



# Underwriting Guide

Underwritten by  
CareScout Insurance Company, Glen Allen, VA

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## 1

# Introduction to 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.

Leveraging more than 50 years of expertise in the long-term care market. CareScout is an indirect wholly owned subsidiary of Genworth Financial, Inc. Genworth Financial's affiliated insurance companies have decades of claims-paying expertise. 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.

**CareScout's underwriting categories are:**

- Preferred
- Standard

# The Underwriting Process



## Underwriting Check

- Complete the application
- Determine qualification by reviewing: Build Chart, Red Flag Medications, Uninsurable Conditions, and Conditions by Timeline
- Determine rate class by reviewing: Nicotine Use and Impairment Guide
- Advise Applicant of requirements by reviewing: Requirements By Age, Requirement Definitions
- Submit to Home Office



## Home Office

- Receive and review application
- If applicable, Underwriter contacts applicant to verify medical information
- Order requirements



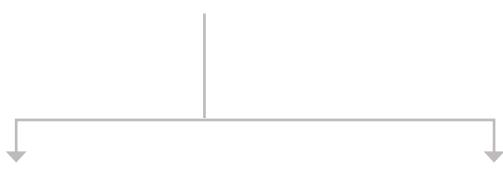
## Applicant

- If applicable, complete any needed requirements (e.g., paramed, blood/urine, cognitive screening)
- Respond to any requests for additional underwriting information



## Home Office

- Receive requirements
- Review requirements and make decision



### Approval:

Communicate decision and reason if different than quoted

### Linked Cases:

Unless otherwise requested, case held for decision on second applicant

### Individual:

Approval processed

### DECLINED

#### Linked Cases:

Decline processed, case not held for decision on second applicant

#### Individual:

Decline processed

This process may vary based on state specific requirements.

# Requirements By Age

When CareScout receives an application for long-term care insurance an underwriter will review it and 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 a Paramed with Blood/Urine are needed for an applicant that is 40 years old or a Virtual Cognitive Screening may be needed for a 52-year-old.

## Underwriting Requirements

Age	Prescription Drug Report (Rx Profile)	Questcheck ®	MIB	MVR	Attending Physician Statement (APS)	Virtual Cognitive Screening	'In-Person' Functional/Cognitive Assessment	Paramed, Blood/Urine
40-59	Yes	Yes	Yes	For Cause	For Cause	For Cause	For Cause	For Cause
60-65	Yes	Yes	Yes	Yes	Yes	Yes	For Cause	For Cause

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# Requirement Definitions

## 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.

## Blood/Urine

A blood sample and urine sample obtained by the nurse or paramedical technician either on its own or during a brief medical examination.

## 'In-Person' Functional/Cognitive Assessment

The FCA is an in-person evaluation of physical health, independence, functionality and cognition. The Enhanced Mental Skills Test (which is a portion of the FCA) is a screening tool for cognitive impairment and dementia. Both are performed by a nurse or paramedical technician either on its own or during a brief medical examination.

## MIB (Medical Information Bureau)

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

## Motor Vehicle Report (MVR)

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

## Paramed

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

## Prescription Drug Report (RX Profile)

Provides details of medications prescribed during the past 7 years.

## QuestCheck®

QuestCheck (aka LabPiQture) 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.

## Virtual Cognitive Screening (EMST)

A brief cognitive screening completed live online with a trained technician. The EMST (Enhanced Mental Skills Test) is a screening tool for cognitive impairment and dementia.

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## 2 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 an **Underwriting Check**. This check leads you through a pre-qualifying process so you can be reasonably sure your client is insurable.

### Underwriting Check:

#### My Client:

- Answered **NO** to all Insurability Profile questions on the application
- 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 Underwriting Guide for further tips like:
  - The Underwriting Process
  - Requirements by Age
  - Conditions by Timeline
  - Impairment Guide

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Here's what to look for:

# How to Conduct an 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 Medications** 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.

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## STEP 1 Build Charts

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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)	
		Preferred	Standard
4'6"	71	149	166
4'7"	73	155	172
4'8"	76	160	179
4'9"	79	166	185
4'10"	82	172	192
4'11"	84	178	198
5'0"	87	184	205
5'1"	90	190	212
5'2"	93	197	219
5'3"	96	203	226
5'4"	99	210	233
5'5"	102	216	241
5'6"	106	223	248
5'7"	109	230	256
5'8"	112	237	263
5'9"	115	244	271
5'10"	119	251	279
5'11"	122	258	287
6'0"	126	265	295
6'1"	129	273	303
6'2"	133	280	312
6'3"	136	288	320
6'4"	140	296	329
6'5"	144	304	337
6'6"	147	312	346
BMI	17	36	40

# STEP 1 Build Charts

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## FEMALE

Height (ft/in)	Minimum Weight (lbs)	Maximum Weight (lbs)	
		Preferred	Standard
4'6"	71	141	157
4'7"	73	146	163
4'8"	76	151	169
4'9"	79	157	175
4'10"	82	162	182
4'11"	84	168	188
5'0"	87	174	194
5'1"	90	180	201
5'2"	93	186	208
5'3"	96	192	214
5'4"	99	198	221
5'5"	102	204	228
5'6"	106	210	235
5'7"	109	217	243
5'8"	112	223	250
5'9"	115	230	257
5'10"	119	237	265
5'11"	122	244	272
6'0"	126	251	280
6'1"	129	258	288
6'2"	133	265	296
6'3"	136	272	304
6'4"	140	279	312
6'5"	144	287	321
6'6"	147	294	329
BMI	17	34	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®	treprostинil
ReVia®	naltrexone
Suboxone®	buprenorphine and naloxone
Tracleer®	bosentan
Tysabri®	natalizumab
Ventavis®	iloprost
Vivitrol®	naltrexone

