

# MutualCare® Solutions Portfolio

Long-Term Care Insurance



## PRODUCT & UNDERWRITING GUIDE

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**MutualCare® Secure Solution**  
**MutualCare® Custom Solution**

**Product Information . . . . . page 2**

- MutualCare® Solutions
- Portfolio Overview
- Benefit Descriptions

Product Information

**Underwriting Guidelines . . . . . page 13**

- Our Underwriting Philosophy
- Issue Ages
- Save Age
- Suitability
- Eligibility
- Underwriting Rules
- Rate Classes
- Criteria for Preferred Underwriting
- Build Chart
- Uninsurable Health Conditions
- Medications Associated with Uninsurable Health Conditions
- Uninsurable Health Combinations
- Medical Impairments

Underwriting Guidelines

**Completing the Application . . . . . page 44**

- General Guidelines
- Steps for Completing the Application
- Underwriting Requirements
- Preparing Your Client for the Personal Health Interview
- Submitting the Application
- Collecting Premium
- Submitting Premium
- Missing Requirements
- Checking Case Status
- Appealing an Underwriting Decision
- Other Application-Related Questions

Completing the Application

**Administrative Handling . . . . . page 51**

- Upgrades
- Downgrades
- Reinstatements

Administrative Handling

**Sales & Marketing Information . . . . . page 53**

- Licensing and Appointments
- Background Checks
- Errors and Omissions Insurance
- Long-Term Care Training
- General Partnership Requirements
- Long-Term Care Continuing Education
- Common Employer Marketing Program
- Association Marketing

Sales & Marketing Information

**Contact Information . . . . . page 57**

- Application Submission
- Premium Submission
- LTC Service Office
- General Contact Information

Contact Information

## Product Information

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### MutualCare® Solutions

MutualCare® Solutions is a portfolio of LTCi products developed to address the needs of a changing LTCi marketplace. Since it was first introduced, long-term care insurance has continued to evolve and change. What started as nursing home-only coverage now offers insureds the flexibility to receive care in a variety of settings, including in their homes.

MutualCare® Solutions is the next generation of long-term care insurance products designed to provide the asset protection a whole new generation of Americans need while maintaining the viability and sustainability of the product line for years to come.

The MutualCare® Solutions portfolio includes two long-term care insurance policies: MutualCare® Secure Solution and MutualCare® Custom Solution.

**MutualCare® Secure Solution** is a traditional long-term care policy that allows people to plan ahead for their long-term care needs. By adding this measure of security to their retirement portfolio, they know that a portion of their long-term care expenses will be covered. MutualCare® Secure Solution is perfect for:

- Customers who are looking for easy-to-understand benefits and the security of knowing they have some measure of asset protection
- Agents who like a product with a simple design and traditional benefits

**MutualCare® Custom Solution** is a different approach to structuring policy benefits. It provides the flexibility to manage long-term care expenses and control how the dollars in the long-term care “account” are spent. MutualCare® Custom Solution is perfect for:

- Customers who want to customize a policy to fit their own unique needs
- Agents who are looking for a product with a strong premium solve capability



## Portfolio Overview

In creating MutualCare® Solutions, we took the features you told us you like (our cash benefit is one) and found a way to make two great new product options.

This chart gives you an overview of products in the MutualCare® Solutions portfolio and allows you to clearly see the differences...and the similarities.

	<b>MutualCare® Secure Solution</b>	<b>MutualCare® Custom Solution</b>
<b>Issue Ages</b>	30-79	
<b>Tax Status</b>	Tax Qualified Only	
<b>Partnership Qualified</b> (based on state approval, age of the applicant and inflation option selected)	Yes	
<b>Built-In Benefits</b>		
<b>Policy Limit</b>	Benefit multiplier determines policy limit (benefit multiplier x maximum monthly benefit = policy limit)  Options include 24, 36, 48 or 60 months	Pool of dollars determines policy limit  Options include \$50,000 to \$500,000 in \$500 increments
<b>Maximum Monthly Benefit</b>	\$1,500 to \$10,000 per month in \$1 increments	\$1,500 to \$10,000 per month in \$50 increments  (Subject to monthly benefit and policy limit combinations)
<b>Calendar Day Elimination Period</b>	90, 180 or 365 calendar days	0, 30, 60, 90, 180 or 365 calendar days
<b>Cash Benefit</b>	30% of home health care benefit up to initial maximum of \$2,400 per month	40% of home health care benefit up to initial maximum of \$2,400 per month
<b>Nursing Home Benefit</b>	100%	
<b>Assisted Living Facility Benefit</b>	50%, 75% or 100% of maximum monthly benefit	
<b>Home Health Care Benefit</b>	50%, 75% or 100% of maximum monthly benefit	
<b>Adult Day Care Benefit</b>	Up to 100% of the monthly home health care benefit	
<b>Stay-at-Home Benefits</b> <ul style="list-style-type: none"> <li>• Caregiver Training</li> <li>• Durable Medical Equipment</li> <li>• Home Modification</li> <li>• Medical Alert System</li> </ul>	Up to two times the maximum monthly benefit	
<b>Bed Reservation Benefit for Nursing Home &amp; Assisted Living Facility</b>	30 days per calendar year	
<b>Respite Care Benefit</b>	1 month per calendar year; no elimination period applies	
<b>Hospice Care Benefit</b>	Pays maximum monthly benefit; no elimination period applies	

## Product Information

	MutualCare® Secure Solution	MutualCare® Custom Solution
<b>International Benefit</b>	Maximum monthly benefit for up to 12 months	
<b>Waiver of Premium</b> <ul style="list-style-type: none"> <li>• Nursing Home</li> <li>• Assisted Living Facility</li> <li>• Home Health Care</li> </ul>	Included; subject to eligibility requirements	
<b>Alternate Care Benefit</b>	Available when care coordination is used	
<b>Optional Partner* Benefits</b>		
<b>Shared Care</b>	Available	
<b>Security Benefit</b>	Available	
<b>Joint Waiver of Premium</b>	Not Offered	Available
<b>Survivorship Benefit</b>	Not Offered	Available
<b>Other Optional Benefits</b>		
<b>Waiver of Elimination Period for Home Health Care</b>	Available	
<b>Nonforfeiture – Shortened Benefit Period</b> (removes Contingent Nonforfeiture built into policy)	Available	
<b>Return of Premium at Death</b> (less claims paid) – Three Times Initial Maximum Monthly Benefit	Available	
<b>Return of Premium at Death</b> (less claims paid)	Not Offered	Available
<b>Return of Premium at Death</b> (less claims paid) - If Death Occurs Before Age 65	Not Offered	Available
<b>Professional Home Health Care</b>	Not Offered	Available
<b>Inflation Protection Options</b>		
<b>Inflation Protection Options</b>	Lifetime: 3%, 4%, or 5% compound  20-Year: 3% or 5% compound  No inflation protection	Inflation Percentage: 1% to 5% compound in .25% increments  Inflation Duration: Lifetime, 20, 15 or 10 years  No inflation protection
<b>Inflation Protection Buy-Up Option</b>	Not Offered	Available
<b>Premium Allowances</b>		
<b>Partner*</b> <ul style="list-style-type: none"> <li>• Both Issued</li> <li>• One Issued</li> </ul>	30%	15%
<b>Preferred</b>	15%	
<b>Association/Sponsored Group</b>	5%	
<b>Producer</b>	5%	
<b>Common Employer</b>	5%	
<b>Premium Payment</b>		
<b>Lifetime</b>	Default	

\*Partner is defined as spouses who are legally married, domestic or civil union partners, or adults in a serious, committed personal relationship intended to be lifelong who have shared a common residence for the most recent three years, are not married to or a domestic or civil partner of anyone else, and are not related in any way that would bar marriage.

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Benefit Descriptions

We know you may need a little help remembering all the details of how our products work. So here's a brief description of all the benefits available.

- ✓ Indicates benefits that are built into the base policy
- ✚ Indicates optional benefits that are available at an additional cost

### A

#### ✓ Alternate Care Benefit

We know there may be long-term care services or treatments that don't exist today yet may become standard practice in the future. This benefit provides coverage for qualified treatments or services not specifically listed in the policy when recommended by a care coordinator.

Note: The Alternate Care Benefit may cover the services of a Christian Science provider when the insured is eligible to receive Alternate Care benefits under the policy. Here's how it works:

- Services must be provided by an accredited Christian Science nurse as listed in the Christian Science Journal; and
- Services must be incurred while confined in a Christian Science nursing organization/facility currently recognized by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization

#### ✓ Assisted Living Facility Benefit

The policy provides options for the insured to receive 100 percent of the maximum monthly benefit (with the option to reduce to 75 percent or 50 percent) to help pay for services received in an assisted living facility.

### B

#### ✓ Bed Reservation Benefit for Nursing Home & Assisted Living Facility

This benefit comes into play when the insured is confined to a nursing home or assisted living facility and requires hospitalization. Under this provision, the policy will pay up to 100 percent of the maximum monthly benefit for up to 30 days per calendar year to keep a bed available in the insured's facility until he or she returns.

### C

#### ✓ Care Coordination Benefit

Our policies offer the optional services of a care coordinator who will assess the needs of the insured, develop an individualized plan of care and help arrange for long-term care services. Here's how it works:

- There's no elimination period to satisfy, which gives the insured immediate access to the services of a care coordinator
- Care coordinators are licensed health care professionals – typically registered nurses
- The use of a care coordinator is not required; however, some policy benefits are available only when a care coordinator is used
- Upon the recommendation of a care coordinator, the policy will pay a maximum limit of up to two times the home health care maximum monthly benefit for the following stay-at-home services:
  - Caregiver training
  - Durable medical equipment
  - Home modifications
  - Medical alert system

## Product Information

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### ✓ Cash Benefit

The Cash Benefit is designed to give the insured – and his or her family – the ability to explore care options when the need for long-term care first arises. A percentage of the home health care maximum monthly benefit amount is available in cash to help pay for any expenses related to the insured’s long-term care needs. Here’s how it works:

- There’s no elimination period to satisfy in order to receive the Cash Benefit
- The Cash Benefit is paid in advance each month. If the insured is eligible for the Cash Benefit for less than an entire month, the benefit will be pro-rated based on the actual number of days the insured is eligible for the benefit in that month. (Note: It’s assumed each month consists of 30 days regardless of the actual number of days)
- No other benefits are available under the policy while the insured is receiving the Cash Benefit
- The insured may switch from a Cash Benefit to a Reimbursement Benefit by notifying us in writing. The insured has the option to switch between Cash and Reimbursement Benefits at any time
- Once the Cash Benefit has ceased, the insured must satisfy the policy’s elimination period in order for Reimbursement Benefits to begin
- Days in which the Cash Benefit is utilized do not count toward the elimination period for Reimbursement Benefits
- The Cash Benefit is not available for care received outside the United States, its territories, Canada or the United Kingdom

MutualCare® Secure Solution	MutualCare® Custom Solution
<b>Cash Benefit:</b> <ul style="list-style-type: none"> <li>• 30% of the home health care maximum monthly benefit, up to initial maximum of \$2,400* per month</li> </ul>	<b>Cash Benefit:</b> <ul style="list-style-type: none"> <li>• 40% of the home health care maximum monthly benefit, up to initial maximum of \$2,400* per month</li> </ul>

\* This amount may increase if inflation protection is added to the policy.

## E

### ✓ Calendar Day Elimination Period

This waiting period represents the initial number of calendar days the insured must be chronically ill before benefits are payable under the policy. Here’s how it works:

- If the insured is not receiving cash benefits, the elimination period begins on the first day he or she is chronically ill and receives a covered long-term care service
- Subsequent days during which the insured is chronically ill will be used to satisfy the elimination period, even if a covered service is not received on those days
- The elimination period is cumulative and needs to be satisfied only once during the life of the policy
- There is no elimination period to satisfy if the insured elects to receive the Cash Benefit; however, once the insured switches to a Reimbursement Benefit, an elimination period will apply
- A 90-day elimination period is the default option. Additional options may be elected
- Elimination periods available for Class I and Class II risks are limited to 90, 180 or 365 days

MutualCare® Secure Solution	MutualCare® Custom Solution
<b>Elimination Period:</b> <ul style="list-style-type: none"> <li>• Options include 90, 180 or 365 calendar days</li> </ul>	<b>Elimination Period:</b> <ul style="list-style-type: none"> <li>• Options include 0, 30, 60, 90, 180 or 365 calendar days</li> </ul>

H

✓ **Home Health Care Benefit**

Most people prefer to receive long-term care services at home. The insured will receive 100 percent of the maximum monthly benefit (with the option to reduce to 75 percent or 50 percent) to help pay for home health care services.

✓ **Hospice Care Benefit**

People who are terminally ill and not expected to live beyond six months need special care. The policy provides up to the maximum monthly benefit for hospice care services with no elimination period to satisfy.

I

✚ **Inflation Protection**

The cost of long-term care services is likely to be higher years down the road when the insured needs care. An optional inflation protection rider allows policy benefits to increase to assist with potential rising costs. Here's how it works:

- The current maximum monthly benefit and remaining policy limit increase annually by the percentage the insured selects
- The increase occurs on each policy anniversary date for the length of time the insured selects – either for the life of the policy or for a limited period of time

MutualCare® Secure Solution	MutualCare® Custom Solution
Lifetime: 3%, 4%, or 5% compound	Inflation Percentage: 1% to 5% compound in .25% increments
20-Year: 3% or 5% compound	Inflation Duration: Lifetime, 20, 15 or 10 years
No inflation protection	No inflation protection
	Includes guaranteed buy-up option

✚ **Inflation Protection Buy-Up Option**

The insured may increase the percentage of inflation applied to policy benefits (not to exceed five percent) on or before each policy anniversary date. The increase is effective on the policy anniversary following the election, with benefit increases occurring the following anniversary. The increase is available prior to the lesser of 20 years or age 75.

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

✓ **International Benefit**

This benefit is available to an insured who may be confined to a nursing home or assisted living facility or is receiving home health care or adult day care outside the United States, its territories, Canada or the United Kingdom. Here's how it works:

- The International Benefit is equal to twelve times the maximum monthly benefit
- This benefit is paid regardless of the amount of incurred expenses in any given month (the incurred expense may be more or less than the maximum monthly benefit amount)
- No additional International Benefits are payable under the policy once the benefits paid equal the International Benefit lifetime maximum
- The Cash Benefit is not available in conjunction with the International Benefit



## Product Information

### J

#### ✦ Joint Waiver of Premium Benefit

This optional rider waives premium for both partners when one partner is on claim. Here's how it works:

- No premium will be due from the insured partner for as long as the other partner's premium is waived
- When the waiver period ends under the other partner's policy, premium payments for the insured partner will resume and must be paid to keep the policy in force
- If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived
- This Joint Waiver of Premium Benefit is not available in conjunction with:
  - Security Benefit
  - Partner Premium Allowance (one issued)
- The Joint Waiver of Premium Benefit is not offered for Class I or Class II health risks

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

### M

#### ✓ Maximum Monthly Benefit

This is the maximum dollar amount the policy will pay each month. Options range from \$1,500 to \$10,000 per month.

