



LIFESecure INSURANCE COMPANY

AGENT FIELD UNDERWRITING GUIDE



This guide is designed as a quick reference tool to help you answer some of the more common product and underwriting questions related to LifeSecure Insurance Company's long term care insurance product.

This Guide is a searchable PDF.
(See Searchable PDF instructions in Section I.)

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For Agent Use Only.

Not for Solicitation Purposes.

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SECTION 1. INTRODUCTION

This guide is designed to assist you in evaluating applicants for long term care insurance coverage. Though every attempt was made to make this guide as comprehensive as possible, not every health condition that you will encounter is listed. During your underwriting LiveChat session, your underwriter may require additional information and will help guide you during the underwriting process at point-of-sale only after an electronic application and voice signature are received.

This guide is not a guarantee of the final underwriting action for any specific application. There may be occasions where additional information gathered as a result of the personal interview (PHI or face-to-face) and/or attending physician statements will result in an underwriting decision that differs from what is stated in this guide. When using this guide, also keep in mind that there are certain health conditions that, combined with other health conditions, are not insurable. The final approval and acceptance of a long term care application is the responsibility of the LifeSecure underwriter.

When underwriting long term care insurance, areas of importance are:

- **Medical** – facts that relate to the physical and mental health of the applicant.
- **Functional** – measures of independence with activities of daily living (ADL), and other indicators that the applicant is active and functionally unimpaired.
- **Cognitive** – the applicant’s awareness and perception, as well as their ability to understand and reason.

More specifically, the following risk factors are considered in the underwriting process:

- Stability of health conditions;
- Regular medical follow-up with physician;
- Compliance with medication/treatment plan;
- Independence in all Activities of Daily Living & Instrumental Activities of Daily Living;
- Height and weight within Build Chart range;
- Recent onset of condition and stability of condition;
- Presence of multiple health conditions and the impact on each other;
- Current symptomatology and disease control;
- Lifestyle patterns.

Searchable PDF Instructions

Note: These instructions may vary based on which version of Adobe Acrobat you have on your personal computer, so we have included some of the possible variations you might encounter.

- Open the PDF document.
- On the toolbar, click on the Binoculars icon (i.e., the word “Find” or “Search” will appear when you place your cursor over the icon, depending on your version). If your toolbar is not enabled, you may need to select EDIT and SEARCH from you menu bar (or press CTRL + F) to search and find.
- Once open, you will be prompted with “Find What” (or a similar message in other versions).
- Type in the key word. For example, enter the name of the disease or illness you are searching.
- Click the Find (or Search) button.
- You are then taken to those sections of the document that match your search criteria. In some newer versions, a search results window might appear on the search bar that provides all links to each of them. You then decide which links fit your real criteria and click on your choice to be taken to that section.

SECTION 2. DISCOUNTS

Spouse/Domestic Partner Discounts

30% discount when both spouses/partners apply and are insured; 10% discount for one issued policy when spouse or partner does not apply, or is not accepted.

Endorsed Multi-Life Discounts

Within qualifying multi-life employer groups or associations, a multi-life discount may be offered. See important multi-life definition and qualifications below.

Multi-Life Definition and Qualifications

A group – whether an employer group, an association or other defined group (e.g., a credit union) – may qualify for LifeSecure’s multi-life premium discount under the following requirements:

- The group must be a legitimate, licensed entity that exists for purposes other than obtaining insurance.
- A 10% discount is available for participating employers with 50+ eligible employees. A 5% discount is available for participating employers with 20-49 eligible employees. (No minimum participation required for either discount.)
- A group list-bill setup is required for all groups; if <5 enroll, other pay methods may be made available

[Note: You must coordinate with a LifeSecure Agency Services representative in order to set up a group or association account. The commission structure differs for policies sold using any multi-life premium discount.]

How Discounts Are Applied

Each discount is additive and applied against the policyholder’s approved rate (i.e., preferred, standard or select rate).

Example:

Applicant A qualifies for coverage under the preferred rate class. His preferred premium for the benefit plan he has elected equals \$100. He is a member of a qualified group. His wife also applies for coverage and is accepted.

Preferred Premium: \$100

Spouse/Partner Discount = 30%

Endorsed Group Discount = 10%

Total Discounts = 40%

Applicant A's actual premium = \$100 X (1 - .40) = **\$60**

SECTION 3. SUITABILITY

Purpose of Long Term Care Insurance

Long term care insurance protects the assets (home, savings, investments, etc.) of the insured while providing for the payment of long term care, such as extended nursing home stays and skilled or custodial care at home. As this coverage can be expensive, it may not be appropriate for everyone.

Shopper's Guide and Things You Should Know

To assist the client in making an informed decision with respect to the purchase of long term care protection, the writing agent must provide the applicant with a copy of the National Association of Insurance Commissioners' "A Shopper's Guide to Long Term Care Insurance" and a copy of "Things You Should Know Before You Buy Long Term Care Insurance".

Long Term Care Insurance Personal Worksheet

To further assist the applicant in determining whether the long term care coverage is affordable, the writing agent will ask the client to complete a Long Term Care Insurance Personal Worksheet. The completion of this worksheet identifies the cost of the coverage and establishes a relationship between this cost and the client's income and assets.

Financial Suitability

In general people who are nearing or beyond retirement, with assets (not including house and car) that are \$30,000 and greater may be candidates to purchase some form of long term care insurance to protect these assets. In purchasing coverage, a rule of thumb is that no more than 7% of an applicant's fixed, post-retirement income (pension/annuity payments, Social Security, rental or interest income, etc.) should go towards the premium for long term care insurance. As each situation is uniquely different, an individual's financial situation may not permit as much as 7% of income, or conversely may provide for paying more than 7% for long term care insurance.

People who are still some years away from retirement may not have accumulated significant assets (beyond a home and car), but may still anticipate doing so in the future. It would be reasonable for them to seek long term care insurance, in order to lock in their insurability status and take advantage of the lower premiums at the current age. For these people, a minimum amount of assets is not critical, but the cost of the insurance should still be reasonable in relation to their income.

The agent must be prepared to assist the applicant in determining a premium that will not substantially alter the applicant's current standard of living. With this in mind, it is incumbent upon the agent to be familiar with the approximate daily cost of a stay in a long term care facility and the typical cost of home health care in the area that he/she is working. This knowledge, along with the applicant's individual circumstances, will allow the agent to properly assist the applicant in choosing the most appropriate and suitable plan.

Suitability General Guidelines

To assist the Underwriter in making the determination of whether a long term care insurance policy is a financially suitable purchase for the applicant, we have developed the following guidelines:

Individual Household Assets / Percentage of Income to be Applied Towards Premium

Applicant is over age 60

Assets less than \$30,000: Review income and/or potential need for long term care, as a long term care insurance purchase may not appear to be appropriate.

Assets = \$30,000 to \$100,000: Premiums should be no more than 7%-10% of yearly income; the greater the assets the higher percentage of income.

Assets greater than \$100,000: Premiums should be no more than 10%-15% of yearly income.

Applicant is under age 60

The minimum level of assets may be relaxed. However, premiums should still be no more than 7% of yearly income.

The Underwriter may relax the % of income guidelines if the applicant indicates that a family member will pay the premiums.

It is important to remember that while the decision to provide financial information on the Personal Worksheet, and/or a decision to apply for long term care insurance is the responsibility of the applicant, it is the responsibility of the Company to ensure the application meets the Company Suitability Standards. Please see the **Disclosure Statement Section** below for more information on the requirements.

Guidelines for Completing the Long Term Care Insurance Personal Worksheet

All states require that suitability be discussed with an applicant for long term care policies.

Here are some guidelines to be used when completing the Personal Worksheet.

Premium Section requires you to indicate the anticipated premium in the first line.

Company's Right to Increase Premiums and Rate Increase History Sections requires you to communicate the insurance company's right to increase premiums in the future, as well as the company's rate increase history.

Questions Related to Your Income Section requires you to determine the applicant's source of premium payments. The annual income of the applicant must also be indicated and the expectation for a change in income needs to be noted. Finally, this section requires you to assist the applicant in determining his ability to afford the premiums based on income. Multiply the applicant's income by 7% (0.07). If this result is less than the annual premium, then either family members must be paying a portion of the premium or savings must be intended to be used as the premium source. Otherwise, the proposed sale does not meet our suitability standards.

