

FIELD

UNDERWRITING

GUIDE

BUILDING ON A STRONG
FOUNDATION WITH LONG
TERM CARE INSURANCE



Transamerica Life Insurance Company
Transamerica Financial Life Insurance Company

109244



TRANSAMERICA®



WE'RE HERE FOR YOUR CLIENTS — AND FOR YOU

With long term care insurance, your clients are better positioned to approach retirement with confidence, knowing there is a plan in place to handle a wide variety of long term care needs. And with Transamerica by your side, you're better positioned to plan your business with confidence, knowing that we'll be here to assist you every step of the way.

Our mission — and the purpose of this Field Underwriting Guide — is to help you build a successful, sustainable long term care insurance business. We do this by delivering to you and your clients superior products and exceptional customer service.

It all starts here, with the timely, knowledgeable underwriting provided by our highly skilled underwriting team. This work is based on the information you provide us in each application, as well as information collected by us through the underwriting process.

It's an unfortunate reality that we cannot insure all applicants, particularly those with chronic or progressive disorders that appear likely to result in functional or cognitive impairment. But be assured that we make every effort to provide the best offer whenever possible.

Questions? Please reach out to us by phone or email. We'll make sure you get the answers you need, when you need them.

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NEED SOME HELP?





WE'RE HERE FOR YOU

Relationships are at the core of living a healthy lifestyle, whether it's a relationship with family, friends, business partners, or clients. Creating a successful long term care insurance business is no different — it's all about building long-lasting relationships with your clients. The Field Underwriting Guide is designed to bring greater predictability to the underwriting process, so you can establish and maintain client relationships with the transparency and timeliness that lead to more policy placements.

To make this process as simple as possible, the guide will help you find solutions to the most common underwriting concerns, as well as provide a better understanding of our business, underwriting practices, and procedures. You'll find:

- Easy to understand underwriting evidence criteria
- Guidance on medical histories with a combination of conditions (co-morbidities)
- Guidance on stability periods and class ratings
- Listings of uninsurable medications and conditions

THE APPLICATION PROCESS

The application package contains the application as well as all other state required forms. Completing the following four steps will help ensure that your application is processed promptly:

- 1 Submit the most current state application, as well as all state required forms (personal worksheet, HIPAA, replacement Forms.)**
 - All forms must be received in the home office within 30 days of the signed date on the application
 - HIPAA and Medical Information Bureau (MIB) Authorization forms must be signed and dated on the date the application is signed before underwriting processing can begin
- 2 Complete the application in its entirety, including complete details for any questions answered “yes” in the medical sections.**
- 3 The modal premium payment or a minimum of two-months premium is required with all individual sales, except in California, which requires only a one-month premium.**
- 4 Upon receipt of your licensing application in our administrative office, your insurance agent/broker license, compliance with continuing education requirements, and appointment status will be verified.**

Please note: Field Underwriting guidelines are applicable as of the date of this edition and are subject to change without notice. We reserve the right to alter handling of specific situations at our discretion, regardless of the guidelines contained herein.

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COMPLETING THE APPLICATION

HELPFUL HINTS

The Helpful Hints on the front of the application package provide a quick reference to those pages requiring a signature as well as the number of signatures required.

APPLICANT INFORMATION

Fully complete the personal information on the applicant. We need the applicant's telephone number so we can conduct a phone interview or arrange for a face-to-face assessment, depending upon age. The driver's license or passport information is necessary for anti-money laundering purposes.

HEALTH AND PERSONAL HISTORY

All questions must be answered. Please note that a "yes" answer to any of the questions requires that additional details be provided. Space is available to provide that information; however, an additional sheet may be attached if more space is needed. Any additional sheets must also be signed and dated by the applicant.

PLAN SELECTION

Complete this section in its entirety, as appropriate. This section should reflect only those benefits available in the state of issuance.

AGENT'S REPORT

The information you provide here gives our underwriters a more complete picture of the applicant. We ask that you answer these questions to the best of your ability and knowledge. The additional questions regarding long term care insurance policies you've sold the applicant are mandated by state laws. All such prior policies must be listed, regardless of any replacement, even if the policies have long since lapsed.

OTHER FORMS TO BE COMPLETED

Personal Worksheet

The insurance agent/producer must review with the applicant the income and assets section of this form. The applicant will be required to either:

- Complete the Personal Worksheet and indicate that his or her answers accurately describe his or her financial situation
- Indicate that he or she chooses not to complete this information, but does wish to purchase coverage

HIPAA Authorization

The applicant must sign and date this form before the underwriting process can begin.



Notice about insurance fraud: Transamerica is committed to reducing fraud. You should make applicants aware that any person who facilitates fraud against an insurer, submits a false application, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.





PREMIUM PAYMENT MODES AND OPTIONS

PREMIUM PAYMENT MODES

- Monthly bank draft
- Quarterly bank draft
- Semiannual bank draft
- Annual bank draft

The more often the applicant pays, the higher the premium cost per year.

PREMIUM PAYMENT OPTIONS

- Personal check
- Electronic funds transfer
 - *For payment of initial premium as well as future recurring premiums*
- Credit card authorization
 - *For payment of initial premium, except in Arkansas, California, Maryland, North Carolina, New Jersey, Nevada, and New York*

Cash or cash equivalents such as money orders and cashier's checks are not accepted.

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FIRST APPLICATION RULE

In the event that two applications are submitted for the same individual from two different insurance agents/producers, we will process the first application received by us in good order and will return the subsequent application to the submitting insurance agent/producer.

DELIVERY RECEIPT

A delivery receipt will be included with each issued policy. The delivery receipt must be signed, returned, and received in the administrative office within 30 days or the new policy will be mailed directly to the policy owner for signature. This procedure will ensure compliance with requirements under the IRS code which mandates that tax-qualified long term care policies be delivered to the policyholder within 30 days of approval.

SIGNATURES AND EFFECTIVE DATES

- The applicant must sign and date the application in all requested areas; we do not accept power of attorney signatures on any application
- Please print, as well as sign, your name on the application
- Policies will be effective the date the application is signed (issue date, not the approval date) and the initial premium is paid, unless alternate dating is requested on the application; however, if either date is the 29th, 30th, or the 31st of the month, the effective date will be the first of the following month

You must include your agent number (please consult your local agency or MA for assistance). If we cannot identify the writing insurance agent/producer, and determine that his/her license and continuing education credits are current, the case will not be issued and paid. The application and deposit will be returned directly to the applicant.



All applications must be received in the home office within 30 days of the signed date.

ADVANCED DATING

An advanced date may be requested, but only at the time of application and not to exceed 90 days. If a specific advanced date, which may include indicating upon approval, is requested, there will be no conditional coverage. In addition, the applicant's premium will be based upon the age as of the effective date of the policy.

BACK DATING

Back dating is allowed to accommodate recent age changes. We will permit such requests to a maximum of 30 days. In all cases, where backdating is allowed, back premiums must be paid upon placement. In addition, back dating is only permitted on individual long term care business. Backdating is not permitted on Worksite business. Backdating is not allowed on individuals that are age 80, for the purposes of saving age to 79.

Please refer to the language regarding Conditional Receipt, below, for all conditions governing when insurance becomes effective. Answers to questions on the application must be as of the date the application is completed.

CONDITIONAL RECEIPT

You must collect the premium with each application in order for Transamerica to initiate the processing. When you do, be sure to provide the applicant with a copy of our Conditional Receipt. The amount received should equal the modal premium. In lieu of a full modal premium, the applicant must submit two months' premium. (In California, only one month's premium may be submitted with the application.)

UNDERWRITING PROCEDURES

- 1 The file is reviewed by the underwriting department and any necessary medical information will be requested.
- 2 Follow up correspondence for any outstanding underwriting evidence will be sent out periodically. A copy of the correspondence will go to the applicant as well as to the appropriate party indicated on the new business transmittal. Additionally, real time status is available for all outstanding underwriting evidence on www.taltec.com.
- 3 All requirements, medical records, and other forms and information must be received within 60 days of the application date. If not, the file will be closed as incomplete and the premium will be refunded directly to the applicant.
- 4 In the event an application is declined or issued other than as applied for, we will contact the appropriate party indicated on the new business transmittal directly, give the specific medical reason for that action and the source of that information to the extent permitted by law. For histories such as HIV/AIDS status, drug or alcohol abuse, and select significant mental nervous disorders such as schizophrenia, our adverse decision letters will reflect that the decision was based upon sensitive information. Additionally, we will send an advance copy of the adverse decision correspondence to the appropriate party indicated on the new business transmittal. In some cases, the underwriter will notify you that reconsideration may be possible after a waiting period. A letter with a detailed explanation of the adverse underwriting decision will be sent directly to the applicant along with any refund due.

CANCELLING APPLICATIONS DURING THE UNDERWRITING PROCESS

If your applicant wishes to cancel their pending application at any time during the underwriting process, they must submit a written request to do so. The written request must be signed and dated by the individual applicant only.

REOPENING OF AN APPLICATION

Applications will be closed as incomplete if we do not have all necessary evidence 60 days from the application date. If you wish to reopen an applicant's case, we require a new, fully completed application with a current date.

PREQUALIFICATION

Our Field Underwriting Guide cannot address every situation and circumstance that might arise. If you aren't able to find the information you need or if your applicant has a complicated history requiring guidance by a member of our underwriting team, we have two available prequalification opportunities to improve the predictability of your case.

In order to receive the best possible guidance, please provide the following information for prequalification:

- Age
- Gender
- Marital status
- Medications (name and dosage) and corresponding medical conditions, including age of onset

Please note that any prequalification response is only a tentative opinion based on the information provided.

When seeking prequalification, please keep in mind that the more information you can provide us about your client, the more accurate our response can be. As an example, here is the information for two applicants submitted for prequalification by different insurance agents/producers. Although the second applicant might be an equally good candidate as the first, we have little way of determining his or her insurability from the information given. A Standard to Decline recommendation is therefore the most likely outcome.

The following are examples of a scenario where we can provide a strong recommendation (high level of predictability) compared to an inquiry that would provide a wide range of recommendation (low predictability):

| HIGH LEVEL OF PREDICTABILITY  |
|---|
| Age: 62 |
| Height: 6'0" |
| Weight: 180 lbs |
| Type 2 diabetes |
| No tobacco |
| Onset age 59 |
| Medications — 500 mg Metformin twice daily |
| HgA1c reading — 6.4 |
| Blood pressure reading — 135/85 |
| Cholesterol — 200 |
| No complications |
| RECOMMENDATION: STANDARD |

| LOW LEVEL OF PREDICTABILITY  |
|--|
| Age: 68 |
| Diabetes |
| Metformin and other pills |
| RECOMMENDATION: STANDARD TO DECLINE |





PREPARING YOUR APPLICANT

We know that applicants often have many questions about what happens after their application has been completed and before a policy is issued. To answer as many of these questions as possible, we've created a brief brochure, "What Happens Next," to explain the underwriting process.

Written in a clear, friendly fashion, the brochure will help you manage your client's expectations of the underwriting process. We explain the basic steps involved, as well as the average length of time it takes to complete different phases. A well-prepared applicant will usually make it through the underwriting process faster.



To view "What Happens Next," go to www.taltc.com and select Order Supplies > Brochures.

PRIVACY AND HIPAA

Transamerica is committed to protecting the privacy of its customers and abiding by the rules and regulations set forth by the Health Insurance Portability and Accountability Act, which is often shortened to HIPAA. As Transamerica's business associate, you are also obligated under the law to maintain the privacy of the applicant's medical information.

HIPAA AUTHORIZATION

The HIPAA authorization form must be signed and dated by the applicant and submitted with the application. A properly completed authorization is necessary for medical evidence to be ordered; this also allows the application to be forwarded to our underwriting department. If the HIPAA authorization form is not properly signed and dated, or if the language of the HIPAA form is altered in any way, the application's processing will be delayed.

NOTICE OF SUMMARY OF RIGHTS

The Summary of Rights is enclosed with each adverse underwriting decision letter. This notice informs the applicant of their rights and how they can access their personal health information. An applicant can also obtain their personal health information by submitting a written request. All requests for information must be signed and dated by the applicant.

UNDERWRITING IMPAIRMENTS IN GENERAL

While the impairments included here are primarily medical, additional factors related to Activities of Daily Living (ADLS), Instrumental Activities of Daily Living (IADLS), and cognitive functioning have also been incorporated. Although the list of impairments is extensive, it does not include all possible conditions you may encounter. In addition, the underwriting determinations that are provided in these guides are based on individual impairments, while in the field you may encounter multiple impairments.

Least favorable outcomes are found in those cases that include:

- Incomplete health histories
- Inactive/sedentary lifestyles
- Severe medical concerns likely to cause long term periods of disability
- Medical conditions with partial recovery or poor control/response to treatment
- Poor functional or cognitive capacity
- Recent health condition detection or surgery (will consider minor out-patient surgery once completed and with a full recovery)
- Co-morbidity (i.e., health conditions that tend to complicate each other)

We will not accept applications or underwrite any individual or couple currently residing in or considering a continuing care retirement community.

Applications submitted on individuals who were previously declined by other carriers for long term care coverage will not be reviewed. These applications will be processed as a field decline and will be counted against your placement.

UNDERWRITING REQUIREMENTS

MEDICAL RECORDS (APS)

Medical records will be ordered through our approved vendors for all abbreviated applications and fully underwritten applications, regardless of the benefits applied for or the applicant's age. For simplified issue worksite applications, medical records may be ordered "for cause." If an applicant has not seen their physician in more than two years, we will request a face-to-face assessment to evaluate their current health state.

FACE-TO-FACE ASSESSMENT

For applicants age 70 and older, we will conduct a face-to-face assessment through an approved vendor. A face-to-face assessment is an evaluation where a trained assessor visits with the applicant in his or her home. The assessment includes questions related to health history, general activity level, and functional ability regarding both IADLS and ADLS. Physical observations, as well as mobility and cognitive testing, are also included.

Occasionally, we may require such an assessment below age 70, at our discretion; we will inform you of such requests. Some situations where you may see this occur would be with individuals with a history of stroke; transient ischemic attack (TIA); amnesia; memory problems; brain surgery; hearing, significant vision, or mobility limitations; not having regular doctor's visits in the past two years; history of head injuries or concussions; or other issues triggering underwriting concerns.

The face-to-face assessment must be completed in the applicant's home. If the applicant is non-English speaking, please indicate this in the comments section of the application and include his or her primary language so advanced notice can be given to our vendor.