- \$5,000 maximum allowed for Class I and Class II health risks

MutualCare® Secure Solution	MutualCare® Custom Solution
<ul style="list-style-type: none"> <li>• Available in increments of \$1</li> </ul>	<ul style="list-style-type: none"> <li>• Available in increments of \$50</li> <li>• Amounts range from 1% to 4% of the policy limit. For example: the monthly benefit on a \$300,000 pool of dollars would range from \$3,000 to \$10,000</li> </ul>

### N

#### ✦ Nonforfeiture – Shortened Benefit Period

This allows coverage to continue on a reduced basis in the event the insured stops paying premiums. Here's how it works:

- The policy must have been in force for three years in order for this provision to take effect
- This rider replaces the contingent nonforfeiture language in the policy
- The Non-Forfeiture – Shortened Benefit Period rider MUST be offered. If it is not selected, the contingent nonforfeiture benefit becomes the default

#### ✓ Nursing Home Benefit

Nursing home care is a very costly long-term care service. The policy provides 100 percent of the maximum monthly benefit amount to help pay for covered services received in a nursing home.

P

Table of Contents

✓ **Policy Limit**

This is the maximum dollar amount payable over the remaining life of a policy. All benefits paid, except Care Coordinator and Waiver of Premium, will reduce the policy limit. The initial policy limit shown on the policy schedule may be adjusted if coverage is decreased or increased. If an optional inflation protection rider is attached to the policy, the remaining policy limit will be increased annually.

MutualCare® Secure Solution	MutualCare® Custom Solution
<p>Uses a benefit multiplier to determine the initial policy limit (benefit multiplier x maximum monthly benefit = policy limit)</p> <ul style="list-style-type: none"> <li>Options include 24, 36, 48 or 60 months</li> <li>60-month benefit multiplier and \$5,000 monthly benefit is the maximum allowed for Class I and Class II health risks</li> </ul>	<p>Uses a pool of dollars to determine the initial policy limit</p> <ul style="list-style-type: none"> <li>Options include \$50,000 to \$500,000 in \$500 increments</li> <li>\$300,000 policy limit and \$5,000 monthly benefit is the maximum allowed for Class I and Class II health risks</li> </ul>

Product Information

✚ **Premium Allowances**

We offer a variety of premium allowances that help people save money. The insured is eligible to receive one or more of the following premium allowances:

<p><b>Partner (both issued) – 30 percent</b></p> <p>If both partners are issued long-term care insurance from Mutual of Omaha, they each receive a 30 percent premium allowance.</p> <ul style="list-style-type: none"> <li>Available when both policies are issued under the same policy form/product</li> <li>Any partner that was previously issued under a different policy form/product is not eligible for the Partner Allowance</li> <li>If one applicant cancels the contract and it results in a cancel back to issue or policy not taken, the 30 percent partner allowance will be replaced by the 15 percent Partner Allowance (one issued)</li> <li>Not available with the Security Benefit</li> </ul>	<p><b>Partner (one issued) – 15 percent</b></p> <p>A 15 percent allowance is offered to an applicant whose partner is not issued long-term care insurance from Mutual of Omaha.</p> <ul style="list-style-type: none"> <li>Includes any partner not meeting the criteria for Partner (both issued)</li> <li>Not available with the Joint Waiver of Premium, Survivorship or Shared Care Benefits</li> </ul>
<p><b>Preferred – 15 percent</b></p> <p>A 15 percent premium allowance is offered to applicants who are in good health.</p> <ul style="list-style-type: none"> <li>The Preferred Allowance will be applied at the discretion of the underwriter</li> <li>Can be combined with all partner allowances</li> </ul>	<p><b>Producer – 5 percent</b></p> <p>You and your partner are each eligible for a five percent premium allowance when you purchase this Mutual of Omaha long-term care insurance policy</p> <ul style="list-style-type: none"> <li>Not available with Association/Sponsored Group or Common Employer Allowances</li> </ul>
<p><b>Association/Sponsored Group – 5 percent</b></p> <p>Applicants who are members of a qualifying association group are eligible for a five percent premium allowance.</p> <ul style="list-style-type: none"> <li>Also applies to the partner of the insured</li> <li>Includes a compensation offset</li> <li>Not available with the Producer Allowance</li> <li>Not available to add after issue</li> </ul>	<p><b>Common Employer – 5 percent</b></p> <p>Five or more applicants who share a common employer all are eligible for a five percent premium allowance.</p> <ul style="list-style-type: none"> <li>Once the five-person minimum is met, other employees of the same company also will receive the Common Employer Allowance</li> <li>Cannot be employer paid or sponsored</li> <li>PRD is not available</li> <li>Not available with Association/Sponsored Group or Producer Allowances</li> <li>Not available to add after issue</li> </ul>

Underwriting Guidelines

Completing the Application

Administrative Handling

Sales & Marketing Information

Contact Information

\*Partner is defined as spouses who are legally married, domestic or civil union partners, or adults in a serious, committed personal relationship intended to be lifelong who have shared a common residence for the most recent three years, are not married to or a domestic or civil partner of anyone else, and are not related in any way that would bar marriage.

## Product Information

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### + Professional Home Health Care

This optional rider makes additional benefits available when home health care services are provided by a nurse\* or skilled professional specializing in physical, respiratory, occupational or speech therapy, audiology, nutrition or chemotherapy administration. If the cost of services exceeds the home health care maximum monthly benefit in any given month, this benefit provides up to an additional 100 percent of the home health care maximum monthly benefit.

\*Additional funds for home healthcare provided by a nurse are limited to 365 days over the life of the policy.

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

R

### ✓ Respite Care Benefit

The policy pays for one month of respite care per calendar year. This benefit is intended to provide temporary services of another person or facility in order to give the insured's regular, unpaid caregiver a break from providing care.

### + Return of Premium at Death (minus claims paid) – Three Times Initial Maximum Monthly Benefit

This optional rider returns up to three times the maximum monthly benefit of the policy, minus claims paid, upon the insured's death after the policy has been in force for a 10-year period. For the purposes of this rider, the maximum monthly benefit is the lesser of three times the initial maximum monthly benefit, or three times the current maximum monthly benefit, excluding the whole amount of any inflation protection increases that may have been received.

- Not available for applicants age 64 and older
- Not available with Shared Care

### + Return of Premium at Death (minus claims paid)

This optional rider returns premium paid on the policy, minus claims paid, upon the insured's death.

- Not available for applicants age 64 and older
- Not available with Shared Care

### + Return of Premium at Death (minus claims paid) – If Death Occurs Before Age 65

This optional rider returns premium paid on the policy, minus claims paid, if the insured dies before age 65.

- Not available for applicants age 64 and older
- Not available with Shared Care

ROP Option	MutualCare® Secure Solution	MutualCare® Custom Solution
ROP – Three Times Maximum Monthly Benefit	Available	Available
ROP at Death	Not Offered	Available
ROP – If Death Occurs Before Age 65	Not Offered	Available

S

Table of Contents

**+ Security Benefit**

This optional rider provides an additional benefit without a reduction in the policy limit when the insured is receiving benefits and his or her partner is alive. The additional funds may be used to help pay for care or living expenses for an uninsured partner. Here’s how it works:

- Pays the insured an additional 60 percent of the reimbursement benefit each month, excluding the cash benefit if any, for covered services received
- The Security Benefit will not reduce the policy limit
- The Security Benefit is only available with Partner (one issued) Allowance
- The Security Benefit is not offered for Class I or Class II health risks or for issue ages over age 69

**+ Shared Care Benefit**

This optional rider allows one insured to access benefits under a partner’s policy. Here’s how it works:

- Benefits must be identical at the time of policy issue
- Once benefits have been exhausted under the insured’s policy, but the need for long-term care services continues, he or she may access benefits under a partner’s identical policy until a minimum of 12 times the current maximum monthly benefit remains
- If one partner dies while both policies are in force, the surviving partner will receive the deceased partner’s remaining policy limit with no effect on the surviving partner’s premium. If an inflation option was chosen, the new total amount will inflate accordingly
- The Shared Care Benefit is only available when both partners apply for coverage at the same time and are issued identical policies
- The Shared Care Benefit is not available with:
  - Security Benefit
  - Return of Premium at Death (minus claims paid)
  - Return of Premium at Death (minus claims paid) – Three Times Initial Maximum Monthly Benefit
  - Return of Premium at Death (minus claims paid) – If Death Occurs Before Age 65
  - Partner Premium Allowance (one issued)
- The Shared Care Benefit is not offered for Class II health risks or if Underwriting determines one or both applicants pose a greater than normal risk

Product Information

Underwriting Guidelines

Completing the Application

Administrative Handling

Sales & Marketing Information

Contact Information

MutualCare® Secure Solution	MutualCare® Custom Solution
Not offered to Class I health risks with: <ul style="list-style-type: none"> <li>• A benefit multiplier greater than 36 months</li> <li>• A maximum monthly benefit greater than \$5,000</li> </ul>	Not offered to Class I health risks with: <ul style="list-style-type: none"> <li>• A policy limit greater than \$180,000</li> <li>• A maximum monthly benefit greater than \$5,000</li> </ul>

## Product Information

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### + Survivorship Benefit

This optional rider allows an insured to have a paid-up policy in the event his or her partner dies. Here's how it works:

- If the insured's partner dies after the policy has been in force for 10 years or more, no further premium is due on the insured's policy
- If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived
- The Survivorship Benefit is not available in conjunction with:
  - Security Benefit
  - Partner Premium Allowance (one issued)
- The Survivorship Benefit is not offered for Class I or Class II health risks

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

W

### + Waiver of Elimination Period for Home Health Care

This optional rider enables the insured to receive home health care benefits without having to satisfy an elimination period. Here's how it works:

- Once expenses are incurred for covered home health care services or adult day care, the elimination period for home health care or adult day care will be waived
- Days on which the elimination for home health care is waived will be used to satisfy the elimination period for other benefits available under the policy. The elimination period for nursing home and assisted living will begin to be satisfied on a calendar-day basis
- This rider is not available for Class I or Class II health risks

### ✓ Waiver of Premium

This benefit means no premium is due while the insured receives covered long-term care services. Here's how it works:

- After the policy's elimination period has been satisfied, no further premium payments are required effective on the date benefits are first paid for nursing home, assisted living or at least eight days of home health care or adult day care in any continuous 30-day period
- Premium also is waived if the insured is receiving the cash benefit
- The premium payment mode does not affect the waiver of premium start date; however, any portion of premium paid beyond the start date will not be refunded. Instead, we will credit such premium to any future premium payments that come due
- Once the waiver of premium ends, the insured must resume premium payments to keep the policy in force

## Our Underwriting Philosophy

We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs)

Activities of Daily Living	Instrumental Activities of Daily Living
<ul style="list-style-type: none"> <li>• Eating</li> <li>• Toileting</li> <li>• Transferring</li> <li>• Bathing</li> <li>• Dressing</li> <li>• Continence</li> </ul>	<ul style="list-style-type: none"> <li>• Shopping</li> <li>• Meal preparation</li> <li>• Housework</li> <li>• Laundry</li> <li>• Managing money</li> <li>• Taking medication</li> <li>• Using the telephone</li> <li>• Walking outdoors</li> <li>• Climbing stairs</li> <li>• Reading/writing</li> <li>• Transportation</li> </ul>

## Issue Ages

Applicants between the ages of 30 and 79 will be considered for coverage. There may be age limitations for some policy options.

## Save Age

Premium will be based on the applicant's age at the time the application is signed. If the applicant's date of birth is within 30 days of the application signing date, premium will be based on the younger age.

## Suitability

A long-term care personal worksheet is included in the application packet and must be submitted with each application. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This policy is not available to anyone who meets Medicaid eligibility guidelines
- If the applicant does not disclose financial information or if the disclosed information indicates the policy is not suitable, the applicant will receive a letter asking them if they want to continue with the application

## Eligibility

The application clearly identifies impairments that make an applicant ineligible for coverage. You should NOT submit an application for anyone who:

- Answers "yes" to any question in the Health Insurability Questions section the application
- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a “decline” in the Medical Impairment section
- Has a living environment (as noted during the face-to-face interview) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months
- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)

### **NOTE:**

*Higher-risk applicants may receive an adjusted offer or reduced benefits and/or higher premium. You will be notified if the approved policy is different than applied for.*

## Underwriting Rules

All available options may be added to the policy selected unless a specific combination of options is not allowed by underwriting rules.

- Underwriting will be the same for the base policy and selected optional benefits
- Addition premium will be required for optional benefits
- Optional benefits still being marketed may be added at the time of sale or within 60 days of policy issue with underwriter approval

## Rate Classes

The Medical Impairments section and the Build Chart will help you determine the appropriate rate class to quote.