Questions Related to Your Savings and Investments Section requires you to check a box indicating the value of the applicant's assets (excluding the applicant's home) and the applicant needs to indicate any expected change in assets. If the applicant is over age 60, and assets are less than \$30,000, the sale does not appear to meet suitability standards.

Disclosure Statement Section requires the applicant to indicate that the answers in this worksheet are accurate, or that the applicant does not wish to supply the answers, but still wants the company to consider the application. If the answers are not supplied, the agent must indicate that he has explained the importance of providing these answers. If the answers are provided, but the agent believes that the proposed purchase does not meet the suitability standards, then the agent must explain to the applicant why the agent believes the purchase is unsuitable. If the applicant still wishes to continue, they must acknowledge that the agent has so explained, and that they want the company to consider their application.

The company will review all personal worksheets. If all answers were supplied and the agent did not suggest the proposed purchase was unsuitable and obtain the applicant's acknowledgement, but the company still believes that the proposed purchase may not be suitable a letter will be sent to the applicant or our support staff will call the applicant. The applicant will have 60 days to advise of their intent to pursue the proposed purchase. If no response is received, the application will not be underwritten and the file closed with premium refunded.

SECTION 4. POINT-OF-SALE PROCESS

The LifeSecure point-of-sale electronic application process is fast and easy. There are 2 general ways to submit electronic applications – via the assistance of a sales agent, or, by applicants using the “self-serve” online application. The “self-serve” online application is available only to members of Multi-Life or Association entities registered as such with LifeSecure. Sales agents need common internet access and a telephone line to complete electronic applications for ideal, target customers. Self-serve individuals only require internet access.

The following steps complete the **agent point-of-sale application process**:

Determine the suitability and insurability of the client. If appropriate, continue to the next step. Using the Quote Calculator, provide various long term care quotes to your client, as appropriate.

- Access the electronic application through the www.yourlifefecure.com Agent Web Portal. Complete all application sections through the “Applicant Authorizations and Signature” section.
- Complete the Voice Signature by calling 1-866-LTC-7703 (1-866-582-7703) and obtaining the Voice Authorization Code (users are prompted to do this within the agent online application). This code is required to complete the “Applicant Authorizations and Signature” section and the “Applicant Authorization to Obtain and Disclose Information” section. [Note: The Voice Signature script is available as a PDF document on the Agent Web Portal.
- Enter the Voice Authorization Code, complete the remainder of the application, and submit the completed, online application.
- Agents should then begin the LiveChat function. This function accesses an underwriter who will immediately evaluate the application while the agent and customer standby for an application decision, or, to provide additional information to the underwriter when deemed necessary. LiveChat is available Monday through Friday from 8am to 6pm, Eastern Standard Time.

As part of the underwriting process, the underwriting will perform a search in the MIB and Intelliscript databases for prior insurance and medical/prescription information to help determine the application’s disposition. If a decision cannot be made using the information available from the application, database queries and other underwriting protocols during the underwriting LiveChat session, the agent and customer are made aware of this and additional information is provided by the underwriter as to the next steps required to process the application, such as scheduling a Phone History Interview (PHI), Face-to-Face interview and/or obtaining an Attending Physician’s Statement (APS).

Approved applicants will receive a mailed Welcome Kit containing the Policy, Schedule of Benefits, copy of the submitted application, Beneficiary Designation form, Notice of Privacy Practices, a Welcome Card, and Membership ID card.

The following steps complete the **self-serve point-of-sale application process**:

- Customers access the electronic application through the www.yourlifefecure.com Groups & Association Web Portal using the Group Number provided by their worksite administrator.
- Customers begin the online application.
- If customer responses allow them to continue after the Initial Insurability Section, the Applicant Information and Spouse Information sections are then completed before the user is asked to create a User ID and Password, ensuring their application is retained and available for submission.
- After the User ID and Password are created, the applicant would complete all remaining application sections and then submit the completed application for underwriting review.
- All self-serve applications are queued and reviewed within one business day from the submission date.
- Approved applicants will receive a mailed Welcome Kit containing the Policy, Schedule of Benefits, copy of the submitted application, Beneficiary Designation form, Notice of Privacy Practices, a Welcome Card, and Membership ID card.

Self-serve applicants who require additional data to complete the underwriting process will be contacted by appropriate resources for scheduling of a Phone History Interview or an in-home assessment, when deemed necessary. If an Attending Physician Statement is required, an applicant's signature on the Applicant Authorization to Obtain and Disclose Information form will be requested.

It is important to note that both the agent assisted and self-serve online applications have built-in pop-up messages designed to assist the user during the application process. For instance, if question responses meet particular underwriting criteria, instructions are presented via pop-up messages to obtain the customer's signature on the "Applicant Authorization to Obtain and Disclose Information" form with instructions to fax it to 1-866-556-3393 to allow an Attending Physician Statement (APS) to be obtained in a timely manner. In instances where an APS is required, the application decision may take 20 or more business days to complete.

Point-of-Sale Application Process Summary

There are **three** ways to submit an application:

1. All-Online Application Process (fastest processing time)
2. Paper + Online Application Process
3. All-Paper Application Process

1. ALL-ONLINE APPLICATION PROCESS – when completed in the presence of the client:

*Note: This method is currently **not** available in the states of Florida, Georgia, North Carolina, Virginia or Washington.*

- Data enter online application within the Agent Web Portal at www.YourLifeSecure.com
- If you have underwriting questions during the application process, you may email or call an underwriter between 8am – 6pm, Mon – Fri (ET). To send an email, click on the LiveChat logo in the upper right corner of your screen. Or, you may speak to an underwriter by calling the Underwriting Pre-qualification phone number **1.866.582.7705**.
- Dial **1.866.582.7703** to complete the voice signature authorization, then obtain and enter the voice authorization code in the space provided.
- Submit the online application
- FAX the "Applicant Authorization to Obtain and Disclose Information" form to **1.866.556.3393** (unless the applicant was "approved as submitted" at point-of-sale)

2. PAPER + ONLINE APPLICATION PROCESS

*Note: This method is currently **not** available in the states of Georgia, Virginia and Washington.*

If application is initially completed on paper, and later entered online via the Agent Web Portal, the agent must FAX all pages of the completed paper application (including the application cover page) and the Personal Worksheet with the applicant's signature to **1.866.556.3393**.

IMPORTANT NOTE FOR FLORIDA AND NORTH CAROLINA: We are in the process of obtaining approval for our online application. At this time, you must complete a paper application. To begin the underwriting process, enter data from the application online or contact your agent administrator for data entry, and then fax the completed application to us at 1.866.556.3393.

3. ALL-PAPER APPLICATION PROCESS:

*Note: This method is **only** available in the states of Georgia, Virginia and Washington.*

- Complete the paper application in its entirety. (Be sure to use the correct form # for your state).
- You may speak to an underwriter by calling the Underwriting Pre-qualification phone number **1.866.582.7705**.
- To ensure the fastest processing time, FAX all pages of the completed paper application (including the application cover page) and the Personal Worksheet with the applicant's signature to LifeSecure's secure fax number **1.866.582.7707**.

For ALL Application Processes:

If Direct-Billing is selected as the premium payment method, send the initial premium payment to:

LifeSecure Insurance Company
16234 Collections Center Drive
Chicago, IL 60693

NOTE: Do not send application to this address.

SECTION 5. UNDERWRITING

Note: We will not accept paper-based applications, unless there is no access to the web portal. We expect that there will be few paper-based applications. Once an electronic application is completed by an agent and client, the agent captures, telephonically, a voice signature (see Section 4) before submitting the application and initiating the LiveChat function to begin the underwriting process. In some cases, the agent may have completed a paper application with the applicant (including wet signatures), and later entered the electronic application into the web portal without the presence of the applicant. In this case, the agent will not complete the voice signature process, but he will fax the hard-copy application and Personal Worksheet with the applicant's written signatures.

Underwriting Protocols

Initial Insurability Screen - Uninsurable Conditions (Section A of Application)

Any "yes" answer to questions in this section of the application means the proposed insured is not eligible for coverage and the application should not be submitted. No electronic application can be submitted to an Underwriter when any of the uninsurable conditions exist because of the edits inherent in the system.

