

Life & Disability Insurance Underwriting

Field Impairment and Probable Action Guide

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Guardian's Life and Disability Field Impairment and Probable Action Guide provides likely underwriting action for many medical and non-medical histories to help you with managing expectations and cross selling with your client.

For example, many applicants who qualify for life insurance coverage may be excellent candidates for individual disability coverage; however, in some cases there may be important differences in the underwriting process. Understanding those differences can make it easier to manage a client's expectations. Refer to the guide when your client is applying for either or both types of coverage, or when recently approved for one or the other, as underwriting consideration may be very different.

Final underwriting action will be determined by the underwriter after careful consideration. Please feel free to contact anyone in the underwriting departments with questions or with feedback in order to improve the effectiveness of this guide.

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Medical Impairments

Addison's Disease:

A disorder that occurs when the adrenal glands do not produce sufficient amount of certain hormones.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Age of client? 2. Date of diagnosis and treatment 3. Is condition fully controlled? 4. Any complications?	NS to include Flat Extra	PP to Decline	PP to Decline
Individual Disability	Action Primary adrenal insufficiency - All cases – Decline. Secondary adrenal insufficiency, fully recovered, cause identified and treated - 0-2 years – Decline. Secondary adrenal insufficiency, fully recovered, cause identified and treated – Greater than two years – Individual consideration.			

AIDS:

Acquired Immune Deficiency Syndrome

Life	Action All cases -- Decline
Individual Disability	Action All cases – Decline.

Alcohol Dependency/Abuse:

Having unhealthy or dangerous drinking habits.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. When was their last drink and how much? 2. Past history of treatment(s)? 3. Any history of other substance abuse? 4. Any history of driving violations?	NS to Table 6	Table 8 to Table 10	Table 12 to Decline
Individual Disability	Action History of alcohol treatment, with no current alcohol intake and/or additional substance abuse: 0 – 5 years resolved – Decline. Greater than 5 – 7 years resolved – Exclusion, +50% rating, no FIO/ABE/BPR, no limit to benefit period. Greater than 7 – 10 years resolved – Exclusion, +25% rating, no limit to benefit period. Greater than 10 years resolved – No adverse action. Others – Recurrent episodes and/or current or prior history of comorbid psychiatric disorder, pain syndromes, and/or chronic health issues – Individual consideration (exclude to decline). History of treatment for alcohol use disorder and additional substance use disorder			

	0-10 years resolved – Decline. Greater than ten years resolved – Individual consideration (exclude to decline). Current alcohol marker positive, with any elevation of the GGT – Decline.
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Amyotrophic Lateral Sclerosis (ALS):

An incurable neuromuscular disease characterized by progressive muscle weakness, resulting in paralysis. Also known as Lou Gehrig's Disease.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis?	Decline		
Individual Disability	Action			
	All cases – Decline.			

Anemia:

Any condition in which the number of red blood cells are less than normal: iron deficiency, hemorrhagic, aplastic, sideroblastic, hemolytic, megaloblastic, sickle cell, thalassemia.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Type of anemia? 2. Any complications? (shortness of breath, palpitations of the heart, heart murmurs, lethargy, fatigue) 3. Details of treatment?	NS	NS to Decline (Depending on Type)	
Individual Disability	Action			
	Iron deficiency anemia mild, stable, cause known – Select to +25% rating.			
	Iron deficiency anemia mild, cause unknown -- Individual consideration.			
	Iron deficiency anemia moderate, cause known -- +25% to +50% rating.			
	Iron deficiency anemia moderate, cause unknown -- Usually decline.			
	Iron deficiency anemia severe – Decline.			
	Iron deficiency anemia in history, fully recovered for more than two years – Usually no adverse action.			
	Aplastic Anemia – Decline.			
	Sideroblastic Anemia – Decline.			
	Sideroblastic Anemia in history, fully resolved after causative agent was discontinued – Rate based on underlying condition if due to drug or toxin exposure.			
Hemolytic Anemia - Individual consideration.				
Megaloblastic Anemia - Not fully worked up – Decline.				
Megaloblastic Anemia - Fully worked up cause unknown, but stable for less than one year – Decline.				
Megaloblastic Anemia - Fully worked up cause unknown, stable for between one and five years - +25% to +50%				
Megaloblastic Anemia – Fully worked up cause unknown, stable for more than five years – select to +25%				

	Megaloblastic Anemia – Fully resolved (no longer anemic) cause unknown, less than one year - +50% Megaloblastic Anemia – Fully resolved (no longer anemic) cause unknown, between one and three years – select to +25%. Megaloblastic Anemia – Fully resolved (no longer anemic) cause unknown, greater than three years – No adverse action.
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Ankylosing Spondylitis:

A type of arthritis that primarily affects the spine and sacroiliac joints.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Disease active or in remission? 2. Functional Capacity? 3. Work History? 4. Treatment? 5. Severity/Degree of deformity?	NS to Table 2 Waiver not available	Table 4 to Table 6	
Individual Disability	Action			
	Ankylosing Spondylitis or Axial Spondylarthritis: 0-2 years since being diagnosed – Decline Greater than two years since diagnosed, with mild symptoms, only NSAID used to manage symptoms and function adequate for job duties – Exclude, + 25% rating, no FIO/BPR/ABE, benefit period no greater than five years, with additional adverse action for any co-morbid findings.			
	Greater than two years since diagnosed, mild – moderate symptoms, with steroid or biologic treatment, with function adequate for job duties – Exclude, +50% rating, no FIO/BPR/ABE, benefit period no greater than two years, with additional adverse action for any co-morbid findings.			
	Greater than two years since diagnosis, with severe symptoms, function NOT adequate for job duties, or history of surgery or joint dysfunction - Decline			

Anorexia Nervosa:

Eating disorder characterized by extreme fear of gaining weight, refusal to eat to maintain normal body weight, and distortion of body image.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis and treatment? 2. Date of recovery/last episode? 3. Recurrence? 4. Current build?	NS	Table 2 with Flat Extra	PP to Decline

	5. Current treatment, maintenance medication, or psychotherapy?			
Individual Disability	Action			
	Anorexia diagnosis, under treatment currently – Decline. Anorexia fully resolved with or without medication, BMI > 18.5, stable, no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues: 0 – 5 years - Decline Greater than 5 - 10 years – with current medical documentation showing routine care – Exclude. Greater than 5 – 10 years, without current medical documentation showing routine care – Exclude, +25% - +50% depending on initial severity. Greater than 10 years – Individual consideration (no adverse action – exclude). Others: Including recurrent episodes and/or with history of comorbid psychiatric disorder (depression, etc.), pain syndromes, substance abuse, and/or chronic health issues, etc. – Individual consideration (exclude to decline).			

Aortic Aneurysm:

An abnormal dilation of the upper (thoracic) or lower (abdominal) aorta.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Location and size of aneurysm? 2. Treatment? 3. Smoking status?	Table 2	Table 3 to Table 6	Decline
Individual Disability	Action			
	Aortic aneurysm, present, all cases – Decline. History of ruptured or dissected aortic aneurysm, all cases – Decline. History of unruptured open aortic aneurysm repair, fully recovered, no comorbid conditions, no residuals, excellent documentation of good overall health, non-smokers: 0-3 years – Decline. 3-6 years - +50% rating, with no greater than a five-year benefit period. Greater than 6 years – Individual consideration. History of unruptured aortic aneurysm repaired by endovascular procedure, fully recovered, no comorbid conditions, no residuals, excellent documentation of good overall health, non-smokers: 0-3 years – Decline Greater than 3 years - +75% rating, with no better than a two-year benefit period.			

Aortic Valve Surgery:

The repair or replacement of the valve between the left ventricle and the ascending aorta.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date and type of procedure? 2. Underlying cause? 3. Date of most recent follow up?	Table 3 to Decline	Decline	Decline
Individual Disability	Action			
	All cases – Decline.			

Asthma:

An inflammatory disease of the lungs characterized by (in most cases) reversible airway obstruction.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Frequency of attacks? 2. Any ER/hospital visits? Work missed? 3. Treatment? Name of medications? 4. How often is a Rescue Inhaler used?	NS*	Table 2 to Table 4	Table 6 to Decline
Individual Disability	Action			
	Current smoking or any smoking in two years prior to application – Individual Consideration. Intermittent or mild persistent asthma, controlled on inhaled steroids with rare use of rescue inhalers – No Adverse Action. Moderate persistent asthma, no or rare hospitalizations/ER visits, rare to no use of steroids – Exclusion. Moderate persistent asthma, no or rare hospitalizations/ER visits, with biologic medication use – Exclude and rate +25%. Severe persistent asthma (frequent hospitalization/ER visits, or regular use of steroids – Decline.			

Atrial Fibrillation:

Rapid and random contraction of the heart causing irregular beats that results from a disorder of the heart's electrical system.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Cause of the atrial fibrillation? 3. Date of last episode and number per year? 4. Current symptoms and type of treatment? 5. Was stress test or Echo performed? If yes, results? 6. Any cardiac disease?	NS to Table 3	Table 4 to Table 6	Table 8 to Decline
	Action			

Individual Disability	Atrial fibrillation or atrial flutter, any type, not fully worked up – Decline.
	Lone atrial fibrillation or flutter, fully evaluated, no underlying heart disease, no hypertension: 0 – 1 year – Decline 1 – 4 years, no recurrence - +50% rating and limited benefit period. Greater than 4 years, no recurrence – No adverse action.
	Paroxysmal atrial fibrillation, fewer than 4 known episodes per year, none lasting 24 hours or more, fully evaluated, no hypertension, no anticoagulation recommended, no other cardiac or predisposing condition, no history of stroke or abnormal blood clots – Individual consideration.
	Long standing, persistent or permanent atrial fibrillation, or paroxysmal atrial fibrillation that does not meet the above criteria – Decline.
	Others, including atrial fibrillation associated with other cardiac conditions, alcohol abuse, or with history of stroke or TIA – Decline.
	Atrial flutter treated with ablation: 0 – 1 Year – Decline. Greater than 1 year with no recurrence of atrial flutter or atrial fibrillation – Individual consideration. Atrial fibrillation treated with ablation: 0 – 5 years – Decline. Greater than five years, no recurrence – Individual consideration.

Attention Deficit Disorder (ADD) / Attention deficit Hyperactivity Disorder (ADHD):

People with ADHD generally have problems paying attention or concentrating. Adults with ADHD may have difficulty with time management, organizational skills, goal setting, and employment. They may also have problems with relationships, self-esteem, and addictions.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Age at diagnosis? 2. Treatment? 3. Other mental or nervous disorders? 4. Names of medications and dosage? 5. Any disability or loss of time at work/school? 6. Any history of substance abuse?	NS*	NS to Table 2	Decline
	Action			

Individual Disability	Unclear diagnosis of ADHD treated with short term medications: Short term use (for study purposes only) – No adverse action. Ongoing treatment – Exclude. Self-prescribed – Individual Consideration – Exclude to Decline.
	ADHD diagnosed in childhood - Fully resolved, no current or prior comorbid psychiatric conditions with no medication in two years or more – No adverse action.
	ADHD continuing into adulthood, with stable employment, no comorbid psychiatric conditions, stable medication use for two years, or off medication for at least a year, with no criminal history, or drug abuse or alcohol concerns, good driving records, and no medication, current or in history that are commonly used for mental health conditions other than ADD/ADHD – No adverse action.
	ADHD continuing into adulthood, with ongoing medication use, not meeting the above criteria – Exclude.
	ADHD diagnosed in adulthood: Mild symptoms, well controlled – Exclude. Moderate to Severe symptoms, well controlled – Individual consideration for modified offer – Exclude to Decline. Severe symptoms, not well controlled – Decline. Self-prescribed ADHD meds – Individual consideration for modified offer – Exclude to Decline.

Autism:

A mental disorder characterized by severely abnormal development of social interaction and of verbal and nonverbal communication skills.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Any associated disorders such as depression, anxiety or obsessive compulsive disorder? 2. Level of intellectual functioning (IQ)? 3. Ability to live and work independently?	NS to Table 4	Table 6 to Table 12	Decline
Individual Disability	Action			
	Diagnosis of Autism Spectrum Disorder			
	Client able to perform all occupational duties, mild symptoms, stable employment for greater than three years – Individual consideration (exclude – decline)			
	Client with significant symptoms, or difficulties interacting, affecting job performance, client unable to perform all occupational duties – Decline.			
	Others including no demonstrated job stability, and/or comorbid psychiatric disorders, pain syndromes, substance abuse, and/or chronic health issues – Individual consideration, consider comorbid risk(s) - Exclude to decline.			
	Client with Autism traits without a clear diagnosis – Individual consideration (no adverse action - exclusion)			

Back/Neck Sprains

Soft tissue injury that consists of damage to the muscles, ligaments and tendons.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity and duration of pain? 2. Functional Abilities and work history? 3. Treatment and medications?	NS*	See Chronic Pain	
Individual Disability	Action			
	Single episode of whiplash injury, cervical soft tissue injury, or lumbosacral soft tissue injury (lumbago) with function adequate for job duties:			
	Current – Individual consideration, exclusion to decline, depending upon job duties and severity of injury. Up to one-year years fully recovered – Individual consideration, QCR, to exclusion, depending on job duties and severity of injury. Greater than one year, fully resolved – No adverse action.			
	Multiple episodes or chronic whiplash injury, cervical soft tissue injury, or lumbosacral soft tissue injury (greater than eight weeks of symptoms) with function adequate for job – Exclusion.			
	Any current soft tissue injury with function NOT adequate for job duties – Decline, reconsideration for exclusion when/if the client is fully recovered from greater than six months.			

Back/Spine: Not found elsewhere (Sciatica, scoliosis, spinal stenosis):

Symptoms and/or deformities affecting the back.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity and duration of pain? 2. Functional Abilities and work history? 3. Treatment and medications?	NS*	See Chronic Pain	
Individual Disability	Action			
	Single episode sciatica or sciatic neuritis, cause known, with function adequate for job duties – Adverse action based on underlying cause.			
	Single episode sciatica or sciatic neuritis with unknown cause, with function adequate for job duties: Up to three years, fully resolved – Exclude Greater than three years, fully resolved – No adverse action.			
	Recurrent sciatica, or sciatic neuritis, with function adequate for job duties: Current or within two years of last flare – Exclude. Two to five years since last flare – Individual consideration, QCR to Exclusion, depending upon job duties and frequency and duration of symptoms. Greater than five years since last flare, fully recovered – No adverse action.			
	Sciatica or sciatic neuritis with function NOT adequate for job duties or surgery planned – Decline.			

Scoliosis, kyphosis, or lordosis diagnosis ASYMPTOMATIC with no treatment and function adequate for job duties:
 With no occupation concerns – No adverse action.
 With occupation concerns – Individual consideration, QCR to Exclusion, depending on job duties and degree of curvature.

Scoliosis, kyphosis, or lordosis WITH SYMPTOMS or medically treated:
 Mild – Moderate symptoms, bracing or physical therapy, no surgical intervention, NSAID use only, with function adequate for job duties – Exclude the affected area, no reconsideration.
 Severe symptoms, narcotic use, or function NOT adequate for job duties – Decline.

Scoliosis, kyphosis, or lordosis surgically treated:
 Zero to six months recovered – Decline.
 Greater than six months recovered, function adequate for job duties – Exclude the affected area of the spine. No reconsideration.
 Greater than six months recovered, with function adequate for job duties, but with residual – Individual consideration – Exclude to Decline.
 Greater than six months recovered, with residuals, and function NOT adequate for job duties – Decline.

Spinal Stenosis diagnosis with function adequate for job duties and no concern for underlying systemic condition or progression of condition:

Under age 50 at time of application, diagnoses for less than ten years, asymptomatic, or mild symptoms – Exclude the affected area of spine, consider reduction or supplemental benefits depending on job duties, limit benefit period to no more than five years.

Under age 50 at the time of application, diagnosis for more than ten years, asymptomatic, or mild symptoms – Exclude the affected area of the spine, consider reduction of supplemental benefits, depending on job duties.

