

NEED-TO-KNOW INFO

UNDERWRITING GUIDE FOR TRANSAMERICA LONG TERM CARE RIDER

TRANSAMERICA LIFE INSURANCE COMPANY AND TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

119260R5

TRANSAMERICA®





UNDERWRITING RISK CLASSES

Regardless of what has been applied for, we may place the applicant in a better class if we determine the underwriting evidence warrants it. When the underwriting evidence indicates that a policy cannot be issued as applied for, rather than simply decline, we will give consideration to providing an alternate offer.

The underwriting risk classes for the Long Term Care Rider (LTC rider)* are:

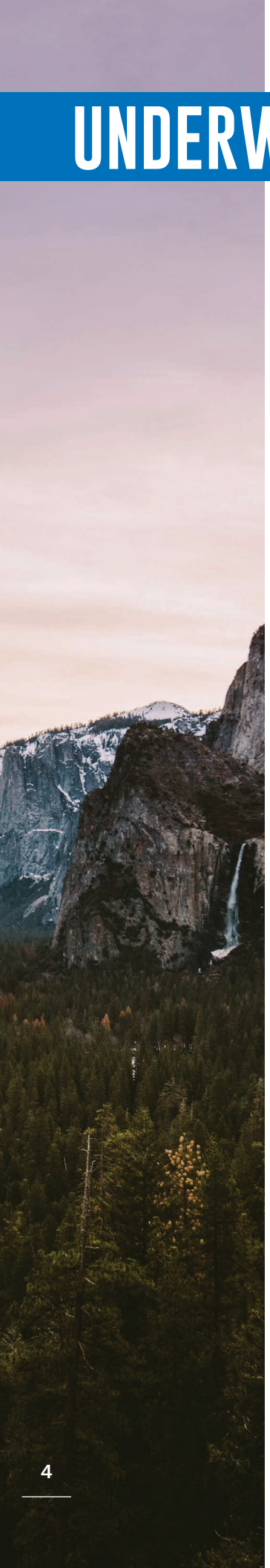
- Preferred
- Nonsmoker
- Smoker

In addition to these underwriting risk classes, we may be able to offer coverage on a substandard risk class Table A through substandard risk class Table D basis with increases in rider charges at the rate of 25% per table rating. Flat extras (either temporary or permanent) are not available on the LTC rider.

The underwriting risk class for the LTC rider may differ from the life policy rating as it is separate and distinct from underwriting approval of the life policy. All underwriting evidence that is required for the life policy and the LTC rider will need to be received prior to underwriting making final determinations. The results received for both the policy and the LTC rider will be used in the risk selection process of both the life policy and the LTC rider. If the LTC rider qualifies for a substandard table rating higher than Table D, it is not available. If the life policy qualifies for a substandard table rating higher than Table D, the LTC rider will not be available.

* Named Comprehensive Long Term Care Insurance rider (LTC rider) In California

UNDERWRITING CONSIDERATIONS



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

We will also consider other LTC coverage the insured may currently have in force with Transamerica and its affiliates.

Each of these factors is critical in the risk selection process for long term care insurance. The sources for this information may include the life and supplemental applications, medical records, a telephone interview, a face-to-face assessment, and/or any other evidence required by the underwriter, depending on age and health history. (See Underwriting Evidence.)

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

Functional performance includes such things as independence in performing Activities of Daily Living (ADLs) such as bathing, continence, eating, dressing, toileting, and transferring, and Instrumental Activities of Daily Living (IADLs) such as the ability to handle one's finances, the ability to use the telephone, food preparation, housekeeping, laundry, taking one's medications, and shopping.

Limitations in the ability to perform ADLs are usually a strong indicator of someone that would currently or soon require long term care support or services. Limitations with one or more IADLs may be leading indicators of individuals who might need long term care services in the future.

Cognition relates to one's awareness and perception, as well as the ability to understand and reason.

While early stages of cognitive impairment may be difficult to detect, it is a critical element in the underwriting for long term care insurance. Such impairments tend to be progressive and may be indicative of Alzheimer's or other types of dementia.

In addition, the underwriter will verify all LTC rider coverage that the applicant has in force with a Transamerica company when underwriting the application. If other LTC rider coverage is currently in force, the amount applied for must be adjusted in order not to exceed the $2,000,000* maximum LTC specified amount per life.

The maximum LTC specified amount per life is the combined total amount of the LTC specified amounts of all LTC coverage (excluding stand-alone LTC coverage) in force with Transamerica and its affiliates.

* Currently $1,000,000 specified amount is available in those states where base policy form number IUL09 has not been approved.

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LTC RIDER UNDERWRITING EVIDENCE (IN ADDITION TO UNDERWRITING EVIDENCE FOR THE LIFE POLICY)

The LTC rider will be fully underwritten for all issue ages and risk classes. Information regarding the insured's health status and underwriting risk class will be obtained from the base policy application, a supplemental application, the Medical Information Bureau (MIB), a telephone interview, a prescription benefit manager report, a cognitive screening test via telephone interview and an onsite face-to-face assessment, as applicable, depending on the issue age of the proposed insured. The proposed insured must be a U.S. citizen or legal permanent resident. A copy of a valid green card must be provided. Individuals with any other visa type will not be accepted for LTC rider coverage. Note that this differs from the guidelines for a life insurance contract.

Underwriting reserves the right to request additional evidence in circumstances where our normal evidence does not provide enough detail to complete accurate risk selection. Initial underwriting requirements for the LTC rider are shown in the following chart:

AGE	INITIAL LTC U/W REQUIREMENTS	AT UNDERWRITER'S DISCRETION
18–44	Medical Information Bureau (MIB), Prescription History (RX)	Medical Records "For Cause," Face-to-Face Assessment (F2F) "For Cause," LTC Phone Interview (PIL)
45–59	Medical Information Bureau (MIB), Prescription History (RX)	Medical Records "For Cause," Face-to-Face Assessment (F2F) "For Cause," LTC Phone Interview (PIL)
60–65	Medical Information Bureau (MIB), LTC Phone Interview with Cognitive Screen (PIC), Prescription History (RX)	Medical Records "For Cause," Face-to-Face Assessment (F2F) "For Cause"
66–69	Medical Information Bureau (MIB), Medical Records, LTC Phone Interview with Cognitive Screen (PIC), Prescription History (RX)	Face-to-face assessment (F2F) "For Cause"
70–75	Face-to-Face Assessment (F2F), Medical Information Bureau (MIB), Medical Records, Prescription History (RX)	Not applicable

A telephone interview is usually performed for all applicants between the ages of 60 and 69. This interview is to help verify the accuracy of the information on the supplemental application and to help determine additional information/clarification regarding the applicant's health, functional performance and cognition. Applicants aged 60 and older will include a cognitive screening test as part of the telephone interview.

Face-to-face assessment is an evaluation where a trained assessor visits with the applicant at his/her residence. The assessment includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic activities of daily living. Physical observations are made, and additional mobility and a cognitive screening test are included as well. On occasion we may require such an assessment below age 70 at our discretion.

For applicants with a history of stroke/TIA/amnesia/memory problems/brain surgery/hearing or mobility limitations, or other issues triggering underwriting concerns, we will conduct a special face-to-face assessment completed by an approved vendor.



COMPLETING THE SUPPLEMENTAL APPLICATION

The supplemental application for the LTC rider contains questions for additional medical conditions that are not asked on the life application. These medical conditions are consistent with reasons for long term care benefits to be utilized, either at home or in a facility. The supplemental application needs to be completed for all applicants applying for the LTC rider at the same time the life insurance application is completed.

APPLICANT INFORMATION

Fully complete the supplemental information on the proposed insured and proposed owner (if applicable). Note: We need the proposed insured's work and home telephone numbers from Part I of the Life Insurance Application to enable us to conduct a phone interview or arrange for a face-to-face assessment, depending upon age.

PROTECTION AGAINST UNINTENDED LAPSE

Contains space for the applicant to specify a third-party individual who is to receive any notice that the policy has entered its grace period and will terminate if sufficient premium is not paid before the end of the Grace Period. If the policy enters the Grace Period, a shortage notice will be mailed to the policy owner and the third party listed. Further, 30 days after such premium is due and unpaid, a notice of lapse will be mailed to the policy owner and the third party listed. If sufficient premium is not paid during the 35-day period following receipt of the notice of lapse, the policy and LTC rider will lapse.