The uninsurable condition questions include:

1. Within the past 12 months, have you used or been advised by a healthcare professional to use any of the following?
 - home health care, adult day care, or care in a nursing home, assisted living facility, or any other long term care facility; or
 - a walker, wheelchair, quad cane, motorized scooter, hospital bed, or oxygen equipment.
2. Do you require human assistance or supervision in order to perform any of the following activities?
 - bathing, dressing, eating, getting in or out of a bed or chair, walking, using the toilet, managing bowel or bladder control.
3. Do you have or have you ever been diagnosed or treated by a healthcare professional as having any of the following?
 - Amyotrophic Lateral Sclerosis (ALS, also called Lou Gerhrig's disease)
 - Alzheimer's Disease
 - Dementia
 - Frequent or persistent forgetfulness or memory loss
 - Mild Cognitive Impairment
 - Organic Brain Syndrome
 - Senility
 - Multiple Sclerosis (MS)
 - Muscular Dystrophy
 - Parkinson's Disease
 - Cystic Fibrosis
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or positive HIV test
 - Metastatic Cancer (cancer that has spread from its original site)
 - Diabetes with a history of Transient Ischemic Attack (TIA) or Stroke
 - Huntington's Chorea
 - Cirrhosis of the Liver

4. In the past two years, have you been diagnosed or treated by a healthcare professional as having any of the following?
- Hydrocephalus
 - Stroke
 - Transient Ischemic Attack (TIA)
 - Type I (Juvenile) Diabetes
 - Uncontrolled Type II Diabetes
 - Drug use
 - Hemophilia
 - Scleroderma
 - Other Degenerative Neuromuscular Disease
5. Are you currently receiving Social Security Disability Income Benefits or other disability insurance benefits?

Section 8 of this Agent Field Guide also includes a list of Uninsurable Medications.

Other Underwriting Protocols

The allowable issue ages are 18 – 84.

Most applicants with the following profiles will receive “point of sale” approval:

- **For individuals ages 18-55, with a Benefit Bank of \$350,000 or less, in good health, able to pass the electronic review screens, and able to respond to clarifying questions (if required) at point-of-sale.**
- **For individuals ages 56-64, with a Benefit Bank of \$250,000 or less, in good health, able to pass the electronic review screens, and able to respond to clarifying questions (if required) at point-of-sale.**

All other individuals will require additional underwriting.

Applications will undergo the following processes:

1. **Drug database screen**
2. **MIB screen**
3. **Height / Weight screen and review of tobacco / nicotine use (last three years)**

These steps are done at point-of-sale or queued overnight for next day underwriting.

Please review the Underwriting Protocol chart on the following page.

While these are the standard protocols, please note that LifeSecure reserves the right to request additional information or protocols from any applicant at any time prior to completion of the underwriting process. In particular, some applicants’ history will not appear on our prescription (Rx) database depending on the source of their prescription drug medical coverage. If the applicant is not on the database, the underwriter will probably request a phone interview and/or APS that might not otherwise be needed.

Age and Amount Underwriting Protocols for LifeSecure

Age Range	Up to \$350,000	\$350,001 to \$700,000	\$700,001 to \$1,000,000
18 to 55	<ul style="list-style-type: none"> · MIB · RX Database · Focused Phone Interview to supplement yes answers on the application or Rx database results 	<ul style="list-style-type: none"> · MIB · RX Database · Short Phone Interview 	<ul style="list-style-type: none"> · MIB · RX Database · Short Phone Interview (Unless Face-to-Face) · APS or Face-to-Face (F2F if not seen an MD in 2 years)
Age Range	Up to \$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000
56 to 64	<ul style="list-style-type: none"> · MIB · RX Database · Focused Phone Interview to supplement yes answers on the application or Rx database results 	<ul style="list-style-type: none"> · MIB · RX Database · Short Phone Interview 	<ul style="list-style-type: none"> · MIB · RX Database · Complete Phone Interview (Unless Face-to-Face)) · APS or Face-to-Face (F2F if not seen an MD in 2 years)
65 to 74	<ul style="list-style-type: none"> · MIB · RX Database · Complete Phone Interview 	<ul style="list-style-type: none"> · MIB · RX Database · Complete Phone Interview (Unless F2F) · APS or Face-to-Face (Underwriter Discretion) 	<ul style="list-style-type: none"> · MIB · RX Database · Complete Phone Interview (Unless Face-to-Face) · APS or Face-to-Face (F2F if not seen an MD in 2 years)
75 to 84	<ul style="list-style-type: none"> · MIB · RX Database · Face-to-Face · APS 	<ul style="list-style-type: none"> · MIB · RX Database · Face-to-Face · APS 	<ul style="list-style-type: none"> · MIB · RX Database · Face-to-Face · APS

Agents must get the “Applicant Authorization to Obtain and Disclose Information” document signed by the customer and faxed to LifeSecure’s Underwriting Unit in order to speed the APS process. The on-site face-to-face assessment may be requested during the LiveChat with the underwriter. Clients should be made aware of the additional time required to receive statements from their physicians; agents should check their web portal frequently to determine status and to facilitate the process, when applicable.

Rate Classifications

The following criteria are provided only to give the agent a general description of an applicant who will qualify for each underwriting class. The actual class assignment for any specific applicant will be based on the underwriter's review of all information provided and may not conform to the general guidelines below.

PREFERRED

- a "no" answer to the tobacco/nicotine product question on the application;
- height and weight within the preferred range stated in the build chart;
- no history of cancer within the past 5 years;
- no history of diabetes;
- stable medical history/health conditions that satisfy the preferred criteria outlined in the underwriting guide;
- independence in all Activities of Daily Living, as well as all instrumental activities*;
- regular routine follow-up with a physician.

STANDARD

- a "yes" answer to the tobacco/nicotine product question on the application;
- height and weight within the maximums stated in the build chart;
- stable medical history/health conditions that satisfy the standard criteria outlined in the underwriting guide;
- independence in all Activities of Daily Living, as well as instrumental activities*;
- regular follow up with a physician and compliance with medications and treatment plan for any identified health conditions.

SELECT

- a "yes" answer to the tobacco/nicotine product question on the application;
- height and weight that does not exceed stated maximums in the build chart;
- stable medical history/health conditions with out evidence of complications that satisfy the select criteria in the underwriting guide;
- independence in all Activities of Daily Living;
- regular follow-up with a physician and full compliance with medications and treatment for any identified health conditions.

* Instrumental activities include routine activities that are necessary to maintain independent living beyond the Activities of Daily Living that are used as eligibility criteria in the policy. Examples of instrumental activities include cleaning, cooking, paying bills, etc.

SECTION 6. POLICY EFFECTIVE DATES

Direct Bill Policies

Effective dates for all direct billed policies will be the date the policy is approved by LifeSecure Underwriting. This is true regardless of the billing method (EFT, Credit Card, Individual Direct Bill). Cash provided with the application does not place any coverage in force as stated on the receipt provided to the applicant by the agent.

Exception: A direct billed policy may be made effective on the date the application was submitted at the request of the applicant. This exception will be allowed only if the application was submitted before the applicant's birthday and the application was not approved until after the birthday. Premiums will be charged from the effective date. In no event will the effective date be prior to the date the application was submitted.

The issue age will always be based on the effective date.

List Bill/Payroll Deduct Policies

Effective dates for list billed policies will be the first of the month following the date the policy is approved by LifeSecure Underwriting, if the approval date is in the first 15 days of a month. If the approval date is after the first 15 days of a month, the effective date will be the first of the second month following the approval month.

Example: Approval Date: 2/14 Effective Date 3/1

Approval Date: 2/18 Effective Date 4/1

The issue age will always be based on the date the application was submitted.

Exception: Alternative rules for effective dating may be allowed if requested by the employer or other list-bill sponsor, and if LifeSecure's billing system can accommodate the request. However, in no event will the effective date be prior to the date the application was submitted.

