MetLife country of operation. For example proof of land, house, flat ownership, or a proof that his immediate family (wife and children) is maintaining residency in his home country.

- c) Provide a copy of the passport showing the entry date stamp in the MetLife country of operation confirming that the applicant was in his home country when the application was completed. A copy of the proof of temporary residency abroad must also be submitted.
- d) The client can apply only for permanent life plans of up to USD 2 Million. No supplementary contracts can be offered.
- e) All premium modes are allowed: either annually, semi-annually, quarterly, or monthly.
- f) Foreign Residence Questionnaire should be completed.
- g) The correspondence/billing address must be in the MetLife country of operation.
- h) A minimum residential extra of +1 per mil (non-commissionable) will be applied in addition to the residential extra applicable on the temporary country of residence.
- i) Applicants living in the US should provide copy of the visa obtained and a written/signed statement on whether he/she intends to apply for permanent residency in the US.
- f) The residential extra of +1 per mil (non-commissionable) will be applied in addition to the residential extra applicable on the permanent country of residence.
- g) No consideration will be granted on an individual who is on permanent residency status in the USA.
- h) Applications will not be considered on:
 - Individuals with political, judicial or military activities and their immediate family members.
 - Private pilots and crew members.
 - Media reporters, columnists or newscasters.
 - Applicants rated greater than Class D (+100% extra mortality) or rated because of occupation/avocation, etc.
- i) No additional supplementary contracts or riders can be offered.
- j) Maximum life cover of USD 2 Million can be offered.

Note: See “Important Notice” below for the list of countries that will not be considered. In addition, some applications for residents of other countries may be declined depending on the political, economic, or social climate of the country at the time of application.

Example of a Gulf National living/working outside of Gulf: An Emirati currently living and working in the U.K.

4) Nationals of any country permanently residing outside the Gulf country of operation, but with financial interest in the Gulf country.

- a) The applicant should provide evidence of having financial interest, such as business, mortgage loan, bank accounts, real estate ownership, and investments, in the MetLife country of operation.
- b) Products and guidelines of the country of operation will apply.
- c) Provide a copy of the passport showing the entry date stamp in the MetLife country of operation confirming that the applicant was in the Gulf country when the application was completed.
- d) All premium modes are allowed: either annually, semi-annually, quarterly, or monthly.
- e) The required medical examinations, if any, must be conducted in the Gulf country.

Example: A British citizen purchasing property in the UAE and the insurance coverage is required to secure the mortgage.

Note: See “Important Notice” below for the list of countries that will not be considered.

Important Notice: Prospects who currently live/work in the following countries will not be considered for any cover:

Iraq, Sudan, Burma/Myanmar, Iran, Cuba, Afghanistan, North Korea, West, East and South Africa, Chechnya Republic, Macedonia, Haiti.

Note: This list will be updated as necessary. Check with the Underwriting Department for guidance.

Country-Specific Guidelines

A) Sanctioned Countries*

- Should the beneficiaries reside in one of the following sanctioned countries, the Policy Owner must be advised to change the beneficiaries;
- Should the Applicant, Proposed Insured, and/or beneficiary be nationals of one of the following sanctioned countries but not residing in a sanctioned country, the Sanction Endorsement must be signed by the customer before activating the policy/clearing the premium.
 - 1) Iran
 - 2) Syria
 - 3) Cuba
 - 4) North Korea
 - 5) Sudan
 - 6) Crimea Region (Ukraine, Donbas and Russia)

B) High Risk Countries:

The following is the list of high risk countries where the Travel Exclusion has to be signed by the applicant:

- 1) Afghanistan
- 2) Iraq
- 3) Yemen
- 4) Burma/Myanmar
- 5) Haiti
- 6) Chechnya Republic
- 7) West Bank and Ghaza strip
- 8) All African countries except for: Egypt, Algeria, Tunisia, Morocco & South Africa.