HEALTH AND PERSONAL HISTORY

The supplemental application will include a set of knockout questions in this section. If the proposed insured answers "yes" to any of these questions, then the LTC rider is not available for that person.

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

EXISTING AND PENDING COVERAGE

This section will provide the underwriter with information regarding other government and individual insurance coverage the applicant may have or has applied for in the past, in addition to any coverage being replaced. If question No. 1 is answered "yes," the applicant will not be eligible for the LTC rider as the benefits would be paid in addition to Medicaid benefits. Please verify if the "yes" answer is correct as some applicants or agents may confuse this question with Medicare coverage.

LTC REPLACEMENT

LTC replacement requirements must be satisfied if the policy being replaced is a long term care insurance policy. If the policy being replaced is a life insurance policy, then the life insurance replacement requirements must be satisfied. If a life insurance policy that includes a long term care rider (or riders) is being replaced by a life insurance policy and the LTC rider, then both life insurance as well as long term care replacement requirements must be satisfied.

AGENT'S REPORT

The information the agent provides here gives the underwriters a more complete picture of the applicant. These questions need to be answered to the best of the agent's ability and knowledge. The additional questions regarding insurance policies sold to the applicant by the agent are mandated by state laws. Note that, regardless of any replacement, all such prior policies must be listed even if they've long since lapsed.

NOTICE ABOUT INSURANCE FRAUD

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

SIGNATURES

A HIPAA authorization must be signed and dated with the same date that the supplemental application is signed before underwriting processing can begin.

- The applicant must sign and date the supplemental application for the LTC rider in all requested areas. We do not accept power of attorney signatures on any supplemental application.
- All applications must be received in the administrative office within 30 days of the signed date.
- Please print as well as sign the supplemental application.
- Include the agent number (please consult your local agency for assistance). If we cannot identify the writing agent and determine that his/her license and continuing education credits are current, the case will not be issued and paid. Furthermore, the premium, if any, will be returned.



UNDERWRITING PROCEDURES

1. The LTC rider supplemental application, as well as all state-required new business forms in good order, must be received by us at the same time as the Life Application. A HIPAA authorization must be signed and dated with the date the supplemental application is signed before underwriting processing can begin.

2. Upon timely receipt in our administrative office of the new business application and required forms for the life policy and the LTC rider, the agent/broker license, compliance with the continuing education requirements, and appointment status for the LTC rider will be verified.

3. The file is reviewed in the underwriting area and any necessary underwriting evidence for the LTC rider will be requested along with the necessary underwriting evidence for the life policy.

4. All underwriting evidence and other forms and information must be received in a timely manner. If not, the file will be closed as incomplete and the premium will be refunded directly to the applicant. If the information is received after the applicant's case has been deemed to be incomplete, the underwriter will determine if the current supplemental application can be used or if a new fully completed supplemental application with a current signature and date will be required.

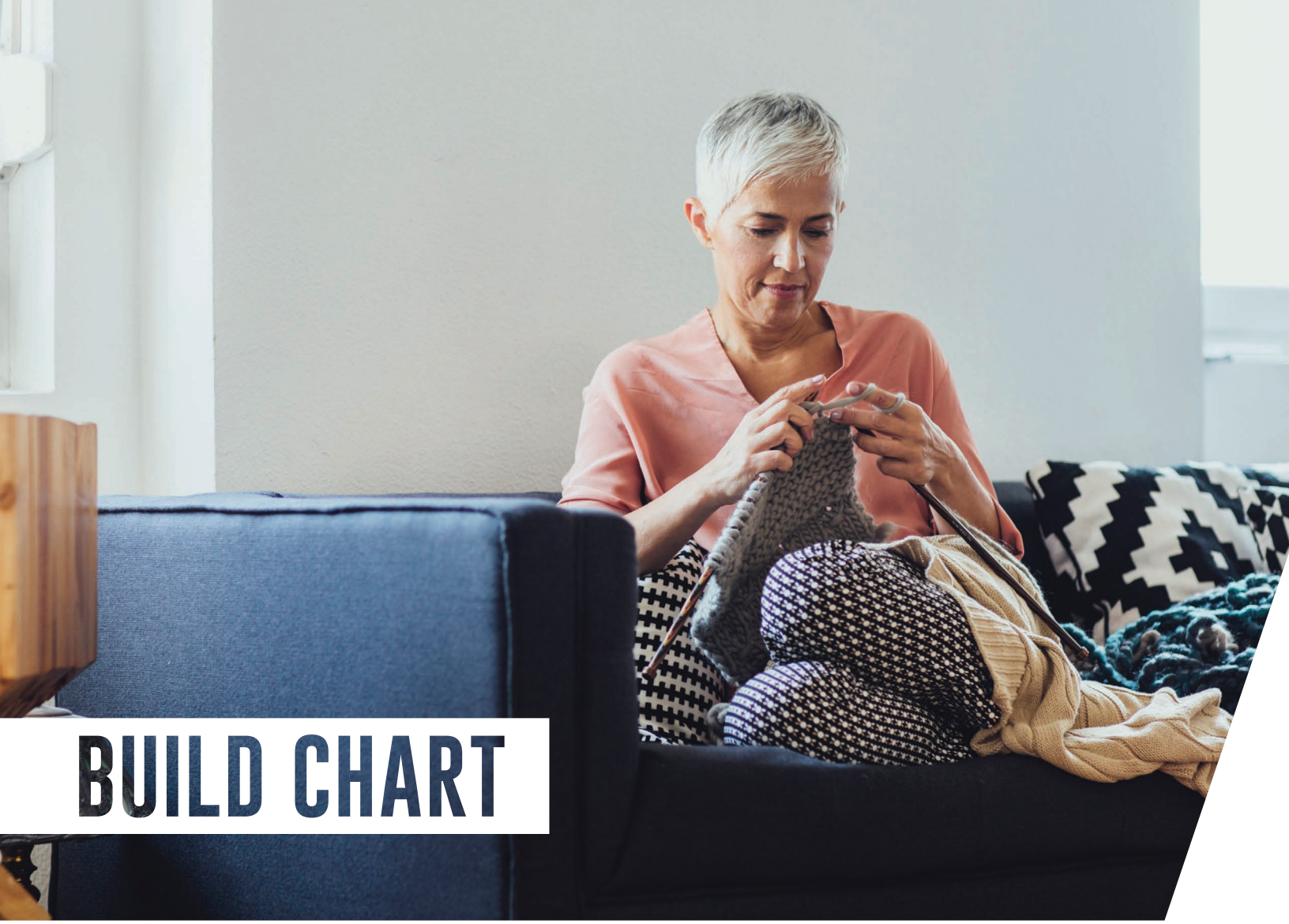
5. In the event an LTC rider supplemental application is declined or issued other than as applied for, the underwriter will provide the reason for that action, to the extent permitted, to the agent. A letter with a detailed explanation of the adverse underwriting decision will be sent to the applicant along with any refund due.

6. Unless otherwise prohibited, copies of all correspondence will be sent to the writing agent via the appropriate agency or office, as they will assist in the underwriting process from application through policy issue.

PREFERRED CRITERIA (IN ADDITION TO BUILD CHART)

- No smoking in past 24 months
- No cardiovascular/cerebrovascular events (afib, CVA, TIA, MI, HTN, etc.) or conditions
- No use of assistive devices
- No history of diabetes
- No medical confinements within past six months
- No mobility risk factors (i.e., falls, osteoporosis, significant arthritis, etc.)
- Regular medical follow-up (minimum once every two years) age 41 and up
- If age 18–40, we can offer preferred nonsmoker even if no check-ups/MD visits
- Demonstrated control of medical conditions

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BUILD CHART

The weight shown in the Minimum Weight column represents the minimum acceptable weight for consideration at the given height. Weight falling below the minimum, regardless of situation or circumstance will generally be considered uninsurable for the LTC rider. Similarly, the weight reflected in the Nonsmoker/ Smoker column and the Table Rated column are the maximum weight for a proposed insured to be consider for those categories.

Proposed insureds who weigh less than "Table Rated" and who are fully functional with no complications or co-morbidities (such as diabetes, stroke, arthritis, hip or knee replacements, etc.) that will increase the risk of disabilities will usually be issued at Nonsmoker or Smoker. Proposed insureds who weigh less than "Table Rated" with complications or co-morbidities will be issued sub-standard ratings of Table A through D or will be declined. Proposed insureds who weigh above the maximum weight for "Table Rated" risks will usually be declined.

