

TrueView UnderwritingSM Guide



Underwritten by
Genworth Life Insurance Company and in New York by
Genworth Life Insurance Company of New York
Administrative Office: Richmond, VA

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1 Introduction to TrueView Underwriting

Underwriting is the process by which an insurer evaluates an applicant's current health, medical history and lifestyle to determine their risk profile. The underwriter's decision to accept or decline an applicant is determined by matching the profile to guidelines for the limits of acceptable risk to the company.

Genworth Life Insurance Company (Genworth) has more than 40 years of experience in the long term care insurance industry. During this time, our employees have developed a deep understanding of underwriting and claims. We have used this extensive experience and knowledge to optimize our underwriting processes.

Genworth's underwriting categories are:

- **Select**
- **Standard**

If you need clarification or have questions, we're available to assist you.

**For additional pre-qualifying questions,
contact Underwriting:**

800 354.6892 or LTCUnderwriting@genworth.com

Monday - Thursday

8:30 AM - 6:00 PM Eastern

Friday

9:00 AM - 6:00 PM Eastern

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The Underwriting Process

TrueView Underwriting Check

- Determine qualification by reviewing: Build Chart, Red Flag Medications, Uninsurable Conditions, and Conditions by Timeline
- Determine rate class by reviewing: Nicotine Use, Impairment Guide, and Counter Offers
- Complete application
- Advise Applicant of requirements and their role
- Send to Home Office

Home Office



- Receive application
- Schedule phone interview with Underwriter, if applicable



Applicant



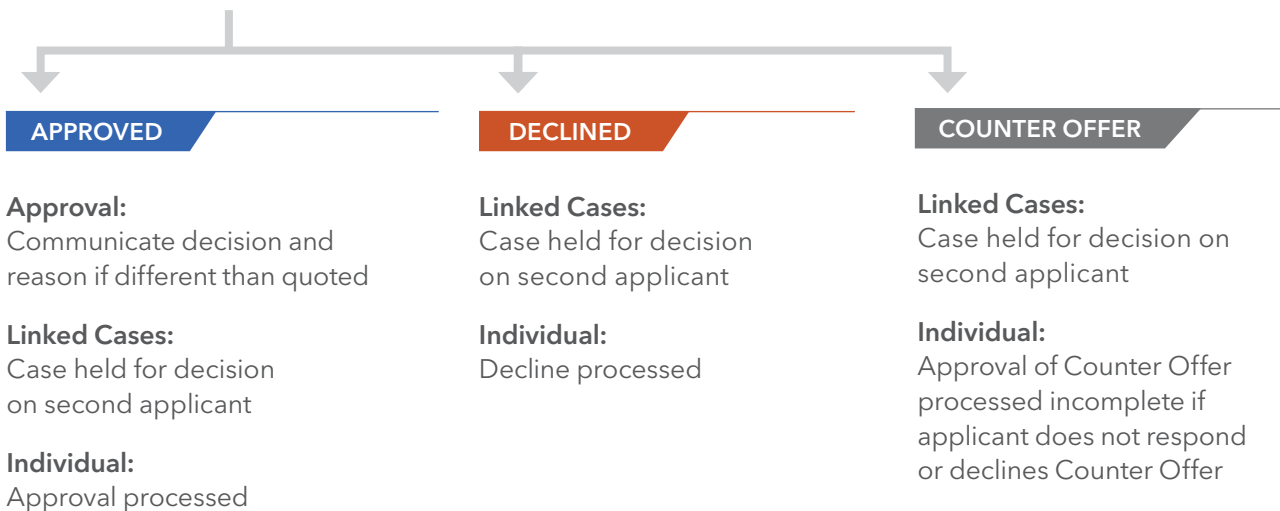
- Collect doctors' names and addresses, medical history, and medications to prepare for the process
- Complete phone interview with Underwriter, if applicable
- Complete phone cognitive screening with Underwriter, if applicable
- Complete examiner report, lab, and in-person cognitive screening, if applicable



Home Office



- Order additional requirements, if applicable
- Receive requirements
- Review requirements and make decision



This process may vary based on state specific requirements.
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Requirements By Age

When Genworth receives an application for long term care insurance an underwriter will interview the applicant , if applicable. Depending on the results, the underwriter will order the necessary requirements to make an underwriting decision.

The grid below outlines underwriting requirements by age.

These requirements are a guide. An underwriter may choose to order requirements for cause at any age. For example, they may determine an Examiner Report/Lab is needed for an applicant that is 40 years old.

Underwriting Requirements

Age	Examiner Report/Lab	Medical Records (APS)	Cognitive Interview	Rx Profile	Quest-Check	MIB	MVR
40-59	No	For Cause	No	Yes	Yes	Yes	No
60-64	No	Yes	Phone	Yes	Yes	Yes	No
65+	Yes	Yes	In Person	Yes	Yes	Yes	Yes

In California, all applicants will have an Examiner Report and Lab. Applicants in California, ages 60-64, will also have the Cognitive Interview in person rather than the phone.

Requirements By Age

Attending Physician Statement (APS)

Copies of medical records from a personal physician, facility, or other specialist. This includes office notes, lab results and any other test results.

MIB (Medical Information Bureau)

Central repository of coded health information on life, disability and long term care insurance applicants.

Phone Cognitive Screening

A brief cognitive test completed by the underwriter at the end of the phone interview.

Examiner Report/Lab

A brief medical examination by a nurse or paramedical technician: includes examiner report, blood pressure readings, height/weight measurements, and taking of blood and urine specimens.

Examiner Report/Lab with Functional/Cognitive Interview

Basic examiner report/lab plus questions regarding ability to perform daily activities, and a brief cognitive test.

Prescription Drug Report (RX Profile)

Provides details of medications prescribed during the past 7 years.

QuestCheck®

QuestCheck is an electronic query offered by Quest Diagnostics, one of the largest clinical laboratories in the US. The QuestCheck report provides us with the results of lab tests (e.g., blood, urine) that an applicant may have had completed by their healthcare provider during the past three years.

Motor Vehicle Report (MVR)

An MVR provides information such as driver license history and traffic violations.

2 TrueView Underwriting Check

Your importance to the underwriting process cannot be overstated. Helping to identify acceptable risks and qualified applicants will greatly enhance the speed and quality of your clients' underwriting experience. A fully completed, accurate application helps keep the underwriting process as short as possible.

Before quoting an applicant, conduct a **TrueView Underwriting Check**. This check leads you through a pre-qualifying process so you can be reasonably sure your client is insurable.

