



INDIVIDUAL LONG-TERM CARE INSURANCE

Underwriting Guide



Metropolitan Life Insurance Company
One Madison Avenue, New York, NY 10010

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For Internal Use Only

The purpose of the MetLife Individual Long-Term Care Underwriting Guide is to provide you with a better understanding of the underwriting process. It is designed to help you determine if an application should be submitted when a certain medical condition is present. The conditions listed represent those conditions most commonly seen during the sales process. For further assistance, we have also included a list of the top ten questions a field underwriter should ask, a height and weight guide, medication reference list and a separate list of conditions which would always be uninsurable. Final decisions are made by the underwriters on a case by case basis.

• Not A Deposit or Other Obligation of Bank • Not FDIC- Insured • Not Insured by Any Federal Government Agency • Not Issued, Guaranteed or Underwritten by Bank or FDIC • Not a Condition to the Provision or Term of any Banking Service or Activity • Policy is an Obligation of the Issuing Insurance Company

Regular Underwriting Requirements

Underwriting is based on a person's medical history, cognitive awareness, ability to perform the Activities of Daily Living and to function independently on a day-to-day basis. Individuals up to and including age 84 are eligible to apply for MetLife's Long-Term Care Insurance policy. The Agent is required to obtain or initiate the following underwriting requirements:

Application

- All applicants are required to complete and sign the application.

Medical records

- Medical records from the primary physician are required on all applicants over age 60.
- Medical records are not required for applicants age 60 and younger, but may be requested at the underwriter's discretion.
- If the applicant has not seen a physician in the last 5 years, please document this in "Part E: Medical Information" of the application, under the heading "Details and Additional Information". This will alert the underwriter to schedule a physical exam at MetLife's expense.
- Medical records should be ordered by the Agent to speed up the process of obtaining the requirements. Instructions for ordering medical records have been given to the individual offices. A copy of the order must accompany the application.

Phone Health Interview

- For applicants ages 55 and younger, phone interviews are not required. However, they may be scheduled at the underwriter's discretion.
- All applicants ages 56-74 require a phone health interview. The call will be initiated by a MetLife Registered Nurse Representative. The interview will last approximately 20-30 minutes, depending on health history, and will be conducted by a Registered Nurse. To save time during the interview please ask your client to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations

Please indicate in Part E of the application the best time (morning, afternoon or evening) to reach your client. Every effort will be made to accommodate your client's preference.

Face-to-Face Interview

- All applicants ages 75-84 receive a face-to-face interview.
- This interview must be conducted in the applicant's home by a Registered Nurse from an agency designated by MetLife.
- The interview will last approximately 45 minutes and will be scheduled by MetLife.

Regular Underwriting Requirements, based on age

Age	55 & Under	56-60	61-74	75+
Application	Yes	Yes	Yes	Yes
Medical Records	Underwriter's Discretion	Underwriter's Discretion	Yes	Yes
Phone Interview	Underwriter's Discretion	Yes Initiated by MetLife	Yes Initiated by MetLife	No
Face-to-Face Health Interview	No	No	No	Yes
Physical Exam (PE) at MetLife's Expense	Underwriter's discretion if no PE within 2 years	Underwriter's discretion if no PE within 2 years	Underwriter's discretion if no PE within 1 year	Underwriter's discretion if no PE within 1 year

Multi-Life Discount Underwriting Requirements

Underwriting is based on a person's medical history, cognitive awareness, ability to perform the Activities of Daily Living and to function independently on a day-to-day basis. Individuals up to and including age 84 are eligible to apply for MetLife's Long-Term Care Insurance policy. The Agent is required to obtain or initiate the following underwriting requirements:

Application

- All applicants are required to complete and sign the application.

For Modified (Full) Applications ONLY

Medical records

- Medical records from the primary physician are required on all applicants over age 65.
- Medical records are not required for applicants age 65 and younger, but may be requested at the underwriter's discretion.
- If the applicant has not seen a physician in the last 5 years, please document this in "Part E: Medical Information" of the application, under the heading "Details and Additional Information". This will alert the underwriter to schedule a physical exam at MetLife's expense.
- Medical records should be ordered by the Agent to speed up the process of obtaining the requirements. Instructions for ordering medical records have been given to the individual offices. A copy of the order must accompany the application.

Phone Health Interview

- For applicants ages 65 and younger, phone interviews are not required. However, they may be scheduled at the underwriter's discretion.
- All applicants ages 66-74 require a phone health interview. The call will be initiated by a MetLife Registered Nurse Representative. The interview will last approximately 20-30 minutes, depending on health history and will be conducted by a Registered Nurse. To save time during the interview please ask your client to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations

Please indicate in Part E of the application the best time (morning, afternoon or evening) to reach your client. Every effort will be made to accommodate your client's preference.