SECTION 7. UNDERWRITING GUIDELINES

Abscess	Preferred
ADL / IADL deficiency	Decline
Acoustic Neuroma	
• Surgically removed, no residuals other than hearing loss, > 1 year	Standard
• Untreated, with balance disturbance, falls, or current seizures	Decline
Addison's Disease	
• Stable over 2 years, normal labs	Standard
• Frequent crisis or abnormal labs or EKG	Decline
• Diagnosed < 2 years	Postpone
AIDS/ARC/ HIV positive	Decline
Alcohol Abuse	
• Currently consuming alcohol / DUI within 1 year	Decline
• Alcohol free > 3 years, active in support group, normal LFT's	Standard
• History of alcohol abuse with liver, pancreatic disease, or related neuropathy	Decline
• Consumption of > 6 oz of liquor or > 6 beers per day, 3 glasses of wine per day	Decline
Allergies	Preferred
ALS (Refer also to Lou Gehrig's Disease)	Decline
Alzheimer's Disease	Decline
Amaurosis Fugax (Refer to TIA)	
Amputation	
• Due to disease	Decline
• Due to trauma or congenital, single limb, no limitations, > 1 year	Standard
• Due to trauma or congenital, 2 or more limbs	Decline
Anemia	
• Iron or B12 deficiency controlled with no complications	Preferred
• Sickle cell trait	Select (Max \$100,000)
• Aplastic, Sickle cell, Thalessemia Major, chronic hemolytic	Decline
• Severe, not investigated /diagnosed, chronically abnormal CBC	Decline
Aneurysm	
Cerebral	
• Surgically repaired, > 2 years, fully recovered, no deficits	Select
• Surgically repaired, over 5 years, no deficits	Standard
• Unrepaired or inoperable	Decline
Abdominal aortic	
• Surgically repaired, fully recovered > 1 year, no PVD	Select

- Surgically repaired, > 2 years Standard
- Surgically repaired with current tobacco use Decline
- Present, well followed, < 4cm, no growth for 1 year, non-smoker Standard
- Present > 4 cm with regular follow-ups Decline
- Present, surgery recommended/ smoking within 12 months/ evidence of PVD,/ progression Decline

Thoracic

- Surgically repaired >1 year, no PVD Select
- Surgically repaired, > 2 years Standard
- Present, well followed, <4cm, no growth for 1 year, non-smoker Standard
- Present, > 4cm, with regular follow-ups Decline
- Present, surgery recommended / smoking within 12 months / unfavorable or inoperable location Decline

Multiple aneurysms

- Regardless of surgery Decline

Angina (Refer to Coronary Artery Disease)

Ankylosing Spondylitis Decline

Anorexia Nervosa Decline

Anxiety

- Situational, no medications, > 3 months Preferred
- Situational, treated with medication, > 3 months Standard
- Severe or symptomatic, poorly controlled Decline
- History of hospitalization within 5 years Decline

Appliances

The cause for use must be insurable

- Cane, single point-occasional use outside Standard
- Cane, single point, permanent use Individual Consideration
- Cane, quad or tripod Decline
- Colostomy, adapted with self maintenance Standard
- Insulin pump Individual Consideration
- Oxygen, current or use within one year Decline
- Urinary Catheter, current use Decline
- Wheelchair / Walker, current or use within 1 year Decline

Arteriovenous Malformation Decline

Arteritis

- Stable, treatment free for >24 months Preferred
- Present, well controlled, less than 10mg of steroids Standard
- Unstable Decline

Arthritis

Minor: osteo or degenerative

- Mild, non-prescription medication Preferred

Moderate: osteo or degenerative

• Non-weight bearing joint	Standard
• Weight bearing joint	Individual Consideration
Severe: osteo or degenerative	
• Severe or surgery anticipate or planned	Decline
Rheumatoid arthritis (APS)	
• Asymptomatic, >6 months, no treatment, no assistive devices	Standard
• Asymptomatic, >6 months, treated with Methotrexate, Plaquenil, or steroids < 5mg per day	Select
• Severe, multiple joint replacements, progressive	Decline
Psoriatic Arthritis	
• See Rheumatoid	
Arthroscopy	
• Recovered, no ADL/IADL limitations	Preferred
Asbestosis	
• Stable for 3 years, normal PFT's, non-smoker	Standard
• Smoker within 3 years, oxygen use, ADL/IADL limitations	Decline
Asthma	
• Seasonal, mild, controlled, short term steroid use	Preferred
• Mild to Moderate, PFT's - FEV1>70%, non-smoker	Standard
• Severe or poorly controlled, current smoker or smoker within 1 year	Decline
• Hospitalization < 6 months or > 2 within past 12 months	Decline
• History of CHF, steroid use over 10mg per day	Decline
Ataxia	Decline
Atrial Filbrillation	
• Lone Atrial fibrillation, single episode, resolved > 6 months, non-smoker	Standard
Paroxysmal	
• Infrequent episodes, 0 -6 months	Postpone
• Infrequent episodes, 6 months to 2 years, non-smoker	Standard
• Over 2 years, infrequent episodes, non-smoker	Standard
Chronic - on anticoagulation therapy	
• < 6 months	Postpone
• 6 months to 3 years, non-smoker	Standard
• Over 3 years, non-smoker	Standard (Max. \$100,000)
• Not on anticoagulant therapy, history of TIA, CVA, CHF	Decline
Attention Deficit Disorder/Adult Attention Deficit Disorder	
• Diagnosed as mild, no limitations, active lifestyle, treated with 2 or less medications, stable > 6 months	Standard
• Diagnosed a moderate to severe, lifestyle limitations, treated with > 2 medications	Decline
Autonomic Neuropathy	Decline
Back (Curvature of the spine, Kyphosis, Scoliosis, Torticollis)	
• Mild, symptomatic, or mild discomfort, deformity < 40-50%	Standard

• Severe, surgery pending, or with osteoporosis	Decline
Sprain / Strain	
• Present or severe (consider ADL/IADL limitations)	Postpone
• Resolved, no limitations	Approved
Sciatica	
• Mild, brief episode, resolved, 0 - 1 year	Preferred
• Moderate, symptoms over 1 year	Standard
Spinal Stenosis	
• Incidental finding, asymptomatic, treatment free	Preferred
• Symptomatic, mild, treated with NSAID, fully functional and active	Standard
• Unoperated, mild to moderate, no limitations	Standard
• Steroid injections, epidurals, or PT within past 6 months	Postpone
• Operated, fully recovered for 1 year, fully functional and active	Standard
• History of surgery with residuals or neuro deficit	Decline
Basal Cell Cancer	Preferred
Bells Palsy	
• Diagnosed < 6 months ago	Postpone
• Over 6 months, fully recovered, no residuals	Standard
Benign Prostatic Hypertrophy (BPH)	
• Mild, asymptomatic or surgically corrected, > 6 months, no residuals	Preferred
• Pending surgery, complications of surgery	Postpone
Bipolar Disorder	
• Well controlled > 1 year, < 3 non-antipsychotic medications, no functional limitations, no hospitalizations within 5 years	Select (Max \$100,000)
• New onset, < 3 years	Postpone
• Non-compliance with medications / treated with antipsychotic medication, > 2 hospitalizations in past 5 years	Decline
Blindness (Refer to Vision loss)	
Bone Marrow Transplant	Decline
Bronchiectasis	
• Mild, non-smoker, FEV1 > 65%	Standard
• Moderate, non-smoker, FEV1 60 – 65%	Individual consideration
• Severe, chronic steroid use, FEV1 < 60%	Decline
Bronchitis	
• Mild, acute episodes	Standard
• Moderate, occasional steroid use, non-smoker	Individual Consideration
• Diagnosed as chronic, reduced PFT's, treated with multiple medications including chronic steroids	Decline
Buerger's Disease	Decline
Build (See Build Chart)	

Bulimia	Decline
Bunions	
• No planned surgery or limitations with mobility	Approve
Bursitis	
• Mild	Preferred
• Moderate/Chronic in weight bearing joint	Individual Consideration
• Severe	Decline
Cancer	
Bladder	
• Single occurrence, fully recovered for 1 year	Standard
• Recurrent or under treatment	Decline
Breast	
• Stage 0 or insitu : surgically removed, fully recovered for 1 year	Standard
• Stage I: surgically removed, fully recovered for 2 years	Standard
• Stage II or above, surgically removed, fully recovered 3 years	Individual Consideration
• Recurrent or positive lymph nodes	Decline
• Surgery pending	Decline
Brain	
• Surgically removed, fully recovered for 3 years, no residuals	Individual Consideration
Colon/Rectal	
• Surgically removed, no positive nodes, fully recovered for 2 years	Standard
Kidney	
• Surgically removed, fully recovered for 2 years, normal KFT's	Standard
Malignant melanoma	
• Clark's Level I, treatment free	Standard
• Clark's Level 2, fully recovered for 2 years	Standard
• Clark's Level 3, fully recovered for 3 years	Standard
• Clark's Level 4, fully recovered for 5 years	Standard
• Recurrent, metastatic, or active	Decline
Liver	Decline
Lung	
• Fully recovered for 2 years, no impairment in pulmonary function, non-smoker	Select
Ovary	
• Surgically removed, fully recovered for 3 years	Standard
Prostate	
• Stage 0 or insitu, Gleason score 0 -6, fully recovered , no residuals	Standard
• Stage 1 - III, surgery and treatment free for 2 years, PSA < 0.5, no complications	Standard
• Stage IV or metastatic	Decline

