LONG TERM CARE INSURANCE
UNDERWRITING GUIDE

Long term care insurance helps protect your clients’ income and assets from the high costs of long term care. Not all applicants will qualify for this type of insurance. To provide you with a better understanding of the underwriting process for long term care insurance we’ve developed the Underwriting Guide.

Because we believe that an applicant’s medical history is the most valid basis for underwriting selection, we obtain medical records on most submissions.

Each applicant must meet the following criteria:

• The ability to perform the Activities of Daily Living (ADLs): bathing, bowel/bladder control, dressing, feeding, toileting, and transferring.

• The ability to perform the Instrumental Activities of Daily Living (IADLs): handling finances, housework, laundry, meal preparation, shopping, taking medications, mobility and transportation.

• The ability to function without assistance from another individual or mechanical device (e.g., walker, wheelchair, oxygen, dialysis).

• The applicant should have no signs of memory loss, confusion or forgetfulness.

• All acceptable medical conditions must be stable and well controlled, not severe, debilitating or progressive (e.g., anticipating surgery, medical work-up in progress).

This guide is designed to assist producers in determining whether an applicant may or may not be eligible for coverage and to assist producers in answering certain applicant questions. Producers are not authorized to act as field underwriters for the Company’s long term care insurance policies nor may a producer enter into binding underwriting decisions on behalf of the Company.
## UNDERWRITING REQUIREMENTS

**MINIMUM UNDERWRITING REQUIREMENTS**  Pre Qualification 800 354-6892

<table>
<thead>
<tr>
<th>Preferred Health</th>
<th><strong>Doctor Visit in Last 2 Years</strong></th>
<th><strong>No Doctor Visit in 2 Years</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>18-59</td>
<td>60-64</td>
</tr>
<tr>
<td><strong>Preferred Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Cognitive Interview</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Medical Records Request</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-Person Health Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Cognitive Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Records Request</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-Person Health Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Report</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"X" Indicates required interview/request

* Only If Unlimited Benefit Multiplier Requested or if Prescription Drug Report provides no useful information

**Note:** Please keep in mind that our underwriters may request additional requirements if deemed necessary.

---

Please refer to the “Guide And Checklist For Your Long Term Care Insurance Application” (form #81707 or #81707NY in New York) for a description of each underwriting requirement.
Preferred Health Discount Eligibility
To qualify for the Preferred Health Discount, clients must accurately answer "No" to questions 1-7 (note: question numbers may vary by state) on the application, which includes the criteria noted below:

**Tobacco Use**
No tobacco use within the past 5 years (3 years in California).

**Need for Care**
The applicant must not have used or been medically advised to receive home care, adult day care, nursing home care, assisted living care or any other long term care within the past 5 years (3 years in California).

**Prescription Medications**
No prescription medications for arthritis within the past 5 years (3 years in California). Hypertension on medications with a blood pressure average of 135/85 or less during the past 12 months.

**Assistance**
The applicant must not use a quad cane, hospital bed, or other physical assistance devices or receive help with managing medications, shopping, housekeeping, cooking or using transportation.
Preferred Health Discount Eligibility Continued...

Medical Conditions
In the past 5 years (10 years for cancer) the applicant must NOT have received medical advice or treatment; been medically diagnosed; or consulted with a health professional for any of the following conditions (Please note California exceptions):