Face-to-Face Interview

- All applicants ages 75-84 receive a face-to-face interview.
- This interview must be conducted in the applicant's home by a Registered Nurse from an agency designated by MetLife.
- The interview will last approximately 45 minutes and will be scheduled by MetLife.

Multi-Life Discount Underwriting Requirements, based on program type

Program Type	Who is Eligible?	Applications	Telephone Interview	Attending Physicians Statement	Face-to-Face Health Interview	Medical Questions
Employee Paid Modified (Full) Underwriting	<ul style="list-style-type: none"> • Employees • Spouses • Defined Family Members 	Modified (Full) Multi-Life Applications	Age 66 & Over or Underwriter's Discretion	Age 66 & Over or Underwriter's Discretion	Age 75 & Over or Underwriter's Discretion	Reduced
Employee Paid Simplified Issue	<ul style="list-style-type: none"> • Actively at Work* Employees Age 65 or Less • Employees • Spouses • Defined Family Members 	Simplified Applications	No	No	No	5 total
Employer Paid Modified (Full) Underwriting	<ul style="list-style-type: none"> • Employees • Spouses • Defined Family Members 	Modified (Full) Multi-Life Applications	Age 66 & Over or Underwriter's Discretion	Age 66 & Over or Underwriter's Discretion	Age 75 & Over or Underwriter's Discretion	Reduced
Employer Paid Simplified Issue	<ul style="list-style-type: none"> • Actively at Work* Employees Age 65 or Less (and their spouses if Employer Paid) • Employees • Spouses • Defined Family Members 	Simplified Applications	No	No	No	5 total
Association	<ul style="list-style-type: none"> • Members • Spouses • Defined Family Members 	Modified (Full) Multi-Life Applications	Age 66 & Over or Underwriter's Discretion	Age 66 & Over or Underwriter's Discretion	Age 75 & Over or Underwriter's Discretion	Reduced

* Employees who work 30 hours or more per week and are W-2 employees qualify as "actively at work".

All guidelines assume the following:

1. Complete recovery, unless otherwise specified.
2. “Stability in Months” means that the applicant has completed treatment and has been both disease and treatment free (including hospitalization), for the specified number of months. If the disease is a chronic one, then “Stability in Months” refers to the number of months that the disease has been successfully managed and controlled without progression, and does not unduly increase the need for long-term care services.
3. No surgery or diagnostic testing is planned or recommended. Any surgery or diagnostic testing to be performed should signal the Agent to postpone taking the application for at least three months after recovery from surgery.
4. No residual impairments, unless otherwise specified.
5. The applicant has no functional limits, and is independent in all Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). That is, they need no assistance, cuing, standby, or other form of supervision from another person to perform the following tasks:

IADLs

Using the Telephone
Managing Finances
Taking Transportation
Shopping
Preparing/Cooking Meals
Laundry
Housework
Taking all Medications

ADLs

Bathing
Dressing
Transferring out of Bed or Chair
Control of Bowel/Bladder (Continence)
Using the Toilet
Eating

6. The applicant is able to walk around, both inside and outside, without the assistance of another person and does not wander or get lost.
7. The applicant does not use either a wheelchair, walker, quad cane or oxygen.
8. The applicant shows no evidence of any Cognitive Impairment, including Alzheimer’s Disease, dementia, or other organic memory or mental health problem which interferes with a person’s ability to think clearly, live safely alone and care for themselves independently. Anyone who requires prompting, cuing or other forms of supervision to perform routine activities is not cognitively intact.
9. The applicant must not be currently residing in a Nursing Home, Assisted Living Facility, or receiving Home Health Care Services or attending Adult Day Care.
10. The applicant is not covered by Medicaid.

The following questions were designed to help you determine whether or not to submit an application, based on the applicant’s health history. Certain medical conditions, conditions in combination, and medications taken should raise red flags regarding an applicant’s potential insurability.

Top ten questions a field underwriter should ask

1. Are you currently being treated for any medical condition? If yes, what is that condition?
2. How often do you see your doctor? When did you last see your doctor?
3. Does your doctor feel your condition is stable? (An example of an unstable condition would be a response such as “My doctor would like to see my blood pressure lower.”)
4. What medications are you currently taking? (Ask to see the bottles, and write down prescription names.) Follow up by asking: “Why are you taking these medications?”
5. Have you had any recent medication changes?
6. Do you see any specialists? If yes, for what reason?
7. Do you have any limitations in activity? How far can you walk without resting or having pain in your extremities? Do you have any difficulty climbing stairs?
8. Do you use an assistive device such as a cane, walker, etc.?
9. Have you had any recent falls? Any falls within the last two years?
10. Do you have any significant illnesses, such as cancer, heart disease, diabetes or any hospitalizations that we have not discussed?