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## 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 any history of Transient Ischemic Attack (TIA), Heart Attack, Bypass/Angioplasty/Stent surgery of the heart or legs, or Carotid Artery surgery
- Ehlers-Danlos Syndrome
- Frequent or persistent forgetfulness or memory loss
- Huntington's Disease
- Marfan's Syndrome
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Myelofibrosis
- Organ Transplant  
(other than Kidney, Cornea or Bone Marrow Transplant)
- 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

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## 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
<b>Activities of Daily Living (ADL's)</b> (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
<b>Alcoholism or Drug Dependency</b> (with or without treatment)	Within the past 2 years or with this history, continued use within the past 2 years
<b>Aneurysm</b>	
Abdominal, corrected surgically	Within the past 6 months
Aortic, dissecting, repaired	Within the past 12 months
Brain, corrected surgically	Within the past 12 months
<b>Angioplasty/Stent Placement</b>	
<b>Assistive Devices</b> (hospital bed, kidney dialysis, motorized scooter, oxygen, quad cane, respirator, stair lift, walker, wheelchair, Hoyer lift)	If used or advised to use within the past 12 months
<b>Atrial Fibrillation</b>	Onset within the past 6 months
<b>Cancer</b>	
Bone, brain, esophagus, liver, pancreas or stomach	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
<b>Diabetes Type 2</b>	
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 2 years
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 12 months
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:	
• Circulatory/Vascular Disease	If used within the past 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, CareScout recommends using the Preferred category for non-nicotine users within the past 3 years. If your client currently uses a nicotine product or has used a nicotine product within the past 3 years, quote the Standard category. Nicotine products include, but are not limited to, cigarettes, e-cigarettes, occasional cigarette, cigars, celebratory cigar, chewing tobacco, pipe, electronic vapor device, nicotine patch or nicotine gum.

## Nicotine Use

Preferred	Standard
Never used, or last used greater than 3 years ago	Current use or use within the past 3 years
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	Preferred if no alcohol use > 5 years	Alcohol use in past 2 years
	Relapses, if any	Standard if no alcohol use in the past 2–5 years	Alcohol-related complications (e.g., liver, brain/nervous disorders)
	Emergency room (ER) or hospitalization dates	Standard may be available if there is a combination of well controlled or a remote history of depression and no alcohol use in past 2 years	Use of Antabuse® Campral® ReVia® or Depade® within the past 2 years
	Alcohol-related complications (e.g., liver, brain/nervous disorders)		
	Associated mental disorders (e.g., depression)		
	Treatment		
Anemia	Symptoms	Preferred may be available for stable iron deficiency anemia with normal blood counts	Hospitalization or ER visits within the past 12 months
	Cause of anemia		Non-operative transfusion within past 12 months
	Emergency room (ER) or hospitalization dates	Standard for most types of anemias with stability	Use of erythropoietin or Procrit® within past 12 months
	Treatment, including transfusion		
	Blood test results within the past 6–12 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
Aneurysm, Aortic	Size, if known  Date of diagnosis  Other cardiovascular disease, diabetes, or Transient Ischemic Attack (TIA)  Treatment (including surgery)	Standard for aneurysms < 5 cm and stable  Any history of • Carotid artery disease • Coronary artery disease • Peripheral vascular disease • Diabetes • TIA  Surgery planned or completed within past 6 months  Nicotine use within the past 12 months	Size ≥ 5 cm and unrepaired  Any history of • Carotid artery disease • Coronary artery disease • Peripheral vascular disease • Diabetes • TIA  Surgery planned or completed within past 6 months  Nicotine use within the past 12 months
Aneurysm, Brain	Symptoms  History of bleeding in the brain  Treatment (including surgery)	Preferred may be available if surgically corrected > 5 years ago and no residuals  Standard is likely if surgically corrected 1–5 years ago and no residuals	Bleeding in the brain within past 2 years  Surgery completed within past 12 months  Symptomatic, not treated
Angina	Severity and frequency of angina  Emergency room (ER) or hospitalization dates  Other cardiovascular disease, diabetes  Nicotine use history	Preferred may be available if no cardiac symptoms and no cardiac medications within the past 5 years  Standard if stable and no history of diabetes or other cardiovascular disease	Unstable or increasing angina  Heart attack within past 6 months  Any history of • Carotid artery disease • Peripheral vascular disease • Diabetes • Congestive heart failure (CHF) within past 5 years  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
Asthma	Frequency, dates of attacks  Most recent attack  Cause of attacks (e.g., allergies)  Emergency room (ER) or hospitalization dates  Nicotine use history  Home oxygen use  Treatment	Preferred may be available if mild, exercise-induced, and/or seasonal asthma  Standard for moderate asthma, stable	Unstable, poor control  Home oxygen use  2 or more ER visits or hospitalizations within past 12 months  Oral steroid use >20mg per day
Atrial Fibrillation	Frequency, dates of episodes  Emergency room (ER) or hospitalization dates  Other cardiac diagnoses (e.g., heart valve disease, coronary artery disease)  Any history of Transient ischemic attack (TIA) or stroke  Treatment, including dates of ablation procedures; defibrillator implant	Preferred may be available if: <ul style="list-style-type: none"> <li>No cardiac symptoms or cardiac medications within the past 5 years</li> <li>An ablation procedure was performed with no symptoms, arrhythmia medications, or recurrence within past 12 months</li> </ul> Standard if diagnosed > 6 months ago, stable and asymptomatic	Diagnosis or symptoms within past 6 months  History of: <ul style="list-style-type: none"> <li>Defibrillator implant within the past 12 months</li> <li>Heart attack within the past 12 months</li> <li>Moderate or severe valvular heart disease</li> <li>TIA</li> <li>Stroke</li> </ul>

