



**UNITED** LTCi SOLUTIONS  
ASSURED SOLUTIONS GOLD  
*CASH-FIRST*<sup>SM</sup>  
WORKPLACE SOLUTIONS

Long-Term Care Insurance



FEATURING THE *CASH-FIRST*<sup>SM</sup> ADVANTAGE

AGENT and UNDERWRITING GUIDE

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# Contact Information

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## Assured Solutions & CASH-First<sup>SM</sup> Mailing Addresses

<u>General Mail</u> Long-Term Care Service Office P.O. Box 64901 St. Paul, MN 55164-0901	<u>Expedited Mail</u> Long-Term Care Service Office 7805 Hudson Rd., Suite 180 Woodbury, MN 55125-1591
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## Workplace Solutions Mailing Addresses

United of Omaha Life Insurance Company  
LTC Multi-Life Underwriting – 6th Floor  
Mutual of Omaha Plaza  
Omaha, NE 68175

## LTC Service Office

### Claims

Phone: 877-894-2478  
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

### Customer Service

Phone: 877-894-2478  
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

- New Business Service
- Policy Issue
- Billing and Collection

### Fax Numbers

888-539-4672

- Application Requirements

800-921-9335

- Medical Information
- Delivery Requirements
- Policy Change Requests
- Correspondence

## Workplace Solutions Multi-Life Underwriting Coordinator

Phone: 877-778-0838  
Fax: 402-351-5958  
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday  
Email: LTC.Multi.Life@mutualofomaha.com

- Case Quoting
- Group Approval
- Multi-Life Inquiries

## General Contact Information

### **Premium Submission** (no premium should be submitted with the application)

General Mail  
United of Omaha  
P.O. Box 30190  
Omaha, NE 68103-1290

Expedited Mail  
1st National Bank  
Attn: Stop 2203  
Box 30190  
1620 Dodge St.  
Omaha, NE 68197-2203

### **Licensing**

Phone: 800-867-6873  
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

### **Sales Support**

Phone: 877-617-5589 or 800-693-6083  
Hours: 7:30 a.m. to 5:30 p.m. Central time Monday – Friday  
Email: [sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com)

- Appointments
- Contracting & Licensing
- Proposals
- Sales/Product Support

### **Underwriting**

Phone: 800-551-2059  
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday  
Email: [lrcunderwriting@mutualofomaha.com](mailto:lrcunderwriting@mutualofomaha.com)

- Prequalification
- Risk Selection

### **To Initiate the Personal Health Interview**

Phone: 866-544-1617

# Assured Solutions Gold & *CASH-First*<sup>SM</sup>

## Product Details

There are two plans available.

- *CASH-First*<sup>SM</sup>
- Assured Solutions GOLD

### *CASH-First*<sup>SM</sup>

The *CASH-First*<sup>SM</sup> long-term care insurance policy provides a monthly cash benefit to the client, based on the first day of qualified need, with no elimination period to satisfy. The monthly cash benefit can be used any way the client chooses without having to submit receipts for reimbursement. The *CASH-First*<sup>SM</sup> policy also includes the flexibility to receive traditional long-term care benefits as the need for care increases. This allows the client to be reimbursed for actual services rendered including basic or professional home health care, assisted living facility care, or nursing home care. The client has the flexibility of choosing cash benefits one month and reimbursement benefits the next, depending on their current need for care. The *CASH-First*<sup>SM</sup> long-term care insurance policy provides a monthly cash benefit as well as a maximum lifetime benefit pool of dollars. Clients have the flexibility of both the cash benefit and the pool of dollar amounts based on their need.

### Assured Solutions GOLD

The Assured Solutions GOLD long-term care insurance policy also provides the client with the flexibility to decide how they want to receive their long-term care benefits. It combines monthly cash benefit that can be used to pay for any type of care the client chooses on the first day of qualified need as well as traditional long-term care benefits that reimburse for actual expenses incurred through a home health care agency, assisted living facility or nursing home. The Assured Solutions GOLD long-term care insurance policy provides a monthly maximum benefit and a maximum lifetime benefit that is calculated based on the number of months selected as a benefit multiplier.

## The Basics

### Where? Care Settings

- Both plans cover Home Health Care (HHC), Adult Day Care (ADC), Assisted Living Facility (ALF), Nursing Home (NH) & Hospice Care
- There is one Maximum Lifetime Benefit for all coverages

### How Much? Maximum Monthly Benefit

#### *CASH-First*<sup>SM</sup>

- Cash Benefit – 40 percent of the Basic Home Health Care Benefit (\$600 - \$3,600) with an optional increase to 50 percent of the Basic Home Health Care Benefit
- Nursing Home Benefit – up to 100 percent of the Maximum Monthly Benefit
- Assisted Living Facility – up to 50 percent of the Maximum Monthly Benefit; Optional increases: 60 percent, 70 percent, 75 percent, 80 percent, 100 percent
- Basic Home Health Care Benefit – up to 100 percent of the Maximum Monthly Benefit
- Professional Home Health Care **additional** benefit is up to 100 percent of the Basic Home Health Care Benefit

## Assured Solutions GOLD

- Maximum Monthly Benefit\* – \$1,500 to \$15,000 (in \$500 increments) – **Maximum: \$15,000**
- Nursing Home Benefit – up to 100 percent of the Maximum Monthly Benefit – **Maximum: \$15,000**
- Home Health Care – up to 100 percent of the Maximum Monthly Benefit – **Maximum: \$15,000**; Optional reductions: 75 percent or 50 percent
- Assisted Living Facility: up to 100 percent of Maximum Monthly Benefit – **Maximum: \$15,000**; Optional reductions: 75 percent or 50 percent
- Cash Benefit is 40 percent of Home Health Care Benefit with an optional increase to 50 percent of the Home Health Care Benefit

\*Total benefits for all LTC policies in force (including policies from other companies) cannot exceed \$15,000 monthly or \$500 daily at time of issue.

## How Long? Maximum Lifetime Benefit

### **CASH-First<sup>SM</sup>**

- The Maximum Lifetime Benefit is determined by choosing a Cash Benefit/Monthly Maximum Benefit amount with a valid Maximum Lifetime Benefit based on the grid or Lifetime. See Reference Grid on Page 5

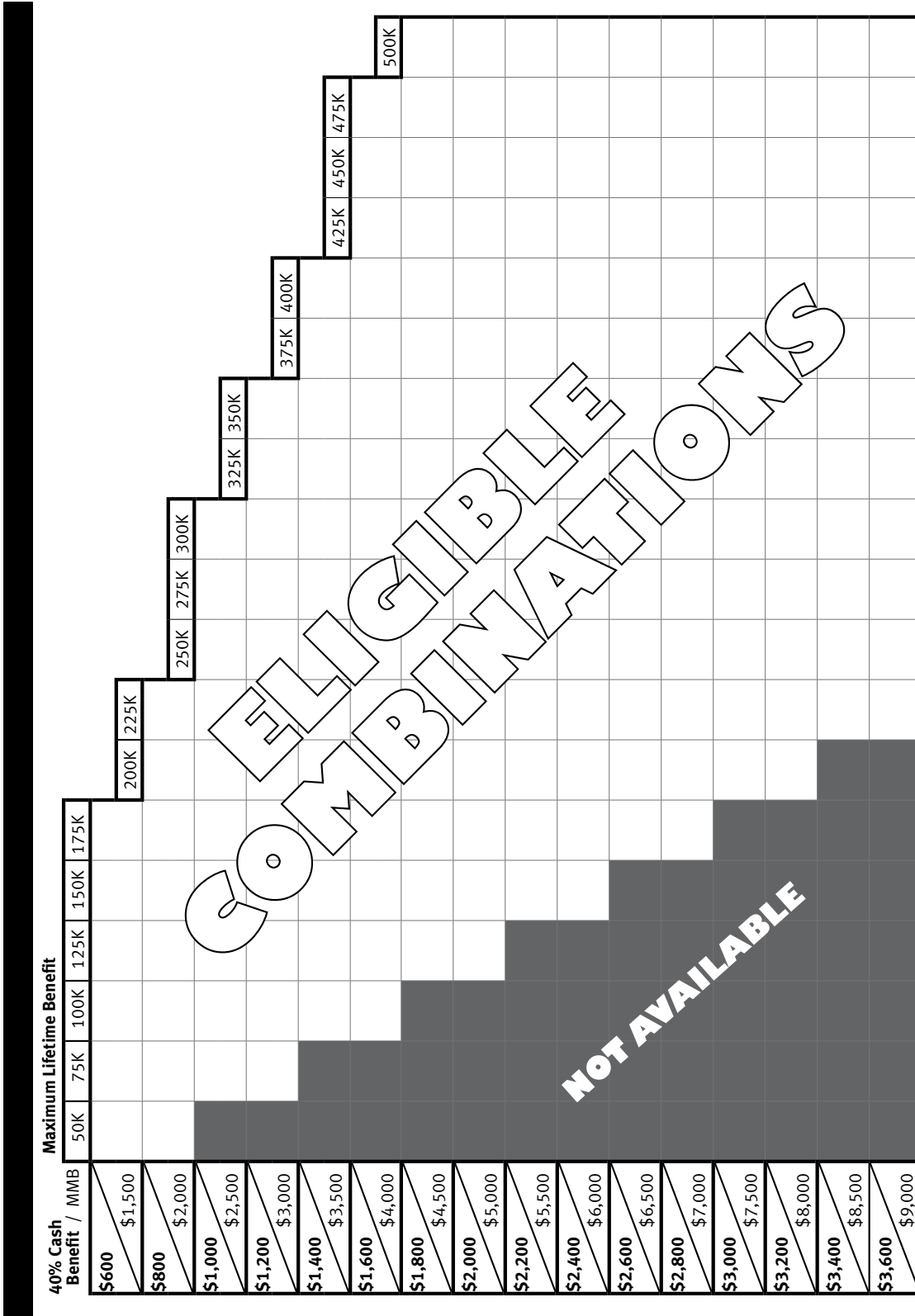
## Assured Solutions GOLD

- The Maximum Lifetime Benefit is determined by multiplying the number of months selected by the Maximum Monthly Benefit amount
- Choices are 2 Year (24 Months), 3 Year (36 Months), 4 Year (48 Months), 5 Year (60 Months), 6 Year (72 Months), 8 Year (96 Months) or Lifetime

## How Soon? Elimination Period

- 0, 30, 60, 90, 180 or 365 calendar days
- The Elimination Period is cumulative and needs to be satisfied only once in a lifetime
- The Elimination Period applies to all coverages. However, if the 30, 60, 90, 180 or 365 Day Elimination Period is chosen, the applicant has the option to select the Waiver of Elimination Period for Home Health Care (not available for Class I or II risks)
- The Elimination Period does not need to be satisfied in order to obtain a Cash Benefit

# Reference Grid





## Benefit Descriptions

The following charts indicate built-in features and optional benefits for Assured Solutions GOLD and *CASH-First*. Benefits may vary by state.

<b>Built-In Features:</b>	<b>Assured Solutions GOLD</b>	<b>CASH-First</b>
<b>Maximum Lifetime Benefit</b>	2 yrs, 3 yrs, 4 yrs, 5 yrs, 6 yrs, 8 yrs & Lifetime	\$50,000 to \$500,000 (in \$25,000 increments) or Lifetime
<b>Maximum Monthly Benefit (MMB)</b>	Up to \$15,000 per month	Up to \$9,000 per month
<b>Cash Benefit</b>	40% of HHC	40% of HHC
<b>NH</b>	100%	100%
<b>ALF</b>		50%
<b>HHC</b>		100%
<b>Elimination Period</b>	0, 30, 60, 90, 180 or 365 calendar days	
<b>Bed Reservation (NH and ALF)</b>	30 days per calendar year	
<b>Respite Care</b>	30 days per calendar year	
<b>Hospice Care</b>	No limit	
<b>International Benefit</b>	MMB up to 1 year	
<b>Waiver of Premium</b>	When benefits begin	
<b>Alternate Care</b>	With care coordination	
<b>Care Coordination</b>	Yes	
Caregiver Training	Pays up to 2x MMB with Care Coordination	
Durable Medical Equipment		
Home Modification		
Medical Alert System		
<b>5-Year Rate Guarantee</b>	Yes	Yes
<b>Additional Benefit for Prof HHC</b>	No	Yes
<b>Additional Benefit for Injury</b>	No	Yes
<b>Return of Premium (less claims) if death before Age 65.</b> (See Optional Benefits chart for other options.)	No	Yes
<b>Additional Rate Guarantee</b>	Yes	Yes
<b>Spousal Benefits:</b>		
<b>Spouse Security Benefit</b>	Up to 60% in additional benefits for uninsured spouse	
<b>Spouse Shared Benefit</b>	Allows a spouse to access the other spouses benefits upon their own benefit exhaustion	
<b>Spouse Waiver of Premium</b>	Waives premium for both spouses when one is on claim	
<b>Spouse Survivorship Benefit</b>	If death occurs after 10 years, no further premiums are due on surviving spouse.	
<b>Inflation Options:</b>		
<b>No Inflation with Future Purchase Option</b>	Yes	Yes
<b>5% Compound Lifetime</b>	Yes	Yes
<b>5% Simple Lifetime</b>	Yes	Yes

<b>5% Compound – 20 Year</b>	Yes	Yes
<b>5% Compound – 2X, 3X, 4X Maximum Increase</b>	Yes	Yes
<b>Compound Inflation with Guaranteed Buy-up Option – 4.5%, 4%, 3.5%, 3%*</b> *Insured can increase to any other compound lifetime inflation option prior to age 85 without underwriting (multiple increases ok).	Yes	Yes
<b>Other Options:</b>		
<b>Waiver of Elimination Period for Home Health Care</b>	Yes	Yes
<b>Restoration of Benefits</b>	Yes	Yes
<b>Cash Benefit Increase from 40% to 50%</b>	Yes	Yes
<b>ALF Reduction/Increase</b>	50% or 75%	60%, 70%, 75%, 80%, 100%
<b>HHC Reduction</b>	50% or 75%	No
<b>Additional Years of Rate Guarantee</b>	6 yrs to 10 yrs	6 yrs to 10 yrs
<b>Return of Premium at Death (Less Claims Paid)</b>	Yes	Yes
<b>Full Return of Premium</b>	No	Yes
<b>Nonforfeiture – Shortened Benefit Period</b>	Yes	Yes
<b>Contingent Nonforfeiture</b>	Default	Default
<b>Premium Options:</b>		
<b>Lifetime</b>	Default	Default
<b>10-Year Pay</b>	Yes	Yes
<b>20-Year Pay</b>	Yes	Yes
<b>To-Age-65</b>	Yes	Yes
<b>Flex To-Age-85</b>	Yes	Yes

# Application Requirements

## Things to Remember

- The application packet contains the application plus any vital forms required by the client's resident state  
**Note:** Non-resident state applications or forms will not be accepted
- If the application is taken in person the agent must be licensed in the state where the application is signed. For mailed-in applications, the agent must be licensed in the state where the application was mailed and completed  
**Note:** If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed
- Although many long-term care sales are made to married couples, each applicant is underwritten individually and, upon approval, is issued his or her own policy  
**Note:** Only the applicant for insurance may complete and sign the application
- Please be certain all answers are legible. 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
- "N/A" is not an acceptable answer. Instead the question should be answered "no" or "none"
- Agents are asked to include a copy of their quote with the application packet

## How to Complete the Application

### General Information

All questions must be answered – including best time to call. Unless you call in to have the interview completed at time of application, please be certain to tell the applicant that a representative will call to arrange a Telephone Interview or a Face-to-Face Examination.

### Allowances

All questions must be answered. The applicant(s) may be eligible for premium allowances based on their answers.

### Replacement Coverage

Complete all information requested, as applicable. If a United of Omaha policy will replace an existing long-term care policy, replacement form(s) required in the applicant's state must be completed.

Long-term care laws are strict regarding replacement compliance.