Additionally, there could be differences in build guidelines between the base life application and the LTC rider as they are assessing different potential risks, and build can have a different impact on the likelihood of mortality (Death) versus functional or cognitive impairment as seen with the LTC rider. Lastly, weights below the minimum and above the maximum are generally associated with a greater likelihood of functional impairment or increased likelihood of needing assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) and are generally uninsurable.

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PROPOSED INSURED'S MAXIMUM WEIGHT IN POUNDS				
HEIGHT	MINIMUM WEIGHT	PREFERRED	NONSMOKER SMOKER	TABLE RATED
4′8″	< 81	85–156	189	200
4′9″	< 84	88–162	193	204
4′10″	< 86	91–167	197	208
4′11″	< 89	94–173	201	212
5′0″	< 92	97–179	205	216
5′1″	< 95	100–185	210	221
5′2″	< 99	104–191	214	225
5′3″	< 102	107–197	219	232
5′4″	< 105	110 –204	225	237
5′5″	< 108	114–210	231	243
5′6″	< 112	118–216	237	250
5′7″	< 115	128–223	243	257
5′8″	< 119	125–230	250	262
5′9″	< 122	128–236	257	269
5′10″	< 125	132–243	264	278
5′11″	< 129	136–250	271	287
6′0″	< 133	140–258	279	292
6′1″	< 137	144–265	287	299
6′2″	< 141	148–272	295	308
6′3″	< 144	152–279	303	317
6′4″	< 148	156–287	311	325
6′5″	< 152	160–295	319	334
6′6″	< 156	164–303	326	345



UNDERWRITING IMPAIRMENTS IN GENERAL

While the impairments included here are primarily medical, additional factors related to ADLs/IADLs and cognitive functioning have also been incorporated. Although the list of impairments is extensive, it does not include all possible conditions that may be encountered. In addition, the underwriting determinations that are provided in this guide are based on individual impairment; however, the life application and supplemental application received may contain multiple impairments.

THE MOST FAVORABLE OFFERS WILL BE IN SITUATIONS SUCH AS:

- Married couples both apply together, if known
- Those with an active, healthy lifestyle (work, exercise, nonsmoker, etc.)
- Regularly visit physician for health maintenance and monitoring control of current conditions
- Frequent social activities outside the home with volunteering and hobbies/clubs, etc.

THOSE APPLICANTS/CASES NORMALLY RESULTING IN LESS FAVORABLE DECISIONS INCLUDE:

- Applications already rated or declined from other LTC insurance carriers
- Incomplete health histories (many times an indication of poor control)
- Severe medical concerns likely to cause long term periods of disability
- Medical conditions with partial recovery or poor control/response to treatment
- Poor functional or cognitive capacity
- Recent health condition detection or surgery (will consider minor outpatient surgery once completed and with a full recovery)
- Co-morbidity (i.e., health conditions that tend to aggravate each other)

We will not accept applications or underwrite any individual or couple currently residing in or considering a Continuing Care Retirement Community (CCRC).

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Individual Consideration: It is not always possible to include all the variations of a given impairment that the underwriter must consider to determine the most appropriate risk classification.

Those variables may include additional factors from the phone interview and/or a face-to-face assessment. Where "individual consideration" is indicated, a review of all underwriting evidence is required before a final determination can be made. In underwriting for a long term care rider, certain combinations of impairments are more significant than others. For this reason, the relationship between the different conditions is used in determining the ultimate risk classification. In addition, findings on the phone interview or long term care assessment (i.e., how active the applicant is, whether or not activities are restricted, observations regarding cognitive function, mobility, etc.) are also of considerable importance.

For example, several otherwise "standard" class impairments may warrant no better than a Table A rating through Table D rating offer for the LTC rider. Where two impairments could exacerbate each other, such as diabetes and coronary artery disease, the proposed insured under the LTC rider may be uninsurable. Thus, the appropriate final action involving multiple impairments will require the underwriter to evaluate all the facts in combination and exercise informed judgment accordingly.



LTC RIDER AUTOMATIC DECLINE LIST

The following diagnoses and conditions are considered high risk for ADL loss and individuals with the following diagnoses should be declined.

- ADL limitation, at present
- Alcoholism, alcohol abuse, if within three years
- Alzheimer's disease
- Amputation due to disease
- Amyotrophic lateral sclerosis (ALS)
- Ascites, present
- Ataxia, cerebellar
- Autonomic insufficiency (Shy-Drager syndrome)
- Binswanger's disease
- Buerger's disease
- Charcot-Marie-Tooth syndrome
- Chorea
- Cirrhosis, except primary biliary
- Cognitive impairment
- Confusion, current or multiple episodes
- Currently residing or considering residing in a continuing care retirement community
- Cystic fibrosis
- Dementia
- Diabetes with stroke or treated with insulin
- Gaucher's disease
- Hodgkin's and lymphomas, treatment in past six months
- Hospital/nursing home, current confinement
- Home health care/adult day care, current use
- Hoyer lift use, current
- Huntington's chorea
- Hydrocephalus
- Incontinence, bowel
- Kidney dialysis, if within two years
- Korsakoff's psychosis
- Leukemia treated within the past six months, EXCEPT for CLL and hairy cell
- Lupus erythematosus-systemic (SLE)
- Mental retardation
- Mesothelioma
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Organ transplant, less than two years (heart, kidney, liver)
- Organic brain syndrome
- Osteomyelitis, current
- Oxygen use, current
- Paraplegia
- Parkinson's disease
- Peripheral neuropathy, severe or caused by diabetes
- Pick's disease
- Polymyositis
- Posterolateral sclerosis
- Progressive muscular atrophy
- Psychosis/psychotic disorder including schizophrenia
- Quadriplegia
- Quad cane use, current or within six months
- Renal failure, current
- Senility, all forms
- Scleroderma
- Stroke (CVA), within two years, multiple, or in combination with diabetes
- Three-prong cane use, current or within six months
- Total parenteral nutrition (TPN), for regular or supplementary feeding or administration of medications
- Transient ischemic attack (TIA), within two years, multiple, or in combination with diabetes
- Waldenström's macroglobulinemia
- Wegener's granulomatosis
- Wheelchair or walker, current use

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MEDICATIONS ASSOCIATED WITH UNINSURABLE HEALTH CONDITIONS

If taking any of these medications, the proposed insured is NOT ELIGIBLE for the LTC rider.

DRUG NAME	CONDITION
3TC	AIDS
Adriamycin	Malignant tumors
Alkeran	Cancer
Amantadine	Parkinson's disease
Apidra insulin	Diabetes
Aranesp	Anemia
Aricept	Dementia
Artane	Dementia
Avinza	Chronic pain
Avonex	Multiple sclerosis
AZT	AIDS
Baclofen	Multiple sclerosis
Betaseron	Multiple sclerosis
Carbidopa	Parkinson's disease
Cogentin	Parkinson's disease
Cognex	Dementia
Combivir	AIDS
Copaxone	Multiple sclerosis
Cycloserine	Alzheimer's disease
Cytoxan	Cancer, immunosuppression
D4T	AIDS
DDC	AIDS
DDI	AIDS
Depo-Provera	Cancer
DES	Cancer
D-penicillamine	Rheumatoid arthritis
Duragesic patch	Chronic pain
Edzicom	AIDS
Eldepryl	Parkinson's disease
Epogen	Kidney failure, AIDS
Ergoloid	Dementia
Estinyl	Cancer
Exelon	Dementia

DRUG NAME	CONDITION
Fentanyl patch	Chronic pain
Geodon	Schizophrenia
Gleevic	Cancer
Haldol	Psychosis
Herceptin	Cancer
Humulin 50/50 or 70/30 insulin	Diabetes
Humalog insulin (also 75/25 mix)	Diabetes
Hydergine	Dementia
Hydrea	Cancer
Imuran	Severe arthritis, immunosuppression
Indinavir	AIDS
Interferon	AIDS, cancer, hepatitis, multiple sclerosis
Invirase	AIDS
Kadian	Chronic pain
Kemadrin	AIDS
Kineret	Parkinson's disease
Lantus insulin	Diabetes
Larodopa	Parkinson's disease
L-Dopa	Parkinson's disease
Lente (L) insulin	Diabetes
Leukeran	Cancer, immunosuppression
Levemir	Diabetes
Levodopa	Parkinson's disease
Lexiva	AIDS
Lioresal	Multiple sclerosis
Lomustine	Cancer
Megace	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Alzheimer's disease

