



LONG-TERM CARE
INSURANCE

Condensed Underwriting Guide





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I. Prequalification

The Underwriting area can be contacted directly to prequalify an applicant for LTC insurance or to answer inquiries in the following ways:

- Call 1-888-604-7296 (prompt 3) between 8 a.m. and 6 p.m. EST
- Email: LTCPrequal@jhancock.com
- Fax: 617-450-8052 using the Prequalifying Inquiry form (LTC-1028).

Please note that prequalification responses are only a tentative opinion based on the information provided. The more information you provide about the client the more accurate our opinion. Keep these key components in mind when trying to prequalify a client:

- age
- height and weight
- medical conditions and dates of diagnosis
- treatments and medications

Additionally, this guide contains specific prequalifying questions on over 60 conditions.

II. Preparing Your Client for the Underwriting Process

The Underwriting Department has developed various underwriting programs based on age, medical history, and benefits applied for.

The brochure entitled “Our Underwriting Process” (LTC-1590) is available to assist you in preparing your client for the above programs. It is essential that your client receives this brochure during the sales process, as this will set your client’s expectations and ensure favorable results. In some instances, we may request a pharmacy profile, or information from the Medical Information Bureau to further evaluate insurability.

III. Privacy and HIPAA

John Hancock is committed to protecting the privacy of its customers, and strictly abides by the rules and regulations set forth by the Health Insurance Portability and Accountability Act (HIPAA), which obligates us under the law to maintain the privacy of our client’s medical information.

HIPAA Medical Authorization

The HIPAA compliant medical authorization form must be signed and dated by the applicant and submitted with the application. A properly completed authorization is necessary to order medical requirements and to allow the application to be reviewed by the underwriting department. Failure to submit this form in good order will postpone the underwriting process.

Notice of Summary of Rights

This HIPAA compliant notice accompanies all adverse decision letters, and informs the applicant of their rights to obtain the specific reasons for the adverse decision, if not already provided, and how to access their personal health information. An applicant can also obtain their personal health information by submitting a written request. All requests for information must be signed and dated by the applicant.

IV. Procedures for Accepting Applications from Non-English Speaking Applicants

Before we may begin to underwrite an application from a non-English speaking person, we require that the following procedure is followed. This is to ensure that the applicant fully understands what he/she is buying.

In order for us to consider a non-English speaking applicant, it will be necessary that an interpreter accompany the agent when visiting the applicant and translate the questions on the application and any discussion concerning the policy in accordance with the following criteria.

An interpreter acceptable to John Hancock must be present, along with the applicant and a John Hancock appointed agent, at the time that an application is being completed. The interpreter must translate comments of the agent, as well as key information contained in all advertising promotional materials. The interpreter will be expected to relate to the applicant all questions, statements, and agreement language that appear on the application and other forms which contain key disclosure information and/or which the applicant must sign. The interpreter must then instruct the agent to fill in all the blanks on the application form in English reflecting the answers provided by the applicant as interpreted by the interpreter. The agent, through the interpreter, will also ask the applicant to sign all forms where required, while the interpreter explains all language that appears above signature lines.

An interpreter will only be acceptable to John Hancock if that person is not a relation of the applicant, has no financial or personal investment in the obtaining of the insurance, and the applicant is willing to sign an appropriate certification to this effect.

It will be the responsibility of the applicant to arrange for the availability of an interpreter acceptable to John Hancock at the time that the application be completed, as well as to have the interpreter available at all times during the course of the underwriting process, when John Hancock may need additional information to complete the evaluation of the application. If the applicant fails to make such an interpreter available during the application process, and as a result, John Hancock is unable to obtain the necessary information to evaluate the application, John Hancock will reject the application.

All communications from John Hancock, whether oral (in person or on the telephone) or in writing, will be in English and John Hancock will be under no obligation to render such communication in any other language.

V. Application Submission

To ensure that your application is processed promptly, please be sure to:

- Submit the correct state/edition application
- Complete the application in its entirety, including complete details of any question answered “yes” in the medical section
- Submit all state-required forms
- Submit applications with an advance payment equivalent to one month’s premium
- Submit application to John Hancock within 30 days from the date of sale

The Underwriting Department will not process an application if the:

- HIPAA Medical Authorization Form has not been submitted
- Advance payment check, equivalent to one month’s premium, has not been submitted
- Application is not received at John Hancock within 30 days from the date of sale¹

VI. Understanding Our Philosophy and Approach to Cognitive Screening

As a pioneer and a leader in the LTC insurance industry, John Hancock continues to research and refine our underwriting requirements and guidelines in order to sustain our excellent claims reputation.

While John Hancock's overall portfolio experience continues to be excellent, claims related to cognitive impairment continue to be a significant challenge for the LTC insurance industry. Estimates indicate that cognitive claims account for up to 40% of claims volume. Cognitive claims are typically the most costly, as the insured requires a high level of care for a longer benefit period.

Identifying applicants with a cognitive impairment continues to be one of the leading dilemmas presented to LTC insurance underwriters, since fewer than 25% of medical records mention a cognitive impairment when it exists. Studies indicate there is a stigma related with persons who have a cognitive impairment, which often leads applicants and their families to deny the early warning signs. Additionally, a person in the early stages of cognitive impairment may appear "sharp" one day and confused the next.

While Alzheimer's disease is the foremost cause of cognitive impairment in old age, affecting 1 out of every 10 adults over 65 and almost half of those over 85, as reported by the Alzheimer's Association,² it is not the only condition or diagnosis that results in a cognitive claim. Stroke, diabetes, cardiovascular disease, mental illness, and neurological diseases such as Parkinson's are just a few of the many disorders that can lead to cognitive impairment.

As a result, we began screening in 1991 for cognitive impairment among applicants in the older ages. In 1999, we began utilizing the Minnesota Cognitive Acuity Screen (MCAS) telephonically for applicants ages 69 and younger based on medical triggers. More recently, based on superior results, we expanded its use to all applicants ages 65 and older.

Our strong confidence in the MCAS lies in the fact that it was developed and statistically validated by scientists and geriatric physicians from Univita Health and is used extensively in the LTC insurance industry. By using the MCAS screen, the accuracy of underwriting is significantly improved. 25–50% of applicants with cognitive impairments are not detected by memory testing alone. The MCAS does in-depth testing in a variety of areas of cognition including judgment, short-term memory, reasoning/orientation, and comprehension. This 15-minute, non-threatening screen correctly identifies cognitively impaired and unimpaired subjects with 98.1% accuracy. Other tests have error rates of 10% or more. The MCAS is flexible; it can be administered telephonically or face to face, with minimal false positives or false negatives. This not only improves our risk selection, but also allows us to potentially accept more applicants who may be falsely classified under less sophisticated exams. The scoring is composed of nine subsections, which are weighted according to statistical importance that they demonstrated in the research and are compiled into the composite MCAS score.

Milliman USA, a leading actuarial firm, performed an independent study indicating: "The MCAS shows improved expected LTC insurance profitability compared to any other cognitive screen on the basis of claims savings and increased premiums alone." This information was provided by Milliman and Robinson Inc., "Impact of Cognitive Testing on Long-Term Care Insurance Profitability," September 1999.

VII. Underwriting Requirements

The Underwriting Department has developed criteria that fall within four programs to evaluate an applicant's insurability for LTC insurance. The criteria and program descriptions are as follows:

Criteria

- Age (preserved younger age within 30 days of the application date)
- Date last consulted with their primary care physician
- Medical history
- Benefits applied for

Programs

Registered Nurse (RN) Assessment

For applicants age 69 or younger that have **not** consulted with their primary care physician in the last 18 months will require this face to face assessment that is scheduled with a Univita Health nurse. The assessment includes a review of the applicant's medical history, medications, symptoms, name of their doctors, lifestyle, and daily activities such as meal preparation, transportation, bathing, and toileting. The nurse will also perform a blood pressure reading, height and weight readings, and collect a urine specimen. Applicants **age 65 or older** will be asked to participate in a brief memory exercise.

A nurse will contact the applicant to arrange an appointment at a time that is convenient for them. The assessment will take place in the applicant's home, where they are most comfortable, and usually lasts 45 minutes, depending upon the extent of their medical history. The applicant must have some form of identification, such as a driver's license or Social Security card. If the applicant wears glasses or a hearing aid, they will want to have those with them during the assessment. The nurse will present identification to the applicant upon arrival. Family members and friends can be present, but they must be in a separate room during the assessment.

After the applicant completes the interview, they may receive a customer satisfaction survey allowing John Hancock to evaluate the quality of their experience.

Telephone Interview

For applicants age 69 and younger who have consulted with their primary care physician in the last 18 months, will require a telephone interview. This is a phone conversation between a Univita Health nurse and the applicant consisting of standardized medical questions and usually takes 30 minutes, depending on the extent of their medical history. The questions focus on their medical history, medications, symptoms they may have, lifestyle, and daily activities such as meal preparation, transportation, bathing, and toileting. We'll ask the applicant the names of their doctors, and we'll also ask them to participate in a brief memory exercise if they are **65 or older**, or if certain medical conditions exist.

A nurse from Univita Health will call the applicant to conduct the interview. If the applicant receives the call at a time that's inconvenient for them, the nurse will reschedule the interview. It's important that the applicant chooses a quiet time and place for their interview to ensure more favorable results.

After the applicant completes the interview, they may receive a customer satisfaction survey allowing John Hancock to evaluate the quality of their experience.

Medical Records

A copy of the applicant's medical records will be ordered from their primary care physician unless they are between the ages of 46–59. If the applicant is a resident of Florida, their medical records will be required regardless of their age. Medical records will also be required for all applicants, regardless of age, who select a 10-year Benefit Period, the Waiver of Home Health Care Rider, or who have been diagnosed with any of the referenced medical conditions.³

3. Medical conditions include: rheumatoid/psoriatic arthritis; chronic obstructive pulmonary disease; emphysema; blood disorders (excluding compensated anemia); cancer within the past three years; organ transplant; discoid lupus; lymphomas; liver disorders; cardiomyopathy; diabetes; or transient ischemic attack (TIA) within the past five years.

Personal Interview (On-site)

A personal interview will be conducted for all applicants age 70 or older. This is a face-to-face conversation between a Univita Health nurse and the applicant and usually lasts 45 minutes depending on the extent of their medical history. The interview consists of a series of standardized medical questions. The questions focus on medical history, medications, symptoms, lifestyle, and daily activities such as meal preparation, transportation, bathing, and toileting. We'll ask the applicant names of their doctors, and we'll ask them to participate in a brief memory exercise. The nurse will take their blood pressure, as well as height and weight readings. However, no blood work or urinalysis is needed, nor will the applicant have to undress.

A nurse will contact the applicant to arrange an appointment at a time that's convenient for them. The interview will take place at the applicant's home, in the room where they are most comfortable. The applicant must have some form of identification, such as a driver's license or social security card. If the applicant wears glasses or a hearing aid, they will want to have those with them during the interview. Every nurse carries identification and will present it to the applicant upon arrival. Family and friends can be present, but they must be in a separate room during the interview.

After the applicant completes the interview, they may receive a customer satisfaction survey allowing John Hancock to evaluate the quality of their experience.

Medical Information Bureau (MIB)

In most instances, an inquiry to the Medical Information Bureau will be made allowing the underwriter to make the most informed decision regarding the applicant's insurability. The current authorization contained in the "Application for Insurance" authorizes retrieval of this information; therefore no intervention on the applicant's behalf is required.

Prescription Profiles

For applicants ages 69 and younger, a prescription profile will be retrieved allowing the underwriter to make the most informed decision regarding the applicant's insurability. The current authorization contained in the "Application for Insurance" authorizes retrieval of this information; therefore no intervention on the applicant's behalf is required.

**Age 45 or Younger
Age 60–69
or are a resident of Florida⁴**

Criteria	RN Assessment w/Urinalysis	Telephone Interview	Medical Records
■ Has consulted primary care physician within 18 months		✓	✓
■ Has not consulted primary care physician within 18 months	✓		
■ Has not consulted primary care physician within 18 months ■ History of a significant medical condition as stated below ⁵	Applicant must have undergone a complete physical exam prior to application submission.		
■ Has consulted primary care physician within 18 months ■ Hearing impaired	✓		✓

Age 46–59

Criteria	RN Assessment w/Urinalysis	Telephone Interview	Medical Records
■ Has consulted primary care physician within 18 months ■ Not applying for 10 yr. BP or the Waiver of Home Health Care Elimination Period Rider		✓	
■ Has consulted primary care physician within 18 months ■ Applying for 10 yr. BP or the Waiver of Home Health Care Elimination Period Rider		✓	✓
■ Has consulted primary care physician within 18 months ■ History of a significant medical condition as stated below ⁵		✓	✓
■ Has not consulted primary care physician within 18 months	✓		
■ Has not consulted primary care physician within 18 months ■ History of a significant medical condition as stated below ⁵	Applicant must have undergone a complete physical exam prior to application submission.		
■ Has consulted primary care physician within 18 months ■ Not applying for 10 yr. BP or the Waiver of Home Health Care Elimination Period Rider ■ Hearing impaired			✓
■ Has consulted primary care physician within 18 months ■ Applying for 10 yr. BP or the Waiver of Home Health Care Elimination Period Rider ■ Hearing impaired	✓		✓

Age 70 or older

Criteria	RN Assessment w/Urinalysis	Telephone Interview	Medical Records
■ Has consulted primary care physician within 3 years		✓	✓
■ Has not consulted primary care physician within 3 years	✓		
■ Has not consulted primary care physician within 18 months ■ History of a significant medical condition as stated below ⁵	Applicant must have undergone a complete physical exam prior to application submission.		

4. Medical records are required for all residents of Florida, regardless of age.

5. Medical conditions include: rheumatoid/psoriatic arthritis; chronic obstructive pulmonary disease; emphysema; blood disorders (excluding compensated anemia); cancer within the past three years; organ transplant; discoid lupus; lymphomas; liver disorders; cardiomyopathy; diabetes; osteoporosis; or transient ischemic attack (TIA) within the past five years.

VIII. Benefit Changes

Requests for a benefit increase are subject to policy provisions and underwriting approval. Additional underwriting requirements may be requested.

IX. Ratings and Benefit Reconsiderations

Requests for a rate reduction or benefit reconsideration on a modified policy may be considered if an adverse decision letter was sent at time of issue specifying a re-evaluation date. If the adverse decision letter does not indicate a re-evaluation date, then the decision is permanent.

The policyholder should submit a written request for re-evaluation to the Underwriting Department and include a currently dated HIPAA Medical Authorization. Full underwriting will be performed, as the policyholder must meet current eligibility standards for consideration of an improved risk classification or an increase to the original benefit that was applied for at time of application.

Policies issued at the Select rate are permanent decisions, and requests for a preferred rate will require a new application and full underwriting review at the new attained age.

X. Underwriting Requirements for Christian Scientists

Christian Science practitioners, for the most part, perform their healing arts “in the absence” of the individual, usually over the phone. This practice consists of prayer and meditation for the individual. In most cases, the individual and practitioner have never met in person.

Please remember that because Christian Science practitioners are not recognized by us as physicians, if the applicant has not had a complete physical examination in the past 18 months, our underwriting department will require that a complete physical examination be performed by a physician selected by John Hancock and submitted for review. The physician will examine the heart, nervous, and respiratory systems, in addition to a blood pressure reading, a pulse check, height and weight readings, and submission of a urine specimen.

XI. Underwriting Risk Classifications by Product

Custom Care II Enhanced, Custom Care III & Core Care

- Preferred
- Select
- Class 1 (25% increase)
- Class 2 (50% increase)

We remain committed to offering policies to as many applicants as possible. As a result, in addition to utilizing our various risk classifications, we have further flexibility in modifying coverage with a 180- or 365-day Elimination Period in most states.

XII. Rider Limitations

Waiver of Home Care Elimination Period or Zero Day Home Care Elimination Period

Not available to applicants with health conditions in which the guideline states a 90 day EP is required.

SharedCare

Substandard risk classifications are only eligible for the SharedCare rider with a Benefit Period of 2–3 years. Except in AZ and NH where substandard risk classes can have SharedCare with a 4-year Benefit Period.

XIII. Underwriting Guidelines

Following is a comprehensive list of the most common medical conditions seen in the LTC insurance market. The underwriting decisions listed on the following pages are based on the primary condition. If an individual has multiple medical conditions, the long-term care risk for the primary disease may be compounded, therefore increasing the risk of using long-term care services.

If multiple medical conditions are present, please contact the Underwriting Department at 888-604-7296 (prompt 3) to prequalify the applicant. The final underwriting determination will be based on the underwriting tools required for your applicant. In addition, the quality of recovery, proper control, and level of stability are significant factors in our overall determination.

Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Acoustic Neuroma: A benign tumor of the auditory nerve	
<i>Has the neuroma been removed? Date(s)</i>	
<i>Is applicant taking any medication or receiving physical therapy? Name(s)</i>	
<i>Has the applicant had any problems with balance or falls? Details</i>	
<i>Has there been any seizure activity? Date of last seizure</i>	
<i>Has the applicant undergone physical therapy? Date(s) and results</i>	
Surgically removed, complete recovery, with no seizures or residuals other than hearing loss, >12 months	Preferred
Present neuroma, current seizure activity, balance disturbance or falls, or inoperable tumor	Decline
Acromegaly: A chronic metabolic disorder that results in gradual enlargement of body tissues including the bones of the face, jaw, hands, feet, and skull	Decline
Actinic Keratosis: A pre-malignant lesion of the skin	Preferred
♥ Adams-Stokes: A transient condition caused by a heart rhythm disorder in which there is a slow or absent pulse resulting in syncope (fainting), with or without convulsions	
Treated with medication or a pacemaker implant successfully per follow-up visit	Select
Symptomatic with episodes of shortness of breath, fainting, syncope, convulsions, or an ejection fraction <40%	Decline
Addison's Disease: An endocrine or hormone disorder which occurs when the adrenal glands do not produce enough of the hormone cortisol or aldosterone	
Stable, well controlled, no complications, under treatment with <40mg hydrocortisone, >12 months	Select
Adult Day Care Services: Current	Decline
AIDS: A disease of the immune system that fails to fight infection	Decline
* Alcoholism: A chronic illness marked by consumption of alcohol at a level that interferes with physical or mental health, social, family, or occupational responsibilities	
<i>How long has the applicant been abstinent?</i>	
<i>Has applicant ever had a relapse? Date(s)</i>	
<i>Has the applicant ever received any inpatient treatment? Date(s)</i>	
<i>Is the applicant attending any outpatient therapy or belong to a support group?</i>	
<i>Has the applicant ever had any liver problems (cirrhosis, fatty liver, abnormal liver functions)? Details</i>	
Abstinent, normal blood studies, no complications, <18 months	Postpone 18 months
Abstinent, normal blood studies, no complications, >18 months	Select
Abstinent >18 months, single hospitalization and/or detox admission, chronic treatment with an antialcoholic (e.g., antabuse), no limitations, non-disabling	Select w/90 day EP
Abstinent with detox admission, normal blood studies, no complications, <18 months	Postpone 18 months
Abstinent with detox admission, normal blood studies, no complications, >18 months	Select
Abstinent with two or more hospitalizations and/or detox admission, <36 months	Postpone 36 months
Abstinent with two or more hospitalizations and/or detox admission, >36 months	Class 1* w/180 day EP or Class 2*
History of alcohol abuse with cirrhosis, pancreatitis, a current fatty liver, abnormal liver function tests, multiple relapses, or continued alcohol use	Decline
Allergies: An acquired, abnormal immune response to a substance that does not normally cause a reaction in most people	Preferred
Alzheimer's disease: A slowly progressive form of dementia	Decline

Conditions with similar shape symbols represent co-morbid conditions which, when combined, increase the overall risk. If three or more medical conditions are present with the same shape symbol, please contact the Underwriting Department to prequalify the applicant.

■ Represents a respiratory co-morbid condition.	♥ Represents a circulatory co-morbid condition.
● Represents a musculoskeletal co-morbid condition.	* Represents a mental illness condition.

*Substandard risk classifications are only eligible for 2–6 year Benefit Periods. SharedCare only available with a 2- or 3-year Benefit Period. In AZ and NH a 4-year Benefit Period is allowed.

Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Amaurosis Fugax: Temporary loss of vision in one eye due to insufficient blood flow to the retina	
<i>Date of episode</i>	
<i>Has there been more than 1 episode? Details</i>	
<i>Has any diagnostic testing been performed (carotid studies, MRI/CT of brain)? Details/Results</i>	
<i>Have there been any residual vision problems?</i>	
<i>Does applicant have any history of diabetes, heart, or circulatory problems? Details</i>	
Single episode, complete recovery, asymptomatic, no cognitive or physical residuals, >12 months	Class 1* w/90 day EP
2 episodes	Decline
Single episode with cognitive or physical residuals or with diabetes	Decline
Single episode with history of retinal occlusion or transient ischemic attack	Decline
Single episode with evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, or infarcts	Decline
Episode within the past 10 years, smoker within the past 12 months	Decline
Amputation: Removal of a limb, part, or organ	
<i>Location of amputation?</i>	
<i>Date of amputation</i>	
<i>What caused the amputation?</i>	
<i>Is the applicant disabled or do they experience any limitations? Details</i>	
<i>Does the applicant use any type of assistance devices? If yes, type and frequency</i>	
Single limb due to trauma or congenital, no limitations, non-disabling, no assistive devices, >12 months	Select w/6 year BP
Single limb due to trauma or congenital, no limitations, non-disabling, occasional use an assistive device (single prong cane, or single crutch), >12 months	Class 1* w/3 year BP
Due to disease or with phantom limb syndrome treated with narcotic pain relievers	Decline
Amyotrophic Lateral Sclerosis (ALS): A disorder causing progressive loss of control of voluntary muscles due to the destruction of nerves in the brain and spinal cord	Decline
Anemia: A blood disorder characterized by the decreased ability of the red blood cells to provide adequate oxygen supplies to body tissues	
<i>Date of diagnosis?</i>	
<i>What type of anemia does applicant have?</i>	
<i>What is the cause of the anemia?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has applicant received any transfusions? Date(s)</i>	
<i>Has applicant been hospitalized? Date(s)/Details</i>	
<i>Has applicant received any transfusions? Date(s)</i>	
<i>Has applicant been hospitalized? Date(s)/Details</i>	
Chronically abnormal blood studies, weakness, or fatigue	Decline
Current treatment with hydroxyurea, steroids, blood transfusions, immunosuppressants, or treated with bone marrow or stem cell transplant	Decline
Mild iron, B-12 or Folate deficiency anemia, no underlying chronic disease, well controlled, near normal lab values	Preferred
Currently under evaluation for anemia with abnormal lab values without known etiology	Postpone 3 months
Due to disease	Refer to disease

Conditions with similar shape symbols represent co-morbid conditions which, when combined, increase the overall risk. If three or more medical conditions are present with the same shape symbol, please contact the Underwriting Department to prequalify the applicant.

■ Represents a respiratory co-morbid condition.	♥ Represents a circulatory co-morbid condition.
● Represents a musculoskeletal co-morbid condition.	* Represents a mental illness condition.

*Standard risk classifications are only eligible for 2–6 year Benefit Periods. SharedCare only available with a 2- or 3-year Benefit Period. In AZ and NH a 4-year Benefit Period is allowed.

Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Aneurysm: A bulge in the wall of an artery	
<i>Date of diagnosis</i>	
<i>Where is the aneurysm located (abdominal-aortic, cerebral, thoracic, other)?</i>	
<i>Was the aneurysm surgically repaired? Date</i>	
<i>If present, what is the size in cm?</i>	
<i>Has the aneurysm grown? Details</i>	
<i>Does applicant have any history of diabetes, heart, or circulatory problems? Details</i>	
Abdominal-aortic, <_5 cm in size with no growth, monitored w/routine follow-ups, >6 months	Select w/90 day EP
Abdominal-aortic, >5 cm in size, with growth, or symptomatic	Decline
Abdominal-aortic, surgically repaired, complete recovery, >6 months	Select
Abdominal-aortic, surgically repaired, complete recovery, <6 months	Postpone 6 months
Abdominal-aortic, <_5 cm in size, smoker within the past 12 months	Decline
Cerebral, surgically repaired, complete recovery, no cognitive or physical residuals, >12 months	Select
Cerebral, surgically repaired, complete recovery, no cognitive or physical residuals, <12 months	Postpone 12 months
Cerebral, un-repaired, inoperable, or ruptured	Decline
Thoracic, surgically repaired, complete recovery, >6 months	Select
Thoracic, <_5 cm in size with no growth, monitored w/routine follow-ups, >6 months	Select w/90 day EP
Thoracic, >5 cm in size, with growth, or inoperable location	Decline
Thoracic, <_5 cm in size, smoker within the past 12 months	Decline
● Ankylosing Spondylitis: A chronic inflammatory disease that affects the joints between the vertebrae of the spine, and the joints between the spine and the pelvis that eventually causes the affected vertebrae to fuse or grow together	
<i>Date of diagnosis?</i>	
<i>Does the applicant experience any pain? Describe</i>	
<i>Is applicant taking any medication? Name(s)</i>	
<i>Has the applicant undergone any back surgery? Date(s)/Details</i>	
<i>Has the applicant undergone any physical therapy or injections? Details</i>	
Asymptomatic, no limitations, treatment-free	Select
Mildly symptomatic, no limitations, non-disabling, treated with anti-inflammatories	Class 1* w/90 day EP
With kyphosis, or respiratory compromise, or spinal fractures, or difficulty with mobility, or associated falls, or is advanced stage	Decline
Treatment with Disease-modifying antirheumatic drugs, steroids or Tumor necrosis factor (TNF) blockers	Decline
Anorexia Nervosa: An eating disorder associated with a distorted body image and marked fasting	Decline
* Anxiety: A feeling of apprehension or fear that lingers	
<i>Date of diagnosis?</i>	
<i>Is applicant taking medication? Name(s)</i>	
<i>Has there been any change in treatment over the past 6 months? Details</i>	
<i>Has applicant ever been hospitalized? Date(s)/Details</i>	
<i>Does applicant have any history of depression, anxiety or other mental illness disorders? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
Situational or new onset, no medications, >3 months	Preferred
Well controlled, no limitations, non-disabling, treated with <4 medications, >3 months	Select

Conditions with similar shape symbols represent co-morbid conditions which, when combined, increase the overall risk. If three or more medical conditions are present with the same shape symbol, please contact the Underwriting Department to prequalify the applicant.

■ Represents a respiratory co-morbid condition.	♥ Represents a circulatory co-morbid condition.
● Represents a musculoskeletal co-morbid condition.	* Represents a mental illness condition.

*Substandard risk classifications are only eligible for 2–6 year Benefit Periods. SharedCare only available with a 2- or 3-year Benefit Period. In AZ and NH a 4-year Benefit Period is allowed.

Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
* Anxiety (continued)	
Symptomatic, with limitations, disabling, or treatment with an antipsychotic	Decline
Single psychiatric hospitalization, well controlled, no limitations, non-disabling, and treated with <4 medications, >24 months	Class 1* w/90 day EP
Appendectomy: Surgical removal of the appendix	Preferred
♥ Arterious Venous Malformation (AVM): A large tangle of dilated blood vessels with rapid flow and early draining veins that may occur in many parts of the body	
Brain or spinal cord, successfully eliminated (surgically, embolization or radiation), no residual complications, complete recovery, >12 months	Select
Abdominal, successfully eliminated (surgically, embolization, or radiation), no residual complications, complete recovery, >6 months	Select
Present Arterious Venous Malformation	Decline
♥ Arteritis (temporal, giant cell): Inflammation of an artery	
Asymptomatic, stable, treatment-free, <24 months	Postpone 24 months
Asymptomatic, stable, and treatment-free, no limitations, non-disabling, >24 months	Select
Symptomatic or requiring treatment	Decline
● Arthritis: Inflammation of a joint	Refer to specific type
■ Asbestosis: A lung disease	Refer to Chronic Obstructive Pulmonary Disease
● Aseptic Necrosis: A condition resulting from the temporary or permanent loss of blood supply to the bones	
Surgically repaired, no limitations, non-disabling, and no evidence of disease >6 months	Select
Un-operated	Decline
Assisted Living Facility: A residential facility for people who need assistance with Activities of Daily Living (ADLs) but wish to live as independently as possible for as long as possible	Decline
■ Asthma: A respiratory disease marked by attacks of breathing difficulty, wheezing, and coughing	
<i>Date of diagnosis?</i>	
<i>Is asthma seasonal or requires treatment year round?</i>	
<i>Is applicant taking any medication/inhalers? Name(s)</i>	
<i>Have pulmonary function tests been performed? Date/Results (FEV1 & FVC %)</i>	
<i>Has applicant ever used oxygen or steroids? Frequency?</i>	
<i>Does the applicant have any other respiratory disorders? Details</i>	
<i>Has applicant ever been hospitalized for a respiratory disorder? Date(s)/Details</i>	
Seasonal, no limitations, well controlled, on short-term treatment, no other respiratory disorders or prior hospitalizations	Preferred
Chronic treatment, mild, asymptomatic, stable baseline pulmonary function tests with FEV1>65% and FVC>75%	Select
Chronic oral steroid use, frequent hospitalizations, oxygen use, or multiple exacerbations	Decline
Ataxia: Defective muscular coordination that manifests when voluntary muscular movements are attempted	
Etiology unknown with normal neurological work-up, completely resolved, no limitations, <12 months	Postpone 12 months
Etiology unknown with normal neurological work-up, completely resolved, no limitations, >12 months	Select
Due to underlying disease	Refer to disease
Current or with associated falls	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Atrial Fibrillation: A rapid, irregular heart rhythm	
<i>Date of diagnosis?</i>	
<i>Is applicant taking any medication? Name(s)</i>	
<i>Has applicant ever been hospitalized for a heart or circulatory problem? Date(s)/Details</i>	
<i>Has applicant ever required electrical cardioversion? Date(s)/Results</i>	
<i>Does applicant experience any symptoms of palpitations, chest pain, or dizziness? Details</i>	
<i>Does applicant have any history of diabetes, heart, or circulatory problems? Details</i>	
New onset, <6 months	Postpone 6 months
Normal sinus rhythm, single successful cardioversion or ablation, no underlying cardiac disease, >6 months	Select
Normal sinus rhythm, well controlled on oral medications, no underlying cardiac disease, >6 months	Select
Chronic, well controlled on Coumadin, >12 months	Class 1*
Multiple cardioversions, uncontrolled, or symptomatic	Decline
♥ Atrial Flutter: An irregularity of the heartbeat in which the contractions of the atrium exceed in number those of the ventricle	Refer to Atrial Fibrillation
Atrophy (Brain): A decrease in size or wasting of the brain	
60 and older, MRI or CT scan showing "Mild cerebral" or "cerebellar atrophy" and/or stating "consistent with age," no evidence of neurological symptoms	Select
<60 years old with an MRI or CT scan showing "Mild cerebral" or "cerebellar atrophy" or "consistent with age," or evidence of neurological symptoms	Decline
Evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, or infarcts	Decline
* Attention Deficit Disorder (ADD): A condition characterized by a developmentally inappropriate level of attention, concentration, activity, and distractibility	
<i>Date of diagnosis?</i>	
<i>Is applicant taking any medication? Name(s)</i>	
<i>Does applicant have any history of depression, anxiety or other mental illness disorders? Details</i>	
<i>Is the applicant disabled or do they experience any limitations? Details</i>	
Well controlled, compliant with <3 medications, active lifestyle, no limitations, non-disabling, >3 months	Select
Barrett's Esophagus: A condition in which the lining of the esophagus changes from its normal lining to a type that is usually found in the intestines	
No dysplasia	Preferred
Low grade dysplasia and 3 follow-up EGD's showing no progression	Select
Low grade dysplasia and <3 follow-up EGD's showing no progression	Decline
With high-grade dysplasia	Decline
Basal Cell Skin Cancer: A slow growing malignant neoplasm that arises from the basal layer of the skin	Preferred
Bell's Palsy: A disorder involving sudden facial drooping and decreased ability to move the face	Preferred
* Bipolar/Manic Disorder: A mood disorder characterized by mood swings from mania (exaggerated feeling of well-being) to depression	
<i>Date of diagnosis?</i>	
<i>Is applicant taking any medication? Name(s)</i>	
<i>Has applicant ever been hospitalized or treated in facility for any type of mental illness? Date(s)/Details</i>	
<i>Has applicant ever received any electroconvulsive shock therapy?</i>	

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
* Bipolar/Manic Disorder: (continued)	
<i>Does applicant have any history of depression, anxiety or other mental illness disorders? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New onset, <12 months	Postpone 12 months
Well controlled on <4 non-antipsychotic medications, no limitations, and non-disabling, >12 months	Class 1* w/90 day EP
Well controlled on 4 or more non-antipsychotic medications, no limitations, and non-disabling, >12 months	Class 2* w/90 day EP, 3 year BP
Single psychiatric hospitalization, well controlled, no limitations, non-disabling, and treated with <4 medications, >24 months	Class 1* w/90 day EP
Uncontrolled, ER visit, or hospitalization	Postpone 24 months
History of electroconvulsive shock therapy, multiple hospitalizations, or treatment with an antipsychotic medication	Decline
■ Bronchiectasis: A respiratory disorder with abnormal destruction and widening of the large airways	
<i>Date of diagnosis?</i>	
<i>Is applicant taking any medication/inhalers? Name(s)</i>	
<i>Date of last flare</i>	
<i>Have pulmonary function tests been performed? Date(s)/Results</i>	
<i>Has applicant ever used oxygen or steroids? Frequency</i>	
<i>Has applicant ever been hospitalized for a respiratory disorder? Date(s)/Details</i>	
<i>Has applicant smoked within the past 12 months?</i>	
Mild, asymptomatic, treatment-free	Select
Mild, asymptomatic, treated with <4 medications, normal and stable baseline pulmonary function tests >65% FEV1, >75% FVC	Select
Moderate, asymptomatic, treated with <4 medications, normal and stable baseline pulmonary function tests, >60% FEV1, >70% FVC	Class 1* w/90 day EP
Moderate-severe, <4 medications, stable baseline pulmonary function tests, >50% FEV1, >60% FVC	Class 2*
New onset or exacerbation requiring hospitalization, medication change, or oral steroid, complete recovery	Postpone 6 months
Symptomatic, severe, chronic reoccurring infections >3, daily steroid use, multiple hospitalizations, oxygen use, or FEV1 <50%, FVC <60%	Decline
Smoker within the past 12 months	Decline
■ Bronchitis (Chronic): An inflammation of the bronchi, the main air passages in the lungs, which persists for a long period or repeatedly recurs	Refer to Chronic Obstructive Lung Disease
♥ Buerger's Disease: A chronic circulatory disease that leads to obstruction of the blood vessels of the hands and feet	Decline
● Bulimia: An illness of uncontrolled episodes of overeating, usually followed by self-induced vomiting	Decline
● Bunion: Defined when the big toe angles toward the second toe, resulting in inflammation and pain	Preferred
● Bursitis: An acute or chronic inflammation of the fluid-filled sac (bursa) that lies between tendon and skin or between tendon and bone	Preferred
● Calculi (Renal): A condition in which one or more stones are present in the kidney	Preferred