Here's what to look for:

TrueView Underwriting Check:

My Client:

- Answered all questions on Insurability Profile (Application Part 1) NO
- Has Height & Weight that falls within the acceptable range (see Build Chart)
- Is not taking any Red Flag medications. (see Red Flag Medications Chart)
- Has checked the TrueView Underwriting Guide for further tips like:
 - The Underwriting Process
 - Requirements by Age
 - Conditions by Timeline
 - Impairment Guide

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How to Conduct a TrueView Underwriting Check:

STEP 1 Build Charts

Pages 9-11

The first step is to look at the **Build Charts**. There are four build charts: Male, Female, Diabetes Type 2 and Osteoporosis. Starting with the build charts is important. The most common reason applicants are declined is because they do not meet height/weight requirements.

The Female and Male build charts provide a maximum and minimum weight by height for each Underwriting category. If your client has Diabetes Type 2 or Osteoporosis, please refer to specific Build Charts for those conditions.

STEP 2 Red Flag Medications

Page 12

The next step is to check to see if the client is taking any medications on the **Red Flag Medication** list. Clients taking these medications are not insurable.

STEP 3 Uninsurable Conditions

Page 13

After you have checked your Build Charts and Red Flag Medications, refer to the **Uninsurable Conditions**. Clients with conditions on this list are not insurable.

STEP 4 Conditions by Timeline

Pages 14-15

Now consider **Conditions by Timeline**. These conditions could be considered uninsurable unless a certain amount of time has passed since they occurred.

STEP 1 Build Charts

It is important to begin the pre-qualifying process by asking your client's height and weight. Based on their answers, use the build charts to determine if your client falls within the acceptable ranges provided. In addition, the male and female build charts are broken into ranges that are acceptable for each by underwriting category. Meeting this criteria is not a guarantee that an applicant will qualify for a specific underwriting category or be approved for coverage.

MALE

Height (ft/in)	Minimum Weight (lbs)	Maximum Weight (lbs)	
		Select	Standard
4'6"	71	157	166
4'7"	73	163	172
4'8"	76	169	179
4'9"	79	175	185
4'10"	82	182	192
4'11"	84	188	198
5'0"	87	194	205
5'1"	90	201	212
5'2"	93	208	219
5'3"	96	214	226
5'4"	99	221	233
5'5"	102	228	241
5'6"	106	235	248
5'7"	109	243	256
5'8"	112	250	263
5'9"	115	257	271
5'10"	119	265	279
5'11"	122	272	287
6'0"	126	280	295
6'1"	129	288	303
6'2"	133	296	312
6'3"	136	304	320
6'4"	140	312	329
6'5"	144	321	337
6'6"	147	329	346
BMI	17	38	40

STEP 1 Build Charts continued**FEMALE**

Height (ft/in)	Minimum Weight (lbs)	Maximum Weight (lbs)	
		Select	Standard
4'6"	71	149	157
4'7"	73	155	163
4'8"	76	160	169
4'9"	79	166	175
4'10"	82	172	182
4'11"	84	178	188
5'0"	87	184	194
5'1"	90	190	201
5'2"	93	197	208
5'3"	96	203	214
5'4"	99	210	221
5'5"	102	216	228
5'6"	106	223	235
5'7"	109	230	243
5'8"	112	237	250
5'9"	115	244	257
5'10"	119	251	265
5'11"	122	258	272
6'0"	126	265	280
6'1"	129	273	288
6'2"	133	280	296
6'3"	136	288	304
6'4"	140	296	312
6'5"	144	304	321
6'6"	147	312	329
BMI	17	36	38

STEP 1 Build Charts continued**DIABETES TYPE 2**

Height (ft/in)	Maximum Weight (lbs)	Minimum Weight (lbs)
4'6"	141	71
4'7"	146	73
4'8"	151	76
4'9"	157	79
4'10"	162	82
4'11"	168	84
5'0"	174	87
5'1"	180	90
5'2"	186	93
5'3"	192	96
5'4"	198	99
5'5"	204	102
5'6"	210	106
5'7"	217	109
5'8"	223	112
5'9"	230	115
5'10"	237	119
5'11"	244	122
6'0"	251	126
6'1"	258	129
6'2"	265	133
6'3"	272	136
6'4"	279	140
6'5"	287	144
6'6"	294	147
BMI	34	17

OSTEOPOROSIS

Height (ft/in)	Minimum Weight (lbs)
4'6"	77
4'7"	80
4'8"	82
4'9"	85
4'10"	88
4'11"	92
5'0"	95
5'1"	98
5'2"	101
5'3"	105
5'4"	108
5'5"	111
5'6"	115
5'7"	118
5'8"	122
5'9"	126
5'10"	129
5'11"	133
6'0"	137
6'1"	140
6'2"	144
6'3"	148
6'4"	152
6'5"	156
6'6"	160
BMI	18.5

STEP 2 Red Flag Medications

Clients taking these medications are not insurable. This list is not all inclusive.

Brand Name	Generic
Antabuse®	disulfiram
Aralast NP®	alpha-1-proteinase inhibitor
Aricept®	donepezil HCl
Avonex® (if for MS)	interferon beta-1a
Betaseron® (if for MS)	interferon beta-1b
Campral®	acamprosate calcium
Cognex®	tacrine
Copaxone® (if for MS)	glatiramer
Depade®	naltrexone
Exelon®	rivastigmine
Flolan®	epoprostenol sodium
Gilenya®	fingolimod
Namenda®	memantine
Razadyne®	galantamine hydrobromide
Remodulin®	treprostinil
ReVia®	naltrexone
Suboxone®	buprenorphine and naloxone
Tracleer®	bosentan
Tysabri®	natalizumab
Ventavis®	iloprost
Vivitrol®	naltrexone

STEP 3 Uninsurable Conditions

If your client has or has had any of these conditions, you should not submit a long term care insurance application unless your client specifically requests the application be submitted. This list addresses the most common uninsurable conditions and is not all-inclusive.