***Please note that the above list is not exhaustive and is subject to amendment from time to time.**

C) CIS Countries:

Clients who are nationals of the below listed countries are considered for life and other benefits subject to country-specific underwriting guidelines.

Please refer to the table below for the current guidelines regarding the insurance of these lives.

Country	Life	Riders
Russia	Standard except decline Chechnya, Dagestan, Ingushetia, Kabardino-Balkaria, Karachay- Cherkessia, North Ossetia	Travel exclusion to apply
Kazakhstan	Standard except Border regions with China and South area of Kurchatov and Semipalatinsk	Travel exclusion to apply
Belarus	Standard	Travel exclusion to apply
Turkmenistan	Standard	Travel exclusion to apply
Ukraine	Standard except decline Crimea and Donbass region	Decline
Azerbaijan	Standard except Nagomo Karabakh region	Travel exclusion to apply
Armenia	Standard except Nagomo Karabakh region	Travel exclusion to apply
Georgia	Standard except decline Abkhazia and Ossetia	Travel exclusion to apply
Moldova	Standard	Travel exclusion to apply
Kyrgyzstan	Decline	Decline
Kosovo	Standard	Travel exclusion to apply
Uzbekistan	Decline	Decline
Tajikistan	Decline	Decline
Montenegro	Standard	Travel exclusion to apply

E. Table of Requirements per Product

MetLife Gulf Underwriting Table of Requirements				
Basic Requirements – Medical & Financial Based on age and total amount in force and applied for in USD on all active Life insurance products Currency for all amounts mentioned here are in USD				
Age last birthday	Non-med Limit (NML)	> NML up to 2,500,000	2,500,001 to 5,000,000	5,000,001 to 50,000,000
0 - 20	850,000 *See Juvenile Guidelines below	1,000,000 *See Juvenile Guidelines below	N/A	N/A
21 - 45	850,000	Med C3 *Cotinine if non-smoker Blood 1 & 2	Med C3 *Cotinine if non-smoker Blood 1 & 2 *refer to Financial Chart below	Application; Remaining requirements will be communicated after initial review
46 - 55	500,000	Med C3 *Cotinine if non-smoker Blood 1 & 2	Med C3 *Cotinine if non-smoker Blood 1 & 2 Stress ECG *refer to Financial Chart below	Application; Remaining requirements will be communicated after initial review
56 - 60	150,000	Med C3 *Cotinine if non-smoker Micro Blood 1 & 2 PSA Stress ECG if ≥ 2 M	Med C3 *Cotinine if non-smoker Micro Blood 1 & 2 PSA Stress ECG *refer to Financial Chart below	Application; Remaining requirements will be communicated after initial review
61 - 65	NML is not Applicable	Med C3 *Cotinine if non-smoker Micro Blood 1 & 2 PSA Stress ECG	Med C3 *Cotinine if non-smoker Micro Blood 1 & 2 PSA Stress ECG *refer to Financial Chart below	Application; Remaining requirements will be communicated after initial review

App / HQ – Fully completed application & health questions.

MED – Medical Examination.

MICRO – Microscopic Urinalysis for applicants aged 56 and up.

Blood 1:

- Lipid Profile Tests (Total Cholesterol, HDL, Triglycerides)
- HbA1c
- HIV 1 & 2

Blood 2:

- Liver Function Tests (SGPT, SGOT, GGT)
- Kidney Function Tests (Creatinine)
- Hepatitis B serology (HBsAg)

PSA (Prostate Specific Antigen) - for males only aged 56 and up.

***Cotinine is required on Future Protect or Live Life plans only.**

UND 54 – Financial Questionnaire by the applicant - required for cover 1M and above and/or premium 10,000 and above. This is part of the application form.