PHONE INTERVIEW

An interview is required for all applicants through age 69. This interview will ask more in-depth questions than those on the application. The phone interview consists of standardized medical questions and usually takes approximately 20-30 minutes, depending on the extent of the applicant's medical history. The questions will cover their medical history, medications, symptoms, general activity level, and functional ability regarding both instrumental and ADLS. For applicants between the ages of 60-69 or those with certain medical conditions, a brief memory exercise will also be included. It is therefore imperative that the applicant is free from interruptions when taking this important test.

Your client should be advised to expect a call or an email from one of our approved vendors to set up an appointment for his or her interview. Please indicate on the application the best time and telephone number for our vendor to contact your applicant. If you include the client's email address on the application, the vendor will commonly send an introductory email to the applicant with a link to schedule a time for his or her telephone interview at a time that is convenient. Remind your applicants that they will need to have their prescriptions available, as well as address information for their prescribing physicians.

If the applicant is non-English speaking, please indicate this in the comments section of the application and include his or her primary language so advanced notice can be provided to our vendor.

MEDICAL INFORMATION BUREAU, PRESCRIPTION DRUG, AND PUBLICALLY AVAILABLE INFORMATION

On all applicants, we may check the MIB and a prescription drug database. Publicly available information will also be used at the underwriter's discretion. These tools help us to make the most informed decision regarding the applicant's insurability. Because the authorizations in our application packet authorizes our access to this information, the applicant will not be required to assist with this process.

UNDERWRITING EVIDENCE

| Age | MIB | Rx | Phone Interview | Phone Interview with Memory Exercise | Face-to-Face | APS |
|-------|-----|----|-----------------|--------------------------------------|--------------|-----|
| 18-60 | ▪ | ▪ | ▪ | For cause | For cause | ▪ |
| 60-65 | ▪ | ▪ | ▪ | ▪ | For cause | ▪ |
| 66-69 | ▪ | ▪ | ▪ | ▪ | For cause | ▪ |
| 70-79 | ▪ | ▪ | n/a | n/a | ▪ | ▪ |

UNDERWRITING RISK CLASSIFICATIONS

- Preferred
- Class 1 (25% increase)*
- Standard
- Class 2 (50% increase)*

Unless the Field Underwriting Guide indicates to submit the application as a class 1 or 2 or if instructed to do so by an underwriter as part of a prequalification, we request all applications be submitted at standard rates. We will always issue at the best rate classification based upon the review of the health history.

RATINGS AND OTHER MODIFICATIONS

Every effort will be made to place the applicant in the best rating classification, regardless of the rate requested on the application. When the underwriting evidence indicates that a policy cannot be issued as applied for, rather than simply decline, we will give consideration to providing an alternate offer. In addition to standard premium rates, we may be able to offer coverage on a class 1 or class 2 basis with increases in premium.

When additional premium may not be the best option for underwriting, other alternatives may be offered, like a longer elimination period, a shorter maximum benefit period, and/or a reduced daily benefit amount. We will decline only where an alternate offer is not reasonably available.

In New York, the combination of underwriting risk classification discount and couples discount can't exceed 35%.

**Please see the maximum benefit ratings chart and limitations on riders available on class rated plans on page 19.*

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MAXIMUM BENEFITS WITH RATINGS*

| Rated Class | Additional Premium | Maximum Daily Benefit | Maximum Benefit Pool | Minimum Elimination Period |
|-------------|--------------------|-----------------------|----------------------|----------------------------|
| 1 | 25% | \$150 | \$275,000 | 90 days |
| 2 | 50% | \$150 | \$275,000 | 90 days |

*Some states may have additional restrictions or limitations.

SHARED CARE RULES

- Spouses must apply for and be approved and issued with identical benefits to be eligible for this rider
- Couples must retain identical benefits throughout the life of the policy
- Shared care must be applied for at the time of application submission

LIMITATIONS ON CLASS RATINGS

The following benefits/riders are not available on class rated policies

- Waiver of premium rider — home care and adult day care
- Waiver of premium rider — cash benefit
- Return of premium to age 67 endorsement
- Accident benefit to age 67 endorsement
- Joint waiver of premium
- Elimination period credit rider
- Return of premium upon death rider

COUPLES DISCOUNT

Discounts are provided for couples who maintain a shared residence for at least two years.

Couples discount amounts vary by policy type and have policy-specific requirements. For *TransCare® II*, spouse/partner policies must have like benefits. For *TransCare® III*, spouse/couple policies can differ. When spouse/partners apply for either the shared care or joint waiver of premium rider, the benefits of the policy will need to match in order to receive the couples discount. For *TransCare III*, there is one exception — if one applicant is 70 or over and one is under 70, the younger may have the tailored benefit increase option (BIO) and the other person must have step-rated BIO or compound BIO to maintain the couples discount. In that situation, they would still be considered matching benefits.

A reduced discount is available for a spouse/partner when only one spouse applies for coverage or whenever both spouses apply and one is declined for coverage.

In New York, the combination of the underwriting risk classification discount and couples discount can't exceed 35%.

In Montana, a companion is a legal spouse or an adult not related by blood to the applicant who: (1) resides with the applicant on a continuous basis and shares the same address, living expenses, rent, and/or mortgage; and (2) has exchanged powers of attorney, or has designated his or her companion as the primary beneficiary under his or her will and/or testamentary trust.

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UNDERWRITING CONSIDERATIONS

The underwriting of long term care insurance involves consideration of medical evidence, functional performance, and cognition.

Each of these factors is critical in the risk selection process. The sources for this information may include the application, medical records, a phone interview, a face-to-face assessment, and/or any other evidence required by the underwriter, depending on age and health history (see Underwriting Requirements).

Medical evidence is simply any findings, current or by history, that relate to the physical or mental health of the proposed insured.

Functional performance includes such things as independence in ADLS and IADLS, and other indicators that the applicant is active and functionally unimpaired (see Definitions & Abbreviations).

Cognition relates to one’s awareness and perception, as well as the ability to understand and reason. While early stages of cognitive impairment may be difficult to detect, it is a critical element in the underwriting for long term care insurance. Such impairments tend to be progressive and may be indicative of Alzheimer’s or other types of dementia.

ADLS refer to those basic daily tasks necessary to maintain a person’s well-being. These include: transferring, continence, bathing, toileting, dressing, and eating. Limitations in the ability to perform ADLS are a strong predictor of subsequent long term care need.



IADLS refer to those activities that require higher levels of functional ability than ADLS.

These include:

| | | |
|----------------------------------|------------------------------|--------------------------|
| Ability to handle one’s finances | Ability to use the telephone | Taking one’s medications |
| Housekeeping | Food preparation | Laundry |
| Shopping | | |

Limitations in the ability to perform IADLS are a strong predictor of future long term care need.

ADDITIONAL CASE CONSIDERATION

It is not always possible to include all the variations of a given impairment that the underwriter must consider in order to determine the most appropriate risk classification. In long term care insurance underwriting, certain combinations of impairments are more significant than others. Thus, we look at the relationship between the different conditions in determining the ultimate risk classification. For example, several otherwise standard class impairments may warrant a substandard rate offer. Where two impairments could exacerbate each other, such as diabetes and coronary artery disease, the risk may be uninsurable.

Consider asking your applicant a few additional questions:

- Have you been asked or has it been suggested that you restrict or discontinue any activities or hobbies within the last 12 months?
- Has there been any recent change in your health history in the last 12 months (either positive or negative), including new or additional medications not required last year, or the reduction or discontinuing of medications?
- Have you recently or regularly not taken medications as prescribed by your physician?
- Have you had or been asked to have any specialized testing (other than age appropriate screenings) that you have not completed? What was the test(s) and why was it requested?
- Are you currently participating in any type of physical or occupational therapy? If so, what and why?
- Any planned or recommended surgery? If so, what is planned or recommended?
- What was your height and weight when you last saw your physician? Has your weight gone up or down since that appointment?
- Have you ever applied for or received any type of disability? If so, for what condition or reason? When did the disability begin and end? Have you returned to work? If so, what date did you return? If not, why not?
- Have you ever been given an adverse decision on any health or life insurance application, for example, declined coverage, increased rates, or any limitation in coverage? What was the reason for the decision given to you by the insurance company?





PREFERRED CRITERIA

- Build must be within the preferred range on our build chart and stable for the past 12 months
- Demonstrated control of medical conditions
- No tobacco or nicotine use of any kind within the last 24 months, including occasional cigar or pipe use or vaping; this also includes tobacco chewing, dipping, pouches, and nicotine patches
- No mobility risk factors (i.e., falls, osteoporosis, significant arthritis, back disorders, etc.)
- No cardiovascular/cerebrovascular events (atrial fibrillation, cerebral vascular accident, TIA, myocardial infarction, hypertension*) or conditions
- No use of any assistive devices, disability history, or handicapped placard
- Regular medical follow-up (minimum once every two years)
- No history of diabetes

We will consider mild hypertension at preferred rates as long as the average 12 month blood pressure readings are < 140/85 with no other underlying heart disease, no history of heart surgery, no structural heart defects, no rhythm disorders, no stroke/TIA history, etc. All applicants should be quoted using standard rates.

Throughout the medical impairments section of the underwriting guide, a “” next to standard will indicate medical impairments or situations that may be preferred if there is no other health history or impairment and the applicant’s build fits within the preferred range below.**

BUILD CHART

The weights indicated under each heading on the next page denote the minimum and maximum weight that will be considered.

1. Medical records will be required on those weights that are over the standard where the medical impairment is marked with a “*.”
2. Applicants with complications or co-morbidities in addition to a weight above standard will be at least class rated but could be declined for coverage.
3. Applicants above the maximum class rated or below the preferred weight will be declined for coverage (see below for diabetic applicants).
4. Those applicants with diabetes and build that are within our “Standard” weight chart requirements will normally be considered for a Class 1 rate. Diabetics whose build falls within our “Class 1” weight chart requirements will be considered for a Class 2 rating. Those with diabetes and weights above our “Class 1” weight chart limits are uninsurable.

| Height | Preferred* | Standard* | Class Rated* |
|--------|------------|-----------|--------------|
| 4'8" | 85-156 | 157-189 | 190-200 |
| 4'9" | 88-162 | 163-193 | 194-204 |
| 4'10" | 91-167 | 168-197 | 198-208 |
| 4'11" | 94-173 | 174-201 | 202-212 |
| 5'0" | 97-179 | 180-205 | 206-216 |
| 5'1" | 100-185 | 186-210 | 211-221 |
| 5'2" | 104-191 | 192-214 | 215-225 |
| 5'3" | 107-197 | 198-219 | 220-232 |
| 5'4" | 110-204 | 205-225 | 226-237 |
| 5'5" | 114-210 | 211-231 | 232-243 |
| 5'6" | 118-216 | 217-237 | 237-250 |
| 5'7" | 121-223 | 224-243 | 244-257 |
| 5'8" | 125-230 | 231-250 | 251-262 |
| 5'9" | 128-236 | 237-257 | 258-269 |
| 5'10" | 132-243 | 244-264 | 265-278 |
| 5'11" | 136-250 | 251-271 | 272-287 |
| 6'0" | 140-258 | 259-279 | 280-292 |
| 6'1" | 144-265 | 266-287 | 288-299 |
| 6'2" | 148-272 | 273-295 | 296-308 |
| 6'3" | 152-279 | 280-303 | 304-317 |
| 6'4" | 156-287 | 288-311 | 312-325 |
| 6'5" | 160-295 | 296-319 | 320-334 |
| 6'6" | 164-303 | 304-326 | 327-345 |

GLOSSARY OF MEDICAL CONDITIONS

We understand your time — and every application — is valuable. With that in mind, the following glossary of medical conditions is provided to assist you in the application process. Familiarizing yourself with these conditions and the degree to which they may affect underwriting may help you focus your time on those situations that are most likely to result in placed business. Predictability is important, and taking additional time to know your clients' conditions and asking the appropriate questions could help you in determining the viability of their applications. This additional level of understanding allows you to set proper expectations with your clients and to increase the percentage of approved applications submitted.

The need for medical records is necessary when evaluating many of the medical conditions that follow. In order to help you know when we will order medical records, we denote this by an "*" next to the specific condition or degree of the condition. This will also help you to set expectations with your client as to the overall time it might take to get their application through the underwriting process.

*Please see build chart notes on page 22.