Over age 50 at time of application, asymptomatic, or minimal symptoms – Exclude the affected area of the spine.

Over age 50 at time of application, mild to moderate symptoms – Exclude the affected area of the spine, consider removal of supplemental benefits depending upon job duties, limit benefit period to no more than five years.

Spinal Stenosis diagnosis with significant or severe symptoms, additional systemic condition, function NOT adequate for job duties or with ongoing use of narcotics to manage pain – Decline.

Barrett's Esophagus:

Chronic peptic ulceration of the lower esophagus due to injury, often caused by chronic reflux of stomach acid into the esophagus.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Date of diagnosis? 2. Date and results of last biopsy?	NS to Table 4	Decline
Individual Disability	Action		
	Diagnosis of Barretts Esophagus with function adequate for job duties: No history or current dysplasia noted, with surveillance endoscopy completed at minimum every three years – Exclude.		
	No history of current dysplasia noted, surveillance endoscopy NOT COMPLETED at minimum every three years – Individual consideration, exclude to decline.		
	History or current dysplasia noted on endoscopy – Decline (no reconsideration).		
	Barretts Esophagus with function NOT adequate for job duties – Decline.		

Benign Prostatic Hyperplasia (BPH):

A condition in men in which the prostate gland is enlarged.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Treatment? 2. PSA abnormalities? 3. Urinary complications? 4. Abnormal biopsies? 5. Client's age?	NS*	NS with Flat Extra	PP to Decline
Individual Disability	Action			
	BPH noted, at any age, with or without symptoms – Exclude.			
	Surgically treated, or with invasive treatment, no malignancy, or findings of prostatic intraepithelial neoplasia, fully resolved, no further symptoms -- First year exclude; more than one year no adverse action.			
	If there are continued symptoms – Exclusion. Findings of prostate cancer or prostatic intraepithelial neoplasia (PIN) – see prostate cancer guideline			

Bleeding Disorders:

Problems in the clotting mechanism of the blood.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity of disease (i.e. mild, moderate, severe)? 2. Age of applicant? 3. Symptoms or complications?	NS	Table 2 to Table 6	Decline
Individual Disability	Action			
	Hemophilia A, B or C all cases – Decline.			

Breast Cancer:

Abnormal malignant growth of cells in primarily the milk ducts or glands, usually beginning with the formation of a small, confined tumor (lump) and then spreads (metastasizes) to the lymph nodes or into the blood stream to other organs.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Stage and grade of tumor? 3. Any metastasis to lymph nodes? If yes, how many? 4. Treatment? (Mastectomy, Lumpectomy, other treatments and dates performed) 5. Date of most recent follow up?	NS to Postpone	Postpone 2 - 3 Years then Flat Extra	Decline
Individual Disability	Action			
	Malignant breast tumors, treatment completed, fully recovered, no recurrence. Stage 0 - TIS, NO, MO, within last year – Decline. Stage 0 - TIS, NO, MO, greater than one year - Exclusion and possibly rate +50% and reduce benefit period if treated with chemo/radiation. Stage I, within last 5 years – Decline. Stage I, fully recovered, more than 5 years ago – Exclusion and possibly rate +50% and reduce benefit period if treated with chemo/radiation. Stage II – nodes negative – Within last 10 years – Decline. Stage II – nodes negative - Fully recovered, more than 10 years ago and nodes negative – Exclusion and reduce benefit period if treated with chemo/radiation. Stage III or Stage IV or Stage II with nodes positive – Decline. Recurrent breast cancer any stage – Decline.			

Build (Body Mass Index):

Extreme variances in an applicant's build is known to be associated with increased morbidity. An applicant's BMI (body mass index) is considered along with several other factors to determine if a rating is appropriate; therefore, the rating chart provided should be considered as a starting point to help set initial expectations.

- Lower than normal BMI readings increase future risks of osteoporosis, endometriosis and infertility in women, decreased immunity, poor wound healing and cardiac arrhythmias and those with a low build are more susceptible to vascular diseases, and systemic inflammation.

- Higher than normal BMI readings are associated with hip/knee replacements at a younger age, polycystic ovary syndrome in women, elevated lipids, type II diabetes, hypertension, metabolic syndrome, heart disease, stroke, cancer, sleep apnea, depression, gall bladder disease, arthritis and poor wound healing.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	See Underwriting Quick Guide (Pub4396) for build tables.			
	Action			
Individual Disability	Body Mass Index less than 16 - Decline. Body Mass Index between 16 and 18.5 - Rating and possible limited benefit period. Body Mass Index between 18.5 and 34 – No adverse action. Body Mass Index between 34 and 42 - Rating and possible limited benefit period. Body Mass Index greater than 42 – Decline. *When calculating a client's BMI for rating purposes we add back half of the weight a client may have lost in the previous twelve months and add it to the current weight.			

Bulimia Nervosa:

Eating disorder characterized by eating and purging along with distressing concern about with body weight and shape.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis and treatment? 2. Date of recovery/last episode? 3. Recurrence? 4. Current build? 5. Current treatment, maintenance medication, or psychotherapy?	NS to Table 2	PP to Decline	PP to Decline
	Action			
Individual Disability	Bulimia Nervosa, current – Decline. Bulimia Nervosa, resolved with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues: 0 – 2 years – Decline Greater than 2 years – 5 years – Exclude. Greater than 5 years – 10 years – Individual consideration (no adverse action to exclude). Greater than 10 years – No adverse action. Others, including recurrent episodes and/or with history of comorbid psychiatric disorders, pain syndromes, substance abuse, and/or chronic health issues, etc. – Individual consideration – Exclude to Decline.			

Cardiomyopathies:

Reduced cardiac function.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Date of diagnosis? 2. Type of cardiomyopathy and cause? 3. Treatment? 4. Current symptoms?	If Resolved NS to Table 2	Table 3 to Table 6	Decline
Individual Disability	Action			
	All cases -- Usually decline.			

Carotid Artery Stenosis:

A narrowing of the carotid artery caused by fatty deposits/plaque.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. One or both carotids? 3. Symptoms, CAD or associated disease and risk factors? 4. Any surgery done or recommended?	NS to Table 2	Table 3 to Table 6	Decline
Individual Disability	Action			
	Carotid Artery Stenosis, current or in history, noted as greater to or equal than 50%, or symptomatic, or with comorbid HTN, CAD, PAD, diabetes, ratable build, hyperlipidemia, or in a current or recent (within two years) smoker – Decline.			
	Others – Individual consideration – highly substandard offer.			

Celiac Disease:

Hypersensitive to gluten foods such as wheat, barley and rye.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Age of diagnosis? 2. Duration of diagnosis? 3. Date of last symptoms? 4. Compliance to Gluten free diet? 5. Evidence of malabsorption?	NS	NS to Table 2	Postpone
Individual Disability	Action			
	Diagnosis of Celiac Disease with function adequate for job duties: Symptomatic within the last six months – QCR - reconsideration when symptom free for more than six months. Symptom free with strict gluten free diet for more than six months -- No adverse action.			
	Diagnosis of Refractory Celiac Disease (RCD) with function adequate for job duties – Exclude, no FIO/BPR/ABE/COLA.			
	Diagnosis of Short Bowel Syndrome with adequate function for job duties – Exclude (no reconsideration).			
	Any malabsorption diagnosis with function NOT adequate for job duties – Decline.			

Cerebral Palsy:

A disorder that affects muscle tone, movement, and motor skills. Cerebral palsy can also lead to other health issues, including vision, hearing, and speech problems, and learning disabilities.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Extent and severity of disability? 2. Presence/severity of epilepsy? 3. Degree of mental impairment, if any? 4. Severity of complications, if any?	NS to Table 4	Table 6 to Table 10	Decline
Individual Disability	Action			
	Minimal involvement, no mental defect, or limitations—Select to +25% rating. Others--Usually Decline.			

Cervix Uteri Tumors/Abnormal Pap Smear:

Cancer that starts in the lining of the cervix due to abnormal growth of cells.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity of disease/pap smear results? 2. Date of diagnosis and treatment? 3. Type of treatment? 4. Recurrence?	NS to Postpone	NS with Flat Extra	PP to decline
Individual Disability	Action			
	Most recent Pap smear finding – Normal, LSIL, or ASC-US (irrespective of HPV findings), no history of ASC-H, AGC, HSIL, SCC, AIS, or CIN II, CIN III, or moderate or severe dysplasia in the past 12 months – No adverse action.			
	History of ASC-H, AGC, HSIL, SCC, AIS, or CIN II, CIN III, or moderate or severe dysplasia in the last 12 months – Exclude. Reconsideration is available when it has been more than 12 months with documentation supporting normal pap, LSIL, or ASC-US.			
	ASC-H, HSIL, SCC, or AIS – Colposcopy not done – Postpone for colposcopy and / or treatment. ASC-H, HSIL, SCC, or AIS – Colposcopy done – Follow guideline for colposcopy result.			
	CIN I or mild/low grade dysplasia – No history of HSIL, AGC, AIS, CIN II, CIN III, or moderate or severe dysplasia in the last 12 months – No adverse action.			
	CIN I or mild/low grade dysplasia with a history of HSIL, AGC, AIS, CIN II, CIN III, or moderate or severe dysplasia in the last 12 months – Exclude.			
	CIN II or CIN III confirmed by LEEP or other treatment pathology and no indication of invasive cancer – Exclude			
	LEEP not completed yet – Postpone for treatment pathology result then follow guidelines for that result.			

Chronic Fatigue Syndrome:

Severe and continued tiredness caused by intense physical and mental activity that cannot be relieved by rest and is not related to other medical conditions.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Years since onset of symptoms? 2. Years since full recovery? 3. Additional factors: Anxiety, depression, not able to perform daily living activities?	If Resolved NS* (No Waiver)	Table 2 to Table 4 (No Waiver)	Postpone or Decline
Individual Disability	Action			
	Present - Decline In history, fully resolved, working full time, with no limitations or restrictions, 5 years or less – Decline. In history, fully resolved working full time, with no limitations or restrictions more than 5 years -- Individual consideration.			

Chronic Pain:

Pain that lasts beyond the expected healing process.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity? 2. Degree of functional impairment? 3. Treatment and medications (to include dosage and frequency?) 4. Any associated mood or psychiatric disorders?	NS to Table 2 (No Waiver)	Table 2 to Table 6	Decline
Individual Disability	Action			
	Mild chronic pain that does not appear to have a significant impact on applicant's overall ability to function (cause known, or unknown) – Exclude the affected body part. Moderate chronic pain that may impact some areas of the applicant's life, but does not seem to interfere with occupational duties: Cause known – Exclude affected body part, rate +50%, reduce benefit period to no greater than five years. Cause unknown – Individual review (exclude to decline) Severe chronic pain (cause known or unknown) – Decline. Others or unclear severity or with multiple or migrating symptoms – Individual consideration, usually decline. Chronic fatigue syndrome, any symptoms in the last five years – Decline. Chronic myofascial pain syndrome with any symptoms in the last five years – Decline. Frequent visits to medical providers specifically for complaints of pain in the last three years – Decline. Current or recent use of long-term prescription pain medications (not including NSAIDS) – Decline Chronic pain that is described as disabling, severe or interfering with work/school – Decline			

	Significant neuropathic pain – Decline Somatic symptom disorder (somatoform disorder) any symptoms in the last seven years – Decline. Factitious Disorder (current or in history) – Decline. Reflex Sympathetic Disorder (RSD) or Complex Regional Pain Syndrome (CRPS) with any symptoms in the last two years – Decline. Diabetic Neuropathy – Decline.
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Chronic Obstructive Pulmonary Disease (COPD):

Chronic, nonreversible obstruction of the airways, that is usually a combination of bronchitis and emphysema. Almost all COPD is caused by smoking. If your client is currently smoking, case will be rated Moderate at best.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. If any, names of medications, how often? 3. Type of treatment? 4. Any hospitalizations? 5. Pulmonary Function Test (PFT) results? 6. Currently smoking?	Table 2 to Table 4	Table 4 to Table 8	Decline
Individual Disability	Action			
	COPD diagnosed – All cases – Decline.			

Cirrhosis:

Slowly progressing disease which causes scarring of the liver and poor liver function due to improper blood flow to liver.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis? 2. Has a biopsy been performed?	Decline		
Individual Disability	Action			
	All cases – Decline.			

Cocaine:

A highly addictive stimulant drug.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Years since last use? 2. Any history of relapse or rehab? 3. Multiple drug use or alcohol use? 4. Any convictions? 5. Frequency of use?	After 3 Yrs NS to include Flat Extra	Decline	
	Action			

Individual Disability	Current use of cocaine – Decline. History of cocaine abuse, documentation of medical care over time with stable employment for at least two years. Time since last use of cocaine: No cocaine use in past 5 years – Decline. No cocaine use in greater than 5 years - 10 years – Individual consideration (exclude – decline), may require additional adverse action if comorbid concerns exist. No cocaine use in over 10 years, no comorbid – No adverse action. No cocaine use in over 10 years, with comorbid psychiatric disorder – Individual consideration (exclude – decline).
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Colon Polyps:

A fleshy growth occurring on the lining of the colon or rectum.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Type of polyp? (i.e. benign, malignant) 2. Stage/Grade (if applicable) 3. Surgery? 4. Age at diagnosis? 5. Family history of colorectal cancer?	NS*	NS to include Flat Extra	Table 8 to Decline
Individual Disability	Action Present, any type or surgery pending – Decline. Non-neoplastic polyps, removed in history, fully recovered with function adequate for job duties: Three or less polyps, less than 10 mm in size – No adverse action. More than three polyps, any of which are greater than 10 mm in size – Exclude. Neoplastic polyp removed in history, fully recovered with function adequate for job duties: Single polyp, less than 10 mm in size with negative follow-up colonoscopy – No adverse action. More than one polyp, any of which greater than 10 mm in size, no follow-up colonoscopy – Exclude Any Polyposis Syndrome – Decline			

Coronary Artery Disease (CAD):

Disorder of the arteries where they become blocked and decrease blood flow to the heart. This causes the heart to lack oxygen.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date and age at diagnosis? 2. Type of occurrence? (heart attack, coronary artery aneurysm, angina, etc.) 3. Date of occurrence(s)? 4. How many vessels are involved? 5. Was there surgery? Yes - which kind? 6. Names of all medications?	Table 2 to Table 4	Table 4 to Table 8	Table 10 to Decline
Individual Disability	Action All cases – Decline.			

Crohn's Disease:

A form of inflammatory bowel disease that is most commonly found in the intestines but can develop anywhere in the digestive tract.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Years since last major episode? 2. Frequency of symptoms? 3. Surgical treatment? 4. Additional factors (i.e. underweight, abnormal liver functions, special diet, surgery contemplated, combined with other GI ailments) 5. Age of applicant?	NS to Table 4	Table 6 to Table 10	Postpone to Decline
Individual Disability	Action			
	Mild Crohn's disease (Inflammatory Bowel Disease), not including ulcerative colitis treated surgically, diagnosis with function adequate for job duties: 0 – 2 years since last flare – Decline Greater than two years since last flare – Exclude, +25% rating, no greater than ten-year benefit period, no FIO/BPR/ABE/COLA.			
	Moderate Crohn's disease (Inflammatory Bowel Disease) not including ulcerative colitis treated surgically, diagnosed with function adequate for job duties. 0 - 5 years since last flare – Decline. Greater than 5 to 7 years since last flare – Exclude, +50% rating, no greater than a five-year benefit period, no FIO/BPR/ABE/COLA. Greater than 7 years since last flare – Exclude, +25% rating, no greater than ten-year benefit period, no FIO/ABE/BPR/COLA			
	Severe Crohn's disease (Inflammatory Bowel Disease) or any IBD with function NOT adequate for job duties – Decline.			

Cystic Fibrosis:

A genetic chronic disease that affects the respiratory and the digestive system.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Diagnosis confirmed?	Decline		
Individual Disability	Action			
	All cases – Decline.			