Alcoholism
Amputation
Angioplasty or Heart Surgery
Asthma or Chronic Bronchitis
Brain Disorder
Cancer (excluding basal cell skin cancer)
Carotid or other Arterial Surgery (Does not apply in California)
Congestive Heart Failure (CHF)
CREST syndrome (Does not apply in California)
Depression
Diabetes not treated with insulin
Disabling Back or Spine Condition
Drug Addiction
Emphysema/COPD
Epilepsy, Seizures or Convulsions
Fainting Spells or Blacking Out
Fibromyalgia (Does not apply in California)
Heart Attack, Angina or Atrial Fibrillation
Hodgkin’s Disease
Immune System Disorder (Does not apply in California)
Injury due to Falls or Imbalance
Joint Replacement Surgery
Kidney Failure (Does not apply in California)
Leukemia
Lupus (Does not apply in California)
Lymphoma (Applies only in California)
Mental Illness
Mental Retardation (Does not apply in California)
Multiple Myeloma (Does not apply in California)
Myasthenia Gravis (Does not apply in California)
Organ Transplant (Does not apply in California)
Osteoporosis
Paralysis
Post-Polio Syndrome (Does not apply in California)
Rheumatoid Arthritis
Scleroderma (Does not apply in California)
Shortness of Breath (Applies only in California)
Skin Ulcers
Tremor
Tuberculosis (TB) (Applies only in California)
Other Conditions causing Crippling or Limited Motion or requiring Adaptive Devices
<table>
<thead>
<tr>
<th>Height</th>
<th>Maximum Weight Female</th>
<th>Maximum Weight Male</th>
<th>Minimum Weight (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4’ 6”</td>
<td>149</td>
<td>157</td>
<td>71</td>
</tr>
<tr>
<td>4’ 7”</td>
<td>155</td>
<td>163</td>
<td>73</td>
</tr>
<tr>
<td>4’ 8”</td>
<td>160</td>
<td>169</td>
<td>76</td>
</tr>
<tr>
<td>4’ 9”</td>
<td>166</td>
<td>175</td>
<td>79</td>
</tr>
<tr>
<td>4’ 10”</td>
<td>172</td>
<td>182</td>
<td>82</td>
</tr>
<tr>
<td>4’ 11”</td>
<td>178</td>
<td>188</td>
<td>84</td>
</tr>
<tr>
<td>5’ 0”</td>
<td>184</td>
<td>194</td>
<td>87</td>
</tr>
<tr>
<td>5’ 1”</td>
<td>190</td>
<td>201</td>
<td>90</td>
</tr>
<tr>
<td>5’ 2”</td>
<td>197</td>
<td>208</td>
<td>93</td>
</tr>
<tr>
<td>5’ 3”</td>
<td>203</td>
<td>214</td>
<td>96</td>
</tr>
<tr>
<td>5’ 4”</td>
<td>210</td>
<td>221</td>
<td>99</td>
</tr>
<tr>
<td>5’ 5”</td>
<td>216</td>
<td>228</td>
<td>102</td>
</tr>
<tr>
<td>5’ 6”</td>
<td>223</td>
<td>235</td>
<td>106</td>
</tr>
<tr>
<td>5’ 7”</td>
<td>230</td>
<td>243</td>
<td>109</td>
</tr>
<tr>
<td>5’ 8”</td>
<td>237</td>
<td>250</td>
<td>112</td>
</tr>
<tr>
<td>5’ 9”</td>
<td>244</td>
<td>257</td>
<td>115</td>
</tr>
<tr>
<td>5’ 10”</td>
<td>251</td>
<td>265</td>
<td>119</td>
</tr>
<tr>
<td>5’ 11”</td>
<td>258</td>
<td>272</td>
<td>122</td>
</tr>
<tr>
<td>6’ 0</td>
<td>265</td>
<td>280</td>
<td>126</td>
</tr>
<tr>
<td>6’ 1”</td>
<td>273</td>
<td>288</td>
<td>129</td>
</tr>
<tr>
<td>6’ 2”</td>
<td>280</td>
<td>296</td>
<td>133</td>
</tr>
<tr>
<td>6’ 3”</td>
<td>288</td>
<td>304</td>
<td>136</td>
</tr>
<tr>
<td>6’ 4”</td>
<td>296</td>
<td>312</td>
<td>140</td>
</tr>
<tr>
<td>6’ 5”</td>
<td>304</td>
<td>321</td>
<td>144</td>
</tr>
<tr>
<td>6’ 6”</td>
<td>312</td>
<td>329</td>
<td>147</td>
</tr>
</tbody>
</table>
## BUILD TABLE (DIABETIC)