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| <p>Acoustic Neuroma: A benign tumor of the auditory nerve — <i>a face-to-face assessment may be required</i></p> <ul style="list-style-type: none"> Has the neuroma been removed? Date(s)? Is the applicant taking any medication or receiving physical therapy? Name(s)? Has the applicant had problems with balance or falls? Details? Has there been any seizure activity? Date of last seizure? | |
| Surgically removed, completed recovery with no seizures or residuals other than hearing loss, greater than 12 months | Standard |
| Otherwise, or if still present or not entirely removed | Decline |
| <p>Acromegaly: A chronic metabolic disorder that results in gradual enlargement of body tissues including the bones of the face, jaw, hands, feet, and skull</p> | Decline |
| <p>Actinic Keratosis: A pre-malignant lesion of the skin</p> | Standard** |
| <p>Addison's Disease: An endocrine or hormone disorder which occurs when the adrenal glands do not produce enough of the hormone cortisol or aldosterone</p> | |
| Stable, well controlled, no complications, under treatment < 40 mg hydrocortisone, greater than 12 months | Standard |
| <p>Activities of Daily Living (ADLS): Those basic daily tasks necessary to maintain a person's well being; bathing, continence, eating, dressing, toileting, or transferring</p> | Decline |
| <p>Attention Deficit Disorder/Attention Defecit Hyperactivity Disorder (ADD/ADHD): Stable for one year, no cognitive concerns, fully active, no disability, no psychotic medications</p> | Standard |
| Otherwise | Decline |
| <p>Adult Day Care Services: All cases</p> | Decline |
| <p>Acquired Immune Deficiency Syndrome (AIDS): A disease of the immune system that fails to fight infection</p> | Decline |
| <p>Alcoholism or Other Substance Abuse or Dependency (including abuse of subscription narcotic medications): A chronic illness marked by consumption of alcohol or other chemical substances at a level that interferes with physical or mental health, social, family, or occupational responsibilities:</p> <ul style="list-style-type: none"> How long has the applicant been abstinent? Has the applicant ever had a relapse? Date(s)? Has the applicant ever received any outpatient therapy or belong to a support group? Has the applicant ever had any liver problems (cirrhosis, fatty liver, abnormal liver functions)? Details? Does the applicant drink four or more alcoholic beverages a day? Has the applicant's doctor recommended the applicant to reduce the consumption of alcohol or any other substance? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Abstinence over three years with no residuals | Standard |
| If one prior relapse, abstinence for five years since relapse with no residuals | Standard |
| If abstinent for less than three years, with history of residuals or two or more prior relapses | Decline |
| Allergies: An acquired, abnormal immune response to a substance that does not normally cause a reaction in most people | Standard** |
| Alzheimer's Disease: A slowly progressive form of dementia | Decline |
| <p>Amaurosis Fugax: A temporary loss of vision in one eye due to insufficient blood flow to the retina</p> <ul style="list-style-type: none"> ▪ Date of episode? ▪ Has there been more than one episode? Details? ▪ Has any diagnostic testing been performed (carotid studies, MRI/CT of brain)? Details and/or results? ▪ Have there been any residual vision problems? ▪ Does the applicant have any history of diabetes, heart, or circulatory problems? Details? | |
| Single episode only, at least 24 months ago, no residuals, no history of diabetes, cardiovascular, or circulatory disease | Standard |
| Otherwise or with complications | Decline |
| <p>Amputation: Removal of a limb, part, or organ</p> <ul style="list-style-type: none"> ▪ Location of amputation? ▪ Date of amputation? ▪ What caused the amputation? ▪ Is the applicant disabled or do they experience any limitations? Details? ▪ Does the applicant use any type of assistive device? If yes, type and frequency | |
| Finger(s), toe(s), or single limb only due to trauma or congenital reasons, no complications, fully functional with no assistance, fully adapted and independent | Class 1 |
| Single hand, arm, or foot below the ankle, no assistance devices beyond single prosthesis, due to trauma or congenital, no complications, fully functional with no assistance, fully adapted, and independent | Class 1 |
| Multiple amputations other than fingers and/or toes, or amputation of leg(s), or otherwise any amputations due to disease (such as diabetes or vascular disease, for example) | Decline |
| Amyotrophic Lateral Sclerosis (ALS)/Lou Gehrig's Disease: A disorder causing progressive loss of control of voluntary muscles due to the destruction of nerves in the brain and spinal cord | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| <p>Anemia: A blood disorder characterized by the decreased ability of the red blood cells to provide adequate oxygen supplies to body tissues</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ What type of anemia does applicant have? ▪ Is the applicant taking any medications? Name(s)? ▪ Has the applicant received any transfusions? Date(s)? ▪ Has the applicant been hospitalized? Date and/or details? | |
| Mild iron, B12, or folate deficiency anemia, no underlying chronic disease, well controlled, hemoglobin values at or exceeding 10.5 | Standard |
| Chronically abnormal blood studies, hemoglobin < 10.5, weakness or fatigue | Decline |
| Current treatment with steroids, blood transfusions, immunosuppressant, or treated with bone marrow or stem cell transplant | Decline |
| Currently under evaluation for anemia with abnormal lab values without known cause | Postpone Six Months |
| Due to disease | Refer to Disease |
| <p>Aneurysm: A bulge in the wall of the artery</p> <ul style="list-style-type: none"> ▪ Where is the aneurysm located (abdominal-aorta, cerebral, thoracic, other)? ▪ Was the aneurysm surgically repaired? Date? ▪ If present, what is the size in centimeters? ▪ Has the aneurysm grown? Details on growth and how long has it been present? ▪ Any history of diabetes, heart, or circulatory problems? Details? | |
| Abdominal (AAA) operated, stable, no residual > six months | Standard |
| Abdominal (AAA) un-operated, stable, 3.0 cm or smaller, stable for three years with no changes | Standard |
| Abdominal (AAA) un-operated, stable, 3.1–4.0 cm, stable for five years with no changes | Class 2 |
| Abdominal (AAA) 4.1 cm or greater with complications or with residuals following surgical repair | Decline |
| Thoracic operated, no residual, > greater than six months ago | Standard |
| Thoracic (ascending, arch, or descending thoracic) un-operated, or otherwise | Decline |
| Cerebral, surgically repaired more than two years ago with complete recovery, no residuals (cognitive test will be required regardless of age) | Standard |
| Cerebral, previous rupture, or un-operated or otherwise | Decline |
| <p>Angina: Pain, discomfort, or pressure localized in the chest that is caused by an insufficient supply of blood to the heart muscle</p> | See CAD |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Angioma of Brainstem/Cavernous Angioma | Decline |
| Angioplasty: Procedure used to widen vessels narrowed by stenosis or occlusions | See CAD |
| <p>Ankylosing Spondylitis: A chronic inflammatory disease that affects the joints between the vertebrae of the spine, and the joints between the spine and the pelvis that eventually cause the affected vertebrae to fuse and grow together</p> <ul style="list-style-type: none"> • Date of diagnosis? • Dose the applicant experience any pain? Please describe • Is the applicant taking any medication? Name(s)? • Has the applicant undergone any back surgery? Date(s)/Details? • Has the applicant undergone any physical therapy or injections? Details? Does the applicant have any history of diabetes, heart, or circulatory problems? Details? | |
| Asymptomatic, inactive, no limitations, non disabling, treated with occasional anti-inflammation | Standard |
| Symptomatic, with kyphosis, respiratory compromise, spinal fractures, mobility problems, multiple falls, or otherwise | Decline |
| Anorexia Nervosa: An eating disorder associated with a distorted body image and marked fasting | |
| Treatment and release from care > 24 months ago | See Depression |
| Current or with any resulting complications | Decline |
| Anxiety: A feeling of apprehension or fear that lingers | |
| Mild, situational, non-limiting, single maintenance medication or medication use as needed on episodic basis, no related hospitalizations with no other mental health disorders | Standard |
| Moderate to severe requiring multiple medications, ongoing, or history of hospitalizations, coexisting mental health disorders, or disruption of daily life | Decline |
| Aortic Insufficiency/Aortic Stenosis: Defective functioning of the aortic valve, with incomplete closure resulting in aortic regurgitation | |
| Operated, full recovery, asymptomatic, stable, no complications > three months ago | Standard |
| Unoperated > 12 months ago, mild with no dizziness or syncope and asymptomatic, murmur no greater than Grade 2 | Standard |
| Otherwise | Decline |
| Aphagia: Inability or refusal to swallow | Decline |
| Aphasia: Partial or total loss of the ability to articulate ideas or comprehend spoken or written language, resulting from damage to the brain caused by injury or disease | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Apraxia: Disorder of the central nervous system caused by brain damage and characterized by impaired ability to carry out purposeful muscular movements | Decline |
| Appendectomy: A surgical removal of the appendix | Standard** |
| Arnold-Chari Malformation: Condition where the lower part of the brain pushes down on the spinal canal | Decline |
| Arrhythmia: Any change from the normal sequence of electrical impulses in the heart | |
| Premature atrial contractions (PAC) — with no history of supraventricular tachycardia | Standard |
| Premature ventricular contractions (PVC) — mild, less than three PVCs per minute on EKG testing | Standard |
| Supraventricular tachycardia (SVT) — mild, single episode | Standard |
| Supraventricular tachycardia (SVT) — no more than two episodes per year, last episode greater than six months ago with normal echocardiogram | Standard |
| Premature ventricular contractions (PVC) — With ventricular tachycardia | Decline |
| Supraventricular tachycardia (SVT) — more than two episodes per year | Decline |
| Ventricular tachycardia — within three months | Decline |
| Sick sinus syndrome — see sick sinus syndrome | |
| Arterious Venous Malformation (AVM): A large tangle of dilated blood vessels with rapid flow and early draining veins that may occur in many parts of the body | |
| Successfully eliminated (surgically, embolization, or radiation), no residual complications, complete recovery, > 12 months, any location besides the brain | Standard |
| Present AVM any location, or any history of AVM of the brain | Decline |
| Arteritis (cranial, temporal, giant cell): Inflammation of an artery | |
| Asymptomatic, stable, treatment free < 12 months | Postpone |
| Asymptomatic, stable, treatment free, no limitations or restrictions > 12 months | Standard |
| Symptomatic or requiring treatment | Decline |
| Arthritis: Inflammation of a joint | See Specific Type |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Aseptic Necrosis: A condition resulting from the temporary or permanent loss of blood supply to the bones | |
| Surgically repaired, no limitations, non-disabling, and no evidence of disease > six months | Standard |
| Un-operated | Decline |
| Asperger Syndrome: A complex developmental disability | Decline |
| Assisted Living Facility: A residential facility for people who need assistance with ADLS but wish to live as independently as possible for as long as possible; current or within the last 12 months | Decline |
| Asthma: A respiratory disease marked by attacks of breathing difficulty, wheezing, and coughing <ul style="list-style-type: none"> • Date of diagnosis? • Is asthma seasonal or requires treatment year around? • Is applicant taking any medication/inhalers? Name(s)? • Have pulmonary function tests been performed? Date/results (FEV1 & FVC %)? • Has the applicant ever used oxygen or steroids? Frequency? • Does the applicant have any other respiratory disorder? Date(s)/details? | |
| Seasonal, no limitations, well controlled, on short-term treatment, no other respiratory disorders, non-tobacco user | Standard** |
| Mild, less than six attacks per year, no steroids, no COPD, non-tobacco user | Standard |
| Mild, less than six attacks per year, occasional nebulizer use, no steroids, no COPD, FVC = or > 70%, no tobacco use of any form | Class 1 |
| Moderate, six to 10 attacks per year, use of bronchodilators, oral or inhaled steroid use for acute episodes only, no COPD or hospitalization, no tobacco, FVC = or > 70% | Class 1 |
| Moderate, six to 10 attacks per year, use of bronchodilators, steroid use for acute episodes only, no COPD or hospitalization, tobacco user | Decline |
| Severe (other than described above), oral or inhales steroids, functionality limited, regular nebulizer use, with or without tobacco of any form in the last 36 months, FVC < 70% | Decline |
| Ataxia: Defective muscular coordination that manifests when voluntary muscular movements are attempted | Decline |
| Atrial Fibrillation: A rapid, irregular, heart rhythm (includes PAT, PAC, SVT) <ul style="list-style-type: none"> • Is the applicant taking any medication? Name(s)? • Has the applicant ever been hospitalized for a heart or circulatory problem? Date(s)/details? • Has the applicant ever required cardioversion? Dates(s)/results? • Does the applicant experience any symptoms of palpitations, chest pain, or dizziness? Details? • Does the applicant have any history of diabetes, heart, or circulatory problems? Details? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| New onset, < six months | Postpone Six Months |
| Single episode only > six months ago, no known coronary artery disease, congestive heart failure, diabetes, heart attack, myocardial infarction, cerebral vascular accident, stroke or TIA | Standard |
| Recurrent/chronic episodes, infrequent, short duration, no complications, and currently under treatment with use of blood thinner (such as, but not limited to Coumadin or Pradaxa) > 12 months | Standard |
| Multiple cardioversions, uncontrolled or symptomatic, no current treatment, or in combination with any of the following: blood pressure readings averaging greater than 146/86, valve problems, heart disease, diabetes, stroke/TIA/CVA, congestive heart failure, or current tobacco use | Decline |
| Atrial Flutter: An irregularity of the heartbeat in which the contractions of the atrium exceed in number those of the ventricle | See Atrial Fibrillation |
| Atrophy (Brain): A decrease in size or wasting of the brain | |
| Evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, infarcts, mild cerebral, or cerebellar atrophy, or with evidence of neurological symptoms | Decline |
| <p>Attention Deficit Disorder (ADD): A condition characterized by a developmentally inappropriate level of attention, concentration, activity, and distractibility</p> <ul style="list-style-type: none"> • Date of diagnosis? • Is the applicant currently taking any medication? Name(s)? • Does the applicant have any history of depression, anxiety, or other mental illness disorders? Details? • Is the applicant disabled or do they experience any limitations in activities or in the workplace? Details? | |
| Well controlled, compliant with medication, active lifestyle with no limitations, nondisabling, > three months | Standard** |
| Autism: A developmental disorder that impairs the ability to interact and communicate | Decline |
| Bariatric Surgery: Surgical alterations of the stomach including (gastric bypass, stapling, banding, sleeve) | |
| Asymptomatic, fully recovered, weight stabilized, no complications, > six months ago | Standard |
| With complications, wasting syndrome, or otherwise | Decline |
| Barrett's Esophagus: A condition in which the lining of the esophagus changes from its normal lining to a type that is usually found in the intestines | |
| No dysplasia or low grade dysplasia with documented follow up indicating no progression | Standard |
| With high-grade dysplasia or in combination with excessive alcohol use | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Basal Cell Skin Cancer: A slow growing malignant neoplasm that arises from the basal layer of the skin | Standard** |
| Bell's Palsy: A mood disorder characterized by mood swings from mania (exaggerated feelings of well-being) to depression | |
| If resolved and fully recovered | Standard** |
| <p>Bipolar/Manic Disorder: A mood disorder characterized by mood swings from mania (exaggerated feelings of well-being) to depression</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ Has the applicant ever been hospitalized or treated in a facility for any type of mental illness? Date(s)/details? ▪ Has the applicant ever received any electroconvulsive shock therapy? ▪ Does the applicant have any history of depression, anxiety, or other mental illness disorders? Details? ▪ Is the applicant disabled or do they experience any limitations in activities or in the workplace? Details? | |
| Stable, controlled, fully functional with no restrictions or limitations on activities or work and > three years | Class 1 |
| Otherwise, with electroconvulsive therapy (ECT) history, multiple hospitalizations, or on three or more mood medications or anti-psychotics | Decline |
| Blindness: The condition of lacking visual perception due to physiological or neurological factors — <i>a face-to-face assessment may be required, medical records will be required if within 24 months</i> | |
| Congenital, traumatic, macular degeneration, fully functional with no limitations, no falls nor accidents, at least 12 months blindness acclimation | Standard |
| Functionally impaired, including any deficits in IADLs and/or ADLs, or less than 12 months blindness acclimation | Decline |
| Braces: An orthopedic appliance used to support, align, or hold a bodily part in the correct position | |
| No disability, fully functional in ADLs and IADLs, not secondary to any other significant medical condition | Standard |
| Functional impairment, disability or otherwise | Decline |
| <p>Bronchiectasis: A respiratory disorder with abnormal destruction and widening of the large airways</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication/inhalers? Name(s) ▪ Date of last flare? ▪ Have pulmonary function tests been performed? Date/results (FEV1 and FVC percent)? ▪ Has the applicant ever used oxygen or steroids? Frequency? ▪ Has the applicant been hospitalized for a respiratory disorder? Date(s)/details? ▪ Has the applicant smoked within the last 12 months? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Mild, asymptomatic, treatment free | Standard |
| No tobacco, no COPD, no associated disability, > one year ago | Class 1 |
| Otherwise | Decline |
| Bronchitis (Chronic): An inflammation of the bronchi, the main air passages in the lungs, which persists for a long period and/or repeatedly recurs | Refer to COPD |
| Buerger's Disease: A chronic circulatory disease that leads to obstruction of the blood vessels of the hands and feet | Decline |
| Bulimia: An illness of uncontrolled episodes of overeating, usually followed by self-induced vomiting, within the last 10 years | Decline |
| Bunion: Defined when a big toe angles toward the second toe, resulting in inflammation and pain | Standard** |
| Bursitis: An acute or chronic inflammation of the fluid-filled sac (bursa) that lies between tendon and skin or between tendon and bone | Standard** |
| Bypass, CABG: A surgical procedure to create an alternative passage to divert the flow of blood, or circumvent an obstructed or disease heart | See Carotid Artery Disease |
| Cancer: Uncontrolled growth of abnormal cells which have mutated from normal tissue — <i>medical records required if within three years</i> | |
| Internal cancer, melanoma, leukemia or lymphoma, date of last treatment greater than six months ago, stage/grade 1 or 2, no residuals, no metastasis, or recurrence and released from physician's care | Standard |
| Brain tumor (benign or malignant) > two years since treatment, stage and grade 1 or 2, no residuals, and release from care with no metastasis (will require a face-to-face assessment) | Class 1 |
| Prostate cancer — if prostate cancer surgically removed, follow internal cancer guidelines; if prostate cancer still present and being watched, age 72 and above, stable PSA (under age 72 with prostate cancer present uninsurable) | IC |
| History of recurrence, stages higher than 2, metastasis, residual complications, or otherwise | Decline |
| Cane: A device used to assist with stability, gait, and balance | |
| Occasional cane use with no functional limitations, or stability problems, not secondary to any other significant medical condition | Standard |
| Three pronged or quad cane use | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| <p>Cardiomyopathy: A disorder affecting the heart muscle, which usually results in inadequate heart pumping</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ Has the applicant ever had congestive heart failure or other heart disorder? Date(s)/details? ▪ Has an echocardiogram been done? Date/ejection fraction? ▪ Does the applicant have shortness of breath, fatigue, or weakness? Details? ▪ Is the applicant disabled or do they experience any limitations in activities or in the workplace? Details? | |
| > One year ago, ischemic, no evidence of congestive heart failure, stable with good follow up (if secondary, underlying cause must be removed with reversal of cardiomyopathy), EF > 45%, and Functional Class I or II (see Coronary Artery Disease) | Standard |
| Otherwise, less than one year, non-ischemic (restrictive, dilated, or hypertrophic cardiomyopathies) | Decline |
| <p>Carotid Artery Disease: A circulatory condition characterized by narrowing or stenosis of the carotid artery in the neck</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ Has the applicant experienced any dizziness, visual disturbances or weakness? ▪ Has there been any history of TIA or stroke? ▪ What were the results (percent of stenosis) of the last carotid study? Date? ▪ Does the applicant have diabetes? ▪ Has the applicant used tobacco within the past 36 months? ▪ Does the applicant have any heart or other circulatory problems? Details? | |
| Asymptomatic, no prior stroke or TIA, no diabetes or heart disease, operated (endarterectomy) > three months ago, no tobacco use | Standard |
| Symptomatic, un-operated, tobacco user, or stenosis greater than 60%, or otherwise | Decline |
| Carotid Bruit: A murmur heard in the carotid artery in the neck | See Carotid Artery Disease |
| Catheter (urinary): A soft plastic or rubber tube that is inserted into the bladder to drain urine | |
| Short-term intermittent catheter, no limitations, non-disabling, independently managed, no underlying neurological disease, > three months | Standard |
| Indwelling, with restrictions or limitations or otherwise | Decline |
| Cataract: A cloudy opaque area in the lens of the eye | |
| No visual impairment | Standard** |
| Surgery anticipated/recommended, no visual impairment | Standard** |
| Cerebral Palsy: A group of disorders characterized by loss of movement or loss of other nerve functions | Decline |
| Cerebral Vascular Accident (CVA): Occurs when the blood supply to any part of the brain is interrupted, resulting in the death and loss of brain function and tissue vessels of the hands and feet | See Stroke |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Cerebral Vascular Disease: A vascular disease of the brain, including abnormalities of the vessels, blood flow, or quality of flow | |
| Evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, infarcts | Decline |
| With history of amaurosis fugax, retinal artery occlusion, transient ischemic attack, or significant carotid stenosis | Decline |
| Chair Lift: Current use | Decline |
| Charcot-Marie Tooth: A slowly progressive disorder that results in wasting of muscle | Decline |
| Cholecystectomy: Surgical removal of the gallbladder | Standard** |
| Cholecystitis: Inflammation of the gallbladder | Standard** |
| Cholelithiasis: The presence of gallstones in the gallbladder | Standard** |
| Chronic Fatigue Syndrome: A condition of excessive fatigue, cognitive impairment, and other varied symptoms; the cause is unknown and it may last months or years, causing severe disability — <i>a face-to-face assessment may be required</i> | |
| Asymptomatic or mild and ongoing but no limitations, functional in IADLs and ADLs for > 12 months with no history of disability | Class 1 |
| Symptomatic, limitations, disabling, or treated with narcotics or steroids | Decline |
| Chronic Obstructive Pulmonary Disease: A respiratory disease process that decreases the ability of the lungs to perform ventilation <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is applicant taking any medication/inhalers? Name(s)? ▪ Date of last flare? ▪ Have pulmonary function tests been performed? Date/results (FEV1 and FVC percent)? ▪ Has the applicant ever used oxygen or steroids? Frequency? ▪ Does the applicant have any other respiratory disorder? Date(s)/details? ▪ Has the applicant used tobacco within the last 36 months? | |
| Mild, non-progressive, occasional oral or inhaled steroid use, no limitations, no tobacco of any form within the last 36 months, no oxygen use, FCV > or = 70% | Standard |
| Tobacco use of any form within the last 36 months, mild, non-progressive, no oral steroids, no limitations, stable for at least 2 years, FVC > or = 70% | Class 2 |
| Severe regular oral steroids, functionality limited, FVC < 70%, tobacco use of any form within the last 36 months | Decline |
| Cirrhosis: A chronic liver disease where the liver is scarred and no longer functions properly | Decline |
| Cirrhosis (Primary Biliary Cirrhosis): An inflammation of the bile ducts resulting in narrowing and obstruction of the flow of bile, causing damage to the liver cells | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Stable, liver function tests within normal limits, non progressive, no fibrosis, > three years | Class 2 |
| Colitis: Inflammation of the large intestine (includes irritable, spastic, and functional) | |
| Well controlled, stable, with onset > six months ago | Standard** |
| Colostomy/Ileostomy: Surgical construction of an artificial excretory opening | |
| Temporary, reversed, and fully healed, > six months ago with no restrictions or limitations | Standard |
| Permanent, fully adapted to use without need for assistance, > six months ago | Class 1 |
| Otherwise | Decline |
| Compression Fracture: A fracture caused by the compression of one bone, typically in the spine | |
| Single compression fracture without osteoporosis with no functional limitations or restrictions | Standard |
| Multiple compression fractures with osteopenia or osteoporosis, or with functional limitations or restrictions | Decline |
| Concussion: Also called a traumatic brain injury — a brain injury caused by a blow to the head or violent shaking of the head and body. There are functional changes in how the brain works; however, no structural damage may be seen on standard imaging tests | |
| Single mild concussion, or traumatic brain injury, resolved for at least 12 months, favorable cognitive screen,* no residuals | Standard |
| Two mild concussions or traumatic brain injury resolved for at least 12 months, no hospitalization, not related to falls or instability, favorable cognitive screen,* no residuals | Standard/ Class 1 |
| More than two mild concussions, ceased activity which resulted in the injury, no residuals, more than five years ago with favorable cognitive screen* | IC |
| Severe concussion(s), or multiple moderate concussions, unresolved, with residuals | Decline |
| Post-Concussion syndrome — resolved at least two years with no residuals and favorable cognitive screen* | Standard/ Class 1 |
| Post-Concussion syndrome with no medical documentation, with residuals, or without full recovery for at least two years | Decline |
| * <i>Cognitive screen may be administered either via telephone interview or face-to-face assessment based on the applicant's history</i> | |
| Confusion: Not being aware of or oriented to time, place or person — a <i>face-to-face</i> assessment may be required | |
| Asymptomatic, now resolved with normal neuropsychological workup, > 24 months | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Current or etiology/cause unknown | Decline |
| Normal neuropsychological workup with abnormal MRI/CT | Decline |
| <p>Congestive Heart Failure: A condition where the heart loses its ability to pump blood efficiently</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? Is the congestive heart failure ongoing? ▪ Is the applicant taking any medications? Name(s)? ▪ Has the applicant ever been diagnosed with cardiomyopathy or any other heart disorder? Details? ▪ Does the applicant have any respiratory disorders? Details? ▪ Does the applicant experience shortness of breath or swelling of the lower extremities? Details? ▪ Have there been any hospitalizations due to congestive heart failure? ▪ What is the applicant's ejection fraction (if known)? | |
| Single event, resolved greater than six months, ejection fraction > or = 50%, treatment free, no co-morbid conditions | Standard |
| < Six months, unstable, Functional Class III or IV or in combination with COPD, emphysema, cardiomyopathy, diabetes, stroke, or atrial fibrillation, ejection fraction < 50% | Decline |
| <p>Continuing Care Retirement Communities (CCRC): A residential community which provides several levels of housing and services for older people, ranging from independent living units to nursing homes</p> | Decline |