ALERT: Conditions of Concern

- Height and weight ratio particularly in combination with arthritis, diabetes, heart disease, or hypertension
- Tobacco use in combination with heart attack/heart surgery, circulatory disease, or chronic respiratory disease will result in a decline
- Tremors and/or tremulous handwriting
- Combinations of conditions (e.g., the combination of a heart condition with other circulatory problems, diabetes and/or respiratory conditions) may present an increased risk versus having one of these conditions independently and therefore, may lead to a substandard rating or a decline
- Client’s difficulty getting out of the chair or walking across the room

Specific conditions and corresponding questions

The following questions may be appropriate if your client has any of these conditions:

Diabetes (refer to page 25)

1. How long have you had diabetes?
2. Does your doctor feel your blood sugar level is in good control? For how long?
3. What is your blood sugar level or Hbg A1C?
4. What is your height and weight?
5. Do you have any diabetes related complications? (e.g., eye problems directly related to diabetes, kidney problems, circulatory problems, numbness and tingling of the extremities, or non-healing wounds or skin ulcers.)

Hypertension/heart disease

1. Have you had any recent changes in medications?
2. How many medications are you taking?
3. Does your doctor feel your condition is controlled?
4. What was your last blood pressure reading?
5. Do you have any other heart or circulatory problems?

Cognitive impairment

Listen for cues of cognitive impairment throughout your interview. Did the client remember your name and the appointment? Does the client or spouse self-report memory loss? If so, the following questions are appropriate:

1. Have you discussed memory loss with your doctor or family?
2. Have you had any memory testing? Do you have the results of that testing?
3. Do you manage your own finances?
4. Do you drive?
5. Do you do your own shopping?

Arthritis (refer to page 22)

1. What type of arthritis do you have?
2. What joints are affected?
3. Have you had any recent changes or additions to your medications?
4. Have you ever used steroids to treat your arthritis? How much and for how long?
5. Have you had any joint replacements?
6. Do you have any limits in activity as a result of your arthritis? How far can you walk without resting? Do you have any difficulty with stairs?
7. What is your height and weight?

Osteoporosis (refer to page 31)

1. Do you take medication for this?
2. Have you had any recent fractures?
3. Have you had any loss in your height?
4. Has your doctor done any bone density studies? Do you know your T-score level?
5. What is your degree of osteoporosis?

Cancer (refer to page 23)

For any type of cancer other than basal cell skin cancer, squamous cell of the skin or early stage breast or prostate cancer, the client must have gone at least two years without surgery or treatment.

1. What type of cancer did you have?
2. Do you know the stage?
3. Did you have any positive lymph nodes or spread to other areas?
4. What was the last date of treatment or surgery?
5. If prostate cancer, do you know your current PSA?

To speak with an underwriter, contact the appropriate sales line for your distribution channel.

Commonly asked questions

1. What is a TIA?

A TIA is a Transient Ischemic Attack, also known as a mini-stroke. Symptoms last for less than 24 hours and there is no residual impairment. Testing may be negative.

2. What is a PSA?

A PSA is a test used in both cancer of the prostate and benign prostate disease. If test results are known, call the LTC Resource Line. (A biopsy is usually necessary to determine if cancer is present.)

Bear in mind

1. Control and stability are most important in all conditions.
2. Testing or procedures must be completed and results and/or discharge from a doctor is necessary. If client admits to any medical condition in Part A of the application, they are ineligible to apply.
3. Tobacco use also includes use of a smoking deterrent.

Underwriting classifications

MetLife's Individual product offers three underwriting classifications: Preferred, Standard, and Substandard. Our goal is to offer 40% Preferred and 3% Substandard with the remaining policies being issued Standard or Declined.

Preferred

To qualify for this class, the applicant must have:

- No tobacco use – cigarette, cigar, pipe, chewing, etc.
- No history of automatic decline diagnoses
- Normal build
- Ability to perform ADLs and IADLs
- Good cognitive function
- No use of mechanical devices
- No confinement to a medical facility in the recent past (exception might be made for minor surgeries that are resolved)
- Control and stability over any condition that is present

This class is only to be used with conditions that pose little or no risk for long-term care utilization.

Standard

Clearly acceptable according to MetLife's underwriting criteria.

Substandard

Substandard may be offered to those applicants who have not met the stability period or when medical conditions of moderate severity are present. Average acceptance is 2 – 3 percent.

The underwriter will determine if this rating class will require a surcharge to premium and/or modification of benefits. Modifications may include longer waiting period, shorter total lifetime benefit, and/or a smaller daily benefit amount.

Appeal Process

To appeal an underwriting decision, please have your client submit a letter requesting the specific reasons for his/her decline be sent to his/her physician. This letter can be mailed or faxed to our underwriting department at 203-221-3878.

Once the written authorization to release this information is received by our underwriting department, MetLife will then send the reasons for declination to the physician. Your client should consult with his/her physician to review the reasons for decline.