### Health Insurability Questions – (See Underwriting Requirements Section for assistance.) (Physician and Medication Information – Health Questions)

Please provide complete and accurate information, including the Primary Physician's address and telephone number.

While answers are verified via Medical Records and/or during the Telephone Interview or Face-to-Face Examination, failure to disclose an existing condition can result in denial of a future claim related to that condition. **Important Note:** Please see the Underwriting Guidelines section for pertinent information about the Telephone Interview and Face-to-Face Examination.

## Benefit Selection

Check or fill-in all appropriate sections.

- The total monthly benefit for Nursing Home/Assisted Living or Home Health Care, including all long-term care policies in force, cannot exceed \$15,000 monthly or \$500 daily at time of issue
- The 5 percent Compound Lifetime Inflation Benefit must be offered to all applicants. If the 5 percent Compound Lifetime Inflation Benefit is not elected, the applicant must check the “No” box in the Inflation Protection options section of the application. An inflation option must be selected
- The Nonforfeiture Benefit – Shortened Benefit Period MUST be offered. If not chosen, the applicant must check the “No” box on the Nonforfeiture – Shortened Benefit Period section of the application and the Contingent Nonforfeiture Benefit will be default

## Premium Options

Indicate the premium mode desired and add the modal premium and premium collected. If the applicant wishes to pay monthly premiums via pre-authorized bank draft, the Recurring Premium Mode section must be completed. A voided check must accompany the application if future premiums will be drawn out of an account other than the account used for the initial premium.

## Select Effective Date

Indicate whether the applicant wishes to have coverage (if approved) issued as of the Date of Application, the Date Policy is Issued, or for Replacements only, Requested Effective Date of Coverage (up to 60 days from the application signing date).

## Notice Before Lapse or Termination

This section must always be completed. However, if the applicant does not wish to designate a person to receive lapse or termination notification, the applicant must check the appropriate box.

## Agreements and Acknowledgements

Have each applicant sign and date this section and include the city and state where the application was signed. Check the appropriate box, provide an explanation, if indicated, along with your signature.

**Note:** The application used must be from the applicant’s resident state and you must be licensed and appointed in the signing state.

## Authorization to Disclose Personal Information to United of Omaha Life Insurance Company

This section allows United of Omaha to get necessary information in conjunction with the underwriting process. Please be certain the applicant signs and dates this page. Failure to sign will result in a non-issued policy.

## Producer Statement/Conditional Premium Receipt

Agents must complete all sections prior to application submission.

## Steps for Scheduling and Completing the Telephone Health Interview

*Must be completed for all applicants age 64 and under. A face-to-face interview is required for applicants ages 65-79.*

1. After completing the application, help your client collect and record information about physicians and medications using the Preparing for the Health interview worksheet (GC577) located in the application booklet.
2. Be sure to explain the health interview process to the client as well as the importance of giving the interviewer his or her full attention. Also, prepare your client for the possibility that a cognitive interview also may be needed.

3. You may choose to call Nations Care Link at **1-866-544-1617** at the time of application and identify yourself as the writing agent and advise the service representative that you have a client who needs an interview. Or, you may submit the application and your client will be contacted to schedule an interview.

*Inform the health interviewer or note on the application if the client has any hearing problems or if he/she needs an interpreter for a language other than English.*

4. If a nurse is available at the time of your call, have your client conduct the interview. **Important:** YOU MUST NOT BE PRESENT DURING THE CLIENT'S HEALTH INTERVIEW.
5. If a nurse is not available or it is not a convenient time for the client, an appointment can be made for a future date.

See *Undewriting Guidelines Section* for additional information regarding the Health Interview.

## Premium Allowances

**Spouse/Partner** – 35 percent each if both the insured and the insured's spouse or domestic partner purchase long-term care insurance from United of Omaha

- Not available with Spouse Security Benefit
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Spouse/Partner Allowance (35 percent) will be removed from the remaining issued policy and the Married Allowance (15 percent) will be added

**Preferred** – 15 percent for being in good health

- Can be combined with all Household allowances

**Married** – 15 percent if the insured is married, but the insured's spouse or domestic partner does not purchase long-term care insurance from United of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship or Spouse Shared Care benefits

**Two-Person Household** – 10 percent each if both the insured and another adult living in the insured's household for a continuous 12 months (not the insured's spouse or domestic partner) purchase long-term care insurance from United of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Two-Person Household Allowance (10 percent) will be removed from the remaining issued policy

**Association Group** – 5 percent if the insured is a member, or an eligible family member of a qualifying association group

- Not available with limited pay options, except To-Age-65 and Flex To-Age-85
- Not available with Producer Allowance

**Medicare Supplement** – 5 percent for a Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company or United World Life Insurance Company Medicare Supplement policyholder

- Not available with Producer Allowance

**Producer** – 5 percent if coverage is written on Producer and/or spouse or domestic partner

**All available allowances will apply\***

\*Only one household allowance can be selected. Producer allowance cannot be combined with Association Group or Medicare Supplement allowance. Preferred health allowance can be combined with any other allowance. Allowances are multiplicative, not additive.

## Billing Information

Please use the following modal factors to calculate premium.

- |                      |      |
|----------------------|------|
| ■ Monthly Bank Draft | .09  |
| ■ Quarterly          | .26  |
| ■ Semiannual         | .51  |
| ■ Annual             | 1.00 |

**Cash with Application:**

- If Monthly Bank Draft is elected and premium is included, two month's premium should be submitted
- If a quarterly, semiannual or annual mode is elected, the full premium for that mode should be submitted

**No Cash with Application:**

- If Monthly Bank Draft is elected and no premium is included, only one month's premium will be drafted once the policy is issued
- If quarterly, semiannual or annual mode is elected, the customer will receive a bill for the full modal premium selected once the policy is issued

All checks should be made payable to: **United of Omaha Life Insurance Company.**

**Underwriting Rules for Cash Benefit**

A Cash Benefit, if elected, will be paid in advance each month that the client is eligible for a Cash Benefit. If we determine that they are eligible for a Cash Benefit for less than an entire month, we will adjust the Cash Benefit for that month. The Cash Benefit will be prorated based on the actual number of days they are eligible for a Cash Benefit in such month. We will assume that such month consists of 30 days regardless of the actual number of days in such month. If in any month they receive a Cash Benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid to them under the policy by the amount of the unearned Cash Benefit.

While receiving Cash Benefits, no other benefits are payable under the policy. If the client decides to discontinue to receive the Cash Benefit, this may be done by providing written notice to us. After Cash Benefits have been discontinued, other eligible benefits offered under the policy would be payable. If your client later decides not to receive other benefits under the policy, they may again elect to receive Cash Benefits.

Please note, days in which Cash Benefits are utilized do not count toward the elimination period for reimbursement benefits.

Other Information: The Elimination Period does not need to be satisfied to receive Cash Benefits. We reserve the right to require submission of a new Plan of Care at least once every 60 days while receiving Cash Benefits.

**Underwriting Rules for Optional Benefits**

- All available options may be added to the Plan 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
- Additional premium will be required for all optional benefits
- Options may be added at time of sale or within 60 days of policy issue with Underwriter approval
- See Class I and Class II Health Risks (Page 15) for list of unavailable options

**Inflation Protection Options**

The insured has the choice of the following inflation protection options:

Compound Inflation Protection:

- **Compound – Lifetime**  
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by the percentage you select on each policy anniversary date for the remainder of your lifetime.  
Options: 5%, 4.5%, 4%, 3.5%, 3%
- **Five Percent Compound – 20-Year**  
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by 5 percent on each policy anniversary date for 20 years.

- **Five Percent Compound with Maximum Increase**

Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by 5 percent on each policy anniversary date until the benefit amounts have:

Options: Doubled, Tripled, Quadrupled

- **Guaranteed Buy-Up Option**

If you select a compound lifetime inflation protection option less than 5 percent, you may increase your selected option to any higher compound lifetime option at any time prior to age 85 **with no additional underwriting required.\***

Premiums for any increases in inflation benefit percentages will be based on your age at the time you elect the increase. You may elect multiple increases over the life of your policy but not more than once per year.

Options: 4.5%, 4%, 3.5%, 3%

Simple Inflation Protection:

- **Five Percent Simple – Lifetime**

On each policy anniversary date, your maximum monthly benefit will increase by 5 percent of its original value. In addition, the maximum lifetime benefit will increase by 5 percent of its original value or its current value, whichever is less.

No Inflation Protection:

- **Future Purchase Option**

If you elect no inflation protection at this time, you may purchase either three or 5 percent compound lifetime inflation protection (at the rate applicable for your attained age) any time up to five years after the issue date of your policy **with no additional underwriting required.\***

An inflation protection option may be removed after issue with no refund of premium. The maximum monthly benefit and remaining maximum lifetime benefit will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

- Compound Lifetime with Buy Up is not available with 10-pay, 20-pay or To-Age-65
- Compound Lifetime with Maximum Increase is not available with Flex-to-Age 85<sup>SM</sup>

\*Subject to the following limitations:

- Your premiums are not waived on the policy
- You are not currently eligible to receive policy benefits nor have you received policy benefits in the two years prior to electing the increase

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

No elimination period must be satisfied in order to receive home health care benefits under the policy. At this point, the elimination period for nursing home and assisted living will begin to be satisfied on a calendar day basis. This means days you receive home care as well as days you don't receive home care both count toward satisfying this elimination period.

**Note:** This benefit is not available for Class I or II risks

## **Spousal Benefits**

The spousal benefits listed below are only available when both spouses or domestic partners apply at the same time and both policies are issued.

**Spouse Waiver of Premium** – this optional benefit waives the payment of premium for the policy when and so long as the premium for the Spouse's policy is waived under the terms of his or her policy. When the waiver period under the Spouse's policy ends, premium payments will resume for the policy and must be paid to keep it in force.

If premiums are increased after policy issue due to an increase or addition of coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived.

**Note:**

- If Spouse Waiver of Premium is selected, the Spouse Security Benefit is not available
- This option is not available with the 10-year, 20-year, To-Age-65 or Flex To-Age-85 payment options
- Not available with Married or Two-Person Household Allowances
- Not available on Class I and Class II risks

**Spouse Survivorship** – If the policy has been in-force for 10 or more years, this optional benefit provides that no further premiums are due and payable for the policy from and after the date the Spouse dies.

**Note:**

- If Spouse Survivorship is selected, the Spouse Security Benefit is not available
- This option is not available with the 10-year, 20-year, To-Age-65 or Flex To-Age-85 payment options
- Not available with Married or Two-Person Household Allowances
- Not available on Class I and Class II risks

**Spouse Shared Care Benefit** – This optional rider allows the client, once benefits have been exhausted under his or her policy and care continues, the ability to access benefits under their spouse's identical policy until a minimum of 12 times the current monthly benefit remains. In addition, if either spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse's remaining Maximum Lifetime Benefit with no effect on the surviving spouse's premium.

Only available when both spouses or domestic partners apply at the same time and both policies are issued with identical benefits.

**Note:** Spouse Shared Care is not available:

- for Class II risks
- for Class I risks with a Maximum Lifetime Benefit greater than 3 years
- with Spouse Security Benefit
- with Full Return of Premium at Death (Less Claims) or Full Return of Premium at Death
- with Lifetime Benefits
- if Underwriting determines one or both applicants poses a greater than normal risk of premature death
- with Married or Two-Person Household Allowances

**Spouse Security Benefit**

The Spouse Security Benefit is equal to 60 percent of the reimbursement benefits payable each month (excluding the Cash Benefit, if any). Spouse Security Benefits will not reduce the Maximum Lifetime Benefit.

**Note:** Spouse Security is not available:

- for Class I or II risks
- with Spouse Waiver of Premium, Spouse Survivorship, or Spouse Shared Care
- with Spouse or Two Person Household Allowance
- for issues ages over 69



## Restoration of Benefits

If benefits have been paid under the policy and your client later becomes eligible for Restoration of Benefits, we will restore the Maximum Lifetime Benefit one time during the term of the policy. Except for any benefits paid for the spouse under any shared benefit to the policy, the Maximum Lifetime Benefit will be restored to the amount that would have applied if no benefits had been paid under the policy.

**Note:** Not available with Lifetime Benefits

## Additional Benefit for Injury

The Additional Benefit for Injury pays a benefit if your client sustains an Injury, which results in confinement to a Nursing Home or Assisted Living Facility or receiving Home Health Care Benefits. The Injury must be sustained while the policy is in force, and the insured is not chronically ill.

We will pay an Additional Benefit for Injury any month the insured incurs eligible expenses in excess of the Nursing Home Benefits, Assisted Living Facility Benefits or Home Health Care Benefits paid that month, up to the Maximum Monthly Benefit.

**Note:** Not available for issue ages over 60

## Return of Premium at Death Benefits

**Return of Premium (Less Claims Paid) if Death Occurs Before Age 65** – If client dies while the policy is in force, but prior to the Policy Anniversary Date coinciding with or next following their 65<sup>th</sup> birthday, we will return the total amount of premiums paid for the policy, less the amount of claims paid under the policy.

**Note:** Return of Premium (Less Claims Paid) if Death Occurs before Age 65 is not available for issue ages over 64

**Return of Premium at Death (Less Claims Paid)** – If your client dies while the policy is in force, we will return the total amount of premiums paid for the policy, less the amount of claims paid under the policy.

**Note:** Return of Premium at Death (Less Claims Paid) is not available:

- with Spouse Shared Care
- for issue ages over 64

**Full Return of Premium at Death** – If your client dies while the policy is in force, we will return the total amount of premiums paid for the policy.

**Note:** Return of Premium at Death (Less Claims Paid) is not available:

- with Spouse Shared Care
- for issue ages over 64

## Additional Years of Rate Guarantee Option

Class I or II health risks are not eligible for this Option.

The policy includes a built-in 5-Year Rate Guarantee. Applicants may choose to add up to 5 more years for a total rate guarantee period of 6, 7, 8, 9 or 10 years.

**Note:** This Option may be removed at the request of the insured. Upon removal, the policy will revert to the built-in 5-Year Rate Guarantee. Should a rate increase occur during the additional years of rate guarantee period (prior to its removal) the increased premium amount will take effect once the additional years of rate guarantee is removed. No premium credit (refund or advance of the paid-to-date) will be given.

## Premium Options

**Lifetime** – premium payments are level and made over the life of the policyholder

- Is default option if no other premium option is chosen

**10-year Pay** – premium payments are made over a 10-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)

**20-year Pay** – premium payments are made over a 20-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)

**To-Age-65** – premium payments are made until Age 65

- Only available at issue
- Maximum issue age is through Age 54
- A limited pay option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Available for Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)

**Flex-to-Age-85** – premium payments begin as a percentage of the fixed premium and increase each year until Age 65, where premiums become fixed. The policy is paid up at Age 85.

- Only available at issue
- Maximum issue age is through Age 60
- Premium increases may be discontinued at the request of the insured. Annual premiums will remain fixed from the date of the request and the Compound Lifetime Inflation Protection will terminate
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Only available with Compound Lifetime (with or without buy-up option) Inflation Options
- Available for Association/Sponsored Group policies

## **Class I and Class II Health Risks**

Maximum allowable benefits: 5-Year (60 Months) Maximum Lifetime Benefit and a minimum 90-day elimination period.

The following options are not available:

- Spouse Security Benefit
- Spouse Shared Care Benefit – is available for Class I risks with a Maximum Lifetime Benefit of 3 Years (36 Months) or less
- Spouse Waiver of Premium Benefit
- Spouse Survivorship Benefit
- 10- and 20-Year Premium Option
- To-Age-65 Premium Option
- Additional Years of Rate Guarantee
- Flex-to-Age-85 Premium Option
- Waiver of Elimination Period for Home Health Care

# Workplace Solutions

## Program Overview

### What is United of Omaha's Workplace Solutions?

Workplace Solutions is a multi-life program for businesses with three or more employees.