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Cancer (Internal): An uncontrolled growth of abnormal cells which have mutated from normal tissue <i>All scenarios assume that the following criteria has been met: Surgery and or treatment free (chemotherapy/radiation), with an established post treatment follow-up indicating a complete recovery and no complications. Recovery period starts the date of final treatment.</i>	
<i>Date of diagnosis?</i>	
<i>Where was the cancer located?</i>	
<i>What stage/grade was the cancer?</i>	
<i>Was there any lymph node involvement? # of nodes involved?</i>	
<i>Was the cancer diagnosed as metastatic?</i>	
<i>Is this a recurrent cancer or does the applicant have a history of other cancers? Dates(s)/Details</i>	
<i>What type of treatment did applicant receive (surgery, x-ray therapy, chemotherapy)? Date completed</i>	
<i>Any complications or residual problems?</i>	
Bladder, Stage 0 or I, non-smoker	Select
Bladder, Stage II, non-smoker	>12 months, Select w/90 day EP >24 months, Select
Bladder, Stage III, non-smoker	>12 months, Select w/180 day EP >36 months, Select w/90 day EP
Bladder, Stage IV	Decline
Bladder, localized recurrence, Stage 0 to II, non-smoker	>36 months, Select w/180 day EP
Breast, Stage 0 or I	<12 months, Select w/90 day EP >12 months, Select
Breast, Stage IIA or IIB	<24 months, Select w/180 day EP >24 months, Select w/90 day EP
Breast, Stage IIIA	>12 months, Select w/180 day EP >36 months, Select w/90 day EP
Breast, Stage IIIB	>24 months, Select w/180 day EP >48 months, Select w/90 day EP
Breast, Stage IIIC	>24 months, Select w/ 365 day EP >60 months, Select w/180 day EP
Breast, Stage IV	>60 months, Select w/365 day EP
Breast, localized recurrence, Stage 0 to IIA	>36 months, Select w/180 day EP
Colon, Stage 0 or In-Situ	Select
Colon, Stage I	<12 months, Select w/90 day EP >12 months, Select

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Cancer (continued)	
Colon, Stage IIA*	<12 months, Select w/180 day EP >12 months, Select w/90 day EP >24 months, Select
Colon, Stage IIB or IIIA*	>6 months, Select w/180 day EP >24 months, Select w/90 day EP
Colon, Stage IIIB or IIIC *	>12 months, Select w/180 day EP >36 months, Select w/90 day EP
Colon, Stage IV*	>60 months, Select w/180 day EP
Colon, localized recurrence, Stage 0 to IIB+ *If treated w/colostomy risk class will be Class I	>24 months, Select w/180 day EP
Endometrial, Stage I, surgically treated	Select
Endometrial, Stage I, treated with radiation or non-surgical intervention	<24 months, Select w/90 day EP >24 months, Select
Endometrial, Stage II, surgically treated	<24 months, Select w/90 day EP >24 months, Select
Endometrial, Stage III	>6 months, Select w/365 day EP >24 months, Select w/180 day EP >36 months, Select w/90 day EP
Endometrial, Stage IV	Decline
Endometrial, localized recurrence, Stage I to II	>36 months, Select w/180 day EP
Melanoma, Stage 0, I, or In Situ	<12 months, Select >12 months, Preferred
Melanoma, Stage IIA or IIB	<12 months, Select w/180 EP >12 months, Select w/90 EP
Melanoma, Stage IIC, IIIA, or IIIB	<24 months, Select w/180 day EP >24 months, Select w/90 day EP
Melanoma, Stage IIIC	>36 months, Select w/180 day EP
Melanoma, Stage IV	Decline
Prostate, Stage I or II, stable PSA levels <1.0	<12 months, Select w/90 day EP >12 months, Select
Prostate, Stage I or II, Watchful waiting (untreated), 65 or older, stable PSA levels	>24 months, Select w/180 day EP

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Cancer (continued)	
Prostate, Stage III, stable PSA levels <1.0	>6 months, Select w/180 day EP >24 months, Select w/90 day EP
Prostate, Stage IV, stable PSA levels <1.0	>60 months, Select w/365 day EP
Prostate, localized recurrence, Stage I or II, stable PSA levels <1.0	>24 months, Select w/180 day EP
Rectal, Stage 0 or In-Situ	Select
Renal, Stage I, non-smoker	<12 months, Select w/90 day EP >12 months, Select
Renal, Stage II, non-smoker	<24 months, Select w/180 day EP >24 months, Select w/90 day EP
Renal, Stage III, non-smoker	>12 months, Select w/180 day EP >36 months., Select w/90 day EP
Renal, Stage IV, non-smoker or smoker any stage	Decline
Renal, Single recurrence, localized, Stage I or II, non-smoker	>36 months, Select w/365 day EP
Site not otherwise defined and internal, Stage 0, I, or In-Situ	<12 months, Select w/90 day EP >12 months, Select
Site not otherwise defined and internal, Stage II	<12 months, Select w/365 day EP >12 months, Select w/180 day EP >24 months, Select
Site not otherwise defined and internal, Stage III	>12 months, Select w/365 day EP >24 months, Select w/180 day EP >36 months, Select
Site not otherwise defined and internal, Stage IV, metastatic, >3 positive lymph nodes, or multiple cancers	Decline
Site not otherwise defined and internal, recurrent	>36 months, Class 1* or Select w/180 day EP
♥ Cardiomyopathy: A disorder affecting the heart muscle, which usually results in inadequate heart pumping	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has the applicant ever had congestive heart failure or other heart disorders? Date(s)/Details</i>	
<i>Has an echocardiogram been done? Date/Ejection Fraction?</i>	
<i>Does the applicant have shortness of breath, fatigue, or weakness? Details</i>	
Asymptomatic, stable and well controlled, ejection fraction >45%, >12 months	Select
History of heart transplant, >60 months	Class 1* w/365 day EP
History of congestive heart failure, symptomatic, or ejection fraction <45%	Decline
Asymptomatic, stable and well controlled, ejection fraction 45%, smoker within the past 12 months	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Carotid Artery Disease: A circulatory condition characterized by narrowing or stenosis of the carotid artery in the neck	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has the applicant experienced any dizziness, visual disturbances, or weakness?</i>	
<i>Has there been any history of a TIA (transient ischemic attack) or stroke?</i>	
<i>What were the results (% of stenosis) of the last carotid study? Date</i>	
<i>Has the applicant had any carotid surgery? Date(s)/Details</i>	
<i>Does the applicant have diabetes?</i>	
<i>Has the applicant smoked within the past 12 months?</i>	
<i>Does the applicant have any heart or other circulatory problems? Details</i>	
Mild-moderate stenosis <50%, asymptomatic, no progression, no other circulatory disorders or history of TIA, >12 months	Select
Mild-moderate stenosis <50%, asymptomatic, no progression, >12 months	Class 1*
Moderate-moderately severe stenosis 50 -70%, asymptomatic, no progression, no history of TIA, >24 months	Class 2* w/90 day EP
Symptomatic or >70% stenosis	Decline
Endarterectomy, complete recovery, asymptomatic, no other circulatory disorders or history of TIA, released from care with post-op visit	Select
Endarterectomy >6 months, symptomatic or with recurrent stenosis	Decline
With Diabetes or evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, or infarcts	Decline
Mild-moderate stenosis <50%, asymptomatic, smoker within the past 12 months	Decline
♥ Carotid Bruit: A murmur heard in the carotid artery in the neck area	
No underlying circulatory disease, asymptomatic	Preferred
Underlying circulatory disease	Refer to disease
Catheter (Urinary): A soft plastic or rubber tube that is inserted into the bladder to drain the urine	
Short term intermittent catheter, no limitations, non-disabling, independently managed, no underlying neurological disease, >3 months	Class 1*
Long term indwelling catheter, no limitations, non-disabling, independently managed, no underlying neurological or spinal disease, >3 months	Class 1* w/90 day EP
Utilized due to an underlying disease	Refer to disease
>2 urinary tract infections with a 12 month period, chronic antibiotic or narcotic pain reliever treatment	Decline
Requiring assistance with management, limitations, or disabling	Decline
Cataract: A cloudy or opaque area in the lens of the eye	
No visual impairment	Preferred
Surgery anticipated/recommended, no visual impairment	Preferred
Cerebral Palsy: A group of disorders characterized by loss of movement or loss of other nerve functions	Decline
♥ Cerebral Vascular Disease: A vascular disease of the brain, including abnormalities of the vessels, blood flow, or quality of flow	
Evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, infarcts	Decline
With history of Amaurosis fugax, retinal artery occlusion, transient ischemic attack, or >25% carotid stenosis	Decline
Charcot-Marie-Tooth: A slowly progressive disorder that results in wasting of muscles	Decline

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Chemotherapy: The use of chemical substances to treat disease, primarily cytotoxic drugs used to treat cancer	
Current use	Decline
Cholecystectomy: Surgical removal of the gallbladder	Preferred
Cholecystitis: Inflammation of the gallbladder	Preferred
Cholelithiasis: The presence of gallstones in the gallbladder	Preferred
● Chronic Fatigue Syndrome: A condition of excessive fatigue, cognitive impairment and other varied symptoms. The cause is unknown and it may last months or years, causing severe disability.	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has applicant ever been hospitalized for a chronic fatigue related problem? Date(s)/Details</i>	
<i>Does the applicant experience any weakness, joint pain, or fatigue? Details</i>	
<i>Does the applicant have any history of Depression or Fibromyalgia? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New onset, <12 months	Postpone 12 months
Asymptomatic, no limitations, non-disabling, treated with anti-inflammatory medication, >6 months	Select w/90 day EP
Co-existing Fibromyalgia or Depression, asymptomatic, no limitations, non-disabling, >6 months	Class 1*
Symptomatic, limitations, disabling, or treated with narcotics or steroids	Decline
■ Chronic Obstructive Pulmonary Disease: A respiratory disease process that decreases the ability of the lungs to perform ventilation	
<i>Date of diagnosis?</i>	
<i>Is applicant taking any medication/inhalers? Name(s)</i>	
<i>Date of last flare</i>	
<i>Have pulmonary function tests been performed? Date(s)/Results (FEV1 & FVC%)</i>	
<i>Has applicant ever used oxygen or steroids? Frequency?</i>	
<i>Has applicant ever been hospitalized for a respiratory disorder? Date(s)</i>	
<i>Has the applicant smoked within the past 12 months?</i>	
Mild, asymptomatic, treatment-free, seen radiographically	Select
Mild, asymptomatic, treated with < 4 medications, stable baseline pulmonary function tests with FEV1>65%, FVC>75%	Select
Moderate, asymptomatic, treated with < 4 medications, stable baseline pulmonary function tests with EV1>60%, FVC>70%	Class 1* w/90 day EP
Moderate to severe, < 4 medications, stable baseline pulmonary function tests with FEV1>50%, FVC>60%	Class 2* w/90 day EP
Exacerbation in the last 3 months requiring medication change or oral steroids	Postpone 3 months
Exacerbation requiring hospitalization, <6 months	Postpone 6 months
Symptomatic, severe, daily steroid use, multiple hospitalizations, oxygen use, FEV1 <50%, FVC <60%	Decline
Moderate to severe with currently treated congestive heart failure or cardiomyopathy	Decline
Smoker, with current or previous treatment, symptoms, or other respiratory disorders	Decline
Cirrhosis: A chronic liver disease where the liver is scarred and no longer functions properly	Decline
Cirrhosis (Primary Biliary Cirrhosis): An inflammation of the bile ducts resulting in narrowing and obstruction of the flow of bile, causing damage to the liver cells	Decline
Colitis (excluding ulcerative): Inflammation of the large intestine	Preferred

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Confusion: Not being aware of or oriented to time, place, or person	
Asymptomatic, now resolved with normal neuropsychological workup, >24 months	Preferred
Current or etiology unknown	Decline
Normal neuropsychological workup with abnormal MRI/CT	Decline
♥ Congestive Heart Failure: A condition where the heart loses its ability to pump blood efficiently	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has the applicant ever been diagnosed with Cardiomyopathy or any other heart disorder? Details</i>	
<i>Does the applicant have any respiratory disorders? Details</i>	
<i>Does the applicant experience any shortness of breath or swelling of the lower extremities? Details</i>	
<i>Has the applicant been hospitalized for any heart or respiratory disorders? Date(s)/Details</i>	
Single event, asymptomatic, treatment-free, ejection fraction >45%, >12 months	Select w/90 day EP
Chronic, symptomatic, severe, or recurrent	Decline
History of Cardiomyopathy	Decline
Single event, asymptomatic, treatment-free, ejection fraction >= 45%, smoker within the last 12 months	Decline
♥ Cor Pulmonale: Enlargement or failure of the right ventricle due to pulmonary hypertension	Decline
Corneal Impairment: An impairment affecting the cornea, the curved transparent covering at the front of the eye	
No vision loss	Preferred
Transplant, no vision impairment, released from care with post-op visit	Preferred
♥ Coronary Artery Disease: Narrowing of the coronary arteries that supply blood to the heart	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has the applicant been hospitalized for any heart or circulatory disorders? Date(s)/Details</i>	
<i>Has applicant undergone heart surgery? Date(s)/Details</i>	
<i>Does the applicant smoke?</i>	
<i>Does the applicant have any other heart or circulatory disorders? Details</i>	
<i>Does the applicant have diabetes?</i>	
With Diabetes	Decline
Asymptomatic, <50% stenosis in any artery with a follow-up visit showing stability	Select w/90 day EP
Asymptomatic, 50% to 75% stenosis in any artery with a follow-up visit showing stability, >6 months	Select w/90 day EP
Angioplasty/stent, <75% stenosis in any artery, complete recovery, asymptomatic with a post-op visit showing a complete recovery	Select
Angioplasty/stent now symptomatic or with limitations	Decline
Bypass surgery, asymptomatic, <75% stenosis in any artery, asymptomatic with a post-op visit showing a complete recovery	Select
Single heart attack, asymptomatic, <75% stenosis in any artery, with follow-up visit showing complete recovery and stability, >6 months	Select w/90 day EP
Asymptomatic, <75% stenosis in any artery, smoker within the past 12 months	Decline
Multiple heart attacks (3 or more) or uncontrolled with recurring symptoms	Decline
Stenosis >75% or ejection fraction <40%	Decline

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CREST Syndrome: A diffuse connective tissue disease characterized by changes in the skin, blood vessels, skeletal muscles, and internal organs	Decline
Crohn's Disease: A chronic inflammatory disease that can affect any part of the gastrointestinal tract	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)/Dosage</i>	
<i>Date of last flare</i>	
<i>Has the applicant ever been hospitalized or had surgery performed (colostomy, colectomy)? Date(s)/Details</i>	
<i>Is the applicant disabled or experience limitations? Details</i>	
<i>Does the applicant experience problems with continence?</i>	
New onset or recent exacerbation/flare, <6 months	Postpone 6 months
Asymptomatic and treatment-free, >6 months	Select
Asymptomatic, medically managed, no flares, no limitations, non-disabling, >24 months	Select
Medically managed with occasional flares, no limitations, non-disabling, >6 months	Class 1* w/90 day EP
Chronic steroid therapy <7.5 mg per day, no evidence of osteoporosis, asymptomatic, no limitation, non-disabling, >12 months	Class 1* w/90 day EP, 3 year BP
Colostomy, complete recovery, no limitations, non-disabling, independent management, >6 months	Class 1* w/90 day EP
Chronic treatment with frequent flares, severe, end stage, multiple surgeries, weight loss, or fecal incontinence	Decline
Chronic steroid use >7.5 mg per day or <7.5 mg with evidence of Osteoporosis	Decline
Crutches: Current use	Decline
Cushing's Syndrome: An endocrine disorder caused by prolonged exposure of the body's tissues to the hormone cortisol, or by excessive use of cortisol or other steroid hormones	
Medically managed, stable and asymptomatic, no evidence of osteoporosis, >12 months	Class 1*
Benign adrenal tumors, pituitary adenomas, or ectopic ACTH Syndrome, surgically removed, complete recovery, asymptomatic, treatment-free, >12 months	Select
Symptomatic with evidence of muscle weakness, chronic fatigue, or recurring infections.	Decline
Chronic steroid therapy with evidence of osteoporosis	Decline
Cystic Fibrosis: An inherited disease that affects the respiratory and digestive systems	Decline
Cystitis: An infection or inflammation of the urinary bladder or urethra	Preferred
Cyst (Benign): A closed sac or pouch of tissue which can be filled with air, fluid, pus, or other material	Preferred
Cystocele: A bladder hernia that protrudes into the vagina	Preferred
♥ Defibrillator (Internal cardioverter defibrillator – ICD): A device used to treat life-threatening arrhythmias. It continually tracks a person's heart rate, and can correct an abnormally fast heart beat with a defibrillatory shock and/or antitachycardia pacing.	
Asymptomatic, no limitations, with follow-up visit showing complete recovery and stability	Select
♥ Deep Venous Thrombosis (DVT): A condition where there is a blood clot in a deep vein	
<i>Date of the event</i>	
<i>Is the applicant on any medication? Name(s)</i>	
<i>Has the applicant been hospitalized? Date(s)</i>	
<i>How many total clots/embolisms has the applicant had? Date(s)</i>	
<i>Has the applicant had a Greenfield Filter implanted? Date</i>	
<i>Does the applicant have any circulatory or respiratory disorders?</i>	
<i>Is the applicant disabled or experience any limitations?</i>	