# 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
Bipolar Disorder	<p>Emergency room (ER) or hospitalization dates</p> <p>Alcohol and drug use history</p> <p>Treatment, including medications</p>	<p>Preferred not available</p> <p>Standard may be available if on 1 or 2 psychotropic medications for 2 years or more, no ongoing symptoms, no recent medication changes and well controlled</p>	<p>On medication &lt;2 years</p> <p>Using more than 2 psychotropic medications</p> <p>Any history of:           <ul style="list-style-type: none"> <li>• Alcohol or drug excess, abuse or dependency</li> <li>• Hospitalization/ER visit for psychiatric symptoms</li> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Use of any type of disability insurance</li> </ul> </p>
Cancer, Bladder	<p>Type of cancer (stage, grade, and recurrence)</p> <p>Treatment types with dates completed</p> <p>Most recent cystoscopy results</p>	<p>Preferred for Stages 0, 1 and 2 and treatment completed &gt; 10 years ago</p> <p>Standard for Stages 0 and 1 and treatment completed within the past 10 years</p> <p>Standard for Stage 2 and treatment completed 4 – 10 years ago</p>	<p>Stage 2 and treatment completed within 4 years</p> <p>Stages 3 and 4 and treatment completed within the past 10 years</p> <p>Ongoing chemotherapy (excluding bladder irrigations)</p> <p>Surgical excision of bladder within past 3 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
Cancer, Breast	Type of cancer (cell type, grade, stage, number lymph nodes involved and recurrence)  Treatment types, with dates completed	Varies by type/stage/grade of cancer, and types and dates of treatment  Preferred may be available if: <ul style="list-style-type: none"><li>• Lobular Carcinoma In Situ (LCIS); and/or</li><li>• No evidence of disease &gt;10 years ago (Stages 0, I and II only)</li></ul> Standard is the likely class for Stages 0, I and II within the past 10 years	Stages III and IV  More than one recurrence  Involvement of 4 or more lymph nodes
Cancer, Colon & Rectal	Type of cancer (stage, grade, and recurrence)  Treatment types, with dates completed	Preferred for Stages 0, I, II and III and treatment completed > 10 years ago  Standard for Stages 0 and 1 and treatment completed > 1 year ago	Stage II (Duke's B) and treatment completed within past 12 months  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

# 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, Head, Neck & Throat	Type of cancer (stage, grade, and recurrence)	Preferred for Stages 0, I, II, III and IV and treatment completed > 10 years ago, no recurrence	Stage 0, I and treatment completed within past 12 months
	Treatment types, with dates completed	Standard for Stage 0 and I and treatment completed > 1 year ago	Stage II and treatment completed within past 2 years
		Standard for Stage II and treatment completed > 2 years ago	Stage III, IV and treatment completed within the past 10 years
			Any recurrence
Cancer, Kidney	Type of cancer (stage, grade, and recurrence)	Preferred for any Stage with treatment completed > 10 years ago, no recurrence	Stage I, II, IIIA and treatment completed within past 12 months
	Treatment types, with dates completed	Standard for Stage I, II, IIIA and treatment completed > 1 year ago	Stage IIIB, IV and treatment completed within past 10 years
			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
Cancer, Lung	Type of cancer (stage, grade, and recurrence)	Preferred for any Stage with treatment completed > 10 years ago, no recurrence	Stage 0 and I, non-small cell cancer, and treatment completed within past 3 years
	Treatment types, with dates completed	Standard for Stage 0 and I, non-small cell cancer, and treatment completed 3 – 10 years ago	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 and treatment completed within past 5 years
			Any recurrence
			Nicotine use within past 5 years
Cancer, Ovarian	Type of cancer (stage, grade, and recurrence)	Preferred for any Stage with treatment completed > 10 years ago, no recurrence	Stage I, II and treatment completed within past 3 years
	Treatment types, with dates completed	Standard for Stages I and II with treatment completed 3 – 10 years ago	Stage III, IV and treatment completed within past 10 years
			Radiation enteritis within past 12 months
			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
Cancer, Prostate	<p>Type of cancer (stage, Gleason score, and recurrence)</p> <p>Treatment types, with dates completed</p> <p>Current PSA level</p>	<p>Preferred for Stages A, B and C with treatment completed &gt;10 years ago, no recurrence</p> <p>Standard for Stages A and B with treatment completed 1–10 years ago</p> <p>Standard may be available for ages 60+ with no treatment (watchful waiting/active surveillance) and:</p> <ul style="list-style-type: none"> <li>• PSA &lt;10</li> <li>• Gleason Score 6 or less</li> <li>• Disease confined to the prostate</li> </ul>	<p>Stage C and treatment completed within past 2 years</p> <p>Stage D</p> <p>No treatment (watchful waiting/active surveillance) for ages &lt;60</p> <p>Current use of hormonal medications &lt;age 72 (e.g., Lupron®, Zoladex®)</p> <p>PSA post-prostatectomy &gt;0.1</p> <p>PSA post-radiation (any type) &gt;1.0</p> <p>Increasing PSA post-treatment</p> <p>Gleason Score 9 or 10</p>
Cancer, Skin (malignant melanoma)	<p>Type of cancer (stage, tumor thickness, and recurrence)</p> <p>Treatment types, with dates completed</p>	<p>Preferred for depth of 3.5mm or less and treatment completed &gt;10 years ago, no recurrence</p> <p>Standard for depth of 3.5mm or less and treatment completed 1–10 years ago</p>	<p>Deep/high stage melanoma (depth 1.7 – 3.5mm) within past 12 months</p> <p>Melanoma deeper than 3.5mm</p> <p>Metastasis or lymph node involvement</p> <p>Tumor of the eye treated 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
Cancer, Stomach	Type of cancer (stage and recurrence)	Preferred for any Stage with treatment completed >10 years ago, no recurrence	Stage 0 and treatment completed within past 4 years
	Treatment types, with dates completed	Standard for Stage 0 with treatment completed 4 – 10 years ago	Stage I and treatment completed within past 6 years
		Standard for Stage 1 with treatment completed 6 – 10 years ago	Stage II, III, IV and treatment completed within past 10 years  Any recurrence
Cancer, Testicular	Type of cancer (stage and recurrence)	Preferred for any Stage with treatment completed > 10 years ago, no recurrence	Stage I and treatment completed within past 12 months
	Treatment types, with dates completed	Standard for:	Stage II and treatment completed within past 3 years
		• Stage I and treatment completed 1–10 years ago	Stage III and treatment completed within past 5 years
		• Stage II and treatment completed 3–10 years ago	Any recurrence within past 10 years
		• Stage III and treatment completed 5–10 years ago	