<table>
<thead>
<tr>
<th>Height</th>
<th>Maximum Weight (All)</th>
<th>Minimum Weight (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4’ 6”</td>
<td>141</td>
<td>71</td>
</tr>
<tr>
<td>4’ 7”</td>
<td>146</td>
<td>73</td>
</tr>
<tr>
<td>4’ 8”</td>
<td>151</td>
<td>76</td>
</tr>
<tr>
<td>4’ 9”</td>
<td>157</td>
<td>79</td>
</tr>
<tr>
<td>4’ 10”</td>
<td>162</td>
<td>82</td>
</tr>
<tr>
<td>4’ 11”</td>
<td>168</td>
<td>84</td>
</tr>
<tr>
<td>5’ 0”</td>
<td>174</td>
<td>87</td>
</tr>
<tr>
<td>5’ 1”</td>
<td>180</td>
<td>90</td>
</tr>
<tr>
<td>5’ 2”</td>
<td>186</td>
<td>93</td>
</tr>
<tr>
<td>5’ 3”</td>
<td>192</td>
<td>96</td>
</tr>
<tr>
<td>5’ 4”</td>
<td>198</td>
<td>99</td>
</tr>
<tr>
<td>5’ 5”</td>
<td>204</td>
<td>102</td>
</tr>
<tr>
<td>5’ 6”</td>
<td>210</td>
<td>106</td>
</tr>
<tr>
<td>5’ 7”</td>
<td>217</td>
<td>109</td>
</tr>
<tr>
<td>5’ 8”</td>
<td>223</td>
<td>112</td>
</tr>
<tr>
<td>5’ 9”</td>
<td>230</td>
<td>115</td>
</tr>
<tr>
<td>5’ 10”</td>
<td>237</td>
<td>119</td>
</tr>
<tr>
<td>5’ 11”</td>
<td>244</td>
<td>122</td>
</tr>
<tr>
<td>6’ 0”</td>
<td>251</td>
<td>126</td>
</tr>
<tr>
<td>6’ 1”</td>
<td>258</td>
<td>129</td>
</tr>
<tr>
<td>6’ 2”</td>
<td>265</td>
<td>133</td>
</tr>
<tr>
<td>6’ 3”</td>
<td>272</td>
<td>136</td>
</tr>
<tr>
<td>6’ 4”</td>
<td>279</td>
<td>140</td>
</tr>
<tr>
<td>6’ 5”</td>
<td>287</td>
<td>144</td>
</tr>
<tr>
<td>6’ 6”</td>
<td>294</td>
<td>147</td>
</tr>
</tbody>
</table>

## BUILD TABLE (OSTEOPOROSIS)

<table>
<thead>
<tr>
<th>Height</th>
<th>Minimum Weight (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4’ 06”</td>
<td>77</td>
</tr>
<tr>
<td>4’ 07”</td>
<td>80</td>
</tr>
<tr>
<td>4’ 08”</td>
<td>82</td>
</tr>
<tr>
<td>4’ 09”</td>
<td>85</td>
</tr>
<tr>
<td>4’ 10”</td>
<td>88</td>
</tr>
<tr>
<td>4’ 11”</td>
<td>92</td>
</tr>
<tr>
<td>5’ 0”</td>
<td>95</td>
</tr>
<tr>
<td>5’ 1”</td>
<td>98</td>
</tr>
<tr>
<td>5’ 2”</td>
<td>101</td>
</tr>
<tr>
<td>5’ 3”</td>
<td>105</td>
</tr>
<tr>
<td>5’ 4”</td>
<td>108</td>
</tr>
<tr>
<td>5’ 5”</td>
<td>111</td>
</tr>
<tr>
<td>5’ 6”</td>
<td>115</td>
</tr>
<tr>
<td>5’ 7”</td>
<td>118</td>
</tr>
<tr>
<td>5’ 8”</td>
<td>122</td>
</tr>
<tr>
<td>5’ 9”</td>
<td>126</td>
</tr>
<tr>
<td>5’ 10”</td>
<td>129</td>
</tr>
<tr>
<td>5’ 11”</td>
<td>133</td>
</tr>
<tr>
<td>6’ 0”</td>
<td>137</td>
</tr>
<tr>
<td>6’ 1”</td>
<td>140</td>
</tr>
<tr>
<td>6’ 2”</td>
<td>144</td>
</tr>
<tr>
<td>6’ 3”</td>
<td>148</td>
</tr>
<tr>
<td>6’ 4”</td>
<td>152</td>
</tr>
<tr>
<td>6’ 5”</td>
<td>156</td>
</tr>
<tr>
<td>6’ 6”</td>
<td>160</td>
</tr>
</tbody>
</table>
UNACCEPTABLE MEDICAL CONDITIONS

The following is a partial list of medical conditions that may prevent an applicant from functioning independently or place him or her at risk for future loss.