- Applications should not be submitted for anyone who is over or under the weight guidelines, has an uninsurable health condition or is taking a medication associated with an uninsurable health condition
- It's recommended that an applicant never be quoted better than Select (the underwriter will add a Preferred allowance to the policy, if appropriate)

# Underwriting Guidelines

- Certain policy limits are placed on Class I and Class II health risks, including:
  - Maximum 60-month benefit multiplier
  - Maximum \$300,000 policy limit
  - Maximum \$5,000 monthly benefit
  - Minimum 90-day elimination period
  
- In addition, not all policy benefits are available for Class I and Class II health risks, including:
  - Security Benefit
  - Joint Waiver of Premium Benefit
  - Survivorship Benefit
  - Shared Care Benefit (available for Class I health risks with a maximum 36-month benefit multiplier, \$180,000 policy limit and/or \$5,000 maximum monthly benefit)
  - Waiver of Elimination Period for Home Health Care

Preferred	Select	Class I	Class II
15% allowance at underwriter discretion	100%	125%	150%
Applicant is considered a preferred risk and is eligible for all policy benefit options	Applicant is considered a standard risk and is eligible for all policy benefit options	Applicant is considered to be a higher risk for utilization of long-term care services	Applicant is considered to be a significantly higher risk for utilization of long-term care services  Reserved for use at underwriter discretion. Do not quote Class II unless prequalified by an underwriter

**REMEMBER...**

*Never quote an applicant better than the select rate. The underwriter will add the preferred allowance, if applicable.*

Table of Contents

Product Information

**Underwriting Guidelines**

Completing the Application

Administrative Handling

Sales & Marketing Information

Contact Information



## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

**Underwriting  
Guidelines**

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Criteria for Preferred Underwriting

In order to qualify for preferred underwriting and the 15 percent preferred premium allowance, applicants must meet ALL of the following criteria:

1. An applicant must have seen a physician for a head-to-toe physical exam and complete metabolic profile within the past two years
2. He or she must not have been declined, rated or denied reinstatement for long-term care insurance within the last three years
3. The applicant must have been tobacco free for the past two years
4. He or she must fall within the minimum and preferred maximum range on the build chart
5. An applicant must not use a cane
6. He or she must not take any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medication
  - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
  - Medication for controlled cholesterol (cholesterol less than 250)
  - Medication for temporary, acute conditions
7. The applicant must not be diagnosed with or treated for any of the following:
  - Asthma
  - Atrial fibrillation
  - Blood disease or disorder (excluding treated iron deficiency anemia)
  - Blood clotting disorder
  - Cancer (excluding basal cell or squamous cell skin cancer)
  - Carotid artery disease
  - Chronic fatigue syndrome
  - Chronic obstructive pulmonary disease (COPD)
  - Chronic pain
  - Diabetes
  - Emphysema
  - Fibromyalgia
  - Heart disease, including coronary artery disease and heart valve disorder (excluding mitral valve prolapse or controlled high blood pressure average reading less than 140/90 for the past six months)
  - Hepatitis
  - Joint replacement
  - Moderate osteoarthritis
  - Neurological disease or disorder
  - Peripheral arterial/vascular disease
  - Polymyalgia rheumatica
  - Psychiatric disease or disorder (excluding seasonal affective disorder or resolved situational depression)
  - Respiratory disease or disorder, excluding acute bronchitis, pneumonia, or exercise induced, reactive or extrinsic asthma
  - Rheumatoid arthritis
  - Sleep apnea
  - Spinal stenosis
  - Stroke
  - TIA (transient ischemic attack)
  - Tremor

## Build Chart – Unisex

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
4'8"	82	133	164	190
4'9"	85	138	170	198
4'10"	87	143	176	205
4'11"	90	148	182	212
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or Class II will be declined
- An applicant above the Class I Maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented in medical records or obtained during a face-to-face interview

### Uninsurable Health Conditions

Acoustic Neuroma (unoperated)	Connective Tissue Disease
Acromegaly	Cor Pulmonale
ADL Deficit	CREST Syndrome
AIDS/ARC	Crohn's (multiple flares or with complications)
Adult Day Care within 6 months	Cushing's Syndrome
Agoraphobia	Cystic Fibrosis
Alcohol 4 or more drinks daily	
Alcoholism with any current alcohol use	Defibrillator (implanted)
ALS	Dementia
Alzheimer's Disease	Dermatomyositis
Amputation due to disease, other than cancer	Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Amputation 2 or more limbs	Dialysis
Amyloidosis	Dilated Cardiomyopathy
Ankylosing Spondylitis	Disabled, except < 50% VA disability
Anorexia	Down's Syndrome
Aplastic Anemia	Dwarfism
Arnold-Chiari Malformation	Dystonia
Arrhythmia (uncontrolled)	
Arteriovenous Malformation (AVM) (unoperated)	Ehlers-Danlos
Arthritis requiring narcotic pain medication	Epilepsy (>2 seizures/year)
Asperger's Syndrome	Epstein-Barr Virus (within 2 years)
Assisted Living Facility (resident within 6 months)	
Ataxia	Fibromuscular Dysplasia
Avascular Necrosis (unoperated)	Fibromyalgia (disabling)
	Frailty
Back Pain (disabling or requiring narcotic pain medication)	Friedrich's Ataxia
Bell's Palsy (present)	
Benign Positional Vertigo (BPV) (with falls)	Gaucher's
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)	Glomerulonephritis
Blindness (not adapted or with ADL/IADL limitations)	
Bowel Incontinence	Head Injury (residual functional or cognitive impairment)
Buerger's Disease	Heart Transplant
Bulimia	Hemiplegia
Bullous Pemphigoid (active)	Hemophilia
	Hepatitis (chronic, active, alcohol related, residual liver damage)
Cardiomyopathy (dilated)	HIV Positive
Castleman's	Hoarding
Cerebral Aneurysm (unoperated)	Home Health Care (within 6 months)
Cerebral Palsy	Huntington's Chorea
Cerebrovascular Accident (CVA) (2 or more)	Hydrocephalus
Charcot Marie Tooth	IADL Deficit
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)	Immune Deficiency
Cirrhosis	Implantable Stimulator
Complex Regional Pain Syndrome	Irritable Bowel Syndrome (uncontrolled or with weight loss)
Confusion	

**Uninsurable Health Conditions (continued)**

<p>Kidney Failure Kidney Transplant</p> <p>Lacunar Infarct (2 or more) Liver Transplant Lou Gehrig’s Disease Lupus (systemic)</p> <p>Marfan’s Syndrome Medicaid Recipient Memory Loss Mental Retardation Mixed Connective Tissue Disease Multiple Myeloma Multiple Sclerosis Muscular Dystrophy Myelodysplasia Myelodysplastic Syndrome Myelofibrosis Myasthenia Gravis (generalized)</p> <p>Neurofibromatosis Neurogenic Bowel or Bladder Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers), or severe Nursing Home resident (within 6 months)</p> <p>Occupational Therapy (within 3 months*) *contact Underwriting to prequalify if within 3 months Organ Transplant Organic Brain Syndrome Osteoporosis (T score -4.0 or worse) Oxygen use</p> <p>Pancreas Transplant Pancreatitis (alcohol related, or &gt;2 episodes) Paralysis Paraplegia Parkinson’s Disease Pemphigus Vulgaris Physical Therapy (within 3 months*) *contact Underwriting to prequalify if within 3 months Pick’s Disease Polycystic Kidney Disease Polymyositis Polyneuropathy Post Herpetic Neuralgia</p>	<p>Post Polio Syndrome (with progressive weakness, fatigue, or limitations) Pregnancy (Is pregnant or receiving medical treatment to become pregnant) Primary Biliary Cirrhosis Pseudotumor Cerebri Psychiatric Hospitalization (within 3 years, or 2 or more) Psychosis Pulmonary Hypertension</p> <p>Quad Cane use Quadriplegia</p> <p>Reflex Sympathetic Dystrophy Retinal Vein Occlusion (2 or more)</p> <p>Schizophrenia Scleroderma Sclerosing Cholangitis Shingles (within 6 months) Sjogren’s Syndrome (systemic) Social Withdrawal Speech Therapy (within 3 months*) *contact Underwriting to prequalify if within 3 months Spina Bifida Stroke (2 or more) Surgery (requiring general anesthesia scheduled or planned) Systemic Lupus</p> <p>Thalassemia Major Thrombocytosis Transient Ischemic Attack (TIA) (2 or more) Tuberculosis</p> <p>Underweight</p> <p>Ventriculoperitoneal shunt Von Willebrand’s Disease</p> <p>Walker use Wegener’s Granulomatosis Weight loss (unintentional or unexplained) Wheelchair use</p>
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Table of Contents

Product Information

**Underwriting Guidelines**

Completing the Application

Administrative Handling

Sales & Marketing Information

Contact Information

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

Medication	Condition	Medication	Condition
3TC	HIV	Ergoloid	Dementia
Abilify	Antipsychotic	Exelon	Dementia, Parkinson's
Adriamycin	Cancer	Fentanyl	Chronic Pain
Akinetin	Parkinson's	Furosemide	Heart/Kidney Disease
Alkeran	Cancer	>60 mg/day	
Amantadine	Parkinson's	Fuzeon HIV	
Antabuse	Alcohol Abuse	Galantamine	Dementia
Apokyn	Parkinson's	Geodon	Schizophrenia
Aptivus	HIV	Gleevac C	ancer
Aricept	Dementia	Gold	Rheumatoid Arthritis
Arimidex	Cancer treatment, acceptable if used for cancer prevention	Haldol	Psychosis
Artane	Dementia	Haloperidol	Psychosis
Atripla	HIV	Hepsera	Hepatitis B
Avinza	Chronic Pain	Herceptin	Cancer
Avonex	Multiple Sclerosis	Hydergine	Dementia
Axona	Dementia	Hydrea	Cancer
Azilect	Parkinson's	Hydrocodone	Chronic Pain
AZT	HIV	Hydromorphone	Chronic Pain
Baclofen	Multiple Sclerosis	Hydroxyurea	Cancer
Baraclude	Hepatitis B	Imuran	Immunosuppression
Bendopa	Parkinson's	Incivek	Hepatitis C
Betaseron	Multiple Sclerosis	Insulin	Diabetes
Boceprevir	Hepatitis C	>50 units/day	
Campral	Alcohol Abuse	Interferon	HIV, Hepatitis, Multiple Sclerosis
Capaxone	Multiple Sclerosis	Indinavir	HIV
Carbidopa	Parkinson's	Invega	Schizophrenia
Cee Nu	Cancer	Invirase	HIV
Cellcept	Organ Transplant	Isoxsuprine	Dementia
Cerefolin	Memory Loss	IVIG	Immune Deficiency
Cisplatin	Cancer	Kadian	Chronic Pain
Codeine	Chronic Pain	Kaletra	HIV
Cogentin	Parkinson's	Kemadrin	Parkinson's
Cognex	Dementia	Lanzac	Psychosis
Combivir	HIV	Lasix	Heart Disease
Comtan	Parkinson's	>60 mg/day	
Copaxone	Multiple Sclerosis	L-Dopa	Parkinson's
Crixivan HIV		Lenalidomide	Myelodysplastic Syndrome
Cycloserine	Alzheimer's	Letairis	Pulmonary Hypertension
Cytosan	Cancer, severe Arthritis	Lexiva	HIV
D4T	HIV	Leukeran	Immunosuppression
Dantrium	Multiple Sclerosis	Levodopa	Parkinson's
Dantrolene	Multiple Sclerosis	Lioresal	Multiple Sclerosis
DDC	HIV	Lomustine	Cancer
DDI	HIV	Lorcet	Chronic Pain
Demerol	Chronic Pain	Lortab	Chronic Pain
Deprenyl	Parkinson's	Marinol	Various Reasons
DES	Cancer	Megace	Cancer
Dolophine	Chronic Pain	Megestrol	Cancer
Donepezil	Dementia	Mellaril	Psychosis
DuoNeb	COPD	Melphalan	Cancer
Duragesic	Chronic Pain	Memantine	Dementia
Eldepryl	Parkinson's	Meperidine	Chronic Pain
Eligard	Prostate Cancer	Mestinon	Myasthenia Gravis
Emtriva	HIV		
Epivir	HIV		
Epogen	Kidney Failure, HIV		
Epzicom	HIV		

# Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

Medication	Condition
Metanx	Diabetic Neuropathy
Methadone	Chronic Pain, Drug Abuse
Methotrexate >25 mg/week	Rheumatoid Arthritis
Mirapex	Parkinson's, acceptable if used for Restless Leg Syndrome
Morphine	Chronic Pain
MS Contin	Chronic Pain
Myerlan	Cancer
Namenda	Dementia
Narcotics > 3 doses per week	Chronic Pain
Natrecor	CHF
Navane	Psychosis
Nelfinavir	HIV
Neoral	Immunosuppression
Neupro	Parkinson's
Niloric	Dementia
Norvir	HIV
Novatrone	Multiple Sclerosis
Oxycodone	Chronic Pain
Oxycontin	Chronic Pain
Paraplatin	Cancer
Parlodel	Parkinson's
Parsidol	Parkinson's
Pegasys	Hepatitis C
Peg-Intron	Hepatitis C
Percocet	Chronic Pain
Percodan	Chronic Pain
Permax P	arkinson's
Prednisone >10 mg/day	COPD, Arthritis
Prezista	HIV
Procrit	Kidney Failure, HIV
Prolixin	Psychosis
Razadyne	Dementia
Rebetol	Hepatitis C
Rebif	Multiple Sclerosis
Recombinant	Multiple Sclerosis
Reminyl	Dementia
Remodulin	Pulmonary Hypertension
Requip	Parkinson's
Rescriptor	HIV
Retrovir	HIV
Revlimide	Myelodysplastic Syndrome
Reyataz	HIV
Riluzole	ALS
Risperdal	Psychosis

Medication	Condition
Risperdone	Psychosis
Ritonavir	HIV
Roxicet	Chronic Pain
Sandimmune	Immunosuppression
Selzentry	HIV
Serentil	Psychosis
Seroquel	Antipsychotic
Sinemet	Parkinson's
Somavert	Acromegaly
Stalevo	Parkinson's
Stelazine	Psychosis
Sustiva	HIV
Symmetrel	Parkinson's
Tacrine	Dementia
Taractan	Psychosis
Tasmar	Parkinson's
Telaprevir	Hepatitis C
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Tramadol	Chronic Pain
Trelstar-LA	Prostate Cancer
Trilafon	Psychosis
Trizivir	HIV
Truvada	HIV
Tylenol #3	Chronic Pain
TYSABRI	Multiple Sclerosis
Tyzeka	Hepatitis B
Ultram	Chronic Pain
Urso	Liver Disease
Valycte	CMV HIV
Vasodilan	Dementia
Vayacog	Memory Loss
VePesid	Cancer
Vertex	Hepatitis C
Vicodin	Chronic Pain
Victrellis	Hepatitis C
Videx	HIV
Vincristine	Cancer
Viracept	HIV
Viramune	HIV
Viread	HIV
Zanosar	Cancer
Zelapar	Parkinson's
Zelodox	Schizophrenia
Zerit	HIV
Ziagen	HIV
Ziprasidone	Schizophrenia
Zyprexa	Antipsychotic

## Alzheimer's Disease/Dementia

Aricept	Reminyl
Artane	Hydergine
Axona	Memantine
Cognex	Metrifonate
Ergolid	Namenda
Exelon	Tacrine
Galantamine	Vasodilan
Isoxsuprine	Vayacog
Razadyne	

## Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

## Parkinson's Disease

Amantadine	Mirapex
Carbidopa	Parlodel
Cogentin	Permax
Eldepryl	Requip
Kemadrin	Sinemet
L-Dopa	Symmetrel
Levodopa	

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage.  
Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

## Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

**S\*** May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met

**S** Select coverage issued at select rates

**Class I** 25 percent rating, maximum 60-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

**Class II** 50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum 60-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