| Cor Pulmonale: Enlargement or failure of the right ventricle due to pulmonary hypertension | Decline |
| Coronary Artery Disease (CAD)/Heart Disease: Narrowing of the coronary arteries that supply blood to the heart | |
| Functional Class I: Patients with cardiac disease but without limitations in physical activity; they do not experience undue fatigue, palpitations, dyspnea, or angina | |
| Functional Class II: Patients with cardiac disease resulting in slight limitations of physical activity; comfortable at rest, though ordinary physical activity may result in fatigue, palpitations, dyspnea, or anginal pain | |
| Functional Class III: Patients with cardiac disease which results in marked limitations of physical activity; comfortable at rest, but less than ordinary physical activity causes fatigue, palpitation, dyspnea, or angina | |
| Functional Class IV: Patients with cardiac disease that results in inability to carry on any physical activity without discomfort; symptoms of cardiac insufficiency, or of angina, may be present even at rest; discomfort is increased with any physical activity | |
| Coronary bypass or angioplasty within three months | Postpone |
| Coronary bypass or angioplasty > three months ago, stable with no complications, no further cardiac symptoms, fitting the Functional Class I or II criteria above, with no co-morbid | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Mild (Functional Class I-II) with tobacco use within the last three years | Class 2 |
| Functional Class III and IV heart disease (see descriptions above), with tobacco use within three years or complications* | Decline |
| * <i>Complications and co-morbid may include but are not limited to diabetes, stroke (CVA/TIA), emphysema (COPD), high blood pressure, kidney disease, peripheral vascular disease (PVD), neuropathy, nephropathy, or retinopathy</i> | |
| CREST Syndrome: A diffuse connective tissue disease characterized by changes in the skin, blood vessels, skeletal muscles, and internal organs | Decline |
| Crohn's Disease: A chronic inflammatory disease that can affect any part of the gastrointestinal tract <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)/dosage? ▪ Date of last flare? ▪ Has the applicant ever been hospitalized or had surgery performed (colostomy, colectomy)? Date(s)/details? ▪ Is the applicant disabled or experience any limitations? Details? ▪ Does the applicant experience problems with continence? | |
| Newly diagnosed < six months | Postpone |
| Asymptomatic and treatment free, well controlled operated (single surgery only, no multiple procedures), with no complications nor limitations | Standard |
| Well controlled on stable medications (no steroids nor immunosuppressants), no more than one hospitalization, no related weight changes nor malnutrition | Class 1 |
| Multiple or frequent flares, multiple surgeries with significant weight loss, regular steroid use, or fecal incontinence | Decline |
| Crutches: Current use | Decline |
| Cystic Fibrosis: An inherited disease that affects the respiratory and digestive system | Decline |
| Cystitis: An infection or inflammation of the urinary bladder or urethra | Standard** |
| Defibrillator: A device used to treat life-threatening arrhythmias; it continually tracks a person's heart rate, and can correct an abnormally fast heart beat with a defibrillator shock and/or antitachycardia pacing | Decline |
| Deep Vein Thrombosis (DVT): A condition where there is a blood clot in a deep vein <ul style="list-style-type: none"> ▪ Date of the event ▪ Is the applicant on any medication? Name(s)? ▪ Has the applicant been hospitalized? Date(s)? ▪ How many total clots/embolisms has the applicant had? Date(s)? ▪ Has the applicant had a Greenfield Filter implanted? Date? ▪ Does the applicant have any circulatory or respiratory disorders? ▪ Is the applicant disabled or experience any limitations in activities or work? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Less than < six months since event | Postpone |
| Single episode, complete recovery, no underlying blood disorder, or limitations > six months; no co-morbidities such as diabetes or circulatory disorders, no tobacco use | Standard |
| Multiple events, complications or limitations, with a Greenfield or other filter type, tobacco use, or with other underlying blood disorder (such as but not limited to polycythemia vera or Factor V Leiden) | Decline |
| Degenerative Disc Disease: The gradual deterioration of the disc between the vertebrae | See Osteoarthritis |
| Degenerative Joint Disease: A chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joints | See Osteoarthritis |
| Dementia: Cognitive deficit, including memory impairment | Decline |
| <p>Depression: A mental disorder marked by altered mood — <i>a face-to-face assessment may be required</i></p> <ul style="list-style-type: none"> • Date of diagnosis? • Is the applicant taking any medication? Name(s)? • Has this been diagnosed as situational? • Has the applicant been hospitalized for depression, anxiety, or other mental illness? Date(s)/details? • Has the applicant ever received electroconvulsive shock therapy? • Does the applicant have any history of anxiety or other mental illness disorders? Details? | |
| Situational in nature, no use of antipsychotic medications, stable with no restrictions, or functional limitations | Standard** |
| Mild includes generalized anxiety disorder, requiring minimal medications or psychotherapy, no antipsychotic medications, no related periods of confinement, or disability, > six months ago | Standard |
| Moderate, single episode only, may include short period of confinement over three years ago, well-adjusted with no electroconvulsive therapy, no further treatment required other than maintenance medication, and no antipsychotic medications | Class 1 |
| Multiple hospitalizations, restrictions or limitations, electroconvulsive therapy, or unstable | Decline |
| <p>Diabetes: A lifelong disease of high blood sugar caused by too little insulin, resistance to insulin, or both</p> <ul style="list-style-type: none"> • Date of diagnosis? • What type of diabetes does the applicant have (Type I, Type II)? • What medications is the applicant taking? (Please note that we do not accept insulin use.) • What is the applicant's height and weight? (Please see the notes on diabetes and build in our build chart section.) • Does the applicant have any history of circulatory or heart disorder? Details? • Does the applicant use tobacco? • What was the applicant's most recent glycohemoglobin A1c reading? Date? • Does the applicant have any history of neuropathy (numbness, pain, or tingling of the extremities), nephropathy (kidney complications), or retinopathy (visual complications)? Details? • Has the applicant had any amputations? Details? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Non-insulin dependent/Type II diabetic, onset at least 12 months ago, well controlled by diet, oral medication, or other non-insulin medication, no tobacco or complications,* build in preferred weight column on our build chart, age of onset 31 or above, HgA1c less than 8.0% (Note: diabetics with build that is in the Standard Column will be class 1 at best.) | Standard |
| Non-insulin dependent/Type II diabetes, onset at least 12 months ago, well controlled by diet, oral medication, or other non-insulin medication, no tobacco or complications,* build in class rates column on our build chart, onset age 31 or older, or HgA1c at or less than 8% or tobacco within the last 36 months | Class 2 |
| Type 1 diabetic, juvenile, with any insulin use within three years, or uncontrolled, with complications, build above our class 1 column on our build chart, with tobacco within the last three years or otherwise | Decline |
| * <i>Complications include, but are not limited to: atrial fibrillation, coronary artery disease (CAD, heart attack, angina), cerebrovascular disease (stroke/CVA/TIA), peripheral vascular disease (PVD), kidney disease, nephropathy, neuropathy, and retinopathy</i> | |
| Dialysis: All cases | Postpone |
| Disorientation: All cases | Standard |
| Diverticulitis: An inflammation of an abnormal pouch in the intestinal wall, usually found in the colon | |
| Well controlled, asymptomatic, diet, or medication managed | Standard** |
| Surgically corrected, complete recovery and release from care, no subsequent flares, and no colostomy required | Standard |
| Flare(s) requiring no more than one hospitalization in the last three years, complete recovery, last flare greater than three months ago | Standard |
| Diverticulosis: An asymptomatic, abnormal pouch in the intestinal wall | Standard** |
| Down Syndrome: A chromosome abnormality resulting in moderate to severe mental retardation and other abnormalities | Decline |
| Drug or Substance Abuse/Dependency: Use of any habit-forming or illegal drug or substance for purposes other than those for which it is normally intended, or in a manner or quantities other than directed | |
| Over three years, no residual, no relapse | Standard |
| Within three years or with ongoing use or relapse | Decline |
| Dupuytren's Contracture: A painless thickening and contracture of tissue beneath the skin on the palm of the hand | Standard** |
| Dwarfism: Abnormally short stature with abnormal body proportions, caused by a deficiency of growth hormone | Decline |
| Dyspepsia: Imperfect or painful digestion | Standard** |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Dystonia: Involuntary movements and prolonged muscle contractions that result in twisting body motions, tremors, and abnormal posture | Decline |
| Ehlers-Danlos Syndrome: An inherited disorder of the elastic connective tissue | Decline |
| Emphysema: A lung disease which involves damage to the air sacs in the lung | |
| Mild, non-progressive, occasional oral steroid use, no limitations, no tobacco within the last 36 months, no oxygen use | Standard |
| Tobacco within the last 36 months, mild, non-progressive, no oral steroids, no limitations, stable for at least two years | Class 2 |
| Severe, regular use of oral steroids, limited functionality, tobacco use within the last 36 months | Decline |
| Endarterectomy: Surgical excision of the inner lining of an artery that is clogged with atherosclerotic build up | See Carotid Artery Disease |
| Epstein-Barr: The virus responsible for infectious mononucleosis and is associated with the development of non-Hodgkin's lymphoma in patients with immune compromise | |
| Complete recovery, no residuals or complications, > 24 months | Standard |
| Esophagitis: Inflammation of the esophagus | Standard** |
| Esophageal Varices: A dilation of an esophageal vein | Decline |
| Epilepsy: A disorder of the central nervous system characterized by periodic loss of consciousness with or without convulsions | |
| Absence, Jacksonian, petit mal or simple partial with last attack > 12 months ago | Standard |
| Grand mal, well controlled with last attack > three years | Standard |
| Grand mal, last attack > 12 months, but < three years | Class 1 |
| Otherwise | Decline |
| Factor V Leiden: An inherited mutation in factor V that causes a hypercoagulability disorder | |
| With no history of clots and currently on anticoagulation therapy | Class 1 |
| With history of clots(s), or not on anticoagulation therapy or otherwise | Decline |
| Falls: To come down freely under the influence of gravity — medical records may be required if within two years | |
| One fall, > six months ago, no other under underlying risk factors | Standard |
| Multiple falls (three or more within the last 24 months), or single fall < six months | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Fatty Liver: An accumulation of fat within the liver cells | |
| Asymptomatic, treatment-free, normal liver function tests | Standard |
| Abnormal liver function tests or regular alcohol use | Decline |
| Feeding Tube: A medical device used to provide nutrition in individuals who cannot do so via the normal oral route | Decline |
| Fibromyalgia: Chronic pain in muscles and soft tissue surrounding joints | |
| Well controlled, mild, stable for at least six months without history of hospitalizations, no disability, no loss of work, no pain medications stronger than NSAIDS | Standard |
| Well controlled, mild to moderate, stable for at least six months without history of hospitalizations, no disability or loss of work, stable maintenance medications (which may include depression medications), no narcotics, no ongoing trigger point injections | Class 1 |
| Severe or all others | Decline |
| Forgetfulness: Inability to remember something previously known or learned — <i>a face-to-face assessment may be required</i> | |
| Single episode greater than 24 months ago, no further concerns, fully resolved with a normal neuropsychological work-up;* a face-to-face assessment may be required as part of underwriting requirements | Standard |
| Multiple episodes or any number of episodes within 24 months, etiology unknown, no work-up, or otherwise | Decline |
| * <i>Neuropsychological workup — neuropsychological tests evaluate functioning in a number of areas including: intelligence, executive functions (such as planning, abstraction, conceptualization), attention, memory, language, perception, sensorimotor functions, motivation, mood state and emotion, quality of life, and personality styles conducted and evaluated by a neuropsychologist or trained, skilled psychometrist</i> | |
| Fractures: Sudden breaking of bone <ul style="list-style-type: none"> ▪ What was the date of the fracture(s)? ▪ What bone(s) were affected? ▪ What was the cause of the fracture(s)? (If the fracture was from a fall, please see Falls.) ▪ Does the applicant have any history of osteoporosis? T-score/date? ▪ Has the applicant fully recovered from the fracture and been released from care? ▪ Does the applicant use any type of assistive device (cane, walker, etc.)? Details? ▪ Is the applicant disabled or do they experience any limitations in activities or in the workplace? Details? | |
| Single fracture, > three months, full recovery no residuals | Standard |
| Multiple traumatic fractures, > six months, no complicated factors such as osteopenia/osteoporosis, fully recovered and released from care | Standard |
| With complications or with a history of osteopenia/osteoporosis | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Gallstones: Calcium deposits formed in the gallbladder or bile duct | Standard** |
| Glaucoma: A condition of increased pressure inside the eye | |
| No visual impairment | Standard |
| Otherwise | See Blindness |
| Glomerulonephritis: A group of kidney diseases caused by inflammation of the internal kidney structures <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Was condition diagnosed as acute or chronic? Details? ▪ What type of treatment did the applicant receive? Details? ▪ Has the applicant ever undergone dialysis? Date? ▪ Has the applicant ever been hospitalized for kidney problems? Date(s)/details? ▪ What were the results of the last blood workup (creatinine, BUN)? Date(s)/details? | |
| Acute in nature, > six months, complete recovery, normal kidney function tests, no kidney damage | Standard |
| Chronic, abnormal kidney function tests, or treated with dialysis | Decline |
| Glucose Intolerance: A state of blood sugar control that is abnormal but not diagnosed as diabetes | See diabetes |
| Goiter: Enlargement of the thyroid gland that is not associated with inflammation or cancer | Standard** |
| Gout: A disease marked by uric acid deposits in the joints, causing painful arthritis especially in the joints of the feet and legs | |
| Well controlled with minimal symptoms | Standard** |
| Severe or with multiple flares, disabling causing limitations, or inability to do activities | Decline |
| Greenfield Filter: A multi-strutted vena caval filter for preventing pulmonary embolism and deep vein thrombosis | Decline |
| Guillian-Barre Syndrome: A disorder involving progressive muscle weakness or paralysis | |
| Full recovery, no residuals or recurrence, > six months | Standard |
| Chronic in nature, relapsing, residual weakness, muscle atrophy, or otherwise | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|--|
| Heart Attack: Sudden interruption or insufficiency of the supply of blood to the heart, typically resulting from occlusion or obstruction of a coronary artery | See Coronary Artery Disease |
| Heart Murmur: An abnormal sound in the heart beat | |
| Asymptomatic, considered functional or benign, non-progressive | Standard |
| <p>Heart Valve Disease: The heart valves can malfunction either by leaking or by failing to open adequately; either problem can interfere with the heart’s ability to pump blood</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ Has the applicant ever been hospitalized for a heart or circulatory disorder? Date(s)/details? ▪ Has valvular surgery been performed? Date(s)/details? ▪ When was the last echocardiogram performed? Details? ▪ Does the applicant experience shortness of breath or limitations in activities or exercise? Details? | |
| Mild, asymptomatic, grade I-II, treatment free | Standard |
| Single valve replaced, > six months ago, fully functional, no co-morbidities or complications (such as diabetes, stroke/TIA/CVA) | Class 1 |
| Double valve replacement, > six months ago, in combination with mild hypertension and tobacco use, no additional complications or co-morbidities | Class 2 |
| Otherwise | Decline |
| Hemochromatosis: A genetic disease that results in excess iron deposits throughout the body | |
| New onset or abnormal blood studies within the last 12 months | Postpone for One Year |
| Asymptomatic, stable blood studies for at least 12 months, ferritin normal with treatment (50-100 ng/ml), no more than four phlebotomies per year, TS% — transferrin-iron saturation percentage less than 50% | Standard with Maximum Daily Benefit \$150/\$275,000 Maximum Pool of Money |
| With complications, any co-morbid conditions, organ or joint involvement, abnormal blood studies, or otherwise | Decline |
| <p>Hepatitis: An inflammation of the liver</p> <ul style="list-style-type: none"> ▪ What type of Hepatitis? ▪ What type of treatment has the applicant received? Date(s)/details? ▪ Has the applicant ever been hospitalized? Date(s)/details? ▪ What were the results of the last blood workup? Date? ▪ Does the applicant use alcohol? Frequency/amount? ▪ What was the cause of the hepatitis? Is the cause ongoing? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Type A, acute episode, fully resolved, > three months | Standard |
| Type B, acute episode, > 12 months ago, or resolved with normal liver function tests | Standard |
| Chronic Type B, greater than 12 months ago, normal liver functions, with Hep B AG negative, no known liver damage and DNA PCR undetectable, completely resolved, full recovery | Standard |
| Chronic B history, carrier status only, known for greater than 12 months, Hep B e AG **negative, normal liver functions, no known liver damage, DNA PCR <2000IU/ml (**Note: The "e" antigen versus the "s" antigen noted above is an important difference; please check with the applicant before submitting the application) | Class 1 |
| Chronic Type B, active disease, under current treatment, or otherwise | Decline |
| Hepatitis C, 10 years after treated with Interferon, Ribavirin, Pegylated Interferon with negative VIRAL RNA, NL LFT | Class 1 |
| Hepatitis C, two years after treated with Interferon, Ribavirin, Pegylated Interferon with negative VIRAL RNA, NL LFT | Class 2 |
| Hepatitis C, newer therapies — treated with Harvoni, Solvandi, or a comparable medication and undetectable, initial Fibrosis, Fibrosure, or stage no worse than F1/stage 1 > six months | Standard |
| Hepatitis C, newer therapies such as above, undetectable, but initial Fibrosis, Fibrosure, or Stage no worse than F2/stage 2 > six months | Class 2 |
| All Types — current Fibrosis > 2 *will always consider the source of the infection and any risk factors that may have complicated or contributed to or are still present or recently involved (within five years) | Decline |
| All other types D, E (active or chronic), F2 (fibrosis), or under current treatment | Decline |
| Herniated Disc: A disc that, due to injury or disease, bulges outside its normal area, causing pain and limiting function | See Osteoarthritis |
| Hodgkin's Disease: A malignancy found in the lymph nodes, spleen, liver, and bone marrow | See Cancer |
| Home Health Care Services: Current or within 12 months | Decline |
| Human Immunodeficiency Virus (HIV): The virus that affects the immune system and causes the disease known as AIDS | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Huntington's Chorea: An inherited condition characterized by abnormal body movements, dementia, and psychiatric problems | Decline |
| Hydrocephalus: A disorder associated with excessive fluid in the brain | Decline |
| Hypertension: Higher than normal blood pressure <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ What are the applicant's average blood pressure readings? ▪ Has the applicant ever been hospitalized for hypertension or hypertensive complications? Date(s)/details? ▪ Does the applicant have any other heart or circulatory problems? Details? ▪ Does the applicant have any kidney problems? Details? | |
| Average six month blood pressure readings < 140/85 | Standard** |
| Mild, stage 1 average 140-159/90-99 | Standard |
| Moderate, stage 2 average 160-179/100-109 | Class 2 |
| Severe, > 180/> 110, or with renal involvement or other complications | Decline |
| Hyperthyroidism: An imbalance in metabolism that occurs from overproduction of thyroid hormones | |
| Hyperactive, with or without goiter, nodular or multi-nodular, well controlled and stable, > six months | Standard |
| Control not established | Postpone |
| Hypothyroidism: A condition in which the thyroid gland fails to produce enough thyroid hormone | |
| Hypoactive, no history of myxedema, with or without goiter or nodules, well controlled, > three months ago | Standard** |
| With history of myxedema, fully resolved, no history of coma or psychosis, on replacement therapy, > six months ago | Standard** |
| Idiopathic Thrombocytopenia Pupura (ITP): A bleeding disorder characterized by low platelet counts resulting from platelet destruction by the immune system <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ What type of treatment has the applicant received? Date(s)/details? ▪ Is the applicant taking any steroids? Dosage? ▪ Has the applicant ever had a splenectomy? Date? ▪ Has the applicant ever been hospitalized for a blood related disorder? Date(s)/details? ▪ What was the applicant's last platelet count? | |
| With splenectomy, > 12 months, full recovery, normal platelet levels, no residuals and no ongoing corticosteroid use | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| With splenectomy, > 12 months, full recovery, platelet levels above 100,000, no residuals with continued steroid use < 10 mg | Class 1 |
| Without surgery, single episode greater than 12 months ago, normal blood studies, full recovery | Standard |
| Without surgery, single episode greater than 12 months ago, normal blood studies or greater than two episodes | Class 2 |
| Without surgery, two or more episodes with corticosteroid use, or otherwise | Decline |
| <p>Incontinence: The inability to retain urine or feces</p> <ul style="list-style-type: none"> ▪ Type of incontinence (stress, urge urinary, bowel) ▪ Is the applicant taking any medication? Name(s)? ▪ Has the applicant undergone surgery? Date(s)? ▪ Has the applicant been advised to have surgery? Details? ▪ Does the applicant require the use of protective undergarments? Details? | |
| Stress or urgency only (urinary), well-controlled, self managed, minimal leakage on exertion, > 12 months | Standard |
| If related to disease | See Specific Disease |
| Bowel | Decline |
| <p>Intermittent Claudication: Pain and cramping in the calf muscles aggravated by walking and caused by an insufficient supply of blood</p> | Refer to Peripheral Arterial Disease |
| <p>Interstitial Cystitis: A condition causing recurring discomfort or pain in the bladder and surrounding pelvic region</p> | |
| Successfully treated with oral medication, no limitations | Standard |
| Otherwise | Decline |
| <p>Irritable Bowel Disease: A condition of abnormally increased, spontaneous movement of the small and large intestine</p> | See Colitis |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|--|
| Joint Replacement: The replacement of a joint — <i>a face-to-face assessment may be required</i> | |
| Treatment free, no assistive devices, > three months for knee, > six months for other weight bearing joint (such as hip) | Standard |
| Currently receiving physical therapy, not released from care, limited activity or use of assistive devices | Decline |
| Kidney Disease, Chronic: A condition which occurs when one suffers from gradual loss of kidney function | |
| Stage 1 and 2, no diabetes, blood pressure average less than 140/85, with near normal kidney function tests with GFR 60 or above, stable for at least 12 months | Standard |
| Stage 3 or above, or any stage in combination with diabetes, blood pressure readings greater than 145/85, or with history of dialysis within the last three years | Decline |
| Kidney Failure: Failure of the kidney to perform its essential functions | Decline |
| Kyphosis: Abnormal curvature of the spine | See Osteoporosis |
| Labyrinthitis: An ear disorder involving inflammation of the canals of the inner ear resulting in dizziness | |
| Fully functional, mild, no limitations, no falls or accidents > six months | Standard |
| Recent diagnosis less than six months ago, requiring hospitalization, with falls or accidents, or possible neurological system involvement | Decline |
| Leukemia: A malignancy of the blood forming cells in the bone marrow | |
| Chronic lymphocytic leukemia (CLL) — current age 65 and above, in remission, low stage — Rai 0 or 1, Binet A, no metastasis to organs, single period of treatment over six months, normal blood levels | Standard |
| Chronic lymphocytic leukemia (CLL) — Age 65 or above Rai 2, Binet B, no metastasis to organs, single period of treatment over six months, normal blood levels | Class 2, 2 Year Benefit, 90 Day Elimination Period |
| Chronic lymphocytic leukemia (CLL) — Under age 65, or current treatment or multiple episodes out of remission, metastasis, above Rai 2 or Binet B | Decline |
| All other types such as Hairy Cell, AML, CML, all others | Decline |
| Leukopenia: A low level of white blood cell count, which may interfere with the ability to fight infection | |
| Stable, WBC > 2.5, without recurrent infections or decreased ability to fight infection | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| <p>Lupus (Discoid): A chronic disease of the skin characterized by remissions and exacerbations of a scaling, red, macular rash</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Has a skin biopsy been performed? Details? ▪ Is the applicant taking any medication? Name(s)? | |
| No treatment necessary, no flare ups, > 24 months since initial onset | Standard |
| New onset < 24 months | Postpone |
| <p>Lupus (Systemic Lupus Erythematosus): A chronic inflammatory auto-immune disorder that may affect organ systems including the skin, joints, and internal organs</p> | Decline |
| <p>Lyme Disease: A multi-system disorder caused by bacteria transmitted by a tick</p> | |
| Asymptomatic, single occurrence, no residuals, no neurological or cardiac involvement, treatment free for six months or greater | Standard |
| Two occurrences, no residuals, no neurological or cardiac involvement, treatment free, at least three years ago | Class 1 |
| Symptomatic, with residuals or neurological or cardiac involvement, three or more occurrences, or otherwise | Decline |
| <p>Lymphoma: A usually malignant lymphoid tumor or growth exertion, > 12 months</p> | See Cancer |
| <p>Macular Degeneration: A disorder that affects the macula causing decreased visual acuity and possible loss of central vision</p> | See Blindness |
| <p>Major Depression: A recurrent emotional state characterized by feelings of persistent sadness, worthlessness, loss of hope, and loss of interest in usual activities</p> | See Depression |
| <p>Marfan Syndrome: A hereditary disorder of the connective tissue that affects the skeletal system, cardiovascular system, eyes, and skin</p> | Decline |
| <p>Memory Loss: The inability to remember or recall bits of information or behavioral skills</p> | |
| More than two years ago with cognitive impairment ruled out and with no history of head trauma, no CVA/Stroke/TIA, normal MRI and CT of the brain, and with normal neuropsychological workup — <i>face-to-face required</i> | Standard |
| Current, etiology unknown, or otherwise | Decline |
| <p>Meniere's Disease: A disorder of the inner ear characterized by abnormal sensation of movement, loss of hearing in one or both ears, or noises or ringing</p> | |
| Fully functional, mild, no limitations, > six months | Standard |
| Recent diagnosis, hospitalization, or neurological systems | Postpone |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Meningioma: A tumor of the protective lining of the brain and spinal cord which is usually benign, some may be malignant (if malignant see Cancer) | |
| Completely removed, benign, no residuals, no recurrences > 24 months, a face-to-face assessment will be required | Class 1 |
| Current or unoperated, or partial tumor remains, or any residuals | Decline |
| Mental Retardation: Below average general intellectual function with associated deficits in behavior that occurs before age 18 | Decline |
| Migraine(s): A disorder involving repeated or recurrent headaches, associated with temporary changes in the diameter of the blood vessels in the head | |
| Infrequent, non-debilitating, no restrictions or limitations | Standard** |
| Medically managed with multiple medications with no restrictions or limitations | Standard |
| Migraine with temporary blindness, aphasia, or paresthesia with > two episodes within the last 24 months, with evidence of chronic ischemic changes to the brain indicated on an MRI, with small vessel disease or otherwise | Decline |