Do Not Submit An Application

A

Ascites, present

ADL Limitation (Activities of Daily Living) any current mental or physical limitation in the Activities of Daily Living is not acceptable:
  - Bathing
  - Toileting
  - Bowel/Bladder control
  - Transferring
  - Dressing
  - Feeding

Adult Day Care use within the past 12 months

AIDS/ARC (Acquired Immune Deficiency Syndrome/AIDS Related Complex)

Alcoholism current or less than 2 years of total abstinence

Alzheimer’s Disease

ALS (Lou Gehrig’s Disease)

Amaurosis Fugax within the past 6 months

Amputation due to disease (e.g., Diabetes or Peripheral Vascular Disease)

Aneurysms, Aortic surgery recommended, untreated Dissecting Aortic Aneurysm, surgical repair within the past 6 months or in combination with any history of Diabetes, Peripheral Vascular Disease, Transient Ischemic Attack

Aneurysms, Cerebrovascular untreated or surgery recommended. Surgery performed within the past 12 months

Angina unstable or episodes at rest (within the past 6 months) or in combination with any history of Congestive Heart Failure within the past 5 years, Diabetes, Cardiomyopathy, Peripheral Vascular Disease or Carotid Artery Surgery

Angioplasty (Coronary Artery) procedure within the past 3 months or in combination with any history of Transient Ischemic Attack, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Pulmonary Hypertension, or post surgical Congestive Heart Failure

Asthma See Emphysema

Ataxia, Cerebellar
Atrial Fibrillation (A-fib) diagnosis of or hospitalization/ER visit within the past 6 months (12 months with Valvular Heart Disease) or in combination with any history of Transient Ischemic Attack

B

Back Surgery within the past 6 months

Bipolar Disorder (Manic Depression)

Blindness with ADL/IADL limitations

Bone Marrow Transplant within the past 5 years

Brain Disorder (Organic Brain Syndrome)

Bronchitis, Chronic See Emphysema

Buerger’s Disease

C

Cancer with metastasis from original site/location within the past 10 years. Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas or Stomach within the past 4 years.

Cardiomyopathy symptomatic or diagnosed within the past 12 months or in combination with any of the following: Angioplasty or Heart Surgery, Angina, Asthma or Chronic Bronchitis, Diabetes, Emphysema/ COPD, Heart Attack

Carotid Artery Surgery within the past 12 months, or in combination with tobacco use within the past 12 months, TIA within the past 5 years (or multiple episodes), or any history of Angina, Heart Angioplasty or Bypass Surgery, Heart Attack, Peripheral Vascular Surgery, Stroke, Aortic Aneurysm, Kidney Transplant, Diabetes

Cellulitis, current. Hospitalized within the past 12 months

Cerebral Vascular Accident (CVA)

Chronic Lymphocytic Leukemia (CLL) diagnosed or treated within the past 2 years.

Chronic Obstructive Pulmonary Disease (COPD) See Emphysema

Cirrhosis of the Liver

Congestive Heart Failure (CHF) symptomatic or diagnosed within the past 12 months or in combination with any of the following within the past 5 years: Angina, Asthma or Chronic Bronchitis, Diabetes, Emphysema/ COPD, Heart Attack or after Angioplasty or Heart Surgery

Coronary Artery Bypass Graft (CABG) within the past 6 months or in combination with any history of Transient Ischemic Attack, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Pulmonary Hypertension, Aortic Aneurysm or post surgical Congestive Heart Failure

Cystic Fibrosis
D

Dementia

Depression hospitalization within the past 2 years, ECT treatment within the past 5 years, more than 3 psychotropic medications, any antipsychotic medication or Depakote use initiated within the past 2 years, history of alcoholism, currently receiving Social Security Disability (SSDI) benefits for any reason.

Diabetes Mellitus, currently treated with insulin, hospitalization within the past 2 years, tobacco use within the past 5 years, or in combination with any history of Congestive Heart Failure within the past 5 years, Transient Ischemic Attack, Amputation due to diabetes, recurrent Skin Ulcerations or Infections, Blindness due to diabetes, Kidney Disease, Cardiomyopathy, Peripheral Vascular Disease, Aortic Aneurysm, Heart Attack, Surgery (Heart or Vascular), Coronary Artery Disease

Dialysis, Kidney (Renal) within the past 2 years

Drug/Chemical Dependency current or within the past 2 years

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g., Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement or Repair within the past 6 months or in combination with Heart Attack within the past 6 months, Arrythmias within the past 6 months, Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Emphysema requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years