DRUG NAME	CONDITION
Mestinon	Myasthenia gravis
Methadone	Chronic pain
Metrifonate	Dementia
Mirapex	Parkinson's disease
Morphine	Chronic pain
MS Contin	Chronic pain
Myleran	Cancer
Namenda	Alzheimer's disease
Narcotics	Chronic pain
Navane	Psychosis
Nelfinavir	AIDS
Neoral	Severe arthritis, immunosuppression
Neulasta	Anemia
Norvir	AIDS
Novolin 70/30 insulin	Diabetes
NovoLog insulin (also 70/30)	Diabetes
NPH (N) insulin	Diabetes
Oxycontin	Chronic pain
Paraplatin	Cancer
Parlodel	Parkinson's disease
Parsidol	Parkinson's disease
Permax	Parkinson's disease
PhosLo	Kidney failure
Plenaxis	Advanced prostate cancer
Procrit	Kidney failure, AIDS
Prolixin	Psychosis
Purinethol	Progressive ulcerative colitis
Razadyne	Alzheimer's disease
Rebif	Multiple sclerosis
Regular (R) insulin	Diabetes
Remicade	Rheumatoid arthritis, Crohn's disease
Reminyl	Dementia
Renagel	Kidney failure
Requip	Parkinson's disease

DRUG NAME	CONDITION
Retrovir	AIDS
Reyataz	AIDS
Ridaura	Rheumatoid arthritis
Riluzole	ALS
Risperdal	Psychosis
Ritonavir	AIDS
Sandimmune	Immunosuppression, severe arthritis
Seroquel	Psychosis
Stelazine	Psychosis
Sustiva	AIDS
Symbyax	Psychosis
Symmetrel	Parkinson's disease
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Trilafon	Psychosis
Truvada	AIDS
Tumor necrosis factor	Rheumatoid arthritis
Tysabri	Multiple sclerosis
Ultralente (U) insulin	Diabetes
Velosulin	Diabetes
VePesid	Cancer
Vincristine	Cancer
Viramune	AIDS
Xyrem	Narcolepsy
Zanosar	Cancer
Zoladex	Cancer

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IMPAIRMENT	UNDERWRITING ACTION
***ACOUSTIC NEUROMA** Face-to-Face Cognitive Assessment required	1 year after surgery – no residuals – Usually Standard
	Otherwise – Decline
ADL DEFICIENT	All cases – Decline
ADULT DAY CARE	Decline
***ADULT RESPIRATORY DISTRESS SYNDROME/ARDS**	History of ARDS, resolved, fibrosis moderate at worst, no restricted activity, no oxygen use, >12 months ago – Individual Consideration
	Otherwise – Decline
AIDS/ACQUIRED IMMUNE DEFICIENCY SYNDROME	All cases – Decline
ALCOHOLISM/ALCOHOL ABUSE	Reform/abstinent within 3 years, and no prior relapse – Decline
	*Abstinence over 3 years, no residuals – Usually Standard
	With residuals – Decline
	With one prior relapse – Add 2 years to the above times
	With two or more prior relapses – Usually Decline
ALZHEIMER'S DISEASE	All cases – Decline
***AMNESIA**	See TRANSIENT GLOBAL AMNESIA
***AMAUROSIS FUGAX**	Handle same as TIA/stroke/CVA/brain attack
AMPUTATION (Please call underwriting for prequalification) Fully functional with no assistance or mechanical aids required: *Due to trauma (medical records required if within 12 months)	Single limb only – Usually Standard
	Otherwise, due to diabetes or other disease – Decline
AMYOTROPHIC LATERAL SCLEROSIS/ALS (LOU GEHRIG'S DISEASE)	All cases – Decline
ANEMIA *Cause unknown (medical records required only if within 12 months)	Hemoglobin 12 or more, no further treatment/studies indicated – Possible Standard
APLASTIC (Lacking in cell production)	Cause known, fully resolved, no further exposure to causal agent, 6 months ago – Underwrite for Cause
	Otherwise – Decline
	Hemoglobin 12 or more, bilirubin not over 2.0, stable >6 months ago – Underwrite for Cause
	Hemoglobin 10 to 12, bilirubin 2.0 or less, stable >6 months ago – Table A + Underwrite for Cause
	Otherwise – Decline
IRON DEFICIENCY	Hemoglobin 10.5 up, no transfusions, no chronic blood loss, stable, >6 months ago
	*Hemolytic (reduced red cell survival time) **Pernicious (medical records required only if within 12 months) – Standard
	CBC normal, no neurological complications, stable on periodic B12 injections, >6 months ago – Standard
	Otherwise – Individual Consideration
	Other
	Sickle cell disease – Decline
	Sickle cell trait – Standard

* Medical records will be ordered.

IMPAIRMENT	UNDERWRITING ACTION
***ANEURYSM**	Abdominal (AAA)
	Operated, stable, no residual >6 months ago – Standard
	Unoperated, stable, 3.0 cm or smaller – Usually Standard
	Stable, 3.1 to 4.0 cm – Table B
	Stable, 4.1 to 5.0 cm – Usually Table C – Table D
	5.1 cm or larger or unstable growth – Decline
	Thoracic – all – Decline
	Cerebral, >2 years ago – (Cognitive assessment required) – Individual Consideration
***ANGINA PECTORIS/CORONARY ARTERY DISEASE/ HEART ATTACK**	Functional Class I – Patients with cardiac disease but without limitations on physical activity. They do not experience undue fatigue, palpitation, dyspnea, or angina. Functional Class II – Patients with cardiac disease resulting in slight limitation of physical activity. Comfortable at rest, though ordinary physical activity may result in fatigue, palpitations, dyspnea, or anginal pain. Functional Class III – Patients with cardiac disease which results in marked limitation of physical activity. Comfortable at rest, but less than ordinary physical activity causes fatigue, palpitation, dyspnea, or angina. Functional Class IV – Patients with cardiac disease that results in an inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency, or of angina, may be present even at rest. Discomfort is increased with any physical activity.
	Within 3 months – Postpone
	>3 months ago – Stable, no complications*
	Functional Class I – Usually Standard
	Functional Class II – Usually Standard
	Functional Class III – Possibly Table C – Table D
	Otherwise
	Functional Class IV – Decline
	*Complications may include but are not limited to diabetes, stroke (CVA/TIA), emphysema (COPD), high blood pressure, kidney disease, peripheral vascular disease (PVD), neuropathy, nephropathy, or retinopathy.
***ANGIOPLASTY** (See ANGINA)	Within 3 months – Postpone
	Asymptomatic – 3 months up, no complications (see ANGINA Section for details)
	Functional Class I – Usually Standard
	Functional Class II – Usually Standard
	Functional Class III – Possibly Table C – Table D
	Otherwise
	Functional Class IV – Decline
***ANKYLOSING SPONDYLITIS/MARIE STRUMPELL ARTHRITIS**	Inactive, with or without rigid spine, no other residuals – Handle same as TIA/stroke/CVA/brain attack
	Otherwise – Individual Consideration
ANTICIPATED SURGERY (not listed elsewhere)	Minor, non-diagnostic procedures which are done on an outpatient basis – Underwrite for Cause
	Otherwise – Postpone until full recovery

* Medical records will be ordered.