- Each participant applies for and, if approved, is issued an individual long-term care insurance policy
- Premium allowances make the coverage less expensive than if participants purchased individual long-term care insurance policies on their own

### How does it work?

Employers decide who participates in the program – all employees or a select group of employees (i.e. all managers). They also determine how they would like to fund the program.

- Employer-paid – the employer pays the entire cost of the program – either for all employees or a select group of employees
- Voluntary (employee-paid) – the employer makes the coverage available to employees on a voluntary basis, with each employee paying his or her own premium
- Executive carve-out – the employer pays the cost for a select group of employees. If this option is selected, the employer also may make the program available to other employees on a voluntary basis

### Who is eligible to participate?

Coverage is available for the business owner, employees, spouses and extended family members (parents, children, siblings, grandparents, in-laws and all step equivalents). A minimum of three insured employees is required for full underwriting and 10 insured employees for Modified Guarantee Issue or Simplified Issue.

- Employees age 18-64, and actively at work\* 30+ hours per week are eligible for Modified Guaranteed Issue, Simplified Issue and Full underwriting
- Spouses age 18-64, and actively at work\* 30+ hours per week are eligible for Simplified Issue and Full underwriting
- Other participants are eligible for full underwriting if they are employees 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

### What types of businesses make good prospects?

The quality of a perspective client is the first step for a successful case to be given careful consideration.

Listed below are some guidelines that will help maximize your success:

Typically Acceptable Business Prospects	Typically Unacceptable Business Prospects
<ul style="list-style-type: none"> <li>■ Law firms</li> <li>■ Engineering firms</li> <li>■ Architectural firms</li> <li>■ Accounting firms</li> <li>■ Health care professionals</li> <li>■ Banking and financial services professionals</li> <li>■ Educators</li> </ul>	<ul style="list-style-type: none"> <li>■ Athletes (professional, jockey, rodeo, racing)</li> <li>■ Aviation</li> <li>■ Chemical industries (acids, alkalis, carcinogens, explosives)</li> <li>■ Construction/asbestos workers</li> <li>■ Law enforcement, prison or correctional facility workers</li> <li>■ Marine (diving, salvage, towing, fishing)</li> <li>■ Manufacturing (warehouse, packing house)</li> <li>■ Petroleum and gas workers (drilling, removal, off-shore)</li> <li>■ Seasonal workers</li> <li>■ Firefighters</li> </ul>

Desirable Employer Characteristics	Required Employee Characteristics
<ul style="list-style-type: none"> <li>■ Stable or high-growth companies with few locations</li> <li>■ Committed to supporting the program</li> <li>■ Agreeable to on-site employee meetings and enrollment during company time</li> <li>■ Willing to contribute toward premium (executive, officers, all employees based on age and/or years of service)</li> <li>■ Employees with long tenure and/or affinity to employer</li> <li>■ High concentration of well-educated and highly compensated individuals</li> <li>■ Successful voluntary employee benefit offerings</li> </ul>	<ul style="list-style-type: none"> <li>■ 40% of employees are above a salary of \$40,000</li> <li>■ 50% of employees are age 40 or above</li> <li>■ Strong loyalty to company</li> <li>■ W-2 Employees only</li> <li>■ Maximum group size is limited to 250 eligible employees</li> </ul>

### What are the benefits of offering long-term care at work?

Benefits to the Employer	Benefits to Employees
<ul style="list-style-type: none"> <li>■ Helps attract and retain quality employees</li> <li>■ Enhances a company's reputation as a place people want to work</li> <li>■ Builds morale and develops a workforce of loyal employees</li> <li>■ Provides premium allowances that are not available to the general public</li> <li>■ Provides relatively low minimum participation requirements</li> <li>■ Provides flexible underwriting programs</li> <li>■ Improves productivity and reduces absenteeism</li> <li>■ Provides tax advantages to the business</li> </ul>	<ul style="list-style-type: none"> <li>■ Helps protect retirement savings from the high cost of care</li> <li>■ Allows them to purchase coverage for extended family members</li> <li>■ Provides premium allowances not available to the general public</li> <li>■ Provides flexible underwriting programs</li> <li>■ Provides the ease of purchasing insurance at work and paying through payroll deduction</li> <li>■ Allows them to take their policy with them, even if they leave the company</li> </ul>

### Underwriting Programs

Workplace Solutions offers three underwriting programs that allow you to suit the needs of any group.

Underwriting Program	Advantages	Premium Allowance	Underwriting Classes
Modified Guaranteed Issue	<ul style="list-style-type: none"> <li>■ Three insurability questions</li> <li>■ Ease of doing business</li> </ul>	10%	Select
Simplified Issue	<ul style="list-style-type: none"> <li>■ Six insurability questions</li> <li>■ Spouses can apply if actively at work* 30+ hours per week (copy of W-2 required at time of application)</li> <li>■ Increased available benefits</li> </ul>	10%	Select
Full Underwriting	<ul style="list-style-type: none"> <li>■ All issue ages and benefit levels available</li> <li>■ Preferred health allowance (15%) available</li> </ul>	5%	Preferred Select Class I Class II

#### Modified Guaranteed Issue

- Available only with employer-paid programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees (program must be taken by 100 percent of the group to which the offer is made, including carve-out groups)
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work,\* regardless of employer funding for the spouse

- Extended family members are eligible for full underwriting with a 5 percent premium allowance
- Maximum monthly benefit of \$1,500 to \$4,500
- Maximum lifetime benefit of \$150,000
- Available premium allowances include:
  - 10 percent Multi-Life Program Allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

### Simplified Issue

- Available with employer-paid and voluntary programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work\* (copy of W-2 required at time of application), regardless of employer funding for the spouse/employee
- Extended family members are eligible for full underwriting with a 5 percent premium allowance
- Maximum monthly benefit of \$1,500 to \$9,000
- Maximum lifetime benefit of \$400,000
- Available premium allowances include:
  - 10 percent multi-life program allowance
  - 35 percent spouse allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

### Full Underwriting

- Available with employer-paid or voluntary programs
- Minimum group size is three eligible employees; minimum participation is three insured employees
- Spouses and extended family members are eligible for full underwriting with a 5 percent premium allowance
- Maximum monthly benefit of \$1,500 to \$15,000
- Maximum lifetime benefit of \$500,000
- Available premium allowances include:
  - 5 percent multi-life allowance
  - 15 percent preferred allowance
  - 35 percent spouse allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

\*Actively at work: Means an employee whom, on the date of their application and throughout the prior six months

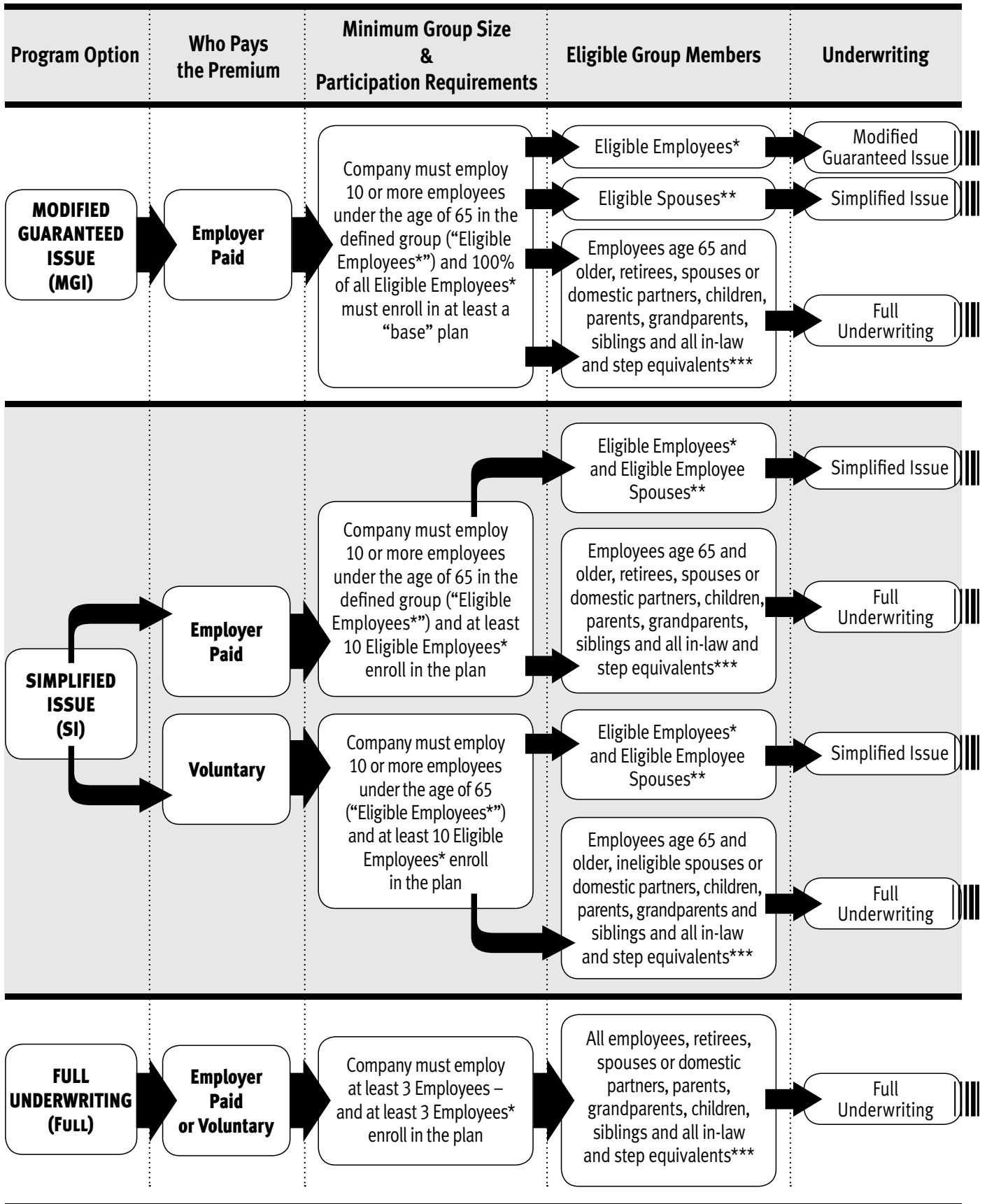
- is Age 18 to 64
- is and has been currently paid by the employer
- is and has been regularly scheduled to work at least 30 hours per week
- is not and has not been on an authorized absence due to illness, injury or leave without pay, and
- is and has been performing the material and substantial duties of their job at their place of employment or an alternative work site designated by their employer

If working from home, it is considered actively at work if on the date of the application and throughout the prior six months, the individual is not and has not been confined to a hospital or disabled to a degree that one could not have performed the material and substantial duties of their job at least 30 hours per week at the employer's usual place of business.

### Additional Details

- New hires are allowed to purchase within 60 days after completing six months of employment
- Re-enrollment is allowed if the employer decides to offer coverage to an employee class not previously offered, or if the employee is new to an employee class to which an offer was previously made
- New family members (life event) can enroll within 60 days from the date of the life event with full underwriting, provided the employee qualified at the time of the original offer
- If a Multi-Life product was offered to a company in the past 5 years, Simplified Issue will be offered to employees that were not solicited at the prior offering. The eligible employee group will need to meet the group approval requirements. Full underwriting for the Multi-Life product may be allowed for the rest of the employees wanting to apply

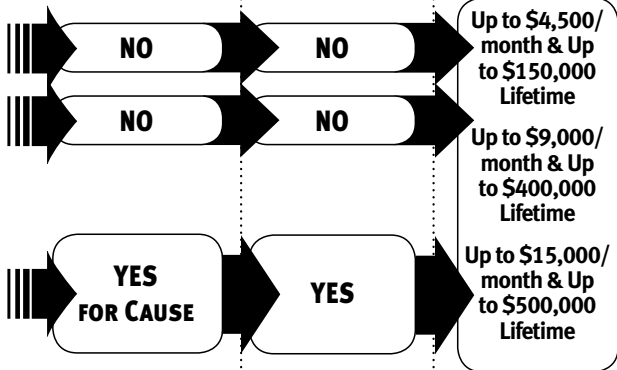
# Program Options



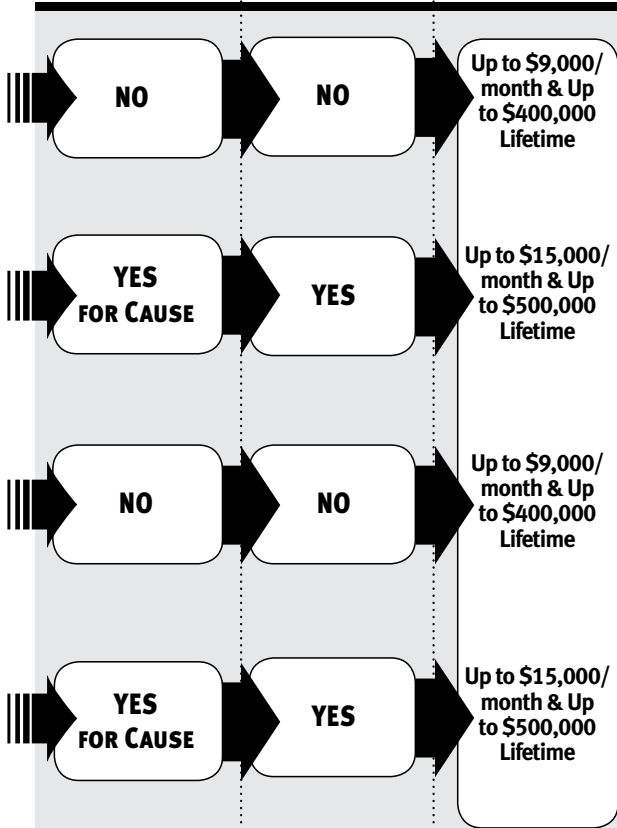
**Additional Program Notes:**

- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., \$1,500 MMB)

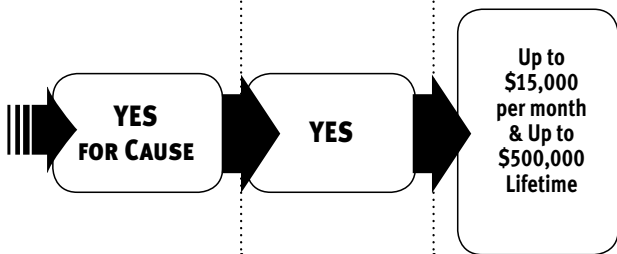
Phone Interview Medical Records & Face-to-Face	Preferred Health Premium Reduction	Program Limits (does not account for inflation)
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AVAILABLE PREMIUM REDUCTIONS FOR MODIFIED GUARANTEED ISSUE						
	Group/Preferred Allowance		and	Household Allowance (only one available per policy)		
	Group	Preferred		Married	Spousal	Household
Employee*	10%	n/a	and	15%	n/a	10%
Spouse**	10%	n/a	and	15%	35%	10%
Other Eligibles	5%	15%		15%	35%	10%



AVAILABLE PREMIUM REDUCTIONS FOR SIMPLIFIED ISSUE						
	Group/Preferred Allowance		and	Household Allowance (only one available per policy)		
	Group	Preferred		Married	Spousal	Household
Employee*	10%	n/a	and	15%	35%	10%
Spouse**	10%	n/a	and	15%	35%	10%
Other Eligibles	5%	15%		15%	35%	10%



AVAILABLE PREMIUM REDUCTIONS FOR FULL UNDERWRITING						
	Group/Preferred Allowance		and	Household Allowance (only one available per policy)		
	Group	Preferred		Married	Spousal	Household
Employee*	5%	15%	and	15%	35%	10%
Spouse**	5%	15%	and	15%	35%	10%
Other Eligibles	5%	15%		15%	35%	10%

\* Eligible Employee: Age 18-64, actively at work 30+ hours per week  
 \*\* Eligible Employee Spouses under age 65, actively at work 30+ hours per week  
 \*\*\* Eligible Employee Spouse & Other Participants: Employees age 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents



## Product Details

### Workplace Solutions

The following charts contain the built-in and optional benefits of United of Omaha's Workplace Solutions, which vary by state.