Skin	Preferred
Stomach	
• Surgery and treatment free for 2 years, normal labs, stable weight, no limitations	Standard
Thyroid	
• Surgically removed and treatment free for 1 year	Standard
Uterine	
• Surgically removed and treatment free for 1 year	Standard
Cardiac Defibrillator (AICD implant)	Decline
Cardiomyopathy	
• Mild, stable for 1 year, no episodes of CHF within 12 months, EF > 45%, non-smoker	Select (Max. \$100,000)
• With cardiac comorbidities	Decline
• Severe, recurrent episodes of CHF, or progressive	Decline
Carotid Artery Stenosis / Carotid Bruit	
• Bilateral stenosis < 70%, asymptomatic, no progression, non-smoker, no history of TIA or stroke	Standard
• Endarterectomy, non-smoker, no history of TIA or stroke, over 6 months	Standard
• Endarterectomy, over 6 months with tobacco use	Decline
• In conjunction with diabetes	Decline
Carpal Tunnel Syndrome	
• No symptoms in 6 months	Preferred
• Chronic, mild symptoms	Standard
• Chronic, moderate symptoms	Standard
• Surgery pending, regular narcotic use, functional limitations	Decline
Cataracts	
• Treated surgically with no residuals or complications	Preferred
• Visual impairment causing limitations or restrictions	Decline
Cerebral Palsy	
• Independent, no mechanical aids, no cognitive or physical abnormalities	Individual Consideration
• Symptomatic, decreased muscle strength, current treatment	Decline
Cerebral Vascular Accident/ CVA / Stroke	
• Single episode, fully recovered (no residuals), over 2 years, no tobacco use	Select (Max. \$100,000)
• Single episode, fully recovered, (no residuals) over 5 years, no tobacco use	Standard
• Multiple episodes (2 or more)	Decline
• With comorbidities: diabetes, atrial fib, peripheral vascular disease, cerebral vascular disease, mitral valve disease, smoker	Decline
Cholelithiasis	
• Asymptomatic, over 3 months	Preferred
• Surgically treated, over 3 months, no complications	Preferred
• Pending surgery	Postpone

Chronic Fatigue Syndrome	
• In remission, no ADL/IADL limitations, 0- 3 years	Select
• In remission, no limitations, 2 years	Standard
• In remission, no limitations, over 5 years	Preferred
• In conjunction with fibromyalgia	Decline
Chronic Hepatitis	Decline
Chronic Obstructive Pulmonary Disease (COPD) / Emphysema	
• Mild, high activity level, FEV1 >65%, no symptoms	Standard
• Moderate, treated with >2 medications, FEV1 < 65%	Select
• Severe, significant symptoms	Decline
• In conjunction with cardiomyopathy, CHF, or pulmonary hypertension	Decline
• Tobacco use	Decline
Cirrhosis	Decline
Cognitive Impairment	Decline
Colitis / Ulcerative colitis / Crohn's Disease	
• Irritable bowel syndrome or spastic colitis	Standard
• Active within 1 year	Decline
• Surgically treated, recovered for 1 year	Standard
• With complications: frequent flares, weight loss, incontinence	Decline
• Treated with antineoplastic medications or > 5mg of steroids daily or multiple surgeries	Decline
Congestive Heart Failure	
• Single episode, fully recovered, 0 - 1year	Decline
• Single episode, fully recovered over 2 years	Standard
• Symptomatic, recurrent, current smoker, or EF < 45%	Decline
• History of COPD, insulin dependent diabetes, pulmonary hypertension or insulin dependent diabetes	Decline
Coronary Artery Disease	
Non-smoker > 2years	
• Treated and asymptomatic, s/p angioplasty/stent, stable 6 months	Standard
• Bypass surgery (CABG), fully recovered for 6 months, no restrictions on activities	Standard
• Tobacco use within past 2 years	Decline
• Unstable angina, stenosis > 70%, history of CHF, multiple surgeries or re-stenosis of previously treated vessel, > 3 MI's	Decline
Crest Syndrome	Decline
Crohn's Disease (Refer to Colitis/Ulcerative Colitis)	
Cushing's Syndrome	
• Asymptomatic, no complications, <10mg steroids	Standard
• Symptomatic, >10mg steroids	Decline
• Surgery, recovered > 6 months, no complications	Standard
• Surgery recommended	Decline
Cystic Fibrosis	Decline

Cystocele

- Pending surgery Postpone
- Surgery completed, fully recovered without complications Preferred

Deafness

- Partial hearing loss, adequately corrected with hearing aids Preferred
- Total hearing loss, one ear Preferred
- Total hearing loss, both ears, over 1 year, no limitations Standard

Deep Vein Thrombosis

- Single episode, over 12 months Standard
- Multiple episodes 0-1 year Decline
- 2-5 years Standard
- Over 5 years Preferred

Degenerative Disc Disease

- Incidental finding on x-ray, asymptomatic, no treatment Preferred
- Mild, symptomatic, physical therapy completed > 6 months, treated with non-narcotic medication Standard
- Treated successfully, > 1 year, no residuals Standard
- Currently treated with narcotics, ongoing injections Decline
- Moderate to Severe, limitations or frequent flares Decline
- Chronic narcotic use or ADL/IADL limitations Decline

Dementia Decline

Depression / Dysthymia (APS)

- New onset, situational, controlled with minimal medication over 6 months Standard
- Undiagnosed Postpone
- Diagnosed as Major, Manic, or Chronic, fully functional, no hospitalizations for 5 years, no antipsychotic medications Select (Max \$100,00)
- Severe, chronic use of multiple medications, frequent exacerbations, multiple ER visits, or suicide attempt Decline
- ECT within 5 years Decline

Diabetes

- Well controlled over 6 months with diet or oral medications, FBS <200, GHB < 8, no complications Standard
- Well controlled over 6 months with 1 - 50 units of insulin, GHB <8, no complications. Standard
- Well controlled, treated with 2-3 orals medications or 50-70 units of insulin, GHB<8, no complications Select (Max \$100,000)
- GHB >8 , FBS > 200, greater than 70 units of insulin Decline
- History of mild, non-progressive neuropathy, non-limiting Select
- New onset, change in treatment, or poor control < 6 months Postpone
- Treated with insulin, current tobacco use Decline
- With comorbid: progressive or moderate neuropathy, nephropathy, renal insufficiency, PVD, retinopathy, CVA, TIA, cardiomyopathy, CHF, cerebral vascular disease, uncontrolled hypertension, or abdominal aortic aneurysm Decline
- Juvenile or Brittle Decline

Dialysis Decline

Discoid Lupus

- No complications, no systemic involvement Standard
- With Raynaud's or arthritis Select (Max \$100,000)

Diverticulitis / Diverticulitis

- Minimal symptoms, managed medically, no flares within 6 months Preferred
- Hospitalized >3months, no current symptoms Standard
- Treated surgically, >6 months, no current symptoms, stable weight Standard
- Surgery planned or moderate symptoms within 6 months Postpone

Dizziness (Refer to Syncope)

Down's Syndrome Decline

Drug Dependency / Abuse

- Drug free for 5 years Standard
- On-going drug use or residuals: confusion, cognitive impairment, physical impairment Decline
- Illegal drug use within 5 years Decline

Eating Disorders

- Anorexia or bulimia Decline

Edema (Refer to underlying disease process)

Ehlers-Danlos Syndrome Decline

Emphysema (Refer to Chronic Obstructive Pulmonary Disease)

Encephalitis

- Complete recovery > 6 months Standard
- No organic brain syndrome or cognitive issues Standard
- Residuals Decline

Endarterectomy

- Surgery completed > 6 months with no residuals Standard
- With history of TIA, stroke, or diabetes Decline

Endocarditis

- Single episode, fully recovered for > 6 months Standard
- Recurrent episodes Decline

Epilepsy (Refer to Seizure Disorder)

Esophageal Varices Decline

Fibromyalgia

- Asymptomatic and treatment free Standard (Max. \$100,000)
- Mild or moderate, no restriction in activity, no flares within 6 months Standard (Max. \$100,000)
- New onset or flare within 6 months Decline
- Chronic narcotic use Decline
- In conjunction with chronic fatigue Decline
- In conjunction with depression treated with 2 or more medications Decline

Forgetfulness

- No symptoms for 1 year, neuropsych work-up normal Standard
- Current symptoms or unknown etiology Decline
- Noted as forgetfulness consistent with age Decline
- CT or MRI of brain indicating atrophy, ischemic or small vessel changes Decline