Deep Vein Thrombosis (DVT):

A deep blood clot in a vein, usually found in the legs.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Site of DVT? 2. Number of episodes? 3. Period since last recovery? 4. Complications? 5. Treatment? 6. Clotting disorder?	NS to Table 4	Table 4 to Postpone	Decline
Individual Disability	Action			
	Single episode following trauma, surgery, with complete recovery, no sequels, records do not indicate concern for clotting disorder: Single episode within the last year – Decline. Single episode, fully resolved more than 1 year ago – No adverse action. Multiple episodes or with clotting disorder -- Individual consideration. Multiple episodes with clotting disorder not ruled out – Decline. These time frames indicate time since completion of all treatment including anticoagulation.			

Degenerative Joint Disease:

Chronic condition affecting the joints in which bone and surrounding cartilage deteriorates causing inflammation and pain.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity of impairment? 2. Surgery? 3. Pain as main symptom? 4. Treatment?	NS*	NS	Table 2
Individual Disability	Action			
	No symptoms and not worse than typical for age -- No adverse action. With symptoms or worse than typical for age – Exclude.			

Dementia:

A chronic loss of brain function affecting memory, thinking, language, judgment, and behavior thus interfering with daily functioning.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Type of Dementia?	Decline		
Individual Disability	Action			
	All cases – Decline.			

Diabetes:

Disorder where the body can not regulate blood sugars and starches. There are 3 types of Diabetes: Type 1 which usually occurs in younger age groups and called Juvenile onset diabetes, Type 2 which is Adult onset diabetes and Gestational which is temporary, occurs during pregnancy and usually disappears after delivery. (Type 1 is usually rated as Moderate or Severe)

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Type of Diabetes? (Type 1, Type 2, Gestational) 3. If any, names of medications? 4. Age at onset? 5. What is the most recent hemoglobin test (A1c) result? 6. Any complication from the disease? (Diabetic coma, Diabetic eye disease, amputation, Neuropathy)	NS to Table 3	Table 4 to Table 8	Table 10 to Decline
Individual Disability	Action			
	Abnormal labs showing elevated A1C's on insurance lab work or records, with no diagnosis of pre-diabetes or diabetes. A1C less than 5.8 – No adverse action A1C 5.8- 6.4 – Follow Pre-diabetes section for adverse action. A1C greater than 6.4 – Decline until worked up at the client's own risk and expense. Pre-diabetes, Glucose Intolerance, or insulin resistance, and NO MEDICATION USE, with current A1C between 5.8 – 6.4 based on onset age: Age of onset – less than or equal to 30 years old - +25% rating. Age of onset – 31-45 years - +25%, with a ten-year benefit period, no FIO/BPR/ABE/COLA. Age of onset – 45 or greater – No adverse action. Pre-diabetes, Glucose Intolerance, or insulin resistance, WITH MEDICATION USE, and current A1C less than 5.8 for greater than one year – No adverse action. Pre-diabetes, Glucose Intolerance, or insulin resistance, WITH MEDICATION USE, and current A1C between 5.8 – 6.4 based on onset age: Age of onset – less than or equal to 30 years old - +25% rating, no FIO/BPR/ABE/COLA. Age of onset – 31-45 years - +50%, with a ten-year benefit period, no FIO/BPR/ABE/COLA. Age of onset – 45 or greater – +25% rating, no FIO/BPR/ABE/COLA. Diabetes any type, glucose intolerance, pre-diabetes, or insulin resistance with any of the following: Uncontrolled hypertension BMI greater than 35 A1C on current labs greater than 8.5 Prior myocardial infarction, or stroke Retinopathy Neuropathy Renal impairment Elevated serum creatinine Would be a decline.			

	Diagnosis of Diabetes (type 1, type 2, or latent autoimmune) Age of onset – less than or equal to 40 years old – Decline. Age of onset – 41-45 years - +75 rating, five-year benefit period, no FIO/ABE/BPR/COLA. Age of onset – 46-50 years - +50 rating, five-year benefit period, no FIO/ABE/BPR/COLA. Age of onset – 51 or older - +25% rating, five-year benefit period, no FIO/ABE/BPR/COLA. Average A1C over prior two years or since stability of treatment was established: up to 7.5 – No additional debit 7.6 to 8.0 – Add 50% to above rating. Greater than 8.0 – Decline. Any rating total that exceeds +100% would be a decline.
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Diverticulitis:

A condition when multiple diverticuli (small pouches) form in the large intestine and get inflamed.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Current symptoms? 2. Time lapsed since last attack? 3. Surgery? 4. Complications?	NS*	NS	Table 2 to Table 4
Individual Disability	Action Diagnosed less than or equal to 40 years of age – Exclusion. Operated, with NO history of ruptured diverticulum, recurrence, intestinal perforation or peritonitis, fully recovered for less than a year – Exclusion. Operated, with NO history of ruptured diverticulum, intestinal perforation or peritonitis, fully recovered for more than a year – No adverse action. Operated, WITH history of ruptured diverticulum, recurrence, intestinal perforation or peritonitis, fully recovered for less than a year – Exclusion. Operated, but with documented recurrence after surgery – Exclude. Single episode of diverticular bleeding, with full recovery > two years, no surgery required to treat - No adverse action. History of diverticular bleeding, recurrent episodes, fully recovered or any episode within the past two years – Exclude.			

Diverticulosis:

A condition when multiple diverticuli (small pouches) form in the large intestine.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Current symptoms? 2. Time lapsed since last attack? 3. Surgery? 4. Complications?	NS*	NS	Table 2 to Table 4
Individual Disability	Action			
	Diagnosed prior to age 40 with symptoms, unoperated – Exclusion. Diagnosed after age 40 with minimal symptoms - No adverse action. Diagnosed after age 40 with significant symptoms or requiring medical treatment within the last two years or multiple episodes – Exclusion.			

Down's Syndrome:

A genetic abnormality which causes intellectual disabilities and multiple defects.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Age of client? 2. Functional capabilities?	Table 8 to Decline	Decline	
Individual Disability	Action			
	All cases – Decline.			

Emphysema:

Long term, progressive lung disease which causes shortness of breath.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Type of treatment? 3. Any hospitalizations? 4. Pulmonary Function Test (PFT) results? 5. Smoking status?	Table 2 to Table 4	Table 4 to Table 8	PP to Decline
Individual Disability	Action			
	All cases – Decline.			

Epilepsy: (Also see Seizure Disorder)

A brain disorder in which a person has recurrent seizures.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Type of seizure/underlying cause? 2. Number of seizures? 3. Date of diagnosis? 4. Time lapsed since last seizure?	NS to Table 4	Table 6 to Postpone	Decline
Individual Disability	Action			
	Isolated seizures (secondary cause) Cause known – Action based on underlying cause. Cause unknown – Individual review.			

	Seizures onset at greater than forty years of age – Individual review. Status epilepticus – Individual review – Usually decline. Seizure disorder (epilepsy) 0-2 years since last seizure or change in seizure medication, no intention to change or discontinue seizure medication, one type of seizure only —Decline. Greater than two years since last seizure or change in seizure medication, no intention to change or discontinue seizure medication, one type of seizure only --No adverse action. More than one type of seizure in history: 0-3 years since last seizure or change in seizure medication, no intention to change or discontinue seizure medication – Decline. Greater than three years since last seizure or change in seizure medication, no intention to change or discontinue seizure medication – Individual review.
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Esophageal Stricture:

A narrowing of the esophagus causing swallowing difficulties.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Type of stricture? 2. Symptoms? 3. Treatment? 4. Underlying cause? 5. Additional factors worsening condition?	NS*	NS to Table 2	Table 2 to Table 4
Individual Disability	Action After successful dilation, pathology negative, symptoms controlled – Exclude. Esophageal stricture, web, or ring suspected, not fully evaluated, treated, or controlled – Individual consideration, usually exclude. Others, including those with abnormal biopsy reports – Usually decline.			

Eye Conditions: Lattice Degeneration, Macular Degeneration, Retinitis Pigmentosa, Retina Detachment, Keratoconus, Strabismus, Uveitis, Iritis.

Miscellaneous eye conditions affecting vision and/or potentially blindness.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Specific diagnosis? 2. Underlying cause? 3. Level of severity / impairment of vision? 4. Functional abilities?	NS*	Rating based on cause and level of visual impairment No waiver of premium	
	Action			

Individual Disability	Macular Degeneration - Decline
	Retinitis Pigmentosa - Family history only, not diagnosed in applicant, current normal vision – Exclude.
	Retinitis Pigmentosa - Others - Decline.
	Retinal Detachment—Traumatic, fully recovered, exclude eye.
	Retinal Detachment - Non-traumatic, fully recovered - Exclude both eyes.
	Retinopathy, with or without high myopia – Exclude both eyes, additional adverse action for underlying cause.
	Keratoconus vision adequate to perform all job duties – Exclude both eyes.
	Keratoconus vision not adequate to perform all job duties – Individual consideration, usually decline.
	Infectious uveitis – Less than three years since episode – Decline.
	Infectious uveitis – Greater than three years since episode – Exclude and add exclusion for the infectious agent, if known.
Individual Disability	Non-infectious uveitis – 0 – 5 years since episode – Decline.
	Non-infectious uveitis – Greater than five years since episode – Exclusion.
	Recurrent episodes of non-infectious uveitis – Decline.

Fatty Liver:

Fatty infiltration of the liver.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What is underlying cause? 2. What is the amount of alcohol consumption?	NS	Table 2 to Table 4	Decline
Individual Disability	Action			
	Prior history of Fatty Liver (NAFLD/NASH) Normal liver function results, no alcohol concerns-- No adverse action.			
	Fatty Liver (NAFLD/NASH) noted in current records, no further testing recommended, no alcohol concerns – Rating based on current liver function tests.			
	Fatty Liver (NAFLD/NASH) noted in current records and imaging shows fat in liver, no biopsy or fibro scan done or recommended, no alcohol concerns – Rating based on current liver function tests.			
	Fatty Liver noted in records biopsy or fibro scan done – Individual consideration.			
	Fatty liver noted in records biopsy or fibro scan recommended but not done – Decline.			

Fibromyalgia:

Pain in muscles, tendons, ligaments and fibrous tissue.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Date of diagnosis? 2. Duration of pain, location and intensity? 3. Any disability or loss of work? 4. Names of medications, frequency and doses ? 5. Any psychiatric impairments?	NS to Table 2 (No Waiver)	Table 4 to Table 6 (No Waiver)	Decline
Individual Disability	Action			
	Fibromyalgia present – Decline. Fibromyalgia fully resolved less than 3 years – Decline. Fibromyalgia fully resolved greater than 3 years - 5 years symptom free -- +50% rating with a 5-year benefit period, no FIO/BPR/ABE. Fibromyalgia fully resolved greater than 5 years - 10 years symptom free - +25% and remove FIO/BPR/ABE. Fibromyalgia fully resolved more than ten years symptom free – No adverse action. Concern for fibromyalgia with NO formal diagnosis or fibromyalgia misdiagnosed in history – Individual consideration.			

Foramen Ovale:

Congenital abnormal opening between the left & right atrium.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What testing was done? (Catheterization, echocardiogram) 2. Date/type of any surgery? 3. Date of most recent follow up?	NS* to Table 4	Table 2 to Table 8	Decline
Individual Disability	Action			
	All cases - Individual consideration.			

Gastric Bypass / Gastric Stapling (Gastroplasty):

Involves bypassing a portion of the digestive tract preventing absorption of calories & nutrients.

See Weight Reduction Surgery

Gastric Ulcer:

Ulceration of the stomach.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Frequency & severity of symptoms? 2. Types of symptoms & date of last symptom? 3. Is there any underlying cause? 4. Was an endoscopy done? 5. Details of any medical or surgical treatment?	NS* to Table 2	Table 4	Decline
Individual Disability	Action			
	Current ulcer – with bleeding – Decline. Current ulcer – no bleeding, no time lost from work – Exclude. Ulcer in history – one episode, fully resolved, no surgery, within 2 years of episode – Exclude. Ulcer in history – one episode, fully resolved, no surgery, more than 2 years since episode – No adverse action. Recurrent ulcer history, no bleeding, no surgery less than five years since last event – Exclusion. Recurrent ulcer history, no bleeding, no surgery more than five years since last event – No adverse action. Recurrent ulcer with history of bleeding within six months of last event – Decline. Recurrent ulcer with history of bleeding greater than six months since last event – Exclude. Ulcer in history with surgical intervention – Individual consideration.			

Gastroesophageal Reflux Disease (GERD):

A digestive disorder that affects the lower esophageal sphincter.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Frequency & severity of symptoms? 2. Any complications that have been investigated? 3. Any treatment? Names of medication? 4. Any testing done? 5. Any surgery?	NS* to Table 2	NS to Table 4	Postpone
Individual Disability	Action			
	Gastroesophageal Reflux Disease (GERD) managed medically with function adequate for job duties: Mild – Moderate symptoms – Individual consideration (no action to QCR). Severe symptoms – Exclude. Gastroesophageal Reflux Disease (GERD) managed surgically, with function adequate for job duties: 0-2 years fully resolved – QCR. Greater than two years, fully resolved – No adverse action. Greater than two years, with symptoms – Exclude. Gastroesophageal Reflux Disease (GERD) with function NOT adequate for job duties or surgery planned – Decline.			

Gestational Diabetes:

Glucose intolerance that is first diagnosed during pregnancy.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis? 2. Currently pregnant? 3. Has it been resolved?	NS*	If remains post delivery, refer to Diabetes	Pregnant at time of app Postpone
Individual Disability	Action			
	Currently pregnant – See pregnancy guideline. Not currently pregnant – No adverse action.			

Gilbert's Syndrome:

Metabolic syndrome resulting in elevated bilirubin.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis?	Best Rating Available		
Individual Disability	Action			
	Fully investigated, diagnosis confirmed – No adverse action. Diagnosis not established – Individual consideration.			

Gout:

Joint pain from uric acid excess.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Frequency of attacks? 2. Any arthritis or joint deformities? 3. Details of treatment?	NS*	NS	Table 2 to Table 4
Individual Disability	Action			
	Elevated Uric Acid levels, no symptoms – No adverse action. Gout diagnosed less than 2 years ago, or with more than 2 flare ups per year or involving multiple joints – Exclude. Gout diagnosed more than 2 years ago, with fewer than 2 flare ups per year and not involving multiple joints - - No adverse action. Frequent flares, poor medication compliance or tolerance, or multiple joints involved – Exclude.			

Guillain-Barre Syndrome:

Acute form of progressive polyneuropathy.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Verify if active or a prolonged relapsing/chronic course? 2. Verify if recovered? 3. Any residuals? 4. How many episodes?	If full recovery, NS	Table 4 to Table 6	If present, Postpone
Individual Disability	Action			
	Guillain-Barre present – Decline. Fully recovered 0 – 3 years – Decline. Fully recovered more than 3 years – Individual consideration, usually decline. Guillain-Barre with recurrence, or residuals – Individual consideration – Usually decline.			

Hearing Loss and Tinnitus:

The partial or complete inability to hear sound in one or both ears or ringing in the ears.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Specific diagnosis? 2. Underlying cause? 3. Level of severity / impairment of hearing?	NS*	Rating based on cause and level of impairment Possibly no waiver of premium	
Individual Disability	Action			
	Conductive hearing loss – stable for one year or more, mild hearing loss, hearing adequate to perform all job duties -- No adverse action. Conductive hearing loss first occurring within the year prior to submission or with moderate hearing loss, hearing adequate to perform all job duties – Exclude.			
	Sensorineural hearing loss new onset, fully evaluated, cause determined, no more than mild hearing loss, with hearing adequate to perform all job duties – Exclude affected ear (s) / hearing.			
	Sensorineural hearing loss, ongoing and thought to be related to aging and/or prior noise exposure, NOT worsening (progressive), hearing adequate to perform all job duties: Mild hearing loss – No adverse action. Moderate hearing loss – Exclude the affected ear.			
	Sensorineural hearing loss NOT worsening (progressive), thought to be due to ongoing noise exposure, hearing adequate for job duties – Individual consideration (exclude to decline).			
	Others, including sudden onset, not fully evaluated, mixed loss or difficulty performing job – Individual consideration, usually decline.			
	Tinnitus with dizziness – Treat as Meniere’s Disease. Tinnitus not evaluated or with limited details – Decline. Tinnitus in history fully recovered, no concerns for tumors or vascular causes within two years of episode – Exclude. Tinnitus in history fully recovered, no concerns for tumors or vascular causes greater than two years since episode – No adverse action. Tinnitus intermittent or chronic – not progressive – Exclude. Tinnitus intermittent or chronic – with concerns for insomnia or mood disorder – Individual consideration.			