# 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)  Treatment types, with dates completed	Preferred for any Stage with treatment completed > 10 years ago  Standard for: <ul style="list-style-type: none"><li>• Follicular with treatment completed 1–10 years ago</li><li>• Medullary with treatment completed 2–10 years ago</li><li>• Papillary or mixed follicular/papillary with treatment completed within the past 10 years</li></ul>	Anaplastic  Follicular and treatment completed within past 12 months  Medullary and treatment completed within past 2 years  Papillary or mixed follicular/papillary with lymph node involvement < 3 years from end of treatment  Medullary or follicular with lymph node involvement < 5 years from end of treatment  Distant metastasis within past 10 years
Cancer, Uterine	Type of cancer (stage, grade, and recurrence)  Treatment types, with dates completed	Preferred for any Stage with treatment completed > 10 years ago  Standard for: <ul style="list-style-type: none"><li>• Stages 0, I and II with treatment completed 1–10 years ago</li><li>• Stage III with treatment completed 4–10 years ago</li></ul>	Stages 0, I and II with treatment completed within the past 12 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  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	Standard 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"> <li>• Diabetes</li> <li>• Coronary artery disease</li> <li>• Heart attack</li> <li>• Valvular heart disease</li> <li>• COPD</li> <li>• Ventricular tachycardia</li> <li>• Ventricular fibrillation</li> </ul> <p>Presence of implantable defibrillator unless implanted &gt;12 months ago for primary prevention only and no significant ventricular arrhythmias</p> <p>Nicotine use within past 12 months</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>	<p>Standard if <math>\leq</math> 70% stenosis, asymptomatic and no associated cardiovascular disease or diabetes</p>	<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"> <li>• Cardiovascular disease with &gt;49% carotid artery stenosis</li> <li>• Diabetes with &gt;49% carotid artery stenosis</li> <li>• Restenosis</li> </ul> <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 (Hyper- cholesterolemia)	Cholesterol levels  Treatment	Preferred if mild and controlled with recommended treatment  Standard may be available if Cholesterol level is >300	Cholesterol/HDL Ratio for female >7.0 and for male >7.5
Cirrhosis	Treatment  Blood test results  Complications  Alcohol use history	Preferred is not available  Standard may be available if stable >5 years since diagnosis, no complications, normal liver function studies, no alcohol use in past 5 years and not in transplant program	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	Standard if only one episode without ongoing symptoms >1 year ago  CHF occurring after coronary bypass surgery, angioplasty, stent, or heart valve replacement  Nicotine use within past 12 months	Onset or symptoms within past 12 months  In combination with: <ul style="list-style-type: none"><li>• Cardiomyopathy within past 2 years</li><li>• Coronary artery disease, asthma, COPD, or diabetes within past 5 years</li></ul>