Foot Drop (Underwrite for cause)

Fractures

- Non-weight bearing bone, no osteoporosis, full recovery with no limitations > 3 months Preferred
- Weight bearing bone, no osteoporosis, full recovery with no limitations > 6 months Preferred
- Currently undergoing physical therapy Postpone
- Surgery recommended or anticipated Postpone
- Multiple fractures secondary to falls (3 or more within 2 years) Decline
- Related to osteoporosis or Paget's Disease Decline

Gallbladder Disease

- Surgically removed, full recovery with no complications Preferred
- Present, minimal symptoms Preferred
- Current, surgery anticipated or scheduled Postpone

Gastric Bypass Surgery

- Recovered for 2 years, no complications Standard
- Surgery within 2 years Postpone
- Surgical complications: Dumping syndrome, anemia, abnormal lab studies Decline

Gastritis

- Medically managed with no hospitalizations within 6 months Standard
- GI bleed or hospitalization < 6 months Decline

Glaucoma

- No visual impairment, medically treated Preferred
- Surgically treated > 3 months with no limitations Standard
- Progressive visual loss Decline
- Vision loss affecting ADLS / IADLS Decline

Gilbert's Syndrome Standard

Glomerulonephritis

- Fully resolved, acute, KFT's normal, no kidney damage Standard
- Diagnosed a chronic, abnormal KFT's, proteinuria Decline

Gout

- Controlled with medication, no joint involvement Standard
- Joint dysfunction Individual Consideration

Graves Disease

- Resolved Standard

Guillian-Barre Syndrome

- Recovered over 1 year, no residuals or limitations Standard
- Residual weakness, muscle atrophy, functional limitations Decline
- Noted as recurrent or chronic Decline

Headaches / Migraine

- Fully investigated, non-debilitating, treated with OTC medications Preferred
- Fully investigated, non-debilitating, treated with prescription medications Standard
- Narcotic use Decline
- Disabling symptoms or not completely investigated Decline
- Limitations due to frequency of headaches Decline

Heart Murmur

- No treatment, no limitations with activity Preferred

Heart Transplant Decline

Hemangioma (Liver)

- Benign, no secondary effects Standard

Hemiplegia Decline

Hemochromatosis

- Mild, onset > 6 months, lab studies normal Standard
- New onset, abnormal lab studies < 6 months Postpone
- In conjunction with organ or joint involvement Decline

Hemophilia

- Stable lab studies, asymptomatic for > 2 years Standard
- Symptomatic, treated with antineoplastic or steroids Decline
- Weight loss or abnormal lab studies Decline

Hepatic Cysts

- No liver disease, LFT's normal, asymptomatic Standard

Hepatitis

- Hepatitis A, in remission > 3months, lab studies normal Standard
- Hepatitis B, in remission > 3 months, lab studies normal Standard
- Hepatitis C, in remission > 2 years Select
- Hepatitis D or E Decline
- Alcoholic hepatitis Decline
- Liver transplant completed or recommended Decline

Hernia

- Minimal symptoms, no surgery recommended Preferred
- Surgery completed, no complications > 3 months Approve
- Surgery recommended or scheduled Postpone

Herniated Disc

- Surgery completed > 6 months, no residuals or limitations Standard
- No surgery recommended, no flares > 6 months, no limitations Standard
- Occasional flares (< 2 per year), no surgery recommended, no current limitations Standard
- ADLS / IADLS affected, surgery anticipated, currently disabled Decline
- Daily narcotic use Decline
- Infrequent narcotic use (< weekly) Individual Consideration

Histoplasmosis

- Resolved, non-smoker, PFT's stable, symptomatic Standard
- PFT's abnormal, recurrent episodes, current smoker Decline

Hodgkin's Disease

- Stage I and II, complete remission, stable labs, no treatment for 2 years Standard
- Stage III, complete remission, stable labs, no treatment for 3 years Standard
- Stage IV, complete remission, stable labs, no treatment for 4 years Standard
- Complications causing hospitalization, ongoing radiation or chemotherapy within 2 years Decline

Huntington's Chorea or Huntington's Disease Decline

Hydrocephalus Decline

Hypertension

- Treated, Average reading (1 year) < 160/90 Preferred
- New onset or uncontrolled < 6 months Postpone
- Non-compliance with medication regime Decline
- Pulmonary hypertension Decline
- Treated with > 3 medications Individual Consideration

Incontinence

- Diagnosed as stress, controlled with medication or exercises Preferred
- Functional, urge, or overflow incontinence Decline
- Surgically corrected with no residual incontinence Standard

Bowel

- History of or diagnosed Decline

Instrumental Activity of Daily Living (IADL) (Refer to ADL)

Joint Replacement

- Independent, surgery > 6 months, no assistive devices, no current Standard
- Ongoing PT, ADL or IADL limitations Decline

Kaposi's Sarcoma Decline

Kidney Failure, Insufficiency (Renal)

- Acute, single episode. fully recovered > 1 year Standard
- Acute, single episode, fully recovered > 2 years Standard
- Chronic renal insufficiency or failure Decline
- Dialysis Decline

Kidney Stones

- Current, without symptoms, no surgery anticipated Preferred
- Treated surgically, full recovery Preferred
- Surgery anticipated, currently symptomatic Postpone

Kidney Transplant

- Identical match, > 5 years, renal function WNL, no symptoms Standard
- Symptomatic, renal function abnormal, renal failure Decline

Labrynthitis

- Single episode, well controlled with medication, stable, no falls Standard
- Neurological symptoms, history of falls Decline

Laminectomy

- Asymptomatic, no current treatment including PT, no assistive devices, > 6 months, no residuals Standard
- Current PT, daily narcotic use, activity limited Decline

Leukemia (APS)

Acute Lymphocytic (ALL)

- Diagnosed within past 5 years Decline
- Diagnosed > 5 years, stable lab studies Select

Chronic Lymphocytic Leukemia (CLL)

- Diagnosed under age 50 Decline
- Diagnosed age 50 or above Individual Consideration

Hairy Cell Leukemia

- Treatment free, fully recovered, normal lab studies > 5 years Select

Liver Transplant Decline

Lou Gehrig's Disease (ALS) Decline

Lupus (Discoid)

- SLE ruled out, firm diagnosis > 1 year, no organs involved Standard

Lupus (Systemic Lupus Erythematosus) Decline

Lyme Disease

- Fully recovered for > 6 months, no residuals Standard
- Residuals, ongoing treatment Decline

Lymphoma (Refer to Hodgkin's Disease or Non-Hodgkin's Lymphoma)**Macular Degeneration**

- Non-progressive, no ADL or IADL limitations Standard
- Progressive Decline
- ADL or IADL limitations Decline
- Diagnosed < 1 year Postpone

Major Depression (See Bipolar Disorder guidelines)

Marfan Syndrome	Decline
Marie Strumpell Disease	Decline
Melanoma (Refer to Cancer)	
Memory Loss	Decline
Meniere's Disease	
• Fully recovered > 2 years with no neurological symptoms	Standard
• Diagnosed or symptomatic < 2 years	Decline
Meningioma	
• Completely removed, full recovery, no residuals > 2 years	Standard
• Malignant	Decline
Meningitis	
• Fully recovered, no residuals, treatment free > 12 months	Standard
• Current treatment, diagnosed as chronic / recurrent, or residuals	Decline
Mental Retardation	Decline
If independent, fully functional	Individual Consideration
Migraine Headaches (Refer to Headaches)	
Mitral Valve Prolapse	
• Surgery not anticipated, asymptomatic	Standard
• Surgery recommended, symptomatic, or severe	Decline
Mixed Connective Tissue Disease	Decline
Monoclonal Gammopathy	
• No progression in 2 years, asymptomatic, normal blood studies.....	Select (Max \$100,000)
Multiple Myeloma	Decline
Multiple Personalities	Decline
Multiple Sclerosis	Decline
Muscular Atrophy	Decline
Muscular Dystrophy	Decline
Myasthenia Gravis	
• Treatment and symptom free, no limitations for > 5 years	Individual Consideration
• Decrease in muscle function, long-term corticosteroid use	Decline
• Thymus gland removed > 2 years, no symptoms or residuals	Standard
• Ocular only, no deterioration of vision, no ADL / IADL limitations, > 3 years since diagnosed	Standard