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Deep Venous Thrombosis (DVT) (continued)	
Single DVT, complete recovery, no underlying blood disorder or limitations, < 6 months	Postpone 6 months
Single DVT, complete recovery, no underlying blood disorder or limitations, > 6 months	Select
<3 DVT's within past 60 months, complete recovery, no limitations or underlying blood disorder, >12 months since last clot	Class 1*
Single DVT with concurrent Pulmonary Embolism in past 60 months, > 6 months	Class 1*
Greenfield Filter implant, no further events, complete recovery, no limitations, >6 months	Class 1*
>3 DVT's, functional limitations, or complications	Decline
DVT or PE due to Polycythemia Vera, Essential Thrombocythemia, Thrombophilia, or Secondary Thrombocytosis	Decline
● Degenerative Disc Disease: The gradual deterioration of the disc between the vertebrae	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has any testing been performed (X-ray, MRI, or CAT scan)? Date(s)/Results</i>	
<i>What is the severity (mild, moderate, severe)?</i>	
<i>Has the applicant ever undergone any back surgery? Number/Date(s)</i>	
<i>Has the applicant undergone any physical therapy or injections? Date(s)/Details</i>	
<i>Does the applicant experience any pain, numbness or tingling in the legs or arms? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
Mild, asymptomatic, no prior treatment	Preferred
Mild, well controlled, no limitations, non-disabling, treated with non-prescription or prescription medications	Select
Moderate, successful completion of Physical Therapy or 1st time treatment with steroid injections, asymptomatic, high functioning with no limitations	Select w/90 day EP
Moderate, successful completion of Physical Therapy, mild neck or back pain, no evidence of radiculopathy or related symptoms to the extremities, no limitations, high functioning	Class 1* w/90 day EP
Moderate, status post injection(s), mild neck or back pain, no evidence of radiculopathy or related symptoms to the extremities, no limitations, high functioning, > 6 months	Class 1* w/90 day EP
< 70 years old: Single spinal surgery, Physical Therapy successfully completed, no evidence of radiculopathy or related symptoms to the extremities, no limitations, high functioning, must have had an established post-operative follow-up indicating a complete recovery & no complications	Select
< 70 years old: 2nd spinal surgery, complete recovery, no limitations, Physical Therapy successfully completed, no evidence of radiculopathy or related symptoms to the extremities, moderate to high functioning, > 6 months (recovery period starts after surgery completed)	Select w/90 day EP
≥ 70 years old: Surgically treated, complete recovery, no limitations, Physical Therapy successfully completed, no evidence of radiculopathy or related symptoms to the extremities, moderate to high functioning, > 6 months (recovery period starts after surgery completed)	Select w/90 day EP
Daily narcotic pain relievers, chronic pain resulting in limitations or disability, gait or balance issues, radiculopathy or related symptoms to the extremities	Decline
Surgery recommended, or use of assistive devices, or multiple spinal surgeries (3 or more), or use of a Dorsal Column Stimulator (DCS)	Decline
● Degenerative Joint Disease: A chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joints	Refer to Osteoarthritis
Dementia: Cognitive deficit, including memory impairment	Decline
* Depression: A mental disorder marked by altered mood	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Names(s)</i>	
<i>Has this been diagnosed as situational?</i>	

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
* Depression (continued)	
<i>Has the applicant ever been hospitalized for depression, anxiety, or other mental illness? Date(s)/Details</i>	
<i>Has the applicant ever received electroconvulsive shock therapy?</i>	
<i>Does applicant have any history of anxiety or other mental illness disorders? Details</i>	
Single episode or situational, recovered, asymptomatic, treatment-free, >6 months	Preferred
Treated with <4 medications, well controlled, no limitations, non-disabling, >3 months	Select
Single hospitalization for situational depression, well controlled, no limitations, non-disabling	>6 months, Class 1* >12 months, Select
Multiple hospitalizations, treatment with an antipsychotic, disabling, or unstable	Decline
Dermatitis: A skin inflammation	Preferred
Dermatomyositis: An inflammatory disease marked by muscle weakness and a distinctive skin rash	Decline
Detached Retina: A condition where the retina becomes completely or partially detached	
Successfully surgically treated, complete recovery, no residual complications, or blindness	Preferred
Legally blind, completely independent, no limitations, >24 months	Class 1* w/90 day EP, 3 year BP
♥ Diabetes: A lifelong disease of high blood sugar caused by too little insulin, resistance to insulin, or both	
<i>Date of diagnosis?</i>	
<i>What type of diabetes does the applicant have (Juvenile, Type I, Type II)?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Is the applicant taking any insulin? Type, units/day</i>	
<i>Does the applicant have any history of circulatory or heart disorders? Details</i>	
<i>Does the applicant smoke?</i>	
<i>What is the applicant's most recent glycohemoglobin A1c reading? Date</i>	
<i>Does the applicant have any history of neuropathy (numbness, pain, or tingling of the extremities), nephropathy (kidney complications), or retinopathy (visual complications)? Details</i>	
<i>Has the applicant had any amputations? Details</i>	
<i>Hemoglobin A1c <7.0, treated with diet or oral medication</i>	
Age <30	Decline
Age 30-39	Refer to MD
Age 40-59	Class 1*
Age ≥60	Select
<i>Hemoglobin A1c 7.0 to 7.5, treated with diet and oral medication</i>	
Age 30-39	Refer to MD
Age 40-49	Class 2*
Age 50-69	Class 1*
Age ≥70	Select
<i>Hemoglobin A1c 7.6 to 7.9, treated with diet or oral medication</i>	
Age <40	Decline
Age 40-59	Refer to MD
Age 60-69	Class 2*
Age ≥70	Class 1*

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Diabetes (continued)	
<i>Mild-non proliferative retinopathy, no laser treatment, no progression A1c <8.0</i>	
Age 40-59	Refer to MD
Age 60-69	Class 2*
Age ≥70	Class 1*
Age <40, mild-non proliferative retinopathy, no laser treatment, no progression A1c <7.5	Refer to MD
Retinopathy (all types) excluding mild, non-progressive and untreated non proliferative retinopathy	Decline
<i>Neuropathy, mild, stable without progression, and A1c <8.0</i>	
Age <40	Decline
Age 40-59	Refer to MD
Age 60-69	Class 2*
Age ≥70	Class 1*
New onset with A1c >7.9	Postpone 6 months
History of coronary artery disease, peripheral artery disease, or carotid artery disease, treated or not treated	Decline
History of amaurosis fugax, retinal artery occlusion, or transient ischemic attack	Decline
Amputation, blindness, uncontrolled or recurrent hyperglycemia or diabetic ketoacidosis, microalbuminuria, nephropathy, proteinuria, or neuropathic ulcers	Decline
Smoker within past 12 months	Decline
Diagnosed as Type 1, Juvenile, or treated with insulin	Decline
● Diverticulitis: An inflammation of an abnormal pouch in the intestinal wall, usually found in the colon	
Well controlled, asymptomatic, medically or diet managed	Preferred
Colon resection, complete recovery and released from care, no subsequent flares, no colostomy required	Preferred
Flare(s) requiring >1 hospitalization, complete recovery, >3 months	Select
● Diverticulosis: An asymptomatic, abnormal pouch in the intestinal wall	Preferred
● Down Syndrome: A chromosome abnormality resulting in moderate to severe mental retardation and other abnormalities	Decline
* Drug Abuse/Dependency: Use of any habit-forming or illegal drug (i.e., marijuana, cocaine) for purposes other than those for which it is normally intended, or in a manner or quantities other than directed	
Drug-free, no limits to activities, >24 months	Select
Ongoing drug use or cognitive impairment	Decline
● Dupuytren's Contracture: A painless thickening and contracture of tissue beneath the skin on the palm of the hand	Preferred
● Dwarfism: Abnormally short stature with abnormal body proportions, caused by a deficiency of growth hormone	Decline
● Dyspepsia: Imperfect or painful digestion (indigestion)	Preferred
● Dysphagia: Inability or difficulty swallowing	Refer to underlying cause
● Edema: Excessive build-up of fluid in the tissues, or an increase in tissue mass	Refer to underlying cause
● Ehlers-Danlos Syndrome: An inherited disorder of the elastic connective tissue	Decline
■ Emphysema: A lung disease which involves damage to the air sacs in the lungs	Refer to Chronic Obstructive Pulmonary Disease

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Endocarditis: Inflammation of the lining membrane of the heart	
Acute, single episode, <6 months	Postpone 6 months
Single episode, treatment-free, complete recovery, normal follow-up echo, >6 months	Select
Recurrent episodes	Decline
Epstein-Barr: The virus responsible for infectious mononucleosis and is associated with the development of non-Hodgkin's lymphoma in patients with immune compromise	
Complete recovery, no residuals or complications, >24 months	Select
Esophagitis: Inflammation of the esophagus	Preferred
Esophageal Stricture: A narrowing of the esophagus, causing swallowing difficulties	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has the applicant undergone any dilations? Date(s)</i>	
<i>Has the applicant ever been hospitalized for an esophageal disorder? Date(s)/Details</i>	
Single dilation within a 12 month period, asymptomatic, no dysphagia, stable weight, with follow-up visit	Select
2 to 3 dilations within a 12 month period, asymptomatic, no dysphagia, stable weight, with follow-up visit, >6 months	Class 1* or Select w/180 day EP
Multiple or frequent need for dilations, symptomatic, or unstable weight	Decline
Esophageal Varices: A dilation of an esophageal vein	Decline
Fatty Liver: An accumulation of fat within the liver cells	
Asymptomatic, treatment-free, normal liver function tests, occasional or no alcohol use	Select
Abnormal liver function tests or daily alcohol use	Decline
Feeding Tube: A medical device used to provide nutrition to individuals who cannot do so via the normal oral route	
Current	Decline
Felty's Syndrome: A disorder characterized by rheumatoid arthritis, an enlarged spleen, a decreased white blood cell count, and recurrent infection	Decline
Fibrocystic Breast Disease: Common, benign breast changes	Preferred
● Fibromyalgia: Chronic pain in muscles and soft tissues surrounding joints	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has applicant ever been hospitalized for any condition related to the Fibromyalgia? Date(s)</i>	
<i>Does the applicant experience any weakness, joint pain, or fatigue? Details</i>	
<i>Does the applicant have any history of Depression, Anxiety, or Chronic Fatigue syndrome? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New onset or recent flare, <6 months	Postpone 6 months
Asymptomatic, treatment-free	Select
Asymptomatic, mild, treated with a single medication	Select
Asymptomatic, mild, treated with 2-3 medications	Class 1* w/90 day EP
Co-existing Chronic Fatigue Syndrome or Depression, asymptomatic, no limitations, non-disabling, >6 months	Class 1* w/90 day EP
Symptomatic, chronic fatigue, pulmonary compromise, disabling or resulting in limitations	Decline
Treated with chronic oral steroids or narcotic pain relievers	Decline
Fissure/Fistula (Anal): A linear ulcer on the margin of the anus	Preferred

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Foot Drop: Foot weakness or paralysis	Refer to underlying cause
Forgetfulness: Inability to remember something previously known or learned	
Current or etiology unknown	Decline
Asymptomatic, now resolved w/normal neuropsychological workup, >24 months	Select
History of forgetfulness consistent w/age	Decline
Normal neuropsychological workup w/abnormal MRI/CT indicating atrophy	Decline
● Fractures: Sudden breaking of a bone	
<i>What was the date of the fracture(s)?</i>	
<i>What bone(s) were affected?</i>	
<i>What was the cause of the fracture(s)?</i>	
<i>Does the applicant have any history of osteoporosis? T-Score/Date</i>	
<i>Did the applicant require PT? Dates(s)</i>	
<i>Has the applicant fully recovered from the fracture and been released from care?</i>	
<i>Does the applicant use any type of assistive device (i.e., cane, walker, brace)? Details</i>	
<i>Is the applicant disabled or experience any limitations?</i>	
Non-weight bearing traumatic fracture(s) (wrist, finger, arm, toe), complete recovery, treatment free, normal range of motion, non-disabling, no limitations or history of osteoporosis	Preferred
Weight-bearing traumatic fracture(s) (hip, femur, pelvis, tib-fib, humerus), complete recovery, treatment free, normal range of motion, non-disabling, no limitations or history of osteoporosis with release from physicians care	Preferred
Chronic non-healing fracture(s), evidence of osteomyelitis, use of assistance devices, chronic pain, limitations, treatment with narcotic pain relievers, or resulting in disability	Decline
Gallstones: Calculus formed in the gallbladder or bile ducts	Preferred
Gastric Bypass/Stapling/Banding: Surgical alteration of the stomach	
Asymptomatic, complete recovery, no limitations, <24 months	Postpone 24 months
Asymptomatic, complete recovery, no limitations, >24 months	Select
Revision procedure, complete recovery, no limitations, asymptomatic, >24 months	Select
Due to disease	Refer to disease
Gastritis: An inflammation of the lining of the stomach	
Controlled with medical management	Preferred
Glaucoma: A condition of increased pressure inside the eye	
No visual impairment	Preferred
Progressive vision loss or hospitalization for complications of blindness	Decline
Glomerulonephritis: A group of kidney diseases caused by inflammation of the internal kidney structures	
<i>Date of diagnosis?</i>	
<i>Was condition diagnosed as Acute or Chronic? Details</i>	
<i>What type of treatment did the applicant receive? Details</i>	
<i>Has the applicant every undergone dialysis? Date</i>	
<i>Has the applicant ever been hospitalized for kidney problems? Date(s)/Details</i>	
<i>What were the results of the last blood workup (Creatinine, BUN)? Date</i>	
Acute, complete recovery, normal kidney function tests, no kidney damage	Select
Chronic, abnormal kidney function tests, or treated with dialysis	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Glucose Intolerance: A state of blood sugar control that is abnormal but not diagnosed as Diabetes	Refer to Diabetes
Goiter: Enlargement of the thyroid gland that is not associated with inflammation or cancer	Preferred
Gout: A disease marked by uric acid deposits in the joints, causing painful arthritis especially in the joints of the feet and legs	
Well controlled on diet or single medication	Preferred
Well controlled on 2 medications	Select
Severe recurrent flares or disabling	Decline
Graves' Disease: Over activity of the thyroid gland	Preferred
Guillain-Barre Syndrome: A disorder involving progressive muscle weakness or paralysis	
Complete recovery, no residuals or recurrence, >24 months	Select
Chronic or relapsing symptoms, residual weakness, muscle atrophy, limitations or disabling	Decline
Hearing Impairment: Decreased ability to hear	Preferred
♥ Heart Attack: A condition when an area of heart muscle dies or is damaged because of an inadequate supply of oxygen to that area	Refer to Coronary Artery Disease
♥ Heart Block: A condition in which the signal from the heart's upper to lower chambers is impaired or doesn't transmit	
First-degree AV Block, asymptomatic, treatment-free, no underlying cardiac conditions	Preferred
Second-degree AV Block, Mobitz I, asymptomatic	Select
Second-degree AV Block, Mobitz II, asymptomatic with pacemaker	Select
Third-degree AV Block, asymptomatic with successful pacemaker implant with follow-up visit	Select
Symptomatic with episodes of shortness of breath, dizziness, syncope, or ejection fraction <40%	Decline
Third-degree AV Block or complete heart block, asymptomatic with successful pacemaker implant	Decline
♥ Heart Valve Disease: The heart valves can malfunction either by leaking (valve regurgitation) or by failing to open adequately (valve stenosis); either problem can seriously interfere with the heart's ability to pump blood	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Has the applicant ever been hospitalized for a heart or circulatory disorder? Date(s)/Details</i>	
<i>Has valvular surgery been performed? Date(s)/ Details</i>	
<i>When was the last echocardiogram performed? Results</i>	
<i>Does the applicant have other heart or circulatory problems? Details</i>	
<i>Does the applicant experience any shortness or breath or limitations? Details</i>	
Mild, asymptomatic, treatment-free	Preferred
Moderate, asymptomatic	Class 1*
Moderate-severe, asymptomatic, ejection fraction >40%	Class 2* w/90 day EP
Average (6 month) reading 140/90 to 160/90, smoker	Class 1* w/90 day EP
Severe, symptomatic, surgery recommended, or associated with atrial septal defect	Decline
Valve replaced, repaired, reconstructed, asymptomatic, >6 months	Select
Valve replacement with re-stenosis	Decline
♥ Heart Murmur: An abnormal sound in the heartbeat	
Functional, no treatment	Preferred
Hematuria: Blood in the urine	Refer to underlying cause

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Hemochromatosis: A genetic disease that results in excess iron deposits throughout the body	
<i>Date of diagnosis?</i>	
<i>When was the applicant's last phlebotomy?</i>	
<i>Does the applicant have any joint, liver, or pancreatic problems? Details</i>	
<i>What were the results of the last blood workup? Date</i>	
New onset or abnormal blood studies, <6 months	Postpone 6 months
Asymptomatic, stable with near normal blood studies, on maintenance phlebotomy	Select
Complications, organ or joint involvement, or abnormal blood studies	Decline
Hemophilia: A hereditary bleeding disorder in which it takes a long time for the blood to clot and abnormal bleeding occurs	
Mild hemophilia, no history of spontaneous bleeding or use of replacement factor therapy outside of surgery/trauma indication, asymptomatic, no indication of severe anemia, >12 months	Class 1* w/90 day EP
Mild hemophilia, no history of spontaneous bleeding or use of replacement factor therapy outside of surgery/trauma indication, asymptomatic, no indication of severe anemia, >24 months	Select
Recurrent episodes of bleeding, or evidence of severe anemia, or requiring frequent blood transfusions	Decline
Moderate or severe hemophilia	Decline
Hepatitis: An inflammation of the liver	
<i>Date of diagnosis?</i>	
<i>What type of Hepatitis?</i>	
<i>What type of treatment has the applicant received? Date(s)/Details</i>	
<i>Has the applicant ever been hospitalized? Date(s)/Details</i>	
<i>What were the results of the last blood workup? Date</i>	
<i>Does the applicant use alcohol? Frequency/Amount</i>	
Type A, stable normal liver function studies, in remission and treatment-free, >3 months	Select
Type B, stable normal liver function studies, in remission and treatment-free, >3 months	Select
Type C, successful treatment completed, stable normal liver function studies, >12 months	Select
Type C, untreated	Decline
Chronic, active, currently treated, abnormal liver functions studies or autoimmune	Decline
Hernia: The protrusion of an organ or a part of an organ through the wall of the cavity that normally contains it	Preferred
Herniated Disc: A disc that, due to use, injury or disease, bulges outside its normal area, causing pain and limiting function	Refer to Degenerative Disc Disease
Herpes Zoster: An acute, localized infection, causing painful blistering eruptions	Preferred
HIV (Human Immunodeficiency Virus): The virus that affects the immune system and causes the disease known as AIDS	Decline
Hodgkin's Disease: A malignancy found in the lymph nodes, spleen, liver, and bone marrow	
<i>Date of diagnosis?</i>	
<i>What stage has the applicant been diagnosed with?</i>	
<i>What type of treatment has the applicant received?</i>	
<i>Has there been any recurrence? Date(s)</i>	
<i>What was the date of the last treatment?</i>	
<i>Is applicant in complete remission?</i>	