**IC** Individual Consideration

**D** Decline

### Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered . . . . . S

Unoperated, stable for 2 years, diameter <5 cm . . . . . S

Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years . . . . . D

**Acoustic Neuroma** surgically removed, after 6 months, no residuals . . . . . S

Unoperated . . . . . D

**Acromegaly** . . . . . D

### ADD/ADHD

Stable 1 year . . . . . S

Not stable 1 year, or disabled . . . . . D

**Addison's Disease**, after 3 years, controlled . . . . . S

After 12 months, controlled . . . . . Class I-IC

**ADL Deficit** . . . . . D

**AIDS/ARC** . . . . . D

**Adult Day Care** within 6 months . . . . . D

After 6 months . . . . . IC

**Agoraphobia** . . . . . D

**Alcohol** regular consumption of 4 or more drinks per day . . . . . D

Advised by a physician to limit, or stop alcohol consumption due to  
alcohol induced health or social problems . . . . . D

Binge drinking, 5 or more drinks in a day, 1 or more days per week . . . . . D

### Alcohol Abuse/Alcoholism

At least 3 years of sobriety, active in a support group . . . . . S

Less than 3 years of sobriety . . . . . D

**Alpha-1 Antitrypsin Deficiency** . . . . . D

**ALS** (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) . . . . . D

**Alzheimer's Disease** . . . . . D

**Amaurosis Fugax** . . . . . see TIA

**Amnesia, Transient Global** . . . . . see TIA



## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

<b>Amputation</b> due to trauma, after 12 months, one limb, no limitations . . . . .	S
Due to Cancer . . . . .	S-IC
Due to disease other than cancer . . . . .	D
Two or more limbs regardless of cause . . . . .	D
<b>Amyloidosis</b> . . . . .	D
<b>Ankylosing Spondylitis</b> . . . . .	D
<b>Anemia</b> cause identified, managed . . . . .	S*-IC
Not fully evaluated, cause unknown, not adequately managed, or Aplastic . . . . .	D
<b>Angina</b> . . . . .	see CAD
<b>Angioplasty</b> . . . . .	see CAD
<b>Aneurysm</b> operated, after 6 months, fully recovered . . . . .	S
Other than Cerebral, unoperated, stable for 2 years. . . . .	IC
Cerebral, unoperated . . . . .	D
Cerebral, with rupture or bleed. . . . .	see CVA
<b>Anorexia</b>	
Current or within 10 years . . . . .	D
Resolved at least 10 years . . . . .	S-IC
<b>Anxiety</b>	
< 70 years of age, after 6 months, controlled with medication, fully functional . . . . .	S*
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years . . . . .	S-IC
Regardless of age, two or more psychiatric hospitalizations, or disabled . . . . .	D
<b>Aortic Insufficiency</b> . . . . .	see Heart Valve Disorder
<b>Aortic Regurgitation or Stenosis</b> . . . . .	see Heart Valve Disorder
<b>Antiphospholipid Syndrome</b> . . . . .	See Factor V Von Leiden
<b>Arnold-Chiari Malformation</b> . . . . .	D
<b>Arrhythmia</b> excluding Atrial Fibrillation	
Controlled . . . . .	S*-IC
Uncontrolled . . . . .	D
<b>Arteriovenous Malformation (AVM)</b>	
>1 year since surgical repair, no residuals . . . . .	Class I
Unoperated, or operated with residual impairment . . . . .	D
<b>Arthritis</b>	
Mild after 3 months, by X-ray findings and symptoms, controlled, no ADL/IADL deficits managed with nonsteroidal medication . . . . .	S*
Moderate after 1 year, by X-ray findings and symptoms, stable, controlled on nonsteroidal medication, no injections needed, no ADL/IADL deficits . . . . .	S-IC
Advanced after 1 year, by X-ray findings and symptoms, stable for 6 months, not requiring >2 Synvisc, or similar injections per year, taking fewer than 4 doses of narcotics per week, no surgery recommended or planned . . . . .	Class I
Severe, by symptoms or X-ray findings show bone on bone, or ADL/IADL deficits. . . . .	D
Any severity with steroid, Synvisc, or similar injection, within 12 months of starting injections, or advised to have surgery, therapy, or additional injections, or with significant joint deformities . . . . .	D

**Medical Impairments (continued)**

**Rheumatoid Arthritis** mild, moderate, stable for 1 year, no limitations . . . . . Class I-IC  
 On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold . . . . . D  
 Severe disease, or with ADL/IADL deficits . . . . . D  
 Any, taking a medication indicated for severe arthritis on Uninsurable Medication list,  
 or requiring more than 3 doses of narcotic pain medication per week, or with significant  
 joint deformities . . . . . D  
**Asbestosis** . . . . . see COPD  
**Asperger’s Syndrome** . . . . . D  
**Asthma**  
 Exercise induced, reactive, or extrinsic . . . . . S\*  
 All others . . . . . see COPD  
**Assisted Living Facility Resident** within 6 months . . . . . D  
**Ataxia or Muscular Incoordination** . . . . . D  
**Atrial Fibrillation/Flutter** single episode, after 6 months, maintained in sinus rhythm . . . . . S  
 Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder . . . . . S-IC  
 >6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder . . . . . Class I  
 Chronic, after 6 months, controlled on prescription blood thinner . . . . . Class I  
 Diagnosed or hospitalized, or cardioverted within 6 months . . . . . D  
 With history of TIA, CVA, Congestive Heart Failure or unoperated Heart Valve Disorder . . . . . D  
 Chronic, not on prescription blood thinner . . . . . D  
 Average BP reading >159/89 . . . . . D  
 Chronic, in combination with Diabetes . . . . . Class II  
**Autism** . . . . . D  
**Autoimmune Disorder** . . . . . see specific condition  
**Autoimmune Hepatitis** . . . . . D  
**Avascular Necrosis**, after 12 months, treated no residual limitations . . . . . IC  
 Untreated or with any limitations . . . . . D  
 Surgically repaired, no limitations, after 1 year . . . . . S  
**Back Pain/Strain** single episode, not disabling . . . . . S\*  
 Chronic, not disabling . . . . . S-IC  
 Chronic, disabling, or epidural steroid injections within 6 months, or advised to have  
 epidural steroid injections, therapy, or surgery . . . . . D  
 After 6 months . . . . . see Herniated Disc  
**Balance Disorder**, after 6 months, resolved . . . . . S-IC  
 Less than 6 months, or currently present . . . . . D  
**Behcet’s Disease** . . . . . D  
**Bell’s Palsy** resolved . . . . . S\*  
 Present . . . . . D  
**Benign Essential Tremor** . . . . . see Tremor  
**Benign Positional Vertigo (BPV)**  
 Not associated with falls . . . . . S\*  
 Associated with falls . . . . . D

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

#### Benign Prostatic Hypertrophy (BPH)

Any age, PSA velocity <.75ng/ml per year for 3 years, PSA <18, negative biopsy	S*
Age <75 PSA velocity >.75ng/ml per year	D
Age >75 PSA velocity >.75 ng/ml per year, PSA >10	D
Age >75 PSA velocity >.75ng/ml per year, PSA <10	IC

#### Bipolar

After 3 years, controlled on medication, fully functional not disabled	S
<3 years duration, or psychiatric hospitalization within the past 5 years	D
2 or more psychiatric hospitalizations	D

#### Blindness

Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D

**Blood Clotting Disorder** ..... see Factor V Von Leiden

#### Blood Pressure

(See High Blood Pressure)

**Bone Marrow Transplant** ..... D

**Brain MRI, abnormal** ..... see Cerebrovascular Disease

**Brain Stimulator** ..... D

**Brain Tumor**, benign, stable 2 years, no surgery planned, no limitations ..... S-IC  
With regrowth after surgery ..... D

**Broken Bones** ..... see Fracture

**Brain Attack** ..... see CVA

#### Bronchitis

Acute 2, or fewer episodes per year	S*
Chronic	see COPD

**Bronchiectasis** ..... see COPD

**Buerger's Disease** ..... D

#### Bulimia

Current or within 10 years	D
Resolved at least 10 years	S-IC

**Bullous Pemphigoid** in remission 2 years, not on steroids ..... IC  
Active disease ..... D

#### Cancer

Any not specifically listed below, not Stage IV, single cancer, 2 years since date of last treatment, full recovery, no recurrence	S-IC
Any site, tobacco use within 12 months	Class I-D
Any site, Stage IV, after 5 years cancer free	Class I
Any site, 2 or more cancers, other than non-melanoma skin cancer, cancer free for 5 years after most recent occurrence	Class I-D
Any site, treated with bone marrow transplant, or stem cell transplant	D
<b>Bladder</b> , transitional/superficial/non-invasive, treated, fully recovered	S
With on going BCG treatment	D
Invasive, after 3 years	IC
Recurrent	IC

Medical Impairments (continued)

**Breast**  
 In situ, treatment completed, full recovery, no recurrence . . . . . S  
     Stage I, after 1 year . . . . . S  
     Stage II-III, after 2 years . . . . . S  
     Stage IV, after 5 years . . . . . Class I-IC  
**Colon**, after 2 years . . . . . S-IC  
**Skin**  
 Basal cell . . . . . S\*  
 Squamous cell, of the skin . . . . . S\*  
 Squamous cell, other than skin, 2 years since date of last treatment, full recovery, no recurrence . . . S-IC  
**Melanoma**  
     Stage 0 or I or Clark’s Level I-IV, after 3 months . . . . . S  
     Stage II or III, after 2 years . . . . . S  
     Stage IV, after 5 years . . . . . Class I-IC  
**Pancreas**, 5 years since date of last treatment, full recovery, no recurrence . . . . . S  
**Prostate**  
     Stage I or II, after 12 months, surgically removed, current PSA <0.1 . . . . . S  
     Treated with radiation, after 12 months, current PSA <0.5 . . . . . S  
     Stage III, after 2 years surgically removed, current PSA <0.1, or  
     treated with radiation, current PSA <0.5 . . . . . S  
     Stage IV, after 5 years cancer free . . . . . Class I  
     Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex),  
     Initial Gleason Score <6, and current PSA <0.5 . . . . . Class I-D  
     Age >70, Stage I or II, stable PSA, Gleason <6, watchful waiting . . . . . Class I  
**Cardiomyopathy** hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations  
 Ejection fraction >45% and stable for 2 years . . . . . Class I-IC  
 Dilated . . . . . D  
**Carotid Artery Disease/Stenosis**, fully recovered, after 6 months, tobacco free 12 months. . . . . S  
 Operated, tobacco use within 12 months . . . . . D  
 Unoperated, <70% stenosis, no symptoms, tobacco free 12 months . . . . . S  
 Operated, in combination with heart disease, tobacco free 12 months . . . . . Class I  
 >50% stenosis in combination with other peripheral vascular disease. . . . . D  
 History of TIA or CVA, or unoperated valvular heart disease . . . . . D  
 Operated or unoperated in combination with Type I or Type II diabetes,  
 <50% stenosis, no insulin use within 6 months, tobacco free 12 months . . . . . S  
 50-70% stenosis, insulin use within 6 months, tobacco free 12 months . . . . . Class I  
 <50% stenosis, tobacco use within 12 months . . . . . Class I  
 50-70% stenosis, tobacco use within 12 months. . . . . D  
 50-70% stenosis with operated heart valve disorder, or mild, unoperated heart valve disorder . . . . . S  
 50-70% stenosis with unoperated, moderate heart valve disorder . . . . . Class II  
 50-70% stenosis with unoperated severe heart valve disorder. . . . . D  
 >70% stenosis . . . . . D  
**Carpal Tunnel Syndrome**  
 Unoperated . . . . . S-IC  
 Operated, after 3 months, recovered. . . . . S\*  
**Castleman’s** . . . . . D  
**Catheter**, urinary independently manages, not due to neurogenic bladder . . . . . S  
**Celiac Disease** after 1 year, controlled. . . . . S  
**Cerebral Palsy** . . . . . D  
**Cerebrovascular Accident (CVA)** . . . . . see Stroke

Table of Contents

Product Information

Underwriting Guidelines

Completing the Application

Administrative Handling

Sales & Marketing Information

Contact Information

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

#### Cerebrovascular Disease

Brain imaging findings of single lacunar infarct, tobacco free 12 months	Class I
Single lacunar infarct, tobacco use within 12 month	D
Two or more lacunar infarcts	D
Small vessel ischemia or white matter changes considered normal for age	S-IC
Abnormal for age	D
Brain atrophy	D

**Chelation Therapy** other than for hemochromatosis received within 6 months. . . . . D

#### Cervical Spondylosis

Mild	S
Moderate to severe	Class I-IC

**Charcot Marie Tooth** . . . . . D

**Claudication** . . . . . see Peripheral Vascular Disease

**Chronic Bronchitis** . . . . . see COPD

**Chronic Fatigue**, stable after 12 months, no functional limitations . . . . . S-IC  
5 year maximum  
benefit period, minimum  
90-day elimination period

Any functional limitations. . . . . D

**Chronic Hepatitis** . . . . . see Hepatitis

#### Chronic Pain

Requiring more than 3 doses of narcotic pain medication per week or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months	D
All others	IC
	5 year maximum benefit period

**Chronic Regional Pain Syndrome**. . . . . D

**Cirrhosis** . . . . . D

**Closed Head Injury** . . . . . see Head Injury

**Clotting Disorder**. . . . . see Factor V Von Leiden

**Cognitive Impairment**. . . . . D

Declined by another carrier due to cognitive screening and have not had favorable, complete Neuropsychological testing	D
Declined by another carrier due to failed cognitive screening and have undergone complete, favorable Neuropsychological testing prior to applying with us.	IC

**Colitis** . . . . . see Crohn's

**Collagen Vascular Disease** . . . . . D

**Colostomy/Ileostomy**, cares for independently, handle as per cause . . . . . S-IC  
Requires assistance to care for . . . . . D

**Compression Fractures** due to osteoporosis, or with functional limitations. . . . . D  
All others . . . . . S\*-IC

**Concussion** . . . . . see Head Injury

**Confusion**. . . . . D

**Medical Impairments (continued)**

**Connective Tissue Disorder** ..... D

**Congestive Heart Failure (CHF)** single episode, recovered, after 12 months ..... S  
 Chronic, mild, well controlled, Lasix <60mg/day ..... Class I-IC  
 All others, or in combination with atrial fibrillation, diabetes, or heart valve  
 disorder, or ejection fraction <45% ..... D

**COPD (Chronic Obstructive Pulmonary Disease)** ..... S  
 Mild, tobacco free for 12 months ..... S  
 Mild, smoker diagnosed by chest X-ray only, no treatment, no symptoms,  
 stable Pulmonary Function Tests (PFT's) ..... Class I  
 Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic ..... D  
 Moderate, tobacco free for 12 months, stable PFT's ..... Class I-IC  
 Moderate, smoker, on medication, or symptomatic ..... D  
 Severe, using oxygen, or home nebulizer treatments ..... D  
 Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer  
 treatments within the past 6 months ..... D  
 Any, FEV1 <65% ..... D