-
- Alzheimer’s Disease
 - Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig’s Disease)
 - Congestive Heart Failure (CHF) in combination with any of the following: Heart Attack or Angina; Angioplasty or Heart Surgery
 - Cystic Fibrosis
 - Dementia, Senility
 - Diabetes Type 1
 - Diabetes Type 2 with a history of Transient Ischemic Attack (TIA), Heart Disease or Circulatory/ Vascular Disease
 - Ehlers-Danlos Syndrome
 - Frequent or persistent forgetfulness or memory loss
 - Huntington’s Disease
 - Marfan’s Syndrome
 - Metastatic Cancer (spread from original site/location)
 - Multiple Sclerosis (MS)
 - Muscular Dystrophy
 - Myelofibrosis
 - Organ Transplant (other than Kidney or Cornea)
 - Parkinson’s Disease
 - Schizophrenia or other forms of Psychosis
 - Stroke
 - TIA within the past 5 years
 - TIA in combination with Heart Disease or Heart Surgery
 - TIA two or more times

STEP 4 Conditions By Timeline

The conditions and time frames provided in this guide are designed to help you evaluate whether your client should apply for coverage. They are not all inclusive. Absence of a condition or a condition that falls outside of a specified time frame is not a guarantee that insurance will be provided. Other conditions or time frames can result in declination of coverage.

Conditions	Unacceptable Timelines
Activities of Daily Living (ADL's) (bathing, bowel/bladder control, dressing, eating, moving in and out of bed/chair, toileting, walking)	If assistance or supervision needed within the past 12 months
Alcoholism or Drug Dependency (with or without treatment)	Within the past 2 years or with this history, continued use within the past 2 years
Aneurysm	
Abdominal, corrected surgically	Within the past 6 months
Aortic, dissecting, repaired	Within the past 12 months
Brain, corrected surgically	Within the past 12 months
Angioplasty/Stent Placement	Within the past 3 months
Assistive Devices (hospital bed, kidney dialysis, motorized scooter, oxygen, quad cane, respirator, stair lift, walker, wheelchair)	If used or advised to use within the past 12 months
Atrial Fibrillation	Onset within the past 6 months
Cancer	
Bone, brain, liver, or pancreas	Within the past 4 years
Other cancers (excluding basal or squamous cancer of the skin)	See Impairment Guide for timelines
Cancer treated with chemotherapy or radiation	Currently
Diabetes Type 2 In combination with nicotine use	If used within the past 5 years

STEP 4 Conditions By Timeline continued

Conditions	Unacceptable Timelines
Gastric/Intestinal Bypass	Within the past 6 months
Heart Attack	Within the past 3 months
Heart Bypass Surgery (CABG)	Within the past 6 months
Heart Valve Replacement	Within the past 6 months
Hodgkin's Disease or Lymphoma (early stage)	Within the past 12 months
Joint Replacement	Within the past 3 months
Kidney Failure treated with Dialysis	Within the past 12 months
Kidney Transplant	Within the past 5 years
Leukemia	Within the past 3 years
Long Term Care Services (adult day care; home care; nursing facility, assisted living or any other long term care facility)	If used or advised to use within the past 12 months
Mental Disorder Requiring Hospitalization	Within the past 2 years
Oxygen Use (not supplemental use with CPAP or BIPAP for sleep apnea)	Currently
Rheumatoid Arthritis	Diagnosed within the past 2 years
Social Security Disability Insurance (SSDI) Benefits (does not include routine Retirement Social Security benefits)	Within the past 3 years
Spinal Surgery	Within the past 6 months
Suicide Attempt	Within the past 3 years
Nicotine Use	
In combination with:	If used within the past
• Heart Disease or Circulatory/Vascular Disease	12 months
• Transient Ischemic Attack (TIA)	
Transient Ischemic Attack (TIA)	Within the past 5 years or multiple episodes, regardless of date

This list is not all inclusive, as other medical conditions and timelines could result in an additional underwriting charge or decline of coverage. If your client has a medical condition not listed here, please refer to the "Impairment Guide" section for further information.

3 Selecting the Underwriting Category

There are two choices of underwriting categories for your client’s quote. If unsure about which underwriting category to choose, Genworth recommends using the Select category for non-smokers. If your client currently uses a nicotine product or has used a nicotine product within the past 12 months, quote the Standard category. Nicotine products include, but are not limited to, cigarettes, e-cigarettes, cigars, chewing tobacco, nicotine patches and nicotine gum.

Nicotine Use

Select	Standard
Never used, or last used greater than 12 months ago	Current or within the past 12 months
Occasional cigar use (12 or fewer per year) is considered non-nicotine if nicotine test is negative	

Impairment Guide

The Impairment Guide provides more information on conditions, and how clients who have those conditions could be categorized into the two underwriting categories. You can use this section to look up specific impairments to see if additional underwriting questions or requirements will be needed. This guide also indicates criteria by each impairment that are indicators of certain underwriting categories or possible declines.

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Alcoholism	Date of last drink	Select if no alcohol use in past 2 years	Alcohol use in past 2 years
	Relapses, if any		Alcohol-related complications (e.g., liver, brain/nervous disorders)
	Emergency room (ER) or hospitalization dates		Use of Antabuse®, Campral®, ReVia®, or Depade® within the past 2 years
	Alcohol-related complications (e.g., liver, brain/nervous disorders)		History of depression
	Associated mental disorders (e.g., depression)		See Counter Offers section for further details
	Treatment		
Anemia	Symptoms	Select for most types of anemia	Hospitalization for anemia within past 6 months
	Cause of anemia		2 or more ER visits for complications within past 12 months
	Emergency room (ER) or hospitalization dates		Non-operative transfusion within past 12 months
	Treatment, including transfusion		Use of erythropoietin or Procrit® within past 12 months
	Blood test results within the past 6-12 months		Blood test results outside acceptable guidelines

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Aneurysm, Aortic	<p>Size, if known</p> <p>Date of diagnosis</p> <p>Other cardiovascular disease, diabetes, or Transient Ischemic Attack (TIA)</p> <p>Treatment (including surgery)</p>	Select for small, stable aneurysms	<p>Size >5 cm and unrepaired</p> <p>Any history of</p> <ul style="list-style-type: none"> • Carotid artery disease • Coronary artery disease • Peripheral vascular disease • Diabetes • TIA <p>Surgery planned or completed within past 6 months</p>
Aneurysm, Brain	<p>Symptoms</p> <p>History of bleeding in the brain</p> <p>Treatment (including surgery)</p>	Select for surgically corrected aneurysms	<p>Bleeding in the brain within past 2 years</p> <p>Surgery completed within past 12 months</p> <p>Untreated and/or symptomatic</p>
Angina	<p>Severity and frequency of angina</p> <p>Emergency room (ER) or hospitalization dates</p> <p>Other cardiovascular disease, diabetes</p> <p>Nicotine use history</p>	Select if stable and no associated diabetes or other cardiovascular disease	<p>Unstable or increasing angina</p> <p>Heart attack within past 6 months</p> <p>Any history of</p> <ul style="list-style-type: none"> • Carotid artery disease • Peripheral vascular disease • Diabetes • Congestive heart failure (CHF) within past 5 years <p>Nicotine use within past 12 months</p>