Financial Chart: If purpose of insurance is for:

- **Family Protection: from \$1M to \$2.5M** – UND 54
- **Family Protection: >\$2.5M to \$5M** – UND 54 & Proof of Income (if self-employed/partner: Audited financial statement for the last three years. If employee: Salary Certificate).
- **Loans, Mortgage: ≤\$5M** – Irrevocable Beneficiary Endorsement signed and stamped by the bank.
- **Loans, Mortgage: >\$5M** – Irrevocable Beneficiary Endorsement signed and stamped by the bank and Audited financial statement for the last three years.

Juvenile Guidelines:

- **Life/investment plans only**
- **Cover ≤ \$1,000,000**
- **Parent must have 2 x life cover; if with another company, provide proofs of cover (Copy of PSS & last premium payment receipt)**
- **All children in the same family must be covered**
- **Otherwise, Med C3, Micro (and Blood 1 if applicable)**

Dependent Spouse Guidelines:

- **The employed spouse must have the same amount of insurance cover.**
- **Maximum life cover is \$2,000,000**
- **Higher amounts can be granted if applying for joint loan mortgage insurance cover.**
- **Must reside in the same household**
- **PTD limit \$750,000**

The Underwriting Department reserves the right to obtain additional requirements or reduce sum assured if required. For questions or clarifications, please send us an e-mail: IBO_Distribution_servicedesk@metlife.ae

Accelerated CI Requirement Chart

MetLife Gulf Underwriting Table of Requirements				
Basic Requirements – Medical – Based on age and total amount in force and applied for in USD for Accelerated CI product				
*Currency for all amounts mentioned here are in USD				
Age last birthday	up to 250,000	250,0001 - 350,000	350,001 - 500,000	500,001 - 1,000,000
up to 45	App/HQ			Med C3 Micro Blood 1 & 2
46 - 55	App/HQ		Med C3 Micro Blood 1 & 2	Med C3 Micro Blood 1 & 2 Stress ECG
56 and up	App/HQ	Med C3 Micro PSA if male age ≥ 50 Blood 1 & 2		Med C3 Micro Blood 1 & 2 PSA if male age ≥ 50 Stress ECG

Eligibility for Accelerated CI cover	
Age	Maximum Sum Assured
up to 30	up to 10 x AI
31-40	up to 8 x AI
41-50	5-8 x AI
51+	5 x AI

Blood 1:

- Lipid Profile Tests (Total Cholesterol, HDL, Triglycerides)
- HbA1c
- HIV 1 & 2

Blood 2:

- Liver Function Tests (SGPT, SGOT, GGT)
- Kidney Function Tests (Creatinine)
- Hepatitis B serology (HBsAg)

App/HQ – Fully completed application & health questions.

MICRO – Microscopic Urinalysis.

Med C3 – Medical Examination.

PSA (Prostate Specific Antigen) - for males only aged 56 and up.

CI Requirement Chart

MetLife Gulf Underwriting Table of Requirements				
Basic Requirements Based on Age & Total Amount in force & applied for Standalone CI *Currency for all amounts mentioned here are in USD				
Age last birthday	up to 150,000	150,0001 - 200,000	200,001 - 250,000	250,001 - 500,000
up to 40	App/HQ		App/HQ Med C3 Micro Blood 1 & 2	App/HQ Med C3 Micro Blood 1 & 2 PSA rECG UND 54
41 - 49	App/HQ	App/HQ Med C3 Micro	App/HQ Med C3 Micro Blood 1 & 2	
50 - 59	App/HQ	App/HQ Med C3 Micro Blood 1 & 2 PSA	PSA rECG	

App/HQ – Fully completed application & health questions.

MICRO – Microscopic Urinalysis.

rECG – Resting ECG.

Med C3 – Medical Examination.

PSA (Prostate Specific Antigen) - for males only aged 56 and up.

UND 54 – Confidential Financial Statement.

Blood 1:

- Lipid Profile Tests (Total Cholesterol, HDL, Triglycerides)
- HbA1c
- HIV 1 & 2

Blood 2:

- Liver Function Tests (SGPT, SGOT, GGT)
- Kidney Function Tests (Creatinine)
- Hepatitis B serology (HBsAg)

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