**Cor Pulmonale** ..... D

**Coronary Artery Disease** (angina, heart attack, Angioplasty, stent, or Bypass)  
 After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months ..... S  
 After 6 months, stable, no limitations, tobacco use within 12 months ..... Class I  
 With PVD or Carotid Artery Disease, tobacco free 12 months ..... Class I-IC  
 With PVD or Carotid Artery Disease, tobacco use within 12 months ..... D  
 In combination with diabetes, tobacco use within 12 months ..... Class II, 2 years  
 180 day elimination  
 period  
 In combination with diabetes, tobacco free 12 months ..... Class I-IC  
 With poorly controlled hypertension (average BP >158/89), or congestive heart failure,  
 or ejection fraction <45% ..... D

**Corneal Transplant** ..... S\*

**CPAP** ..... see Sleep Apnea

**CREST Syndrome** ..... D

**Crohn's** in remission at least 2 years ..... S  
 After 2 years, 1-2 flares per year ..... Class I  
 Multiple flares or with complications ..... D

**Cushing's Syndrome** ..... D

**Cystic Fibrosis** ..... D

**Deep Brain Stimulator** ..... D

**Deep Venous Thrombosis**, after 6 months, single episode, recovered,  
 no underlying clotting disorder ..... S\*  
 Recurrent ..... S-IC  
 In combination with underlying clotting disorder ..... see Factor V Von Leiden

**Defibrillator/Automatic Implantable Cardiac Defibrillator** ..... D

**Degenerative Disc Disease** ..... see Herniated Disc

**Degenerative Joint Disease** ..... see Arthritis

**Dementia** ..... D

# Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Medical Impairments (continued)

<b>Demyelinating Disease</b> .....	D
<b>Depression</b>	
2 or more psychiatric hospitalizations for any reason .....	D
Mild stable on medication 6 months .....	S*
Seasonal Affective Disorder .....	S*
Depression medication for menopause, no diagnosis of depression .....	S*
<b>Situational</b> recovered, no psychiatric hospitalizations in the past 3 years .....	S*
<b>Major</b> <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S-IC
<b>Any</b> , with suicide attempt or suicidal ideation .....	See Suicide Attempt
<b>Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS)</b>	
ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT/TMS .....	S
With subsequent psychiatric hospitalization .....	D
<b>Dermatomyositis</b> .....	D
<b>Diabetes Insipidus</b> , controlled on medication .....	S
<b>Diabetes Type II</b> , Present < 20 years, controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months .....	S
<b>Diabetes Type I or II</b> , Present < 20 years, controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months .....	Class I
Insulin <50 units/day .....	Class I
Insulin >50 units/day .....	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<50% stenosis, no insulin use within 6 months, tobacco free 12 months .....	S
50-70% stenosis, insulin use within 6 months, tobacco free 12 months .....	Class I
<50% stenosis, tobacco use within 12 months .....	Class I
50-70% stenosis, tobacco use within 12 months .....	D
>70% stenosis .....	D
Retinal vein occlusion .....	Class II, 2 years 180 day elimination
Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 months .....	Class II, 2 years 180 day elimination
Coronary Artery Disease or other heart disease/disorder, tobacco free 12 months .....	Class I-IC
Retinopathy, diabetic macular edema, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy .....	D
Skin ulcers or amputation .....	D
Peripheral Vascular Disease, or history of TIA or Stroke .....	D
Average BP reading >158/89 .....	D
Hemoglobin A1c >8.5, or noncompliant with treatment .....	D
Microalbumin >20mg/dl or Microalbumin ratio >30 .....	D
Chronic Atrial Fibrillation .....	Class II
Present ≥ 20 years .....	D
<b>Dialysis</b> .....	D
<b>Difficulty walking</b> .....	see Balance Disorder

**Medical Impairments (continued)**

**Disabled**, collecting any type of disability benefits, other than <50% VA disability . . . . . D  
 <50% VA Disability . . . . . IC  
 Aged out of disability benefits, or retired due to disability . . . . . D

**Diverticulitis** medically managed . . . . . S\*  
 With bleeding, weight loss, or surgery recommended . . . . . D

**Dizziness**  
 Benign Positional Vertigo (BPV), not associated with falls . . . . . S\*  
 BPV associated with falls . . . . . D  
 Acute, viral, resolved after 3 months . . . . . S\*  
 All others, within 6 months . . . . . D  
 After 6 months, evaluated, resolved . . . . . S\*  
 After 2 years, not evaluated, stable with occasional episodes, not associated with falls . . . . . S-IC  
 Multiple episodes, or progressive, or associated with falls . . . . . D

**Down’s Syndrome** . . . . . D

**Drug Abuse** treated, active in support group, drug free for 5 years . . . . . Class I-IC  
 Within 5 years . . . . . D

**Dwarfism** . . . . . D

**Dystonia** . . . . . D

**Echocardiography**  
 Left Atrium >5.0 cm . . . . . D  
 Ejection Fraction <45% . . . . . D

**Ehlers-Danlos Syndrome** . . . . . D

**Ejection Fraction** <45% . . . . . D

**Electric Scooter Use** . . . . . D

**Emphysema** . . . . . see COPD

**Epilepsy** After 1 year, controlled with medication, no seizures for 1 year . . . . . S  
 1 or 2 seizures per year . . . . . Class I  
 Poorly controlled . . . . . D

**Epstein-Barr Virus** 2 years treatment free, full recovery, no residuals . . . . . S  
 <2 years since treatment, currently treated, or present . . . . . D

**Factor V Von Leiden** after 1 year incidental finding, or no history of clots . . . . . S-Class I  
 With history of clot, on prescription blood thinner . . . . . Class I  
 With history of clot, not on prescription blood thinner . . . . . D  
 With history of clot while adequately anticoagulated . . . . . D  
 With history of TIA or CVA . . . . . D

**Factor VII** . . . . . D

**Fainting** . . . . . see Dizziness

**Falls**, single episode . . . . . S-IC  
 Multiple episodes, or with injuries . . . . . IC-D

**Familial Tremor** . . . . . see Tremor

**Family History** of parent or sibling with Alzheimer’s Disease . . . . . maximum benefit  
 period 5 years



## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

<b>Fatigue</b> , after 12 months, resolved . . . . .	S*
Within 12 months, or with functional limitations . . . . .	IC-D
<b>Fatty Liver</b> incidental finding, not diagnosed as NASH . . . . .	S-IC
<b>Feeding tube</b> . . . . .	D
<b>Fibromuscular Dysplasia</b> . . . . .	D
<b>Fibromyalgia</b> after 1 year, well controlled, no ADL/IADL deficits . . . . .	S-IC
	5 years maximum benefit period, minimum 90-day elimination period
Taking up to 3 doses of narcotic pain medication period week . . . . .	IC
Poorly controlled, or disabling, or taking more than 3 doses of narcotic pain medication per week . . . . .	D
<b>Foot Drop</b> unilateral, mild, nonprogressive for at least 2 years . . . . .	IC
All others . . . . .	D
<b>Fracture-Traumatic</b> , one bone, after 3 months, fully recovered, no limitations . . . . .	S*
In combination with mild osteoporosis T-score <-2.9 . . . . .	S
In combination with moderate to severe osteoporosis T-score -3.9 or worse . . . . .	D
Associated with multiple falls, chronic dizziness, or gait disorder . . . . .	D
<b>Fracture-Non Traumatic</b> , in combination with any degree of osteoporosis, not on Medication, or with functional impairment . . . . .	D
<b>Frailty</b> . . . . .	D
<b>Friedrich's Ataxia</b> . . . . .	D
<b>Fuch's Dystrophy</b> . . . . .	S*
<b>Gastric Bypass/Banding/Sleeve</b> , after 2 years, fully recovered, no complications . . . . .	S
<b>Gaucher's Disease</b> . . . . .	D
<b>Glaucoma</b> , stable vision, controlled eye pressures . . . . .	S*
All others . . . . .	IC
<b>Glomerulonephritis</b> . . . . .	D
<b>Grave's Disease</b> , after 12 months . . . . .	S
<b>Guillain-Barre Syndrome</b> , after 12 months, no residuals . . . . .	S
<b>Hashimoto's</b> . . . . .	S
<b>Head Injury</b> , after 6 months, no residuals . . . . .	S-IC
With residual functional or cognitive impairment, or multiple head injuries . . . . .	D
<b>Heart Attack/Heart Disease</b> . . . . .	see Coronary Artery Disease
<b>Heart Transplant</b> . . . . .	D

**Medical Impairments (continued)**

**Heart Valve Disorder**, operated 1 or 2 valves, fully recovered, after 6 months . . . . . S  
 Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned . . . . . S  
 Unoperated, moderate 1 or 2 valves . . . . . Class I-IC  
 Unoperated, 1 or 2 valves, severe, or surgery recommended or planned. . . . . D  
 Any, unoperated with Atrial Fibrillation, or history of TIA or CVA . . . . . D  
 Operated with mechanical valve, on Coumadin or warfarin . . . . . Class I  
 Operated with bioprosthetic valve . . . . . S  
 With Carotid Artery Disease . . . . . See Carotid Artery Disease

**Hemiplegia** . . . . . D

**Hemochromatosis**, after 12 months, successfully treated with phlebotomy, or chelation,  
 and stable ferritin level not more than 25% above normal, and with normal liver function tests . . . . . S-IC

**Hemophilia** . . . . . D

**Hepatitis**, any chronic, active, or alcohol related, or with residual liver damage . . . . . D  
**Autoimmune** . . . . . D  
**Hepatitis A or B**, after 6 months, fully recovered . . . . . S  
**Hepatitis C**  
 After 2 years, successfully treated with Interferon, or cleared spontaneously  
 without treatment, virus undetectable by PCR . . . . . IC  
 Currently treated, or treated within 2 years . . . . . D  
 Unresponsive to Interferon, or never treated with Interferon, or virus  
 not cleared spontaneously without treatment . . . . . D  
 Virus detectable by PCR – polymerase chain reaction . . . . . D

**Herniated Disc/Degenerative Disc Disease (DDD)**, after 6 months  
 Unoperated, epidural steroid injection within 6 months, or additional  
 epidural steroid injections planned . . . . . D  
 Unoperated, no ADL limitations, not advised to have surgery, mild or moderate . . . . . S-IC  
 Unoperated, severe . . . . . D  
 Operated, after 6 months, full recovery, no hardware . . . . . S  
 Operated, after 6 months, full recovery, hardware no ongoing problems,  
 no plans to remove hardware . . . . . S  
 Operated or unoperated, requires daily narcotics or implantable stimulator for pain control. . . . . D  
 Operated or unoperated with ADL limitations. . . . . D

**High Blood Pressure**, after 3 months, compliant with treatment:  
 Average BP <140/90 . . . . . S\*  
 Average BP <160/90 . . . . . S  
 Average BP <170/94 . . . . . Class I  
 Average BP >170/94, or any, noncompliance with treatment . . . . . D

**Hip Replacement**. . . . . see Joint Replacement

**HIV Positive** . . . . . D

**Hoarder** . . . . . D

**Hodgkin’s Disease** stage I, after 3 years, fully recovered . . . . . S  
 All others, fully recovered, after 5 years. . . . . IC  
 Treated with bone marrow or stem cell transplant . . . . . D

**Home Health Care** received within 6 months . . . . . D

**Huntington’s Chorea**. . . . . D

**Hydrocephalus** with or without shunt . . . . . D

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

<b>Hypoparathyroidism/Hyperparathyroidism</b> .....	S*
<b>Hypothyroidism/Hyperthyroidism</b> .....	S*
<b>IADL Impairment</b> .....	D
<b>Idiopathic Hypertrophic Subaortic Stenosis (IHSS)</b> .....	see Cardiomyopathy
<b>Idiopathic Thrombocytopenia Purpura (ITP)</b>	
Platelet count >50,000 for 1 year .....	Class I
<b>Imbalance</b> .....	see Balance Disorder
<b>Immune Deficiency</b> .....	D
<b>Impaired Glucose Tolerance</b>	
A1c <6.0 .....	S
A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section .....	S
A1c 6.1-6.4 with condition listed as comorbid under diabetes section .....	see Diabetes
A1c >6.4 .....	see Diabetes
<b>Implantable Stimulator</b> .....	D
<b>Incontinence, urinary, stress, manages independently</b> .....	S
Urinary, uncontrolled, or requires assistance with management. ....	D
Stool .....	D
<b>Interstitial Lung Disease</b> .....	see COPD
<b>Irritable Bowel Syndrome, controlled, weight stable</b> .....	S*
Uncontrolled or with weight loss .....	D
<b>Joint Replacement, one joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy.</b> .....	S
Two joints build not rateable, fully recovered, no limitations .....	S-IC
Two or more joints, rateable build .....	D
Three joints, build not rateable .....	Class I-D
More than 3 joints .....	D
Surgery recommended or planned .....	D
<b>Kidney Disorder, mild renal insufficiency, stable 2 years.</b> .....	S-IC
Creatinine <1.5, no proteinuria, not diabetic, well controlled blood pressure .....	S-IC
Creatinine >1.5 .....	D
Kidney failure, single episode, fully recovered after 2 years .....	S-IC
Kidney Transplant .....	D
Kidney removal (1), after 2 years, with stable kidney function .....	S
Polycystic Kidney Disease .....	D
Dialysis .....	D
Chronic Kidney Failure .....	D
<b>Kidney Transplant</b> .....	D
<b>Kidney Donor</b> after six months, normal function in remaining kidney .....	S
<b>Knee Replacement</b> .....	see Joint Replacement
<b>Labrynthitis</b> .....	see Dizziness
<b>Lacunar Infarct</b>	
Single .....	see Stroke
Single in combination with white matter or small vessel ischemia .....	D
Multiple .....	D

**Medical Impairments (continued)**

**Lap Band Surgery** . . . . . see Gastric Bypass

**Left Atrial Enlargement** >5.0 cm . . . . . D

**Leukemia**  
 AML, CML, Hairy Cell . . . . . D  
 Acute, after 3 years . . . . . IC  
 CLL  
 Stage 0 or I, WBC <15,000 for 2 years . . . . . Class I  
 Stage II-IV in remission 4 years . . . . . S-IC  
 Treated with bone marrow or stem cell transplant . . . . . D

**Leukopenia**, stable 2 years WBC >2.5 . . . . . S-IC

**Liver Transplant** . . . . . D

**Living Environment** noted during face to face interview to be excessively cluttered,  
 filthy, unsafe, or with evidence of hoarding . . . . . D

**Lou Gehrig’s Disease** . . . . . D

**Low Back Pain** . . . . . see Back Pain/Strain

**Lung Transplant** . . . . . D

**Lupus**, discoid, after 12 months . . . . . S  
 Systemic . . . . . D

**Lyme Disease**, after 12 months, fully recovered, no residuals. . . . . S\*-IC  
 Undergoing treatment, or with residuals, or with chronic disease . . . . . D