If your client or his/her physician feel that our decision was based upon incorrect or incomplete information, or additional information should be considered, please have him/her forward any supplemental information to the underwriting manager reviewing his/her case. Upon receipt of this information, we will review the entire file and notify you, the Agent, of our decision. It is the responsibility of the Agent to contact his/her client regarding the decision.

Height and weight guide

Within the long-term care industry, height and weight tables are used for the purpose of assessing long-term care service needs. These tables are typically unisex. The following closely corresponds to the current industry trend:

Height	Weight (lbs)
4'11"	85-198
5'0"	88-203
5'1"	91-208
5'2"	93-213
5'3"	97-219
5'4"	100-225
5'5"	103-231
5'6"	106-237
5'7"	109-244
5'8"	113-250
5'9"	116-257
5'10"	120-264
5'11"	123-271
6'0"	127-278
6'1"	130-285
6'2"	134-292
6'3"	138-300
6'4"	143-308
6'5"	147-316
6'6"	150-324

In all cases, careful consideration will be given to the height/weight ratio in combination with certain chronic conditions (e.g., Diabetes Mellitus, Arthritis, Joint Replacements, Emphysema, Heart Disease, etc.). Anyone outside the parameters listed above is considered a high risk LTC service user and will be considered on an individual basis.

Medications commonly associated with uninsurable conditions

Any medication taken by an applicant is significant, and should be reported on the application.

The following medications, if currently taken for the condition specified, indicate fairly significant health problems, which are typically uninsurable. When any of the following medications are currently being used for the condition specified, or have been used within three months for the condition specified, an application should not be completed.

Drug	Condition
Adriamycin	Cancer
Akineton	Parkinson's Disease
AL-721	AIDS/ARC/HIV
Aricept	Memory Loss
Artane	Parkinson's Disease
AZT	AIDS/HIV
Baclofen	Multiple Sclerosis
Betaseron	Multiple Sclerosis
Blenoxane	Cancer
Capaxone	Multiple Sclerosis
Cogentin	Parkinson's Disease
Cognex	Memory Loss
Cytosan	Cancer
d4T	AIDS/ARC
Dantrium	Multiple Sclerosis
Depo-Provera	Cancer
Dopar	Parkinson's Disease
Doxorubicin	Cancer
Eldepryl	Parkinson's Disease
Ergamisol	Cancer
Ergoloid Mesylate	Memory Loss
Eulexin	Cancer
Exelon	Memory Loss
Foscarnet	AIDS/ARC/HIV
Ganite	Cancer
Geodon	Psychiatric
Haldol	Major Mental Disorder

Continued on next page

*Medications commonly associated
with uninsurable conditions (con't)*

Drug.....	Condition
Hexalen	Cancer
Hydergine	Memory Loss
Hydrea	Cancer
Kenadrin	Parkinson's Disease
Larodopa	Parkinson's Disease
Levsin	Parkinson's Disease
Megace	Cancer
Mestinon	Myasthenia Gravis
Mutamycin	Cancer
Myleran	Cancer
Myrochrysine	Arthritis
Navane	Psychiatric
Neosar	Cancer
Neupogen	Cancer
Parlodel	Parkinson's Disease
Permax	Parkinson's Disease
Platinol	Cancer
Plavix	Cerebral Vascular Disease
Prostigmin	Myasthenia Gravis
Prolixin	Psychiatric
Reminyl	Memory Loss
Ridaura	Arthritis
Risperdal	Psychiatric
Roferon	AIDS/ARC/HIV
Seroquel	Psychiatric
Sinemet	Parkinson's Disease
Solganal	Arthritis
Symmetrel	Parkinson's Disease
Tace	Cancer
Tacrine	Memory Loss
Teslac	Cancer
Ticlid	Cerebral Vascular Disease
Wellferon	HIV
Zidovudine	AIDS
Zofran	Cancer
Zoladex	Cancer
Zyprexa	Psychiatric

Steroids — more than 5 mg taken on an ongoing basis is cause for decline.

The following is a list of the most common singular conditions/ diagnoses, limitations or living situations that would cause an applicant to be uninsurable. Applications should not be taken on an individual with one or more of these conditions. This list is meant to serve as a general guide and not meant to be all-inclusive.