# Impairment Guide

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## 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)	<p>Symptoms (e.g., shortness of breath, chronic cough)</p> <p>Emergency room (ER) or hospitalization dates</p> <p>Pulmonary function test results</p> <p>Chest x-ray and/or CT reports</p> <p>Nicotine use history</p> <p>Treatment</p>	<p>Preferred is not available</p> <p>Standard if stable, well controlled, mild-moderate disease</p>	<p>Chronic antibiotic treatment for COPD</p> <p>2 or more ER visits or hospitalizations within past 12 months</p> <p>Home oxygen use</p> <p>Cardiomyopathy or heart failure</p> <p>Oral steroid use &gt;20mg per day</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
Coronary Artery Disease (includes coronary bypass surgery (CABG), coronary angioplasty, and coronary stents)	Specific diagnosis (e.g., angina, heart attack, etc.)  Dates of symptoms  Nicotine use history  Any history of carotid disease, aortic aneurysm, peripheral vascular disease (PVD), congestive heart failure (CHF), transient ischemic attack (TIA) or diabetes  Treatment, including dates of surgery	Preferred may be available for a history of coronary artery bypass surgery (CABG) or angioplasty, if:  • > 5 years ago  • No symptoms since  • Routine cardiac testing negative for ischemia within past 2 years  Standard if CABG > 6 months ago or angioplasty > 3 months ago, asymptomatic  Standard may be available if nicotine use in the past 12 months for single vessel disease surgically corrected >6 months ago or any other coronary stenosis of 30% or less and • normal ejection fraction • negative imaging stress test • no left main disease	Any history of: • Aortic Aneurysm • CHF • PVD • TIA • Symptomatic atrial fibrillation within past 6 months • Cardioversion within 6 months • Ventricular fibrillation • Ventricular tachycardia  Nicotine use within past 12 months in combination with more than single vessel disease surgically corrected or current coronary stenosis >30%  CABG within 6 months, or angioplasty within 3 months  See Diabetes Type 2 for further details
Crohn's Disease	Extent of disease  Date of recent flare  Frequency of flares  Treatment (including surgery)	Preferred may be available if stable, no flares within past year, and treated with oral medication only  Standard may be available if:  • Single flare > 6 months ago  • Treated with IV medications or biologics  • Gastrointestinal surgery or bowel obstruction > 1 year ago	Last flare within past 6 months  Hospitalization within past 12 months  Multiple flares within past 12 months  Gastrointestinal surgery or bowel obstruction 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
Depression	Emergency room (ER) or hospitalization dates	Standard if stable and well controlled with recommended treatment	Using more than 3 psychotropic medications
	Alcohol and drug use history		Any history of: <ul style="list-style-type: none"> <li>• Alcoholism</li> <li>• Drug dependency</li> <li>• Receiving Social Security Disability Insurance (SSDI) benefits for any reason</li> </ul>
	Treatment, including medications		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

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## MEDICAL RISKS

Health Situation/ Medical History	Underwriting Information Needed to Evaluate	Possible Underwriting Decision	
		Likely Category Available for Non-nicotine Users	Decline Probable
<b>Diabetes Type 2</b>	<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>Preferred not available</p> <p>Standard if stable and well controlled with recommended treatment</p> <ul style="list-style-type: none"> <li>• to include up to 50 units of insulin daily</li> <li>• no cardiovascular surgery</li> <li>• coronary artery disease with stenosis &lt;30%</li> <li>• no nicotine use in the past 5 years</li> </ul>	<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>Any history of skin ulcerations</p> <p>Nicotine use within past 5 years</p> <p>Any history of:</p> <ul style="list-style-type: none"> <li>• Aortic aneurysm</li> <li>• Cardiomyopathy</li> <li>• Cardiovascular surgery</li> <li>• Congestive heart failure within past 5 years</li> <li>• Coronary stenosis &gt;30% or calcium score &gt;50th percentile</li> <li>• Heart Attack/ Myocardial Infarction</li> <li>• Peripheral vascular disease (PVD)</li> <li>• Positive imaging stress test</li> <li>• Transient ischemic attack (TIA)</li> <li>• Stroke</li> </ul> <p>Hospitalization for complications 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
Dizziness or Vertigo	Cause and dates  Any falls or fractures	Preferred if: <ul style="list-style-type: none"> <li>• Acute episode, resolved, no residuals</li> <li>• Benign positional vertigo (BPV) no falls and no episodes in past 6 months</li> </ul> Standard if BPV, no falls, ongoing episodes, stable	Fractures: <ul style="list-style-type: none"> <li>• 1 within the past 6 months</li> <li>• 2 or more due to falls</li> </ul> Unstable, or with functional limitations or restrictions  Workup ongoing or pending

# Impairment Guide

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## 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	Standard if last episode of drug use >3 years ago	Drug dependency or treatment within past 3 years
	Date last used		Any history of depression
	Other mental/ emotional conditions		
	Treatment		
Epilepsy/ Seizures	Type and cause of seizure	Preferred may be available for single seizure, > 10 years ago, no ongoing treatment or medication	Single seizure within past 12 months
	Date of last seizure		Multiple seizures with last seizure within past 2 years
	Frequency of attacks	Standard if:	
	Treatment	<ul style="list-style-type: none"> <li>• Single seizure &gt; 1 year ago</li> <li>• Multiple seizures &gt; 2 years ago</li> </ul>	
Fainting or Syncope	Cause and dates	Preferred if single benign episode > 6 months ago	Within past 6 months if cause unknown
	Any falls or fractures	Standard if multiple episodes > 12 months ago	Multiple episodes within past 12 months
Fibromyalgia	Symptoms (e.g., fatigue, pain)	Preferred not available	Functional limitations
	Functional limitations	Standard if stable, controlled, and no functional limitations	Use of assistive devices
	Use of assistive devices		Daily or regular use of opioid 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	Preferred may be available for trauma-related fractures if fully recovered	Spine, hip or leg fracture within past 3 months  3 or more spine fractures due to disease  3 or more long bone (arm, leg) fractures due to falls or disease  Pelvic fracture: <ul style="list-style-type: none"><li>• Within past 12 months; or</li><li>• 2 or more, nontraumatic</li></ul>
	Treatment	Standard in combination with osteoporosis or spinal deformity	Daily or regular use of opioid pain medications
Heart Attack (myocardial infarction)	Dates of occurrence  Any history of carotid disease, aortic aneurysm, peripheral vascular disease (PVD), congestive heart failure (CHF), transient ischemic attack (TIA) or diabetes	Preferred may be available for uncomplicated heart attack: <ul style="list-style-type: none"><li>• &gt; 5 years ago</li><li>• No symptoms since</li><li>• No cardiac medications</li></ul> Standard for uncomplicated heart attack occurring > 3 months ago	Heart attack within past 3 months  Any history of: <ul style="list-style-type: none"><li>• Aortic aneurysm</li><li>• Carotid disease &gt;15%</li><li>• CHF</li><li>• Cardiomyopathy</li><li>• Diabetes</li><li>• PVD</li><li>• TIA</li></ul> Nicotine use within past 12 months
	Nicotine use history  Treatment		