| Mitral Valve Prolapse: A heart disorder in which the mitral heart valve does not close properly allowing blood to leak into the left atrium | |
| Asymptomatic or currently being treated | Standard |
| Mixed Connective Tissue Disease: An overlap of three connective tissue disease (SLE, Scleroderma, and Polymyositis) | Decline |
| Multiple Myeloma: A cancer of the bone | Decline |
| Multiple Sclerosis: A disorder of the central nervous system involving decreased nerve function associated with the formation of scars on the covering of nerve cells | Decline |
| Muscular Dystrophy: A group of disorders characterized by chronic muscle weakness of voluntary muscles | Decline |
| Myasthenia Gravis: A disorder characterized by chronic muscle weakness of voluntary muscles | |
| Ocular only, stable, > 12 months, steroids not to exceed 10 mg | Class 1 |
| Otherwise | Decline |
| Mycosis Fungoides: A cutaneous form of T-cell lymphoma | Decline |
| Myelofibrosis: A bone marrow disorder disrupting the normal production of blood | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Narcolepsy: A sleep disorder associated with uncontrollable sleepiness and frequent daytime sleeping | |
| > 12 months since diagnosis, well controlled, non-progressive use | Standard |
| Recently diagnosed or otherwise | Postpone |
| Nephrectomy: Removal of a kidney | |
| Kidney due to benign disorder, infection, trauma, or a donor, fully recovered, normal kidney function tests and no co-morbidities that may impact remaining kidney health, greater than six months | Standard |
| Kidney removed due to cancer, fully recovered, normal kidney function | See Cancer |
| In combination with co-morbidities that may impact single kidney health (such as diabetes, heart disease, hypertension, peripheral vascular disease), abnormal kidney functions, or less than six months from recovery and release from physician | Decline |
| Nephritis: Inflammation of the kidneys | |
| Onset or diagnosis within 12 months | Postpone |
| Onset or diagnosis > 12 months, resolved with normal kidney functions | Standard |
| Neurogenic Bladder: A urinary bladder problem in which there is abnormal emptying of the bladder; it may empty spontaneously or may not empty at all | Decline |
| Neuropathy: A disease of the nerves <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ What is the cause of neuropathy? ▪ Is the applicant taking any medication? Name(s)? ▪ Does the applicant have diabetes, circulatory, or back problems, or history of significant alcohol use? ▪ Does the applicant use any assistive devices? | |
| Mild, non limiting, no history of diabetes, no significant alcohol use | Standard |
| Related to diabetes, alcohol use, significant circulatory disorder, or otherwise | Decline |
| Nursing Home Confinement: Current or within 12 months | Decline |
| Optic Neuritis/Retrobulbar Neuritis: Inflammation of the optic nerve | |
| Cause known | Refer to Cause |
| Cause unknown, one attack, full recovery > six months ago | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Cause unknown, two or more attacks, full recovery, no other evidence of demyelinating disease within one to three years | Class 1 |
| Cause unknown, two or more attacks, full recovery, no other evidence of demyelinating disease > three years | Standard |
| Otherwise, or in combination with demyelinating disease | Decline |
| Organic Brain Syndrome: Any of a large group of acute and chronic mental disorders associated with brain damage or impaired cerebral function | Decline |
| <p>Osteoarthritis: A chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joint</p> <ul style="list-style-type: none"> • Date of diagnosis? • Is the applicant taking any medication? Name(s)? • What joints are affected? • What is the severity (mild, moderate, severe)? • Has the applicant received any steroid injections? Details? • Has there been use of narcotic pain medications or devices to control pain (such as but not limited to a TENS unit, Spinal Cord Stimulator, or Chronic Pain Diffuser (or intrathecal pump))? Details? • Any use of assistive devices? Details? • Does the applicant experience shortness of breath or limitations in activities or exercise? Details? | |
| Mild, no limiting disability, treated with aspirin or nonsteroidal anti-inflammatory drugs, occasional pain | Standard |
| Moderate, occasional mild limitations, chronic pain, AM stiffness, occasional corticosteroids not to exceed 10 mg | Class 1 |
| Severe, treatment with > 10 mg corticosteroids or DMARDs, functional limitations or use of assistive or implanted pain devices (such as TENS unit or other chronic pain diffuser) | Decline |
| Osteomyelitis: An acute or chronic bone infection | |
| Acute, due to vascular insufficiency, fully recovered | Standard |
| Present, chronic or otherwise | Decline |
| Osteopenia: Lower than normal bone density with T scores between -1.0 and -2.5 | |
| Stable or improving T scores better than -2.5, no fractures or other musculoskeletal concerns, with preventative treatment | Standard |
| With multiple fractures, multiple falls, chronic pain, or functional limitations | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| <p>Osteoporosis: The progressive loss of bone density with T scores at -2.5 or lower</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ What were the T-scores of the last bone density study? Date/details? ▪ Has the applicant had any spinal or other fractures? Date(s)/details? ▪ Does the applicant do any form of weight bearing exercise? What and how often? | |
| Stable or improving T scores of -2.5 to -3.1, no regular steroid use, no compression fractures, no hip fracture, no kyphosis, no tobacco, and not significantly underweight | Class 1 |
| Stable or improving T scores of -3.1 to -3.5, no regular steroid use, no compression fractures, no hip fracture, no kyphosis, no tobacco use, or not significantly underweight | Class 2 |
| T scores worse than -3.5, steroid use, multiple fractures, compression fracture, hip fracture, kyphosis, use of cane, falls, any limitations, or significantly underweight | Decline |
| Oxygen: Current use | Decline |
| Pacemaker: Implanted battery powered device that electronically stimulates the heart to contract | |
| Asymptomatic, no restrictions or limitations, normal cardiac output, no complications or significant underlying cardiac condition such as CHF, cardiomyopathy, ongoing atrial fibrillation, with the pacemaker > three months | Standard |
| < three months | Postpone |
| <p>Paget's Disease: A metabolic bone disease that involves bone destruction and re-growth that results in deformity</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant receiving any treatment? Details? ▪ Area affected? ▪ Have there been any fractures? Date(s)/details? ▪ What were the results of last blood workup? Date/results? ▪ Any associated bone pain? Details? | |
| Of the breast | See Cancer |
| Of the bone, asymptomatic, no limitations, normal lab values, > 24 months | Standard |
| Active, evidence of fractures with bone pain, or elevated lab values | Decline |
| <p>Pancreatitis: An inflammation or infection of the pancreas</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Chronic or acute? ▪ Is the applicant currently taking medication? Name(s)? ▪ Has the pancreatitis completely resolved? ▪ Date and details from last lab work up? | |
| Acute, single episode, full recovery with no residuals, no secondary diabetes or alcohol abuse, >12 months | Standard |
| Otherwise | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Paralysis: Temporary suspension or permanent loss of function, especially loss of sensation or voluntary motion | Decline |
| Paraplegia: Paralysis of the lower portion of the body and of both legs | Decline |
| Parkinson’s Disease or Parkinsonism: A chronic nervous disease characterized by a fine, slowly spreading tremor and difficulty with walking, movement and coordination | Decline |
| Pericarditis: Inflammation of the pericardium, the sac covering the heart | |
| Acute, full recovery, no residuals, > six months | Standard |
| Recurrent | Decline |
| Pemphigus Vulgaris: A rare autoimmune disease causing painful skin blistering and sores on the skin or mucus membranes | Decline |
| <p>Peripheral Arterial or Peripheral Vascular Disease: A circulatory disease of the peripheral blood vessels that is characterized by narrowing and hardening of the arteries that supply blood to the legs and feet</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ Has the applicant used tobacco within the last 36 months? ▪ Is the applicant able to walk four blocks or more without pain, cramping, or swelling in the legs? ▪ Has the applicant had or been recommended to have leg surgery? Date(s)/details? ▪ Does the applicant have diabetes, heart or other circulatory disorders? Details? ▪ Has the applicant experienced any changes in the skin color, swelling, or ulcers on the lower legs? Details? ▪ Any restriction or changes that have been required to activities or work? | |
| Mild, no tobacco use, stable with no restrictions or limitations | Standard |
| Moderate or severe, tobacco user, history of diabetes, heart, or other circulatory disorder | Decline |
| Pituitary Insufficiency/Hypopituitarism: A condition in which the pituitary fails to produce enough of one or more hormones | |
| Well controlled on hormonal therapy, no tumor present, > two years ago | Class 1 |
| Otherwise | Decline |
| Polyarteritis Nodosa: A form of necrotizing vasculitis involving small to medium-sized arteries with signs and symptoms resulting from infarction and scarring of the affected organ system | Decline |
| Polycystic Kidney Disease: An inherited kidney disorder that enlarges the kidneys and interferes with their function because of multiple cysts on the kidneys | Decline |
| <p>Polycythemia: A blood disorder characterized by abnormal increase in red blood cells resulting from increased blood cell production by the bone marrow</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant currently taking medication? Name(s)? ▪ When was the applicant’s last phlebotomy? Date? ▪ Has the applicant ever had a TIA, blood clot, or gastrointestinal bleed? Details? ▪ Has there been any indication or progression to leukemia? Details? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Well controlled, asymptomatic, diagnosed > 12 months ago with no history of circulatory disorder, stable blood counts | Standard |
| Primary/polycythemia vera, stable blood counts | Class 2 |
| Secondary | Refer to Underlying Disease |
| <p>Polymyalgia Rheumatica: A disorder of unknown cause, usually afflicting persons over the age of 50, involving pain and stiffness in the hip and shoulder area</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Date of last flare? Date? ▪ Is the applicant taking any medication? Name(s)? ▪ Is the applicant disabled or experience any restrictions or limitations on hobbies or work? Details? | |
| Present > 12 months, well controlled and stable, no steroid use for at least the last six months, no functional limitations | Standard |
| Symptomatic, regular narcotic pain medication or steroid use or otherwise | Decline |
| Polymyositis: Inflammatory muscle disorder in which muscle tissue becomes inflamed and deteriorates, causing weakness and pain. | Decline |
| Polyps (benign): A growth that projects, usually on a stalk; commonly found in vascular organs such as the nose, uterus, colon, and rectum | Standard** |
| Pregnancy: | |
| Currently pregnant | Postpone |
| Successful delivery, released from care, under age 40, no complications* during pregnancy or residuals from pregnancy/delivery > six weeks | Standard** |
| Otherwise with successful delivery, no residual complications,* released from care > three months | Standard |
| * <i>Complications for the most recent pregnancy or previous pregnancies include but not limited to: a high risk pregnancy, any surgery including caesarian section, difficult labor, prolonged bed rest, ectopic pregnancy, miscarriage, placenta previa, in vitro or in vivo fertilization, multiple births, post-partum psychosis, eclampsia and preeclampsia, marked deformity of thorax, spine, pelvis or legs, stillbirth, and pre-existing of gestational diabetes, hypertension, or vascular issues</i> | |
| Premature Atrial Contractions (PACs): An early or premature heartbeat originating from the atria | See Atrial Fibrillation |
| Premature Ventricular Contractions (PVCs): An early or premature heartbeat originating from the ventricle | See Atrial Fibrillation |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Prostatic Hypertrophy (Benign): A non-malignant enlargement of the prostate due to excessive growth of prostate tissue | Standard** |
| Prostatism: Any condition of the prostate that interferes with the flow of urine | |
| PSA 4.0 or less, not rising, no planned procedures or additional testing recommended | Standard** |
| Pseudodementia: A syndrome that mimics dementia, but not due to organic brain disease | Decline |
| Psoriatic Arthritis: Arthritis associated with psoriasis | See Rheumatoid Arthritis |
| Psychosis/Psychotic Disorder: A general term referring to a loss of contact with reality | Decline |
| Pulmonary Embolism: A blockage of any artery in the lungs by a blood clot or an unknown substance <ul style="list-style-type: none"> ▪ Date of the event? ▪ Is the applicant on medication? Name(s)? ▪ Has the applicant been hospitalized? Date(s)? ▪ How many total clots/embolisms has the applicant had? Date(s)? ▪ Has the applicant had a Greenfield filter implanted? Date? ▪ Does the applicant have any circulatory or respiratory disorders, or complications? ▪ Is the applicant disabled or experience any restrictions or limitations on hobbies or work? Details? | |
| Complete recovery, cause known (underwrite based on cause), no underlying blood disorder, single occurrence > six months | Standard |
| Multiple occurrences, or in combination with an underlying blood disorder or with complications, or with any vascular filter | Decline |
| Pulmonary Fibrosis: A respiratory condition of unknown cause, characterized by scarring and inflammation of the deep lung tissue or more hormones | |
| Localized incidental finding on chest x-ray, normal pulmonary function tests, no symptoms, no underlying COPD or emphysema, > six months | Class 1 |
| In combination with underlying COPD or emphysema, symptomatic, chronic steroid use, oxygen use, congestive heart failure, tobacco use, or otherwise | Decline |
| Pulmonary Hypertension: A chronic deadly disease characterized by increased pulmonary pressure and right-sided heart failure | |
| Incidental finding, mild, asymptomatic, treatment free, and stable for > 12 months | Standard |
| Symptomatic, under treatment or otherwise | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Pyelitis: Inflammation of the pelvis or the kidney caused by bacterial infection | See Nephritis |
| Quadriplegia: Paralysis of all four extremities and usually the trunk, caused by injury to the spinal cord | Decline |
| Raynaud's Disease: Condition that causes restricted blood flow in the hands and feet | |
| Onset > two years ago, stable, full use of extremities, non-progressive, no tobacco use and no diabetes | Standard |
| In combination with tobacco use, diabetes or otherwise | Decline |
| Raynaud's Phenomenon: Sporadic attacks of blood vessel spasms resulting in interruption of blood flow to the fingers, toes, ears, and nose, caused by exposure to excessive strong cold or strong emotion <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ Does the applicant have any history of lupus, scleroderma, or connective tissue disease? Details? ▪ Has the applicant had any amputations? Details? | |
| Asymptomatic, treatment free | Standard** |
| Stable, no systemic involvement or functional limitations | Standard |
| Systemic involvement, functional limitations, no tobacco, or otherwise | Decline |
| Reflex Sympathetic Dystrophy (RSD): a painful disorder that involves burning pain, swelling, and motor and sensory disturbances especially of an extremity, and is often considered a type of complex regional pain syndrome in which a peripheral nerve injury has not been identified | Decline |
| Renal Insufficiency: Poor function of the kidneys that may be due to a reduction in blood-flow to the kidneys caused by renal artery disease | |
| Acute — recovery > 1 year, GFR > 60 | Standard |
| Chronic mild stage 1 or 2, GFR > 60, no co-morbidities such as diabetes, pre-diabetes, heart disease, or poorly controlled hypertension | Standard |
| Chronic > stage 2, or worsening, co-morbidities as above, kidney failure or dialysis within the last three years | Decline |
| Respirator: All cases | Decline |
| Restless Leg Syndrome: Defined as a distressing need or urge to move the legs, usually accompanied by an uncomfortable sensation in the legs that is brought on by rest | |
| New onset, well controlled, significant neurological disorders have been ruled out | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| <p>Retinal Artery Occlusion: A blocking of one of the retinal arteries, typically caused by a clot in the blood stream and resulting in vision loss</p> | |
| <p>Single episode, asymptomatic, no functional or cognitive impairments, > 24 months; if there is any blindness see blindness guideline also</p> | Standard |
| <p>In combination with diabetes, CVA/TIA/stroke, white matter changes on MRI, etc.</p> | Decline |
| <p>Retinal Detachment: A movement of the retina from the outer wall of the eyeball</p> | |
| <p>Fully recovered, not due to disease</p> | Standard |
| <p>Otherwise</p> | Decline |
| <p>Retinitis Pigmentosa: A progressive degeneration of the retina in the eye that affects night vision and peripheral vision — <i>a face-to-face assessment may be required</i></p> | |
| <p>After acclimated to stable blindness for 12 months, fully functional, no falls or accidents</p> | See Blindness |
| <p>Otherwise or blind less than 12 months</p> | Decline |
| <p>Rheumatoid Arthritis: A chronic, inflammatory, systemic disease that primarily affects the joints and surrounding tissues but also affects other organ systems within the body</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ Is the applicant taking any medication? Name(s)? ▪ What joints are affected? ▪ What is the severity (mild, moderate, severe)? ▪ Has the applicant received any steroid injections? Details? ▪ Any use of assistive devices? Details? ▪ Does the applicant experience shortness of breath or limitations in activities or exercise? Details? | |
| <p>Mild, no limiting disability, treated with aspirin or nonsteroidal anti-inflammatory drugs, occasional pain</p> | Standard/ Class 1 |
| <p>Moderate, occasional mild limitations, chronic pain, morning stiffness, occasional corticosteroids not to exceed 10 mg daily, methotrexate (not more than 20 mg week), Plaquenil (400 mg daily max) 12 months stable on the medications, no immunosuppressants (such as Humira, Enbrel, Remicade, others), no infusions</p> | Class 1 |
| <p>Severe, treatment with > 10 mg corticosteroids or DMARDs (immunosuppressants), functional limitations or use of assistive devices, with joint deformities or nodules</p> | Decline |
| <p>Sarcoidosis: A disease of unknown cause in which inflammation consisting of granulomas occurs in lymph nodes, lungs, liver, eyes, skin, and other tissue</p> <ul style="list-style-type: none"> ▪ Date of diagnosis? ▪ What areas of the body are affected? ▪ Is the applicant taking any medication? Name(s)? ▪ If lung involvement, have pulmonary function tests been performed? Date/results (FEV1 and FVC percent)? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Inactive, fully functional, > six months, treatment free, no residuals | Standard |
| Multiple sites, currently under treatment, symptomatic, functional limitations, or otherwise | Decline |
| Schizophrenia: A group of psychotic disorders characterized by disturbances in thought, perception, affect, behavior, and communication lasting longer than six months | Decline |
| Sciatica: A condition involving impaired movement and/or sensation in the leg, caused by damage to the sciatic nerve | |
| Fully functional, asymptomatic, normal range of motion, no ongoing treatment > three months | Standard |
| Scleroderma: A diffuse connective tissue disease characterized by changes in the skin, blood vessels, skeletal muscles, and internal organs | Decline |
| Sclerosing Cholangitis: Chronic disease in which it is believed that the immune system fails to recognize the cells that compose the bile ducts as part of the same body and attempts to destroy them | Decline |
| Scoliosis: A lateral or sideways curvature of the spine <ul style="list-style-type: none"> • Is the applicant on any medication? Name(s)? • Does the applicant have osteoporosis? If so, what is the T-score? • Has the applicant undergone any physical therapy or back surgery? Date(s)/details? • Does the applicant have any respiratory problems? Details? | |
| Mild to moderate, no functional impairment, no further progression, no limitations in ADLs or IADLs, and no secondary impairments (i.e., osteoporosis or emphysema) | Standard |
| Severe, with limitations or any respiratory compromise, disabling, functional limitations | Decline |
| Scooter: A motorized personal vehicle which assists with mobility | Decline |
| Shunt: A surgically created passage between two natural channels | Decline |
| Shy-Drager Syndrome: A degenerative disorder characterized by progressive damage to the autonomic nervous system, muscle tremor and rigidity, and other widespread neurological losses | Decline |
| Sick Sinus Syndrome: The name given to a group of arrhythmias that occur because the normal pacemaker of the heart (the sinus node) does not work properly | |
| Mild, no symptoms, unoperated/no pacemaker (with pacemaker see pacemaker ratings also) | Class 1 |
| Unoperated, asymptomatic with no underlying cardiovascular disease | Standard |
| Unoperated with dysrhythmia, symptomatic, including syncope, chest pain, dizziness, or fatigue within three months | Decline |
| Sickle Cell Anemia: An inherited chronic blood disease in which the red blood cells function abnormally and break down, causing recurrent painful episodes | Decline |
| Sickle Cell Trait: A hereditary condition, usually harmless and without symptoms, in which an individual carries only one gene for sickle cell anemia | Standard |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <small>**possible preferred</small> |
|---|---|
| Sjogren's Syndrome: A systemic, inflammatory disorder characterized by dry mouth, decreased tearing, and other mucous membranes often associated with auto-immune rheumatic disorders | See Rheumatoid Arthritis |
| Sleep Apnea: Repeated, prolonged episodes of cessation of breathing during sleep <ul style="list-style-type: none"> • Date of diagnosis? • Does the applicant use a CPAP or BIPAP? • Does the applicant require the use of supplemental oxygen with their breathing device? • Have pulmonary function tests been performed? Date/results (FEV1 and FVC percent)? • Does the applicant use tobacco or have any other respiratory disorders? Details? | |
| Mild to moderate, no medical intervention or surgery recommended, compliant with CPAP, or recommended treatment, no oxygen (forced air only), stable | Standard |
| With respiratory compromise or failure or non-compliance with treatment, oxygen use or otherwise | Decline |
| Social Security Disability | Decline |
| Spinal Stenosis: Any narrowing of the spinal canal that caused compression of the spinal nerve cord — <i>handle as moderate arthritis</i> | See Osteoarthritis |
| Spondylolistesis: Forward slippage of a lumbar vertebra below it | See Osteoarthritis |
| Stair Lift: Assistive device to help transport people up and down stairs | Decline |
| Stroke (CVA): Occurs when the blood supply to any part of the brain is interrupted, resulting in death and loss of brain function and tissue <ul style="list-style-type: none"> • Date of event? • Single or multiple occurrence? • Is the applicant on any medication? Name(s)? • Any history of diabetes, heart arrhythmias, congestive heart failure? Details? • Any residual impairment (i.e., slurred speech, mobility problems, weakness, etc.)? Details? • Any tobacco use within the last 36 months? | |
| Single episode, > 24 months ago, full recovery, no residuals, no cardiac or other vascular disease, no atrial fibrillation or diabetes, no tobacco use, good BP control | Standard |
| Single event < 24 months | Decline |
| Otherwise or in combination with diabetes, or other circulatory disorders such as heart disease, or peripheral arterial or vascular disease | Decline |
| Subdural Hematoma: A collection of blood on the surface of the brain — <i>a face to face assessment may be required</i> | |
| Complete recovery, no restrictions, functional or cognitive limitations, > 12 months | Standard |
| New onset, < 12 months | Postpone |
| Diagnosed as chronic, with restrictions, functional or cognitive limitations | Decline |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|--|
| <p>Syncope: A transient loss of consciousness due to inadequate blood flow to the brain</p> <ul style="list-style-type: none"> • Date of diagnosis? • What is the cause of the syncope? • What type of workup has the applicant undergone? • Is the applicant receiving any kind of treatment? Details? • Any combination of heart or neurological disorders present? Details? • How many episodes has the applicant had? | |
| Single episode > six months ago with no residuals or recurrence | Standard |
| Unknown etiology/cause, with or without chronic or recurring episodes | Decline |
| <p>TENS (Transcutaneous Electrical Nerve Stimulation) Unit: A device that uses electrical current produced by a device to stimulate the nerves for therapeutic purposes</p> | |
| Portable — entirely outside the body, non-prescribed, over-the-counter, infrequent use | Standard/Class 1 |
| Implanted or frequent use — more than three times weekly, severe pain or neurological complications | Decline |
| <p>Thalassemia Major: An inherited form of hemolytic anemia, characterized by red blood cell production abnormalities</p> | Decline |
| <p>Thalassemia Minor: This is the carrier form of the disease and they usually don't have symptoms</p> | |
| Mild, stable, with no blood study abnormalities | Standard |
| <p>Thrombocythemia/Thrombocytosis: A blood disorder characterized by an increase in the number of blood platelets</p> <ul style="list-style-type: none"> • Date of diagnosis? • Is the applicant taking any medication? Name(s)? • What are the applicant's platelet levels? • Does the applicant require phlebotomies? How frequent? • Any history of stroke/CVA/TIA, heart, or circulatory disorders? Details? • Any use of tobacco? | |
| Normal platelet counts, asymptomatic, treatment free, no tobacco use, > six months | Standard |
| In combination with tobacco use, stroke/CVA/TIA, diabetes, otherwise | Decline |
| <p>Thrombocytopenia: A deficiency of platelets in the blood; this causes bleeding into the tissues, bruising, and slow blood clotting after injury</p> | See Idiopathic Thrombocytopenic Purpura |
| <p>Tourette's Syndrome: A nervous system disorder involving repetitive movements or unwanted sounds</p> | Decline |
| <p>Transient Global Amnesia: Characterized by an episode of amnesia and bewilderment that lasts for several hours; person is otherwise alert and intellectually active</p> <ul style="list-style-type: none"> • Date of episode? • Any tests performed such as MRI/CT of brain, carotid studies, heart studies? Details/results? • Does the applicant have any residual symptoms such as memory loss, confusion, or dizziness? Details? | |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|--|---|
| Single episode, well investigated, no underlying pathology evident, full recovery with no residuals > 24 months | Standard |
| Multiple episodes, residuals, physical limitations or otherwise | Decline |
| Transient Ischemic Attack: A brain disorder caused by a temporary disturbance of blood supply to an area of the brain, resulting in sudden, brief decrease in brain functions | See Stroke |
| Transplant: An operation in which tissue or an organ is transplanted | |
| Corneal: > three months since surgery and release from care with no functional limitations | Standard** |
| Heart, liver, lung, or kidney, any other organ | Decline |
| Transverse Myelitis: A neurological disorder caused by inflammation across both sides of one level or segment, of the spinal cord | |
| Full recovery with no functional limitations, ongoing treatment or residuals, > 12 months | Standard |
| Otherwise | Decline |
| Tremor: An involuntary type of shaking movement <ul style="list-style-type: none"> ▪ Date of diagnosis ▪ Is the applicant taking any medication or had any surgical procedures? Details? ▪ Has the applicant had a neurological evaluation? Date? ▪ Has there been any progression of the tremor? Details? ▪ Are there any restrictions or limitations the tremor has put on day-to-day activities, work, or hobbies? Details? | |
| Essential, familial or senile only; other central nervous disorder and Parkinson's ruled out | Standard |
| Otherwise | Decline |
| Trigeminal Neuralgia: A chronic pain condition that affects the trigeminal nerve, which carries sensations from your face to your brain | |
| Single occurrence six months ago, no symptoms, no ongoing treatments | Standard |
| Multiple flares, ongoing treatment/anticonvulsants/steroid use, residuals or limitations | Decline |
| Tuberculosis: A contagious bacterial infection; the lungs are primarily involved, but the infection can spread to other organs | |
| Inactive, no residual impairment, restrictions or limitations, > six months | Standard |
| Inactive with residual impairment | See COPD |
| Active | Decline |
| Tumor (Benign): An abnormal growth of tissue resulting from uncontrolled, progressive multiplication of cells and serving no physiological function | |
| Asymptomatic, proven benign, no surgery anticipated | Standard |
| Symptomatic, not proven benign, unstable size, or anticipated surgery | Postpone |