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Asthma	<p>Frequency, dates of attacks</p> <p>Most recent attack</p> <p>Cause of attacks (e.g., allergies)</p> <p>Emergency room (ER) or hospitalization dates</p> <p>Nicotine use history</p> <p>Home oxygen use</p> <p>Treatment</p>	<p>Select if stable and well controlled with recommended treatment</p>	<p>Unstable, poor control</p> <p>Home oxygen use</p> <p>More than 2 ER visits or hospitalizations within past 12 months</p> <p>Oral steroid use >20mg per day</p>
Atrial Fibrillation	<p>Frequency, dates of episodes</p> <p>Emergency room (ER) or hospitalization dates</p> <p>Other cardiac diagnoses (e.g., heart valve disease, coronary artery disease)</p> <p>Any history of Transient ischemic attack (TIA) or stroke</p> <p>Treatment, including dates of ablation procedures; defibrillator implant</p>	<p>Select if diagnosed >6 months ago, stable and well controlled with recommended treatment</p>	<p>Diagnosis or symptoms within past 6 months (past 12 months if in combination with valvular heart disease or heart attack)</p> <p>Defibrillator implant in past 12 months</p> <p>Any history of</p> <ul style="list-style-type: none"> • TIA • Stroke

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cancer, Bladder	Type of cancer (stage, grade, and recurrence)	Select for Stage 0 and 1 and treatment completed >1 year ago	Stage 2 and treatment completed within 4 years
	Treatment types with dates completed		Stages 3 or 4 and treatment completed within the past 10 years
			Ongoing chemotherapy (excluding bladder irrigations)
			Surgical excision of bladder within past 3 years
			See Counter Offers section for further details
Cancer, Breast	Type of cancer (cell type, grade, stage, number lymph nodes involved and recurrence)	Select may be available for Stage 0, 1 or 2 depending on cell type, grade and treatment completed >1 year ago	Stages III and IV
	Treatment types, with dates completed		More than one recurrence
			Involvement of 4 or more lymph nodes
			See Counter Offers section for further details

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cancer, Colon & Rectal	Type of cancer (stage, grade, and recurrence)	Select for Stage 0 and I and treatment completed >1 year ago	Stage II (Duke's B) and treatment completed within past 12 months
	Treatment types, with dates completed		Stage III (Duke's C) and treatment completed within past 5 years Stage IV (Duke's D) and treatment completed within the past 10 years Radiation enteritis within past 12 months
Cancer, Head, Neck & Throat	Type of cancer (stage, grade, and recurrence)	Select for Stage 0 and I and treatment completed >1 year ago	Stage 0, I and treatment completed within past 12 months
	Treatment types, with dates completed		Stage II and treatment completed within past 2 years
			Stage III, IV and treatment completed within the past 10 years
			Any recurrence Nicotine use within the past 5 years

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cancer, Kidney	Type of cancer (stage, grade, and recurrence)	Select for Stage I, II, IIIA and treatment completed >1 year ago	Stage I, II, IIIA and treatment completed within past 12 months
	Treatment types, with dates completed		Stage IIIB, IV and treatment completed within past 10 years Any recurrence
Cancer, Lung	Type of cancer (stage, grade, and recurrence) Treatment types, with dates completed	Select for Stage 0 and I, non-small cell cancer, and treatment completed >3 years ago	Stage 0 and I, non-small cell cancer, and treatment completed within past 3 years
			Stage II, IIIA, IIIB, non-small cell cancer, and treatment completed within past 5 years
			Stage IV, non-small cell cancer, and treatment completed within past 10 years
			Small cell cancer diagnosed within past 5 years
			Any recurrence
Nicotine use within past 5 years			

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cancer, Ovarian	Type of cancer (stage, grade, and recurrence)	Select for stage I and II and treatment completed >3 years ago	Stage I, II and treatment completed within past 3 years
	Treatment types, with dates completed		Stage III, IV and treatment completed within past 10 years Radiation enteritis within past 12 months Any recurrence
Cancer, Prostate	Type of cancer (stage, Gleason score, and recurrence)	Select for stage A and B and treatment completed >1 year ago	Stage C and treatment completed within past 2 years
	Treatment types, with dates completed		Stage D No treatment given <age 60 Current use of hormonal medications <age 72 (e.g., Lupron®, Zoladex®) PSA post-prostatectomy >0.1 PSA post-radiation (any type) >1.0 Increasing PSA post-treatment Gleason Score 9 or 10 See Counter Offers section for further details
	Current PSA level		

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cancer, Skin (malignant melanoma)	Type of cancer (stage, tumor thickness, and recurrence) Treatment types, with dates completed	Select for depth of 3.5mm or less and treatment completed >1 year ago	Deep/high stage melanoma (depth 1.7 - 3.5mm) within past 12 months Melanoma deeper than 3.5mm Metastasis or lymph node involvement Tumor of the eye treated within past 2 years
Cancer, Stomach	Type of cancer (stage and recurrence) Treatment types, with dates completed	Select for Stage 0 and treatment completed >4 years; Stage I and treatment completed >6 years ago	Stage 0 and treatment completed within past 4 years Stage I and treatment completed within past 6 years Stage II, III, IV and treatment completed within past 10 years Any recurrence
Cancer, Testicular	Type of cancer (stage and recurrence) Treatment types, with dates completed	Select for: • Stage I and treatment completed >1 year ago • Stage II and treatment completed >3 years ago • Stage III and treatment completed >5 years ago	Stage I and treatment completed within past 12 months Stage II and treatment completed within past 3 years Stage III and treatment completed within past 5 years Any recurrence within past 10 years

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cancer, Thyroid	Type of cancer (including lymph node or other organ involvement)	Select for Follicular and treatment completed >1 year ago; Medullary and treatment completed >2 years ago	Anaplastic
	Treatment types, with dates completed		<p>Follicular and treatment completed within past 12 months</p> <p>Medullary and treatment completed within past 2 years</p> <p>Lymph node involvement within past 5 years</p> <p>Distant metastasis within past 10 years</p> <p>See Counter Offers section for further details</p>
Cancer, Uterine	Type of cancer (stage, grade, and recurrence)	Select for Stage 0, I and II with treatment completed >6 months ago	Stage I, II and treatment completed within past 6 months
			Stage III and treatment completed within past 4 years
			Stage IV and treatment completed within past 10 years
			Radiation enteritis within past 12 months
	Treatment types, with dates completed		Any recurrence