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Hodgkin's Disease (continued)	
Stage I and II, complete remission, stable-normal blood studies, asymptomatic, treatment-free, >12 months	Select w/180 day EP
Stage III and IV, complete remission, stable-normal blood studies, asymptomatic, treatment-free, >36 months	Class 1* w/90 day EP or Select w/180 day EP
Treated with Bone Marrow Transplant or Peripheral Stem Cell Transplant, stable-normal blood studies, asymptomatic, no complications or limitations, >60 months	Class 1* w/180 day EP
Recurrent Hodgkin's Disease (less than 3 occurrences), successfully treated, stable-normal blood studies, asymptomatic, no complications or limitations, >60 months	Class 1* w/180 day EP
Home Health Care Services: Current	Decline
Hunter Syndrome: A hereditary disease that causes a characteristic facial appearance and abnormal function of multiple organs	Decline
Huntington's Disease: An inherited condition characterized by abnormal body movements, dementia, and psychiatric problems	Decline
Hydrocephalus: A disorder associated with excessive fluid in the brain	Decline
♥ Hypercholesterolemia: An excessive amount of cholesterol in the blood	
Total cholesterol <_240, no underlying circulatory disorders	Preferred
Total cholesterol >240	Select
♥ Hypertension/White Coat Syndrome: Higher than normal blood pressure	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>What is the applicant's last three blood pressure readings? Date(s)</i>	
<i>Has the applicant ever been hospitalized for hypertension or hypertensive complications? Date(s)/Details</i>	
<i>Does the applicant have any other heart or circulatory problems? Details</i>	
<i>Does the applicant have any kidney problems? Details</i>	
New onset, current reading 135/85 to 140/90	Select
6 month average reading <135/85	Preferred
Average (6 month) reading 140/90 to 160/90, smoker within the past 12 months	Class 1* w/90 day EP
Average readings 135/85 to 160/90	Select
Average reading >160/90	Postpone 3 months
Poor medical compliance	Postpone 3 months
Chronically uncontrolled, >160/90	Decline
Hyperthyroidism: An imbalance in metabolism that occurs from overproduction of thyroid hormone	Preferred
Hypothyroidism: A condition in which the thyroid gland fails to produce enough thyroid hormone	Preferred
Hysterectomy (non-cancerous): Surgical removal of the uterus	Preferred
Idiopathic Thrombocytopenia Purpura (ITP): A bleeding disorder characterized by low platelet counts resulting from platelet destruction by the immune system	
<i>Date of diagnosis?</i>	
<i>What type of treatment has the applicant received? Date(s)/Details</i>	
<i>Is the applicant taking any steroids? Dosage</i>	
<i>Has the applicant ever had a splenectomy? Date</i>	
<i>Has the applicant ever been hospitalized for a blood related disorder? Date(s)/Details</i>	

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Idiopathic Thrombocytopenia Purpura (ITP) (continued)	
<i>Has there been any progressive weight loss? Details</i>	
<i>What was the applicant's last platelet count? Date</i>	
Mild ITP with no underlying disorder, asymptomatic, treatment free, stable and well controlled with platelet count between >80K, >12 months	Select w/90 day EP
Successfully treated with splenectomy, no history of recurrent infections, normal platelets >150K	Select
Chronically abnormal clotting time, or frequent bleeding, or current treatment, or platelets <80K	Decline
Incontinence: The inability to retain urine or feces	
<i>Type of incontinence (stress, urge urinary, bowel)</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Has the applicant undergone surgery? Date(s)</i>	
<i>Has the applicant been advised to have surgery? Details</i>	
<i>Does the applicant require the use of protective undergarments? Details</i>	
Stress or urge (urinary), well-controlled, self managed	Preferred
Due to disease	Refer to disease
Fecal	Decline
Interstitial Cystitis: A condition causing recurring discomfort or pain in the bladder and surrounding pelvic region	
Successfully treated with oral medication, no limitations	Select
Interstitial Cystitis successfully treated with intravesical therapy, no limitations	Select w/90 day EP
Use of a urinary catheter	Refer to Catheter (urinary) guideline
Intravenous (IV) Treatments: The administration of a drug or fluid directly into a vein	
Current	Decline
Irritable Bowel Disease: A condition of abnormally increased, spontaneous movement of the small and large intestine	
Quiescent, stable, medically managed	Preferred
Severe, end-stage, multiple surgeries, or weight loss	Decline
Ischemic Colitis: A sudden swelling of a part of the large intestine that occurs when there is a temporary loss of blood flow to the colon	Decline
● Joint Replacement: The replacement of a joint	
Treatment-free, no assistive devices, >3 months	Select
Ongoing PT, limited activity or use of assistance devices	Decline
Kidney Disease, Chronic: A condition which occurs when one suffers from gradual loss of kidney function	
Stage 1 and 2, no diabetes, blood pressure 6 month average <140/90, stable near normal kidney function tests, >12 months	Select w/90 day EP
Stage 3, no diabetes, blood pressure 6 month average <135/85, stable near normal kidney function tests, >12 months	Class 1* w/90 day EP
Stage 4 or 5	Decline
Stage 1, 2, or 3 with diabetes	Decline
Kidney Failure: Failure of the kidney to perform its essential functions	Decline
Kidney Stones: A condition in which one or more stones are present in the kidney or the urethra	Preferred

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Kidney Transplant: A surgical procedure where a healthy kidney is implanted into a person with kidney disease or failure	
Asymptomatic, normal renal function studies, >60 months	Class 1*
Symptomatic, abnormal renal function blood studies, or renal failure	Decline
Labyrinthitis: An ear disorder involving inflammation of the canals of the inner ear, resulting in dizziness	
Stable, well controlled with medications	Preferred
Evidence of neurological symptoms or hospitalization, <6 months	Postpone 6 months
Leukemia: A malignancy of the blood-forming cells in the bone marrow	
<i>Date of diagnosis?</i>	
<i>What type of leukemia does applicant have? Stage?</i>	
<i>What type of treatment did applicant receive (surgery, radiation therapy, chemotherapy)?</i>	
<i>What was the date of the last treatment?</i>	
<i>Is the applicant in complete remission? Date</i>	
<i>What were the results of the last blood workup? Date</i>	
<i>Has there been any recurrence? Date(s)/Details</i>	
<i>Any complications or residual problems? Details</i>	
CLL Stage 0 and I, stable normal blood studies, asymptomatic, treatment-free, <12 months	Postpone 12 months
CLL Stage 0 and I, stable normal blood studies, asymptomatic, treatment-free, >12 months	Select w/90 day EP
CLL Stages II, new onset or abnormal blood studies, <24 months	Postpone 24 months
CLL Stage II, normal blood studies, treatment-free, >24 months	Class 1* w/90 day EP
CLL Stage III and IV, <48 months	Decline
CLL Stage III and IV, normal blood studies, treatment-free, >48 months	Class 1* w/180 day EP
Hairy Cell, normal blood studies, treatment free, <24 months	Postpone 24 months
Hairy Cell, normal blood studies, treatment free, >24 months	Select w/180 day EP
Acute lymphocytic or acute / chronic myelogenous, complete remission, no clinical evidence of disease, normal blood studies, treatment-free, >60 months	Class 1* w/90 day EP
Acute lymphocytic or acute / chronic myelogenous with abnormal blood studies or under treatment	Decline
Any stage successfully treated with bone marrow or stem cell transplant, >60 months	Class 2* w/180 day EP
Recurrence or relapse any stage or type	Decline
Lou Gehrig's Disease: A disorder causing progressive loss of control of muscles due to destruction of nerve cells in the brain and spinal cord	Decline
● Lumbar Strain/Sprain: A sudden stressful injury to the lower back, causing stretching or tearing of the muscle, tendons, or ligaments of the lower back	
Stable with non-steroidal anti-inflammatories, no history of PT or underlying spinal disorders	Preferred
Symptoms of paresthesia, weakness, wasting, or currently undergoing PT	Postpone 6 months
Lupus (Systemic Lupus Erythematosus): A chronic, inflammatory auto-immune disorder that may affect organ systems including the skin, joints, and internal organs	Decline

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Lupus (Discoid): A chronic disease of the skin characterized by remissions and exacerbation of a scaling, red, macular rash	
<i>Date of diagnosis?</i>	
<i>Has a skin biopsy been performed? Results</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
New onset or diagnosis, <12 months	Postpone 12 months
Firm diagnosis, no treatment with oral medications, >12 months	Select
Lyme Disease: A multi-system disorder caused by bacteria transmitted by a tick	
Asymptomatic, no limitations, treatment-free, no neurological or cardiac involvement, >24 months	Preferred
Asymptomatic, no limitations, treatment-free, no neurological or cardiac involvement, <24 months	Select
Symptomatic, neurological, or cardiac impairment	Decline
Lymphedema: Swelling that occurs due to a lymphatic obstruction (a blockage of the lymph vessels, which drain fluid from tissues throughout the body)	
Primary lymphedema, no ulcerations, non-disabling, no limitations	Select
Current or recurrent ulcerations, multiple prescriptions (>2), limitations or disabling	Decline
Lymphoma: A usually malignant lymphoid tumor or growth	Refer to Non-Hodgkins Lymphoma
Macular Degeneration: A disorder that affects the macular (the central part of the retina) causing decreased visual acuity and possible loss of central vision	
<i>Date of diagnosis?</i>	
<i>Are both eyes involved?</i>	
<i>Is there any vision loss? Details</i>	
<i>Has there been any progression of vision loss? Details</i>	
<i>Is the applicant legally blind? How long?</i>	
<i>Does the applicant utilize any assistance or assistance device(s)? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New diagnosis, <12 months	Postpone 12 months
One eye, non-progressive, independent with no limitations, >12 months	Select
One eye, progressive, independent with no limitations, >12 months	Class 1*
Bilateral, no deterioration in vision, independent with no limitations, >12 months	Select
Progressive visual loss, disabling, or with limitations	Decline
Legally blind, completely independent, no limitations >24 months	Class 1* w/90 day EP, 3 year BP
Macular Hole: An abnormal opening which forms in the center of the macular over weeks to months	Refer to Macular Degeneration
* Major Depression: A recurrent emotional state characterized by feelings of persistent sadness, worthlessness, rejection, loss of hope, and loss of interest in usual activities	Refer to Bipolar
Marfan Syndrome: A hereditary disorder of the connective tissues that affects the skeletal system, cardiovascular system, eyes, and skin	Decline
Marie Strumpell Disease: A disease of the connective tissue that results in the inflammation of the joints in the spine known as Ankylosing Spondylitis	Refer to Ankylosing Spondylitis

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Memory Loss: The inability to remember or recall bits of information or behavioral skills	
Current or etiology unknown	Decline
Asymptomatic, now resolved w/normal neuropsychological workup, >24 months	Select
History of benign memory loss, now resolved w/normal neuropsychological workup, >24 months	Select
History of memory loss consistent with age	Decline
Normal neuropsychological workup w/abnormal MRI/CT indicating atrophy	Decline
Meniere's Disease: A disorder of the inner ear characterized by abnormal sensation of movement, loss of hearing in one or both ears, or noises and ringing	
Mild, stable, treatment-free or single medication, >6 months	Preferred
Mild, stable on 2 medications, >6 months	Select
Diagnosis and treatment underway, hospitalization, or neurological symptoms	Postpone 6 months
Meningitis: An infection which causes inflammation of the membranes covering the brain and spinal cord	
Completely recovered, treatment-free, >12 months	Select
Active, chronic, or current treatment	Decline
Meningioma: A tumor of the protective lining of the brain and spinal cord which is usually benign, some may be malignant	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>How many meningiomas does applicant have?</i>	
<i>When was the last MRI or brain scan performed? Results</i>	
<i>Has the meningioma been surgically removed or radiated? Date</i>	
<i>Any problems with balance, dizziness, falls, paresthesia, or seizures? Details</i>	
New diagnosis, single tumor, benign, <24 months	Postpone 24 months
Single tumor, benign, asymptomatic, non-progressive, no neurological deficits or limitations >24 months	Select
2 meningiomas, benign, asymptomatic, nonprogressive, no neurological deficits, >24 months	Class 1* w/90 day EP
Single tumor, benign, successfully removed surgically or radiated, asymptomatic, no re-growth, no neurological deficit or complications, >12 months	Select
3 or more meningiomas, or surgically repaired with re-growth, or neurological deficits or limitations	Decline
Menopausal Symptoms: Symptoms that occur during menopause, such as hot flashes, skin flushing, and mood changes	
Treated with a single anti-depressant with no prior diagnosis of depression	Preferred
Diagnosis of depression prior to menopausal symptoms, treated with an antidepressant	Select
Mental Retardation: Below average general intellectual function with associated deficits in adaptive behavior that occurs before age 18	Decline
Migraine (infrequent, non-debilitating, single medication): A disorder involving repeated or recurrent headaches, associated with temporary changes in the diameter of the blood vessels in the head	
Infrequent, non-debilitating, single medication	Preferred
Well controlled on 2–3 medications	Select
Migraine with auras, temporary blindness, aphasia or paresthesia, single episode within past 5 years	Class 1* w/90 day EP
Migraine with auras, temporary blindness, aphasia or paresthesia, 2 or more episodes within past 5 years	Decline
Migraine with aura, temporary blindness, aphasia or paresthesia and evidence of white matter changes, small vessel disease, chronic ischemic changes or microvascular changes	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Mitral Valve Prolapse: A heart disorder in which the mitral heart valve does not close properly, allowing blood to leak into the left atrium	
Asymptomatic, treatment-free	Preferred
Asymptomatic, treated with single medication	Select
Mixed Connective Tissue Disease (MCTD): An overlap of three connective tissue diseases — Systemic Lupus Erythematosus, Scleroderma, and Polymyositis	Decline
Monoclonal Gammopathy: A blood disorder where there is a presence of abnormal protein in the blood	
New diagnosis, <24 months	Postpone 24 months
Asymptomatic, treatment-free, no progression, >24 months	Select w/180 day EP or Class 1*
With progression or smoldering myeloma	Decline
Multiple Myeloma: A cancer of the bone marrow	Decline
* Multiple Personalities: A state in which two or more personalities alternate in the same individual, usually with each personality unaware of the other	Decline
Multiple Sclerosis: A disorder of the central nervous system involving decreased nerve function associated with the formation of scars on the covering of nerve cells	Decline
Muscular Dystrophy: A group of disorders characterized by progressive weakness and loss of muscle tissue	Decline
Myasthenia Gravis: A disorder characterized by chronic muscle weakness of voluntary muscles	
Successfully treated with thymectomy, in complete remission and treatment free, >60 months	Select w/90 day EP
Myasthenia Gravis (Ocular): A disorder characterized by chronic muscle weakness that affects the eye muscles in particular	
New onset, <24 months	Postpone 24 months
Asymptomatic, treatment-free, no deterioration in vision, no limitations, >24 months	Class 1*
Myopia: A defect in visual focusing resulting in farsightedness	Preferred
Narcolepsy: A sleep disorder associated with uncontrollable sleepiness and frequent daytime sleeping	
Asymptomatic and controlled, >6 months	Select
Recent onset, flare of symptoms, hospitalization, or injury, or disability secondary to narcoleptic episode	Decline
Neurogenic Bladder: A urinary bladder problem in which there is abnormal emptying of the bladder; it may empty spontaneously or may not empty at all	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Does the applicant use a catheter at any time? Frequency</i>	
<i>Does the applicant experience urinary tract infections? Frequency</i>	
<i>Has the applicant ever been hospitalized for bladder related problems? Date(s)/Details</i>	
<i>Does the applicant require the use of protective undergarments?</i>	
Completely independent, no limitations or complications, non-disabling, >12 months	Select
InterStim implant, asymptomatic, >6 months	Select
Independent use of catheter >12 months, <2 urinary tract infections within a 12 month period	Class 1* w/90 day EP
>2 urinary tract infections within a 12 month period, or chronic antibiotic or narcotic pain reliever treatment	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Neuropathy: A disease of the nerves	
<i>Date of diagnosis?</i>	
<i>What is the cause of the neuropathy?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Does the applicant have diabetes, circulatory, or back problems?</i>	
<i>Does the applicant use any assistive devices (i.e., cane, walker, brace)?</i>	
<i>Is the applicant disabled or experience any limitations</i>	
Etiology unknown, new onset, or workup underway, <12 months	Postpone 12 months
Mild, non-limiting, non-progressive, treatment-free, >12 months	Select
Mild, non-limiting, non-progressive, on medication, >12 months	Class 1* w/90 day EP
Progressive, uncontrolled, use of adaptive devices, balance problems, or falls	Decline
Related to disease	Refer to disease
Polyneuropathy	Decline
Non-Hodgkin's Lymphoma: A cancer of the immune system whereby cells in lymph nodes abnormally reproduce which eventually leads to tumors that spread throughout the body	
Stage I and II, new onset or diagnosis, <12 months	Postpone 12 months
Stage I and II, complete remission, stable-normal blood studies, asymptomatic, treatment free >12 months	Select w/180 day EP or Class 1* w/90 day EP
Mycosis Fungoides/Cutaneous T-Cell Lymphoma, complete remission, treatment-free >24 months	Select w/180 day EP or Class 1* w/90 day EP
Stage III and IV, new onset or diagnosis, <48 months	Postpone 48 months
Stage III and IV, complete remission, stable-normal blood studies, asymptomatic, treatment-free, >48 months	Select w/180 day EP or Class 1* w/90 day EP
Treated with Bone Marrow Transplant or Peripheral Stem Cell Transplant, stable-normal blood studies, asymptomatic, >60 months	Class 1* w/180 day EP
Recurrent lymphoma, <3 occurrences, successfully treated, stable-normal blood studies, asymptomatic, treatment-free, >60 months	Class 1* w/180 day EP
Nursing Home Services: A licensed facility with three or more beds that provides nursing or personal care services to the older population, infirm, or chronically ill	
Current	Decline
* Obsessive Compulsive Disorder: An anxiety disorder characterized by the presence of obsessions or compulsions	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Has the applicant ever been hospitalized? Date(s)</i>	
<i>Is the applicant disabled or experience any limitations? Describe</i>	
<i>Does applicant have any history of depression, anxiety or other mental illness disorders? Details?</i>	
New onset or uncontrolled, <6 months	Postpone 6 months
Asymptomatic, non-disabling, no limitations, <3 medications, >6 months	Select
Chronic, uncontrolled, limited activities, or disabling	Decline
Occupational Therapy: Skilled treatment that assists individuals to relearn physical skills that were lost as a result of an accident or illness	
Current	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Optic Neuritis: Inflammation of the optic nerve	Refer to underlying cause
Optic Neuropathy: Damage of the optic nerve due to a blockage of its blood supply	Refer to underlying cause
Organic Brain Syndrome: Any of a large group of acute and chronic mental disorders associated with brain damage or impaired cerebral function	Decline
● Osteoarthritis: A chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joints	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>What joints are affected?</i>	
<i>What is the severity (mild, moderate, severe)?</i>	
<i>Has the applicant received any steroid or Synvisc injections? Date(s)</i>	
<i>Has the applicant had any orthopedic surgeries or has any been recommended? Date(s)/Details</i>	
<i>Has the applicant undergone any PT? Date(s)/Results</i>	
<i>Does the applicant use any assistive devices (i.e., cane, walker, brace)?</i>	
Non-weight bearing extremities, mild, treatment free, asymptomatic	Preferred
Weight-bearing extremities, mild, treatment free, asymptomatic	Select
Mild, treated with anti-inflammatory medication	Select
Mild to moderate, current or recommended Physical Therapy, full range of motion, no limitations, no prior injections or surgery	Select
Moderate, treated with <4 viscosupplement injections (Synvisc) within a 12 month period, asymptomatic, no limitations, no assistive devices	Select w/90 day EP
Moderate, treated with steroid injection(s), asymptomatic, no limitations, no assistive devices	Select w/90 day EP
History of joint replacement, treatment-free, no assistive devices, established post treatment follow-up indicating a complete recovery and no complications	Select
Severe or with surgery recommended	Decline
Symptomatic with limitations, use of an assistance device, or disabling	Decline
Treated with chronic narcotic pain relievers, recurrent PT or multiple steroidal injections	Decline
● Osteomyelitis: An acute or chronic bone infection	
Asymptomatic, complete recovery, no limitations, >6 months	Select
Symptomatic or residuals	Decline
● Osteopenia: A thinning of the bones, typically the stage before true osteoporosis	
Preventative treatment, asymptomatic	Preferred
With compression fracture(s), complete recovery, >12 months	Class 1* w/90 day EP
With compression fracture(s) and chronic pain or limitations	Decline
● Osteoporosis: The progressive loss of bone density and thinning of bone tissue	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>What were the T-score(s) of the last bone density study? Date</i>	
<i>Has the applicant had any bone or spinal fractures? Date(s)/Details</i>	
<i>Does the applicant have degenerative disc disease or scoliosis? Details</i>	
<i>Does the applicant smoke?</i>	
<i>What type of exercise does the applicant engage in? Frequency</i>	