### Pre-packaged Plans

	Base	Bronze	Silver	Gold	Platinum
<b>Standard Benefits</b>	<ul style="list-style-type: none"> <li>■ Nursing Home, Assisted Living Facility and Home Health Care – up to 100% of Maximum Monthly Benefit</li> <li>■ Cash Benefit is 40% of Home Health Care</li> <li>■ 90 Calendar Day Elimination</li> <li>■ Additional Benefit for Injury</li> <li>■ 5 Year Rate Guarantee</li> <li>■ Lifetime Premium</li> </ul>				
<b>Maximum Monthly Benefit</b>	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
<b>Maximum Lifetime Benefit</b>	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
<b>Inflation Protection</b>	<ul style="list-style-type: none"> <li>■ 5% Compound Lifetime</li> <li>■ 4.5% Compound Lifetime with Buy Up</li> <li>■ 4% Compound Lifetime with Buy Up</li> <li>■ 3.5% Compound Lifetime with Buy Up</li> <li>■ 3% Compound Lifetime with Buy Up</li> <li>■ No Inflation (Future Purchase Option is available in OH only)</li> </ul>				
<b>Nonforfeiture Benefit – Shortened Benefit Period</b>	Option	Option	Option	Option	Option
<b>Spouse Shared Care</b>	Option	Option	Option	Option	Option

\*Please see Program Options Grids in Section 3 for program limits based on underwriting program.

## Flex Plan

	Flex Plan		
<b>Standard Benefits</b>	<ul style="list-style-type: none"> <li>■ Nursing Home, Assisted Living Facility and Home Health Care are each up to 100% of the Maximum Monthly Benefit</li> <li>■ Cash Benefit is 40% of Home Health Care Benefit</li> <li>■ Additional Benefit for Injury</li> <li>■ 5 Year Rate Guarantee</li> </ul>		
<b>Maximum Monthly Benefit</b>	\$1,500 to \$15,000		
<b>Maximum Lifetime Benefit</b>	\$50,000 to \$500,000 in \$25,000 increments		
<b>Calendar Day Elimination</b>	90, 180 or 365 calendar days		
<b>Inflation Protection</b>	<ul style="list-style-type: none"> <li>■ 5% Compound Lifetime</li> <li>■ 5% Simple Lifetime</li> <li>■ 5% Compound (20-year)</li> <li>■ 5% Compound Lifetime (2x Maximum Increase)</li> <li>■ 5% Compound Lifetime (3x Maximum Increase)</li> <li>■ 5% Compound Lifetime (4x Maximum Increase)</li> <li>■ 4.5% Compound Lifetime with Buy Up</li> <li>■ 4% Compound Lifetime with Buy Up</li> <li>■ 3.5% Compound Lifetime with Buy Up</li> <li>■ 3% Compound Lifetime with Buy Up</li> <li>■ No Inflation (Future Purchase Option is available in OH only)</li> </ul>		
<b>Monthly Benefit Options</b>	<b>Assisted Living Facility</b> 75%, or 50%	<b>Home Health Care</b> 75% or 50%	<b>Nursing Home</b> 100%
<b>Spousal Benefits</b>	<ul style="list-style-type: none"> <li>■ Spouse Shared Care</li> <li>■ Spouse Survivorship</li> <li>■ Spouse Waiver of Premium</li> </ul>		
<b>Return of Premium</b>	<ul style="list-style-type: none"> <li>■ Return of Premium at Death (Less Claims)</li> <li>■ Full Return of Premium at Death</li> </ul>		
<b>Additional Years of Rate Guarantee</b>	6, 7, 8, 9 or 10 years		
<b>Other Optional Benefits</b>	<ul style="list-style-type: none"> <li>■ Nonforfeiture Benefit – Shortened Benefit Period</li> <li>■ Waiver of Elimination Period – Home Health Care</li> <li>■ Cash Benefit Increase – 40% to 50%</li> <li>■ Spouse Security Benefit</li> <li>■ Restoration of Benefits</li> </ul>		

\*Please see Program Options Grids in Section 3 for program limits based on underwriting program.

## Benefit Descriptions

This section contains an explanation of the built-in and optional benefits of United of Omaha's Workplace Solutions.

### Additional Benefit for Injury

Pays an additional benefit if the insured sustains an injury resulting in need for long-term care services (home health care, assisted living facility or nursing home). The injury must be sustained while the policy is in force and the insured is not chronically ill. The additional benefit for injury is payable any month the insured incurs eligible expenses in excess of the nursing home, assisted living facility or home health care benefits paid that month.

- Not available for issue ages over 60

### Additional Years of Rate Guarantee

Guarantees the initial rate for additional years. Available options are 6, 7, 8, 9 or 10 years.

- Not available with Class I or II risks

## Cash Benefit

When elected, pays a cash benefit (equal to 40 percent of the home health care maximum monthly benefit) in advance each month. The elimination period does not need to be satisfied for the insured to receive the cash benefit.

If we determine the insured is eligible for a cash benefit for less than an entire month, we will adjust the cash benefit for that month. We will assume such a month consists of 30 days, regardless of the actual number of days in the month. If in any month, the insured receives a cash benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid under the policy by the amount of the unearned cash benefit.

When the insured is receiving a cash benefit, no other benefits are payable under the policy. The insured may elect to discontinue the cash benefit by providing written notice to us. After the cash benefit is discontinued, other eligible policy benefits may be payable on a reimbursement basis. The insured may elect to receive the cash benefit one month and reimbursement the next.

We reserve the right to require a new plan of care at least once every 60 days when the insured is receiving the cash benefit.

**Please note:** Days in which the cash benefits are utilized do not count toward the elimination period for reimbursement benefits.

## Cash Benefit Increase

When elected, Cash Benefit amount increases from 40 percent of the home health care maximum monthly benefit to 50 percent of the home health care maximum monthly benefit.

## Elimination Period

Once the policy's elimination period has been satisfied, the policy pays up to the maximum monthly benefit amount for covered long-term care services.

- No elimination period to satisfy when the cash benefit is elected (if insured changes to reimbursement benefits, elimination period must be satisfied)

## Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

## Inflation Protection

Automatically increases the insured's current maximum monthly benefit and maximum lifetime benefit on each policy anniversary date to help keep pace with inflation.

## Inflation Protection Options

The insured has the choice of the following inflation protection options:

### Prepacked Plans

Compound Inflation Protection:

- **Compound – Lifetime**  
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by the percentage you select on each policy anniversary date for the remainder of your lifetime.

Options: 5%, 4.5%, 4%, 3.5%, 3%

- **Guaranteed Buy-Up Option**  
If you select a compound lifetime inflation protection option less than 5 percent, you may increase your selected option to any higher compound lifetime option at any time prior to age 85 **with no additional underwriting required.\***

Premiums for any increases in inflation benefit percentages will be based on your age at the time you elect the increase. You may elect multiple increases over the life of your policy but not more than once per year.

Options: 4.5%, 4%, 3.5%, 3%

No Inflation Protection (Future Purchase Option available only in the state of OH)

\*Subject to the following limitations:

- Your premiums are not waived on the policy
- You are not currently eligible to receive policy benefits nor have you received policy benefits in the 2 years prior to electing the increase

## Flex Plan

Compound Inflation Protection:

- **Compound – Lifetime**  
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by the percentage you select on each policy anniversary date for the remainder of your lifetime  
Options: 5%, 4.5%, 4%, 3.5%, 3%
- **Guaranteed Buy-Up Option**  
If you select a compound lifetime inflation protection option less than 5 percent, you may increase your selected option to any higher compound lifetime option at any time prior to age 85 **with no additional underwriting required\***  
Premiums for any increases in inflation benefit percentages will be based on your age at the time you elect the increase. You may elect multiple increases over the life of your policy but not more than once per year  
Options: 4.5%, 4%, 3.5%, 3%
- **Five Percent Compound – 20-Year**  
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by 5 percent on each policy anniversary date for 20 years
- **Five Percent Compound with Maximum Increase**  
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by 5 percent on each policy anniversary date until the benefit amounts have:  
Options: Doubled, Tripled, Quadrupled

Simple Inflation Protection:

- **Five Percent Simple – Lifetime**  
On each policy anniversary date, your maximum monthly benefit will increase by 5 percent of its original value. In addition, the maximum lifetime benefit will increase by 5 percent of its original value or its current value, whichever is less

No Inflation Protection (Future Purchase Option available only in the state of OH)

An inflation protection option may be removed after issue with no refund of premium. The maximum monthly benefit and remaining maximum lifetime benefit will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

- Compound Lifetime with Buy Up is not available with 10-pay, 20-pay or To-Age-65
- Compound Lifetime with Maximum Increase is not available with Flex-to-Age 85<sup>SM</sup>

\*Subject to the following limitations:

- Your premiums are not waived on the policy
- You are not currently eligible to receive policy benefits nor have you received policy benefits in the 2 years prior to electing the increase

## Non-Forfeiture/Shortened Benefit Period

As long as the policy has been in force for a specified time, this optional rider allows coverage to continue on a reduced basis in the event the policy is terminated.

- If not selected, Contingent Non-Forfeiture is the default

## Restoration of Benefits

If benefits have been paid under the policy and the insured no longer requires long-term care services for 180 consecutive days, we will restore the maximum lifetime benefit to the amount that would have applied if no benefits had been paid under the policy (except for benefits paid for the spouse under the Spouse Shared Care Benefit). This restoration may occur one time during the term of the policy.

## Return of Premium – at Death Less Claims Paid

If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Not available with Spouse Shared Care
- Not available for issue ages over 64

## Return of Premium – Full

If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy.

- Not available with Spouse Shared Care
- Not available for issue ages over 64

## Spouse Security Benefit

Pays a benefit equal to 60 percent of the reimbursement benefits payable each month (excluding the cash benefit, if any). Spouse security benefits will not reduce the maximum lifetime benefit of the policy.

- Not available for Class I and II risks
- Not available with other spouse benefits (Spouse Shared Care, Spouse Waiver of Premium or Spouse Survivorship)
- Not available with Spouse or Two-Person Household premium allowances
- Not available for issue ages over 69

## Spouse Shared Care Benefit

Once benefits have been exhausted under the insured's policy but the need for long-term care services continues, the insured may access benefits under his or her spouse's identical policy until a minimum of 12 times the currently monthly benefit remains.

In addition, if one spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse's remaining maximum lifetime benefit with no effect on the surviving spouse's premium.

This optional benefit is available only when both spouses or domestic partners apply at the same time and are issued identical coverage.

- Not available with Married or Two-Person Household premium allowances
- Not available for Class II risks
- Not available for Class I risks with a maximum lifetime benefit greater than 3 years
- Not available with the Spouse Security Benefit
- Not available with Return of Premium at Death Less Claims Paid or Full Return of Premium
- Not available if underwriting determines one or both applicants pose a greater than normal risk of premature death

## Spouse Survivorship Benefit

If the policy has been in force for 10 years or more, no further premiums are due and payable on the policy from and after the date the spouse dies.

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year, To-Age-65 or Flex-to-Age 85<sup>SM</sup> payment options
- Not available with Married or Two-Person Household premium allowances

## Spouse Waiver of Premium

We will waive the payment of premium for the insured when and for as long as the premium for the spouse's policy is waived. When the waiver period under the spouse's policy ends, premium payments will resume for the insured's policy and must be paid to keep the policy in force.

**Note:** If premiums are increased after policy issue due to an increase or addition of coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived.

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year, To-Age-65 or Flex-to-Age 85<sup>SM</sup> payment options
- Not available with Married or Two-Person Household premium allowances

## Waiver of Elimination Period for Home Health Care

The elimination period selected will be waived for home health care and adult day care, which means benefits will begin with the first day of services. At that point, the elimination period for nursing home and assisted living will begin to be satisfied on a calendar-day basis. This means days that home care is received, as well as days that home care is not received, will count toward satisfying the elimination period.

- Not available for Class I or II risks

## Additional Policy Details

### Issue Ages

Modified Guaranteed Issue and Simplified Issue – issue ages are 18-64  
Full Underwriting – issue ages are 18-79

### Tax Status

All Workplace Solutions policies are intended to be tax-qualified.

### Partnership Qualified Policies

Workplace Solutions policies may qualify for partnership based on the state of issue and the aged based inflation requirements of those states where United of Omaha partnership sales are available.

### Premium Allowances

All Workplace Solutions policies offer the following premium allowances:

**Spouse/Partner** – 35 percent each if both the insured and spouse or domestic partner purchase long-term care insurance from United of Omaha

- Not available with Spouse Security Benefit
- Not available with Modified Guaranteed Issue underwriting
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Spouse/Partner Allowance (35 percent) will be removed from the remaining issued policy and the Married Allowance (15 percent) will be added

**Preferred** – 15 percent for being in good health

- Only available with Full Underwriting
- Can be combined with all household allowances

**Married** – 15 percent if the insured is married, but the spouse or domestic partner does not purchase long-term care insurance from United of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship or Spouse Shared Care benefits

**Two-Person Household** – 10 percent each if both the insured and another adult living in the same household for a continuous 12 months (not the insured's spouse or domestic partner) purchase long-term care insurance from United of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Two-Person Household Allowance (10 percent) will be removed from the remaining issued policy

See **Program Options** grid for details on how these Premium Allowances coordinate with each Underwriting Program.

**Please Note:** Program Allowances are available at issue and cannot be changed after 60-day period following policy issue. Allowances are multiplicative, not additive.

## Premium Payment Options

**Lifetime** – Premium payments are level and made over the life of the insured

- Default option if no other premium option is selected

**10-Year Pay** – Premium payments are made over a 10-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium removal will be based on the original issue age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with Buy-up Options

**20-Year Pay** – Premium payments are made over a 20-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium removal will be based on the original issue age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with Buy-up Options

**To-Age-65** – Premium payments are made until the insured reaches age 65

- Only available at issue
- Maximum issue age is through age 54
- A limited pay option may be removed at the request of the insured. The premium removal will be based on the original issue age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with Buy-up Options

**Flex-to-Age-85<sup>SM</sup>** – premium payments begin as a percentage of the fixed premium and increase each year until age 65, where premiums become fixed. The policy is paid up at age 85.

- Only available at issue
- Maximum issue age is through age 60
- Premium increases may be discontinued at the request of the insured. Annual premiums will remain fixed from the date of the request and the Compound Inflation Protection – Lifetime Benefit will terminate
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Only available with Compound Lifetime (with or without Buy-up Option) Inflation Options

## Tax Advantages

Depending on the tax-structure of the business, there may be significant tax savings when using business dollars to purchase long-term care insurance. Additionally, employees may enjoy tax savings on the long-term care insurance policy they purchase under a company-sponsored program.

### Premiums may be tax-deductible

Under current tax laws, the business and its employees may be able to deduct a portion of the premium paid on a tax-qualified long-term care insurance policy.

### Policy benefits may be tax-free

Benefits paid by a tax-qualified long-term care insurance policy are tax-free as long as they do not exceed the greater of qualified long-term care daily expenses or the per-day limitation, which is \$300 in 2011. Source: Section 7720B and Section 106 of the Internal Revenue Code (IRC)

The Tax Advantages of Long-Term Care Insurance		
<b>For the Business</b>	<p><b>Self-Employed Business Owners</b></p> <ul style="list-style-type: none"> <li>■ Sole proprietor</li> <li>■ Partnership</li> <li>■ LLC</li> <li>■ S corporation</li> </ul> <p>Long-term care insurance premiums paid by the company for the owner, spouse and dependents may be tax deductible as a business expense.</p> <p>The deductible amount is based on eligible premium guidelines.</p>	<p><b>Owners of C Corporations</b></p> <p>Long-term care insurance premiums paid by the company for the owner/employee, a designated class of employees, spouse and dependents may be tax deductible as a business expense.</p> <p>The deductible amount is <b>not</b> subject to eligible premium guidelines.</p>
<b>For Employees</b>	<p>Employees may be able to claim the long-term care insurance premiums they pay as a medical expense as long as these expenses exceed 7.5 percent of adjusted gross income and deductions are itemized on individual's income tax return.</p> <p>The deductible amount is based on eligible premium guidelines.</p>	

Refer to the most recent tax guide available on Sales Professional Access (SPA)

### Tax implications for limited pay options

Business owners who select a limited pay option, may not be able to deduct the entire amount during the year in which the premium was paid. Typically, the IRS allows a business to deduct only the insurance expenses for the year in which they are allocable. Be sure to advise your client to consult with a tax advisor on premium deductibility.