# Impairment Guide

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## 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)	Preferred may be available for trivial or mild disease with no complications or atrial fibrillation	Valve replacement or repair within past 6 months
	Valve affected		Severe valvular disease
	Treatment	Standard if stable and: <ul style="list-style-type: none"><li>Moderate disease</li><li>No complications or atrial fibrillation</li><li>Valve replacement or repair <math>\geq</math> 6 months ago</li></ul>	Any history of: <ul style="list-style-type: none"><li>Atrial fibrillation</li><li>Transient ischemic attack (TIA)</li><li>Blood clots (embolisms)</li></ul>
Heart, Pacemaker	Reason for pacemaker	Standard with full recovery if: <ul style="list-style-type: none"><li>Pacemaker implanted <math>&gt;</math> 3 months ago</li><li>Defibrillator implanted <math>\geq</math> 1 year ago</li></ul>	Pacemaker recommended or scheduled
	Date of implant		Defibrillator (not pacemaker) implanted within past 12 months
Hepatitis A, B, and C	Treatment	Preferred may be available for acute hepatitis A or B with full recovery	Hepatitis C or autoimmune hepatitis, diagnosed or treated within the past 12 months
	Blood test results	Preferred may be available for autoimmune hepatitis or hepatitis C $>$ 1 year after last treatment with evidence of full recovery, no liver damage, and no continuing medications	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)	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	<p>Type of cancer (stage, organs affected, and recurrence)</p> <p>Treatment types, with dates completed</p>	<p>Varies by type, stage, treatment, and symptoms</p> <p>Preferred may be available for:</p> <ul style="list-style-type: none"> <li>Hodgkin's Disease if &gt; 10 years ago with no recurrence</li> <li>Non-Hodgkin's Lymphoma if Stage I or II &gt; 10 years ago</li> </ul> <p>Standard is the likely class for Stages I and II</p>	<p>Ongoing need for chemotherapy, radiation or untreated</p> <p>Symptoms (weight loss, night sweats, fever, fatigue) due to lymphoma within past 12 months</p> <p>Radiation enteritis within past 12 months</p> <p>Hodgkin's Disease: <ul style="list-style-type: none"> <li>Stage I, II or IIIA within the past 12 months</li> <li>Stage III (except IIIA) within past 3 years</li> <li>Stage IV within past 4 years</li> <li>Recurrence within past 6 years</li> </ul> </p> <p>Non-Hodgkin's Lymphoma: <ul style="list-style-type: none"> <li>Stage I or II within past 12 months</li> <li>Stage III within past 5 years</li> <li>Stage IV</li> <li>Any recurrence</li> </ul> </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
Hypertension	Treatment  Any history of cardiovascular, cerebrovascular and/or kidney disease  Blood pressure readings	Varies by blood pressure levels and associated cardiovascular, cerebrovascular, and/or kidney disease  Preferred may be available if blood pressure average within past year <140/90 and no vascular or kidney disease	Blood pressure average within past 12 months >160/95  Any history of congestive heart failure within past 2 years  Hospitalization for hypertension 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
Incontinence, Bowel, Bladder	Type, cause, and frequency of incontinence  Treatment (including surgery)	<p>Preferred may be available for stress or urge bladder incontinence if no surgery planned and no catheters used</p> <p>Preferred may be available for bowel incontinence if stable &gt; 1 year, &lt; 1 occurrence per week, and with independent self-care</p> <p>Standard if stable and:</p> <ul style="list-style-type: none"> <li>Surgery completed &gt; 6 months ago</li> <li>Use of absorptive clothing, catheter, indwelling tube or ostomy &gt; 6 months</li> </ul>	<p>Any incontinence not well controlled or unstable, and interfering with ADLs/IADLs</p> <p><b>Bladder incontinence:</b></p> <ul style="list-style-type: none"> <li>Surgery anticipated or completed within past 6 months</li> <li>Bladder sling or prostate resection within past 3 months</li> <li>Any of the following begun within the past 6 months: absorptive clothing, catheter or indwelling tube</li> </ul> <p><b>Bowel Incontinence:</b></p> <ul style="list-style-type: none"> <li>&gt;1 occurrence per week</li> <li>Stable &lt;1 year</li> <li>Due to underlying bowel disease</li> <li>Planned or completed surgery within the past 6 months (excluding hemorrhoid surgery)</li> </ul>