Unacceptable diagnoses/conditions

Acquired Immune Deficiency Syndrome (AIDS)
ADL Limitations
Adult Day Care (current use)
AIDS Related Complex (ARC)
Alzheimer's Disease
Amputation (due to disease)
Amyotrophic Lateral Sclerosis (ALS)
Assisted Living Facility (current use)
Ataxia (any form)
Chronic Organic Brain Syndrome (OBS)
Cirrhosis of the Liver
CREST Syndrome
Cystic Fibrosis
Decubitus Ulcers (Bed Sores)
Dementia
Demyelinating Disease
Dialysis - Hemodialysis or Peritoneal
Ehler's-Danlos Syndrome
Esophageal varices
Hepatitis, Chronic
Hepatitis C
HIV Positive
Home Health Care (current use)
Hospitalization (currently in hospital or anticipated admission)
Marfan's Syndrome
Medical Equipment (current use of Hoyer Lift, motorized cart, walker, quad cane wheelchair or respirator)
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Neurogenic Arthropathy (Charcot Joint)
Neurogenic Bladder
Nursing Home (currently residing)
Oxygen Use
Parkinson's Disease
Polymyositis
Portal Hypertension
Postero-Lateral Sclerosis
Progressive Muscular Atrophy
Progressive Systemic Sclerosis
Psychiatric Disorders with recent or multiple hospitalizations
Renal Failure/Renal Insufficiency (chronic)
Schizophrenia
Scleroderma, active
Senility (all forms)
Spinal Muscle Atrophy
Transplant (organ)
Vasculitis (all forms)

Underwrite Cause/Underwrite Cause and Result

The underwriter will look for the reason (the specific illness or injury) underlying the impairment and use those underwriting guidelines to rate the applicant.

Medical Abbreviations

ADLs	Activities of Daily Living
BUN	Blood Urea Nitrogen
CR	Complete Recovery. Applicant has recovered from the illness or injury, and now has no functional impairments or complications as a result of the condition.
CVA	Cerebrovascular Accident (also known as Stroke)
DME	Durable Medical Equipment, such as a walker, cane, wheelchair, oxygen, etc.
ER	Emergency Room
ETT	Exercise Tolerance Test (also known as Stress Test)
GI	Gastrointestinal
IADLs	Instrumental Activities of Daily Living
IC	Individual Consideration
MI	Myocardial Infarction (also known as Heart Attack)
NOC	Not Otherwise Classified
NRI	No Residual Impairments. Similar to CR, but meant to point out to the Agent that this is the type of diagnosis where residual impairments are likely, so that the Agent will pay special attention to this area.
PSA	Prostate Specific Antigen, a blood test that screens for Prostate Cancer
PT	Physical Therapy
RO	Rule Out. That is, to be sure that the illness or injury you are concerned about has been ruled out, or not found, before the application is taken.
TIA	Transient Ischemic Attack (also known as Mini-Stroke). Temporary interference with blood flow to the brain. May be a precursor to a Stroke.

The following list of medical conditions is intended to give you a general idea of whether your client may be insurable. The “stability in months” column is meant to represent the number of months a person has been both disease and treatment free, or if chronic, the number of months the disease or limitation has been successfully managed without progression. Cases where multiple conditions or limitations are present will require individual consideration.



ACOUSTIC NEUROMA

A benign tumor of the auditory cranial nerve.
Surgical or radiation treatment, now resolved and stable.

ADL LIMITATION

Assistance needed with one or more Activities of Daily Living.

ADDISON'S DISEASE

Adrenal insufficiency.
Treated with Prednisone (< 5 mg/day);
hydrocortisone; cortisone; or dexamethasone
Hospitalization for adrenal crisis
Co-existing hypotension or diabetes

ADULT DAY CARE

Current use of an Adult Day Care Center.

AIDS, ARC

Acquired Immune Deficiency Syndrome/AIDS related complex.

ALCOHOLISM

Treated and abstinent
Untreated

ALZHEIMER'S DISEASE/DEMENTIA

Memory loss; deterioration of intellectual function.

AMAUROSIS FUGAX

Temporary interference with blood-flow to the brain. Mini-Stroke.

AMPUTATION

Due to trauma, single limb, independent in ADLs
Due to trauma, multiple limbs
Due to disease

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)

A degenerative neurological disorder marked by progressive muscular weakness and atrophy.

ANEMIA

Blood condition, symptomatic of various diseases.
Cause unknown
Chronic blood loss
Cause Known, Corrected
Cause Unknown, Uncorrected
Iron Deficiency, corrected
Pernicious with B12 injections, no neurological impairment
Sickle Cell
Anemia, not classified

6 months/Standard

Uninsurable

12 months/Standard
Uninsurable
Uninsurable

Uninsurable

Uninsurable

24 months/Standard
Uninsurable

Uninsurable

Uninsurable

6 months/Standard
Uninsurable
Uninsurable

Uninsurable

Uninsurable

3 months/Standard
Uninsurable
3 months/Standard
3 months/Standard
Uninsurable

Individual Consideration

ANEURYSM

Abnormal dilation of a blood vessel.
Abdominal
Operated
Unoperated
Thoracic
Operated
Unoperated
Cerebral
Operated
Unoperated

ANGINA

Severe pain and constriction in region of the heart.
Asymptomatic
Symptomatic, unstable or current cigarette use