| Condition/Diagnosis/Treatment/Benefits/Services/Devices/Appliances | Decision <i>**possible preferred</i> |
|---|---|
| Brain tumor, benign, removed, single occurrence, no residuals, face-to-face with cognitive assessment required after surgery > two years ago (if malignant, see cancer ratings) | Class 1 |
| Otherwise | Decline |
| Ulcer: Duodenal/gastric — an open sore on an internal surface of the body, caused by a break in the mucous membrane that fails to heal | |
| Single episode, resolved, no surgery, bleeding, anemia, or malnutrition > two months | Standard |
| Multiple episodes with or without surgery, with any previous anemia, bleeding, and malnutrition resolved, > six months and < 24 months | Class 1 |
| Multiple episodes, no anemia or malnutrition > 24 months | Standard |
| Multiple episodes, with anemia, malnutrition, weakness, pending additional medical work-up or otherwise | Decline |
| Ulcerative Colitis: A chronic, episodic, inflammatory disease of the large intestine and rectum characterized by bloody diarrhea | See Colitis |
| Ventilator: A machine that controls or assists breathing; a respirator | Decline |
| Ventricular Tachycardia: A rapid heartbeat originating from the lower chambers of the heart | See Arrhythmia |
| Vertebral Basilar Insufficiency: Insufficient blood flow to the back parts of the brain | Decline |
| Vertigo: A feeling of faintness or lightheadedness, making it difficult to maintain balance while standing or sitting | See Meniere's Disease |
| Von Willebrand's Disease: A congenital bleeding disorder | Decline |
| Von Recklinghausen's Disease: An autosomal dominant disease characterized by numerous neurofibromas, and by spots on the skin and often by developmental abnormalities | Decline |
| Waldenstrom's Macroglobulinemia: A cancer of white blood cells known by B lymphocytes | Decline |
| Walker: A frame device used to support someone | Decline |
| Wegener's Disease Granulomatosis: A rare disorder which causes inflammation of blood vessels in the upper respiratory tract, lungs, and kidneys | Decline |
| Wheelchair: Current | Decline |
| Whipple's Disease: A rare disorder with widespread symptoms that causes malabsorption | Decline |
| Wilson's Disease: A rare disorder where there is excessive amounts of copper in the body, which causes a variety of effects including liver disease and damage to the nervous system | Decline |
| Wolff-Parkinson's-White Syndrome: Episode of rapid heart rate caused by abnormal electrical pathways in the heart | |
| Asymptomatic, no underlying cardiac conditions, treatment free, > 12 months | Class 1 |
| Uncontrolled, episodes of chest pain, shortness of breath, syncope, or near-syncope or dizziness | Decline |