# 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	Preferred is not available	Transplant within past 5 years
	Any graft rejection or complications after transplant	Standard if kidney transplant >5 years ago, no complications, and normal kidney function	Abnormal kidney function after transplant
	Current kidney function		Hospitalization within past 2 years for transplant complications
	Treatment		Any history of: • Cancer or lymphoma after transplant • Diabetes • Graft rejection
Leukemia [Chronic Lymphocytic Leukemia only (CLL)]	Type and stage	Preferred is not available	Leukemia other than CLL
	Treatment	Standard is likely class for CLL if Stage 0 or in remission at least 3 years	CLL in remission less than 3 years Organ involvement
Lupus [Systemic Lupus Erythematosus, only (SLE)]	Type of lupus (discoid or SLE)	Preferred may be available if discoid lupus and no significant complications	Active SLE within past 2 years
	Symptoms		Any internal organ involvement
	Organs involved	Standard for SLE if controlled > 2 years, asymptomatic and no internal organ involvement	Daily or regular use of opioid pain medications
	Treatment		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  Treatment (including surgery)  Size	Preferred if treated surgically >3 years ago with no complications or recurrence  Standard if: <ul style="list-style-type: none"><li>Successful surgery 1-3 years ago</li><li>Single lesion, &lt; 2.5cm, stable 2 or more years, no treatment needed</li></ul>	Surgery within past 12 months  Diagnosed within past 2 years, untreated
Multiple Myeloma	Stage and recurrences  Treatment	Preferred for any Stage with treatment completed > 10 years ago, no recurrence  Standard for Stages I and IIA with treatment completed 5 - 10 years ago, no recurrence	Stage I or IIA treated within past 5 years  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	Preferred not available  Standard if in remission > 1 year	Active disease within past 12 months (except for eye symptoms only)  Oral steroid use >20mg per day
Neuropathy	Symptoms  Treatment  Underlying cause	Preferred may be available for mild, localized disease with no limitations or need for pain medications  Standard for generalized mild to moderate disease with no limitations	Progressive or severe neuropathy  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
Osteoarthritis (degenerative joint disease, degenerative disc disease)	Joints affected  Assistive devices used  Treatment (types of medications, joint injections, physical therapy, surgeries, with dates)	Preferred may be available if stable and: mild, only one joint affected, no more than 1 oral medication, no surgery, no pain medication and no injections  Standard if stable and: moderate, multiple joints affected, more than one oral medication and injection > 3 months ago	Implantable electrical stimulator  Daily or regular use of opioid pain medications within past 12 months  Joint replacement or arthroscopic surgery planned, or completed within past 3 months  Spinal surgery planned, or completed within past 6 months
Osteoporosis	Types and locations of fractures, if any  Treatment  Current height and weight (see Osteoporosis build chart)  Bone Mineral Density (BMD) results (T Scores)	Preferred for osteopenia only  Standard for osteoporosis if stable and well controlled with recommended treatment	Spinal, leg, or hip fracture within past 3 months  Pelvic fracture within past 12 months  3 or more spinal fractures due to disease  3 or more long bone (arm, leg) fractures due to falls or disease  Daily or regular use of opioid pain medication within past 12 months  Total T Score (any region) <-4.0
Ostomy (Ileostomy/ Colostomy)	Reason for ostomy  Any associated complications	Preferred is not available  Standard if: <ul style="list-style-type: none"><li>• Present &gt; 6 months ago</li><li>• Independent self-care</li></ul>	Ostomy present <6 months  Need for human assistance

# Impairment Guide

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## 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	Preferred for one episode, resolved >1 year ago	Onset or symptoms within past 12 months
	Recurrence	Standard for one episode due to alcohol, resolved > 2 years ago	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 opioid pain medication, no diabetes and no current alcohol concerns	Due to alcohol: <ul style="list-style-type: none"><li>• One episode within the past 2 years</li><li>• Multiple episodes</li><li>• Any history of cirrhosis</li></ul>