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
● Osteoporosis (continued)	
Mild to Moderate, weight-bearing location (pelvis, hip, spine), stable total bone density (-2.5 to -3.5) under acceptable treatment, non-smoker, no related fractures, no diagnosis of Rheumatoid Arthritis treated w/steroids or Methotrexate	Select
Mild to Moderate, weight-bearing location (pelvis, hip, spine), stable total bone density (-2.5 to -3.5) not receiving acceptable treatment, or smoker, or diagnosed with Rheumatoid Arthritis treated w/steroids or Methotrexate	Class 1*
1 related fracture complete recovery, Mild to Moderate stable total bone density studies (-2.5 to -3.5), under acceptable treatment, non-smoker, no diagnosis of Rheumatoid Arthritis treated w/steroids or Methotrexate, >12 months	Class 1* w/90 day EP
1 related fracture complete recovery, Mild to Moderate stable total bone density studies (-2.5 to -3.5), not receiving acceptable treatment, or smoker, or diagnosed with Rheumatoid Arthritis treated w/steroids or Methotrexate, >24 months	Class 2* w/90 day EP
Moderate to Severe weight-bearing location (pelvis, hip or spine), stable total bone density studies (-3.6 to -4.0) under appropriate treatment, non-smoker, no related fractures, no diagnosis of Rheumatoid Arthritis treated w/steroids or Methotrexate	Class 1* w/90 day EP
Moderate to Severe, weight-bearing location (pelvis, hip, spine), stable total bone density studies (-3.6 to -4.0), not receiving appropriate treatment, or related fractures, or smoker, or diagnosed with Rheumatoid Arthritis treated w/steroids or Methotrexate	Decline
Severe, non-weight-bearing location (wrist, forearm) stable bone density studies (>-4.0), under appropriate treatment, non-smoker, no fractures, no diagnosis of Rheumatoid Arthritis treated w/steroids or Methotrexate	Class 1*
Severe, non-weight-bearing location (wrist, forearm) stable bone density studies (>-4.0), not receiving appropriate treatment, or related fractures, or smoker, or diagnosed with Rheumatoid Arthritis treated w/steroids or Methotrexate	Decline
Severe weight-bearing location (pelvis, hip, or spine) with stable total bone density studies (-4.0 to 4.5), under appropriate treatment, no fractures, non-smoker, no diagnosis of Rheumatoid Arthritis treated w/steroids or Methotrexate, active	Class 2* w/180 day EP, 3 year BP
Severe weight-bearing location (pelvis, hip, or spine) with stable total bone density studies (-4.0 to 4.5), not receiving appropriate treatment, or related fractures, or smoker, or diagnosed with Rheumatoid Arthritis treated w/steroids or Methotrexate	Decline
Oxygen: Current use	Decline
♥ Pacemaker: An implantable battery-powered implantable device that electrically stimulates the heart to contract	
Asymptomatic, no limitations, with follow-up visit	Select
● Paget's Disease: A metabolic bone disease that involves bone destruction and re-growth that results in deformity	
<i>Date of diagnosis?</i>	
<i>Is the applicant receiving any treatment? Details</i>	
<i>What location is affected?</i>	
<i>Have there been any fractures? Date(s)/Details</i>	
<i>What were the results of the last blood workup (Alkaline Phosphate level)?</i>	
<i>Does the applicant experience any bone pain? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
Of breast	Refer to Cancer (Breast)
Of bone, seen radiographically, asymptomatic, no limitations, normal Alkaline Phosphate levels, >12 months	Select
History of fracture, complete recovery, asymptomatic, normal Alkaline Phosphate levels, no limitations, >24 months	Select
Active, evidence of fractures with bone pain, or elevated Alkaline Phosphate levels	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Pancreatitis: An inflammation or infection of the pancreas	
<i>Date of diagnosis?</i>	
<i>Was the Pancreatitis acute or chronic?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Has the Pancreatitis completely resolved?</i>	
<i>What were the results of the last blood workup? Date</i>	
New onset, <6 months	Postpone 6 months
Acute, complete recovery, asymptomatic, >6 months	Select
Chronic, active, history of alcohol abuse, or abnormal blood studies	Decline
* Panic Disorder: Repeated, unpredictable attacks of intense fear, accompanied by severe anxiety symptoms in the body that may last from minutes to hours	
<i>Date of diagnosis?</i>	
<i>Is applicant taking medication? Name(s)</i>	
<i>Has there been any change in treatment over the past 6 months? Details</i>	
<i>Has applicant ever been hospitalized for a panic disorder or any other type of mental illness disorder? Date(s)/Details</i>	
<i>Does applicant have any history of depression, anxiety or other mental illness disorders? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New onset, well controlled, no limitations, and stable with no medical treatment, therapy/counseling, or follow-up recommended, >6 months	Preferred
Well controlled on <4 medications, no limitations, non-disabling, >3 months	Select
Symptomatic, uncontrolled, resulting in limitations or disability, or multiple emergency room visits	Decline
Paralysis/Paresis: Temporary suspension or permanent loss of function, especially loss of sensation or voluntary motion	
Single partial limb, due to trauma, no limitations, >12 months	Class 1* w/90 day EP
Two limbs, complete single limb	Decline
Due to disease	Decline
Paraplegia: Paralysis of the lower portion of the body and of both legs	Decline
Parkinson's Disease: A chronic nervous disease characterized by a fine, slowly spreading tremor and difficulty with walking, movement, and coordination	Decline
♥ Paroxysmal Supraventricular Tachycardia: A rapid heart rhythm that occurs inside the atria and occurs sporadically	
Asymptomatic, treatment-free, no underlying cardiac conditions	Preferred
Asymptomatic, treated with single medication	Select
Successful pacemaker implant, asymptomatic with follow-up visit	Select
Symptomatic, or ejection fraction <40%	Decline
♥ Pericarditis: Inflammation of the pericardium, the sac covering the heart	
Acute, single episode, <6 months	Postpone 6 months
Single episode, treatment-free, complete recovery, >6 months	Select
Recurrent episodes	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Peripheral Vascular Disease: A circulatory disease of the peripheral blood vessels that is characterized by narrowing and hardening of the arteries that supply blood to the legs and feet	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Has the applicant smoked within the past 12 months?</i>	
<i>Does the applicant have any symptoms of claudication, cramping, or pain in the lower extremities? Details</i>	
<i>Has the applicant had leg surgery or has any been recommended? Date(s)/Details</i>	
<i>Does the applicant have diabetes, heart or other circulatory problems? Details</i>	
<i>Has the applicant experienced any lower extremity skin changes, swelling, or ulcers? Date(s)/Details</i>	
Mild, asymptomatic, no claudication or limitations, good pulses	Select
Mild, under treatment with a single medication, asymptomatic, no claudication or limitations, good pulses	Select
Surgically treated, complete recovery, asymptomatic, no claudication or limitations, good pulses, >6 months	Select
With claudication, ulcerations, absent pulses, or history of amputation	Decline
Tobacco use, <12 months	Decline
With Diabetes	Decline
Physical Therapy: Rehabilitation concerned with the restoration of function and the prevention of disability following disease, injury, or loss of a body part	
Current treatment for bursitis, tendonitis, carpal tunnel syndrome, or a non-weight bearing fracture	Preferred
Current treatment for degenerative disc disease, spinal stenosis, or osteoarthritis	Refer to disease
Pituitary Tumor: A growth that arises in the pituitary gland	
Benign, asymptomatic, stable with no growth, monitored annually, <12 months	Postpone 12 months
Benign, stable, treatment-free, >12 months	Preferred
Benign, stable on treatment, monitored annually without signs of progression, no limitations or complications	Select w/180 day EP
Benign, successfully removed surgically or treated with radiation therapy, complete recovery, asymptomatic, no limitations or residual complications, >6 months	Select
Progressive growth, symptomatic, or recommended surgery or radiation therapy	Decline
Pneumonia: An inflammation of the lungs caused by an infection	
Complete recovery, asymptomatic, no underlying respiratory disorders	Preferred
Polycystic Kidney Disease: An inherited kidney disorder that enlarges the kidneys and interferes with their function because of multiple cysts on the kidneys	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>What were the results of the last blood kidney profile (Creatinine, BUN)? Date</i>	
<i>Has surgery been recommended? Details</i>	
<i>Has the applicant ever received dialysis? Details</i>	
Normal kidney function studies, no kidney damage or limitations	Select
Abnormal kidney function studies, progressive, or with surgery recommended	Decline
Polycythemia Vera: A blood disorder characterized by abnormal increase in red blood cells resulting from increased blood cell production by the bone marrow	
<i>Date of diagnosis?</i>	
<i>Is applicant taking any medications? Name(s)</i>	
<i>When was the applicants last phlebotomy?</i>	

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Polycythemia Vera (continued)	
<i>Has the applicant ever had a transient ischemic attack, blood clot, or gastrointestinal bleed? Details</i>	
<i>Does the applicant have any ongoing fatigue or anemia? Details</i>	
<i>Has there been any indication of progression to Leukemia? Details</i>	
New onset or abnormal blood studies (elevated RBC, hemoglobin, hematocrit, platelets or WBC)	Postpone 12 months
Successfully treated with maintenance phlebotomies and normal blood studies, >12 months	Select
Successfully treated with splenectomy, normal blood studies, no history of recurrent infections	Select
Treated with maintenance phlebotomies and Hydrea, Agrylin or antiplatelet medication, normal blood studies	Class 1* w/90 day EP
Neurological complaints, chronic fatigue, weight loss, or progression to Leukemia	Decline
History of Transient Ischemic Attack (TIA), stroke, blood clots, splenomegaly or hepatomegaly, or Budd-Chiari syndrome	Decline
With current smoking	Decline
● Polymyalgia Rheumatica: A disorder of unknown cause, usually afflicting persons over the age of 50, involving pain and stiffness in the hip and shoulder area	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)/Dosage</i>	
<i>When was the last flare? Date</i>	
<i>Does the applicant have any osteoarthritis or back disorders? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New onset, recent flare, <12 months	Postpone 12 months
Asymptomatic, in remission and treatment-free, >6 months	Select
Asymptomatic, well controlled on chronic steroid therapy <7.5 mg daily, no evidence of osteoporosis, <6 months	Class 1*
Symptomatic, daily narcotic use, chronic daily steroid therapy >7.5 mg, or muscle weakness or wasting	Decline
● Polymyositis: A systemic connective tissue disease, characterized by inflammation and degeneration of the muscles	Decline
Polyps (Benign): A growth that projects, usually on a stalk; commonly found in vascular organs such as the nose, uterus, colon, and rectum	Preferred
Post Polio Paralytic Syndrome: A variety of musculoskeletal symptoms and muscular atrophy that create new difficulties with activities of daily living 25 to 30 years after the original attack of acute paralytic poliomyelitis	Decline
* Post Traumatic Stress Syndrome (PTSS): A psychiatric illness that can occur following a psychologically traumatic event that is generally outside the range of usual human experience	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)</i>	
<i>Has the applicant been hospitalized for PTSS or any other mental illness disorder? Date(s)/Details</i>	
<i>Does applicant have any history of depression, anxiety or other mental illness disorders? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
New onset, well controlled, no limitations, and stable with no medical treatment, therapy/counseling, or follow-up recommended, >6 months	Preferred
Well controlled on <4 medications, no limitations, non-disabling, >3 months	Select
Symptomatic, uncontrolled, or resulting in limitations or disability	Decline
Pregnancy: The state of carrying a developing embryo or fetus within the female body	
Currently pregnant	Postpone
Successful delivery, no residual complications, and released from care	Preferred

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♥	Premature Atrial Contractions (PACs): An early or premature heartbeat originating from the atria	
	Asymptomatic, no underlying cardiac condition, treatment-free	Preferred
	Asymptomatic, treated with single medication	Select
♥	Premature Ventricular Contractions (PVCs): An early or premature heartbeat originating from the ventricle	
	Asymptomatic, no underlying cardiac condition, treatment-free	Preferred
	Asymptomatic, treated with single medication	Select
	Prolapsed Bladder: Falling or sliding of the bladder from its normal position	Preferred
	Prostatic Hypertrophy (Benign): A non-malignant enlargement of the prostate due to excessive growth of prostatic tissue	Preferred
	Prostatism: Any condition of the prostate that interferes with the flow of urine from the body	Preferred
●	Psoriatic Arthritis: Arthritis associated with psoriasis	Refer to Rheumatoid Arthritis
*	Psychosis: A general term referring to a loss of contact with reality	Decline
♥	Pulmonary Embolism (PE): A blockage of an artery in the lungs by a blood clot or an unknown substance	
■	<i>Date of the event?</i>	
	<i>Is the applicant on any medication? Name(s)</i>	
	<i>Has the applicant been hospitalized? Date(s)</i>	
	<i>How many total clots/embolisms has the applicant had? Date(s)</i>	
	<i>Has the applicant had a Greenfield Filter implanted? Date</i>	
	<i>Does the applicant have any circulatory or respiratory disorders or complications?</i>	
	<i>Is the applicant disabled or experience any limitations?</i>	
	Single Pulmonary Embolism, complete recovery, no underlying blood disorder, >6 months	Select
	<3 Pulmonary Embolisms within past 60 months, complete recovery, no limitations and no underlying blood disorder, >12 months since last clot	Class 1*
	Single DVT with concurrent Pulmonary Embolism in past 60 months, >6 months	Class 1*
	Greenfield filter implant, no recurrence of clot since inserted, complete recovery and no limitations, >6 months	Class 1*
	DVT or Pulmonary Embolism due to Polycythemia Vera, Essential Thrombocythemia, Secondary Thrombocytosis, or Thrombophilia	Decline
■	Pulmonary Fibrosis: A respiratory condition of unknown cause, characterized by scarring, thickening, and inflammation of the deep lung tissues	
	Localized, incidental finding on chest x-ray, normal pulmonary function tests, no underlying respiratory disease, >6 months	Select
	Localized, incidental finding on chest X-ray, with any respiratory symptoms or hospitalization	Decline
	Symptomatic, chronic steroid therapy, oxygen use, heart failure, or evidence of connective tissue disease or systemic disease	Decline
♥	Pulmonary Hypertension: A chronic and deadly disease characterized by increased pulmonary pressure and right-sided heart failure	
	Incidental finding by echocardiogram, asymptomatic, treatment-free, pulmonary pressure <40%	Select
	Symptomatic, under treatment, or pulmonary pressure >40%	Decline
	Quadriplegia: Paralysis of all four extremities and usually the trunk, caused by injury to the spinal cord	Decline
	Quad Cane: A cane that has a broad base on four short "feet"	
	Current	Decline