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cardiomyopathy	All cardiac history, consultations, tests, and treatments	Select if stable and no symptoms >2 years ago	<p>Onset or symptoms (including evidence of congestive heart failure) within past 2 years</p> <p>Any history of:</p> <ul style="list-style-type: none"> • Diabetes • Coronary artery disease • Heart attack • Valvular heart disease • COPD • Ventricular tachycardia • Ventricular fibrillation <p>Presence of implantable defibrillator</p> <p>Nicotine use within past 12 months</p> <p>See Counter Offers section for further details</p>
Carotid Artery Disease	<p>Symptoms</p> <p>Degree of carotid artery narrowing</p> <p>Other cardiovascular disease, diabetes, or Transient ischemic attack (TIA) history</p> <p>Nicotine use history</p> <p>Treatment (including surgery)</p>	Select if asymptomatic and no associated cardiovascular disease or diabetes	<p>Any history of aortic aneurysm</p> <p>Surgery anticipated or completed within past 12 months</p> <p>Any history of:</p> <ul style="list-style-type: none"> • Cardiovascular disease • Diabetes • Restenosis <p>Nicotine use within past 12 months</p> <p>Carotid artery dissection within past 2 years</p>

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Cholesterol, Elevated (Hypercholesterolemia)	Cholesterol levels Treatment	Select if stable and well controlled with recommended treatment	Cholesterol/HDL Ratio for female >7.0 and for male >7.5
Cirrhosis	Treatment Blood test results Complications Alcohol use history	Standard may be available if stable >5 years since diagnosis, no complications, normal liver function studies, no alcohol use <5 years and not in transplant program Select is not available	Diagnosed <5 years ago Any abnormal liver function tests (LFT) Any alcohol use in past 5 years Any complications Currently in transplant program
Congestive Heart Failure (CHF)	Symptoms Other cardiovascular, kidney or respiratory disease, or diabetes Nicotine use history Treatment	Select if only one episode without ongoing symptoms >1 year ago	Onset or symptoms within past 12 months Any history of: <ul style="list-style-type: none"> • Cardiomyopathy within past 2 years • Coronary artery disease • Asthma • Chronic obstructive pulmonary disease (COPD) • CHF within past 5 years with Diabetes CHF occurring after coronary bypass surgery, angioplasty, stent, or heart valve replacement Nicotine use within past 12 months

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
COPD (includes emphysema and chronic bronchitis)	Symptoms (e.g., shortness of breath, chronic cough)	Select if stable, well controlled, mild-moderate disease	Chronic antibiotic treatment for COPD
	Emergency room (ER) or hospitalization dates		2 or more ER visits or hospitalizations within past 12 months
	Pulmonary function test results		Home oxygen use
	Chest x-ray and/or CT reports		Cardiomyopathy or heart failure
	Nicotine use history		Oral steroid use >20mg per day
Treatment			
Coronary Artery Disease (includes coronary bypass surgery (CABG), coronary angioplasty, and coronary stents)	Specific diagnosis (e.g., angina, heart attack, etc.)	Select if stable, no symptoms and well controlled with recommended treatment	Any history of:
	Dates of symptoms		<ul style="list-style-type: none"> • Aortic Aneurysm • CHF • Diabetes • PVD • TIA
	Nicotine use history		<ul style="list-style-type: none"> • Symptomatic atrial fibrillation within past 6 months • Cardioversion within 6 months • Ventricular fibrillation • Ventricular tachycardia
	Any history of carotid disease, aortic aneurysm, peripheral vascular disease (PVD), congestive heart failure (CHF), transient ischemic attack (TIA) or diabetes		Nicotine use within past 12 months in combination with a history of coronary bypass surgery (CABG) or angioplasty
	Treatment, including dates of surgery		CABG within 6 months, or angioplasty within 3 months
		See Counter Offers section for further details	

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Crohn's Disease	Extent of disease	Select with single flare >6 months or multiple flares >12 months, stable and well controlled with recommended treatment	Last flare within past 6 months
	Date of recent flare		Hospitalization within past 12 months
	Frequency of flares		Multiple flares within past 12 months
	Treatment (including surgery)		Gastrointestinal surgery or bowel obstruction within past 12 months
Depression	Emergency room (ER) or hospitalization dates	Select if stable and well controlled with recommended treatment	Using more than 3 medications for depression
	Alcohol and drug use history		Any history of: <ul style="list-style-type: none"> • Alcoholism • Drug dependency • Bipolar Disorder • Receiving Social Security Disability (SSDI) benefits for any reason
	Treatment, including medications		For Bipolar Disorder, see Counter Offers section for further details
			Electroconvulsive ("shock") therapy within past 5 years or recurrent treatment series
		Antipsychotic or Depakote use initiated within past 2 years	
		Hospitalization/ER visits for depression within past 2 years	

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Diabetes Type 2	<p>Details of control</p> <p>Hospitalization dates</p> <p>Complications (e.g., cardiovascular, kidney, eye, brain, skin ulcers)</p> <p>Nicotine use history</p> <p>Treatment, including medications</p> <p>Current height and weight (see Diabetes Build Chart)</p>	<p>Standard if stable and well controlled with recommended treatment</p> <ul style="list-style-type: none"> to include up to 50 units of insulin daily <p>Select not available</p>	<p>Diabetes Type 1</p> <p>Insulin use of more than 50 units per day</p> <p>A1C level greater than 8%</p> <p>Amputation, blindness, or kidney disease due to diabetes</p> <p>Recurrent skin ulcerations or infections</p> <p>Nicotine use within past 5 years</p> <p>Any history of:</p> <ul style="list-style-type: none"> Aortic aneurysm Cardiomyopathy Congestive heart failure within past 5 years Coronary artery disease (including heart attack) Peripheral vascular disease (PVD) Transient ischemic attack (TIA) Stroke <p>Hospitalization for complications within past 2 years</p> <p>See Counter Offers section for further details</p>

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision		
		Likely Category Available for Non-nicotine Users	Decline Probable	
Drug/Chemical Dependency, Abuse, and Treatment	Drug use and frequency	Select if last episode of drug use >3 years ago	Drug dependency or treatment within past 3 years	
	Date last used			
	Other mental/ emotional conditions			Any history of depression
	Treatment			
Epilepsy/ Seizures	Type and cause of seizure	Select if single seizure >1 year ago or multiple seizures >2 years ago	Single seizure within past 12 months	
	Date of last seizure			
	Frequency of attacks			Multiple seizures with last seizure within past 2 years
	Treatment			
Fibromyalgia	Symptoms (e.g., fatigue, pain)	Standard if stable, controlled, and no functional limitations	Functional limitations	
	Functional limitations			Use of assistive devices
	Use of assistive devices	Select not available	Daily or regular use of narcotic pain medications	
	Treatment		Physical therapy within past 12 months	
			Chronic fatigue syndrome	

