

# SPIA 2

## Impaired Risk Guidelines & Rated Age Request Form



**Drawing on our considerable expertise in developing immediate annuities for structured settlements, Aviva has developed a new single premium immediate annuity – SPIA 2 – which can be underwritten on an impaired risk basis.**

Impaired risk annuities are quoted when a potential annuitant has an impairment or medical history that may affect life expectancy. An impaired risk SPIA enables an annuitant with a shortened life expectancy to receive higher annuity income than would be otherwise payable.

**Please refer to the guidelines on the following page to help determine eligibility for an impaired risk SPIA 2.**

**To determine eligibility:**

- › ***DETACH and complete the Rated Age Request Form and fax it along with copies of current supporting medical records to Aviva's Underwriting Department at 800-445-4348.***
- › ***Please remember that the medical records submitted for consideration need to be current and complete. Any medical records we receive will be kept confidential in accordance with our Privacy Policy.***
- › ***Once a decision has been made by Aviva's Underwriting Department on eligibility for a rated age, Aviva will fax a confirmation back to the requesting agent.***

### **SPIA 2**

#### **Impaired Risk Guidelines**

Generally, SPIAs are more likely to be given an age rate-up when applicants are seeing physicians regularly to monitor and treat specific medical disorders, with the need for periodic diagnostic testing and/or chronic medications. Examples of medical disorders that are **likely** and **not likely** to result in an age rate-up are shown on the next page.

The product referenced on this form is underwritten and offered exclusively by Aviva Life Insurance Company, also referred to herein as "Aviva."

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**Please Note:** The following information is presented for illustrative purposes only. This list is not comprehensive of all conditions that may result in an age rate-up. Agents should consult with Aviva's Underwriting Department for more complete information.

### Heart/Blood Pressure

**Likely:** history of coronary artery bypass surgery, congestive heart failure, artificial valve replacement, pacemaker or defibrillator, on medications for a persistent heart arrhythmia

**Not Likely:** cholesterol and blood pressure being controlled with medication, finding of a valve disorder that the doctor considers unremarkable, treatment of arrhythmia only by avoidance of certain foods or non-prescription medications

### Circulation

**Likely:** history of artery bypass or any aneurysms (e.g., of the aorta or brain arteries)

**Not Likely:** history of varicose veins

### Lungs

**Likely:** history of severe emphysema or other severe lung disease

**Not Likely:** history of occasional bronchitis, mild asthma

### Neurologic

**Likely:** history of Alzheimer's or other dementia, multiple sclerosis, Parkinson's disease, ALS (Lou Gehrig's disease), spinal cord injury, history of major stroke, severe cerebral palsy

**Not Likely:** history of controlled epilepsy, pinched nerve, carpal tunnel syndrome, meningitis

### Kidney/Bladder

**Likely:** history of severe renal failure, chronic dialysis

**Not Likely:** history of bladder infection, incontinence, occasional kidney stones

### Digestive/Liver

**Likely:** history of cirrhosis, severe ulcerative colitis, severe Crohn's disease, chronic pancreatitis

**Not Likely:** history of hepatitis in past only, irritable bowel syndrome, gastritis, esophageal reflux, diverticulitis, gallbladder surgery

### Cancer

**Likely:** any cancer that the doctor believes has spread beyond a curable stage

**Not Likely:** any other cancer or any benign tumor

### Endocrinologic

**Likely:** juvenile diabetes, any form of diabetes with complications

**Not Likely:** high blood sugar being treated with diet control only, low thyroid or other glandular disorder well controlled with medication

### Blood

**Likely:** bone marrow failure, severe clotting disorder

**Not Likely:** mild anemia being treated with medication, chronic low white blood cell or platelet count that has not caused any complications

### Joints/Bones

**Likely:** severe systemic lupus erythematosus, scleroderma

**Not Likely:** degenerative joint disease, mild rheumatoid arthritis, lupus without serious complications, fractures, spine/disc disorders, amputations

### Infectious Diseases

**Likely:** AIDS/HIV

**Not Likely:** Lyme disease without chronic complications

### Psychiatric

**Likely:** schizophrenia, severe depression

**Not Likely:** anxiety, post-traumatic stress disorder

### Transplants

**Likely:** any major organ transplant

# SPIA 2 Rated Age Request Form



Annuitant Name \_\_\_\_\_ Sex:  Male  Female Date of Birth / /  
 Joint Annuitant Name \_\_\_\_\_ Sex:  Male  Female Date of Birth / /  
 Issue State: \_\_\_\_\_ Proposed Single Premium Amount \$ \_\_\_\_\_  
 Policy Type:  Non-qualified  Qualified  Roth-qualified \_\_\_\_\_

### Proposed Payment Schedule

PAYMENT START DATE	PAYMENT OPTION (I.E. 10-YR. CERTAIN)	PAYMENT FREQUENCY (I.E. MO./QTR./ SEMI.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate below the general category(ies) of medical impairment(s) of the proposed annuitant.

<input type="checkbox"/> Heart/Blood Pressure	<input type="checkbox"/> Cancer	<input type="checkbox"/> Transplants
<input type="checkbox"/> Circulation	<input type="checkbox"/> Endocrinologic	<input type="checkbox"/> Other Significant Impairment
<input type="checkbox"/> Lungs	<input type="checkbox"/> Blood	description _____
<input type="checkbox"/> Neurologic	<input type="checkbox"/> Joints/Bones	_____
<input type="checkbox"/> Kidney/Bladder	<input type="checkbox"/> Infectious Diseases	_____
<input type="checkbox"/> Digestive/Liver	<input type="checkbox"/> Psychiatric	_____

**Note:** Aviva will quote only on current physician statements, hospital notes and discharge summaries.

Agent/Broker Name \_\_\_\_\_ Agent Code \_\_\_\_\_  
 (Please Print)

Agency Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Completed SPIA 2 Rated Age Request Forms and supporting medical records should be faxed to Aviva's Underwriting Department at 800-445-4348 for processing. If mailing is necessary, please mail to the address below, attention: Underwriting Department.**

This facsimile cover letter and attached medical records are confidential and intended solely for the use of Aviva Life Insurance Company. If you received this document and attached medical records in error, please note that any copying, disclosure, dissemination, distribution or use of the information is prohibited by law. Please notify Aviva Life Insurance Company immediately by phone (617-405-6338) so we can arrange for the return of the original documents received by you at no cost to you.

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