Hemochromatosis:

A genetic or acquired disease of iron metabolism resulting in excess iron throughout the body.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Was liver biopsy done? 2. Any complications? 3. Type of treatment? 4. Is there compliance with therapy?	NS to Table 2	Table 4	Decline
Individual Disability	Action Hereditary hemochromatosis diagnosed more than 2 years ago, well followed, compliant with all medical recommendations, LFT's stable and not requiring a rating, no end organ damage or diabetes noted -- +50% rating with a 5-year benefit period. Others -- Individual consideration, usually decline. Secondary or Juvenile hemochromatosis – Decline.			

Hemophilia:

Also known as Factor VIII Deficiency, A common hereditary bleeding disorder due to deficiencies in coagulation factors.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Clotting factor levels? 2. The frequency & severity of symptoms? 3. Type of treatment? 4. Extent of any disabilities? 5. Results of most recent HIV test & Hepatitis B & C status?	NS	Table 2 to Table 6	Table 6 to Table 8
Individual Disability	Action Hemophilia A, B or C - All cases – Decline.			

Hepatitis:

Infectious liver disease caused by a hepatitis B virus and can be transmitted through bodily fluids.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	Hepatitis A 1. Treatment? 2. Current problems or residuals? 3. Current liver functions normal?	If infection present currently or within last 3 months - postpone. NS* once resolved and liver functions return to normal.		
	Hepatitis B 1. Type of infection (acute or chronic)? 2. Treatment? 3. Elevated liver enzymes?	NS to Table 4	Table 6 to Table 8	Decline

	4. Positive or Negative markers? 5. Family history?			
	Hepatitis C 1. Age of proposed insured and duration of the disease? 2. Treatment details? 3. Serological testing, current liver functions and liver biopsy results? 4. Any current alcohol use? If yes, amount per week?	Table 2 to Table 4	Table 6 to Table 8	Decline
Individual Disability	Action			
	Hepatitis A, currently infected or treatment within the last six months – Decline. Hepatitis A fully recovered -- No adverse action. Hepatitis B antigen positive or known to have been positive for 6 months or longer – Decline. Hepatitis B acquired as an adult, fully recovered, antigen negative – No adverse action. Hepatitis C, spontaneously cleared (not treated with medication) and function adequate for job duties: Current or within five years, since clearance – Decline. Greater than five years, since clearance with good follow up and liver function test assessment – Individual consideration (exclude to decline), with benefit period reduction (2-5 years maximum), no FIO/ABE/BPR/COLA. Greater than five years, since clearance with NO compliance, follow up, or current assessment of liver function tests – Decline. Hepatitis C, treated with medication and function adequate for job duties: Current or within ten years, fully resolved – Decline. Greater than ten years, fully resolved, with good follow up and liver function test assessment – Individual consideration (exclude to decline), with benefit period reduction (2-5 years maximum), no FIO/BPR/ABE/COLA. Greater than ten years, fully resolved, with NO follow up, or current assessment of liver function – Decline. Hepatitis C diagnosed with history of relapse, abnormal liver function tests, liver damage, function not adequate for job duties – Decline. For any offer to be made on a Hepatitis C case – the client must have No history of relapse, must have normal liver function test results currently, have no liver damage (cirrhosis, fibrosis), and no history of alcohol or substance abuse.			

Herniated Disk:

A common back condition involving discs located in the vertebrae which can lead to irritation of the spinal nerves and can cause chronic back and leg pain.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Current treatment? 2. Currently seeing a Physician? 3. Any disability or loss of work?	NS* (No Waiver)	NS* (No Waiver)	See Chronic Pain
Individual Disability	Action			
	Diagnosis of single lumbar, thoracic, cervical disc herniation treated medically or surgically with function adequate for job: Currently symptomatic or 0-2 years since diagnosed, fully recovered – Exclude. 2-3 years since symptomatic, fully recovered – Individual consideration QCR – Exclude depending upon job duties. Greater than three years since symptomatic, fully recovered – No adverse action. Multiple herniated disc (s) or recurrent herniation of a single disc with function adequate for job duties – Exclude (no reconsideration). Degenerative Disc Disease diagnosis: No occupational concerns, found incidentally, client greater than 40 years old, detected on imaging for an unrelated disorder – No adverse action. Found incidentally, client less than 40 years old, detected on imaging for an unrelated disorder – Individual consideration, no adverse action – Exclude, depending on job duties. Symptomatic, found before age 40 (not incidentally), incidentally found, client older than age 40, with occupational concerns, treated surgically – Exclude the affected area of the spine (no reconsideration) Herniated disc or degenerative disc disease with function NOT adequate for job duties or interfering with ADLs - Decline			

High Blood Pressure:

A sustained elevation in blood pressure above the level which is considered to be acceptable for an individual's age and gender.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Current treatment? 3. Have your blood pressure readings been normal with treatment? 4. Any complications?	NS*	Table 3 to Table 4	Table 4 to Decline
Individual Disability	Action			
	Blood pressure up to 150/90 – No adverse action. Blood pressure 151/91-94 – +25% rating. Blood pressure 150-154/95-96 – +50% rating. Blood pressure 155-159/97-99 – +75% rating. Blood pressure 160/100 or greater – Decline.			

HIV: Human Immunodeficiency Virus

A virus that attacks the body's immune system.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Age 25-60 2. Whole life only 3. Healthy 4. Under the care of an HIV specialist 5. Must self-identify	Moderate substandard	Decline	Decline
Individual Disability	Action HIV diagnosis or positive testing with no symptoms of acute HIV, compliant with HIV medication (with documentation for at least two years), with no underlying health concerns, documented normal liver function, normal renal function, normal cholesterol levels on lab tests, no mental/health concerns, sustained undetectable viral load for at least two years, CD4 T cell count maintained above 500, never detected below 200, with no history of illicit IV drug use – No adverse action. HIV diagnosis or positive testing with no symptoms of acute HIV, compliant with HIV medication (with documentation for at least two years), with no underlying health concerns, with borderline liver function, borderline renal function, or elevated cholesterol levels on lab tests, no mental/health concerns, sustained undetectable viral load for at least two years, CD4 T cell count maintained above 500, never detected below 200, with no history of illicit IV drug use – Individual consideration for possible limited benefit period / rated offer. Clients taking ART medications as preventative – Usually no adverse action. HIV diagnosis or positive testing with acute HIV symptoms – Decline. HIV diagnosis or positive testing with no current HIV medication/treatment or noncompliant with treatment or high viral load – Decline. HIV diagnosis or positive testing with history of infection or cancer, tuberculosis, pneumocystis pneumonia, toxoplasmosis, lymphoma, Kaposi sarcoma, Hepatitis B, or C infections – Decline. HIV diagnosis or positive testing with underlying health concerns (liver disease, high cholesterol, mental/health, infections, or cancer) – Decline. AIDS diagnosis – Decline.			

Hodgkin's Disease:

Cancer of the lymphatic system which is part of your immune system. Cells in the lymphatic system grow abnormally and compromises your body's ability to fight infection. Two common types are: Non-Hodgkin's Lymphoma and Hodgkin's Lymphoma.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Date of diagnosis? 2. Staging of disease? 3. What type of treatment was provided? 4. What was the date of last treatment? 5. Has there been any recurrence? 6. When was the last visit with the oncologist?	Flat Extra to Postpone	Postpone 2-3 years then Flat Extra	Highly rated to Decline
Individual Disability	Action Hodgkin's lymphoma present – Decline. History of recurrent Hodgkin's lymphoma – Decline. Hodgkin's lymphoma fully resolved, no recurrence, good health documented by adequate medical records ten or less years since recovery – Decline. Hodgkin's lymphoma fully resolved, no recurrence, good health documented by adequate medical records greater than ten years since recovery – Individual consideration, at best +50% rating, with a five-year benefit period.			

Huntington's Disease:

An inherited disease that causes the progressive breakdown of muscle coordination and can lead to cognitive decline and psychiatric problems

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	All cases -- Decline			
Individual Disability	Action Huntington disease diagnosed in applicant – Decline. Family history of Huntington disease in a first degree relative (sibling or parent) disease ruled out in applicant – No adverse action. Family history of Huntington disease in a first degree relative (sibling or parent) disease not ruled out in applicant – Decline.			

Hyperaldosteronism:

A condition arising from the excessive secretion of aldosterone by the adrenal gland leading to sodium retention, potassium loss and hypertension.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis? 2. Underlying cause? 3. Current treatment? 4. Any complications?	NS	Decline	
Individual Disability	Action			
	Primary aldosteronism: Treated with surgery, fully recovered, any continued HTN well controlled, no concerns for kidney diseases or cardiac disorders: 0 - 2 years – Decline. Greater than two years – No adverse action.			

	Treated with medication only, stable and BP well-controlled, no cardiac or renal concerns: 0 – 1 year – Decline. Greater than one year – No adverse action. Secondary aldosteronism – Action based on cause, individual consideration. Others, including malignant tumors, benign tumors, not fully resected – Individual consideration, usually decline.
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Hypercalcemia:

A condition in which the calcium level in your blood is above normal.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Type of treatment? 2. Any complications?	NS to Postpone	Table 3 to Decline	Decline
Individual Disability	Action			
	Underlying condition not identified and resolved – Decline. Underlying condition identified and resolved -- Individual consideration.			

Hyperthyroidism (overactive thyroid):

Condition in which the thyroid gland produces too much of the hormone thyroxine.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Treatment? 2. Complications? 3. Recurrence?	NS*	NS to Table 2	PP to Decline
Individual Disability	Action			
	Hyperthyroidism (Graves' disease) in history, with surgery or radioactive iodine treatment, fully recovered: 0 – 1 years – Exclude. Greater than one year – No adverse action. Sub-acute, silent or postpartum thyroiditis, current or fully recovered with normal or low thyroid function: 0 – 1 – Exclude. Greater than one year – No adverse action. Exophthalmos symptomatic or progressive – Exclude bilateral eyes. Exophthalmos symptomatic and not progressive – No adverse action. Thyroid storm – present – Decline. Thyroid storm - fully recovered – Treat as hyperthyroidism, with no additional debits for the thyroid storm/thyrotoxicosis.			

Hypothyroidism (under active thyroid):

Condition in which the thyroid gland does not function properly.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Treatment? 3. Any symptoms or complications?	NS*	NS to Table 2	PP to Decline
Individual Disability	Action			
	Hypothyroidism-Fair to good control -- No adverse action. Hypothyroidism-Poor control – Exclude. Hypothyroidism, present or in history, treated with medications only - Exclude Goiter described as diffuse or nontoxic and asymptomatic – No adverse action. Goiter described as multinodular or toxic or with symptoms of hyperthyroidism – Exclude. Goiter associated with hypothyroidism – Treat as hypothyroidism.			

Infertility (Female):

The inability to achieve or maintain a pregnancy.

Life	Action			
	Typically no mortality impact - rate for cause			
Individual Disability	Action			
	Infertility cause determined: Currently undergoing evaluation/treatment of female infertility – Exclusion. History of infertility treatment – Exclusion. Intrauterine insemination (IUI) in history non-medicated or medicated with oral agents – No adverse action. Unexplained infertility: Currently undergoing evaluation and/or treatment of female infertility – Exclude. History of infertility treatment – Exclusion (except in cases where oral agents were used, and an uncomplicated, singleton pregnancy was achieved, followed by an uncomplicated delivery. Intrauterine insemination (IUI) in history non-medicated or medicated with oral agents – No adverse action. Egg retrieval in the setting of preserving eggs for possible future use, no history of infertility – No adverse action.			

Irritable Bowel Syndrome (IBS):

Disorder affecting the gastrointestinal tract, associated with abdominal pain/discomfort, bloating, and alteration of bowel habits.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Treatment? 2. Severity of symptoms? 3. Associated with mood disorder?	NS*	NS to Table 2	Table 2 to Table 4
Individual Disability	Action			
	Irritable Bowel Syndrome, not diagnosed, but suspected with function adequate for job duties – Individual consideration, no adverse action to exclude, depending upon co-morbid conditions, frequency, severity and any testing performed.			

	Irritable Bowel Syndrome, diagnosed current or in history with function adequate for job duties: Infrequent and mild symptoms – No adverse action. Frequent or moderate symptoms – Exclude. Any co-morbid mental health condition – Exclude and any action necessary for co-morbid condition. Irritable Bowel Syndrome diagnosis with function not adequate for job duties – Decline.
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Kidney Transplantation:

A surgical procedure to place a functioning kidney from a donor into a person whose kidneys no longer function normally.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What is the underlying cause? 2. Current treatment and medication? 3. Source of transplanted kidney? (i.e. related donor vs. cadaver donor) 4. Any complications?	Highly Rated to Postpone	Decline	
Individual Disability	Action			
	All cases, kidney transplant recipient – Decline.			

Leukemia:

A type of cancer of the blood or bone marrow characterized by an abnormal increase of white blood cells. Common types of leukemia are: Acute Myeloid Leukemia (AML), Chronic Lymphoid Leukemia (CLL), Hairy Cell Leukemia and Chronic Myeloid Leukemia (CML).

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What is the date of diagnosis? 2. What type of treatment was given? 3. Type of leukemia and staging? 4. Any recurrences? 5. Date of the last oncology visit?	Flat Extra to Postpone	Postpone 5 yrs then Table 4 - 6	Decline
Individual Disability	Action All cases – Decline.			

Liver Transplant:

A surgical procedure to remove a diseased liver and replace it with a healthy liver from a donor.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of the transplant?	Consider on an individual basis, usually decline		
Individual Disability	Action			
	All cases - Liver transplant recipient – Decline.			

Lou Gehrig's Disease:

An incurable neuromuscular disease characterized by progressive muscle weakness, resulting in paralysis. Also known as ALS (Amyotrophic Lateral Sclerosis)

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis	Decline		
Individual Disability	Action			
	All cases – Decline.			

Lung Cancer:

Cancer of the lung and bronchus. There are two types of lung cancer: non-small cell lung cancer and small cell lung cancer. There are also benign lung tumors usually asymptomatic: bronchial adenomas and hematomas. If a client is a current smoker the case would be a decline.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Staging? 2. Date of diagnosis? 3. Treatment details (surgery, radiation, chemotherapy)? 4. Any recurrences? 5. Current smoker? Former smoker? If yes, date they quit? 6. Any complications after treatment?	NS	Flat Extra to Postpone	Decline
Individual Disability	Action			
	Lung cancer, any type, any stage, present – Decline. NSCLC (Non-Small Cell Lung Cancer), Stage I, within last 5 years – Decline. NSCLC, Stage I, fully recovered, more than 5 years ago -- Individual consideration, likely limited benefit period and rating. Higher stages, recurrent cancer, or staging unclear – Decline. History of small cell cancer of the lung, all cases – Decline.			

Lupus:

A chronic inflammatory disease that occurs when the body's immune system attacks its own tissues and organs.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What is the date of diagnosis? 2. Current treatment? 3. Current symptoms? 4. When was the last flare up or episode? 5. Date of the last rheumatology visit?	Table 4 to Postpone	Table 4 to Table 8	Highly Rated to Decline
Individual Disability	Action			
	Systemic Lupus Erythematosus (SLE) – Decline. Discoid or Cutaneous Lupus, limited to skin, diagnosed within the last 3 years – Decline. Discoid or Cutaneous Lupus, limited to skin, diagnosed greater than three years ago, NOT treated with immunosuppressants and/or thalidomide – Exclusion.			