# Impairment Guide

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## 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)	Preferred not available	Symptomatic
	Treatment (including surgery)	Standard if:	Any history of: • Aortic aneurysm • Coronary artery disease • Diabetes • Gangrene • Amputation due to PVD • Kidney transplant • Retinal artery occlusion • Transient ischemic attack (TIA)
		• Asymptomatic	
		• No functional limitations	
		• No planned surgery or surgery completed >1 year ago	
		Nicotine use within past 12 months	
		Carotid artery surgery, anticipated or completed	
		Skin ulcers/breakdown within past 2 years or recurrent skin ulcers	
		Hospitalization or emergency room visit within past 12 months for complications	
		Surgery for PVD 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
Polymyalgia Rheumatica (PMR)	Symptoms	Preferred may be available if in remission > 1 year and no ongoing treatment	Diagnosed within past 6 months
	Functional limitations		Daily or regular use of opioid pain medications
	Use of assistive devices	Standard if stable for 6 months, no functional or visual impairment	Use of more than 20mg oral steroid daily
	Treatment		Vision problems due to giant cell arteritis
			Difficulty swallowing with unintentional weight loss
Pulmonary Embolism/Deep Vein Thrombosis (DVT)	Date(s) of episode(s)	Standard 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	Preferred not available	Diagnosed, or with progressive symptoms or functional limitations during past 12 months
	Severity, including dates of flares	Standard may be available if: • minor joint deformities • joint replacement >1 year ago • no functional limitations • active disease, flare up or diagnosis >1 year ago	Daily or regular use of opioid pain medications within past 12 months
	Emergency room (ER) or hospitalization dates		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)		
Ruptured (Herniated) Disc	Symptoms	Preferred may be available if:	Daily or regular use of opioid pain medications within past 12 months
	Treatment (types of medications, injections, physical therapy, surgeries, with dates)	• Asymptomatic • Stable • Use of over the counter medication only	Surgery recommended or completed within past 6 months
	Functional limitations	Standard if:  • Mild to moderate symptoms  • Use of prescription non- opioid pain medication  • Any physical therapy within the past 6 months	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)	Standard if: • Mild disease (stage I), diagnosed > 1 year ago with oral steroid <20 mg per day	Mild disease (stage I) diagnosed within past 12 months and/or using >20mg oral steroid daily
	Joint or organ involvement	• Moderate disease (stage II) with oral steroid <20 mg per day and diagnosed >3 years ago	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	Preferred not available	Symptomatic congestive heart failure, heart arrhythmia, or pericarditis
	Associated heart or kidney conditions	Standard if stable, no complications and oral steroid use of <20 mg daily	CREST syndrome with complications
	Treatment		Use of more than 20mg oral steroid daily
			Pulmonary fibrosis
			Skin ulcers/breakdown 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
Skin Ulcers	Type of skin ulcer  Any recurrence  Associated vascular disease or diabetes  Treatment	Preferred not available  Standard if Arterial ulcer, well healed, no recurrence and > 2 years ago  Standard if Venous ulcer, well healed, no recurrence and > 1 year ago	Any history of diabetes with any type of skin ulcer, or diabetic skin ulcers  Arterial skin ulcers: <ul style="list-style-type: none"><li>• Within past 2 years</li><li>• History of gangrene, amputation, or multiple ulcers</li><li>• Nicotine use or vascular surgery within past 12 months</li></ul> Venous skin ulcers: <ul style="list-style-type: none"><li>• Within past 12 months</li><li>• Any recurrence</li><li>• 2 or more episodes of deep vein thrombosis</li></ul>
Sleep Apnea	Sleep study results  Treatment and compliance with treatment	Preferred if stable, using recommended treatment >3 months or mild sleep apnea with no treatment recommended  Standard with no treatment with moderate severity and no nicotine use within past 12 months and build in the Preferred category	Heart failure  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  Treatment (medications, injections, surgery, physical therapy)  Functional limitations	Standard may be available with stable spinal stenosis on CT/MRI with: • no injection past 3 months • Opioid pain medication use up to 2 times per week • occasional non-limiting symptoms • no procedures planned • no functional limitations	Opioid medication use >2 times per week  Ongoing symptoms increasing in severity  Functional limitations  Surgery planned or completed within the past 6 months  Spinal injections within the past 3 months
Transient Global Amnesia	Date(s) of occurrence(s)	Preferred not available  Standard if:  • Single episode > 6 months ago  • Multiple episodes > 2 years ago	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  Date(s) of episode(s)  Treatment (medications and/or surgery)	Standard for single TIA/ retinal artery occlusion >5 years ago or for amaurosis fugax >6 months ago	Amaurosis fugax within past 6 months  TIA or retinal artery occlusion within past 5 years  Multiple episodes  Nicotine use within past 12 months  Any history of: <ul style="list-style-type: none"><li>• Atrial fibrillation</li><li>• Carotid artery surgery planned, anticipated, or completed within past 12 months</li><li>• Diabetes</li><li>• Heart surgery</li><li>• Heart attack</li><li>• Peripheral vascular disease</li><li>• Coronary artery disease</li></ul>
Tremors	Type of tremor  Functional limitations  Treatment  Assistive devices	Preferred may be available if benign or familial, stable ≥ 2 years, no functional limitations  Standard if benign familial or essential, stable < 2 years	Unstable or progressive  Cerebellar tremor or ataxia  Parkinsonian tremor (tremor at rest)  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	Preferred may be available if stable, no flares within past year, and treated with oral medication only	Last flare within past 6 months
	Frequency of flares		Hospitalization within past 12 months
	Most recent flare		Multiple flares within past 12 months
	Treatment (including surgery)	Standard may be available if: <ul style="list-style-type: none"> <li>Single flare &gt; 6 months ago</li> </ul>	Gastrointestinal surgery or bowel obstruction within past 12 months
	Symptoms	<ul style="list-style-type: none"> <li>Treated with IV medications or biologics</li> <li>Gastrointestinal surgery or bowel obstruction &gt; 1 year ago</li> </ul>	

# 4 Frequently Asked Questions

## Does "smoker" include all types of nicotine products?

Yes. Nicotine products include, but are not limited to, cigarettes, e-cigarettes, occasional cigarette, cigars, celebratory cigar, chewing tobacco, pipe, electronic vapor device, nicotine patch or nicotine gum. Occasional cigar use (12 or fewer per year) is considered non-nicotine if nicotine test is negative.

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

They have to be off all nicotine products for the past 3 years. To get a better rate in the future would mean applying with a new application (no "rate reductions" available).

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

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).

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

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.

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

We need to see weight loss maintained for a period of at least 12 months. To get a better rate in the future would mean applying with a new application (no "rate reductions" available).

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

If approved, we will hold for the decision on the second applicant. If declined, case will be processed and not held for the second applicant.

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

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

Couple Situation: If a couple applies and one applicant is declined, a decline letter explaining the reason for the decline will be sent directly to the individual. The decline status and reason will be available in Pro for the producer.

The policy package for the approved applicant will be sent to them directly, with a copy to the producer.

## CareScout®

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.	
Are not insured by the FDIC or any other federal government agency.	