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Fractures	Types, dates, and locations of fractures	Select will depend on location, number and cause of fractures	Spine, hip or leg fracture within past 3 months
	Treatment		3 or more spine fractures due to disease 3 or more long bone (arm, leg) fractures due to falls or disease Pelvic fracture within past 12 months, or more than 2 pelvic fractures due to disease Daily or regular use of narcotic pain medications
Heart Attack (myocardial infarction)	Dates of occurrence	Select for uncomplicated heart attack occurring >3 months ago	Heart attack within past 3 months
	Any history of carotid disease, aortic aneurysm, peripheral vascular disease (PVD), congestive heart failure (CHF), transient ischemic attack (TIA) or diabetes		Any history of: <ul style="list-style-type: none"> • Aortic aneurysm • Carotid disease >15% • CHF • Cardiomyopathy • Diabetes • PVD • TIA • Nicotine use within past 12 months
	Nicotine use history		
	Treatment		

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Heart Valve Disease, Replacement or Repair	Symptoms (e.g., shortness of breath, chest pain)	Select if stable, mild/moderate and no complications or heart arrhythmia	Valve replacement or repair within past 6 months or associated with atrial fibrillation
	Valve affected		Severe valvular disease
	Treatment		Any history of: <ul style="list-style-type: none"> • Angina • Transient ischemic attack (TIA) • Blood clots (embolisms)
Heart, Pacemaker	Reason for pacemaker	Select if complete recovery >3 months from implant	Pacemaker recommended or scheduled
	Date of implant		Defibrillator (not pacemaker) implant within past 12 months
Hepatitis A, B, and C	Treatment	Select for acute hepatitis A or B, autoimmune hepatitis or hepatitis C >1 year after last treatment, with evidence of full recovery, no liver damage, and no continuing medications	Hepatitis A or autoimmune hepatitis, if not fully recovered
	Blood test results		Hepatitis C, untreated or treated <1 year
			Liver biopsy recommended or scheduled
		Standard may be available for Chronic Hepatitis B if under treatment, no cirrhosis, mild fibrosis, no alcohol issues, normal liver function tests (LFT)	Chronic hepatitis (any type), treated <1 year
			Any history of cirrhosis or liver cancer
			Current elevated liver function tests (LFT) and/or elevated viral levels

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Hodgkin's Disease/Other Lymphomas	Type of cancer (stage, organs affected, and recurrence)	Select depends on type, stage, treatment and symptoms	Ongoing need for chemotherapy, radiation or untreated
	Treatment types, with dates completed		Symptoms (weight loss, night sweats, fever, fatigue) due to lymphoma within past 12 months Radiation enteritis within past 12 months Hodgkin's Disease: <ul style="list-style-type: none"> • Stage I, II or IIIA within the past 12 months • Stage III (except IIIA) within past 3 years • Stage IV within past 4 years • Recurrence within past 6 years Non-Hodgkin's Lymphoma: <ul style="list-style-type: none"> • Stage I or II within past 12 months • Stage III within past 5 years • Stage IV • Any recurrence

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Hypertension	<p>Treatment</p> <p>Any history of cardiovascular, cerebrovascular and/or kidney disease</p> <p>Blood pressure readings</p>	<p>Select if stable and blood pressure average <161/96 within the past 12 months</p>	<p>Blood pressure average within past 12 months >160/95</p> <p>Any history of congestive heart failure within past 2 years</p> <p>Hospitalization for hypertension within past 12 months</p>
Incontinence, Bowel, Bladder	<p>Type, cause, and frequency of incontinence</p> <p>Treatment (including surgery)</p>	<p>Select will depend on type, cause, stability and treatment</p>	<p>Any incontinence not well controlled or unstable, and interfering with ADLs/IADLs</p> <p>Bladder incontinence:</p> <ul style="list-style-type: none"> • Surgery anticipated or completed within past 6 months • Bladder sling or prostate resection within past 3 months • Any of the following begun within the past 6 months: absorptive clothing, catheter or indwelling tube <p>Bowel Incontinence:</p> <ul style="list-style-type: none"> • >1 occurrence per week • stable <1 year • due to underlying bowel disease • Planned or completed surgery within the past 6 months (excluding hemorrhoid surgery)

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Kidney Transplant	Reason for transplant Any graft rejection or complications after transplant Current kidney function Treatment	Select if kidney transplant >5 years ago, no complications, and normal kidney function	Transplant within past 5 years Abnormal kidney function after transplant Hospitalization within past 2 years for transplant complications Any history of: <ul style="list-style-type: none"> • Cancer or lymphoma after transplant • Diabetes • Graft rejection
Leukemia [Chronic Lymphocytic Leukemia only (CLL)]	Type and stage Treatment	Select for CLL if in remission at least 3 years	Leukemia other than CLL CLL in remission less than 3 years Organ involvement
Lupus [Systemic Lupus Erythematosus, only (SLE)]	Type of lupus (discoid or SLE) Symptoms Organs involved Treatment	Select for discoid Select for SLE if controlled >2 years and no internal organ involvement	Active SLE within past 2 years Any internal organ involvement Daily or regular use of narcotic pain medications Physical therapy within past 2 years

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Meningioma	Date diagnosed	Select if treated surgically >1 year ago with no complications or recurrence	Surgery within past 12 months
	Treatment (including surgery)	Select for a single small lesion (<2 cm) stable 2 or more years, no treatment needed	Diagnosed within past 2 years, untreated
Multiple Myeloma	Stage and recurrences	Select if stage I or IIA treated >5 years ago and no recurrence	Stage I or IIA treated within past 5 years
	Treatment	Select if stage IIB or III treated >10 years ago and no recurrence	Stage IIB or III treated within the past 10 years Bone marrow transplant within past 10 years Fractures due to multiple myeloma Any history of blood clots Any recurrence
Myasthenia Gravis	Location, symptoms and treatment	Select if in remission >1 year	Active disease within past 12 months (except for eye symptoms only) Oral steroid use >20mg per day
Neuropathy	Symptoms	Select for mild to moderate neuropathy with no limitations	Progressive or severe neuropathy
	Treatment		Functional limitations
	Underlying cause		