| COMMON NARCOTIC PAIN MEDICATIONS | |
|--|--|
| Generic | Brand Name |
| Acetaminophen and Codeine | Capital with Codeine, Margesic #3, Phenaphen with Codeine, Tylenol with Codeine |
| Butalbital, Acetaminophen, and Caffeine | Femcet, Fioricet, Esgic, Esgic-Plus |
| Butalbital, Aspirin, and Caffeine | Fiorinal |
| Butalbital, Acetaminophen, Caffeine, and Codeine | Fioricet with Codeine |
| Fentanyl | Duragesic |
| Hydrocodone and Acetaminophen | Allay, Anexsia 5/500, Anexsia 7.5/650, Dolacet, Dolagesic, Duocet, Hycomed, Hydrocet, Hydrogesic, HY-PHEN, Lorcet 10/650, Lorcet-HD, Lortab, Panacet 5/500, Panlor, Stagesic, T-Gesic, Ugesic, Vicodin, Zydone |
| Hydrocodone and Ibuprofen | Hydrostal IR, Vicoprofen |
| Hydromorphone | Dilaudid, Dilaudid-5, Dilaudid-HP, Hydrostat IR |
| Meperidine | Demerol |
| Methadone | Dolophine, Methadose |
| Morphine | Astramorph PF, AVINZA, Duramorph, Kadian, MS Contin, MSIR, Oramorph SR, Rescudose, Roxanol |
| Oxycodone | OxyContin, Roxicodone |
| Oxymorphone | Numorphan |
| Oxycodone and Acetaminophen | Endocet, Percocet, Roxicet, Roxilox, Tylox |
| Propoxyphene and Acetaminophen | Darvocet-N 50, Darvocet-N 100, E-Lor, Propacet 100 |
| Tramadol | Ultram, Conzip, Rybix ODT, and Ultram ER |