Ehlers-Danlos Syndrome

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g., Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement or Repair within the past 6 months or in combination with Heart Attack within the past 6 months, Arrythmias within the past 6 months, Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Emphysema requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years

Ehlers-Danlos Syndrome

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g., Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement or Repair within the past 6 months or in combination with Heart Attack within the past 6 months, Arrythmias within the past 6 months, Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Emphysema requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years

Ehlers-Danlos Syndrome

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g., Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement or Repair within the past 6 months or in combination with Heart Attack within the past 6 months, Arrythmias within the past 6 months, Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Emphysema requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years

Ehlers-Danlos Syndrome

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g., Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement or Repair within the past 6 months or in combination with Heart Attack within the past 6 months, Arrythmias within the past 6 months, Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Emphysema requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years

Ehlers-Danlos Syndrome

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g., Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement or Repair within the past 6 months or in combination with Heart Attack within the past 6 months, Arrythmias withi
the past 12 months, or any history of Cardiomyopathy, Transient Ischemic Attack, post-surgical Congestive Heart Failure

Hodgkin’s Disease and Other Lymphomas if treated within the past 12 months or any ongoing need for chemotherapy or radiation treatment

Home Health Care within the past 12 months

Hospitalization current or anticipated

Huntington’s Disease or other forms of Chorea

Hydrocephalus shunt replacement within the past 2 years, untreated, or with residual functional or cognitive deficits or imbalance resulting in falls

I

IADL Limitations partial or total assistance needed with 2 or more IADLs:

Handling Finances
Shopping
Housework
Taking Medications
Laundry
Using the Telephone
Mobility
Meal Preparation
Transportation

Incontinence bowel, bladder, requiring assistance

K

Kidney (Renal) Dialysis within the past 2 years

Kidney Transplant within 5 years

L

Leukemia (except CLL diagnosed or treated more than 2 years ago) any chemotherapy treatment within the past 3 years

Liver Transplant

Lymphomas if treated within the past 12 months or any ongoing need for chemotherapy or radiation treatment

M

Manic Depression (Bipolar Disorder)

Melanoma, malignant recurrence, nodal involvement or distant metastasis, Ocular Melanoma surgically treated within the past 2 years

Mechanical Appliances use of quad cane, electric stair lift, feeding tube, walker, wheelchair, respirator, kidney dialysis, electric cart or scooter, electric chair, Hoyer lift, hospital bed (if used for medical need not preference) or oxygen

Memory Loss

Mental Disorders Psychosis or Schizophrenia diagnosed or symptomatic within the past 4 years,
hospitalization or ER visits within the past 4 years

**Multiple Sclerosis (MS)**

**Muscular Dystrophy (MD)**

**N**

**Nursing Home Confinement** current or within the past 12 months

**Organ Transplants** except Kidney or Bone Marrow Transplant over 5 years ago

**Organic Brain Syndrome (OBS)**

**Ostomy** (Ileostomy/Colostomy) within the past 6 months or if assistance is required

**Oxygen Use** within the past 12 months

**P**

**Paralysis/Paraplegia** with ADL/IADL limitations

**Parkinson’s Disease**

**Pericarditis** current or untreated, or treated with anti-inflammatories within the past 6 months or surgery within the past 12 months, or caused by Cancer, HIV/AIDS, Rheumatoid Arthritis, or Scleroderma

**Psychosis** diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

**R**

**Renal Failure, Chronic** dialysis within the past 2 years

**Rheumatoid Arthritis** history of joint replacement, associated spinal fracture, or use of cytotoxic agents (e.g., Imuran, Cytoxan)

**S**

**Schizophrenia** diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

**Senility/Dementia**

**Skin Ulcers** within the past 2 years or in combination with a history of diabetes

**Sleep Apnea** with the beginning use of CPAP within the past 3 months, or recommended but not used, or in combination with any history of Pulmonary Hypertension

**Spinal Cord Injury** with ADL/IADL limitations

**Stroke**
**Surgery** if procedure has taken place within:

- Back/Spine: 6 months
- Coronary Artery Graft Bypass: 6 months*
- Coronary Artery Angioplasty: 3 months*
- Endarterectomy (Carotid or Femoral): 12 months*
- Heart Valve Replacement or Repair: 6 months
- Hip or Knee Replacement/Fracture (12 months with Ankylosing Spondylitis): 3 months
- Other Major Surgery: 3 months

*Not acceptable if diabetic

*Surgery that is projected or recommended is not acceptable, including elective surgery (except cataract).