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IMPAIRMENT	UNDERWRITING ACTION
***AORTIC INSUFFICIENCY/AORTIC STENOSIS**	Operated, full recovery, >3 months ago:
	Asymptomatic, stable, no complications – Usually Standard
	Otherwise – Decline
	Unoperated, >12 months ago:
	Mild, no dizziness or syncope, asymptomatic – Usually Standard
	Otherwise – Decline
***APHASIA**	Cause known – Underwrite for Cause
	Cause unknown – Usually Decline
***APRAXIA**	Present – Decline
	History of, resolved, >6 months ago:
	Cause known – Underwrite for Cause
	Cause unknown – Usually Decline
***ARRHYTHMIA**	Atrial fibrillation (includes PAT, PAC, SVT)
	One episode only, no known coronary artery disease/congestive heart failure/heart attack/myocardial infarct/cerebral vascular accident/ transient ischemic attack
	>6 months ago – Usually Standard
	Recurrent/Chronic episodes – infrequent, short duration, no complications, under treatment usually with anticoagulation Rx
	>12 months ago age 69 and under – asymptomatic – Usually Standard
	Otherwise or symptomatic – Decline
	Recurrent/Chronic episodes – infrequent, short duration, no complications, under treatment usually with anticoagulation Rx
	>12 months ago age 70 and up – asymptomatic – Usually Table A
	Otherwise – Decline
	Ectopic beats (includes PVC and VT)
	PVC – Mild to moderate, stable with or without medication – Usually Standard
	Otherwise or VT – Decline
	Sick sinus syndrome (an electrocardiographical irregularity caused by a malfunction of the sinoatrial node of the heart)
	Operated, pacemaker, asymptomatic – See PACEMAKER
	Unoperated, minor dysrhythmia – Ratable
	Asymptomatic – Usually Standard
	Otherwise or symptomatic – Usually Decline
***ARTERITIS**	Cranial, giant cell, or temporal
	Present, less than 6 months – Postpone
	>6 months ago, well controlled – Usually Table A
	Otherwise – Individual Consideration

* Medical records will be ordered.

IMPAIRMENT	UNDERWRITING ACTION
ARTHRITIS	Mild, no limiting disability, treated with aspirin or nonsteroidal anti-inflammatory drugs, occasional pain – Usually Standard
	*Moderate, occasional mild limitations, chronic pain, AM stiffness, occasional corticosteroids not to exceed 10 mgm – Usually Table A
	Severe, treatment with 10+ mgm corticosteroids or gold or methotrexate, functional limitations or assistive devices – Decline
ASSISTED LIVING FACILITY	Decline
***APHASIA**	Nonsmoker
	Mild, less than 6 attacks per year, occasional medication required, no steroids, no COPD – Usually Standard
	*Moderate 6-10 attacks per year, use of bronchodilators, steroid use for acute episodes only, no COPD or hospitalization – Usually Table A
	*Severe (other than above) regular steroids, functionally limited – Decline
	Smoker
	*Mild (same criteria as mild above) – Table A
	*Moderate (same criteria as moderate above) – Usually Table C or Table D
	Otherwise – Decline
ATAXIA	All cases – Usually Decline
***ATRIAL FIBRILLATION**	See ARRHYTHMIA
***BALANCE DISORDER**	See FAINTING
BELL'S PALSY	All cases – Usually Standard
***BLINDNESS** (medical records if onset within 24 months, may require F2F)	Congenital, traumatic, or macular degeneration, fully functional within 12 months – Decline
	Over 12 months – Usually Standard
	Functionally impaired – Decline
BRACES	*Back brace (not if only employment requirement)
	Removable, no disability, fully functional in ADLs and IADLs – Individual Consideration
	Otherwise – Decline
	*Leg brace
	One leg, no disability, fully functional in ADLs and IADLs – Individual Consideration
	Otherwise – Decline
BRAIN DISORDER	Organic brain syndrome (OBS), chronic brain syndrome, unoperated aneurysm or tumor, hydrocephalus – Decline
	*Surgically corrected aneurysm or tumor without residuals after 2 years – Individual Consideration
	BLOOD PRESSURE – See HYPERTENSION
	BIPOLAR DISEASE – See MANIC DEPRESSION
***BRONCHIECTASIS**	Nonsmoker, no COPD, no associated disability, >1 year ago – Usually Table A
	Otherwise – Decline
BRONCHITIS	Standard

* Medical records will be ordered.

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IMPAIRMENT	UNDERWRITING ACTION
BURSITIS	History of, or present, no other evidence of rheumatoid arthritis – Usually Standard
	Otherwise – Decline
***BYPASS, CORONARY/CABG**	Within 3 months – Postpone
	3 months up, asymptomatic, no complications (see ANGINA Section for details)
	Functional Class I or II (mild & moderate) – Usually Standard
	Functional Class III – Possibly Table C – Table D
	Functional Class IV (severe, symptomatic) – Decline
***CANCER** (medical records required within 3 years)	Brain tumor (benign or malignant)
	Date successful treatment within 2 years – Decline
	*Date successful treatment over 2 years (usually requires F2F) – Usually Standard
	Skin cancer (basal cell, squamous cell, not melanoma) – Standard
	*Internal cancer (and melanoma)
	Date of last treatment within 6 months – Decline
	Date of last treatment over 6 months, no residuals, no metastasis – Usually Standard
	Recurrence greater than 2 years, treatment free, no residuals – Table C – Decline
	All others – Individual Consideration
CANE	Quad or three prong cane – Decline
	*Single cane, occasional use (Requires F2F Assessment) – Usually Standard
***CARDIOMYOPATHY**	Within 1 year – Decline
	>1 year ago, no evidence of congestive heart failure, stable with good follow-up* and Functional Class I & II (see ANGINA) – Individual Consideration
	Otherwise – Decline
	*If secondary to other condition and that underlying cause removed with reversal of the cardiomyopathy
***CAROTID ARTERY DISEASE/STENOSIS/BRUIT**	Asymptomatic, no prior stroke or transient ischemic attack (TIA), no diabetes or heart disease
	Operated (endarterectomy) >3 months ago – Standard – Table A
	Unoperated, stenosis 60% or less, no symptoms – Individual Consideration
	Symptomatic or otherwise – Decline
	No lasting disability – Standard
CATHETER	Indwelling – Decline
	*Intermittent – Usually Standard
***CEREBRAL ATROPHY**	Individual Consideration
CEREBRAL PALSY	All cases – Decline

* Medical records will be ordered.

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IMPAIRMENT	UNDERWRITING ACTION
***CEREBRAL VASCULAR ACCIDENT/CVA/STROKE**	F2F Assessment required
	Within 24 months – Decline
	One episode only, >24 months ago, full recovery, no residuals, no chronic atrial fibrillation, nonsmoker, good BP control – Usually Standard
	Otherwise or with diabetes or other severe circulatory disease (CAD, PVD, etc.) – Decline
CHARCOT-MARIE-TOOTH DISEASE	All cases – Decline
CHAIR LIFT	Decline
***CHEST PAIN**	See ANGINA
***CHRONIC LYMPHOCYTIC LEUKEMIA/CLL**	1 year up, limited plan, stage 0 or 1 – Standard
	Otherwise – Often Decline
***CHRONIC OBSTRUCTIVE PULMONARY DISEASE/COPD**	Nonsmoker
	Mild, non-progressive, no steroid required, no limitations – Standard
	Moderate, may require occasional steroid use, no limitations, no oxygen used – Usually Standard
	Otherwise – Decline
	Smoker
	Mild, non-progressive, no steroids required, no limitations, Stable 2 years or more – Individual Consideration/Usually Table B
	Moderate, may require occasional steroid use, no limitations, no oxygen used – Individual Consideration/Usually Table C – Table D
	Otherwise – Decline
CIRRHOSIS OF LIVER	All cases – Decline
	Otherwise – Usually Decline
***COLOSTOMY/ILEOSTOMY**	Temporary, reversed and fully healed, 6 months up – Individual Consideration
	Permanent, fully adapted to use without need for assistance, >6 months ago – Underwrite for Cause
***COMPRESSION FRACTURE**	Otherwise – Decline
	Single without osteoporosis – Individual Consideration
	Multiple or with osteoporosis – Decline
CONFUSION	Decline
CONGESTIVE HEART FAILURE	All cases – Decline
***CEREBRAL VASCULAR ACCIDENT/CVA/STROKE**	Within 6 months – Decline
	*Over 6 months, single episode, stable (class I or II) – Individual Consideration
	Otherwise (includes unstable, Functional Class III or IV) – Decline
***CORONARY ARTERY/HEART DISEASE**	(Bypass, angina, etc. without complications – See ANGINA for Functional Classification)
	Within 3 months – Postpone
	>3 months ago - Stable
	Functional Class I or II (mild to moderate) – Usually Standard
	Functional Class III – Possibly Table C or Table D
	Functional Class IV severe or unstable – Decline

* Medical records will be ordered.