The information provided is not intended to be tax advice. Consult your tax advisor to determine the tax benefits for your business.



## Getting Started

### Step 1: Generate a Case Quote

Complete a case quote and present it to the organization. You have two options for generating a quote:

- **Use United of Omaha's LTCi Quote Solution Proposal Software**
  - Allows you to compare multiple plans side-by side
  - Allows you to import an employee census
- **Contact United of Omaha's Multi-Life Underwriting Department**
  - Send an email to [LTC.Multi.Life@mutualofomaha.com](mailto:LTC.Multi.Life@mutualofomaha.com)
  - Fax 402-351-5958
  - Call 877-778-0838

#### United LTCi Solutions Quote Software

LTCi Solutions Quote Software gives you the capability to select proposals based on your client and the specific sales needs of each case.

- **Detailed Report** – Provides a detailed listing of each individual employee showing their names, ages and premiums for the plan or plans selected
- **Summary Report** – Provides a list of each age from the full census provided, the number of employees at each age, the aggregate cost per age and the totals
- **Rate Sheets for Employee Meetings** – Allows you to create rate sheets for the plans you are offering. The rate sheets show the premiums for each age from 18 to 64, for as many as five plans

### Step 2: Submit the Group for Approval

Once the organization is ready to proceed based on the case quote, complete the Multi-Life Group Approval Request Form (G627) and submit it along with a copy of the case quote and a full census in Excel format to United of Omaha's Multi-Life Department for review.

- The Group Approval Form and Full Census Excel template can be located on the Sales Professional Access (SPA) website

Mail to: United of Omaha Life Insurance Company  
LTC Multi-Life Underwriting – 6<sup>th</sup> Floor  
Mutual of Omaha Plaza  
Omaha, NE 68175

Fax: 402-351-5958

Email: [LTC.Multi.Life@mutualofomaha.com](mailto:LTC.Multi.Life@mutualofomaha.com)

### Step 3: Group Approval

Within one to two business days, the Multi-Life Underwriting Coordinator will review the Group Approval Request Form and:

- Approve the group
- Request additional information
- Or decline the group

If the group is approved, an Offer Letter containing the details of the program will be sent to you and your marketer.

### Step 4: Deliver the Offer Letter

When you receive the Offer Letter, you should immediately deliver it to the organization.

- Review the letter with the organization
- Obtain signatures from the appropriate person at the organization
- Return the signed form to the Multi-Life Underwriting Coordinator within 30 days
- If group is utilizing List Bill/Payroll Deduction, please complete the LTC New Employer Questionnaire (G630) and return the completed form to the Multi-Life Underwriting Coordinator

The group cannot be activated until the signed Offer Letter is returned to the Multi-Life Underwriting Coordinator.

### Step 5: The Implementation Call

Upon receipt of the signed Offer Letter, the Multi-Life Underwriting Coordinator will issue an invitation for an Implementation Call. The call may include:

- The Multi-Life Underwriting Coordinator
- The agent and/or marketer
- The organization's benefits administrator
- The organization's billing contact
- Long-Term Care Service Office

During the call, the implementation process will be discussed, including billing set-up and the enrollment start date.

Following the call, the Multi-Life Underwriting Coordinator will assign a group number and send an Implementation Memo to you or your marketer via email. The Implementation Memo will contain the details of the program.

### Step 6: Enrollment

Once you receive the Implementation Memo, you can begin taking applications on the date selected for enrollment to begin.

- The enrollment start date must be within 90 days of the offer letter acceptance
- Applications can be solicited during the 60-day open enrollment period specified during the Implementation Call
- Submit your Multi-Life applications using your normal channel. Then the applications will be sent to United of Omaha's Multi-Life Underwriting Department

Mail to: United of Omaha Life Insurance Company  
 LTC Multi-Life Underwriting – 6<sup>th</sup> Floor  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 Fax: 402-351-5958

## Application Requirements

You may begin taking applications on the date selected for enrollment to begin.

- The enrollment start date must be within 90 days of the offer letter acceptance
- Submit your Multi-Life Applications using your normal channel. Then applications will be sent to United of Omaha's Multi-Life Department
- Minimum participation levels for each program must be met within the 60-day enrollment period. See the Program Options grids (section 3) for participation requirements for each underwriting program

The Multi-Life application can be used for all three underwriting programs.

- A Multi-Life Application must be completed for each applicant, however, the same application can be used as a two-person application in the case that a spouse or other eligible family/household member will be applying for coverage with the employee

## Application Completion Requirements

- Applications must be completed based upon the applicant's resident state. If you submit a nonresident state application, you will be required to submit the correct application form prior to policy issue

**Note:** If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed

- The agent must be licensed in the signing state
- All required sections must be filled out completely to ensure timely and accurate processing
- Applications must be received in our home office within 30 days of the end of the open enrollment period. Be sure that all applications have been signed within the 60-day open enrollment period. No applications will be taken after the enrollment period has expired except in the cases listed below, in which a 60-day enrollment period will apply
- Please include the Employer Name and Employer Group number at the top of the first page of the application. You will also need to select the applicable Underwriting Program for each applicant under the section "Producer Use Only" also located at the top of the first page. The Employer Group number and Underwriting Program can be located on the Implementation Memo

## Applications Outside of Open Enrollment

Applications will only be taken outside of the specified 60-day enrollment period in the case of new hires, life events or when an employee becomes part of an employee class to which an offer was previously made (e.g., an employee is promoted to the management group which is an executive carve-out group).

- New hires are eligible to apply for coverage within a 60-day enrollment period following six months of employment
- Life events (e.g., marriage, new household member) will also be eligible within a 60-day enrollment period following the date of the life event provided the employee was or is eligible for coverage at the time of initial enrollment
- An employee who becomes part of an employee class to which an offer was previously made (e.g., an employee is promoted to the management group which is an executive carve-out group) will be eligible within a 60-day enrollment period

## Application Collection

Submit your Multi-Life Applications using your normal channels. Then the applications may be sent as a bundle or separately as new applications are collected, to the Multi-Life Department at:

United of Omaha Life Insurance Company  
LTC Multi-Life Underwriting  
6<sup>th</sup> Floor  
Mutual of Omaha Plaza  
Omaha, NE 68175

## Billing Information

### Billing Options

The agent/marketer and the Multi-Life Underwriting Coordinator will work together to set up a billing plan to meet the needs of the Multi-Life group.

- Direct bill – Available to all participants on a monthly, quarterly, semiannual or annual basis. Monthly billing must be set up through automatic checking account deduction
- List bill/payroll deduction – Available for all eligible employees. Premiums for a spouse or other eligible family member can be collected through payroll deduction, or the spouse or family member can be billed directly. A minimum of three participants and a completed New Employer Questionnaire (G630) is required to set up a list bill/payroll deduction case
- Third-party vendor – A list bill can be sent to a third party vendor upon approval of the home office. Please contact the Multi-Life Underwriting Coordinator for details

Premium Modes									
	Monthly	Quarterly	Semi-Annually	Annually	9-Year	10-Year	11-Year	24-Year	26-Year
Direct Bill									
Payroll Deposit									
Third-Party Vendor									

Available premium mode options shown in gray

Premium Payment Options				
	Lifetime	10-Year	20-Year	To-Age-65
Direct Bill				
Payroll Deposit				
Third-Party Vendor				

Available payment options shown in gray

### Premium Collection

Premium should not be collected with the Multi-Life application. This applies to all direct bill and list bill/payroll deduction cases. As no premium is collected with the application, conditional coverage is not available for Multi-Life cases.

### Split Billing

Cases may exist where the employer will only be paying a portion of the employee's premium. For example, the employer may choose to pay for the basic benefit level and the employee may choose to voluntarily buy-up additional coverage. A bill will be sent to the employer for the entire premium.



# Association Marketing

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## Program Overview

Association Marketing is a cost-effective and efficient way to target groups of individuals with a common occupation or interest – allowing you to build your business through the power of third-party endorsements. More than 600 associations nationwide endorse Mutual of Omaha.

An Association must have bylaws and dues-paying members to qualify. A 5 percent premium allowance is available if the insured or eligible spouse is a member of a qualifying association.

## Association Marketing Guidelines

### Membership Requirements

- Local associations must have at least 150 members
- State associations must have at least 250 members
- Multi-state or national associations must have at least 1,000 members

### Membership Qualifications

To qualify as an association, an organization must:

- Have been in existence for at least two years
- Have bylaws and officers
- Have annual dues-paying members who vote on officers and matters of policy

Associations with the following concerns or attributes will not be eligible for preferential rates and/or no-cost benefit enhancements:

- Has no affinity
- Lack reliable membership records
- Formed for the purpose of obtaining insurance
- Formed to promote political views
- Formed for purely social purposes
- Formed for commercial venture
- Primarily consists of members with hazardous occupations
- Credit unions/banks
- Not a closed association (Closed Association: An association that is limited to individuals with a common interest, whether it be a profession, hobby, etc.)

*The home office reserves the right to final approval or disapproval of all association group requests based on product, underwriting and marketing assessment of each group's fit for our program.*

## Getting Started

### Association Approval Process

#### Step 1

Submit electronic (or paper) proposal request and association bylaws to home office for review

*Allow five to seven business days for review and notification of initial approval or rejection*

#### Step 2

Agent approaches association and makes presentation to association representatives

*Association agrees to proceed*

#### Step 3

Agent develops marketing plan and association director signs Affiliation Agreement (M18100\_0911) and marketing plan

#### Step 4

Signed Affiliation Agreement and Marketing Plan submitted to home office for review

#### Step 5

Final approval and Association Marketing number provided in five business days

### Additional Details on Approved Associations

1. All applications are individually underwritten according to the specific product's underwriting guidelines.
2. An individual applicant must be a member of the association for **at least three months** before applying for coverage to be eligible for any discount or benefit enhancement.
  - The Association Marketing verification form (M27646) must be submitted with the application to qualify for the preferential rate or no-cost benefit enhancement
  - Agents should not encourage individuals to enroll in an association for the purpose of receiving a discount or enhancement
3. Due to employer-benefit laws, employees of members are not eligible for coverage using Association Marketing discounts or benefit enhancements (although they may be eligible for individual or PRD coverage).
4. To keep the group open and eligible for preferential rates and/or no-cost benefit enhancements, the agent must issue the number of applications agreed to in the marketing plan within the agreed timeframe. If the required number of applications is not issued within that period, the group will be evaluated for closure to new business. After the initial evaluation period, there must be five issued applications every six months to keep the group open.
5. All approved marketing materials that may be used to communicate with the association and its members can be found on SPA.
6. The agent is responsible for any promotional expenses incurred in working with the association.

If you have additional questions on this program or need further assistance, please email Association Marketing at [association.marketing@mutualofomaha.com](mailto:association.marketing@mutualofomaha.com) or call (800) 624-5554.

# Administrative Information

## Administrative Handling

### Upgrades

Any option and/or benefit increase may be applied for at time of sale or within 60 days of policy issue. A Benefit Change Request form (G450) signed and dated by both you and the applicant as well as a completed Statement of Good Health form (G18) is required. Such option or benefit increase, if approved, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Premium will be based on the applicant's age at the initial policy issue.

After that time period, it is suggested that the insured retain his/her current policy and that a second policy with the desired upgrades be applied for. Premium for the new policy will be based on the insured's age at the time of application.

### Downgrades: Dropped and/or Reduced Coverage

Benefit decreases are allowed. Decreases will be effective on the original effective date if requested within 60 days of the original effective date. If the decrease is requested more than 60 days after issue, the effective date of the change is the approval date. Continuing benefits will keep the original issue age and will continue to pay renewal compensation. Such decrease, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the tables below for details.

Downgrades/Dropping Coverage	
Drop: <ul style="list-style-type: none"> <li>■ Inflation Protection</li> <li>■ Full ROP at Death</li> <li>■ ROP at Death before age 65 (less claims paid)</li> <li>■ ROP at Death (less claims paid)</li> <li>■ Non-Forfeiture – Shortened Benefit Period</li> <li>■ Spouse Survivorship Benefit</li> <li>■ Spouse Waiver of Premium</li> <li>■ Spouse Shared Care Benefit</li> <li>■ Spouse Security Benefit</li> <li>■ Restoration of Benefits</li> <li>■ Additional Years of Rate Guarantee</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ Continuing benefits keep original issue age</li> <li>■ Continuing benefits continue to pay renewal compensation</li> <li>■ Effective on original effective date if requested within 60 days of original effective date</li> <li>■ If requested more than 60 days after issue, effective date is approval date</li> <li>■ Show date of dropped coverage</li> <li>■ Print new policy and new Schedule Page</li> </ul>

Downgrades/Reducing Coverage	
Reduce: <ul style="list-style-type: none"> <li>■ Maximum Monthly Benefit; or</li> <li>■ Maximum Lifetime Benefit(s)</li> </ul> Increase: <ul style="list-style-type: none"> <li>■ Elimination Period</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ All benefits keep original issue age</li> <li>■ Continuing benefits continue to pay renewal compensation</li> <li>■ Effective on original effective date if requested within 60 days of original effective date</li> <li>■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date</li> <li>■ Show date of reduction</li> <li>■ Print new Schedule Page</li> </ul>



## Changes to Premium Paying Period

Changes to the Premium Paying Period are allowed with no additional underwriting. Premium Period changes will be effective on the original effective date if requested within 60 days of the original effective date. If the change is requested more than 60 days after issue, the effective date of the change is the approval date. Renewal commissions will be paid based on a lifetime premium paying period. Such paying period change will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the table below for details.

Changes to Premium Paying Period	
<ul style="list-style-type: none"> <li>■ Convert from limited pay to lifetime pay</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ No underwriting required</li> <li>■ Lifetime premium at original age</li> <li>■ No credit given for payment made during limited pay period</li> <li>■ Pay renewal commissions based on lifetime premium paying period</li> <li>■ Effective on original effective date if change requested within 60 days of original effective date</li> <li>■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date</li> <li>■ Print new policy and Schedule Page</li> </ul>
<ul style="list-style-type: none"> <li>■ Convert from Flex-to-Age 85<sup>SM</sup> to lifetime pay</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ No underwriting required</li> <li>■ Lifetime premium will be at the current premium amount at time of request</li> <li>■ Pay renewal commissions based on lifetime premium paying period</li> <li>■ Effective on original effective date if change requested within 60 days of original effective date</li> <li>■ If change request more than 60 days after issue, effective date is next renewal on or following the approval date. Compound inflation rider will be removed.</li> <li>■ Print new Schedule Page</li> </ul>

# Underwriting Guidelines

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## General Underwriting Guidelines

### *Policy Underwriting*

#### **Application**

The application packet includes the application and any vital state forms. The application must be taken using the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state.

**Note:** If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed

#### **Application Enrollment Date**

**Multi-Life** – All Multi-Life applications must be completed and signed within the 60-day open enrollment period.

- The enrollment start date must be within 90 days of the offer letter acceptance

#### **Application Received Date**

**Individual** – Please be sure the application is complete and filled in correctly. Agents may initially send applications to their Marketing Office as a “double-check.” Agents are then requested to send applications directly to the Long-Term Care Service Office (New Business). – See page 1

All applications must be received by United of Omaha within 30 days of the application date. Applications that are more than 30 days old when received will require a currently dated application. Premium will be based on the applicant's age as of the new application signing date.