Discoid or Cutaneous Lupus diagnosed greater than three years ago, treated with immunosuppressants and/or thalidomide – Individual consideration.
Drug induced lupus – 0-6 months since event – Decline.
Drug induced lupus – Greater than six months since event, single event, no ongoing joint pain or skin symptoms, all suggested follow up completed, and with follow up testing done all normal – No adverse action.
Drug induced lupus – Greater than six months since event, with history of reoccurring episodes – Individual consideration.

Lyme Disease:

An inflammatory disorder caused by a bacteria that is spread by the bite of a tick.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What is the date of diagnosis? 2. What type of treatment was given? 3. Any current symptoms? 4. Any complications or residual problems? 5. Was there a full recovery?	Postpone until Recovered then NS*	Decline	
Individual Disability	Action			
	Lyme disease – present or currently under treatment – Decline. Lyme disease in history, fully recovered, no indication of neurological, cardiac, or musculoskeletal symptoms, no significant complaints of fatigue: 0 – 1 years – Exclude. Greater than one year, no indication of possible ongoing complaints – No adverse action.			

Marfan's Syndrome:

A genetic disorder of the connective tissue that can lead to cardiovascular, skeletal and ocular abnormalities. People with this syndrome are unusually tall with long limbs and long, thin fingers.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Diagnosis date? 2. Last echocardiogram findings? 3. Any use of beta-blockers? 5. Any history of heart surgery?	Table 2 to Table 8	Table 8 to Decline	Decline
Individual Disability	Action			
	Marfan's syndrome diagnosed in client – Decline. Marfan's syndrome suspected in client – Individual consideration. Marfan's syndrome ruled out in client – Adverse action on underlying conditions of concerns.			

Melanoma:

The most serious form of skin cancer, melanoma is an abnormal malignant growth of cells usually on the skin surface, which quickly grows out of control and attacks the tissues around them. Usually detected by a change in a mole or other skin growth, such as a birthmark.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Thickness and depth of tumor? 3. Type of treatment? 4. Date of surgery or treatment? 5. Any occurrence of more than 1 melanoma? 6. Date of most recent follow up?	NS to Flat Extra	Postpone 2 -3 Years then Flat Extra	Decline
Individual Disability	Action Melanoma that has spread to any lymph nodes or metastasized – Decline. Melanoma in an individual who has a family history of Familial Atypical Mole Syndrome, or Melanoma Syndrome, or a personal history of Dysplastic Nevi Syndrome – Decline. Melanoma In-Situ less than two years since removal, no recurrence – Decline. Melanoma In-Situ greater than two years since removal with excellent follow up and no recurrence – No adverse action. Melanoma In-Situ greater than two years since removal with no, or poor follow up, no recurrence – Exclude. Melanoma stage 1A - no ulceration – Exclude. Melanoma stage 1B – Individual consideration nine years after removal. Melanoma Stages 2, 3, or 4 – Decline.			

Meniere's Disease:

A chronic condition in which there are episodic attacks of sensorineural deafness and vertigo, associated with nausea and vomiting. Another name for this disease is Labyrinthitis or Otitis Interna.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Frequency of attack (acute, chronic, recurrent)? 3. Last episode date? 4. Any neurological testing's?	NS*	NS (No Waiver)	
Individual Disability	Action Present or within three years prior to the application – Decline. Diagnosed greater than three years prior to application with infrequent episodes of short duration able to perform all duties of occupation – Exclude. Diagnosed greater than three years prior to application with infrequent episodes of short duration NOT able to perform all duties of occupation – Decline.			

Meningitis (History of):

Inflammation of brain covering (meninges), often of the spinal canal and usually caused by infection (bacterial or viral). If current infection case would be a postpone.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Any residuals? 3. Date of resolution?	NS*	NS	Decline

	Action
Individual Disability	Viral, bacterial, or fungal meningitis fully recovered -- No adverse action. Viral, bacterial, or fungal meningitis, other or recurrent – Usually decline. Meningitis secondary to another disease – Action based on underlying cause and residuals if any.

Mental/Emotional Disorder - Depression, Major Depression, Anxiety, Adjustment Disorder, Bipolar disorder, Postpartum depression:

Emotional and/or behavior symptoms occurring in response to a stressor or a dejected state of mind with feelings of sadness, discouragement and hopelessness, or chronic worry. Symptoms can range from minor to severe and incapacitating.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis and current treatment? 2. Specific Diagnosis? (Bi-Polar, Anxiety, etc) 3. Date of last episode? 4. Currently seeing a specialist? 5. If any, names of medications, how often? 6. Any disability or loss of work?	NS* to Table 2	Table 3 to Table 8	Decline
Individual Disability	Action Bipolar Disorder/Cyclothymic Disorder. Bipolar Disorder (Manic Depressive Disorder, Bipolar Depression) type one or type two, stable on medication, no current or prior comorbid psychiatric disorder, substance abuse, and/or chronic health issues with stable occupational history. 0-5 years – Decline Greater than five years – Individual consideration for possible substandard offer, exclude to decline. Other Bipolar Disorder including those with uncontrolled and/or history of comorbid psychiatric disorders, pain syndrome, substance abuse, and/or chronic health issues – Decline. Cyclothymic Disorder, stable on medication, no current or prior comorbid psychiatric disorder, substance abuse, and/or chronic health issues with stable occupational history. 0-2 years – Decline Greater than two years – Individual consideration for modified offer, exclude to decline. Other Cyclothymic Disorder including those with uncontrolled and/or history of comorbid psychiatric disorders, pain syndrome, substance abuse, and/or chronic health issues – Individual consideration, consider comorbid risks to determine eligibility – Exclude to decline. Generalized Anxiety Disorder (GAD).			

Generalized Anxiety Disorder (GAD), minimal symptoms, well controlled – Usually no adverse action – possible exclusion, depending on how records read.

Generalized Anxiety Disorder (GAD), mild symptoms, well controlled – Exclude.

Generalized Anxiety Disorder (GAD), moderate symptoms, well controlled – Exclude.

Generalized Anxiety Disorder (GAD), severe symptoms, well controlled – Individual consideration for modified offer. Exclude to decline depending on how records look.

Generalized Anxiety Disorder (GAD) – Resolved, stable with no current treatment or co-morbid (current or prior) psychiatric disorders, substance abuse, or chronic health issues:

Mild GAD, more than seven years since resolution of symptoms/treatment – No adverse action

Moderate/Severe GAD, more than ten years since resolution of symptoms/treatment – No adverse action.

Generalized Anxiety Disorder (GAD) – others, including uncontrolled or recurrent episodes or with history of co-morbid psychiatric disorder (anxiety, panic disorder, etc.) pain syndromes, substance abuse, and/or chronic health issues – Individual consideration for modified offer. Exclude to decline depending on how records look.

Major Depressive Disorder.

Major Depressive Disorder (MDD) diagnosed, under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues. Mild symptoms well controlled - Usually no adverse action – possible exclusion, depending on how records read.

Major Depressive Disorder (MDD) diagnosed, under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues. Moderate symptoms, well controlled - 0-1 years – Individual consideration for modified offer exclude to decline.

Major Depressive Disorder (MDD) diagnosed, under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues. Moderate symptoms, well controlled– greater than one year to ten years – Exclude.

Major Depressive Disorder (MDD) diagnosed, under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues. Moderately Severe, well controlled – Individual consideration for modified offer exclude to decline.

Major Depressive Disorder (MDD) diagnosed, under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues. Severe symptoms well controlled for greater than one year – Individual consideration, exclude to decline.

Major Depressive Disorder (MDD) diagnosed, under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues. Severe symptoms controlled for less than one year – Decline.

Others Major Depressive Disorder cases including, uncontrolled or recurrent episodes or with history of comorbid psychiatric disorder (anxiety, panic disorder, etc.) pain syndromes, substance abuse and/or chronic health issues, etc. – Individual consideration, consider comorbid risks to determine insurability, exclude to decline.

Obsessive Compulsive Disorder (OCD).

Obsessive Compulsive Disorder (OCD) traits without a clear diagnosis – Usually no adverse action – possible exclusion, depending on how records read.

Obsessive Compulsive Disorder (OCD) in remission and no symptoms under treatment:

0-5 years – Decline

Greater than five years with no comorbid psychiatric disorder, pain syndromes, substance abuse, tic disorder, and/or no chronic health issues – Individual consideration for modified offer – Exclude to decline.

Obsessive Compulsive Disorder (OCD) Uncontrolled and/or noncompliant with treatment – Decline.

Post-Partum Depression:

Post-Partum Depression under current treatment with/without medication, stable with no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues.

Mild to moderate symptoms controlled – Exclude.

Severe symptoms or uncontrolled symptoms – Decline

Post-Partum Depression, resolved with no comorbid psychiatric disorder, substance abuse, and/or chronic health issues:

Treatment completed – Exclude.

With history of psychosis 0 – 1 years – Decline.

With history of psychosis greater than one year – Individual consideration (exclude to decline).

Post-Partum depression with additional comorbid psychiatric conditions, pain syndromes, substance abuse and/or chronic health issues – Individual consideration exclude and refer to comorbid psychiatric condition for possible additional adverse action.

Talk therapy, marriage counselling/life coaching:

Talk therapy, marriage counselling, life coaching, **no medication**, minimal symptoms, well controlled with no concerns on daily living, occupation or increased stress, and no current or prior comorbid psychiatric disorder, substance abuse and/or chronic health issues – No adverse action to exclude.

Talk therapy marriage counselling, life coaching, treated **with medication**, minimal symptoms, well controlled with rare, occasional symptoms of anxiety and/or depression, with no substance abuse and/or chronic health issues – Exclude.

Talk therapy, marriage counselling, life coaching not well-treated, or with significant comorbid psychiatric condition – Treat as comorbid psychiatric condition.

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Migraine Headaches:

A category of headaches.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of onset? 2. Type of treatment? 3. Frequency and severity? 4. Underlying cause?	NS*	Recent onset or increasing frequency may cause postponement - terms depend on history and investigations performed	
Individual Disability	Action			
	Fewer than 5 headache days per month, whether migraine or tension, not noted to be debilitating, disabling or unresponsive to medication - No adverse action.			
	5 to 8 headache days per month, not noted to be debilitating, disabling, or unresponsive to medication – Exclude.			
	More than 8 headache days per month, or described as debilitating, disabling or noted to be unresponsive to medication – Decline.			
	Any headaches associated with mild, depression/anxiety or with BMI greater than 30, but not greater than 40 - Exclude and consider action for underlying condition.			
	Cluster headaches, in history, no attacks within the last three years prior to application – No adverse action.			
	Cluster headaches, episodic, responsive to treatment any attacks within the three years prior to application – Exclude.			
	Cluster headaches, noted to be chronic or intractable – Decline.			
	Headaches severe, new onset not fully investigated – Decline.			
	Post traumatic headaches in history lasting up to two months post injury – resolved at least one year prior to the application – No adverse action.			
	Post traumatic headaches, lasting more than two months post-injury, or withing the year prior to application - Exclude to decline based on headache type, severity, and frequency.			
	New onset severe headaches not fully investigated – Decline until fully evaluated and under adequate control.			
	Headaches including treatment with CGRP Antagonist medications- Individual Consideration – usually exclude if the medication is effective.			
	Current or proposed use of Botox for headache treatment – Decline.			
Botox treatment in past – greater than six months prior with documentation of good control of headaches – Individual consideration – Exclusion to decline.				

Mitral Valve Prolapse:

A condition in which the mitral valve does not function properly.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Symptoms or treatment? 2. Any valvular stenosis or insufficiency / regurgitation?	NS*	Table 2 to Table 4	Table 6 to Decline
	Action			

Individual Disability	History of MVP noted in childhood, no symptoms, cardiac evaluation not recommended - No adverse action. Any symptoms that could be related to cardiac disorder, no cardiac evaluation available – Decline. Symptoms, but cardiac evaluation, including an echocardiogram done within the last three years -- Individual consideration.
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Monoclonal Gammopathy of Undetermined Significance (MGUS)

Neoplasm's of the plasma cells in the bone marrow are characterized by the excessive production of immunoglobulin's referred to as a monoclonal gammopathy or paraproteinemia. The abnormally produced immunoglobulin is termed the M protein. If client was diagnosed within 2 years it would be a postpone.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Any diagnosis of multiple myeloma? 3. Type of treatment?	MGUS Only NS to Table 3	Postpone	Multiple Myeloma Decline
Individual Disability	Action			
	All cases – Decline.			

Multiple Sclerosis:

Multiple Sclerosis (MS) is an inflammatory demyelinating disease of the central nervous system, generally beginning in the 20 to 40 age group, which is characterized by multifocal loss of myelin (the fatty sheath that surrounds nerve fibers in the brain and/or spinal cord), and damage to axons (the nerve fibers themselves).

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Current symptoms and/or treatment? (medication/s)? 3. Date of last attack? Frequency of attacks?	NS to Table 4	Table 4 to Table 6	Table 8 to Decline
Individual Disability	Action			
	All cases – Decline.			

Muscular Dystrophy:

A group of hereditary muscle disorders in which slow, progressive degeneration occurs, leading to increasing weakness and disability.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Type?	Table 2 to Table 6	Table 6 to Decline	Decline
Individual Disability	Action			
	All cases – Decline.			

Myasthenia Gravis:

Myasthenia Gravis is a chronic disease characterized by episodic and varying weakness of voluntary (skeletal) muscles. Clients diagnosed with one year are a postpone.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Treatment (surgery, medications)?	NS to Table 4	Table 4 to Decline	Decline
Individual Disability	Action			
	All cases – Decline.			

Narcolepsy:

A syndrome of four components characterized by sleep attack, loss of muscle tone, inability to move on falling asleep or on awakening and the occurrence of hallucinations on falling asleep or awakening.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Symptoms? 3. Any accidents, disability, time off work? 4. Treatment (medications, response to treatment?)	NS to Table 2	Table 2 to Table 4	Decline
Individual Disability	Action			
	Diagnosed within last 2 years – Decline. Diagnosed more than 2 years ago, mild symptoms, none of which affect job performance, no medication needed -- +25% rating. Narcolepsy, stable on stimulant and/or antidepressant medication only well-controlled for greater than two years -- +50% rating with a 5-year benefit period. Treated with the medication Xyrem – Decline.			

Needle Stick:

Accidental exposure to blood, tissues and/or body fluids.

	Action
Life	Less than 6 months: With documented evidence that the source patient is negative for Hepatitis B, Hepatitis C and HIV = NS* Without documented evidence of source patient status = Postpone. More than 6 months: With documentation of the event and current negative HIV, hepatitis B, hepatitis C screen and normal liver function testing = NS* Otherwise = Postpone .
Individual Disability	Action
	History of accidental exposure with lab follow up:

	Less than six months ago – Exclude. Reconsider when greater than six months from exposure with current Hepatitis B, Hepatitis C, and HIV negative lab results. Greater than six months ago, provided post exposure labs are negative for Hepatitis B, Hepatitis C, and HIV – No adverse action. Greater than six months ago, with positive Hepatitis B, Hepatitis C, or HIV results – Decline. History of accidental exposure with NO LAB FOLLOW UP following testing on day of incident: Less than two years since exposure – Individual consideration. No adverse action to exclude. Greater than two years since exposure, with no concerns for Hepatitis B, Hepatitis C, or HIV – No adverse action. Greater than two years since exposure WITH concerns for Hepatitis B, Hepatitis C, or HIV – Obtain current labs with reflexive testing for Hepatitis and treat accordingly.
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Nephrolithiasis (kidney stones):

A stone in the kidney or lower down in the urinary tract.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Number of attacks? 2. Treatment? 3. Additional factors (i.e. hypertension, abnormal urinalysis)?	NS*	Table 2 to Table 4	Table 2 to Table 4
Individual Disability	Action Kidney stone discovered incidentally, no known pre-disposing condition, no symptoms – No adverse action. History of kidney stone (s), no known abnormality of or damage to the urinary tract – No adverse action. History of any kidney (s) known abnormality of or damage to the urinary tract, or kidney stones that required an open surgical procedure – Exclude. History of bladder stones –Exclude.			