ANGIOPLASTY

Dilating a blood vessel with a balloon or through a surgical procedure.
No current symptoms
Symptoms continue or cigarette use

ANXIETY

Controlled with medications, no hospitalization,
no residual impairment
Panic attacks and/or anxiety that causes functional disability
or required hospitalization

ARRHYTHMIA

Irregular heartbeat.
Mild, controlled with medication
Atrial fibrillation, single episode, controlled, non-smoker
Chronic atrial fibrillation, asymptomatic, controlled with meds,
non-smoker
Chronic atrial fibrillation with recent hospitalization,
Diabetes, or current smoker, TIA
Defibrillator implanted (AICD)

ARTERIOSCLEROTIC HEART DISEASE (ASHD)

(See Coronary Heart Disease)

ARTERITIS (Thromboangitis Obliterans, Buerger's Disease, Temporal, Giant Cell)

Inflammation of an artery.
Asymptomatic, completely resolved and no residual
impairments (steroids 5 mg or less may be considered)

3 months/Standard
6 months/Standard

6 months/Standard
Uninsurable

12 months/Standard
Uninsurable

6 months/Standard
Uninsurable

3 months/Standard
Uninsurable

6 months/Standard

24 months/Standard

3 months/Standard
12 months/Standard
12 months/Standard

Uninsurable
Uninsurable

12 months/Standard

ARTHRITIS

Inflammation of the joints.

Mild osteoarthritis, no medications, no functional limits, asymptomatic

Mild/moderate osteoarthritis or rheumatoid arthritis, prescription medications, no functional limits, no joint deformities, single point cane used only outside

Severe osteoarthritis or rheumatoid arthritis, requires medical equipment or functional limits or continual steroid use or surgery recommended

ASBESTOSIS

Lung Disease.

ASSISTED LIVING FACILITY

Currently residing in facility.

ASTHMA

Mild, controlled with medication, non-smoker, no continual oral steroids

Moderate, controlled with medication, oral steroids 5 mg or less per day, non-smoker

Severe-frequent exacerbation's, smoking, oral steroid therapy (more than 5 mg per day, oxygen dependent functional limits), tobacco use

ATAXIA

Defective Muscular Coordination.

ATRIAL-VENTRICULAR (A-V) HEART BLOCK

First or second degree, no surgery recommended

Complete block, pacemaker inserted

B

BACK DISORDERS

Degenerative Disc Disease, no functional limits

Chronic Back Pain, no functional limits, reasonable medication

Treated w/ a controlled substance, minimal functional limits

Herniated Disc, Pinched Nerve, Sciatica

Spinal Stenosis

Unoperated, completely resolved, no residual impairments

Operated, completely resolved, no residual impairments

Functional Limits

Scoliosis

Incidental finding, no functional impairment

Functional limits

BELL'S PALSY

Unilateral facial paralysis.

No residual impairments

0 months/Preferred

6 months/Standard

Uninsurable

Underwrite Cause

Uninsurable

6 months/Standard

6 months/Standard

Uninsurable

Uninsurable

6 months/Standard

6 months/Standard

6 months/Standard

6 months/Standard

Individual Consideration

3 months/Standard

3 months/Standard

6 months/Standard

Uninsurable

0 months/Standard

Uninsurable

0 months/Standard

BLINDNESS

No functional limits

Successful adaptation to visual loss

Significant loss and progression

BRONCHIECTASIS

Chronic dilatation of bronchi, usually with a secondary infection.

Single episode, completely resolved, no current treatment

Current treatment, symptoms, tobacco use

BRONCHITIS

Inflammation of mucous membranes of the bronchial tubes.

Acute, completely resolved

Chronic (see Asthma)

BYPASS GRAFT

Heart or Vascular Surgery.

Heart, limbs

Tobacco Use

C

CANCER

Treatment completed, no positive nodes at time of diagnosis, no metastasis

Metastasis, but disease free

Breast, early stage (stage 1), treatment or surgery completed, no positive nodes, no metastasis

Breast, treatment completed, no positive nodes, no metastasis, continued treatment with Tamoxifen

Breast, treatment completed, disease free, with positive nodes found at time of diagnosis

Prostate, over age 65, early stage (stage 1 or 2), treatment or surgery completed, no positive nodes, no metastasis, with a Gleason score of 7 or below

Skin, basal cell carcinoma

Skin, squamous cell

Cancer in situ

CARDIOMYOPATHY

Disease of the heart muscle.