Myelodysplasia	Decline
Myocardial Infarction	
• MI, 6 month recovery period, non-smoker	Standard
• In conjunction with cardiomyopathy, IDDM, PVD, TIA, carotid artery disease, CHF, tobacco use	Decline
• Ongoing angina or EF < 45%	Decline
Narcolepsy	
• Well controlled, asymptomatic, no medications for > 1 year	Standard
• Functional limitations or unresponsive to treatment	Decline
Nephrectomy	
• One kidney, > 1 year	Rate for Cause
• Both kidneys	Decline
Neurogenic Bladder	Decline
Neurogenic Bowel	Decline
Neuropathy (Peripheral Neuropathy, Neuralgia, Neuritis)	
• New onset < 6 months, work-up in progress	Postpone
• Mild, no limitations or progression, no treatment	Standard
• Moderate to severe, progressive, current smoker	Decline
• History of falls secondary to neuropathy	Decline
• Polyneuropathy	Decline
Non-Hodgkin's Lymphoma	
• Stage I - II, treatment completed > 3 years, normal blood studies, renal function WNL	Standard
• Stage III and IV, treatment completed > 4 years, normal blood studies, renal function WNL	Standard
• Bone marrow transplant	Decline
• Weight loss, fatigue, night sweats, or fever within 1 year	Decline
Obsessive Compulsive Disorder (OCD)	
• Mild, normal daily activities, able to work without interference, treated with one medication	Standard
• Moderate to Severe, affecting employment or activities	Decline
• Treated with anti-psychotic medication	Decline
Organic Brain Syndrome	Decline
Organ Transplants	Decline
• Exception of Kidney	Individual Consideration
Osteoarthritis (Refer to Arthritis)	
Osteomyelitis	
• Single episode, single bone involvement, recovered > 1 year	Standard
• Chronic or recurrent, residuals, or history of fracture due to osteomyelitis	Decline
Osteopenia	
• T-scores -2.5 or less, no fractures, preventative treatment	Preferred

Osteoporosis

- T-scores -3.5 or less, under treatment, no fractures related to osteoporosis Standard
- T-scores -3.6 to -4.0, under treatment, no fractures related to osteoporosis Select
- T-score over -4.0 Decline
- Smoker, history of compression fractures, or history of falls Decline

Pacemaker

- Stable, recovered > 6 months Standard
- Scheduled surgery or recommended Postpone

Paget's Disease of the Bone

- Mild, non-progressive, asymptomatic, no ADL / IADL limitations Standard
- History of fracture Decline
- Active, symptomatic (bone pain), or abnormal labs Decline

Pancreatic Insufficiency Decline

Pancreatitis

- Acute pancreatitis, single episode, recovered > 1 year Standard
- Recurrent episodes Decline
- Diagnosed as alcohol related Decline

Panic Disorders

Diagnosed as mild, no interference with activities or employment, treated with one medication Standard
 Moderate to severe, able to work, treated with > one medication Decline

Paralysis (Paresis) Decline

Paraplegia Decline

Parkinson's Disease Decline

Peptic Ulcer Disease

- Medically managed, diagnosed over 3 months Preferred
- Surgically repaired, no complications, > 6 months Standard
- With history of hemorrhage, single episode, over 1 year Standard
- Multiple episodes of hemorrhage, unstable weight, lab studies abnormal Decline

Pericarditis (Acute, Bacterial, or Viral)

- Single episode, complete recovery, treatment free > 1 year Standard
- Chronic or with residuals Decline

Peripheral Neuropathy (Refer to Neuropathy)**Peripheral Vascular**

- Mild, no claudication, asymptomatic, diagnosed > 2 years Standard
- Mild, no claudication, asymptomatic, treated with anticoagulant, diagnosed > 2 years Standard
- Severe, symptomatic Decline
- With diabetes, carotid artery disease, coronary artery disease, or cerebrovascular disease Decline
- Smoker within 24 months Decline

Surgically Corrected	
• Femoral bypass > 1 year , asymptomatic, no claudication	Standard
• With diabetes, carotid artery disease, coronary artery disease, or cerebrovascular disease	Decline
• Smoker within 24 months	Decline
Personality Disorder	Decline
Phlebitis (APS)	
• Superficial, single episode, fully recovered, 6 months	Standard
• Recurrent, with history of PVD or skin ulcers	Decline
Pneumonia	
• Single episode, fully recovered, no pulmonary complications, over 6 months	Preferred
• Recurrent episodes or resistant to antibiotics	Decline
Polio or Poliomyelitis	
• Fully recovered, no ADL / IADL limitations, no appliances, no evidence of post polio syndrome	Standard
• Progressive, use of DME, or diagnosis of post-polio syndrome	Decline
• Narcotic use for pain control	Decline
Polycystic Kidney Disease	
• Kidney function WNL, no evidence of renal damage	Standard
• Kidney function abnormal, progressive	Decline
Polycythemia Vera	
• Blood studies normal over 1 year, platelets 150-440K, maintenance phlebotomies 6 or less times per year ..	Standard
• With unexplained weight loss, fatigue, headaches, or dizziness	Decline
• In conjunction with TIA, CVA, or amaurosis fugax	Decline
• Tobacco use	Decline
Polymyalgia Rheumatica / PMR	
• In remission > 1 year, asymptomatic, treatment free	Standard
• Asymptomatic, treated with chronic low dose steroids (< 5mg per day), stable > 1 year	Select
• Symptomatic, > 5 mg steroids per day, muscle weakness	Decline
• Use of narcotics to control pain	Decline
Polymyositis	
• In remission and symptom free for > 3 years	Standard
• Active, chronic steroid use, current PT or OT	Decline
• Narcotics required to control pain	Decline
Post Polio Syndrome	Decline
Post-Traumatic Stress Disorder / PTSD	
• Mild, treated with < one antidepressant, no interference with activities or working	Standard
• Moderate to severe, affects activities or work	Decline
• Treated with anti-psychotic medications or > one antidepressant	Decline
Primary Biliary Cirrhosis	
• > 65 years, asymptomatic, normal LFT's for > 1 year, no autoimmune, no progression	Select (Max \$100,000)
• 65 years old or younger	Decline
• Elevated LFT'S within past year or symptomatic	Decline

Primary Sclerosing Cholangitis Decline

Prostatitis

- Diagnosed as Prostatitis Preferred
- PSA 5.5 and below, age 60 or below Preferred
- PSA 7.5 and below, over age 60 Preferred
- PSA > 7.5 and < 20, biopsy negative, well followed Standard
- PSA > 7.5, no biopsy Decline

Psoriatic Arthritis (Underwrite as Rheumatoid Arthritis)

Psychosis Decline

Pulmonary Embolism

- Single occurrence, full recovery for > 1 year, no complications or residuals Standard
- Current or within past year or currently under treatment Decline
- Requiring Greenfield or other filter Decline

Pulmonary Fibrosis

- Localized, incidental finding, PFT's WNL, non-smoker Standard
- Active disease, PFT's abnormal, or smoker Decline

Pulmonary Hypertension Decline

Quadriplegia Decline

Raynaud's

- Well diagnosed, no connective tissue disease, diagnosed > 1 year Standard
- In conjunction with Lupus or Scleroderma, systemic involvement Decline
- Current smoking Decline

Reflex Sympathetic Dystrophy Decline

Renal Failure (Refer to Kidney Failure)

Restless Leg Syndrome

- Diagnosis firm, treated with 1-2 medications Standard
- Questionable diagnosis or treated with 3 or more medication Decline

Retinal Detachment

- Corrected surgically, fully recovered, no limitations Standard

Retinitis Pigmentosa

- Stable vision, adapted to any vision loss, no ADL or IADL limitation, stable > 12 months Standard
- ADL or IADL limitations or systemic disease Decline

Retinopathy (Diabetic) Decline

Rheumatoid Arthritis (Refer to Arthritis, Rheumatoid)

Sarcoidosis

- Inactive for > 1 year, single episode, non-smoker Standard
- Diagnosed or active within past year Decline
- Current symptoms, treated with antineoplastic or > 10mg of steroids daily Decline
- Smoker Decline

Schizophrenia Decline

Sciatica

- Mild, non-limiting, brief episode Preferred
- Moderate, symptoms > 1 year, treated with prescription medication Standard
- Severe Decline

Schwannomas (Refer to Acoustic Neuroma)

Scleroderma

- Morphea (localized to skin) Select
- Diagnosed as diffuse, progressive, or systemic Decline

Scoliosis (Refer to Back Disorders)