Non-Hodgkin's Lymphomas:

There are two main types of lymphomas, Hodgkin's lymphoma and non-Hodgkin's lymphoma (NHL).

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Staging and pathology? Lymphoma type? Low or High Grade? 2. Treatment with chemotherapy? Radiation? 3. Diagnosis date? Date of remission if in remission? 4. Complications after treatment? Any recurrences?	Table 2 to Postpone	Postpone at least 2 years then Flat Extra	Decline
Individual Disability	Action Non-Hodgkin's lymphoma present, any type– Decline. Non-Hodgkin's lymphoma, fully resolved, no recurrence, good health documented by adequate medical records ten or less years since recovery – Decline. History of recurrent Non-Hodgkin's lymphoma – Decline.			

Others – Individual consideration, substandard to decline.
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Non-Melanoma **Skin** Cancer (Also Atypical Nevus Syndrome, Dysplastic Nevus Syndrome, Merkel Cell Tumor, Basal Cell Carcinoma, Squamous Cell Carcinoma):

Skin tumors and lesions other than melanoma, most commonly arising in sun-damaged skin.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. How many lesions? 2. Do they have regular full body surface skin examinations? 3. Have all lesions been removed?	NS*	Flat Extra	Possible Decline
Individual Disability	Action Actinic Keratosis diagnosis – No adverse action. Diagnosis of Basal, Squamous Cell, Dermatofibrosarcoma and/or Sebaceous Carcinoma: Limited to skin, lesion (s) fully removed and compliant with any follow up – No adverse action. Limited to skin, and non-compliant with follow up – Exclude Diagnosis of Merkel Cell Carcinoma: Single lesion, limited to skin, fully removed and compliant with any follow up – Exclude Multiple lesions – Decline. Any non-melanoma skin cancer with metastasis – Decline. Dysplastic nevi, current or in history and/or common moles with no prior history of malignant melanoma – No adverse action. Diagnosis of FAMM (familial atypical mole and melanoma): Compliant with surveillance and a minimum of one annual full body exam – Exclude. Not compliant with surveillance and the minimum of one annual skin exam – Decline.			

Optic Neuritis:

A demyelinating inflammation of the optic nerve.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of onset? 2. Underlying cause determined? 3. Level of severity / impairment of vision? 4. Functional capacity?	NS to Table 3 No waiver of premium	Rating based on underlying disorder, result of investigations and date of last attack	
Individual Disability	Action			
	Optic neuritis of known cause within the last five years – Decline. Optic neuritis of known cause greater than five years ago – Offer based on current vision and underlying cause. Optic neuritis, cause unknown, within the last ten years – Decline.			

Optic neuritis, cause unknown, greater than ten years ago with normal MRI at initial diagnosis – +50% rating, five-year benefit period, and action for current visual acuity if needed. Optic neuritis, MRI with any abnormalities – Decline.
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Osteoarthritis:

A condition in which the protective cartilage on the ends of bones wears down. Condition may be associated with inflammation of soft tissues.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity of disease? 2. Associated with chronic pain? 3. Type of treatment? 4. Joint replacement ?	NS* (No waiver)	NS to Table 2 (No waiver)	Table 2 (No waiver)
Individual Disability	Action			
	Osteoarthritis diagnosis incidentally found: Over age forty, no occupational concerns – No adverse action. Under age forty, any occupational concerns – Exclude affected joint, no reconsideration.			
	Osteoarthritis diagnosis with symptoms: Mild (aches) symptoms, single non-weight-bearing joint affected, only NSAID use – Exclude affected joint, no reconsideration.			
	Moderate symptoms (pain affecting sleep and/or restricting activities), single weight-bearing joint or multiple non-weight bearing joints, only NSAID use, history of joint replacement or resurfacing – Exclude affected joint(s), no reconsideration, no “except fracture” language.			
	Severe symptoms with impacts to ADLs, function NOT adequate to perform job duties, narcotic medication use, surgery planned – Decline.			

Otosclerosis:

The over growth of bone in the middle and inner ear.

Life	Action Typically no mortality impact - waiver of premium could be excluded for moderate to severe cases
Individual Disability	Action
	Present -- Exclude both ears.
	In history, surgically treated, fully recovered, no residuals: 0-6 months – Exclude both ears.
	Greater than six months, with good follow up, hearing adequate for profession – Offer based on current hearing in both ears.
	Others, including poor to no follow up or hearing loss that impacts job duties – Individual consideration, usually decline.

Ovarian Cysts:

Cyst of the ovary.

Life	Action
	Typically no mortality impact if benign pathology confirmed, no Polycystic Ovary Syndrome and asymptomatic
Individual Disability	Action
	History of functional ovarian cyst, endometrioma or cystadenoma, no symptoms – No adverse action but exclude for endometriosis if present.
	Functional ovarian cyst, endometrioma, or cystadenoma under treatment or currently symptomatic – Exclusion and exclusion for endometriosis if present.
	History of, or under current treatment for dermoid cyst, or teratoma, or cystic teratoma – Individual consideration.
	Polycystic Ovary Syndrome present – Exclude

Pacemaker (excluding defibrillator):

A medical device that uses electrical impulses, delivered by electrodes contacting the heart muscles, to regulate the beating of the heart.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of initial pacemaker insertion? 2. Underlying disease that required the pacemaker to be inserted?	NS to Table 2	Table 2 to Table 3	Decline
Individual Disability	Action			
	All cases – Decline.			

Pancreatitis:

Pancreatitis is characterized by inflammation and necrosis of the tissue of the pancreas with auto-digestion by pancreatic enzymes in severe cases. Inflammation of the pancreas may be acute or chronic. Acute pancreatitis occurs in discrete episodes or attacks followed by recovery. If client had an acute attack within six months it would be a postpone. If client had recurrent attacks within one year it would be a postpone.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. How many episodes? Date of last episode? Frequency of episodes?	NS	Table 2	Table 6
	2. Any underlying cause?	to	to	to
	3. Any medical or surgical treatment?	Flat Extra	Table 6	Decline
Individual Disability	Action			
	Single episode of acute pancreatitis, no indication of alcohol abuse, no cholecystectomy, and function adequate for job duties:			
	0-2 years fully recovered – Decline.			
	Greater than two years recovered – No adverse action.			
	Single episode of acute pancreatitis, no indication of alcohol abuse, after cholecystectomy and function adequate for job duties:			
	0-3 months fully recovered – Decline.			
	Greater than three months fully recovered – No adverse action.			
	Greater than three months recovered with residuals – Individual consideration.			
	Chronic pancreatitis diagnosis – Decline			
	Any diagnosis of pancreatitis with history of alcohol abuse, or history of multiple episodes – Decline.			

Pancreatitis with function NOT adequate for job duties – Decline.

Parkinson's Disease:

Disease characterized by progressive rigidity of limbs, slowness of movements, rhythmic resting tremor of hands, head and tongue, halting speech, facial immobility and tendency to mild dementia.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Symptoms? 3. Treatment (medications)?	Table 2 to Table 3	Table 4 to Table 6	Table 8 to Decline
Individual Disability	Action			
	All cases – Decline.			

Peripheral Neuropathy:

Damage to the nerves of the brain or spinal cord, which is caused by either diseases of or trauma to the nerve or the side-effects of systemic illness.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date when symptoms began? 2. Type of treatment received? 3. Any underlying health conditions such as Diabetes or Kidney disease? 4. Details of current symptoms?	NS to Table 2	Table 3 to Table 8	Decline
Individual Disability	Action			
	Diabetic Neuropathy, Inherited Neuropathies – all cases - Decline Peripheral – Mono—neuropathies with minimal symptoms, no occupation concerns documented as stable, not progressive cause known – Action based on underlying cause. Peripheral – Mono—neuropathies with minimal symptoms, no occupation concerns documented as stable, not progressive cause unknown – Individual consideration. Peripheral – Mono—neuropathies with moderate symptoms, no occupation concerns documented as stable, not progressive cause known – Action based on cause. Peripheral – Mono—neuropathies with moderate symptoms, no occupation concerns documented as stable, not progressive cause known – Individual consideration. History of neuropathy, fully resolved, underlying cause known, insurable and fully treated less than six months since recovery – Decline. History of neuropathy, fully resolved, underlying cause known, insurable and fully treated greater than six months since recovery – Exclude affected limb, or digits. History of neuropathy, fully resolved, underlying cause known, insurable and fully treated greater than two years since recovery – No adverse action. Others including polyneuropathies or progressive neuropathies – Decline.			

Peripheral Vascular Disease (PVD and Peripheral Artery Disease PAD):

Any disease or disorder of the blood vessels outside of the brain and heart.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Results of any treadmill testing? 3. Date and type of treatment? 4. Any tobacco use in the last year? 5. Other medical history?	Table 2 to Table 4	Table 4 to Table 8	Table 10 to Decline
Individual Disability	Action			
	Individual consideration.			

Polycystic Kidney Disease:

An inherited disorder where multiple cysts develop in kidneys.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Present diagnosis? 2. Age of client? 3. Family history? 4. Treatment? 5. Abnormal renal functions? 6. Additional factors (i.e. Hypertension, Hematuria, Renal transplant, etc)?	Table 6 to decline (depending on age)		
Individual Disability	Action			
	Diagnosed with Polycystic Kidney Disease (PCKD) – Decline. Family history of first degree relative with PCKD and negative ultrasound documented, normal BP and lab tests: Less than thirty at time of application – Decline. Ages 30-40 at the time of application – Exclude and limit BP to five years. Age over 40 at time of application – No adverse action. Family history of first degree relative with PCKD, renal ultrasound not done, normal BP, and lab tests: Under age 30 at the time of application – Decline. Age 30-50 at time of application – Exclude and limit BP to two years. Over age 50 at the time of the application – Exclude and limit BP to five years. Others – Decline.			

Polymyalgia Rheumatica:

An inflammatory disorder which causes muscle pain and stiffness mainly in the neck, shoulders, arms, hips, and thighs.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Type of treatment? 3. Has this condition resolved? If so, when?	NS	Table 2	Postpone
Individual Disability	Action			
	Single episode of Polymyalgia Rheumatica with function adequate for job duties: Current or 0-3 years fully resolved with no further treatment – Decline			

Greater than 3 to 5 years fully resolved with no further treatment - +50% rating, remove FIO/BPR/ABE, five-year benefit period.
 Greater than 5 years fully resolved with no further treatment – Remove FIO/BPR/ABE
 Multiple episodes of Polymyalgia Rheumatica – Decline.

Post Traumatic Stress Disorder:

A mental health disorder that occurs as a result of a traumatic event.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Present diagnosis? 2. Severity? 3. Treatment? 4. Recurrence? 5. Substance abuse? 6. Any hospitalizations?	NS to Table 4	Table 4 to Table 8	Decline
Individual Disability	Action			
	Post-Traumatic Stress Disorder current or symptomatic – Decline.			
	Post-Traumatic Stress Disorder resolved and symptom free with no current/prior comorbid psychiatric disorder, substance abuse and/or chronic health condition:			
	0-3 years – Decline.			
	Greater than 3 years - 5 years – Individual consideration for possible modified offer, exclude to decline.			
	Greater than 5 years -10 years – Exclude.			
	Greater than 10 years – No adverse action.			
	Post-Traumatic Stress Disorder resolved greater than three years with current or prior comorbid psychiatric disorder:			
	Comorbid conditions, Bipolar Disorder, Schizophrenia, Panic Disorder, Obsessive Compulsive Disorder, and/or Personality Disorder (s) – Decline.			
	Others, including anxiety, social anxiety disorder, depression, or ADHD – Individual consideration for possible modified offer, exclude to decline.			

Pregnancy:

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Due date? 2. Type of complication(s)?	NS*	Postpone until after birth	
Individual Disability	Action			
	Currently pregnant without any significant current complications – Exclude. Currently pregnant with significant current complications – Postpone until after postpartum checkup after client has returned to work full-time without restrictions or limitations.			
	Not currently pregnant with a history of gestational diabetes (without underlying hypertension), single pregnancy complicated by breech position at delivery, single first trimester miscarriage, history of elective C-section delivery, history of infertility treatment with oral agents only, no complications of the infertility treatment, the pregnancy or the delivery - No adverse action.			
	Not currently pregnant, but with a history of premature labor, pre-eclampsia, two or more pregnancies with breech presentation at delivery, hypertension of pregnancy, history of multiple gestations, abnormalities of placental implantation, placental abruption, multiple miscarriages, incompetent cervix, fibroid tumors, other than those described as small, and found incidentally, history of ectopic pregnancy, history of hyper emesis gravidarum – Exclude.			
	History of postpartum depression – Use mental/nervous exclusion in addition to pregnancy exclusion (if necessary).			
	Client in third trimester of pregnancy at the time of application and no history or current pregnancy complications:			
	Actively at work, no history, or current pregnancy complications – Exclude. All other third trimester pregnancy cases – Postpone until after postpartum checkup after client has returned to work full-time without restrictions or limitations.			

Prostate Cancer:

The 2nd most common form of cancer is an abnormal malignant growth of the cells in the prostate gland, however, unlike most other cancers, usually does not grow uncontrollably and metastasize to other areas.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Stage? 3. Gleason Score and most recent PSA? 4. Type of treatment? 5. Date of surgery or treatment? 6. Date of most recent follow up?	NS to Postpone	Postpone 2 - 3 Years then Flat Extra	Decline
Individual Disability	Action			
	PIN (prostatic intraepithelial neoplasia) low grade – Exclude.			
	PIN (prostatic intraepithelial neoplasia) high grade less than two years since removal – Decline. PIN (prostatic intraepithelial neoplasia) high grade more than two years since removal – Exclude.			

	PIA (proliferative inflammatory atrophy or ASAP (atypical small acinar proliferation) less than two years since removal – Decline. PIA (proliferative inflammatory atrophy or ASAP (atypical small acinar proliferation) more than two years since removal – Exclude. Prostate cancer diagnosed less than 50 years old – Individual review, usually decline. Prostate cancer diagnosed at greater than 50 years, treated surgically or by radiation, stable PSA. Stage I, within the last 2 years – Decline. Stage I, fully recovered, more than 2 years ago – Exclude. Stage IIA, within the last 4 years – Decline. Stage IIA, fully recovered more than 4 years ago – Exclude. Higher stages or any diagnosis under age 50 – Decline.
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Psoriasis:

A chronic autoimmune disease that appears on the skin.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Severity? 2. Type of treatment? 3. Any associated arthropathy?	NS*	Table 2	Rate for associated arthropathy
Individual Disability	Action Psoriasis described as mild / moderate, untreated, or treated with light therapy/topical medications only, no occupational concerns – Exclude. Psoriasis described as moderate and treated with immunomodulators or with oral retinoids – Exclude and rate +25%. Psoriasis described as moderate to severe and/or treated with and controlled with biological agents – Exclude and rate +50%, limit benefit period to five-years. Psoriasis with uncontrolled severe symptoms and/or occupational concerns – Individual consideration – Exclude to decline. Psoriasis with diagnosis of psoriatic arthritis – Individual consideration – refer to psoriatic arthritis guidelines. Psoriatic arthritis diagnosed within one year of application – Decline. Psoriatic arthritis mild, well controlled, with OTC medication alone stable for one year – Exclude +25% and limit benefit period to no more than five years, no FIO/BPR/ABE/COLA. Psoriatic arthritis moderate symptoms, well controlled with steroid or biologic agents stable for one year - +50% exclude, and limit benefit period to no more than two years, no FIO/BPR/ABE/COLA. Psoriatic arthritis, severe symptoms, and/or not stable – Decline. Psoriatic arthritis with systemic involvement (eye and gastrointestinal) and or function not adequate for job duties – Decline.			