Chronic, symptomatic or progressive

CAROTID ARTERY DISEASE

Operated, endarterectomy

Unoperated, partial obstruction less than 50%, stable, no symptoms, no history of TIA

Symptomatic, or current smoker

0 months/Standard

6 months/Standard

Uninsurable

24 months/Standard

Uninsurable

0 months/Standard

6 months/Standard

Uninsurable

24 months/Standard

10 years/Standard

12 months/Standard

24 months/Standard

7-10 years dependent on grade of tumor/Standard

12 months/Standard

0 months/Preferred

0 months/Standard

0 months/Standard

Uninsurable

6 months/Standard

6 months/Standard

Uninsurable

Medical condition/definition

CARPAL TUNNEL SYNDROME

Soreness and weakness of the thumb and wrist.
No residual impairments

CEREBRAL PALSY

Paralysis from developmental brain defects or trauma at birth.
No functional limits, successful adaptations

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Chronic lung disease (see Emphysema).

CHRONIC NEUROLOGICAL DISEASE

CIRRHOSIS OF THE LIVER

Chronic liver disease.

COLITIS, CROHN'S OR ULCERATIVE

Inflammation of the colon.
Controlled with medication, low dose steroid acceptable (5 mg or less per day)
Uncontrolled, or oral steroids (more than 5 mg per day)
Irritable bowel syndrome, diverticulitis

COLOSTOMY OR ILEOSTOMY

Independent in care

CONGESTIVE HEART FAILURE

Single episode, resolved, not currently treated
Chronic or multiple episodes, controlled with medications

CONNECTIVE TISSUE DISEASE

CORONARY HEART DISEASE (CAD, ASHD)

Decreased flow of blood to the heart muscle.
Asymptomatic, controlled with medication
Symptomatic, frequent medication changes, frequent hospitalizations or surgery planned
Tobacco use

CROHN'S DISEASE

(See Colitis)

D

DEMENTIA

Progressive impairment of intellectual function.

DEMYELINATING DISEASE (Guillain-Barre Syndrome)

Progressive muscle weakness of extremities, may lead to paralysis.

Stability in months/rating

0 months/Preferred

0 months/Standard

Underwrite according to diagnosis

Uninsurable

12 months/Standard
Uninsurable
6 months/Standard

Underwrite cause

12 months/Standard
Uninsurable

Underwrite according to specific diagnosis

3 months/Standard

Uninsurable
Uninsurable

Uninsurable

Uninsurable

Medical condition/definition

DEPRESSION, MAJOR DEPRESSION, OR BIPOLAR

Situational, recovered, no treatment
Stable medication dose, no electric shock therapy, no hospitalization in 2 years, no functional limits or cognitive impairments
Hospitalized, or signs of functional or cognitive impairment
Bipolar diagnosis within the last 5 years
Current treatment with a psychiatric medication

DIABETES

Controlled with blood sugar less than 180, no complications such as vascular disease, retinopathy, neuropathy, kidney disease or significant heart disease
With complications or frequent medication changes in last 12 months
Uncontrolled blood sugar more than 180
Elevated A1C

DIALYSIS, HEMODIALYSIS OR PERITONEAL

DIZZINESS/VERTIGO

Acute viral labyrinthitis, completely resolved, no residual impairments
Meniere's disease
Cause unknown, asymptomatic, no co-existing neurological impairment, negative work-up, completely resolved, no residual impairments
Cause unknown, ongoing problem

DRUG ABUSE

Treated, with current abstinence
Untreated

E

EDEMA

Localized swelling.

EMPHYSEMA

Chronic Lung Disease.
No medications, present on x-ray or physician diagnosis, no tobacco use
Mild, no symptoms, one to two inhalers
Symptomatic, treatment or tobacco use

ENCEPHALITIS, INFECTIOUS

Inflammation of the brain.
No functional limits, no cognitive impairment

ENDOCARDITIS, INFECTIOUS

Inflammation of the lining membrane of the heart.
Single episode, resolved, stable

Stability in months/rating

3 months/Preferred

12 months/Standard
Uninsurable
Uninsurable
Uninsurable

6 months/Standard
Uninsurable
Uninsurable
Uninsurable

Uninsurable

3 months/Preferred
3 months/Standard

6 months/Standard
Uninsurable

24 months/Standard
Uninsurable

Underwrite Cause

0 months/Standard
12 months/Standard
Uninsurable

3 months/Standard

6 months/Standard

Medical condition/definition

EPILEPSY

Seizure disorder.
Well controlled
Uncontrolled

ESOPHAGEAL STRICTURE

A narrowing or constriction of the esophagus.

ESOPHAGEAL VARICES

Swollen, twisted veins in the esophagus, usually secondary to cirrhosis of the liver.

F

FALLS

History of multiple falls, no functional limits, no fractures

FIBROMYALGIA

Muscle inflammation; pain, tenderness and stiffness in joints.
No functional limits

FRACTURES

Broken bones.
Extremities, non-weight bearing, no functional impairment, condition resolved
Extremities, weight-bearing, no functional impairment, condition resolved
Functional disability
Skull, accident, completely resolved, no residual impairment
Vertebral, due to accident, no functional limits
Vertebral, due to osteoporosis, Paget's disease

G

GALLBLADDER DISEASE

Operated or unoperated, resolved

GLAUCOMA

Disease of the eye, can lead to blindness.
Controlled, no residual impairments

GOUT

Joint inflammation (see Arthritis).