Seizure Disorder

- Well controlled, normal MRI, no seizures in past year Standard
- New onset or seizure within past year Decline
- Cause unknown or 2 or more seizures within past Decline

Senile Dementia Decline

Shunts Decline

Shy-Drager Syndrome Decline

Sickle Cell Anemia Decline

Sickle Cell Trait

- No diagnosis of Sickle Cell Anemia, normal lab studies Select (\$100,000 max)

Sjogren's Syndrome

- Limited to dry eyes and mouth, no systemic involvement or connective tissue disease Standard
- Secondary to connective tissue disease Decline

Sleep Apnea

- Mild, compliant with treatment (CPAP), well controlled > 6 months, PFT's stable Standard
- Surgically corrected > 6 months, no further symptoms Standard
- Severe symptoms or non-compliance, oxygen use Decline

Spinal Bifida Decline

Spinal Cord Injury Decline

Spinal Stenosis (Refer to Back)

Stroke (Refer to Cerebral Vascular Accident)

Spondylolisthesis (Refer to Back - Spinal Stenosis)

Subarachnoid Hemorrhage (Refer to Aneurysm, Cerebral)

Syncope

- Single episode, diagnosed a vasovagal or benign, > 1 year ago Standard
- Single episode, unknown cause, within past year Postpone
- Multiple episodes Decline

Systemic Lupus Erythematosus (SLE) Decline

Temporal Arthritis (Refer to Arteritis)

Tendonitis

- Mild, no limitations Preferred
- Moderate or chronic in weight bearing joint Individual Consideration
- Severe Decline

Tennis Elbow Preferred

Thrombocytopenia

- Treatment free for > 2 years, Platelet count stable (150 - 440K), asymptomatic Select
- Splenectomy > 5 years ago Standard
- Symptomatic, weight loss, treated with steroids or antineoplastic medication Decline

Thrombophlebitis (Refer to Phlebitis)

Thyroid Disorders

- Hyper/Hypo thyroid, treated with or without medication Standard
- Cancer (Refer to Cancer, Thyroid)

Tourette's Syndrome Decline

Transient Global Amnesia

- Single episode over 3 years ago, no cognitive deficits, asymptomatic Standard
- Multiple episodes Decline

Transient Ischemic Attack - TIA

- Single episode, fully recovered with no deficits, > 2 years ago, non-smoker Standard
- Multiple episodes Decline
- In Conjunction with Atrial fibrillation, Diabetes, AAA, Cardiomyopathy, or PVD Decline
- Current smoker Decline

Tremor, Benign, Essential, Intention, Familial

- Fully investigated and diagnosed as Benign, Intention, or Familial with no limitations, independent with ADLs / IADLs, non- progressive Standard
- Progressive or not fully investigated Decline
- ADL or IADL limitations, ataxia, balance problems, falls, or DME use Decline

Tuberculosis

- Exposure only. or prophylactic treatment only Preferred
- Complete recovery, no treatment for > 1 year, PFT's WNL Standard
- Active disease, current treatment, or abnormal PFT's Decline

Ulcerative Colitis (Refer to Colitis)

Ulcer Disease (Refer to Peptic Ulcer)

Underweight (Refer to Build Chart)

Urethral Stricture

- Asymptomatic, < 3 dilations per year, no infection within past year Standard
- Surgically repaired, no recurrent urinary tract infections, asymptomatic Standard

Urinary Incontinence (Refer to Incontinence)

Valvular Heart Disease

- Asymptomatic, diagnosed as trace or minimal, no treatment Standard
- Surgically treated > 1 year ago, no current symptoms Standard
- In conjunction with Diabetes, CHF, Pulmonary hypertension, TIA, or Pulmonary Embolism Decline

Venous Insufficiency / Varicose Veins

- Confined to legs, with or without surgery > 6 months, no complications Preferred
- Vein Stripping or Laser surgery > 6 months Preferred
- Stasis ulcer, claudication, chronic edema Decline

Vertebral Basilar Insufficiency Decline

Vertigo

- Asymptomatic, no episodes for > 1 year, active lifestyle Standard
- Ongoing symptoms, falls, or balance problems Decline

Vision Loss (Impairment)

- Independent with ADLS / IADLS, non-progressive Standard
- Progressive vision loss, dependence with ADL or IADL, not fully adapted Decline

Von-Hippel Lindau Decline

Von Willebrand's Disease Decline

Waldensrom's Macroglobulinemia Decline

Wegener's Granulomatosis Decline

Wenicke-Korsakoff Syndrome Decline

Whipple's Disease Decline

Wilson's Disease Decline

Xeroderma Pigmentosa Decline

SECTION 8. BUILD CHART

The following chart is a guideline only. Applicants who are overweight and have other medical conditions may still be declined for coverage even if their height and weight fall within the limits of the build chart. If an applicant is outside of the Standard Maximum limits, coverage will not be offered.

Height	Minimum	Preferred Maximum	Standard Maximum	Select Maximum
4'6"	80	120	147	188
4'7"	83	125	153	195
4'8"	85	129	158	200
4'9"	87	134	164	208
4'10"	89	139	170	214
4'11"	91	144	176	219
5'0"	93	149	182	224
5'1"	95	153	188	235
5'2"	96	159	194	247
5'3"	98	164	200	253
5'4"	101	169	207	258
5'5"	104	174	213	264
5'6"	106	180	220	270
5'7"	110	185	227	278
5'8"	113	191	234	287
5'9"	117	196	240	294
5'10"	121	202	247	302
5'11"	124	208	255	316
6'0"	128	214	262	322
6'1"	132	220	269	328
6'2"	136	226	277	339
6'3"	139	232	284	345
6'4"	142	238	292	350
6'5"	145	245	299	356
6'6"	149	251	307	363
6'7"	153	257	315	370
6'8"	157	264	323	375
6'9"	162	271	331	382
6'10"	167	277	340	390

SECTION 9. UNINSURABLE MEDICATIONS

Any medication (prescription or over-the-counter) taken by an applicant is significant and should be reported on the application. This guide provides you with names of some of the medications that most often result in a decline decision. The following medications indicate fairly significant health problems, which are uninsurable*.

A	Enbrel	Mellaril	Rilutek
A.Z.T.	Endatadine	Meridia	Rituxan
Adriamycin	Ergamisol	Mesoridazine	Rivastigmine
Agrylin	Ergoloid Mesylate	Mestinon	Roxicodone
Alkeran	Etoposide	Methadone	Rubex
Antabase	Eulex	Mirapex	
Apo- Bromocriptine	Exelon	Moban	S
Apo-Selegiline		Modecate	Serentil
Apo-Levocarb	F	Molindone	Seroquel
Apo-Trihex	Femara	Mutamycin	Sinemet
Aricept	Fluanxol	Myleran	Stelazine
Arimidex	Foscavir		
Artane Sequels	FUDR	N	T
		Natrecor	Tacrine
B	G	Natulane	Tasmar
Baclofen	Galantamine	Neupogen	Teslac
Benzotropine Mesylate	Geodon	Nilandron	Thioplex
BiCNU	Gleevec	Niloric	Thorazine
Blenoxane		Nipent	Timespan
Bromocriptine	H	Novantrone	Trelstar
Busulfex/Busulfan	Herceptin	Novo-Peridol	Trihexy
	Hydregine	Nu-Levocarb	Trilafon
	Hydrea		V
C	I	P	Velbe
Caelyx	Ifex	Parlodel	VePesid
Carbidopa	Imuran	Peridol	Viadur
Casodex	Insulin >41 units/day	Permitil	Videx
CeeNU/CCNU	Interferon	Platinol	
Cerubidine	Intron	Pramipexole	W
Clozaril		Prednisone >6 mg/day	Welferon
Cogentin		Priftin	Wellcovorin
Cognex	L	Procytox	
Cytosar-U	Lasix >80 mg/day	Prokine	X
Cytoxan	Lanvis	Proleukin	Xeloda
	Leukeran	Prolixin	Xenical
D	Levocarb	Prostigmin	
Dantrium	Levsin	Purinethol	
Deprenyl	Lioresal		Z
Donepezil	Loxipac		Zanosar
Dostinex	Lysodren		ZDV (Zidoludine)
		R	Zyprexa
E	M	Rebetron	
E2020	Megace	Reminyl	
Eldepryl		Requip	
		Retrovir	

* Please be aware that this list is not all-inclusive. Most generic names are not included on this list. If you are unfamiliar with a medication that your applicant is currently taking (or has recently discontinued), please verify the use and brand name before completing an application.