IMPAIRMENT	UNDERWRITING ACTION
***CHRONIC OBSTRUCTIVE PULMONARY DISEASE/COPD**	Nonsmoker
	Mild, non-progressive, no steroid required, no limitations – Standard
	Moderate, may require occasional steroid use, no limitations, no oxygen used – Usually Standard
	Otherwise – Decline
	Smoker
	Mild, non-progressive, no steroids required, no limitations, Stable 2 years or more – Individual Consideration/Usually Table B
	Moderate, may require occasional steroid use, no limitations, no oxygen used – Individual Consideration/Usually Table C – Table D
	Otherwise – Decline
CREST SYNDROME	(Calcinosis, Raynaud's phenomenon, esophageal dysfunction, sclerodactyly telangiectasia) – Decline
***CROHN'S DISEASE**	See COLITIS
***DEFIBRILLATOR**	All cases – >6 months ago – Individual Consideration/Usually Table A
DEGENERATIVE DISC DISEASE (DDD, DJD)	See ARTHRITIS
DEMENTIA	All cases – Decline
DEMYELINATING DISEASE	All cases – Decline
DEPRESSION (medical records may be required for mild, if treated within 12 months)	Mild includes generalized anxiety disorder, requiring minimal medication or psychotherapy, no related periods of confinement or disability, >6 months ago – Usually Standard
	*Moderate, single episode only, may include short period of confinement, well adjusted with no ECT, no further treatment required other than maintenance medication – >1 year ago – Individual Consideration
	Otherwise – Decline
***DIABETES MELLITUS**	Type I or insulin dependent (IDDM), all cases – Decline
	Type II or non-insulin dependent (NIDDM), onset 12 months ago, well controlled by diet or oral medication, no complications*
	Onset age 31 or above, good control with current Glyco/A1C at or less than 8.0 – Usually Standard
	Otherwise or with complications* – Decline
	*Complications include, but are not limited to coronary artery disease (CAD, heart attack, or angina), cerebral vascular disease (stroke/CVA/TIA), peripheral vascular disease (PVD), kidney disease, nephropathy, neuropathy, and retinopathy
DIALYSIS	Decline
***DISABILITY** (on LTD or Social Security Disability)	Individual Consideration
DIZZINESS/VERTIGO	Cause known – Underwrite for Cause
	*Cause unknown, within 6 months – Postpone
	*Cause unknown, 6 – 36 months ago, well investigated, no residuals, no recurrence – Individual Consideration
	Over 36 months – Usually Standard

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IMPAIRMENT	UNDERWRITING ACTION
DISORIENTATION	Decline
DRUG ABUSE	Within 3 years – Decline
	*Over 3 years, no residual, no relapse – Usually Standard
EMPHYSEMA	See CHRONIC OBSTRUCTIVE PULMONARY DISEASE/COPD
ENDARTERECTOMY	See CAROTID ARTERY DISEASE
***EPILEPSY**	Absence, Jacksonian, petit mal, or simple partial
	12 months since last attack – Usually Standard
	Grand mal, well controlled
	12 months to 3 years since last attack – Usually Table A
	Fully controlled, last attack over 3 years – Standard
ESOPHAGEAL VARICES	All Cases – Decline
***FALLS** (medical records if within 2 years)	One fall, >6 months ago, risk otherwise favorable – Standard
	Frequent falls (three or more within 24 months) – Decline
	Otherwise – Individual Consideration
***FAINTING** (medical records required if within 12 months)	Fainting spell, blackout, vertigo, dizziness, balance disorder, or mobility deficit (one episode) after 6 months – Individual Consideration
	Chronic – Decline
***FIBROMYALGIA/MYALGIA**	(medical records required if within 2 years) – See ARTHRITIS
FRACTURE/NOT HIP OR SPINE/NO OSTEOPOROSIS	Single fracture
	3 months up, full recovery, no residuals, accidental – Usually Standard
	*With complications or further treatment required, 6 months up – Individual Consideration
	Otherwise or with history of osteoporosis or osteogenesis imperfecta – Decline
	*Multiple fractures traumatic in nature – Individual Consideration
GALL BLADDER DISORDERS	Due to stones, operated or unoperated
	>3 months ago – Standard
GLAUCOMA	Minimal vision loss, stable, fully functional – Standard
	*Otherwise – Individual Consideration
***GLOMERULONEPHRITIS**	See NEPHRITIS
GOITER	See HYPERTHYROIDISM and HYPOTHYROIDISM
GOUT	Well controlled with minimal symptoms – Standard
GREENFIELD FILTER	Decline
GUILLAIN-BARRE SYNDROME	Full recovery with no residuals, >6 months ago – Usually Standard
	*Otherwise – Individual Consideration
***HANDICAP STICKER/PLACARD/LICENSE PLATE**	All cases – Underwrite for Cause
HEMOCHROMATOSIS (bronze diabetes)	All cases – Decline
HEART ATTACK	See ANGINA

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IMPAIRMENT	UNDERWRITING ACTION
HEART VALVE REPLACEMENT	See VALVE REPLACEMENT
HEPATITIS (if type unknown, medical records required)	Type A only
	Acute episode, fully resolved, >3 months ago – Usually Standard
	*Type B
	Chronic persistent (proven by biopsy), >12 months ago – Usually Standard
	Resolved, 12 months up – Usually Standard
	Chronic active – Decline
	Type C, D, E, active or chronic – Decline
HERNIATED DISC	Operated, full recovery, no residuals, >6 months ago – Standard
	Unoperated, fully functional, >6 months ago – Standard
	*Otherwise, some residual or disability – Individual Consideration
***HIP FRACTURE/DISORDERS**	Fracture (with osteoporosis) – Decline
	Replacement without complications, >6 months ago, no further treatment, fully functional – Usually Standard
	With complications and/or symptomatic – Decline
***HODGKIN'S DISEASE/LYMPHOMA**	Rate from date of completion of chemotherapy or radiotherapy – See CANCER
HOME HEALTH CARE (See cause for medical record ordering)	Current – Postpone
	History of, >6 months ago, full recovery, no residuals – Individual Consideration/ Underwrite for Cause
HUMAN IMMUNODEFICIENCY VIRUS/HIV	All cases – Decline
HUNTINGTON'S CHOREA	All cases – Decline
HYDROCEPHALUS	Decline
HYPERTHYROID/HYPOTHYROID/THYROID REPLACEMENT	Hyperactive with or without goiter, nodular or multi-nodular, well controlled and stable, >6 months ago – Standard
	Control not established – Postpone
	Hypoactive, no history of myxedema, with or without goiter or nodules, well controlled, >3 months ago – Standard
	With history of myxedema, fully resolved, no history of coma or psychosis, on replacement therapy, >6 months ago – Standard
	Otherwise – Individual Consideration
HYPERPARATHYROIDISM	With surgical cure, full recovery, no hypoparathyroidism, >6 months ago – Standard
	Residual hypoparathyroidism – See HYPOPARATHYROIDISM
	Otherwise – Usually Decline
	Note: also rate for any associated secondary disorders
HYPERTENSION/HIGH BLOOD PRESSURE (if blood pressure readings known)	Mild, stage 1 (140 – 159 / 90 – 99) – Usually Standard
	*Moderate, stage 2 (160 – 179 / 100 – 109) – Individual Consideration
	Severe, stage 3 (>180 / >110) – Decline
	Medical records are required for mild if treatment began or was changed within last 6 months

* Medical records will be ordered.

IMPAIRMENT	UNDERWRITING ACTION
HYPOPARATHYROIDISM	Asymptomatic on medication with regular medical follow-up, >6 months ago – Standard
	Otherwise – Individual Consideration
***IDIOPATHIC THROMBOCYTOPENIC PURPURA/ ITP (THROMBOCYTOPENIA)**	With splenectomy
	12 months up, full recovery, no residuals and no ongoing corticosteroid use – Possible Standard
	With continued corticosteroid use – limited plan – Table A – Table B
	Without surgery
	One episode only, >12 months ago, full recovery – Possible Standard
	Two or more episodes – limited plan – Table A – Table B
	Two or more episodes with occasional corticosteroid use – limited plan – Possibly Table C – Table D
IN-DWELLING CATHETER	Usually Decline
***INCONTINENCE**	BOWEL
	Present – Decline
	History of, >12 months ago, fully resolved - Individual Consideration
INFERTILITY TREATMENT	Decline
***INTERMITTENT CLAUDICATION**	See PERIPHERAL ARTERIAL DISEASE
***INTESTINAL OBSTRUCTION** (medical records required if within 6 months)	Full recovery – Underwrite for Cause
IRITIS/UVEITIS	Cause known – Underwrite for Cause
	Cause unknown, resolved – Standard
IRON DEFICIENCY ANEMIA	See ANEMIA
IRRITABLE BOWEL SYNDROME	See COLITIS
KIDNEY STONE	See RENAL INSUFFICIENCY
KNEE DISORDERS (medical records only if within 12 months)	Fracture – See FRACTURE
	>3 months ago, full recovery, no residuals – Usually Standard
	With complications and/or symptomatic – Individual Consideration
***KYPHOSIS**	See OSTEOPOROSIS
LABYRINTHITIS	See MENIERE'S DISEASE
LEUKEMIA	See CANCER
LOW BACK PAIN/LUMBAGO	Cause known – Underwrite for Cause
	Cause unknown - stable, no interference with daily activities or IADLs mild analgesics only, >6 months ago – Standard
	Otherwise – Decline
***LUPUS ERYTHEMATOSUS**	Discoid, diagnosis certain, no evidence of systemic involvement, onset 12 months up – Individual Consideration
	Otherwise – systemic or disseminated – Decline
MACULAR DEGENERATION/MYXEDEMA	See BLINDNESS
***MANIC DEPRESSION/BIPOLAR DISORDER**	Within 3 years – Decline
	Otherwise, stable, controlled, fully functional – Individual Consideration
MARFAN SYNDROME	All cases – Decline