Pulmonary Embolism:

A blockage in one or more arteries in the lungs usually caused by blood clots that travel from another part of the body, most commonly the legs.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of occurrence? 2. Single or multiple episodes? If multiple, when was last episode?	NS to Table 2	Table 3 to Table 4	Postpone

	3. Cause of the Embolism? 4. Type of treatment? When was treatment stopped?			
Individual Disability	Action			
	Single episode following trauma or surgery, complete recovery, no sequels, clotting disorder ruled out: 0 – 6 Months – Decline. Greater than 6 months to 2 years – Exclude. Greater than 2 years – No adverse action. Chronic – Decline. All others, including those where a clotting disorder is suspected or diagnosed, or with multiple episodes – Individual consideration, plus additional adverse action for the underlying condition.			

Raynaud's Disease:

A condition that causes fingers, toes, the tip of the nose, and ears to feel numb or cool in response to cold temperatures or stress. More of a nuisance than a disability and not associated with other diseases or health problems.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Diagnosed with Raynaud's Disease or Phenomenon? 2. Date of diagnosis? 3. Type of treatment? 4. Date of last attack? Frequency of attacks?	NS*	Table 2 to Table 4	Table 4 to Decline
Individual Disability	Action			
	Mild symptoms not needing treatment, no occupational concerns-- No adverse action. Mild to moderate symptoms with treatment, moderate symptoms, or occupational concerns – Exclude. Severe symptoms or secondary to another disease -- Individual consideration.			

Reiter's Syndrome/Reactive Arthritis:

Inflammation of the joints, urinary tract, and eyes and often ulcerations of the skin and mouth brought on by an infection in another part of the body, usually the intestines, genitals, eyes, or urinary tract.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of first and last attack? 2. Type of treatment?	NS*	NS to Table 2	Table 3 to Table 6
Individual Disability	Action			
	Single Reactive Arthritis episode in history, fully recovered: 0 – 1 year, fully resolved – Exclude. Greater than 1 year – 3 years, fully resolved with occupational concerns – Exclude. Greater than 1 year – 3 years, fully resolved without occupational concerns – No adverse action. Greater than 3 years, fully resolved – No adverse action. Chronic Reactive Arthritis, with function adequate for job duties: Mild symptoms, treated with NSAIDs only – Exclude, remove FIO/BPR/ABE			

	With mild to moderate symptoms, treated with steroids or biologics – Individual consideration, exclusion to decline.
	Multiple episodes of Reactive Arthritis – Exclude, with additional adverse action based on treatment history and underlying cause
	Reactive Arthritis with function NOT adequate for job duties – Decline.

Renal Failure:

The loss of kidney function where the kidney can no longer adequately filter toxins and waste products from the blood. Renal failure may be either acute or chronic and a number of diseases and health problems can cause either form to occur.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Stage of chronic kidney failure? (1-5) 3. Type of treatment?	NS	Table 2 to Table 4	Decline
Individual Disability	Action			
	Stage one kidney disease – if stable with or without treatment, possible no adverse action. Stage two kidney disease – If stable, individual consideration, 25% - 50% rating and limited benefit period Stage three, four, or five kidney disease – Decline.			

Rheumatoid Arthritis:

An autoimmune form of arthritis that causes pain, swelling, stiffness, and loss of function in any joint but is most common in the wrist and fingers.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Type of treatment? 3. What joints are affected? 4. How does it affect function, mobility, and daily life?	NS* to Table 2	Table 2 to Table 3	Table 4 to Decline
Individual Disability	Action			
	All cases – Decline.			

Sarcoidosis:

The development of tiny clumps of inflammatory cells in different areas of the body, usually the lungs, lymph nodes, eyes, and skin. The cause is unknown.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. What organ's or body part's have been affected? 3. Type of treatment? 4. When last experienced symptoms?	NS*	NS to Table 4	Decline
	Action			

Individual Disability	Pulmonary Sarcoidosis under current treatment, or with less than one year of full recovery – Decline. In history, stabilized, no ongoing treatment, fully recovered greater than one year – Exclude. In history, stabilized, no ongoing treatment, fully recovered for more than three years - No adverse action. Non-Pulmonary Sarcoidosis, including organs other than the lungs involved or with sequelae - Individual consideration, usually decline.
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Seizure Disorder:

Seizures occur because of sudden, abnormal electrical activity in the brain. Seizures may be caused by medicines, high fevers, head injuries, and certain diseases. There are two main categories of seizures: Partial seizures involve only a part of the brain while Generalized seizures involve much more or all of the brain. Epilepsy is recurring seizures due to a brain disorder.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Cause of the seizure(s)? Type of seizure(s) experienced? 3. Date of last seizure? Number of seizures per year? 4. Type of treatment? 5. Any lasting mental or physical effects from seizure(s)?	NS to Table 3	Table 4 to Table 8	Decline
Individual Disability	Action Isolated seizures (secondary cause) Cause known – Action based on underlying cause. Cause unknown – Individual review. Seizures onset at greater than forty years of age – Individual review. Status epilepticus – Individual review – Usually decline. Seizure disorder (epilepsy) 0-2 years since last seizure or change in seizure medication—Decline. Greater than two years since last seizure or change in seizure medication--No adverse action. More than one type of seizure in history: 0-3 years since last seizure or change in seizure medication – Decline. Greater than three years since last seizure or change in seizure medication – Individual review.			

Sickle Cell Anemia:

An inherited condition diagnosed in infancy in which misshaped red blood cells break apart more easily and block adequate blood flow throughout the body. This can cause severe pain and permanent damage to numerous vital organs. There is no cure but treatments can relieve pain and help prevent further problems. Sickle cell trait only can be considered for Best Rates.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
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	1. Age at diagnosis? 2. Date of last attack? 3. Any complications?	Table 2 to Table 4	Table 6 to Table 10	Decline
Individual Disability	Action			
	Sickle cell anemia, all cases – Decline. Sickle cell trait, no other blood abnormality, no history of complications -- No adverse action. Sickle cell trait, with other blood abnormality, or any history suggestive of complications – Decline.			

Sjogren Syndrome:

A systemic autoimmune disease in which immune cells attack and destroy the exocrine glands that produce tears and saliva. May be associated with other connective tissue disorders such as Lupus or Rheumatoid Arthritis.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Diagnosis? 2. Any other diagnosis of Rheumatoid Arthritis or Lupus?	Sjogren's alone NS (No Waiver)	Table 2 to Table 4 (No Waiver)	Table 4 to Decline (No Waiver)
Individual Disability	Action			
	Diagnosis of Sjogren's Syndrome with function adequate for job duties: Up to five years since diagnosis – Decline Greater than five years since diagnosis, only symptoms dry eyes and/or mouth with no systemic treatment in place or recommended – Exclude, limit the benefit period to no greater than five years, no FIO/BPR/ABE/COLA Greater than five years since diagnosis, only symptoms dry eyes and/or mouth with systemic treatment in place or recommended – Exclude, limit benefit period to no greater than two years, no FIO/BPR/ABE/COLA. Greater than five years since diagnosis with systemic symptoms, more than dry eyes and/or mouth – Decline. Diagnosis of Sjogren's Syndrome with function NOT adequate for job duties – Decline.			

Skin Conditions (Dermatitis, Eczema, Latex Allergy):

Inflammations and/or irritation involving the skin. Latex allergy may include respiratory symptoms.

Life	Action Typically no mortality impact - waiver of premium could be excluded for severe cases
Individual Disability	Action Mild Eczema and/or dermatitis diagnosis without occupational concerns – No adverse action. Eczema and/or dermatitis with occupational concerns, treated with systemic steroids, complicated multiple skin infections (MRSA, etc.), severe symptoms unresponsive to treatment, treated with biologics, immunosuppressants, and/or jak inhibitors - Exclude Eczema and/or dermatitis treated with intermittent oral or injectable biologics, immunosuppressants, and/or jak inhibitors – Exclude and rate +25%. Eczema and/or dermatitis treated with chronic oral, or injectable biologics, immunosuppressants, and/or jak inhibitors – Exclude and rate +50%, benefit period limited to five-years. Latex allergy known or suspected, reaction limited to skin, not severe and resolved with latex avoidance: Isolated episode – No adverse action. Recurrent episode – Exclusion.

	Latex allergy known or suspected, severe respiratory reaction and/or anaphylaxis – Decline Other occupational allergies: Mild symptoms limited to skin – No adverse action. Mild respiratory symptoms – Exclude. Moderate to severe limited skin reactions – Individual consideration, exclude to decline. Moderate to severe respiratory reaction and/or anaphylaxis – Decline.
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Sleep Apnea:

Condition where there is a temporary cease in breathing, typically lasting less than 30 seconds. If regularly using a CPAP for a minimum of 2 years, case can be rated at Mild/Low Grade.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Results of any sleep study? 3. Type of treatment? (CPAP, weight loss) 4. If using CPAP, date of 1st use and how often?	NS* to Table 4	Table 4 to Table 8	Table 10 to Decline
	Action			
	Possible Sleep apnea noted in medical records, but no evaluation done: With additional diagnosis of cardiac disease, stroke, chronic lung disease, multiple MVA's, significant obesity – Decline Minimal to Moderate concern noted in the records, or based solely on the applicant's bed partner, no significant complaints of daytime somnolence, not obese, no history of multiple MVA's – No adverse action. High level of concern noted in the records, or with complaints of daytime somnolence, or history of MVA's, CAD, or poorly controlled hypertension – Decline.			
Individual Disability	Sleep study done and available: Mild untreated or not compliant with treatment, or within one year of treatment onset, no complaints of fatigue, no recent MVA's, not obese - +25% rating. Mild with good compliance with treatment, resolution of any previously noted symptoms – No adverse action. Moderate untreated or not compliant with treatment, or within two years of treatment onset – Decline Moderate with good compliance with treatment for more than two years, resolution or significant improvement of any previously noted symptoms. With hypertension (if present) well-controlled - +50% with up to a ten -year benefit period. Severe untreated or not compliant with treatment or within two years of treatment onset – Decline. Severe with good compliance with treatment for more than two years, resolution or significant improvement of any previously noted symptoms. Hypertension (if present) well-controlled - +50% rating, with up to a five-year benefit period. Sleep apnea noted as Central or Mixed – Individual consideration for substandard offer with limited benefit period and rating.			

Stroke / TIA:

Event where there is an obstruction of blood flow and may be complicated by hemorrhage (bleeding) in some instances. Strokes are commonly associated with widespread vascular damage from clogged arteries and hypertension. Strokes do not usually result from current blood pressure elevation but rather gradual damage to small arteries from long- standing hypertension. There are 2 types of stroke: Cerebral Vascular Accident (CVA) which is permanent and Transient Ischemic Attack (TIA) which is temporary.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis/event? 2. Type of Stroke? (CVA or TIA) 3. Any bleeding or blood clots? 4. What is the current cholesterol reading? 5. How many occurrences and dates of occurrences? 6. Any remaining effects such as paralysis?	Table 2 to Table 4	Table 4 to Table 8	Decline
Individual Disability	Action Transient Ischemic Attack (TIA) – single episode, fully recovered, no residuals in last two years – Decline. Transient Ischemic Attack (TIA) – single episode, fully recovered, no residuals less than five years since event – +75% rating with a two-year benefit period. Transient Ischemic Attack (TIA) – single episode, fully recovered, no residuals less than greater than five years since event – 50% rating and five-year benefit period. Stroke / CVA (cerebral vascular accident) - Any episode in the last 5 years – Decline. Stroke/ CVA - single episode, fully resolved from 5 to 10 years ago, no residuals -- +100% rating with a 2-year benefit period. Stroke / CVA - single episode, fully resolved more than 10 years ago, no residuals -- +75% rating with 5-year benefit period. CVA, stroke with diabetes, cardiovascular renal disease uncontrolled hypertension – Decline. If the client is current smoker – Decline. If the client has history of tobacco use in the past five years, heavy smoker – Decline. If the client has history of tobacco use in the past five years, mild smoker – Add +25% to rating. If the client has history of tobacco longer than five years since cessation, heavy smoker – Add +25% to rating. If the client has history of tobacco longer than five years since cessation, mild smoker – No additional rating.			

Suicide Attempt:

An attempt at ending one's life.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Number of attempts? 2. Date of last attempt? 3. Drug and/or alcohol abuse?	NS with possible Flat extra (if history 5+ yrs ago)	Table 2 to Table 4 with Flat extra	PP/Decline
Individual Disability	Action History of brief isolated suicidal ideation, without suicide plan or behavior: Within the first year – Individual consideration – Exclude to decline. Greater than a year ago – Exclude. History of a single suicide attempt, behavior and/ or plan:			

	Within the first five years of attempt – Decline Greater than five years from attempt – Individual consideration – Exclude to decline. History of more than one suicide attempt and/or suicidal behavior Within ten years of the most recent attempt – Decline. Greater than ten years from the most recent attempt – Individual consideration – Exclude to decline. Others with history of comorbid psychiatric disorder (anxiety, panic disorder, etc) pain syndromes, substance abuse and/or chronic health issues – Individual consideration – Exclude to decline.
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Thalassemia:

An inherited blood disorder that results in anemia of varying degrees.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Type of Thalassemia known? 2. Results of most recent complete blood count? 3. Iron and liver functions normal? 4. Symptoms or complications? 5. Treatment or blood transfusions?	NS*	Table 8 to Decline	
Individual Disability	Action			
	Alpha thalassemia minor, trait or silent carrier status -- No adverse action. Hemoglobin H disease – Individual review, usually decline. Alpha thalassemia major – Decline. Beta thalassemia minor or trait – No adverse action. Beta thalassemia major (Cooley’s anemia) – Decline. Beta thalassemia intermedia – Individual consideration, usually decline.			

Thoracic Outlet Syndrome:

A collection of symptoms that appear to be caused by compression of the nerves and/or blood vessels in the area between the clavicle (collarbone) and the first rib.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Symptoms? 3. Cause?	Typically mild to moderate cases no impact on mortality, waiver of premium may be excluded for moderate to severe cases		
Individual Disability	Action			
	Current thoracic outlet syndrome: Mild – moderate symptoms, function adequate for job duties – Exclude affected body part. Severe symptoms, function NOT adequate for job duties and/or surgery planned – Decline. Thoracic outlet syndrome in history with function adequate for job duties: 0-3 years fully resolved – Exclude affected body part. Greater than 3 years -5 years, fully resolved – QCR affected body part. 5 or more years fully resolved – No adverse action. Multiple episodes of thoracic outlet syndrome and function adequate for job duties – Exclude.			

Thrombocytopenia:

Disease caused by a deficiency of blood platelets.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis? 2. Treatment, past and current? 3. Current platelet count?	NS	Table 4 to Table 6	Decline
Individual Disability	Action			
	History of ITP (immune thrombocytopenia) fully resolved: 0-2 years – Decline Greater than two years, with normal CBS – No adverse action.			
	Chronic ITP, no concerns for underlying illness: With platelet count consistently greater than 100,000 – No adverse action With platelet count between 80,000 and 99,999 - +25% rating. With platelet count between 60,000 and 79,999 - +50% rating. With platelet count between 50,000 and 59,999 - +75% rating. With platelet count lower than 50,000 – Decline.			
	Chronic ITP with known underlying condition – rate as above, plus whatever additional action the underlying condition dictates.			
	Concern for underlying condition not evaluated – Decline.			
	Drug or substance induced thrombocytopenia, offending substance identified and removed, platelet count normal: 0-6 months – Decline Greater than 6 months – No adverse action.			
	Inherited thrombocytopenia – Individual consideration, usually decline.			
	Gestational thrombocytopenia – No debit for the thrombocytopenia, if currently pregnant, exclude pregnancy.			
	Thrombocytopenia associated with enlarged spleen – Individual consideration, usually decline.			
	Thrombotic thrombocytopenia purpura (TTP) – Decline.			

Thyroid Nodules/Goiter:

Abnormal, benign growths of the thyroid gland.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis and investigations completed? 2. Pathology or size? 3. Thyroid functioning normally? 4. Symptoms or complications?	NS*	Larger or symptomatic and untreated could be postponed - malignancy must be excluded	
	Action			

Individual Disability	Thyroid nodule, fully evaluated, benign, no further treatment or follow up suggested – No adverse action. Thyroid nodule not fully evaluated – Exclude.
	History of follicular or papillary thyroid cancer: Stage I or II less than two years since removal – Decline. Stage I or II greater than two years since removal, no evidence of recurrence – Exclude Stage III or IV – Decline. History of medullary thyroid cancer: 0-5 years – Decline. Greater than five years – Individual consideration. History of anaplastic thyroid cancer – Decline History of recurrent thyroid cancer – Decline.