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Osteoarthritis (degenerative joint disease, degenerative disc disease)	Joints affected	Select if stable, controlled and no functional limitations	Implantable electrical stimulator
	Assistive devices used		Daily or regular use of narcotic pain medications within past 3 years
	Treatment (types of medications, joint injections, physical therapy, surgeries, with dates)		Joint replacement planned, or completed within past 3 months
			Spinal surgery planned, or completed within past 6 months
Osteoporosis	Types and locations of fractures, if any	Select if stable and well controlled with recommended treatment	Spinal, leg, or hip fracture within past 3 months
	Treatment		Pelvic fracture within past 12 months
	Current height and weight (see Osteoporosis build chart)		3 or more spinal fractures due to disease
	Bone Mineral Density (BMD) results (T Scores)		3 or more long bone (arm, leg) fractures due to falls or disease
			Daily or regular use of narcotic pain medications within past 12 months
			Total T Score (any region) <-4.0
Ostomy (Ileostomy/ Colostomy)	Reason for ostomy	Select if controlled with independent self care	Ostomy present <6 months
	Any associated complications		Need for human assistance

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Pancreatitis	Cause	Select for one episode, acute Pancreatitis resolved >1 year ago, cause unknown	Onset or symptoms within past 6 months
	Recurrence	Select for one episode, acute Pancreatitis resolved >2 years ago, related to alcohol	Chronic Pancreatitis due to alcohol or recurrence within past 4 years
	Treatment	Standard for Chronic Pancreatitis if stable with no flares within past 4 years, no narcotic pain medication, no diabetes and no current alcohol concerns	More than one episode, or episode within past 2 years due to alcohol Any history of cirrhosis

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Peripheral Vascular Artery Disease (PVD, PAD)	Symptoms (e.g., leg pain with exercise) Treatment (including surgery)	Select if no symptoms, no medications, no limitations	<p>Symptomatic</p> <p>Any history of:</p> <ul style="list-style-type: none"> • Aortic aneurysm • Coronary artery disease • Diabetes • Gangrene • Amputation due to PVD • Kidney transplant • Retinal artery occlusion • Transient ischemic attack (TIA) <p>Nicotine use within past 12 months</p> <p>Carotid artery surgery, anticipated or completed</p> <p>Skin ulcers/breakdown within past 2 years or recurrent skin ulcers</p> <p>Hospitalization or emergency room treatment within past 12 months for complications</p> <p>Surgery for PVD within past 12 months</p>

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Polymyalgia Rheumatica (PMR)	Symptoms	Select if stable for 6 months, no functional or visual impairment	Diagnosed within past 6 months
	Functional limitations		Daily or regular use of narcotic pain medications
	Use of assistive devices		Use of more than 20mg oral steroid daily
	Treatment		Vision problems due to giant cell arteritis Difficulty swallowing with unintentional weight loss Functional limitation
Pulmonary Embolism/Deep Vein Thrombosis (DVT)	Date(s) of episode(s)	Select for a single episode >6 months and fully resolved	Diagnosis within past 6 months
	Treatment		Multiple episodes within past 12 months
			Inferior vena cava, history of ligation, clipping, intraluminal umbrellas/filters within 2 years

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Rheumatoid Arthritis (RA)/ Psoriatic Arthritis	Joints affected	Select if RA is stable, in remission for at least 2 years, and with no joint deformities or replacements,	Diagnosed, or with progressive symptoms or functional limitations during past 2 years
	Severity, including dates of flares	no internal organ involvement, and no functional limitations	Daily or regular use of narcotic pain medications within past 12 months
	Emergency room (ER) or hospitalization dates	Standard if stable, use of gold therapy, minor joint deformities, joint replacement >1 year ago and no functional limitations	Any internal organ involvement
	Internal organ involvement		Hip, knee, or ankle joint replacement within the past 12 months, or more than 2 regardless of date
	Functional limitations		Any revision of a hip, knee or ankle joint replacement
	Treatment (types of medications, dosage of oral steroids, joint injections, physical therapy, surgeries, with dates)		See Counter Offers section for further details
Ruptured (Herniated) Disc	Symptoms	Select if stable without functional limitations	Daily or regular use of narcotic pain medications within past 12 months
	Treatment (types of medications, injections, physical therapy, surgeries, with dates)		Surgery recommended or completed within past 6 months
	Functional limitations		Functional limitations

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Sarcoidosis	Symptoms (e.g., shortness of breath, cough)	Select if: <ul style="list-style-type: none"> mild disease (stage I) with oral steroid <20 mg per day moderate disease (stage II) with oral steroid <20 mg per day and diagnosed >3 years ago 	Mild disease (stage I) diagnosed within past 12 months and/or using >20mg oral steroid daily
	Joint or organ involvement		Moderate disease (stage II) diagnosed within past 3 years and/or using >20mg oral steroid daily
	Treatment		Severe/chronic disease (stage III)
Scleroderma/ CREST Syndrome	Symptoms	Select if stable and no complications and oral steroid use of <20 mg daily	Symptomatic congestive heart failure, heart arrhythmia, or pericarditis
	Associated heart or kidney conditions		CREST syndrome with complications
	Treatment		Use of more than 20mg oral steroid daily
			Pulmonary fibrosis
			Skin ulcers/breakdown within past 2 years

* More details on this condition on page 49.

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Skin Ulcers	Type of skin ulcer	Select if Arterial ulcer, well healed, no recurrence and >2 years ago	Any history of diabetes with any type of skin ulcer, or diabetic skin ulcers
	Any recurrence	Select if Venous ulcer, well healed, no recurrence within past 2 years and >1 year ago	Arterial skin ulcers: <ul style="list-style-type: none"> • Within past 2 years • History of gangrene, amputation, or multiple ulcers • Nicotine use or vascular surgery within past 12 months Venous skin ulcers: <ul style="list-style-type: none"> • Within past 12 months • Recurrent skin ulcers within past 2 years • 2 or more episodes of deep vein thrombosis
	Associated vascular disease or diabetes		
	Treatment		
Sleep Apnea	Sleep study results	Select if stable, using recommended treatment >3 months or mild sleep apnea with no treatment recommended	Heart failure
	Treatment and compliance with treatment	Standard with no treatment with moderate severity and no nicotine use within past 12 months and build in the Select category	Tracheostomy (incision in the neck) planned or present <6 months