**Lymphedema**, medically managed, no limitations . . . . . S  
 With limitations or history of skin ulcers . . . . . D

**Lymphoma**  
 Stage I or II, after 2 years, in complete remission . . . . . S-IC  
 Stage III after 4 years, in complete remission . . . . . S-IC  
 Stage IV after 5 years, in complete remission . . . . . Class I  
 Low-grade . . . . . Class I  
 Cutaneous T Cell Stage I, stable 3 years . . . . . Class I  
 Stage II or greater, or Stage I not stable 3 years . . . . . D  
 Treated with bone marrow or stem cell transplant . . . . . D

**Macular Degeneration**, one eye . . . . . S  
 Both eyes . . . . . IC-D

**Manic Depression** . . . . . see Bipolar

**Marfan’s Syndrome** . . . . . D

**Medicaid Recipient** . . . . . D

**Medical Marijuana** . . . . . D

**Medullary Sponge Kidney** . . . . . IC

**Melanoma** . . . . . see Cancer

**Memory Loss**, present or within 1 year . . . . . D  
 Resolved for at least 1 year . . . . . IC

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

<b>Meniere's Disease</b> , after 6 months, symptoms controlled, no limitations . . . . .	S
Associated with falls . . . . .	D
<b>Meningioma</b> removed, after 12 months, no limitations . . . . .	S-IC
Surgery planned . . . . .	D
Recurrs after surgery . . . . .	D
Stable at least 3 years, surgery not planned . . . . .	IC
<b>Meningitis</b> , after 12 months, fully recovered . . . . .	S-IC
Present . . . . .	D
<b>Mental Retardation</b> . . . . .	D
<b>Migraines</b> , not daily, controlled with medication, no restrictions or limitations . . . . .	S*
<b>Mild Cognitive Impairment</b> . . . . .	D
<b>Mital Valve Prolapse</b> . . . . .	S*-IC
<b>Mixed Connective Tissue Disease</b> . . . . .	D
<b>Monoclonal Gammopathy</b> , after 1 year . . . . .	IC-D
<b>Moyamoya</b> . . . . .	D
<b>MRSA</b>	
Single occurrence recovered after 2 years . . . . .	S
1 recurrence 18 months after recurrence . . . . .	Class I
<b>Multiple Myeloma</b> . . . . .	D
<b>Multiple Personality Disorder</b> . . . . .	D
<b>Multiple Sclerosis</b> . . . . .	D
<b>Murmur</b> . . . . .	see Heart Valve Disorder
<b>Muscular Dystrophy</b> . . . . .	D
<b>Myasthenia Gravis</b> , ocular, after 1 year . . . . .	S
Generalized . . . . .	D
<b>Mycosis Fungoides</b> . . . . .	See Lymphoma Cutaneous T Cell
<b>Myelodysplastic Syndrome</b> . . . . .	D
<b>Myelofibrosis</b> . . . . .	D
<b>Myocardial Infarction</b> . . . . .	see Coronary Artery Disease
<b>Narcolepsy</b> effectively treated . . . . .	S-IC
Untreated or resulting in accidents or injury . . . . .	D
<b>Narcotic Pain Medication</b> >3 doses per week . . . . .	D
<b>NASH</b> – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week, no fibrosis by liver biopsy . . . . .	Class I
Mild fibrosis . . . . .	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis . . . . .	D
Weight above Select maximum . . . . .	D

**Medical Impairments (continued)**

**Nebulizer** use, within 6 months, other than for acute infection with no underlying respiratory disease ..... D

**Neurofibromatosis** ..... D

**Neurogenic Bowel or Bladder** ..... D

**Neuropathy**, mild, fully evaluated, no limitations. ....S-IC  
Not fully evaluated, related to diabetes or alcohol, or with history of falls, imbalance, or gait disorder, or skin ulcers, or severe ..... D

**Neutropenia**, stable 2 years neutrophils >1,000. ....S-IC

**Non Hodgkin’s Lymphoma** ..... see Lymphoma

**Nursing Home Confinement**, after 6 months, full recovery, no limitations ..... IC  
Within 6 months ..... D

**Obesity** ..... see Weight chart

**Obsessive Compulsive Disorder**, after 3 years, controlled on medication  
Fully functional .....S-IC  
Limits functional ability ..... D  
Psychiatric hospitalization within 5 years ..... D

**Occupational Therapy** .....See Physical Therapy

**Optic Neuropathy or Neuritis**, refer to specific cause. .... IC  
Related to Multiple Sclerosis ..... D

**Organic Brain Syndrome** ..... D

**Organ Transplant** ..... D

**Osteopenia**, T score -2.4 or better, on appropriate medication. .... S\*

**Osteoarthritis** ..... see Arthritis

**Osteomyelitis** ..... see Avascular Necrosis

**Osteoporosis**, T score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year ..... S\*  
T score -3.0 to -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year ..... Class I  
T score -3.5 to -3.9, tobacco use within 1 year ..... Class II  
T score -4.0 or worse ..... D  
Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year. .... D

**Oxygen** use ..... D

**Pacemaker**, after 3 months. ....S-IC  
Recommended or surgery pending ..... D

**Paget’s Disease**, no symptoms and no limitations. .... IC  
With symptoms or history of fractures. .... D

**Pancreas Transplant** ..... D

**Pancreatitis**, after 12 months, single episode, fully recovered ..... S  
Related to alcohol use, or 2 or more episodes, or chronic ..... D

## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

<b>Panic Attack/Disorder</b> .....	see Anxiety
<b>Paralysis</b> .....	D
<b>Paraplegia</b> .....	D
<b>Parkinson's Disease</b> .....	D
<b>Parkinsonism</b> .....	D
<b>Patent Foramen Ovale</b> surgically corrected after 6 months .....	S
Surgically corrected, single TIA or CVA prior to surgery .....	Class I-IC
Surgically corrected, TIA or CVA after surgery .....	D
Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder. ....	S-IC
<b>Pemphigus Vulgaris</b> .....	D
<b>Peripheral Neuropathy</b> .....	see Neuropathy
<b>Peripheral Vascular/Arterial Disease</b>	
Mild, ABI >.80, tobacco free 12 months, no symptoms, no limitations after 6 months. ....	S
Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months .....	Class I-IC
Severe, ABI <.40 or any with tobacco use within 12 months, operated or unoperated .....	D
Average BP reading >159/89 .....	D
Any, with limitations, history of leg ulcers, TIA, diabetes, carotid stenosis >50%, operated, or unoperated, pending surgery, or stent placement or surgery within the past 6 months, or progressive, or with more than 2 surgical procedures .....	D
<b>Physical Therapy</b>	
Completed, after 3 months, recovered .....	S*-IC
Current .....	D
Age <65, within 3 months for an acute, self-limiting condition .....	IC
<b>Pick's Disease</b> .....	D
<b>Pituitary Adenoma</b> removed, after 12 months, no limitations. ....	S
Stable x3 years, no surgery planned .....	IC
Surgery planned .....	D
<b>Plantar Fasciitis</b> .....	S*
<b>Platelet Abnormality</b> .....	see specific condition
<b>Pneumonia</b> , after 3 months, single episode, fully recovered. ....	S*
Associated with chronic lung disease .....	see COPD
<b>Polio</b> fully recovered, no limitations, no assistive devices .....	S
Fully recovered, no limitations, leg brace .....	IC
With recurrence or limitations .....	D
<b>Post Polio Syndrome</b> after 2 years, nonprogressive, no limitations, no assistive devices .....	IC
Progressive weakness or fatigue, or with limitations .....	D
<b>Polycystic Kidney Disease</b> .....	D
<b>Polycythemia Vera</b> after 2 years, managed with medication or Phlebotomy, platelets <450,000 .....	Class II, 2 years 180 day elimination

**Medical Impairments (continued)**

**Polymyalgia Rheumatica** mild, after 1 year, no limitations . . . . . S  
 Moderate, no functional limitations. . . . . Class I-IC  
 Severe, or with limitations . . . . . D

**Polymyositis/Dermatomyositis**. . . . . D

**Polyneuropathy**. . . . . D

**Post Herpetic Neuralgia** . . . . . D

**Post Traumatic Stress Disorder (PTSD)**, after 12 months, controlled, fully functional . . . . . S-IC  
 After 12 months, not adequately controlled or with functional impairment. . . . . D

**Pregnancy** . . . . . D  
 Undergoing fertility evaluation or treatment . . . . . D

**Primary Biliary Cirrhosis** . . . . . D

**Prostate Specific Antigen (PSA)**. . . . . see BPH

**Prosthetic Limb**  
 One, limb loss due to trauma or cancer. . . . . S-IC  
 More than one, or limb loss due to disease other than cancer . . . . . D

**Protein C or S Deficiency** . . . . . see Factor V Von Leiden

**Proteinuria**, with kidney disease or diabetes . . . . . D

**Pseudotumor Cerebri** . . . . . D

**Psoriasis**, mild to moderate, controlled with medication . . . . . S\*  
 Severe . . . . . IC

**Psoriatic Arthritis** . . . . . see Rheumatoid Arthritis

**Psychosis**. . . . . D

**Pulmonary Edema**. . . . . D

**Pulmonary Embolism**, after 6 months, single episode, fully recovered . . . . . S\*-IC  
 Present, multiples, or underlying coagulation disorder that is not treated with  
 prescription blood thinner (other than aspirin) or occurred while adequately anticoagulated . . . . . D

**Pulmonary Fibrosis**, localized, nonprogressive, normal PFT's, after 2 years . . . . . IC  
 Active, progressive disease, abnormal PFT's. . . . . D

**Pulmonary Hypertension**  
 Incidental findings, no symptoms . . . . . S  
 All others . . . . . D

**Quad Cane Use** . . . . . D

**Quadriplegia** . . . . . D

**Raynaud's** . . . . . S\*

**Reactive Airway Disease**. . . . . S\*-IC

**Reflex Sympathetic Dystrophy (RSD)** . . . . . D

**Renal Disease/Failure**. . . . . see Kidney Disorder



## Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Medical Impairments (continued)

<b>Residential Care Facility Resident</b> within 6 months . . . . .	D
<b>Restless Leg Syndrome</b> . . . . .	S*
<b>Retinal Vein Occlusion</b>	
One . . . . .	S
Two or more . . . . .	D
Any, in combination with Diabetes . . . . .	D
<b>Retinitis Pigmentosa</b> . . . . .	see Blindness
<b>Rheumatoid Arthritis</b> . . . . .	see Arthritis
<b>Sarcoidosis</b>	
In remission 10 or more years . . . . .	S
In remission 3 years, treatment free . . . . .	Class I
Currently treated . . . . .	D
Disease present outside the lungs. . . . .	D
<b>Sciatica</b> . . . . .	S-IC
<b>Schizophrenia</b> . . . . .	D
<b>Scleroderma</b> . . . . .	D
<b>Sclerosing Cholangitis</b> . . . . .	D
<b>Scoliosis</b>	
Mild, normal gait, no impairment of internal organ function, normal PFTS. . . . .	S*
Moderate, no impairment of internal organ function, normal PFTS. . . . .	IC
Severe, or with impaired gait, or abnormal PFTS. . . . .	D
Any degree, with chronic pain or limitations. . . . .	D
<b>Scooter Use</b> . . . . .	D
<b>Seizures</b> . . . . .	see Epilepsy
<b>Shingles</b> , after 6 months, fully recovered . . . . .	S*
Present, or with residuals, or postherpetic neuralgia. . . . .	D
<b>Short Stature</b> , due to chronic disease or genetic disorder. . . . .	D
<b>Shy-Drager Syndrome</b> . . . . .	D
<b>SICCA</b> . . . . .	see Sjogren's Syndrome
<b>Sickle Cell Anemia</b> . . . . .	D
Trait only, no active disease . . . . .	S*
Active disease . . . . .	D
<b>Sick Sinus Syndrome</b>	
With pacemaker . . . . .	S
Without pacemaker, no symptoms . . . . .	IC
Without pacemaker, with dizziness or fainting, or pacemaker recommended but not don. . . . .	D
<b>Sjogren's Syndrome</b>	
Mild, dryness of eyes and mouth only. . . . .	S*
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement . . . . .	D
<b>Skin Cancer</b> . . . . .	see Cancer

**Medical Impairments (continued)**

**Sleep Apnea** responsive to treatment, compliant with CPAP or BIPAP, or dental device ..... S  
 Unresponsive to treatment, or noncompliant with CPAP or BIPAP, or dental device,  
 or with supplemental oxygen..... D

**Social Security Disability** receiving ..... D

**Social Withdrawal** ..... D

**Small Bowel Transplant** ..... D

**Speech Therapy**..... See Physical Therapy

**Spina Bifida** ..... D

**Spinal Stenosis** operated, fully recovered, after 6 months ..... S  
 Unoperated, mild, stable 6 months ..... S  
 Unoperated, moderate, stable 6 months ..... Class I-IC  
 Unoperated, severe or surgery recommended ..... D  
 Any, with epidural injections or physical therapy within 6 months, or functional limitations, or  
 chronic pain requiring >3 doses of narcotic pain medication per week, or advised to have  
 therapy, injections, or surgery..... D

**Stem Cell Transplant** ..... D

**Stent** ..... see specific condition

**Stroke**  
 Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months ..... Class I  
 Two or more ..... D  
 In combination with any of the following:

Atrial Fibrillation ..... D  
 Unoperated carotid stenosis ..... D  
 Heart valve disorder ..... D

Average blood pressure reading >159/89 ..... D  
 Previous TIA(s) ..... D  
 Diabetes ..... D  
 Residual weakness or functional loss ..... D  
 Tobacco use within the past 12 months ..... D  
 Occurred while adequately anticoagulated ..... D  
 Peripheral Arterial/Vascular Disease, other than carotid artery disease ..... D  
 Patent Foramen Ovale (PFO) unoperated ..... D  
 Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery ..... Class I-IC  
 Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery ..... D  
 Clotting Disorder..... D

**Subarachnoid Hemorrhage** ..... see Stroke

**Subdural Hematoma**, after 6 months, recovered, no residuals ..... S

**Suicide Attempt**  
 One, after 5 years ..... S-IC  
 More than one..... D

**Suicidal Ideation** within 2 years..... D

**Supraventricular Tachycardia (SVT)**..... S\*-IC

**Surgery**, requiring general anesthesia, planned, not completed ..... D

**Syncope** ..... see Dizziness

# Underwriting Guidelines

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Medical Impairments (continued)