**Multi-Life** – The application must be received in our home office within 30 days following the end of the 60-day open enrollment period. Premium will be based on the applicant's age as of the application signing date.

#### **Active Duty Military**

The applicant must be in the United States when the application is signed, the interview completed, and the policy delivered. Foreign Travel requirements will not apply.

#### **Application Completion**

Two applicants are allowed per application (except for the Multi-Life Modified Guaranteed Issue only application). Only the applicants 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
- “N/A” is not an unacceptable answer. Instead the questions should be answered “no” or “none”
- Include a copy of insured's quote with the application packet

#### **Benefit Decreases**

Allowed. Refer to the Downgrades/Premium Paying Period Changes chart. For Multi-Life, if the decrease occurs outside the 60-day period following issue, the Multi-Life Program Allowance is not subject to change.

#### **Benefit Increases**

May be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (G18) is required along with a signed and completed coverage change return form.

## Benefit Period

Benefit Period greater than 5 years is not available for:

- Class I or Class II risks
- An applicant whose parent or sibling has been diagnosed with dementia
- Shared Care maximum is a 3-year benefit period with Class I risk (not available with Class II risk)

## Christian Scientists

The following limits apply unless within the past 2 years the client has had a complete physical exam, chemistry profile, and complete blood count done by a physician at their expense:

- Maximum benefit period of 5 years
- Ineligible for the Preferred rate class
- Uninsurable age 65 or greater

## Coverage Effective Date (if policy is issued)

**Individual** – At the time of application, the applicant can specify to have Coverage Effective Date based on the “Date of Application” or the “Date Policy Issued,” or for Replacements only. “Requested Effective Date of Coverage” (up to 60 days from the application signing date).

**Multi-Life** –

- Date of policy issue for direct bill cases
- Date of the next bill for payroll deduction cases

In no event can coverage be effective prior to the selected Coverage Effective Date.

## Domestic Partners or Parties to a Civil Union

Are eligible for spouse and married allowances and spouse policy benefits.

**Please Note:** Not all states recognize Domestic Partners or Parties to a Civil Union

## Foreign Nationals

Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 (“Green Card”). Include the Foreign National and Foreign Travel Questionnaire (L5719) with the applications for applicants who meet residency requirements.

## Foreign Travel

The applicant must be in the U.S. to complete the application and interview and to accept delivery of the policy. Those traveling to an OFAC (Office of Foreign Assets Control) Sanctioned Country are ineligible for coverage.

## Issue Ages

**Individual** – Applicants between the ages of 18 and 79 may apply for coverage, subject to age limitations for certain options

**Multi-Life** –

- Modified Guaranteed Issue and Simplified Issue – ages 18-64
- Full Underwriting – ages 18-79

## Maximum Monthly Benefit

Maximum monthly benefit for all long-term care policies in force (including other companies) cannot exceed \$15,000 at time of issue.

## Non-Forfeiture/Shortened Benefit Period

MUST be offered. If not chosen, the Contingent Non-Forfeiture Benefit will be added.

## Replacements

A replacement form must be submitted for all applicants replacing other policies and the prior coverage must be shown on the application.

## Reinstatements

A client may be eligible for reinstatement of their policy if their attained age is less than 72 and the policy has been lapsed for less than 180 days. The former insured should contact Customer Service to initiate the reinstatement. They will be mailed an application for completion. The underwriter may or may not require a current phone interview and medical records. If reinstatement is approved, the client must pay all back premium within 35 days of reinstatement approval. If money is not received timely, the client is ineligible for reinstatement and must reapply for coverage with premium at current age.

## Save Age

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

## Status Reports

You may check policy/underwriting status by visiting the Sales Professional Access (SPA) website at [www.mutualofomaha.com](http://www.mutualofomaha.com). Select *Agents and Brokers*, then *Sales Professional Access Sign In*.

On the SPA home page, select the "Reports" tab, then select the link Med Supp, LTC, DI and Other Health Products.

New agents can register for SPA once they receive their seven-digit production number:

- Go to [www.mutualofomaha.com](http://www.mutualofomaha.com) then click Agents and Brokers
- Under the heading Sales Professional Access Sign In, click on the link "Not Registered? Sign up" and follow the on screen instructions to complete the process
- If errors are encountered during this process call 1-800-847-9785 for technical assistance

## Suitability

A completed Long-Term Care Personal Worksheet is included in each application packet and must be submitted with each application. The agent is responsible for verifying that the coverage is affordable for the applicant. Minimum financial guidelines are an annual household income of \$16,000 to \$50,000 in countable assets. This policy is not available to an individual who meets Medicaid eligibility guidelines. If the applicant does not disclose their financial information, or if the disclosed financial information indicates the policy is not suitable, the applicant will be sent a letter requiring them to respond and advise whether or not they want to continue with the application.

## Underwriting Cycle

- An application will be withdrawn within 60 days after receipt if we have been unable to make a risk determination due to a missing interview, medical records, or underwriter requested medical follow-up. Also, if we have not received any needed application corrections
- A case may be reopened if needed requirements are received within 90 days of the application signing date. The underwriter will request a Statement of Good Health. The original application and premium age will be used
- If requirements are received greater than 90 days from the application signing date, a new application and interview will be required. Updated medical records may be required. Premium will be calculated at attained age

## Underwriting Requirements

### Pharmaceutical Checks

Required on all applicants.

- If a discrepancy or inconsistency arises, additional information may be requested at underwriter's discretion.

The following sections apply to fully underwritten cases.

Please be certain to inform each applicant that a telephone interview or face-to-face examination will be conducted. Be sure to provide the applicant with the brochure entitled "Preparing for the Health Interview" and help them fill-in necessary information.

## Telephone Interview

Required for every applicant age 64 and under

- Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face examination
- Inform the applicant of the telephone interview or face-to-face process. Provide them with, and help them complete the Preparing for the Health Interview form (GC577), located in the Consumer Guide (application booklet)
- Initiate the telephone interview prior to leaving your client. Call 1-866-544-1617, identify yourself as the agent and introduce the client to the service representative. If a nurse is available, an on-the-spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date. Otherwise your client will be called to schedule an interview after the application is received

## Face-to-Face Examination

Required for every applicant Age 65 and above. Younger ages at underwriter discretion

### Note:

- If an applicant's hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a face-to-face examination is needed. For deaf applicants, indicate if they are able to read lips or communicate with sign language
- The face-to-face examination must be completed in the applicant's home. It cannot be completed at their place of work, a relative's home, or a public place such as a restaurant

## Medical Records

Will be ordered on all applicants age 65 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

**Note:** A doctor's visit is required within the 24 months preceding the application date for all applicants age 65 or greater, or those wishing to qualify for a Preferred Rate Class.

- Benefit period of more than 5 years is only available to applicants who have had a complete physical exam, chemistry profile and complete blood count (CBC) by a physician within the past two years

Telephone Interview	Cognitive Interview (telephonic or face-to-face)	Face-to-Face Interview	Medical Records
Ages 18-64	Ages 65-79 Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 65-79 Younger ages at underwriter discretion	Ages 65-79 Younger ages at underwriter discretion, application was mailed

## Non-Witnessed Applications

Non-witnessed applications are those completed via mail, telephone or online. The agent must be licensed in the state to which the application is mailed and completed. Agents must:

- For Question 2 on the Producer Statement *"I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured"* answer as "No"
- On the line next to *"If No, explain"* indicate how the application was completed
- Only applications mailed within the United States will be accepted

## Non-English Speaking Applicants:

- When completing an application on a non-English speaking applicant, an interpreter must be present to interpret all of the questions on the application
- The interpreter will be required to tell the agent all of the information given as response so the agent can properly complete the application
- The interpreter will also be required to translate for the applicant all of the comments made by the agent, as well as information contained in all of our marketing material and forms

- The agent, with the assistance of the interpreter, will also ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Our policy allows agents to serve as our interpreters if they are fluent in the same language as the applicant
- If the agent and the applicant are not fluent in the same language, it will be the responsibility of the applicant to have an interpreter available to meet with the agent 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 our policy
- Include a note with the application that a translator will be needed for the interview and indicate what language

## ***Underwriting Philosophy***

The underwriting philosophy of Mutual of Omaha’s Long-Term Care Underwriting Department involves evaluation of the applicant’s health history, cognitive status, daily activities, and the ability to perform and maintain activities of daily living (ADL’s) and instrumental activities of daily living (IADL’s).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers “yes” to a health insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case-by-case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The agent will be notified of any offers that are different than as applied.

### **ADL’s**

Eating  
Toileting  
Transferring  
Bathing  
Dressing  
Contenance

### **IADL’s**

Shopping  
Meal preparation  
Housework  
Laundry  
Managing money  
Taking medication  
Using the telephone  
Walking outdoors  
Climbing stairs  
Reading/writing  
Transportation

## **An applicant with any of the following is ineligible for coverage.**

- Answers “yes” to a health insurability question on the application
- Requires assistance with any ADL’s
- Requires assistance with any IADL’s
- Receiving Meals on Wheels
- 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 workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- Living Environment noted during face to face interview to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- In the last 6 months has
  - Been confined to a nursing home or assisted living facility
  - Received home health care services, or adult day care

- In the last 3 months has
  - Received occupational, physical or speech therapy (prequalify the case with an underwriter if you believe the case may warrant review sooner than 3 months)

## **Rate Classes**

Refer to the Medical Impairments section and Build Chart to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred allowance to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines, are taking a medication, or have a health condition indicated as uninsurable.

Preferred	15 percent discount at underwriter discretion. Refer to Preferred Criteria
Select	100 percent – Applicant is considered a standard risk and is eligible for all policy benefit options
Class I	125 percent – Applicant is considered to be higher risk for utilization of Long-Term Care services*
Class II	150 percent – Applicant is considered to be significantly higher risk for utilization of Long-Term Care services. Class II is reserved for use at underwriter discretion only. A case should not be quoted Class II unless prequalified by an underwriter*

\*Maximum allowable benefits for Class I and II health risk are a 5-Year (60 Months) Maximum Lifetime Benefit and a minimum 90-day Elimination Period. Not all policy benefit options are available.

### **Note:**

- Select is the only available Rate Class for both Modified Guaranteed and Simplified Issue Underwriting Programs
- Maximum allowable benefits for Class I and II risks is a 5-Year (60 Months) Maximum Lifetime Benefit
- The following benefit options are not available to Class I and Class II risks:
  - Spouse Security Benefit
  - Spouse Waiver of Premium
  - Spouse Survivorship Benefit
  - Spouse Shared Care (is available for Class I risks with a Maximum Lifetime Benefit of 3 Year (36 Months) or less)
  - Waiver of Elimination Period for Home Health Care
  - 10- and 20-Year Premium Option
  - To-Age-65 Premium Option
  - Flex-to-Age 85<sup>SM</sup> Premium Option

## **Preferred Rate Criteria**

Applicant must meet ALL of the following criteria to receive Preferred. Conditions listed in the Medical Impairments section as S\* may qualify for Preferred. The determination to offer Preferred will be made by the underwriter. Agents are strongly encouraged to never quote a case better than Select.

1. Has seen their physician for a head to toe physical exam and blood work within the last two years
2. Has not been declined, rated, or denied reinstatement for Long-Term Care insurance within the past three years.
3. Tobacco free for the past two years
4. Build is within the Minimum and Preferred Maximum range on the Build Chart
5. Does not use a cane
6. Is not taking any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medications

- Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
- Medication for controlled cholesterol (cholesterol <250)
- Medication for temporary, acute conditions

7. 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 <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 or pneumonia
- Rheumatoid arthritis
- Sleep apnea
- Spinal stenosis
- Stroke
- TIA
- Tremor



## ***Build Chart – Unisex***

<b>Height</b>	<b>Minimum</b>	<b>Preferred Maximum</b>	<b>Select Maximum</b>	<b>Class I Maximum</b>
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.

# Health-Related Underwriting Guidelines

## Uninsurable Health Conditions

Acoustic Neuroma (unoperated)  
Acromegaly  
ADL Deficit  
AIDS/ARC  
Adult Day Care within 6 months  
Agoraphobia  
Alcohol 4 or more drinks daily  
Alcoholism with any current alcohol use  
ALS  
Alzheimer's Disease  
Amputation due to disease  
Amputation 2 or more limbs  
Ankylosing Spondylitis  
Anorexia  
Aplastic Anemia  
Arnold-Chiari Malformation  
Arrhythmia (uncontrolled)  
Arteriovenous Malformation (AVM) (unoperated)  
Arthritis requiring narcotic pain medication  
Asperger's Syndrome  
Assisted Living Facility (resident within 6 months)  
Ataxia  
Avascular Necrosis (unoperated)

Back Pain (disabling or requiring narcotic pain medication)  
Bell's Palsy (present)  
Benign Positional Vertigo (BPV) (with falls)  
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)  
Blindness (not adapted or with ADL/IADL limitations)  
Bowel Incontinence  
Buerger's Disease  
Bulimia  
Bullous Pemphigoid (active)

Cardiomyopathy (dilated)  
Castleman's  
Cerebral Aneurysm (unoperated)  
Cerebral Palsy  
Cerebrovascular Accident (CVA) (2 or more)  
Charcot Marie Tooth  
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)  
Cirrhosis  
Complex Regional Pain Syndrome  
Confusion  
Connective Tissue Disease  
Cor Pulmonale  
CREST Syndrome  
Crohn's (multiple flares or with complications)  
Cushing's Syndrome  
Cystic Fibrosis

Defibrillator (implanted)  
Dementia  
Dermatomyositis  
Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)  
Dialysis  
Dilated Cardiomyopathy  
Disabled  
Down's Syndrome  
Dwarfism  
Dystonia

Ehlers-Danlos  
Epilepsy (>2 seizures/year)  
Epstein-Barr Virus (within 2 years)

Fibromuscular Dysplasia  
Fibromyalgia (disabling)  
Frailty  
Friedrich's Ataxia

Gaucher's  
Glomerulonephritis

Head Injury (residual functional or cognitive impairment)  
Heart Transplant  
Hemiplegia  
Hemophilia  
Hepatitis (chronic, active, alcohol related, residual liver damage)  
HIV Positive  
Hoarding  
Home Health Care (within 6 months)  
Huntington's Chorea  
Hydrocephalus

IADL Deficit  
Immune Deficiency  
Implantable Stimulator  
Irritable Bowel Syndrome (uncontrolled or with weight loss)

Kidney Failure  
Kidney Transplant

Lacunar Infarct (2 or more)  
Liver Transplant  
Lou Gehrig's Disease  
Lupus (systemic)

Marfan's Syndrome  
Medicaid Recipient  
Memory Loss  
Mental Retardation  
Mixed Connective Tissue Disease

## ***Uninsurable Health Conditions (continued)***

Multiple Myeloma  
Multiple Sclerosis  
Muscular Dystrophy  
Myelodysplasia  
Myelodysplastic Syndrome  
Myelofibrosis  
Myasthenia Gravis (generalized)

Neurofibromatosis  
Neurogenic Bowel or Bladder  
Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers)  
Nursing Home resident (within 6 months)

Organ Transplant  
Organic Brain Syndrome  
Osteoporosis (T score -3.5 or worse)  
Oxygen use

Pancreas Transplant  
Pancreatitis (alcohol related, or >2 episodes)  
Paralysis  
Paraplegia  
Parkinson's Disease  
Pemphigus Vulgaris  
Physical Therapy (within 6 months\*)  
\*contact Underwriting to prequalify if within 6 months  
Pick's Disease  
Polycystic Kidney Disease  
Polymyositis  
Polyneuropathy  
Post Herpetic Neuralgia  
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

Quad Cane use  
Quadriplegia

Reflex Sympathetic Dystrophy  
Retinal Vein Occlusion (2 or more)

Schizophrenia  
Scleroderma  
Sclerosing Cholangitis  
Shingles (within 6 months)  
Sjogren's Syndrome (systemic)  
Social Withdrawal  
Spina Bifida  
Stroke (2 or more)  
Surgery (requiring general anesthesia scheduled or planned)  
Systemic Lupus