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IMPAIRMENT	UNDERWRITING ACTION
***MEMORY LOSS/RECENT MEMORY LOSS**	Within 2 years – Decline
	Greater than 2 years, with cognitive impairment ruled out and with no recent history of head trauma or CVA/stroke/TIA within the past 2 years, requires F2F – Individual Consideration
MENIERE'S DISEASE	Mild, fully functional, >6 months ago – Standard
	*Otherwise – Individual Consideration
MENTAL RETARDATION	All cases – Decline
MITRAL VALVE PROLAPSE	Usually Standard
MULTIPLE SCLEROSIS	All cases – Decline
***MURMUR** (heart)	Asymptomatic, considered functional or benign, non-progressive – Standard
	Symptomatic, mild, single valve only, no arrhythmia, non-progressive – Individual Consideration
	Otherwise – Usually Decline
MUSCULAR DYSTROPHY	Decline
MYALGIA	See ARTHRITIS
	*MYASTHENIA GRAVIS (medical records ocular type only if over 12 months since stable)
	Ocular only, stable, >12 months ago, steroids not to exceed 10 mgs – Individual Consideration
	Otherwise - Usually Decline
***MYOCARDIAL INFARCTION/HEART ATTACK**	See ANGINA
NARCOLEPSY	Within 12 months – Postpone
	>12 months ago, well controlled, non-progressive – Usually Standard
NEPHRECTOMY	Due to cancer – See CANCER
	*Unilateral, not due to cancer, remaining renal function within normal limits, >12 months ago – Possible Standard
	Otherwise – Decline
***NEPHRITIS** (medical records only if within 3 years)	All cases – depends on cause
	Over 12 months ago, resolved, normal function – Usually Standard
	6–12 months – Individual Consideration
	Within 6 months – Postpone
***NEPHROTIC SYNDROME/NEPHROSIS**	All cases – Underwrite for Cause
NEURALGIA/NEURITIS/NEUROPATHY	Alcoholic – Decline
	Diabetic – Decline
	Herniated disc – See HERNIATED DISC
	*All others – Individual Consideration
NEUROGENIC BLADDER	All cases – Decline
NURSING HOME CONFINEMENT	Current or within 6 months – Decline
	*Otherwise – Individual Consideration

* Medical records will be ordered.

IMPAIRMENT	UNDERWRITING ACTION
***OPTIC NEURITIS/RETROBULBAR NEURITIS**	Cause known – Underwrite for Cause
	Cause unknown:
	One attack, full recovery, >6 months ago – Standard
	Two or more attacks, full recovery, no other evidence of demyelinating disease:
	1 to 3 years – Table A
	Thereafter – Standard
	Otherwise – Decline
ORGANIC BRAIN SYNDROME	All cases – Decline
OSTEOARTHRITIS	See ARTHRITIS
OSTEOMALACIA	All cases – Decline
OSTEOMYELITIS	Present or chronic
	Present or chronic – Decline
	*Acute, due to vascular insufficiency, fully recovered – Individual Consideration
	*Otherwise, >6 months ago – Usually Standard
OSTEOPENIA (If bone density not known, medical records required)	Bone density (T-score better than < -1.9) – Standard
	*Bone density (T-score -2.0 or worse) – Usually Standard
***OSTEOPOROSIS** (Bone Mineral Density/T-Score values required)	Mild, asymptomatic, no fractures, T-score of -2.5 or better – Possible Standard
	Moderate, asymptomatic, no fractures or kyphosis, T-Score of -2.6 thru -3.5 – Individual Consideration
	Otherwise or with fracture – Decline
OXYGEN	Current or use within 6 months – Decline
	*Use over 6 months ago – Individual Consideration
***PACEMAKER**	Within 3 months – Decline
	>3 months ago, normal cardiac output, no related complications – Usually Standard
	Otherwise – Individual Consideration
***PAGET'S DISEASE/OSTEITIS DEFORMANS**	All cases, >2 years ago – Individual Consideration
PANCREATIC CYST/PSEUDOCYST	Present or within 6 months – Decline
	*Fully resolved surgically, >6 months ago – Handle as PANCREATITIS
PANCREATITIS	Acute, full recovery with no residuals, no secondary diabetes or alcohol abuse ≥6 months ago – Usually Standard
	Otherwise – Decline
PARALYSIS	All cases – Decline
PARAPLEGIA	All cases – Decline
***PARESIS**	Depends on cause, extent, degree of limitation – Individual Consideration
PARKINSON'S DISEASE/SYNDROME OR PARKINSONISM	All cases – Decline
PERIARTERITIS	All cases – Decline
***PERICARDITIS** (medical records only required if within 2 years)	Full recovery, no residuals, 6 months up – Usually Standard

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IMPAIRMENT	UNDERWRITING ACTION
PERIPHERAL ARTERIAL DISEASE (PAD)/ PERIPHERAL VASCULAR DISEASE (PVD)	Mild, nonsmoker, stable – Standard
	Moderate or severe, smoker, with diabetes, or claudication – Decline
PERIPHERAL NEUROPATHY (not a complication of diabetes)	*Asymptomatic, no limitations in activity, no other disease, no medications, nonsmoker – Individual consideration
	Otherwise or smoker – Decline
***PHLEBITIS**	See THROMBOPHLEBITIS
***PITUITARY INSUFFICIENCY**	Well controlled on hormonal therapy, >2 years ago – Table A
	Otherwise – Usually Decline
***PNEUMOTHORAX/COLLAPSED LUNG**	Cause known, fully resolved with no residuals – Underwrite for Cause
	Otherwise – Individual Consideration
***POLIO/POLIOMYELITIS/POST POLIO SYNDROME**	Depends on severity/residuals - limited plan – Individual Consideration
POLYARTERITIS NODOSA	All cases – Decline
POLYCYSTIC KIDNEY DISEASE	Decline
***POLYCYTHEMIA**	Primary – Table B
	Secondary – Underwrite for Cause
	Well controlled, asymptomatic, diagnosed greater than 12 months ago – Usually Standard
POLYMYALGIA RHEUMATICA	*Present over 12 months, well controlled and stable, no functional limitations – See ARTHRITIS
	Otherwise – Usually Decline
POLYMYOSITIS	All cases – Decline
POLYPS	Proven benign – Standard
PREGNANCY	Decline**
***PRESSURE SORES**	Present – Decline
	History of, fully healed, 3 months up – Underwrite for Cause
***PRIMARY BILARY CIRRHOSIS**	3 years up - limited plan – Individual Consideration
PROSTATE DISORDERS (Prostatic hypertrophy, benign)	PSA level unknown
	Operated, full recovery, no residuals, >3 months ago – Standard
	Otherwise – Individual Consideration
	PSA level known*
	0– 4 – Standard
	*5–10 – Individual Consideration
	*Over 10, if well investigated, including negative biopsy, no further workup recommended – Individual Consideration
	Otherwise – Postpone
	Prostate cancer* – See CANCER
	*Note: Where there is a known history of surgically treated prostate cancer, there should be no detectable level of PSA. Thus, any measurable PSA suggests the continued presence or recurrence of prostate cancer.
PROSTATITIS	Standard
PSEUDODEMENTIA	All cases – Decline

* Medical records will be ordered.
** Reconsideration of LTC rider minimum 6 weeks post-partum with medical clearance to resume normal activities requires submission of a new application or an internal 1035 exchange with a minimum 25% increase in face amount.