**T**

**Transient Ischemic Attack (TIA)** within the past 5 years or multiple episodes, or in combination with Carotid Artery surgery within the past 12 months, or any history of Aortic Aneurysm repair, Atrial Fibrillation, Brain Aneurysm, Cardiomyopathy, Diabetes, Heart Attack, Heart Valve Disease, Peripheral Vascular Disease, Polycythemia, Heart Surgery

**Tuberculosis (TB)** active pulmonary infection under current treatment or in combination with any history of Congestive Heart Failure

**V**

**Vertigo or Syncope** cause unknown within the past 6 months or multiple episodes within the past 12 months

**W**

**Walker Use**

**Wernicke-Korsakoff Syndrome**

**Wheelchair Use**
The following medications denote a significant underlying disease. 

Do not take an application if your client is taking any of the following medications:

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antabuse</td>
<td>disulfiram</td>
</tr>
<tr>
<td>Aricept</td>
<td>donepezil hcl</td>
</tr>
<tr>
<td>Betaseron (if for MS)</td>
<td>interferon beta 1b</td>
</tr>
<tr>
<td>Campral</td>
<td>acamprosate calcium</td>
</tr>
<tr>
<td>Cogentin</td>
<td>benztropine mesylate</td>
</tr>
<tr>
<td>Cognex</td>
<td>tacrine</td>
</tr>
<tr>
<td>Copaxone (if for MS)</td>
<td>glatiramer acetate</td>
</tr>
<tr>
<td>Depade</td>
<td>naltrexone</td>
</tr>
<tr>
<td>Exelon</td>
<td>ravastigmine</td>
</tr>
<tr>
<td>Hydergine</td>
<td>ergoloid mesylate</td>
</tr>
<tr>
<td>Any</td>
<td>interferon</td>
</tr>
<tr>
<td>Larodopa (if for Parkinson’s Disease)</td>
<td>levodopa</td>
</tr>
<tr>
<td>L-Dopa (if for Parkinson’s Disease)</td>
<td>levodopa</td>
</tr>
<tr>
<td>Namenda</td>
<td>memantadine</td>
</tr>
<tr>
<td>Parlodel (if for Parkinson’s Disease)</td>
<td>bromocriptine</td>
</tr>
<tr>
<td>Permax (if for Parkinson’s Disease)</td>
<td>pergolide</td>
</tr>
<tr>
<td>Razadyne</td>
<td>galantamine hydrobromide</td>
</tr>
<tr>
<td>ReVia</td>
<td>naltrexone</td>
</tr>
<tr>
<td>Sinemet (if for Parkinson’s Disease)</td>
<td>carbidopa/levodopa</td>
</tr>
<tr>
<td>Suboxone</td>
<td>buprenorphine / naloxone</td>
</tr>
<tr>
<td>Symmetrel (if for Parkinson’s Disease)</td>
<td>amantadine</td>
</tr>
<tr>
<td>Vivitrol</td>
<td>naltrexone</td>
</tr>
</tbody>
</table>
APPLICATION CHECKLIST

We’ve developed this checklist to help you ensure that each application is accurately and thoroughly completed with all necessary answers and details. Because the Home Office must telephone or correspond with you and/or your client to obtain any missing information, failure to complete the application will cause delays. Please remember that the application is part of the contract between the company and the policyholder and must be accurately completed.

- Is every question on the application answered?
- Did the applicant accurately answer “No” to the medical criteria that would allow eligibility for the Preferred Health Discount?
- Are complete details given for questions answered “Yes”?
- Are complete details for medical questions provided, including: Diagnosis, date diagnosed, current treatment, medications, current status, name, address and phone number of doctor, and date last seen?
- Have there been any other medical conditions that were not inquired about on the application that have affected the applicant’s health?
- Has the applicant seen any other physicians within the past 3 years? If so, why?
- Has the applicant been hospitalized for any reason within the past 3 years?
- Are all medications listed, including the reason for taking the drug, or what illness the drug is being taken for and how long the applicant has taken the drug?
- Is the Agent’s Report complete?
If you have questions about the information in this guide, please contact the Underwriting Pre-Qualification Line at 1 800 354.6892, Monday-Friday, 6:00 a.m. to 5:00 p.m., Pacific Time.