<b>Systemic Lupus</b> .....	D
<b>Temporal Arteritis</b> , after 12 months, fully recovered .....	S-IC
<b>TENS Unit</b>	
Past use .....	IC
Current use .....	D
<b>Thalassemia</b>	
Minor .....	S
Major .....	D
<b>Thrombocythemia</b> .....	D
<b>Thrombocytopenia</b> , without splenectomy, platelet count >50,000 for 1 year .....	Class I 3 years
With splenectomy, platelet count normal for 1 year without medication or treatment .....	S
<b>Thrombocytosis</b> .....	D
<b>Thrombosis</b> .....	see DVT
<b>Tobacco Use</b> within 2 years .....	S
Tobacco use within 1 year in combination with comorbid condition .....	Class I-D
Celebratory cigar up to 1 per month .....	S*
<b>Torticollis</b> resolved with Botox, after 6 months .....	S
<b>Tourette's Syndrome</b> fully functional, no limitations .....	IC
Any functional limitations .....	D
<b>Transgender/Transsexual</b>	
Completed all gender reassignment surgeries, recovered, no additional surgery planned .....	S
Treated with hormones, psychotherapy, no gender reassignment surgery planned .....	S
Surgery planned, not completed .....	D
*Note: premium rate will be based upon chromosomal makeup	
<b>Transient Global Amnesia</b> .....	see TIA
<b>Transient Ischemic Attack (TIA)</b> single episode, fully recovered after 1 year .....	Class I
Two or more .....	D
In combination with any of the following:	
Atrial Fibrillation .....	D
Unoperated carotid stenosis .....	D
Unoperated heart valve disorder, mild .....	Class I
Operated or unoperated heart valve disorder moderate to severe .....	D
Previous stroke, moderate or severe .....	D
Diabetes .....	D
Average BP reading >159/89 .....	D
Residual weakness or functional loss .....	D
Tobacco use within the past 12 months .....	D
Occurred while adequately anticoagulated .....	D
Other peripheral vascular disease .....	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease .....	D
Patent Foramen Ovale (PFO) unoperated .....	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery .....	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery .....	D
Clotting Disorder .....	D
<b>Transplant</b> (except corneal) organ, bone marrow, stem cell .....	D

# Underwriting Guidelines

<b>Transverse Myelitis</b> . . . . .	D
<b>Tremor</b> fully evaluated, benign familial, no limitations, mild to moderate . . . . .	S
Not fully evaluated, with limitations, or gait disturbance. . . . .	D
Benign Essential Tremor age >65, present at least 10 years, not progressive, no limitations . . . . .	S*
<b>Trigeminal Neuralgia</b>	
After 12 months managed with antispasmodics or anticonvulsants, no limitations . . . . .	S
6 months after surgery, resolved . . . . .	S
Poorly controlled or disabling. . . . .	D
<b>Tuberculosis</b> after 12 months, treated, fully recovered, normal PFT's. . . . .	S*
Present or with lung damage or other organ involvement . . . . .	D
<b>Turner's Syndrome</b> . . . . .	D
<b>Ulcerative Colitis</b> . . . . .	see Crohn's
<b>Underweight</b> . . . . .	D
<b>Undifferentiated Connective Tissue Disease</b> . . . . .	D
<b>Uveitis</b> . . . . .	S*
<b>Valvular Heart Disease</b> . . . . .	see Heart Valve Disorder
<b>Varicose Veins</b> . . . . .	S
With history of leg ulcers or pending surgery . . . . .	D
<b>Venous Insufficiency</b> . . . . .	S
With history of leg ulcers or pending surgery . . . . .	D
<b>Ventricular Tachycardia</b>	
Controlled on medication 6 months . . . . .	S
With implantable defibrillator . . . . .	D
<b>Ventriculoperitoneal Shunt</b> . . . . .	D
<b>Vertigo</b> . . . . .	see Dizziness
<b>Von Hippel-Lindau</b> . . . . .	D
<b>Von Willebrand's Disease</b> . . . . .	D
<b>Waldenstrom's Macroglobulinemia</b> . . . . .	D
<b>Walker Use</b> . . . . .	D
<b>Weakness</b> , other than related to acute, self-limiting condition. . . . .	D
<b>Wegener's Granulomatosis</b> . . . . .	D
<b>Weight Loss</b> , unexplained, or not fully evaluated. . . . .	D
<b>Weight Loss Surgery</b> , after 2 years fully recovered, no complications, no revisions planned. . . . .	S-IC
<b>Wheelchair Use</b> . . . . .	D
<b>Wilson's Disease</b> . . . . .	D
<b>Wolff-Parkinson-White Syndrome</b> , after 6 months, ablated, not present. . . . .	S*
Uncontrolled, or with fainting, or low blood pressure, or ablation or surgery recommended, but not done. . . . .	D
<b>Workers' Compensation</b> receiving . . . . .	D

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Completing the Application

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### General Guidelines

The MutualCare® Solutions application packet contains the application plus all forms required in the applicant's state of residence. Follow these guidelines when submitting an application:

- **Use the correct application** – Be sure to use the application for the client's state of residence. Non-resident state applications will not be accepted. You will be required to submit the correct state application before a policy can be issued
- **You must have the appropriate state license** – If the application is taken in person, you must be licensed in the state where the application is signed. For mail-in applications, you must be licensed in the state where the application is completed and mailed. (A special note about Kansas: If you take an application on a Kansas resident, you must be appointed both in Kansas and in the state where the application is signed)
- **Only the applicant may sign** – Many long-term care sales are made to married couples. Keep in mind that each applicant is underwritten individually and, upon approval, both partners are issued their own policies. Only the applicant for insurance may complete and sign the application
- **White out is not allowed** – If a question is answered in error, draw a single line through the error and have the correction initialed by the applicant
- **Don't use "N/A"** – "N/A" is not an acceptable answer. Instead, use "no" or "none" when answering a question on the application
- **Consider including a quote** – Providing a copy of the quote when you submit the application packet is beneficial but not required
- **Keep the check separate** – Do not attach the check to the application
- **Watch the date** – Applications must be received by Mutual of Omaha within 30 days of the application date. Applications that are more than 30 days old will require you to submit a new, complete, currently dated application. Premium will be based on the applicant's age as of the new application signing date

#### **REMEMBER...**

*Your LTC training must be up-to-date or your application cannot be accepted.*

## Steps for Completing the Application

There's a lot to remember when completing an application. Here's a rundown of what you need to know so you don't skip a step.

### Step 1: General Information

Make sure you answer all general information questions, including the best time to call the applicant. If you don't initiate the personal health interview at the time of sale, be sure to tell the applicant that a representative will call them to schedule a telephone interview or a face-to-face interview.

### Step 2: Premium Allowances

Answer all questions in the premium allowances section. Applicants may be eligible for premium allowances based on their answers.

### Step 3: Replacement Coverage

Be sure to provide all requested information. If a Mutual of Omaha policy will replace an existing long-term care policy, replacement form(s) must be completed based on the applicant's state of residence and the prior coverage must be shown on the application. Remember the laws are strict regarding long-term care replacement.

### Step 4: Health Insurability

Provide complete and accurate information about the applicant's health status (see the Health-Related Guidelines section for assistance). Also, be sure to include the address and phone number of the applicant's primary care physician. While answers to health insurability questions are verified via medial records and/or during the personal health interview, failure to disclose an existing condition can result in denial of a future claim related to that condition.

### Step 5: Benefit Selection

Be sure to complete all appropriate sections. Please note:

- The total monthly benefit for nursing home/assisted living or home health care, including all long-term care policies (includes policies from other companies), cannot exceed \$10,000 per month at the time of issue
- The five-percent compound lifetime inflation option must be offered to all applicants. If not elected, the applicant must check the "no" box in the inflation protection option section of the application. An inflation protection option or "no inflation" must be selected
- The Nonforfeiture – Shortened Benefit Period must be offered. If not chosen, the applicant must check the "no" box in the appropriate section of the application and the Contingent Nonforfeiture Benefit will become the default

### Step 6: Premium Options

Indicate the premium mode desired and add the modal premium and premium collected. Use the following modal factors to calculate premium:

Monthly Bank Draft	Quarterly	Semiannual	Annual
.09	.26	.51	1.00

If the applicant wishes to pay monthly premiums via pre-authorized bank draft, the Recurring Premium Mode section of the application must be completed. If future premiums will be drawn from an account other than the account used for the initial premium, a voided check must accompany the application.

## Completing the Application

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Step 7: Effective Date

Indicate how the applicant wishes to have coverage issued, if approved. Options include:

- Date of the application
- Date the policy is issued
- Requested effective date of coverage (for replacements only). This can be up to 60 days from the date the application is signed

### Step 8: Notice Before Lapse or Termination

This section must always be completed. However, if the applicant does not wish to designate a person to receive a lapse or termination notice when payment is 30 days past due, he or she must check the appropriate box.

### Step 9: Agreements and Acknowledgements

Have each applicant sign and date this section and include the city where the application was signed. Check the appropriate box and provide an explanation, if indicated. Then be sure to sign the application yourself.

### Step 10: Authorization to Disclose Personal Information

This section gives Mutual of Omaha Insurance Company permission to obtain information needed to complete the underwriting process. Please make certain the applicant signs and dates this page. Failure to do so will result in processing delays and a non-issued policy.

### Step 11: Producer Statement/Conditional Premium Receipt

Don't forget to complete this section. Be sure to include your contact information, or that of a designated contact, so we can reach you if we have questions or need additional information. Please note: We currently support a maximum of two producers completing this section.

## Underwriting Requirements

In order to determine an applicant's eligibility, additional information may be requested following submission of the application. This chart provides a quick overview.

Pharmaceutical Check	Medical Records	Personal Health Interview	Cognitive Assessment
All applicants	All applicants	<b>Telephone</b> <ul style="list-style-type: none"> <li>• Ages 30-64</li> </ul> <b>Face-to-Face</b> <ul style="list-style-type: none"> <li>• Ages 65-79</li> <li>• Younger ages at underwriter discretion</li> </ul>	<b>Included with telephone and face-to-face interview</b> <ul style="list-style-type: none"> <li>• Age 65 -79</li> <li>• Younger ages if history of CVA, TIA, memory loss or depression, or if application was mailed</li> </ul>

**Ages 65-79:** A complete head-to-toe physical examination and complete metabolic profile (CMP) chemistry lab panel is required within the past 24 months.

**Ages 30-64:** A complete physical assessment – an examination routinely completed during a visit for a specific concern (e.g., migraine or sinusitis appointment) – is required within the past 24 months. Any additional lab and testing will be requested at the discretion of the underwriter. This may include, but is not limited to: complete metabolic profile (CMP), specific labs, such as a prostate specific antigen (PSA), or radiology studies, such as mammogram or bone density scan.

**All ages:** A complete head-to-toe physical examination and complete metabolic profile (CMP) chemistry lab panel is required within the past 24 months to qualify for preferred rates, a benefit period greater than five years, or a maximum monthly benefit greater than \$8,000.

## Preparing Your Client for the Personal Health Interview

- Explain what comes next in the underwriting process using the Next Steps brochure (M28399).
- Let the applicant know he or she will be required to complete a personal health interview and help him or her compile a list of doctors' names and medications
- Explain the importance of giving the interview his or her full attention
- Give the applicant a heads up that a cognitive interview also may be conducted
- Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face interview. We will make every attempt to contact the applicant within the two hour window specified on the application
- If hearing loss prevents an applicant from completing a telephone interview, include a note with the application that a face-to-face interview is needed. For deaf applicants, please indicate if they are able to read lips or communicate using sign language
- A face-to-face interview must be conducted in the applicant's home where he or she resides. It cannot be completed at their place of work, a relative's home or in a public place, such as a restaurant

### **TIP: Expedite the Underwriting Process...Initiate the Telephone Interview**

You can get the underwriting ball rolling by placing a call to begin the telephone interview before leaving your client's home. Here's how:

- Call an interviewer at 1-866-544-1617
- Identify yourself as the agent and introduce your client to the representative
- If an interviewer is available, an on-the-spot telephone interview can be conducted.  
Note: You must NOT be present during the applicant's health interview
- If an interviewer is not available, or it is not convenient for your client, an appointment can be made for a future time or date

If you do not initiate the telephone interview at the time of application, a representative will call your client to schedule an interview after the application is received.

## Submitting the Application

Applications can be submitted through your normal channels or directly to our Long-Term Care Service Office, depending upon your currently established process. Do not attach the applicant's check to the application.

### Application Submission

**General Mail:**  
Long-Term Care Service Office  
P.O. Box 64901  
St. Paul, MN 55164-0901

**Expedited Mail:**  
Long-Term Care Service Office  
7805 Hudson Rd., Suite 180  
Woodbury, MN 55125-1591



## Completing the Application

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Collecting Premium

The applicant has the option to submit a minimum of two month's premium with the application; however it is recommended that the entire premium be submitted as any additional premium will be billed at policy issue. A conditional receipt/TIA only applies when cash is submitted with the application. This chart shows the options.

Cash with Application		No Cash with Application	
Effective date can be date of application		Effective date will be date of policy Issue	
<b>Monthly Bank Draft</b>	Minimum two month's premium must be submitted	<b>Monthly Bank Draft</b>	One month's premium will be drafted once the policy is issued
<b>Quarterly, Semiannual or Annual</b>	Minimum two month's premium must be submitted	<b>Quarterly, Semiannual or Annual</b>	The insured will receive a bill for the full modal premium once the policy is issued

## Submitting Premium

### Premium Submission (other than premium submitted with the application)

**General Mail:**  
Mutual of Omaha  
P.O. Box 30154  
Omaha, NE 68175-1252

**Expedited Mail:**  
First National Bank  
Attn: Stop 2203  
Box 30154  
1620 Dodge St.  
Omaha, NE 68197-2203

### **REMEMBER...**

*All checks should be made payable to Mutual of Omaha Insurance Company. Do not attach the check to the application.*

## Missing Requirements

An application will be withdrawn within 60 days of receipt if an underwriting determination cannot be made due to missing requirements, including health interview, medical records or underwriter requested medical follow-up, or in the event application corrections have not been received.

- A case may be reopened if missing requirements are received within 120 days of the application signing date. The underwriter may request a Statement of Good Health or personal health interview. The original application and premium age will be used
- If requirements are received longer than 120 days after the application signing date, a new application and health interview will be required. Updated medical records also may be requested. Premium will be calculated based on the attained age of the applicant

## Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website. Log in using your seven-digit production number. Select the “Reports” tab. Then select the link labeled “Med Supp, LTC, DI and Other Health Products” to view your case status report.