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Radiation Therapy: Treatment that kills malignant cells and shrinks tumors by utilizing high-dose x-rays or other high energy rays	
Current	Decline
Raynaud's Phenomenon: Sporadic attacks of blood vessel spasms resulting in interruption of blood flow to the fingers, toes, ears, and nose, caused by exposure to the cold or strong emotions	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Does the applicant have any history of Lupus, Scleroderma, or Connective Tissue Disease? Details</i>	
<i>Has the applicant had any amputations? Date(s)/Details</i>	
Asymptomatic, treatment-free	Preferred
Stable, treated with <3 medications, no systemic involvement or limitations	Select
Treated with 3 or more medications	Decline
Rectocele: Protrusion or herniation of the posterior vaginal wall with the anterior wall of the rectum through the vagina	
Asymptomatic	Preferred
With fecal incontinence	Decline
■ Reflex Sympathetic Dystrophy (RSD): A pain syndrome caused by an abnormal sympathetic nervous reflex. This gives rise to a pain response that is out of proportion to, and inconsistent with the injury.	Decline
■ Respirator: A machine to aid with breathing	
Current use	Decline
■ Respiratory Infection: An infection occurring in the organs involved in breathing	
Acute event, no underlying pulmonary disease	Preferred
Restless Leg Syndrome: A sleep disorder characterized by leg discomfort during sleep, which is only relieved by frequent movements of the legs	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>Does the applicant have sleep apnea?</i>	
New onset, well controlled on single medication	Select
Well controlled on 2 medications	Class 1*
Treated with >2 medications	Decline
Retinal Artery Occlusion: A blocking of one of the retinal arteries, typically caused by a clot in the blood stream and resulting in vision loss	
Single episode, asymptomatic, no cognitive or physical residuals, >12 months	Class 1 w/90 day EP
2 episodes	Decline
Single episode with diabetes, residual cognitive, or physical abnormalities	Decline
Single episode with history of amaurosis fugax or transient ischemic attack	Decline
Single episode with evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, or infarcts	Decline
Episode within past 10 years, smoker within the past 12 months	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Retinitis Pigmentosa: A progressive degeneration of the retina in the eye that affects night vision and peripheral vision	
New onset, <12 months	Postpone 12 months
One eye, non-progressive, >12 months	Select
Bilateral, no deterioration in vision, completely independent, >12 months	Class 1*
Progressive visual loss, or existing neurological symptoms	Decline
Legally blind, completely independent, no limitations, >24 months	Class 1* w/90 day EP, 3 year BP
● Rheumatoid Arthritis: A chronic, inflammatory, systemic disease that primarily affects the joints and surrounding tissues but also affects other organ systems within the body	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)/Dosage</i>	
<i>Is the RA classified as juvenile or was it diagnosed prior to age 25?</i>	
<i>Does the applicant have any joint swelling or limited range of motion? Details</i>	
<i>Does the applicant have joint deformities? Details</i>	
<i>Has the applicant had any joint repair or replacement? Date(s)/Details</i>	
<i>Has the applicant had to have any joints aspirated to remove fluid? Date(s)/Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
Asymptomatic, normal range of motion, treatment-free, no assistance devices or joint replacement, no limitations, non-disabling	Select
Asymptomatic, on non-steroidal maintenance medications, no joint deformities or limitations	Select w/90 day EP
Asymptomatic, on chronic steroid therapy, <_5 mg daily, no limitations, non-disabling	Class 1* w/90 day EP
Asymptomatic, 2–3 flares per year on non-steroidal maintenance medications and steroid taper only, >6 months	Class 2* w/90 day EP
History of joint replacement, treatment-free, no assistance devices, no limitations, non-disabling, >6 months	Select w/90 day EP
History of joint replacement, on non-steroidal maintenance medications, no assistance devices or limitations, non-disabling, >6 months	Class 1* w/90 day EP
Asymptomatic, on non-steroidal maintenance medications (i.e., Plaquenil, MTX) with chronic steroid treatment	Decline
Treated with a tumor necrosis factor (TNF) medication (i.e. Humira, Enbrel or Arava) either orally or by injection, well controlled with no joint deformities, successfully treated with med for > 6 months	Class 1* w/ 90 day EP
Symptomatic, severe or multiple joint deformities, multiple joint replacements (>2), limitations, disabling, or current PT or OT	Decline
Juvenile diagnosis	Decline
■ Sarcoidosis: A disease of unknown cause in which inflammation consisting of granulomas occurs in lymph nodes, lungs, liver, eyes, skin, and other tissues	
<i>Date of diagnosis?</i>	
<i>What areas of the body are affected?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>If lung involvement, have pulmonary function tests been performed? Date/Results (FEV1 & FVC%)</i>	
New onset, <12 months	Postpone 12 months
Asymptomatic, no complications or limitations, treatment-free, if lung involvement baseline pulmonary function tests, FEV1 >65%, FVC >75%, >12 months	Select
Multiple sites, under treatment, symptomatic, or with limitations	Decline
* Schizophrenia: A group of psychotic disorders characterized by disturbances in thought, perception, affect, behavior, and communication lasting longer than 6 months	Decline

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Schwannoma: A benign tumor situated in the hearing canal	
<i>Has the neuroma been removed? Date</i>	
<i>Has there problems with balance or falls? Details</i>	
<i>Has there been any seizure activity? Date of last seizure?</i>	
<i>Is applicant taking any medication? Name(s)</i>	
<i>Is the applicant receiving physical therapy?</i>	
Surgically removed, complete recovery, no seizures or residuals other than hearing loss	Preferred
Present neuroma, current seizure activity, balance disturbance or falls, or inoperable tumors	Decline
● Sciatica: A condition involving impaired movement and/or sensation in the leg, caused by damage to the sciatic nerve	
Asymptomatic, normal range of motion, treatment-free >12 months	Preferred
Scleroderma: A diffuse connective tissue disease characterized by changes in the skin, blood vessels, skeletal muscles, and internal organs	Decline
Scleroderma Morphea: A localized form of scleroderma that affects the skin with no internal organ involvement	
Localized to the skin w/biopsy confirmation, no internal organ involvement, no oral medications	Preferred
● Scoliosis: A lateral (away from the middle) or sideways curvature of the spine	
<i>Is the applicant on any medication? Name(s)</i>	
<i>Does the applicant have osteoporosis? T-Score?</i>	
<i>Has the applicant undergone any physical therapy? Date</i>	
<i>Has the applicant had any back surgeries performed? Date(s)/Details</i>	
<i>What is the severity (mild, moderate, severe)?</i>	
<i>Does applicant have any associated pulmonary problems?</i>	
Mild, asymptomatic and treatment-free, >6 months	Preferred
Mild, symptomatic, on prescription medication	Select
Moderate, treated with <3 medications, asymptomatic, no limitations, non-disabling	Select
Moderate, status post Physical Therapy or steroid injection(s), <6 months	Postpone 6 months
Moderate, status post Physical Therapy or injections(s), asymptomatic, no limitations, non-disabling, >6 months	Select w/90 day EP
Moderate, status post-Physical Therapy, mildly symptomatic, no limitations, non-disabling, >6 months	Class 1*
Moderate, status post-injections, mildly symptomatic, no limitations, non-disabling, >6 months	Decline
Mild to moderate with osteoporosis of the spine, stable bone density studies (-3.1 to -3.5), no compression fractures or limitations, asymptomatic, non-disabling	Class 1*
With osteoporosis of the spine, stable bone density studies (>-3.5) or with compression fracture(s)	Decline
Severe, with limitations or any pulmonary compromise, multiple surgeries, or disabling	Decline
Scooter: Current use	Decline
Seizure Disorder: A sudden violent, uncontrollable contraction of a group of muscles	
<i>Date of diagnosis?</i>	
<i>When was the applicant's last seizure?</i>	
<i>What type of seizures does applicant have?</i>	
<i>What is the cause?</i>	
<i>Is the applicant on any medication? Name(s)</i>	
<i>Has the applicant had a recent EEG and/or MRI? Date, Results</i>	

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Seizure Disorder (continued)	
New onset or episode, <12 months	Postpone 12 months
Well controlled, seizure-free, normal EEG/MRI, >12 months	Select
Ongoing or uncontrolled seizure activity	Decline
Shunt: A surgically placed tube designed to divert excess cerebrospinal fluid from the brain and carry it to other parts of the body. It usually sits outside the skull, but beneath the skin, behind the ear.	Decline
Shy-Drager Syndrome: A degenerative disorder characterized by progressive damage to the autonomic nervous system, muscle tremor and rigidity, and other widespread neurological losses	Decline
♥ Sick Sinus Syndrome: A form of bradycardia in which the sinoatrial node (the heart's natural pacemaker) is not functioning properly	
Successful pacemaker implant, asymptomatic with follow-up visit	Select
Symptomatic with episodes of syncope or near-fainting, shortness of breath, dizziness, weakness, or ejection fraction <40%	Decline
Sickle Cell Anemia: An inherited chronic blood disease in which the red blood cells function abnormally and break down, causing recurrent painful episodes	Decline
♥ Sinus Bradycardia: Abnormally slow sinus rhythm	
Asymptomatic, treatment-free, no underlying cardiac condition	Preferred
Successful pacemaker implant, asymptomatic with follow-up visit	Select
Symptomatic with episodes of syncope or near fainting, shortness of breath, dizziness, or ejection fraction <40%	Decline
♥ Sinus Tachycardia: A fast rhythm (more than 100 beats per minute) originating at the sinus node	
Asymptomatic, treatment-free, no underlying cardiac condition	Preferred
Successful pacemaker implant, asymptomatic with follow-up visit	Select
Symptomatic with episodes of syncope or near fainting, shortness of breath, dizziness, or ejection fraction <40%	Decline
Sjogren's Syndrome: A systemic, inflammatory disorder characterized by dry mouth, decreased tearing, and other mucous membranes often associated with auto-immune rheumatic disorders	
Asymptomatic, treatment-free, >6 months	Preferred
Well controlled and stable, treated with <3 medications, no systemic involvement	Select
Due to disease	Refer to disease
■ Sleep Apnea: Repeated, prolonged episodes of cessation of breathing during sleep	
<i>Date of diagnosis?</i>	
<i>Does the applicant require the use of CPAP or BIPAP?</i>	
<i>Does the applicant require the use of supplemental oxygen with their breathing device?</i>	
<i>Have pulmonary function tests been performed? Date and results (FEV1 and FVC%)</i>	
<i>Does the applicant have any other respiratory conditions? Details</i>	
<i>Does the applicant smoke? Frequency</i>	
Mild, stable with or without C-PAP mask	Select
Respiratory compromise or failure, severe with non-compliance of treatment, or oxygen use	Decline
Social Security Disability Benefits: A federal assistance program for disabled people who have paid Social Security taxes or are dependents of people who have paid	
Currently receiving	Decline
Spastic Colon: A condition of abnormally increased spontaneous movement of the small and large intestine, generally exacerbated by emotional stress	Preferred

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Speech Therapy: The corrective or rehabilitative treatment of physical and/or cognitive deficits/disorders resulting in difficulty with verbal communication	
Currently receiving	Decline
● Spina Bifida: A congenital disorder where the backbone and spinal cord do not close before birth	Decline
● Spina Bifida (Occulta): The least dangerous form of spina bifida, in which bones in the spine fail to close but there is no protrusion of the spinal cord or its fluid cushion out of the body	
Asymptomatic and treatment-free since diagnosis	Select
Spinal Cord Injury: An injury to the spinal cord	Decline
● Spinal Stenosis: A narrowing of the lumbar or cervical spine canal, which causes compression on nerve roots	
Mild, asymptomatic, no prior treatment	Preferred
Mild, well controlled, no limitations, non-disabling, treated with non-prescription or prescription medication	Select
Moderate, successful completion of PT, asymptomatic, high functioning with no limitations	Select w/90 day EP
Moderate, successful completion of Physical Therapy, mild neck or back pain, no evidence of radiculopathy or related symptoms to the extremities, no limitations and high functioning	Class 1* w/90 day EP
Moderate, status post steroid injections, no evidence of radiculopathy or related symptoms to the extremities, no limitations, < 6 months	Postpone 6 months
Moderate, status post steroid injections, no evidence of radiculopathy or related symptoms to the extremities, no limitations, > 6 months	Select w/90 day EP
< 70 years old: Single spinal surgery, Physical Therapy successfully completed, no evidence of radiculopathy or related symptoms to the extremities, no limitations, high functioning, must have had an established post operative follow-up indicating a complete recovery and no complications	Select
< 70 years old: 2nd spinal surgery, complete recovery, no limitations, Physical Therapy successfully completed, no evidence of radiculopathy or related symptoms to the extremities, moderate to high functioning, > 6 months	Select
≥ 70 years old: Surgically treated, complete recovery, no limitations, Physical Therapy successfully completed, no evidence of radiculopathy or related symptoms to the extremities, moderate to high functioning, > 6 months	Select w/90 day EP
Diagnosed as severe, daily narcotic pain relievers, chronic pain resulting in limitations or disability, current gait or balance issues, radiculopathy or related symptoms to the extremities	Decline
Surgery recommended, use of assistive devices, or multiple spinal surgeries (3 or more), or use of a Dorsal Column Stimulator (DCS)	Decline
● Spondylolisthesis: Forward slippage of a lumbar vertebra on the vertebra below it	Refer to Degenerative Disc Disease
Squamous Cell Carcinoma (disease- and treatment-free): A malignant skin tumor involving the middle portion of the epidermal skin layer	
Localized to the skin w/biopsy confirmation, no internal organ involvement	Preferred
Of an internal organ	Refer to Cancer (Internal)
Stair Lift: A mechanical device which transports people up and down stairs	
Current use	Decline
♥ Stroke (CVA): Occurs when the blood supply to any part of the brain is interrupted, resulting in the death and loss of brain function and tissue	Decline
Subdural Hematoma: A collection of blood on the surface of the brain	
New onset, <12 months	Postpone 12 months
Complete recovery, no limitations or cognitive deficits, >12 months	Select
Diagnosed as chronic, with limitations or cognitive deficit	Decline