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Spinal Stenosis	Symptoms	Select if stable, no injections in past 3 months and no functional limitations	Daily or regular use of narcotic pain medications
	Treatment (medications, injections, surgery, physical therapy)		Ongoing symptoms increasing in severity
	Functional limitations		Functional limitations
			Surgery planned or completed within the past 6 months
			Spinal injections within the past 3 months
			See Counter Offers section for further details
Transient Global Amnesia	Date(s) of occurrence(s)	Select if no residual cognitive concerns	One episode within past 6 months
			Multiple episodes within past 2 years

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Transient Ischemic Attack (TIA), Amaurosis Fugax, or Retinal Artery Occlusion	Symptoms	Select for single TIA/retinal artery occlusion >5 years ago or for amaurosis fugax >6 months ago	Amaurosis fugax within past 6 months
	Dates(s) of episode(s)		TIA or retinal artery occlusion within past 5 years
	Treatment (medications and/or surgery)		Multiple episodes
			Nicotine use within past 12 months
			Any history of: <ul style="list-style-type: none"> • Atrial fibrillation • Carotid artery surgery planned, anticipated, or completed within past 12 months • Diabetes • Heart surgery • Heart attack • Peripheral vascular disease • Coronary artery disease
Tremors	Type of tremor	Select if stable, benign familial or essential tremor	Unstable or progressive
	Functional limitations		Cerebellar tremor or ataxia
	Treatment		Parkinsonian tremor (tremor at rest)
	Assistive devices		Evaluation pending
			Need for assistive devices (other than straight cane)

Impairment Guide continued

MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
Ulcerative Colitis	Extent of disease	Select if stable and no symptoms within the past 6 months	Symptomatic within past 6 months
	Frequency of flares		Hospitalization within past 12 months
	Most recent flare		Multiple flares within past 12 months
	Treatment (including surgery)		Gastrointestinal surgery or bowel obstruction within past 12 months
	Symptoms		
Vertigo or Syncope	Cause and dates	Select if single benign episode >6 months ago	Within past 6 months if cause unknown
	Any falls or fractures		Multiple episodes within past 12 months

Counter Offers

Counter Offers

Applicants with these conditions could be considered for a policy with a counter offer. Not Available in CA, CA Partnership, CT, IN Partnership, NY Partnership, and SD.

Benefit limited to:

- 2 year or less benefit period
- 180 day or greater elimination period
- \$100 or less daily benefits
- No Benefit Inflation Option

Alcoholism: Standard may be available with history of alcohol dependency (abstinent at least 2 years) with well controlled or remote history of depression.

Bipolar: Standard may be available when

- Stable on medication >2 years,
- No more than 2 psychotropic medications taken,
- No alcohol abuse,
- No disability history, and
- No hospitalizations or ER visits.

Cardiomyopathy: Standard may be available with implantable defibrillator as primary prevention in place for >6 months and no significant arrhythmias.

Coronary Artery Disease: Standard may be available with

- Nicotine use >12 months with single vessel disease that has been treated by bypass, stent or angioplasty and current negative stress test, or
- in combination with Diabetes with no lesion >30% and current negative stress test and no nicotine use <5 years.

Diabetes Type 2: Standard may be available with

- Mild coronary artery disease with no lesion >30% and negative stress test or carotid stenosis <50% and no nicotine <5 years, or
- Nicotine use 3-5 years with no cardiovascular conditions.

Rheumatoid Arthritis: Standard may be available with active disease with flare up or diagnosis 1-2 years ago.

Spinal Stenosis: Standard may be available with

- stable, moderate stenosis,
- no injections in past 3 months,
- narcotic use up to twice/week, and
- no procedures planned.

Limited Benefit Offer

The following medical conditions now have less restrictive impairment guidelines. Applicants with the following conditions will be considered for a policy with the Standard underwriting category. Not Available in CA, CA Partnership, CT, IN Partnership, NY Partnership, and SD.

Benefit limited to:

- 180 day or greater elimination period

Cancer - Bladder: Standard may be available for Stage C with treatment completed 5-10 years ago and no nicotine used <12 months.

Cancer - Breast: Standard may be available with

- Poorly Differentiated, Stage I/II, >24 months; or
- Stage II, >3 positive lymph nodes, >36 months.

Cancer - Prostate: Standard may be available for ages 60-69 under active surveillance with PSA <10, Gleason Score ≤6.

Cancer - Thyroid: Standard may be available for some types within 3-5 years of treatment with lymph node involvement.

4 Frequently Asked Questions

Q. Does “smoker” include all types of nicotine products?

A. Yes. Nicotine products include, but are not limited to, cigarettes, e-cigarettes, cigars, chewing tobacco, nicotine patches and nicotine gum. Occasional cigar use (12 or fewer per year) is considered non-nicotine if nicotine test is negative.

Q. If my client is a nicotine user, then quits for a certain amount of time, can they get a better rate in the future?

A. They have to be off all nicotine products for 12 months. To get a better rate in the future would mean applying with a new application (no “rate reductions” available).

Q. What are you looking for with the blood and urine tests?

A. In the blood testing, we are looking at blood sugar levels, kidney and liver function, and cholesterol (blood tests similar to a life insurance exam or routine physical exam). In the urine testing, we are looking for Kidney Disease, Cocaine and Nicotine (Cotinine).

Q. If the client is a few pounds over the limit, can I still submit an application?

A. Because our build requirements are well into the obesity/borderline morbid obesity zone, we will be very conservative and not consider anyone over the limits—even

one pound!

Q. What if my client loses weight after they have been declined?

A. We would address it as reconsideration and need to see weight loss maintained for a period of at least 12 months.

Q. What happens when two applicants apply as a couple and the underwriting results are complete for one before the other?

A. We will hold issue on couples for a limited time so that both will have a final decision.

Q. Will underwriting share the reason for a decline with agents/producers?

A. Single Situation: If an individual applicant is declined, a decline letter explaining the reason for decline will be sent directly to the client with a copy to the producer. The decline status and reason will be available in Pro.

Couple Situation: If a couple applies and one is declined, the policy package along with the decline letter explaining the reason for decline will be sent directly to the clients with a copy to the producer. The decline status and reason will be available in Pro.

Underwriting Hotline

For additional pre-qualifying questions, contact Underwriting:
800 354.6892 or LTCUnderwriting@genworth.com

Monday - Thursday
8:30 AM - 6:00 PM Eastern

Friday
9:00 AM - 6:00 PM Eastern

All benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. They are not backed by the insurance agency from which this insurance policy is purchased or any affiliates of that agency, including without limitation its affiliate broker/dealer, and none of these entities makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

Insurance and annuity products:	Are not deposits.
Are not guaranteed by a bank or its affiliates.	May decrease in value.
Are not insured by the FDIC or any other federal government agency.	