Thalassemia Major  
Thrombocytosis  
Transient Ischemic Attack (TIA) (2 or more)  
Tuberculosis

Underweight

Ventriculoperitoneal shunt  
Von Willebrand's Disease

Walker use  
Wegener's Granulomatosis  
Weight loss (unintentional or unexplained)  
Wheelchair use

## 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	Fuzeon	HIV
Abilify	Antipsychotic	Galantamine	Dementia
Adriamycin	Cancer	Geodon	Schizophrenia
Akinetin	Parkinson's	Gleevac	Cancer
Alkeran	Cancer	Gold	Rheumatoid Arthritis
Amantadine	Parkinson's	Haldol	Psychosis
Antabuse	Alcohol Abuse	Haloperidol	Psychosis
Apokyn	Parkinson's	Hepsera	Hepatitis B
Aptivus	HIV	Herceptin	Cancer
Aricept	Dementia	Hydergine	Dementia
Arimidex	Cancer treatment, acceptable if used for cancer prevention	Hydrea	Cancer
Artane	Dementia	Hydrocodone	Chronic Pain
Atripla	HIV	Hydromorphone	Chronic Pain
Avinza	Chronic Pain	Hydroxyurea	Cancer
Avonex	Multiple Sclerosis	Imuran	Immunosuppression
Axona	Dementia	Incivek	Hepatitis C
Azilect	Parkinson's	Insulin	Diabetes
AZT	HIV	>50 units/day	
Baclofen	Multiple Sclerosis	Interferon	HIV, Hepatitis, Multiple Sclerosis
Baraclude	Hepatitis B	Indinavir	HIV
Bendopa	Parkinson's	Invega	Schizophrenia
Betaseron	Multiple Sclerosis	Invirase	HIV
Boceprevir	Hepatitis C	Isoxsuprine	Dementia
Capaxone	Multiple Sclerosis	Kadian	Chronic Pain
Carbidopa	Parkinson's	Kaletra	HIV
Cee Nu	Cancer	Kemadrin	Parkinson's
Cellcept	Organ Transplant	Lanzac	Psychosis
Cerefolin	Memory Loss	Lasix	Heart Disease
Cisplatin	Cancer	>60 mg/day	
Codeine	Chronic Pain	L-Dopa	Parkinson's
Cogentin	Parkinson's	Lenalidomide	Myelodysplastic Syndrome
Cognex	Dementia	Letairis	Pulmonary Hypertension
Combivir	HIV	Lexiva	HIV
Comtan	Parkinson's	Leukeran	Immunosuppression
Copaxone	Multiple Sclerosis	Levodopa	Parkinson's
Crixivan	HIV	Lioresal	Multiple Sclerosis
Cycloserine	Alzheimer's	Lomustine	Cancer
Cytosan	Cancer, severe Arthritis	Lorcet	Chronic Pain
D4T	HIV	Lortab	Chronic Pain
Dantrium	Multiple Sclerosis	Megace	Cancer
Dantrolene	Multiple Sclerosis	Megestrol	Cancer
DDC	HIV	Mellaril	Psychosis
DDI	HIV	Melphalan	Cancer
Demerol	Chronic Pain	Memantine	Dementia
Deprenyl	Parkinson's	Meperidine	Chronic Pain
DES	Cancer	Mestinon	Myasthenia Gravis
Dolophine	Chronic Pain	Metanx	Diabetic Neuropathy
Donepezil	Dementia	Methadone	Chronic Pain, Drug Abuse
DuoNeb	COPD	Methotrexate	Rheumatoid Arthritis
Duragesic	Chronic Pain	>25 mg/week	
Eldepryl	Parkinson's	Mirapex	Parkinson's, acceptable if used for Restless Leg Syndrome
Eligard	Prostate Cancer	Morphine	Chronic Pain
Emtriva	HIV	MS Contin	Chronic Pain
Epivir	HIV	Myerlan	Cancer
Epogen	Kidney Failure, HIV	Namenda	Dementia
Epzicom	HIV	Narcotics	Chronic Pain
Ergoloid	Dementia	> 3 doses per week	
Exelon	Dementia, Parkinson's	Natrecor	CHF
Fentanyl	Chronic Pain		
Furosemide	Heart/Kidney Disease		
>60 mg/day			

## Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition	Medication	Condition
Navane	Psychosis	Serentil	Psychosis
Nelfinavir	HIV	Seroquel	Antipsychotic
Neoral	Immunosuppression	Sinemet	Parkinson's
Neupro	Parkinson's	Somavert	Acromegaly
Niloric	Dementia	Stalevo	Parkinson's
Norvir	HIV	Stelazine	Psychosis
Novatrone	Multiple Sclerosis	Sustiva	HIV
		Symmetrel	Parkinson's
Oxycodone	Chronic Pain	Tacrine	Dementia
Oxycontin	Chronic Pain	Taractan	Psychosis
Paraplatin	Cancer	Tasmar	Parkinson's
Parlodel	Parkinson's	Telaprevir	Hepatitis C
Parsidol	Parkinson's	Teslac	Cancer
Pegasys	Hepatitis C	Thiotepa	Cancer
Peg-Intron	Hepatitis C	Thorazine	Psychosis
Percocet	Chronic Pain	Trelstar-LA	Prostate Cancer
Percodan	Chronic Pain	Trizivir	HIV
Permax	Parkinson's	Truvada	HIV
Prednisone >10 mg/day	COPD, Arthritis	Tylenol #3	Chronic Pain
Prezista	HIV	TYSABRI	Multiple Sclerosis
Procrit	Kidney Failure, HIV	Tyzeka	Hepatitis B
Prolixin	Psychosis	Ultram	Chronic Pain
Razadyne	Dementia	Valycte	CMV HIV
Rebetol	Hepatitis C	Vasodilan	Dementia
Rebif	Multiple Sclerosis	VePesid	Cancer
Recombinant	Multiple Sclerosis	Vertex	Hepatitis C
Reminyl	Dementia	Vicodin	Chronic Pain
Remodulin	Pulmonary Hypertension	Victrellis	Hepatitis C
Requip	Parkinson's	Videx	HIV
Rescriptor	HIV	Vincristine	Cancer
Retrovir	HIV	Viracept	HIV
Revimide	Myelodysplastic Syndrome	Viramune	HIV
Reyataz	HIV	Viread	HIV
Riluzole	ALS	Zanosar	Cancer
Risperdal	Psychosis	Zelapar	Parkinson's
Risperdone	Psychosis	Zelodox	Schizophrenia
Ritonavir	HIV	Zerit	HIV
Roxicet	Chronic Pain	Ziagen	HIV
Sandimmune	Immunosuppression	Ziprasidone	Schizophrenia
Selzentry	HIV	Zyprexa	Antipsychotic

### Alzheimer's Disease/Dementia

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

### Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

### Parkinson's Disease

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

## 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.

Conditions listed as Class I or IC will normally require an Attending Physician's Statement (APS).

<b>S*</b>	May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met
<b>S</b>	Standard coverage issued at standard rates
<b>Class I</b>	25 percent rating maximum benefit period of 5 years, minimum elimination period of 90 days
<b>Class II</b>	50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum lifetime benefit of 5 years (60 Months), minimum elimination period of 90 days
<b>IC</b>	Individual Consideration
<b>D</b>	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

<b>Acoustic Neuroma</b> surgically removed, after 6 months, no residuals. . . . .	S
Unoperated. . . . .	D

<b>Acromegaly</b> . . . . .	D
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### ADD/ADHD

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

<b>Addison's Disease</b> , after 3 years, controlled . . . . .	S
After 12 months, controlled . . . . .	Class 1-IC

<b>ADL Deficit</b> . . . . .	D
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<b>AIDS/ARC</b> . . . . .	D
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<b>Adult Day Care</b> within 6 months . . . . .	D
After 6 months . . . . .	IC

<b>Agoraphobia</b> . . . . .	D
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<b>Alcohol</b> 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

<b>Alpha-1 Antitrypsin Deficiency</b> . . . . .	D
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<b>ALS</b> (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) . . . . .	D
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<b>Alzheimer's Disease</b> . . . . .	D
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<b>Amaurosis Fugax</b> . . . . .	see TIA
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<b>Amnesia, Transient Global</b> . . . . .	see TIA
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<b>Amputation</b> due to trauma, after 12 months, one limb, no limitations . . . . .	S
Due to disease. . . . .	D
Two or more limbs regardless of cause. . . . .	D

## Medical Impairments (continued)

<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> .....	D
<b>Anxiety</b>	
< 70 years of age, after 12 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> after 1 year	
Mild, by X-ray findings and symptoms, controlled, no ADL/IADL deficits managed with nonsteroidal medication .....	S*
Moderate, by X-ray findings and symptoms, stable, controlled on nonsteroidal medication, no injections needed, no ADL/IADL deficits .....	S-IC
Advanced, by X-ray findings and symptoms, stable, 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 6 months, or advised to have surgery, therapy, or additional injections .....	D
<b>Rheumatoid Arthritis</b> 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 .....	D
<b>Asbestosis</b> .....	see COPD
<b>Asperger's Syndrome</b> .....	D



## Medical Impairments (continued)

<b>Asthma</b> .....	see COPD
<b>Assisted Living Facility Resident</b> within 6 months .....	D
<b>Ataxia or Muscular Incoordination</b> .....	D
<b>Atrial Fibrillation/Flutter</b> 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
<b>Autoimmune Disorder</b> .....	see specific condition
<b>Autoimmune Hepatitis</b> .....	D
<b>Avascular Necrosis</b> , after 12 months, treated no residual limitations .....	IC
Untreated or with any limitations .....	D
Surgically repaired, no limitations, after 1 year .....	S
<b>Back Pain/Strain</b> 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
<b>Balance Disorder</b> , after 6 months, resolved .....	S-IC
Less than 6 months, or currently present .....	D
<b>Bell's Palsy</b> resolved .....	S*
Present .....	D
<b>Benign Essential Tremor</b> .....	see Tremor
<b>Benign Positional Vertigo (BPV)</b>	
Not associated with falls .....	S*
Associated with falls .....	D
<b>Benign Prostatic Hypertrophy (BPH)</b>	
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
<b>Bipolar</b>	
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
<b>Blindness</b>	
Fully adapted, independent with ADL/IADLs .....	S
Not adapted or with ADL/IADL limitations .....	D
<b>Blood Clotting Disorder</b> .....	see Factor V Von Leiden

## Medical Impairments (continued)

### Blood Pressure

(See High Blood Pressure)

<b>Bone Marrow Transplant</b> .....	D
<b>Brain MRI, abnormal</b> .....	see Cerebrovascular Disease
<b>Brain Stimulator</b> .....	D
<b>Brain Tumor</b> , benign, stable 2 years, no surgery planned, no limitations. ....	S-IC
With regrowth after surgery .....	D
<b>Broken Bones</b> .....	see Fracture
<b>Brain Attack</b> .....	see CVA
<b>Bronchitis</b>	
Acute 2, or fewer episodes per year. ....	S*
Chronic .....	see COPD
<b>Bronchiectasis</b> .....	see COPD
<b>Buerger's Disease</b> .....	D
<b>Bulimia</b> .....	D
<b>Bullous Pemphigoid</b> in remission 2 years, not on steroids .....	IC
Active disease .....	D
<b>Cancer</b>	
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	
With on going BCG treatment .....	D
Invasive, after 3 years .....	IC
Recurrent .....	IC
<b>Breast</b>	
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
<b>Colon</b> , after 2 years .....	S-IC
<b>Skin</b>	
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 O 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
<b>Pancreas</b> , 5 years since date of last treatment, full recovery, no recurrence .....	S

## Medical Impairments (continued)

<b>Prostate</b>	
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
<b>Cardiomyopathy</b> hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years . . . . .	Class I-IC
Dilated . . . . .	D
<b>Carotid Artery Disease/Stenosis</b> , fully recovered, after 6 months, tobacco free 12 months . . . . .	
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
>70% stenosis . . . . .	D
<b>Carpal Tunnel Syndrome</b>	
Unoperated . . . . .	S-IC
Operated, after 3 months, recovered . . . . .	S*
<b>Castleman's</b> . . . . .	D
<b>Catheter</b> , urinary independently manages, not due to neurogenic bladder . . . . .	S
<b>Celiac Disease</b> after 1 year, controlled . . . . .	S
<b>Cerebral Palsy</b> . . . . .	D
<b>Cerebrovascular Accident (CVA)</b> . . . . .	see Stroke
<b>Cerebrovascular Disease</b>	
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
<b>Chelation Therapy</b> other than for hemochromatosis received within 6 months . . . . .	D
<b>Cervical Spondylosis</b>	
Mild . . . . .	S
Moderate to severe . . . . .	Class I-IC
<b>Charcot Marie Tooth</b> . . . . .	D
<b>Claudication</b> . . . . .	see Peripheral Vascular Disease

## Medical Impairments (continued)

<b>Chronic Bronchitis</b> .....	see COPD
<b>Chronic Fatigue</b> , stable after 12 months, no functional limitations .....	S-IC 5 year maximum benefit period
Any functional limitations .....	D
<b>Chronic Hepatitis</b> .....	see Hepatitis
<b>Chronic Pain</b> 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
<b>Chronic Regional Pain Syndrome</b> .....	D
<b>Cirrhosis</b> .....	D
<b>Closed Head Injury</b> .....	see Head Injury
<b>Clotting Disorder</b> .....	see Factor V Von Leiden
<b>Colitis</b> .....	see Crohn's
<b>Collagen Vascular Disease</b> .....	D
<b>Colostomy/Ileostomy</b> , cares for independently, handle as per cause .....	S-IC
Requires assistance to care for .....	D
<b>Compression Fractures</b> due to osteoporosis, or with functional limitations .....	D
All others .....	S*-IC
<b>Concussion</b> .....	see Head Injury
<b>Confusion</b> .....	D
<b>Connective Tissue Disorder</b> .....	D
<b>Congestive Heart Failure (CHF)</b> 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
<b>COPD (Chronic Obstructive Pulmonary Disease)</b> 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
<b>Cor Pulmonale</b> .....	D

## Medical Impairments (continued)

<b>Coronary Artery Disease</b> (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
<b>Corneal Transplant</b> . . . . .	S*
<b>CPAP</b> . . . . .	see Sleep Apnea
<b>CREST Syndrome</b> . . . . .	D
<b>Crohn's</b> in remission at least 2 years. . . . .	S
After 2 years, 1-2 flares per year . . . . .	Class I
Multiple flares or with complications. . . . .	D
<b>Cushing's Syndrome</b> . . . . .	D
<b>Cystic Fibrosis</b> . . . . .	D
<b>Deep Brain Stimulator</b> . . . . .	D
<b>Deep Venous Thrombosis</b> , 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
<b>Defibrillator/Automatic Implantable Cardiac Defibrillator</b> . . . . .	D
<b>Degenerative Disc Disease</b> . . . . .	see Herniated Disc
<b>Degenerative Joint Disease</b> . . . . .	see Arthritis
<b>Dementia</b> . . . . .	D
<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>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

## Medical Impairments (continued)

<b>Dermatomyositis</b> .....	D
<b>Diabetes Insipidus</b> , controlled on medication .....	S
<b>Diabetes Type II</b> , 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> , 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, 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 Alc>8.5, or noncompliant with treatment .....	D
Microalbumin >20mg/dl or Microalbumin ratio >30 .....	D
Chronic Atrial Fibrillation .....	Class II
<b>Dialysis</b> .....	D
<b>Difficulty walking</b> .....	see Balance Disorder
<b>Disabled</b> , collecting any type of disability benefits, other than partial VA disability .....	D
Partial VA Disability .....	IC
<b>Diverticulitis</b> medically managed .....	S*
With bleeding, weight loss, or surgery recommended .....	D
<b>Dizziness</b>	
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
<b>Down's Syndrome</b> .....	D
<b>Drug Abuse</b> treated, active in support group, drug free for 5 years .....	Class I-IC
Within 5 years .....	D
<b>Dwarfism</b> .....	D
<b>Dystonia</b> .....	D