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Surgery: Recommended or anticipated minor or day surgery recommended for hernia, gallbladder, cataracts, or bunions	Preferred
Syncope: A transient loss of consciousness due to inadequate blood flow to the brain	
<i>Date of diagnosis?</i>	
<i>What is the cause of the syncope?</i>	
<i>What type of work-up has the applicant undergone?</i>	
<i>Is the applicant receiving any treatment? Details</i>	
<i>How many episodes has the applicant had?</i>	
<i>Does the applicant have any heart or neurological disorders?</i>	
Benign, vasovagal per work-up, >6 months	Preferred
Due to disease	Refer to disease
Unknown etiology or recurring episodes	Decline
Tendonitis: Inflammation of a tendon	Preferred
Tennis Elbow: Inflammation of the muscles of the forearm, or their tendons near the origin on the humerus (bone of the upper arm)	Preferred
Thrombocytopenia (Essential or Secondary Thrombocytopenia): A blood disorder characterized by an increase in the number of blood platelets	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication? Name(s)</i>	
<i>What are the applicant's platelet levels? Date</i>	
<i>Does the applicant require phlebotomies? Frequency</i>	
<i>Has the applicant ever had a Transient Ischemic Attack (TIA) or have any heart or circulatory disorders?</i>	
<i>Does the applicant smoke?</i>	
Normal platelet counts <450K, treatment-free, asymptomatic, no current tobacco use, >6 months	Select w/90 day EP
Stable platelet counts between 450K - 750K, treatment-free, asymptomatic, no circulatory disorders or tobacco use, >6 months	Class 1*
History of a single DVT or Pulmonary Embolism with platelets <450K, successfully treated with anticoagulation, asymptomatic, no circulatory disorders or tobacco use, >24 months	Select w/90 day EP
Chronically elevated platelet counts ≥750,000, or under treatment, or current tobacco use, or evidence of progression to Leukemia	Decline
History of transient ischemic attack (TIA), stroke, more than one DVT or PE, splenomegaly	Decline
Thrombophilia: One of a group of disorders in which the blood clots easily or excessively	
No history of a clot, no current tobacco use, asymptomatic	Select
Single blood clot, successfully treated, no recurrent episodes, no current tobacco use, >6 months	Select w/90 day EP
Recurrent blood clots (< 3), successfully treated, can be on anticoagulation, no current tobacco use, >12 months	Class 1* w/90 day EP
Tobacco use within past 12 months	Decline
Tobacco Use: Cigarettes, pipe, cigars, chew, or snuff	
Abstinence, >12 months	Preferred
Current use or abstinence <12 months	Select
Tourette Syndrome: A disorder characterized by repetitive muscle movements and vocal outbursts	Decline
Tracheotomy: A surgical opening made through the neck into the breathing tube (trachea) in order to bypass the mouth and throat	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
♥ Transient Global Amnesia: A memory disorder seen in middle-aged and elderly persons; characterized by an episode of amnesia and bewilderment that lasts for several hours; person is otherwise alert and intellectually active	
<i>Date of episode?</i>	
<i>Has the applicant had any similar episodes in the past? Date(s)/Details</i>	
<i>Does the applicant have diabetes, heart, or circulatory problems?</i>	
<i>Was the applicant hospitalized?</i>	
<i>What were the results of testing performed? (carotid studies, MRI/CT of brain)?</i>	
<i>Does the applicant have any residual symptoms (memory loss/confusion, dizziness)?</i>	
Single episode, asymptomatic, no cognitive or physical residuals, >12 months	Class 1* w/90 day EP
2 episodes	Decline
Residual cognitive or physical abnormalities	Decline
♥ Transient Ischemic Attack: A brain disorder caused by temporary disturbance of blood supply to an area of the brain, resulting in a sudden, brief decrease in brain functions	
<i>Date of episode?</i>	
<i>Has the applicant had any similar episodes in the past? Date(s)/Details</i>	
<i>Does the applicant have diabetes, heart or circulatory problems?</i>	
<i>Was the applicant hospitalized?</i>	
<i>What were the results of testing performed? (carotid studies, MRI/CT of brain)?</i>	
<i>Does the applicant have any residual symptoms (memory loss/confusion, dizziness)?</i>	
<i>Does the applicant smoke?</i>	
<i>Is the applicant disabled or experience any limitations?</i>	
Single episode, asymptomatic, no cognitive or physical residuals, >12 months	Class 1* w/90 day EP
2 episodes	Decline
Single episode with diabetes or residual cognitive or physical abnormalities	Decline
Single episode with history of amaurosis fugax or retinal artery occlusion	Decline
Single episode with evidence of white matter changes, small vessel disease, ischemic changes, microvascular changes, or infarcts	Decline
Episode within the past 10 years, smoker within past 12 months	Decline
Transverse Myelitis: A neurological disorder caused by inflammation across both sides of one level, or segment, of the spinal cord	Decline
Tremor: An involuntary type of shaking movement	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication or had any surgical implants? Name(s)</i>	
<i>Has the applicant had a neurological evaluation? Date</i>	
<i>What type of tremor has been diagnosed?</i>	
<i>Has there been any progression of the tremor? Details</i>	
<i>Is the applicant disabled or experience any limitations or require any assistance?</i>	
Negative neurological work-up, diagnosed as benign, essential, intention or familial, non-progressive, no limitations, non-disabling, untreated	Select
Absent neurological work-up, diagnosed as benign, essential, intention or familial, non-progressive, no limitations, non-disabling, untreated, >12 months	Select
Negative neurological work-up, diagnosed as benign, essential, intention or familial, non-progressive, no limitations, non-disabling, treated with a non-antiparkinson medication (i.e., Propranolol or Primidone)	Select

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Tremor (continued)	
Absent neurological work-up, diagnosed as benign, essential, intention or familial, non-progressive, no limitations, non-disabling, treated with a non-antiparkinson medication (i.e., Propranolol or Primidone), >12 months	Select
Negative neurological work-up, diagnosed as benign, essential, intention or familial, non-progressive, no limitations, non-disabling, treated with >1 medication, >12 months	Class 1*
Due to an underlying disease	Refer to disease
Benign, essential, intention or familial with limitations or resulting in disability	Decline
Benign, essential, intention or familial w/progression or treatment with an anti-Parkinson's medication, a neurostimulator implant, or >2 medications	Decline
■ Tuberculosis: A contagious bacterial infection; the lungs are primarily involved, but the infection can spread to other organs	
Acute episode, treatment-free, asymptomatic, baseline pulmonary function tests, FEV1 >65%, FVC >75%, <6 months	Postpone 6 months
Acute episode, treatment-free, asymptomatic, baseline pulmonary function tests, FEV1 >65%, FVC >75%, >6 months	Select
Symptomatic or evidence of residual disease, reduced pulmonary function tests, or oxygen use	Decline
Tumor (Benign): Excluding brain and pituitary tumors; a spontaneous growth of tissue which forms an abnormal mass	Preferred
Ulcerative Colitis: A chronic, episodic, inflammatory disease of the large intestine and rectum characterized by bloody diarrhea	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medications? Name(s)/Dosage</i>	
<i>Date of last flare?</i>	
<i>Has the applicant ever been hospitalized for a bowel disorder? Date(s)/Details</i>	
<i>Has the applicant had surgery performed (colostomy, colectomy)? Date(s)/Details</i>	
<i>Is the applicant disabled or experience limitations? Details</i>	
<i>Does the applicant experience problems with continence?</i>	
New onset, recent exacerbation or flare, <6 months	Postpone 6 months
Asymptomatic, medically managed, no exacerbations/flares, >6 months	Select
Asymptomatic, medically managed w / occasional bowel obstructions/flares, >6 months	Class 1* w/90 day EP
Chronic steroid therapy <_7.5 mg per day, no evidence of osteoporosis, asymptomatic, no limitations, non-disabling, >12 months	Class 1* w/90 day EP
Colostomy, ileostomy, complete recovery, no limitations, non-disabling, independent management, >6 months	Class 1* w/90 day EP, 3 year BP
Frequent exacerbations/flares, multiple surgeries, weight loss, surgery recommended, or incontinence	Decline
Chronic steroid use >7.5 mg per day or <_7.5 mg per day with evidence of Osteoporosis	Decline
Ulcer (Gastric, Duodenal, Peptic): An erosion or open sore in the lining of the area of the stomach or duodenum lining	
Stable, asymptomatic, no history of bleeds	Preferred
GI bleed or hospitalization, complete recovery, asymptomatic, no limitations, >6 months	Select

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Urethral Stricture: An abnormal narrowing of the urethra	
<i>Date of diagnosis?</i>	
<i>Is the applicant taking any medication?</i>	
<i>Has the applicant been dilated? Frequency</i>	
<i>Has the applicant undergone any surgical procedures? Date(s)/Details</i>	
<i>Does the applicant have recurrent urinary tract infections? Frequency</i>	
<i>Does the applicant require catheterization? Frequency</i>	
<i>Does the applicant have any problems with continence? Explain</i>	
<i>Does the applicant experience any incontinence? Details</i>	
Asymptomatic, treatment-free, no recurrent urinary tract infections, >12 months	Preferred
Independent use of an intermittent catheter, no recurrent urinary tract infections, >12 months	Class 1*
Treated with <3 dilations within a 12 month period, stable, no recurrent urinary tract infections or incontinence >3 months	Select
Treated with dilations (3) within a 12 month period, stable, no recurrent urinary tract infections or incontinence >3 months	Class 1*
Surgically treated, complete recovery, asymptomatic, >12 months	Select w/90 day EP
Recurrent urinary tract infections, incontinence, surgery recommended or anticipated, chronic daily antibiotic treatment, abnormal renal functions (creatinine >2.0, BUN >35)	Decline
Varicose Veins: Enlarged, twisted veins just below the surface of the skin, caused by defective valves in the veins, usually located in the legs	
No underlying vascular disease or ulcerations	Preferred
Vein stripping, completely recovered	Preferred
Venous stasis ulcer, completely healed, asymptomatic, treatment-free with follow-up visit	Select
Non-healing ulcers, recurrent ulcers, or claudication	Decline
■ Ventilator: A machine that controls or assists breathing; a respirator	Decline
♥ Ventricular Fibrillation: A rapid and irregular heartbeat arising from the lower chambers of the heart	
New onset, <3 months	Postpone 3 months
Successful defibrillator implant, asymptomatic, ejection fraction > 40% with follow-up visit	Select
Uncontrolled, episodes of chest pain, shortness of breath, syncope or near syncope, dizziness, or ejection fraction <40%	Decline
♥ Ventricular Tachycardia: A rapid heartbeat originating from the lower chambers of the heart	
New onset, <3 months	Postpone 3 months
Successful defibrillator implant, asymptomatic, ejection fraction ≥ 40% with follow-up visit	Select
Uncontrolled or episodes of chest pain, shortness of breath, dizziness, syncope, or near syncope, or ejection fraction <40%	Decline
♥ Vertebral Basilar Insufficiency: Insufficient blood flow to the back parts of the brain	Decline
Vertigo: A feeling of faintness or lightheadedness, making it difficult to maintain balance while standing or sitting	
Benign positional vertigo, mild, stable, no limitations, treatment free, or single medication, >6 months	Preferred
Acute isolated episode with complete resolution of symptoms, no underlying cardiac or neurological disorder, no limitations, treatment-free, >6 months	Preferred
Due to disease	Refer to disease
Symptomatic, recurring falls, or cause unknown	Decline

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Condition / Diagnosis / Treatments / Benefits / Services / Devices / Appliances	Decision
Visual Loss	
<i>Date of diagnosis?</i>	
<i>What is the cause?</i>	
<i>Does it involve one or both eyes?</i>	
<i>Does the applicant utilize any assistance or assistance device(s)? Details</i>	
<i>Is the applicant disabled or experience any limitations? Details</i>	
Single eye, congenital or traumatic, no limitations, non-disabling, completely independent	Select
Both eyes, congenital, no limitations, non-disabling, completely independent	Select
Both eyes, traumatic, no limitations, non-disabling, completely independent, >12 months	Class 1*
Due to disease	Refer to disease
Von Hippel-Lindau: A rare, genetic multi-system disorder characterized by the abnormal growth of tumors in certain parts of the body	Decline
von Willebrand's Disease: A congenital bleeding disorder	
Mild to moderate types I and II VWD, treatment-free, >12 months	Select
Mild to moderate types I and II VWD on treatment with oral contraceptives, DDAVP, or oral clot stabilizing medications, with stable blood studies, >12 months	Class 1* w/90 day EP
Type III VWD, or severe types I and II, or requiring replacement therapy	Decline
Waldenstrom's Macroglobulinemia: A cancer of white blood cells known as B lymphocytes	Decline
Walker: Current use	Decline
Wegener's Granulomatosis: A rare disorder which causes inflammation of blood vessels in the upper respiratory tract, lungs, and kidneys	Decline
Wernicke-Korsakoff Syndrome: A brain disorder involving loss of specific brain functions, due to a thiamine deficiency that commonly accompanies habitual alcohol use	Decline
Wheelchair: A device used for mobility by people for whom ambulating is difficult or impossible	
Current use	Decline
Whipple's Disease: A rare disorder with widespread symptoms that causes malabsorption (inadequate absorption of nutrients from the intestinal tract)	Decline
Wilson's Disease: An inherited disorder where there is excessive amounts of copper in the body, which causes a variety of effects including liver disease and damage to the nervous system	Decline
Wiscott-Aldrich Syndrome: An immunodeficiency disorder of both T- and B-cells characterized by thrombocytopenia, eczema, and recurrent infections	Decline
♥ Wolff-Parkinson-White Syndrome: Episodes of rapid heart rate (tachycardia) caused by abnormal electrical pathways (circuits) in the heart	
Asymptomatic, treatment-free, >12 months	Preferred
Asymptomatic, medically treated, no underlying cardiac conditions	Select
Successful treatment with radio frequency or catheter ablation, asymptomatic with follow-up visit	Select
Uncontrolled, episodes of chest pain, shortness of breath, syncope, or near-syncope, dizziness, or ejection fraction <40%	Decline
Worker's Compensation Disability Benefits: Compensation for a worker, contractor or layperson who is injured while working on site	
Currently receiving	Decline
Xeroderma Pigmentosa: An inherited inability to repair DNA damage from ultraviolet light	Decline

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XIV. Underwriting Guidelines for the Double Coverage for Accident Benefit

If applicant has any of the following occupations, they will not be considered for this benefit:

- Coal miner
- Electrician
- Explosive handler
- Fireman
- Flight attendant
- Ironworker (bridge, tunnel, or structural)
- Military personnel
- Pilot
- Policeman
- Railroad worker

If applicants participate in any of the following sports more than two times a year, they will not be considered for this benefit:

- Aviation
- Boxing
- Motorized racing
- Parachuting
- Rock/mountain climbing
- Skin/scuba diving

Not available if the applicant is age 65 and older.

Decisions not to include this benefit are permanent and cannot be reconsidered at a future time.

XV. Uninsurable Medications

The following medications indicate a serious underlying condition that will result in a declined application. This list is not all-inclusive. If the applicant is being treated with any of the following medications for a different condition, the application can be submitted for consideration. Please contact the Underwriting area to prequalify the applicant.

Medication	Use	Medication	Use	Medication	Use
Abilify	Antipsychotic	Gold Therapy	Arthritis	Plenaxis	Advanced Prostate Cancer
Adriamycin	Malignant tumors	Haldol	Antipsychotic	Procrit	Anemia
Alkeran	Multiple Myeloma	Hydergine	Decline in mental capacity	Purinethol	Severe Progressive Ulcerative Colitis
Aranesp	Anemia	Imuran	Immunosuppressant	Razadyne	Alzheimer's Disease
Aricept	Alzheimer's Disease	Interferon	Immunosuppressant	Rebif	Multiple Sclerosis
Artane	Parkinson's Disease	Kadian	Chronic pain	Remicade	Rheumatoid Arthritis/ Crohn's Disease
Avinza	Chronic pain	Kineret	Rheumatoid Arthritis	Reminyl	Alzheimer's Disease
Avonex	Multiple Sclerosis	L-Dopa	Parkinson's Disease	Renagel	Kidney failure
AZT	HIV, AIDS	Larodopa	Parkinson's Disease	Ridura	Rheumatoid Arthritis
Cogentin	Parkinson's Disease	Leukeran	Malignant tumors, not curative	Risperdal	Antipsychotic
Cognex	Alzheimer's Disease	Mellaril	Antipsychotic	Seroquel	Antipsychotic
Cyloserine	Alzheimer's Disease	Mestinon	Myasthenia Gravis	Sinemet	Parkinson's Disease
Cytosan	Malignant tumors	Methadone	Severe pain	Stelazine	Antipsychotic
DDI	HIV, AIDS	Mirapex	Parkinson's Disease	Steroid Use	>10 mg daily
Depo-Provera	Inoperable, Recurrent, and Metastatic Endometrial, and Renal Carcinoma	Morphine	Severe pain	Symbyax	Antipsychotic
Duragesic Patch	Chronic pain	MS Contin	Severe pain	Symmetrel	Parkinson's Disease
Eldepryl	Parkinson's Disease	Namenda	Alzheimer's Disease	Thiothixene	Antipsychotic
Epogen	Anemia	Navane	Antipsychotic	Thorazine	Antipsychotic
Estinyl	Cancer	Neulasta	Anemia	Trilafon	Antipsychotic
Ergoloid	Decline in mental capacity	Oxycontin	Severe pain	Tysabri	Multiple Sclerosis
Exelon	Alzheimer's Disease/Dementia	Parlodel	Parkinson's Disease	Xyrem	Narcolepsy
Fentanyl Patch	Chronic pain	Parsidol	Parkinson's Disease	Zyprexa	Antipsychotic
Geodon	Schizophrenia	Permax	Parkinson's Disease		
Gleevec	Cancer, Leukemia	PhosLo	Kidney failure		

XVI. Male/Female Height and Weight Table

	Preferred/Select		Class 1		Class 2	
	Min.	Max.	Min.	Max.	Min.	Max.
4' 7"	73	150	151	168	169	185
4' 8"	76	156	157	174	175	192
4' 9"	79	162	163	180	181	199
4' 10"	82	167	168	186	187	205
4' 11"	84	173	174	193	194	212
5' 0"	87	179	180	199	200	220
5' 1"	90	185	186	206	207	227
5' 2"	93	191	192	213	214	235
5' 3"	96	197	198	220	221	242
5' 4"	99	204	205	227	228	250
5' 5"	102	210	211	234	235	258
5' 6"	106	216	217	241	242	266
5' 7"	109	223	224	249	250	274
5' 8"	112	230	231	256	257	282
5' 9"	115	236	237	263	264	291
5' 10"	119	243	244	271	272	299
5' 11"	122	250	251	279	280	308
6' 0"	126	258	259	287	288	316
6' 1"	129	265	266	295	296	325
6' 2"	133	272	273	303	304	334
6' 3"	136	279	280	311	312	343
6' 4"	140	287	288	320	321	353
6' 5"	144	295	296	329	330	363
6' 6"	147	303	304	337	338	372
6' 7"	150	311	312	346	347	382

XVII. Appeal Process

The Underwriting Department understands the importance of an appeal process and has established an avenue for discussing rated, modified, and declined cases when there is additional information to consider. Our goal is to make the most informed decision for the Company and your prospects.

If you are considering an appeal of an underwriting decision, the checklist below can help you determine if that appeal is appropriate:

- ✓ Review the specific reason(s) for the adverse decision that is outlined in the applicant's letter.
- ✓ Compare the letter to the application for insurance and the Underwriting Guide.
- ✓ Check for multiple co-morbid conditions that will increase the risk of using long-term care services.

✓ Review the letter with the applicant:

- If the applicant disagrees with the information contained in the letter, he/she should send a letter outlining the discrepancies and include supporting documentation.
- If the physician disagrees with the contents of the letter, he/she should send a letter outlining the discrepancies and include supporting documentation.

If additional medical information is submitted, you will be informed of our decision within 90 days from home office receipt.

- ✓ All informal appeals (verbal) must be presented by Managing Directors, General Agents, Managing General Agents, Sales Managers, Brokerage Managers, or individuals in equivalent positions.



LONG-TERM CARE
INSURANCE

For financial professional use only. Not for use with the public.

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.