



Best Global Insurance

Individual Life Policy Insurance Requirements Guide

	Real Age	PLAN 50,000	PLAN 100,000	PLAN 200,000	PLAN 300,000	PLAN 500,000
Medical Requirements	13-49	A	A	A	A	A
	50-59	A	A	A B	A B	A B
	60-75	A	A	A B C D	A B C D	A B C D

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TYPES OF EXAMS	
A	Health Medical Questionnaire
B	Medical examination, General Urine Test, Blood Sample 1
C	Medical examination, General Urine Test, Blood Sample 2 and Resting Electrogram

BLOOD SAMPLES SHOULD CONTAIN THE FOLLOWING LABORATORY TESTS

D	<p>BLOOD SAMPLES 1:</p> <p>Profile XII (Glocose, Creatinine, Cholesterol, Triglycerides, Transaminase Glutamo Oxaloacetics, Glutamic Pyruvic Transaminase, Alkaline Phosphatase, Acid Phosphatase, Urico Acid, Urea)</p> <ul style="list-style-type: none"> ◦ GTT (Glutamyl Transferasa Range) <p>HDL cholesterol</p> <p>Hematic Biometrics</p>
E	<p>BLOOD SAMPLES 1 + BLOOD SAMPLE 2</p>
F	<p>BLOOD SAMPLE 2:</p> <ul style="list-style-type: none"> ◦ PSA (Prostate Specific Antigen) Only for males. ◦ C19-9 (Tumor Marker)

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TYPE OF EXAM	CONSIDERATION
MEDICAL EXAMINATIONS	<ol style="list-style-type: none"> 1. Name and age of applicant. 2. Place, date and time appointment. 3. type of exam to be performed. 4. Full adress and telephone. 5. Agent key and agency address.
GENERAL URINE TEST	In the case of women, it should be practiced outside the menstrual period.
BLOOD TEST	The applicant must show up on a 12-hour fast.
ELECTROCARDIOGRAM	Attend in sportswear and tennis.

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CONCEPT	IN CASE OF	REQUIREMENTS REGARDLESS OF THE SUM INSURED TO CONTRACT
Weight	Being increased or diminished relative to the ideal	Medical examination
Tumors or Cysts	That the Application declare the presence of a tumor, cyst or hysterectomy within the last 6 months	Copy of histopathological study of tumor or cyst, as well as doctor's report
Cardiovascular Problems	Hypertension	Treating Physician's Report
	Heart attacks (as a high-risk condition, will be evaluated only after one year has elapsed since diagnosis)	Treating physician report and copy of the latest studies conducted including electrocardiogram
	Arrhythmias	
Lung Conditions	Any lung condition	Treating Physician's Report
Diabetes	That there is a history of suffering in 2 or more direct family members (parents, siblings)	Indicate it in the application
	That the applicant has knowledge that he or she has diabetes	Medical exams and diabetes questionnaires (1) (both the one to be filled out per client, and the one that must fill out treating physician)
Glandular Conditions	Any glandular condition. (e.g. hyperthyroidism or hypothyroidism, pituitary gland, suprarenal, etc.)	Treating medical report
Ear Problems	Any major ear problems	Treating medical report
Sight Problems	Any condition other than astigmatism, nearsightedness, hyperopia or tired eyesigh	Treating Physician Report
Migrane	Any case of migraine	Indicate it in the application
Major Surgeries	That the applicant has undergone any surgery other than: appendix, tonsils or closure of skin wounds	Indicate it in the application
Mental and Nervous System Problems	Any blood condition	Treating Physician Report
Liver Conditions	Any liver condition	Treating medical report
Acidopeptic Diseases	A history of hiatal hernia, chronic esophagitis, gastric or duodenal ulcers, chronic gastritis or any other condition related to the above.	Treating Physician Report
Blood Conditions	Any blood condition	Treating Physician Report
Vertebral Column Conditions	Any spinal condition	Treating Physician Report

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(1) Questionnaires available on the Agent Portal www.bestglobalinsurance.com

(2) The requirements set out in this table are in added to the medical requirements mentioned in the page. 1 of this guide, so BGI, based on the information provided, may request additional exams and studies

IMPORTANT: the report of the treating physician must contain the following information: date, diagnosis, treatment, evolution, current and pronostic status, as well as the information of the doctor and their respective seal and signature