## Medical Impairments (continued)

<b>Echocardiography</b>	
Left Atrium >5.0 cm . . . . .	D
Ejection Fraction <45% . . . . .	D
<b>Ehlers-Danlos Syndrome</b> . . . . .	D
<b>Ejection Fraction</b> <45% . . . . .	D
<b>Electric Scooter Use</b> . . . . .	D
<b>Emphysema</b> . . . . .	see COPD
<b>Epilepsy</b> After 1 year, controlled with medication, no seizures for 1 year . . . . .	S
1 or 2 seizures per year . . . . .	Class I
Poorly controlled . . . . .	D
<b>Epstein-Barr Virus</b> 2 years treatment free, full recovery, no residuals . . . . .	S
<2 years since treatment, currently treated, or present . . . . .	D
<b>Factor V Von Leiden</b> 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
<b>Factor VII</b> . . . . .	D
<b>Fainting</b> . . . . .	see Dizziness
<b>Falls</b> , single episode . . . . .	S-IC
Multiple episodes, or with injuries . . . . .	IC-D
<b>Familial Tremor</b> . . . . .	see Tremor
<b>Family History</b> of parent or sibling with Alzheimer's Disease . . . . .	maximum benefit period 5 years
<b>Fatigue</b> , after 12 months, resolved . . . . .	S*
Within 12 months, or with functional limitations . . . . .	IC-D
<b>Feeding tube</b> . . . . .	D
<b>Fibromuscular Dysplasia</b> . . . . .	D
<b>Fibromyalgia</b> after 1 year, well controlled, no ADL/IADL deficits . . . . .	S-5 years maximum benefit 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>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*

**Medical Impairments (continued)**

<b>Gastric Bypass/Banding</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
<b>Heart Valve Disorder</b> , 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
<b>Hemiplegia</b> . . . . .	D
<b>Hemochromatosis</b> , 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
<b>Hemophilia</b> . . . . .	D
<b>Hepatitis</b> , any chronic, active, or alcohol related, or with residual liver damage . . . . .	D
<b>Autoimmune</b> . . . . .	D
<b>Hepatitis A or B</b> , after 6 months, fully recovered . . . . .	S
<b>Hepatitis C</b> 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
<b>Herniated Disc/Degenerative Disc Disease (DDD)</b> Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned . . . . .	D
Unoperated, no ADL limitations, not advised to have surgery . . . . .	S
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



## Medical Impairments (continued)

<b>High Blood Pressure</b> , 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
<b>Hip Replacement</b> . . . . .	see Joint Replacement
<b>HIV Positive</b> . . . . .	D
<b>Hoarder</b> . . . . .	D
<b>Hodgkin's Disease</b> 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
<b>Home Health Care</b> received within 6 months. . . . .	D
<b>Huntington's Chorea</b> or genetic testing positive for Huntington's. . . . .	D
<b>Hydrocephalus</b> with or without shunt . . . . .	D
<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</b> , urinary, stress, manages independently. . . . .	S
Urinary, uncontrolled, or requires assistance with management. . . . .	D
Stool. . . . .	D
<b>Interstitial Lung Disease</b> . . . . .	see COPD
<b>Irritable Bowel Syndrome</b> , controlled, weight stable. . . . .	S*
Uncontrolled or with weight loss . . . . .	D
<b>Joint Replacement</b> , one joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy . . . . .	S
Two joints build not rateable, fully recovered, no limitations . . . . .	S-IC
More than 2 joints, rateable build. . . . .	D
Three joints, build not rateable. . . . .	Class I-D
More than 3 joints . . . . .	D
Surgery recommended or planned. . . . .	D

## Medical Impairments (continued)

<b>Kidney Disorder</b> , mild renal insufficiency, stable 2 years .....	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
<b>Lap Band Surgery</b> .....	see Gastric Bypass
<b>Left Atrial Enlargement</b> >5.0 cm.....	D
<b>Leukemia</b>	
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
<b>Leukopenia</b> , stable 2 years WBC >2.5 .....	S-IC
<b>Liver Transplant</b> .....	D
<b>Living Environment</b> noted during face to face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding .....	D
<b>Lou Gehrig's Disease</b> .....	D
<b>Low Back Pain</b> .....	see Back Pain/Strain
<b>Lung Transplant</b> .....	D
<b>Lupus</b> , discoid, after 12 months .....	S
Systemic.....	D
<b>Lyme Disease</b> , after 12 months, fully recovered, no residuals .....	S*-IC
Undergoing treatment or with residuals .....	D
<b>Lymphedema</b> , medically managed, no limitations.....	S
With limitations or history of skin ulcers .....	D

## Medical Impairments (continued)

### Lymphoma

Stage I or II, after 2 years, in complete remission . . . . .	S-IC
Stage III or IV, after 4 years, in complete remission . . . . .	S-IC
Low-grade . . . . .	D
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

<b>Macular Degeneration</b> ,one eye . . . . .	S
Both eyes . . . . .	IC-D

<b>Manic Depression</b> . . . . .	see Bipolar
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<b>Marfan’s Syndrome</b> . . . . .	D
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<b>Medicaid Recipient</b> . . . . .	D
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<b>Medical Marijuana</b> . . . . .	D
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<b>Medullary Sponge Kidney</b> . . . . .	IC
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<b>Melanoma</b> . . . . .	see Cancer
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<b>Memory Loss</b> . . . . .	D
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<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

<b>Meningitis</b> , after 12 months, fully recovered. . . . .	S-IC
Present. . . . .	D

<b>Mental Retardation</b> . . . . .	D
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<b>Migraines</b> , not daily, controlled with medication, no restrictions or limitations . . . . .	S*
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<b>Mital Valve Prolapse</b> . . . . .	S*-IC
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<b>Mixed Connective Tissue Disease</b> . . . . .	D
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<b>Monoclonal Gammopathy</b> , after 1 year. . . . .	IC-D
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<b>Moyamoya</b> . . . . .	D
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### MRSA

Single occurrence recovered after 2 years . . . . .	S
1 recurrence 18 months after recurrence . . . . .	Class I

<b>Multiple Myeloma</b> . . . . .	D
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<b>Multiple Personality Disorder</b> . . . . .	D
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<b>Multiple Sclerosis</b> . . . . .	D
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<b>Murmur</b> . . . . .	see Heart Valve Disorder
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<b>Muscular Dystrophy</b> . . . . .	D
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## Medical Impairments (continued)

<b>Myasthenia Gravis</b> , ocular, after 1 year .....	S
Generalized .....	D
<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
<b>Nebulizer</b> use, within 6 months, other than for acute infection with no underlying respiratory disease .....	D
<b>Neurofibromatosis</b> .....	D
<b>Neurogenic Bowel or Bladder</b> .....	D
<b>Neuropathy</b> , 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 .....	D
<b>Neutropenia</b> , stable 2 years neutrophils >1,000 .....	S-IC
<b>Non Hodgkin's Lymphoma</b> .....	see Lymphoma
<b>Nursing Home Confinement</b> , after 6 months, full recovery, no limitations .....	IC
Within 6 months .....	D
<b>Obesity</b> .....	see Weight chart
<b>Obsessive Compulsive Disorder</b> , after 3 years, controlled on medication	
Fully functional .....	S-IC
Limits functional ability .....	D
Psychiatric hospitalization within 5 years .....	D
<b>Optic Neuropathy or Neuritis</b> , refer to specific cause .....	IC
Related to Multiple Sclerosis .....	D
<b>Organic Brain Syndrome</b> .....	D
<b>Organ Transplant</b> .....	D
<b>Osteopenia</b> , T score -2.4 or better, on appropriate medication .....	S*
<b>Osteoarthritis</b> .....	see Arthritis

## Medical Impairments (continued)

<b>Osteomyelitis</b> .....	see Avascular Necrosis
<b>Osteoporosis</b> , T score -2.5 – -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year .....	S*
T score -3.0 – -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year .....	Class I
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
<b>Oxygen use</b> .....	D
<b>Pacemaker</b> , after 3 months .....	S-IC
Recommended or surgery pending .....	D
<b>Paget’s Disease</b> , no symptoms and no limitations .....	IC
With symptoms or history of fractures .....	D
<b>Pancreas Transplant</b> .....	D
<b>Pancreatitis</b> , after 12 months, single episode, fully recovered .....	S
Related to alcohol use, or 2 or more episodes, or chronic .....	D
<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 .....	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 .....	D
<b>Physical Therapy</b>	
Completed, after 3 months, recovered .....	S*-IC
Current .....	D
<b>Pick’s Disease</b> .....	D

## Medical Impairments (continued)

<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
<b>Polymyalgia Rheumatica</b> mild, after 1 year, no limitations. . . . .	S
Moderate, no functional limitations. . . . .	Class I-IC
Severe, or with limitations. . . . .	D
<b>Polymyositis/Dematomyositis</b> . . . . .	D
<b>Polyneuropathy</b> . . . . .	D
<b>Post Herpetic Neuralgia</b> . . . . .	D
<b>Post Traumatic Stress Disorder (PTSD)</b> , after 12 months, controlled, fully functional . . . . .	S-IC
After 12 months, not adequately controlled or with functional impairment . . . . .	D
<b>Pregnancy</b> . . . . .	D
Undergoing fertility evaluation or treatment. . . . .	D
<b>Primary Biliary Cirrhosis</b> . . . . .	D
<b>Prostate Specific Antigen (PSA)</b> . . . . .	see BPH
<b>Prosthetic Limb</b>	
One . . . . .	S-IC
More than one . . . . .	D
<b>Protein C or S Deficiency</b> . . . . .	see Factor V Von Leiden
<b>Proteinuria</b> , with kidney disease or diabetes. . . . .	D
<b>Pseudotumor Cerebri</b> . . . . .	D
<b>Psoriasis</b> , mild to moderate, controlled with medication . . . . .	S*
Severe. . . . .	IC
<b>Psoriatic Arthritis</b> . . . . .	see Rheumatoid Arthritis

## Medical Impairments (continued)

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
<b>Pulmonary Hypertension</b>	
Incidental findings, no symptoms	S
All others	D
Quad Cane Use	D
Quadriplegia	D
Raynaud's	S*
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Restless Leg Syndrome	S*
<b>Retinal Vein Occlusion</b>	
One	S
Two or more	D
Any, in combination with Diabetes	D
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S-IC
Schizophrenia	D
Scleroderma	D
Sclerosing Cholangitis	D
<b>Scoliosis</b>	
Mild	S*
Moderate to severe	IC
Scooter Use	D
Seizures	see Epilepsy
Shingles, after 6 months, fully recovered	S*
Present, or with residuals, or postherpetic neuralgia	D
Short Stature, due to chronic disease or genetic disorder	D
Shy-Drager Syndrome	D

## Medical Impairments (continued)

SICCA .....	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 done .....	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
<b>Sleep Apnea</b> responsive to treatment, complaint with CPAP or BIPAP .....	S
Unresponsive to treatment, or noncomplaint with CPAP or BIPAP, or with supplemental oxygen ....	D
<b>Social Security Disability</b> receiving .....	D
<b>Social Withdrawal</b> .....	D
<b>Small Bowel Transplant</b> .....	D
<b>Spina Bifida</b> .....	D
<b>Spinal Stenosis</b> operated, fully recovered, after 12 months .....	S
Upoperated, mild .....	S
Unoperated, moderate .....	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
<b>Stem Cell Transplant</b> .....	D
<b>Stent</b> .....	see specific condition
<b>Stroke</b>	
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



**Medical Impairments (continued)**

<b>Subarachnoid Hemorrhage</b> .....	see Stroke
<b>Subdural Hematoma</b> , after 6 months, recovered, no residuals .....	S
<b>Supraventricular Tachycardia (SVT)</b> .....	S*-IC
<b>Surgery</b> , requiring general anesthesia, planned, not completed .....	D
<b>Syncope</b> .....	see Dizziness
<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>Torticollis</b> resolved with Botox, after 6 months .....	S
<b>Tourette's Syndrome</b> fully functional, no limitations .....	IC
Any functional limitations .....	D
<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
Heart valve disorder .....	D
Previous stroke .....	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
<b>Transverse Myelitis</b> .....	D

## Medical Impairments (continued)

<b>Tremor</b> fully evaluated, benign familial, no limitations, mild to moderate . . . . .	S
Not fully evaluated, with limitations, or gait disturbance . . . . .	D
<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> . . . . .	D
<b>Wegener's Granulomatosis</b> . . . . .	D
<b>Weight Loss</b> , unexplained, or not fully evaluated . . . . .	D
<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



# Producer Requirements

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## Licensing and Appointments

### Appointment Requirements

*(May vary by state)*

#### Non Pre-appointment States – All states except MT, PA

Agents who are properly licensed may solicit business prior to being appointed by Mutual of Omaha. Applications must be submitted with contracting paperwork. Please note that policies will not be issued until the effective date of the agent's appointment.

#### Pre-appointment States – MT, PA

Agents must be properly licensed and appointed by Mutual of Omaha prior to solicitation. If an application is dated prior to an agent's appointment effective date, it will be rejected and a letter will be mailed to the client.

**Note:** Pre-appointment requirements do not apply to entities holding a broker license.

### Background Checks

All new agents will be subject to a background check, including:

- Credit History
- Insurance Department Actions
- Federal Criminal
- County Criminal

Agents must disclose all information and truthfully answer each question on the information sheet. If any question is answered "yes," an explanation (signed and dated by the agent) and any supporting documentation must accompany the contracting paperwork.

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

The background check is completed by an outside entity and typically takes from three to five business days, but could take longer depending on circumstances. If an issue with a background check is found, the agent will be contacted and asked to get the issue resolved, if possible.

No information regarding the findings of the background check can be discussed with the MGA.

If Mutual of Omaha declines to appoint an agent, both the agent and the MGA, if applicable, will be notified in writing.

All existing agents must have background checks completed when an appointment is added or if the agent's latest background check is more than two years old.

### Errors and Omissions Insurance

Proof of Errors and Omissions Insurance covering each Special Agent and General Agent is required in the amount of \$1,000,000 per claim for all Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, Companion Life Insurance Company and United World Life Insurance Company products (excluding Medicare Supplement/Medicare Select).

## **Continuing Education – Long-Term Care**

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

## **Producer Training**

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

- Developed by industry experts Phyllis Shelton and Phillip Sullivan
- Meets newly mandated NAIC and Deficit Reduction Act partnership training requirements
- ClearCert certified
- Technical support provided
- Free for agents who sell Mutual of Omaha's LTCi products (contact your marketer for details)
- You can access the training through our Sales Professional Access (SPA)

## **Welcome Letter**

Once an agent is appointed, a "welcome letter" will be sent to the MGA or directly to the Special/General Agent, along with the executed contract and compensation schedules.

## **Partnership Training – Long-Term Care**

Partnership training is required to sell long-term care insurance and/or partnership qualified policies in states where partnership has been approved for sale. Please contact your state Department of Insurance for information on state requirements.

## **Partnership Requirements for Licensing, Training and Issuing the Application**

### **Licensing Requirements:**

The agent must be licensed in the state where the client is physically located at the time of sale.

KS Exception: If the applicant is a resident of KS, the agent must be licensed in KS regardless of where the sale is made. For example, if the application is signed in NE for a client who is a resident of KS, the agent must be licensed in both NE and KS.

### **Training Requirements:**

Long-term Care Partnership training must be completed for the state in which the application is signed, as well as, for the state in which the client resides. Reciprocity rules will apply.

### **Issuing the Application – Application and Product Requirements:**

The product and application must be for the state in which the client resides.



**UNITED OF OMAHA LIFE  
INSURANCE COMPANY**

A MUTUAL *of* OMAHA COMPANY

Long-Term Care Insurance underwritten by:

**UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175-0001

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