## Appealing an Underwriting Decision

Applications that are declined and policies that are rated or issued other than applied for are eligible for reconsideration through an appeal process. To ensure privacy, the specific reason for a policy being declined or rated/issued other than applied for is shared only with the applicant. After reviewing the letter with the applicant please review the information in this guide for our handling of the applicant’s condition(s). If the applicant disagrees with the specific reason given in the letter, he or she has the right to submit additional information. Here’s how the appeal process works:

- A notice of appeal, which includes additional information that may have a bearing on our decision must be submitted in writing by the applicant and/or his or her physician within 60 days of receipt of the letter (some states vary slightly). Informal (verbal) appeals will be considered at the request of General Managers, District Sales Managers and Brokerage Managers
- A decision letter will be sent to the applicant within 60 days of receipt of the appeal information
- The 30-day period for review of the policy and billing notice of premium due are independent of the appeal process. Partner policies also are independent of the appeal process and should be delivered accordingly
- The application date will determine whether the original application can be used along with a Statement of Good Health or if a new application will be required

## Other Application-Related Questions

### What if I have a non-English speaking applicant?

If you and the applicant are not fluent in the same language, an interpreter must be present to translate all questions and responses.

- It is the applicant’s responsibility to have an interpreter available to meet with you when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of a policy. You may serve as an interpreter if you and the applicant are fluent in the same language
- In addition to questions on the application and the applicant’s responses, the interpreter is required to translate all comments you make as well as information contained in marketing materials and forms
- With the assistance of an interpreter, you should ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)

## Completing the Application

Table  
of  
Contents

- Be sure to include a note with the application that a translator will be needed for the health interview and indicate what language

### **What's the process for non-witnessed applications?**

Non-witnessed applications are those completed via mail, telephone or online. Only applications mailed in the United States will be accepted. As the agent, you must:

- Be licensed in the state where the application is signed
- Answer “no” to question 2 on the Producer Statement section of the application: “I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured”
- Indicate how the application was completed. Use the line that reads, “If No, explain”

Product  
Information

Underwriting  
Guidelines

### **What about an applicant who is active duty military or traveling outside the United States?**

All applicants must be in the United States to complete and sign the application, complete the health interview and accept delivery of the policy. This includes members of the military and U.S. citizens traveling abroad. Those traveling to an OFAC sanctioned country (Office of Foreign Assets Control) are ineligible for coverage.

### **What if my client is a foreign national?**

Foreign nationals must be living in the United States for at least 36 continuous months to be eligible for coverage. Also, policies will not be issued to those who do not have a valid “Green Card” (Permanent Resident Card Form I-551). If the applicant meets residency requirements, include the Foreign National and Foreign Travel Questionnaire (L5719) with the application.

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Upgrades

The insured may apply for a currently marketed policy option or benefit increase at the time of sale or within 60 days of policy issue. If the upgrade is approved, the change will appear either on an updated Schedule of Benefits page or a re-issued policy bearing the same number as the initial policy. Premium for the upgrade will be based on the applicant’s age at initial policy issue.

- A Benefit Change Request form (M24710) must be signed and dated by both you and the applicant prior to processing
- A Statement of Good Health form (M24181) also is required

If the insured wishes to apply for an upgrade after the 60-day period, it is recommended that he or she retain the initial policy and apply for a second policy with the desired upgrades. Premium for the new policy will be based on the insured’s age at the time of application.

## Downgrades

Benefit decreases are allowed. If the decrease is requested within 60 days of the original effective date, it will be effective on the original effective date. If the decrease is requested after the 60-day period, the effective date of the change is the next renewal date following approval of the decrease. The decrease will appear either on an updated Schedule of Benefits page or a re-issued policy bearing the same number as the initial policy. Continuing benefits will keep the original issue age and will continue to earn renewal compensation.

<b>Drop Coverage</b>	<b>Reduce Coverage</b>
<p><b>Allowable Features:</b></p> <ul style="list-style-type: none"> <li>• Inflation Protection</li> <li>• Nonforfeiture – Shortened Benefit Period</li> <li>• Survivorship Benefit</li> <li>• Joint Waiver of Premium</li> <li>• Shared Care Benefit (if partner’s benefits have not been accessed)</li> <li>• Security Benefit</li> </ul> <p>Subject to rider termination provisions</p>	<p><b>Allowable Reductions:</b></p> <ul style="list-style-type: none"> <li>• Inflation Protection</li> <li>• Maximum Monthly Benefit</li> <li>• Policy Limit</li> </ul> <p><b>Allowable Increase:</b></p> <ul style="list-style-type: none"> <li>• Elimination Period</li> </ul> <p>Subject to rider termination provisions</p>

## Reinstatements

An insured may be eligible for policy reinstatement if his or her attained age is less than 65 and the policy has been lapsed for less than 180 days.

- The insured must contact Customer Service to initiate reinstatement. They will be asked to complete an application
- At underwriter discretion, a current telephone interview and medical records may be required
- If reinstatement is approved, the insured must pay all back premium within 35 days of reinstatement approval. If not received in that timeframe, the insured will become ineligible for reinstatement and will be required to reapply for coverage at his or her current age
- Reinstatement is not available when the policy is terminated as of the effective date
- To be eligible for reinstatement there must have been coverage in force and premium paid



## Licensing and Appointments

### Non-appointment states (all states except MT & PA)

- If you are properly licensed in your state, you may solicit business prior to becoming appointed with Mutual of Omaha
- Applications must be submitted along with contracting paperwork
- Policies cannot be issued until the effective date of your appointment

### Pre-appointment states (MT & PA)

- You must be properly licensed and appointed with Mutual of Omaha BEFORE soliciting business
- If an application is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Note: Pre-appointment requirements do not apply to agents holding a broker license

## Background Checks

All new agents are subject to a background check, which includes:

- Credit history
- Insurance department actions
- Federal and county criminal records

Be sure to disclose all information and answer each question on the information sheet truthfully. If answering “yes” to any question, an explanation (signed and dated by you) and any supporting documentation must accompany the contracting paperwork.

- Background checks are conducted by an outside entity and typically take three to five business days. If an issue is found, you will be contacted to resolve it, if possible
- No information regarding the finding of the background check can be discussed with your MGA
- If Mutual of Omaha declines to appoint you, both you and your MGA, if applicable, will be notified in writing
- All existing agents must have a background check when an appointment is added or if the last background check is more than two years old

### **NOTE:**

*It's nearly impossible to get an agent approved if something turns up on the background check that was not disclosed.*

### Errors and Omissions Insurance

Proof of Errors and Omissions insurance in the amount of \$1,000,000 per claim is required for all Mutual of Omaha Insurance Company products.

### Long-Term Care Training

Training is required in order for you to sell long-term care insurance and/or partnership-qualified policies in states where partnership programs are approved. Contact your state Department of Insurance for more information on partnership requirements in your state. Remember, you must take the required refresher course to keep your training up to date.

Mutual of Omaha has joined forces with LTCiTraining.com to bring you the industry's most comprehensive partnership training courses.

- Developed by industry expert, Phyllis Shelton
- Meets mandated NAIC and Deficit Reduction Act partnership training requirements
- ClearCert certified
- Technical support provided
- May be free for agents who sell Mutual of Omaha's LTCi products (contact your marketer for details)
- Training can be accessed through Sales Professional Access (SPA)

### General Partnership Requirements

- **Licensing** – You must be licensed in the state where the applicant is physically located at the time of the partnership-qualified sale. (If the applicant is a resident of Kansas, you must be licensed in Kansas regardless of where the sale is made. For example, if an application is signed in Nebraska for an applicant who resides in Kansas, you must be licensed in both states)
- **Training** – You must have completed partnership training for the state in which the application is signed. (In Kansas, you also must have completed partnership training for the state in which the client resides.) Reciprocity rules will apply. Training must be completed prior to the date the application is signed or the application cannot be accepted.
- **Application** – You must use the application for the state in which the client resides

### Long-Term Care Continuing Education

Your state may require long-term care continuing education. Please contact your state's Department of Insurance for more information.

### Common Employer Marketing Program

Targeting people with a common employer is a good way to generate multiple sales with minimal effort. It's easier than a true multi-life sale because there's no group approval to obtain. So when you're asking for referrals, be sure to ask prospective clients for names of co-workers.

#### Common Employer Premium Allowance

When five or more people who work for a common employer purchase a long-term care policy from you, they each save five percent on their premium. Here's how it works:

- Complete the Common Employer Groups section on page 2 of the application. There is also an indicator on page 1 of the application to help our customer service representatives look for group information
- Submit the Common Employer Group Set-Up Questionnaire (M28378) as a cover sheet along with the initial five applications. Be sure to include the names of all applicants plus the name of their common employer

Note: The Common Employer program does not require any form of employer endorsement or sponsorship. It also does not provide for list billing.

- Once the common employer group is established, subsequent applications can be submitted under that common employer. Just indicate the common employer group number on all subsequent applications
- The Common Employer allowance is available to the employee and his or her partner

**Note:** Employers are governed by ERISA regulations if they “sponsor” a gender-based rate product (i.e., they pay a portion of the premium, endorse or promote solicitation of the coverage during work hours, etc.). Employers not “sponsoring” the coverage are not governed by ERISA. It is not your position to determine whether your clients must comply with ERISA regulations or whether they are or should be exempt. Please advise them to consult a tax advisor.

In addition to ERISA, many state regulations also have limitations which would require compliance for employers with as few as five employees. Federal and state laws should be evaluated to determine limitations for employer groups. Again, your clients should be advised to consult a tax advisor.

*If the Common Employer Cover Sheet is not submitted, applications are likely to be processed without the Common Employer allowance or they will be returned to you to resubmit when the five-application minimum is met.*

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

## Association Marketing

Marketing to associations is a cost-effective and efficient way to target groups of individuals who share a common occupation or interest. And that allows you to build your business through the power of third-party endorsements. Currently, more than 600 associations nationwide endorse Mutual of Omaha’s long-term care insurance.

### Association/Sponsored Group Premium Allowance

A five percent premium allowance is available if the insured or his or her eligible partner is a member of a qualifying association. Here’s how it works:

- An association must have:
  - At least 100 members
  - Been in existence for at least two years
  - Officers and bylaws
  - Members who pay dues or fees on a regular basis and vote on officers and matters of policy
- Associations are not eligible if they:
  - Are formed for the purpose of obtaining insurance
  - Are formed to promote political views
  - Primarily consist of members with hazardous occupations



## Sales & Marketing Information

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

### Association Approval Process

Follow these four steps to get a new association approved.

**Step 1:** Submit a proposal request and association bylaws to Mutual of Omaha. Allow five to seven business days for review and notification of initial approval/disapproval.

**Step 2:** Approach the association and make a presentation to association representatives and obtain the association's agreement to proceed.

**Step 3:** Develop a marketing plan. Have the association director sign the Affiliation Agreement (M18100) and marketing plan.

**Step 4:** Submit the signed Affiliation Agreement and marketing plan to Mutual of Omaha for review. You will receive final approval and the Association Marketing number in five business days.

### Additional Details for Approved Associations

- All applications are individually underwritten
- Due to employer benefit laws, employees of members are not eligible for coverage using the Association Marketing program
- To keep the group open and eligible for program benefits, you must issue the number of applications agreed upon in the marketing plan within the agreed timeframe
- After the initial evaluation period, there must be 10 issued application every 12 months to keep the group open
- Approved marketing materials available to help you communicate with the association and its members can be found on Sales Professional Access
- You are permitted exclusive marketing rights to that association

#### **LEARN MORE**

*Get more information about our "Power Up" Association Marketing program on Sales Professional Access.*

*Or for further assistance, contact us at 800-624-5554 or [association.marketing@mutualofomaha.com](mailto:association.marketing@mutualofomaha.com).*

## Contact Information

Table  
of  
Contents

Product  
Information

Underwriting  
Guidelines

Completing  
the  
Application

Administrative  
Handling

Sales  
&  
Marketing  
Information

Contact  
Information

Application Submission	
<p><b>General Mail:</b> Long-Term Care Service Office P.O. Box 64901 St. Paul, MN 55164-0901</p>	<p><b>Expedited Mail:</b> Long-Term Care Service Office 7805 Hudson Rd., Suite 180 Woodbury, MN 55125-1591</p>
Premium Submission (if premium is not submitted with the application)	
<p><b>General Mail:</b> Mutual of Omaha P.O. Box 30154 Omaha, NE 68175-1252</p>	<p><b>Expedited Mail:</b> First National Bank Attn: Stop 2203 Box 30154 1620 Dodge St. Omaha, NE 68197-2203</p>
LTC Service Office	
<p><b>Customer Service:</b></p> <ul style="list-style-type: none"> <li>• New Business Service and Status</li> <li>• Policy Issue</li> <li>• Billing &amp; Collection</li> </ul> <p>Phone: 877-894-2478 Hours: 7 a.m. to 5 p.m. CT; M-F</p>	<p><b>Application Requirements:</b></p> <ul style="list-style-type: none"> <li>• Missing application requirements</li> <li>• Authorizations</li> </ul> <p>Fax: 888-539-4672</p>
	<p><b>Medical Information</b> Fax: 800-921-9335</p>
<p><b>Claims:</b> Phone: 877-894-2478 Hours: 7 a.m. to 5 p.m. CT; M-F</p>	<p><b>Miscellaneous:</b></p> <ul style="list-style-type: none"> <li>• Delivery Requirements</li> <li>• Policy Change Requests</li> <li>• Correspondence</li> </ul> <p>Fax: 952-833-5410</p>
General Contact Information	
<p><b>Licensing:</b> Phone: 800-867-6873 Hours: 8 a.m. to 4:30 p.m. CT; M-F</p>	<p><b>Underwriting:</b></p> <ul style="list-style-type: none"> <li>• Prequalification</li> <li>• Risk Selection</li> </ul> <p>Phone: 800-551-2059 Email: <a href="mailto:ltcunderwriting@mutualofomaha.com">ltcunderwriting@mutualofomaha.com</a> Hours: 8 a.m. to 4:30 p.m. CT; M-F</p>
<p><b>Sales Support:</b></p> <ul style="list-style-type: none"> <li>• Appointments</li> <li>• Contracts &amp; Licensing</li> <li>• Proposals</li> <li>• Sales &amp; Product Support</li> </ul> <p>Agency: 877-617-5589 Brokerage: 800-693-6083 Email: <a href="mailto:sales.support@mutualofomaha.com">sales.support@mutualofomaha.com</a> Hours: 7:30 a.m. to 5:30 p.m. CT; M-F</p>	<p><b>Initiate the Personal Health Interview:</b> Phone: 866-554-1617 Hours: 7 a.m. to 7 p.m. CT; M-F (Saturday by appointment)</p>



Long-Term Care Insurance underwritten by:

**MUTUAL OF OMAHA INSURANCE COMPANY**

Mutual of Omaha Plaza

Omaha, NE 68175

*[mutualofomaha.com](http://mutualofomaha.com)*