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CONCEPT	IN CASE OF	Req. REGARDLESS OF THE SUM INSURED TO HIRE
Insural Interest	That an insurable interest different from that based on consanguineous or marital kinship (husbands, parents, children, non-productive siblings, grandparents, grandchildren, etc., in case of any loan or mortgage credit, etc. is successful	Letter signed by the applicant detailing the insurable interest
Age	Not withstanding the application of age discounts and/or risk classification, the medical requirements considered for subscription purposes shall be at the applicant's age	
Occupation	That the occupation or work activity is related to activities of the legal field or the delivery of justice, such as: judges, police, employees and escorts who carry firearms and / or participate in various operations	Letter signed by the applicant indicating his position, responsibility and activities
	That the occupation is related to activities of Common Function (Deputy, Senator, Governor etc.)	signed by the applicant indicating his position, responsibility and activities
	That the occupation is related to activities in nightclubs, bars, cabarets, canteens: managers, bartenders, hostesses, bartenders, etc.	Letter signed by the applicant specifying his position and job description
	That the occupation is related to industry activities, production or maintenance: use of heavy machinery, crane, bulldozer, driller, power plants (high tension) blast furnaces, etc	Letter signed by the applicant specifying his position, description of tasks and place where he wears them: as well as description of the machine used
	That the occupation is related to the use of hazardous substances: explosives, solvents, products, chemicals, acid, lead, fertilizers, pesticides, herbicides, etc.	Letter signed by the applicant specifying his post, discrediting work and place where he clears them and description of the substance used
	That the occupation is related to the use of radiocative substances	Letter signed by the applicant specifying his activities, reading Docimetria and questionnaire of radioactive substances
	That the occupation is related to construction activity: demolition, visit to works, stay on site, supervision of work	Letter signed by the applicant in which he specifies position, job description, No.of times he attends the work per week or per month, type of work he visits
	That the occupation is related to the use of private aircraft	Complete additional aviation questionnaire (fumigator pilot or private aviation)
Habits	That the Applicant consumes or has consumed some type of narcotics or drug, or that he has ever received medical treatment because of it	Complete additional toxic substance use questionnaire
	That the Applicant has belonged to any group of alcoholics or is in therapies or rehabilitation treatment by said cauda	Complete additional alcoholic beverage questionnaire
Sports or Hobbies	That the applicant practice sports classified as dangerous, such as: acrobatics on ice and/or wheels, mountaineering, rappelling, martial arts, boxing, wrestling, canoeing, rafting, motorcycle race, extreme cycling, motocross, bullfighting, rodeo, horseback riding, snow skiing, ice hockey, polo on horseback, rugby, sky diving, paragliding, ultralight flight, surfing, windsurfing, etc.	Complete additional sports or practice questionnaire as appropriate. In cases where there is no corresponding additional costionary and the risk is to be covered, a letter signed by the Applicant is required specifying the sport or association he practices

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IMPORTANT:

In all cases BGI will carry out telephone investigations to the referrals provided in the application. We recommend that you have sufficient information about the applicant and are likely to provide such information by telephone. In certain cases a personal interview with the applicant will be requested.

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Acceptance Features by Risk Level

RISK CLASSIFICATION	STANDARD RISK	SELECT RISK
Arterial Pressure	110/70 to 140/90	110/70 to 135/80
Weight	30% + or - 20%- of the ideal weight	15% + or - of the ideal weight
Cholesterol and Triglycerics	201 to 240	Up to 200
ELISA	NEGATIVE	
Drugs	No history of use and negative test results	
Family Background	No history of diabetic parents	No history of diabetic parents or death of direct relatives before age 60 from a disease whose genetic burden may be transmitted to their offspring (e.g.; coronary problems, epilpsia, cancer, etc.)
Aggravated Risks	Extra-prime application for occupation, dangerous sports and aviation	No occupation or sports that require extraprimation. No commercial or private drivers, no occasional motorcycle use. No more than 100 hours of flight time as passengers of any aircraft.
Direct Interview	FAVORABLE	
Income level	VERIFIABLE	
Confidential Report	FAVORABLE	
Criminal Background	NO CRIMINAL BACKGROUND	
Non-Smoker	12 months without tobacco use and negative nicotine test	24 months without tobacco use and negative nicotine

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