Thyroiditis:

Inflammation of the Thyroid gland.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Treatment?	NS*	NS	If present, Postpone
Individual Disability	Action			
	Diagnosed less than 1 year ago – Exclude. Diagnosed 1 year or more ago, adequate control -- No adverse action.			

Tourette's Syndrome:

Neurological movement begins age 2 to 16 and lasts throughout life - Tics, blinking, facial twitches, involuntary vocalizations.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Age of diagnosis? 2. Degree of disease? 3. Any other Psychiatric diagnosis? 4. Any hospitalizations? 5. How long on medications?	> Age 8 NS (No Waiver)	Table 4 (No Waiver)	< Age 8 Postpone (No Waiver)
Individual Disability	Action			
	Tourette's, childhood onset, no comorbid psychiatric condition, no occupational concerns: Minimal symptoms or fully resolved – No adverse action. Moderate or Severe symptoms – Individual consideration, exclude – decline. Tourette's childhood onset, WITH comorbid psychiatric condition: Mild symptoms – Individual consideration, exclude – Decline.			

	Moderate or Severe symptoms – Decline. Tic disorder with onset in adulthood, no comorbid psychiatric condition: Cause known – Action based on cause. Cause unknown – Individual consideration, exclude – decline. Others: Occupation concerns, current or prior comorbid psychiatric disorder, pain syndrome, substance abuse and/or chronic health issues – Individual consideration, exclude – decline, with possible mental/nervous exclusion.
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Transient Global Amnesia:

Sudden onset episode of confusion which is self limiting. More than 3 episodes, see Stroke / TIA

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Dates of episodes? 2. Medication, past and current?	NS	NS	<6 months since last episode Postpone
Individual Disability	Action			
	Current symptoms and treatment – Decline. Single episode, trauma related, fully recovered less than 2 years, no residuals– Decline. Single episode, trauma related, fully recovered greater than 2 years to 4 years no residuals -- +25% rating with a short-term benefit period. Single episode, trauma related, fully recovered more than 4 years -- No adverse action. Multiple episodes or other than trauma related – Decline.			

Tremor (Benign):

Involuntary rhythmical movements of any parts of the body.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Type of tremor? 3. Underlying cause? 4. Details of occupation? 5. Results of all investigations?	NS*	NS*	Postpone until fully investigated
Individual Disability	Action			
	Tremor cause known – Action based on underlying cause. Tremor, cause unknown, well investigated or stable for more than five years and considered mild: Not on medication or just occasional use of beta blocker, with no occupation concerns – No adverse action. Not on medication or just occasional use of beta blocker, with occupational concerns – Exclude (permanent). Frequent or daily medication, well controlled, regardless of occupation – Exclude (permanent). Not well controlled – Exclude to decline. Moderate to severe symptoms – Individual Consideration for exclude to decline.			

Tuberculosis:

Chronic recurrent infection in the lungs.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of diagnosis? 2. Type of treatment? 3. Treatment completion date?	NS*	Under treatment; Postpone	
Individual Disability	Action			
	Current, active TB, treated within one year prior to application – Decline.			
	Positive TB test, no symptoms, negative chest X-ray at any time after the initial positive TB test (latent TB): 0 – 2 years – Exclude. Greater than 2 years – No adverse action.			
	History of active pulmonary TB, treatment COMPLETED as prescribed, no respiratory complications: 0 – 1 year – Decline. 1 – 2 years after treatment completed – No adverse action.			
	History of pulmonary TB WITH respiratory complications or not fully treated – Individual consideration, exclude to decline. May need additional exclusion for the respiratory tract.			
	History of TB outside the lungs – Individual consideration, exclude to decline. May need additional adverse action for the organ or system that was infected.			

Ulcerative Colitis:

Disease that causes inflammation and sores (ulcers) in the lining of the large intestine or colon.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Date of diagnosis? 2. Age at diagnosis? 3. When was the last attack? 4. Typical symptoms? 5. Medications, if any? 6. Date and type of treatment?	NS to Table 3	Table 4	Table 10 to Decline
Individual Disability	Action			
	Mild Ulcerative Colitis (not surgically treated), diagnosis with function adequate for job duties: Zero to two years since last flare– Decline Greater than two years since last flare – Exclude, +25% rating, no greater than ten-year benefit period, no FIO/BPR/ABE/COLA.			
	Moderate Ulcerative Colitis (not surgically treated) diagnosis with function adequate for job duties. Zero to five years since last flare – Decline. Five to seven years since last flare – Exclude, +50% rating, no greater than a five-year benefit period, no FIO/BPR/ABE/COLA. Greater than seven years since last flare – Exclude, +25% rating, no greater than ten-year benefit period, no FIO/ABE/BPR/COLA			
	Ulcerative Colitis, treated surgically for cure and no GI symptoms fully recovered with function adequate for job duties:			

	Up to three years – Exclude, +25% rating, no greater than a ten-year benefit period, no FIO/BPR/ABE/COLA Greater than three years – Exclude. Severe Ulcerative Colitis or any IBD with function NOT adequate for job duties – Decline.
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Valve Disease:

Disease of the heart valve resulting in abnormal blood flow.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Valve(s) involved? 2. Stenosis of insufficiencies / regurgitation?	NS*	NS to Table 4	Table 4 to Decline
Individual Disability	Action			
	Aortic valve sclerosis Aortic valve sclerosis only, no other abnormality noted on echocardiogram – No adverse action. Aortic valve sclerosis in association with any other echocardiographic abnormality – Decline.			
	Aortic valve stenosis Mild aortic stenosis, no other abnormal cardiac findings, no symptoms, over age forty, well-followed, serial echocardiograms available – Individual Consideration. All others – Decline.			
	Bicuspid Aortic Valve Older ages, asymptomatic, well-followed, including serial cardiac imaging, no other abnormality on echocardiogram – Individual Consideration for substandard offer. Others, including those who have had aortic valve replacement – Decline.			

Vocal Cord Paralysis:

An inability to move the muscles of the vocal cords which may impact speech, swallowing and/or breathing.

Life	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
	1. Date of Diagnosis? 2. Results of evaluation?	Must be fully evaluated, rating then depends on cause and residual complications.		
	Action			
Individual Disability	Unilateral vocal cord paralysis, cause known present or fully recovered less than 2 years – Decline.			
	Fully recovered, adequate work up 2 years or more – Exclude.			
	In history, cause unknown, but workup is adequate to rule out uninsurable underlying condition, application is fully recovered:			
	Less than two years – Decline.			
	Greater than two years – Exclude.			
	In history, but with residual dysfunction – Individual consideration – usually decline.			
	Others, including bilateral vocal cord paralysis – Individual consideration – usually decline.			

Von Willebrands Disease:

Bleeding disorder resembling mild hemophilia.

Life	Action
	See Bleeding Disorders
Individual Disability	Action
	Type 1 - Mild symptoms - +25% rating. Type 2 – With history of surgical procedure and no excess bleeding - +25% rating. Type 2 – With no prior surgical history or history of surgical procedure with excess bleeding -- +50% rating with a 10-year benefit period. Type 3 – Decline. Unknown type of Von Willebrand disease: With history of surgical procedure, no excess bleeding - +25% rating. With no prior surgical history or history of surgical procedure with excess bleeding - +50% Acquired Von Willebrand disease – Individual consideration.

Weight Reduction Surgery:

Involves bypassing a portion of the digestive tract, either by binding or stapling, preventing absorption of calories & nutrients.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. What is current build? 2. Date of surgery? 3. Any history of chronic disease including diabetes, hypertension, hyperlipidemia, obstructive sleep apnea or cardiovascular disease? 4. Any complications of surgery? 5. Any functional limitations?	Over 5 yrs NS to Table 2	Over 6 months Table 2 to Table 3	> 6 months PP
Individual Disability	Action			
	Adverse action below is in addition to any adverse action needed due to current build. History of weight loss surgery, non-smoker, with no complications and functions adequate for job duties: 0 - 1 year fully recovered – Decline Greater than 1 year - 5 years fully recovered - +50% rating, no greater than a two-year benefit period, no FIO/BPR/ABE/COLA Greater than five years - 10 years fully recovered - +25% rating, removal of FIO/BPR/ABE/COLA Greater than ten years fully recovered – Removal of FIO/BPR/ABE/COLA History of weight loss surgery, non-smoker, WITH complications and function adequate for job duties – Individual consideration, substandard to decline. History of weight loss surgery, smoker/nicotine user with no complications, and function adequate for job duties:			

	Up to two years since smoking or using nicotine – Decline Greater than two years since smoking or using nicotine – Individual consideration, substandard to decline. History of weight loss surgery, smoker/nicotine user with complications – Decline. History of weight loss surgery, with function not adequate for job duties – Decline.
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Wolff-Parkinson White Syndrome:

Heart rate abnormality.

	Underwriting Considerations	Mild/Low Grade	Moderate	Severe
Life	1. Any heart disease? 2. Type of symptoms? 3. Type of treatment?	NS	Table 4	Postpone
Individual Disability	Action			
	WPW (Wolff-Parkinson White) pattern noted incidentally on EKG done in routine testing, no symptoms – No Adverse action. WPW Syndrome, diagnosed within the last year or with a second cardiac condition – Decline. WPW Syndrome, diagnosed more than one year prior to application, well controlled with medication – +25% rating. WPW Syndrome, diagnosed, not well-controlled with medication or with ablation or EPS studies planned – Decline. WPW Syndrome, ablation within the year prior to application or with continued symptoms – Decline WPW Syndrome, ablation completed more than one year prior to application, no symptoms since the procedure – No adverse action. WPW Syndrome, ablation completed more than one year prior to application, no symptoms since procedure but with history of atrial fibrillation/flutter – Individual consideration – usually decline.			

Non-Medical

Aviation:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Number of flying hours within last and next 12 months 2. Type of aviation (Commercial, private, or military) 3. Type of aircraft	PNT with possible flat extra Ages 25 to 65 IFR certified w/ at least 300 hrs experience and flying between 25 to 250 hrs/yr with no medical history. Commercial pilots in the U.S/Canada may qualify for best rates s/t medical history.	NS with Flat extra More than 100 hours experience with no medical impairments	Student pilots, No IFR, insufficient hours, significant medical impairment.
Individual Disability	Action Private pilot, not for pay -- No adverse action. Paid pilots - Decline			

Climbing:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Type of climbing activity (i.e. rock climbing, ice climbing, trail climbing, etc). 2. Altitude. 3. Frequency.	Trail climbing (trekking/ hiking) and artificial Climbing walls/Indoor climbing. Preferred available.	Altitudes 13,000-23,000 ft in North America NS with Flat extra.	Extreme climbing, high altitude climbing, bouldering, free solo climbing. Individual Consideration/Decline.
Individual Disability	Action Indoor, recreational for exercise purposes – No adverse action. Outdoor, recreational - all cases – Exclude.			

Driving Record:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Date and type of moving violations 2. Any license suspensions 3. History of DUI/DWI 4. History of accidents	No DUI's in last 5 years and no more than one moving violation in last 3 yrs-elite. No DUI's in last 5 years and no more than 2 driving violations in last 3	3+ driving violations, no DUI's. NS with Flat extra	4+ violations, multiple DUI's. Decline

		years-PPNT. No DUI's in last 3 years and no more than 3 driving violations in the last 3 years-PNT.		
Individual Disability	Action			
	Currently suspended Driver's License – Decline. DUI/DWI, single event, within the past year – Decline. DUI/DWI, single event greater than one year and up to five years ago - Rating and possible limited benefit period. DUI/DWI, single event, more than five years ago, no alcohol criticisms - No adverse action. DUI/DWI, multiple events within the last five years – Decline. DUI/DWI, multiple events greater than five years from last episode - Rating and possible limited benefit period.			

Martial Arts:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Type of combat sport? 2. Professional or Amateur?	NS*	NS with Flat Extra of \$2.50 to \$5 per thousand No waiver of premium	Decline
Individual Disability	Action			
	Classroom training, no competitive matches -- No adverse action. Participation in competitive matches – Exclude.			

Motor Sports:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Type of racing. 2. Type of car. 3. Speed of vehicle. 4. Frequency of races.	Vintage or Sports car racing using regular fuels and speed no greater than 125 mph with no moving violations. Preferred available.	Sprint cars, Sports car racing, Stock cars, Drift racing, Sand/Dune buggy. NS with Flat extra	Drag racing -jet powered fuel, inexperienced driver, multiple avocations, poor safety record, medical impairments. Individual Consideration.
Individual Disability	Action			
	Participation in competitive racing – Exclude.			

Scuba Diving:

Life	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
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	1. Depth and frequency of dives? 2. Purpose and location of diving? 3. Any certificates?	NS*	NS* with Flat Extra of \$2.50 to \$5 per thousand No waiver of premium	Individual Consideration
Individual Disability	Action			
	Diving 100 feet or less -- No adverse action. Diving more than 100 feet, or any specialty (rescue, cave, wreck/salvage, night, ice, cavern, or underwater photography – Exclude.			

Sky Diving:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Purpose and experience? 2. Number of jumps per year? 3. Any occupational or affiliated clubs?	NS* with Flat Extra of \$3 to \$5 per thousand	NS* with Flat Extra of \$7.50 to \$10 per thousand	Decline
Individual Disability	Action			
	All cases – Exclude.			

Transgender and Gender Nonconforming Policy

Life	Action
	Guardian will offer life insurance rates based on the gender claimed by the applicant for life insurance regardless of planned gender reassignment surgery or stage of progression through such transition. For gender nonconforming individuals where gender neutral rates are not available, the rate for the gender chosen by the applicant will apply.
Individual Disability	Action
	Transgender applicants can illustrate and apply for coverage utilizing whatever gender they choose. Transgender person with no complications of medical treatments (hormone use) or gender affirming surgical procedures or with plans for gender affirming surgery– No adverse action. Transgender person with complications of gender affirming surgery or medical treatment – We would take action based on existing complication.

Tobacco Use:

	Underwriting Considerations	Low Risk	Intermediate Risk	High Risk
Life	1. Type of tobacco product. 2. Frequency of tobacco use. 3. Type of tobacco delivery device (if any). 4. Date tobacco use discontinued.	Elite-No tobacco use 60 months. PPNT-No tobacco use 48 months. PNT-No tobacco use 24 months. PPNT/PNT avail to cigars users	NS-no cigarettes for 12 months. NS rates applies to tobacco products other than cigarettes. (i. e. chewing tobacco,	STD (i.e. cigarettes, electronic nicotine delivery devices, hookah) within the past 12 months.

		s/t negative urine specimen.	nicotine patches, nicotine gum).	
Individual Disability	Action			
	Use of tobacco, or nicotine delivery device, in last 12 months (not including cigars) -- Standard (nicotine). Cigar use once a month or less, current specimen negative for nicotine -- No adverse action (select). Cigar use more than once a month -- Standard (nicotine).			



Income Replacement	Non-working Spouse	Children	Estate Protection
Age 18-40 (30 X income) Age 41-50 (20 X income) Age 51-60 (15 X income) Age 61-65 (10 X income) Age 65+ (5 X income) Age 81+ Individual	Age < 55-100% of amount in force on working spouse up to \$1M. 50% of amount in force on working spouse up to \$5M. Amount over \$5M will be given individual consideration.	50% of amount in force on parent. State of NY: children ages 0-4 yrs of 25% of amount in force on parent and ages 5+, 50% of amount in force on parent.	Sales up to age 80 should generally be projected using a rate of 6% for a maximum of 75% of life expectancy to a maximum of 20 years. As a general practice, a 50% rate should be used to calculate an estate tax liability. Individual consideration will be given for clients age 81 and over.