IMPAIRMENT	UNDERWRITING ACTION
PSYCHOSIS/PSYCHOTIC DISORDER	Decline
PSYCHONEUROSIS (medical records required if within one year and/or requiring treatments for more than one year)	Mild (reactive or situational for period of one year or less), includes anxiety or depression requiring minimal ongoing medication or treatment, with no related periods of confinement or disability, stable 6+ months – Usually Standard
	*Moderate, depends on diagnosis, duration, frequency, treatment, whether or not activities curtailed – Individual Consideration
	Severe or chronic, such as panic disorders, with recurrent episodes or periods of confinement – or limiting activity – Decline
***PULMONARY EMBOLISM**	Cause known – Underwrite for Cause
	Cause unknown, no residuals, >6 months ago – Usually Standard
***PULMONARY FIBROSIS**	All cases – Individual Consideration
PYELITIS	See NEPHRITIS
QUADRIPLEGIA	All cases – Decline
***RAYNAUD'S DISEASE**	Onset 2+ years ago, condition stable, full use of extremities, non-progressive, nonsmoker, no diabetes – Usually Standard
	Otherwise – Decline
***RAYNAUD'S PHENOMENON**	Onset within 2 years – Usually Standard
	>2 years ago – Decline
***RENAL FAILURE**	Acute, 12 months up, full recovery, no residuals – Underwrite for Cause
	Otherwise – Decline
***RENAL INSUFFICIENCY**	Chronic – Decline
	>1 year ago, stable – Individual Consideration
	With diabetes or hypertension – Usually Decline
RETINAL DETACHMENT (medical records required if within one year)	Recovered, not due to disease – Standard
	Otherwise – Decline
***RENAL INSUFFICIENCY**	Chronic – Decline
	>1 year ago, stable – Individual Consideration
	With diabetes or hypertension – Usually Decline
RETINAL DETACHMENT (medical records required if within one year)	Recovered, not due to disease – Standard
	Otherwise – Decline
RETINAL HEMORRHAGE	Due to diabetes – Decline
	*Due to trauma, resolved, vision restored – Standard
	*Otherwise – Decline
RETINITIS PIGMENTOSA	Not yet blind or blind less than 12 months – Decline
	After blind 12 months, fully functional – See BLINDNESS
***RHEUMATOID ARTHRITIS**	See ARTHRITIS
SARCOIDOSIS	Active – Decline
	*Inactive, no residuals, >6 months ago – Individual Consideration
SCIATICA	Cause known – Underwrite for Cause
	Cause unknown, fully functional, >3 months ago – Usually Standard

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IMPAIRMENT	UNDERWRITING ACTION
SCLERODERMA	Systemic sclerosis/CREST – Decline
SCLEROSING CHOLANGITIS	Decline
SCOLIOSIS	Mild to moderate no functional impairment, no further progression, no limitations in ADLs or IADLs and no secondary impairments – Possible Standard
	*Otherwise, depends on limitations and related impairments – Individual Consideration
***SEIZURES**	See also EPILEPSY
	Cause known, single occurrence – Underwrite for Cause
	Cause unknown, within first year – Postpone
	>1 year ago, no recurrence – Individual Consideration
SHY-DRAGER SYNDROME	All cases – Decline
SICK SINUS SYNDROME	See ARRHYTHMIA
SICKLE CELL DISEASE	All cases – Decline
SICKLE CELL TRAIT	All cases – Standard
***SJOGREN'S SYNDROME**	See ARTHRITIS
SLEEP APNEA	Mild to moderate, no medical intervention or surgery recommended – Usually Standard
	*Severe, depends upon duration and medical management required (includes CPAP, surgery) – Individual Consideration
***SPINAL STENOSIS**	Handle as moderate ARTHRITIS
***SPONDYLITIS**	See ANKYLOSING SPONDYLITIS
***STROKE**	See CEREBRAL VASCULAR ACCIDENT/CVA
***SYNCOPE**	See FAINTING
SYNOVITIS	Cause known – Underwrite for Cause
	Cause unknown, resolved, no functional impairment – Standard
SYSTEMIC LUPUS ERYTHEMATOSUS	All cases – Decline
THALASSEMIA MAJOR	All cases – Decline
THALASSEMIA MINOR	All cases – Decline
THROMBOANGIITIS OBLITERANS/BUERGER'S DISEASE	Smoker – Decline
	*Nonsmoker
	Fully resolved and smoking ceased, >2 years ago,no residuals – Usually Standard
	Cause unknown, fully functional, >3 months ago – Decline
***THROMBOPHLEBITIS** (medical records required if within 2 years)	No surgery or walking aids, no functional limitations – Standard
	Cause known, no ongoing anticoagulant use – Underwrite for Cause
	With ongoing anticoagulant use – Usually Decline
	Cause unknown – Postpone
THYROIDITIS	See HYPERTHYROIDISM
***TRANSIENT GLOBAL AMNESIA** (Cognitive assessment required)	One episode only, >24 months ago, well investigated, no underlying pathology evident, full recovery, no residuals – Usually Standard
	Otherwise – Decline

* Medical records will be ordered.

IMPAIRMENT	UNDERWRITING ACTION
***TRANSIENT ISCHEMIC ATTACK/TIA** (Cognitive assessment required)	One episode only, >24 months ago, confirmed or unconfirmed, no residuals, no comorbidities – Usually Standard
	Multiple episodes or with diabetes – Decline
***TRANSPLANT**	Heart
	Within 2 years – Decline
	After 2 years – Usually Decline
	Kidney/Lung
	Best cases (normal function testing), >2 years ago – Individual Consideration
	Otherwise – Decline
	Liver
	All cases – Decline
TRANSVERSE MYELITIS	Full recovery with no residuals, >12 months ago – Standard
	Otherwise – Decline
***TREMORS**	Essential, familial, or senile only; other CNS disorder and Parkinson's ruled out – Standard
	Otherwise – Decline
TUBERCULOSIS (medical records required if within 2 years)	Active – Decline
	*Inactive, no residual impairment, >6 months ago – Standard
	With residual impairment – Handle as COPD
TUMORS - BENIGN	Asymptomatic, proven benign, no surgery anticipated – Decline
	Symptomatic, not proven benign, or surgery anticipated – Postpone
	*Brain – no residuals – cognitive assessment required – after surgery – >2 years ago – Table A
	Otherwise – Usually Decline
***UNDERWEIGHT**	See BUILD CHART – Individual Consideration
URINARY	Stress incontinence or urgency only, history of minimal leakage on exertion, >12 months ago – Usually Standard
	Partial, not neurological, rare urinary tract infections, no assistance or aids required, >12 months ago – Individual Consideration
	Otherwise – Decline
***VALVE REPLACEMENT (HEART)**	Single valve, >6 months ago, fully functional, no comorbidities or complications – Usually Standard
	Double valve, >6 months ago, fully functional, no comorbidities or complications – Individual Consideration
***VENOUS INSUFFICIENCY**	UNOPERATED, below knee, no stasis ulcer or dermatitis – Standard
	OPERATED, with or without prior stasis ulcer, full recovery with no residuals, >12 months ago – Standard
	Otherwise – Table B – Decline
VERTEBROBASILAR INSUFFICIENCY	All cases – Decline

* Medical records will be ordered.

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IMPAIRMENT	UNDERWRITING ACTION
VON WILLEBRAND'S DISEASE	All cases – Decline
VON RECKLINGHAUSEN'S DISEASE	All cases – Decline
WALDENSTROM'S DISEASE	All cases – Decline
WEGENER'S DISEASE	All cases – Decline
WEIGHT LOSS (weight must be stable for at least 6 months)	Planned, due to diet and exercise – See BUILD CHART
	Secondary to known disorder – Underwrite for Cause
	Lap band / bypass >6 months with no complications – Usually Standard
	*Cause unknown (≥15 lbs) within 1 year – Postpone
WHEELCHAIR * Medical records will be ordered.	Currently confined to or use of – Decline
	*History of, recovered, no residuals, 6 months up – Possible Standard
	Otherwise – Usually Decline
WILSON'S DISEASE	All cases – Decline





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