It is important to note that if narcotic pain medication is used for an acute situation or on occasion it may be acceptable depending on the underlying cause; however, if an applicant is regularly using narcotic pain medication to control pain or make it through daily activities, that would be uninsurable.

MEDICATIONS ASSOCIATED WITH UNINSURABLE HEALTH CONDITIONS

| Drug Name | Condition | Drug Name | Condition |
|-----------------|---------------------------|-------------------|--|
| 3TC | AIDS | Enbrel | Rheumatoid arthritis |
| Abilify | Psychosis | Epogen | Kidney failure, AIDS |
| Adriamycin | Malignant tumors | Ergoloid | Dementia |
| Alkeran | Cancer | Estinyl | Cancer |
| Amantadine | Parkinson's disease | Evzio | Opiod overdose |
| Aranesp | Anemia | Exelon | Dementia |
| Aricept | Dementia | Fentanyl Patch | Chronic Pain |
| Artane | Dementia | Geodon | Schizophrenia |
| Avinza | Chronic pain | Gleevic | Cancer |
| Avonex | Multiple sclerosis | Haldol | Psychosis |
| Axona | Alzheimer's disease | Herceptin | Cancer |
| AZT | AIDS | Hydergine | Dementia |
| Baclofen | Multiple sclerosis | Hydrea | Cancer |
| Betaseron | Multiple sclerosis | Imuran | Severe arthritis, immunosuppressor |
| Buprenorphine | Opiod, pain | Indinavir | AIDS |
| Carbidopa | Parkinson's disease | Insulin | Diabetes |
| Cerefolin | Memory impairment | Interferon | AIDS, cancer, hepatitis, multiple sclerosis |
| Cogentin | Parkinson's disease | Invirase | AIDS |
| Cognex | Dementia | Kadian | Chronic pain |
| Combivir | AIDS | Kemadrin | AIDS |
| Copaxone | Multiple sclerosis | Kineret | Parkinson's disease |
| Cycloserine | Alzheimer's disease | Larodopa | Parkinson's disease |
| Cytosan | Cancer, immunosuppression | L-Dopa | Parkinson's disease |
| D4T | AIDS | Leukeran | Cancer, immunosuppression |
| DDC | AIDS | Levodopa | Parkinson's disease |
| DDI | AIDS | Lexiva | AIDS |
| Depo-Provera | Cancer | Lioresal | Multiple sclerosis |
| DES | Cancer | Lomustine | Cancer |
| D-Pencillamine | Rheumatoid arthritis | Medical Marijuana | All forms, regardless of what it is being used for |
| Duragesic Patch | Chronic pain | Megace | Cancer |
| Edzicom | AIDS | Mellaril | Psychosis |
| Eldepryl | Parkinson's disease | Melphalan | Cancer |

| MEDICATIONS ASSOCIATED WITH UNINSURABLE HEALTH CONDITIONS | | | |
|--|------------------------------------|-----------------------|------------------------------------|
| Drug Name | Condition | Drug Name | Condition |
| Memantine | Alzheimer's disease | Reminyl | Dementia |
| Mestinon | Myasthenia gravis | Renagel | Kidney failure |
| Methadone | Chronic pain | Requip | Parkinson's disease |
| Methotrexate >10 mg | Rheumatoid arthritis | Retrovir | AIDS |
| Metrifonate | Dementia | Reyataz | AIDS |
| Mirapex | Parkinson's disease | Ridura | Rheumatoid arthritis |
| Morphine | Chronic pain | Riluzole | ALS |
| MS Contin | Chronic pain | Risperdal | Psychosis |
| Myleran | Cancer | Ritonavir | AIDS |
| Naloxone | Opioid overdose, blocks opioids | Sandimmune | Severe arthritis, immunosuppressor |
| Namenda | Alzheimer's disease | Seroquel | Psychosis |
| Narcan | Opioid overdose | Stelazine | Psychosis |
| Narcotics | Chronic pain | Suboxone | Blocks opioids |
| Narvane | Psychosis | Sustiva | AIDS |
| Nelfinavir | AIDS | Symbyax | Psychosis |
| Neoral | Severe arthritis, immunosuppressor | Symmetrel | Parkinson's disease |
| Neulasta | Anemia | Teslac | Cancer |
| Norvir | AIDS | Thiotepa | Cancer |
| Oxycontin | Chronic pain | Thorazine | Psychosis |
| Paraplatin | Cancer | Toujeo | Diabetes |
| Parlodel | Parkinson's disease | Trilifon | Psychosis |
| Parsidol | Parkinson's disease | Truvada | AIDS |
| Permax | Parkinson's disease | Tumor Necrosis Factor | Rheumatoid arthritis |
| PhosLo | Kidney failure | Tysabri | Multiple sclerosis |
| Plenaxis | Advance prostate cancer | VePesid | Cancer |
| Procrit | Kidney failure, AIDS | Vincristine | Cancer |
| Prolixin | Psychosis | Virmune | AIDS |
| Purinthenol | Progressive ulcerative colitis | Vyriad | Cancer |
| Razadyne | Alzheimer's disease | Xyrem | Narcolepsy |
| Rebif | Multiple sclerosis | Zanosar | Cancer |
| Remicade | Crohn's disease | Zolodex | Cancer |

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APPEALS PROCESS

If there is a situation where you may need to appeal an underwriting decision, we ask that you follow the process indicated below:

- Review the adverse decision letter, which includes the specific medical reasons, with your applicant
- Any additional information and supporting documentation must be provided by the physician indicated in our adverse decision letter, and it must specifically address all medical impairments contained in our letter
- Appeals must be submitted to us in writing; please mail your appeal to the mailing address indicated on the adverse decision letter

We will normally inform the applicant and the appropriate contact person (insurance agent/producer, agency, etc.) as to the outcome of our review within 15 days of receipt in the underwriting department.

UNDERWRITING HOTLINE

The Underwriting Hotline provides for a direct line to an underwriter to discuss a specific prequalification question.

This hotline is not for the purpose of answering questions about the status of a case. Status calls should be referred to our call center at 800-568-0692.

 **Number:** 866-297-7412

 **Availability:** Monday to Friday 8 a.m.-5 p.m. CT

Prequalification Email Box

Questions will be answered within one business day of your inquiry. The purpose of this email box is only for prequalification questions and should not include any information identifiable to an individual. Information such as name, Social Security number, or date of birth should not be included. We strongly recommend using the email method as it provides written documentation of our tentative assessment. This minimizes the “he said/she said” situations.

 **Email address:** LTC_Prequalify@Transamerica.com



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