GUILLAIN BARRE SYNDROME

Progressive muscular weakness of extremities; may lead to paralysis.
Completely resolved, no residual impairment
With residual impairment

Stability in months/rating

12 months/Standard
Uninsurable

6 months/Standard

Uninsurable

Individual Consideration

6 months/Standard

3 months/Standard

6 months/Standard
Uninsurable

12 months/Standard
6 months/Standard
Uninsurable

0 months/Preferred

0 months/Preferred

0 months/Standard

6 months/Standard
Uninsurable

Medical condition/definition

H

HEAD INJURY

Completely resolved, no residual impairment
With residual impairment

HEADACHE

Treated with conservative therapy, non-limiting
Routine narcotic maintenance

HEART ATTACK (Myocardial infarction)

Asymptomatic, completely resolved
Tobacco Use

HEART DISEASE

HEART SURGERY

(see Angioplasty, Bypass graft, Heart Valve Replacement)
Tobacco use

HEART VALVE DISEASE

Asymptomatic, controlled with medication
Symptoms or functional impairment

HEART VALVE REPLACEMENT

Operated

HEMOCHROMATOSIS (Bronze Diabetes)

A disease of iron metabolism; iron accumulates in body tissues.
Controlled with phlebotomy no more than every 3 months

HEPATITIS

Inflammation of the liver.
Any chronic liver disease or Hepatitis C
B carrier
A or B Hepatitis identified/treated; no residual disease,
no functional limits

HERNIATED INTERVERTEBRAL DISC

(See Back Disorders)

HIATAL HERNIA

Hernia of the stomach.
Controlled without complications

Stability in months/rating

12 months/Standard
Uninsurable

6 months/Preferred
Individual Consideration

6 months/Standard
Uninsurable

Underwrite according
specific diagnosis

Uninsurable

6 months/Standard
Uninsurable

6 months/Standard

12 months/Standard

Uninsurable
Individual Consideration

12 months/Standard

0 months/Preferred

Medical condition/definition

HIGH BLOOD PRESSURE (Hypertension)

Controlled with one medication

Controlled with more than one medication

Uncontrolled/Readings more than 170/95

HIV

HODGKIN'S DISEASE

Enlargement of lymph tissue, spleen and liver.

Disease free, treatment free

HOME HEALTH CARE

Currently receiving services.

HUNTINGTON'S CHOREA

A progressive disease of the central nervous system.

I

IMBALANCE; GAIT DISTURBANCE

IMMUNE DEFICIENCY DISORDER

Suppressed immune system.

IMMUNE SYSTEM DISORDERS

INCONTINENCE

Loss of sphincter muscle control.

Stress, independent in care

Neurogenic bladder; use of catheter (internal or Texas)

Any social or functional limits

Bowel

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

(See Guideline Assumptions, p. 6, for complete list.)

Assistance with less than two

Assistance with two or more, due to cognitive or medical conditions

J

JOINT REPLACEMENT (hip, knee, shoulder)

Physical Therapy completed, completely resolved, no residual impairment, no walker, quad cane or wheelchair

With complications, symptoms or functional impairment

Surgery recommended but not done

Stability in months/rating

3 months/Preferred

3 months/Standard

Uninsurable

Uninsurable

24 months/Standard

Uninsurable

Uninsurable

Underwrite Cause

Uninsurable

Underwrite Cause

3 months/Standard

Uninsurable

Uninsurable

Uninsurable

Individual Consideration

Uninsurable

6 months/Standard

Uninsurable

Uninsurable

Medical condition/definition

K

KIDNEY DISEASE

Acute, single occurrence, completely resolved

Chronic or frequent episodes, dialysis

KIDNEY STONES

Small granular mass present in the kidney.

Unoperated or operated, completely resolved

KNEE DISORDER/SURGERY (Arthroscopy)

No functional limits

L

LEUKEMIA

A chronic or acute blood disease.

Treatment free, stable platelet count

LEUKOPENIA

Abnormal decrease of white blood cells.

LUPUS

Connective Tissue Disease.

Discoid, inactive, no evidence of systemic disease

Systemic Lupus (SLE)

LYME DISEASE

Recurrent inflammatory disorder characterized by fever, fatigue, malaise, headache, and a stiff neck.

Acute infection, now fully resolved

Complications of disease or functional limits

LYMPHOMA, NON-HODGKIN'S

Growth of new tissue in the lymphatic system.

Disease free, treatment free

M

MACULAR DEGENERATION

Stable, no progression, no functional limits

MANIC-DEPRESSION

(See Depression)

MEDICAL EQUIPMENT (Current Use)

Single point cane; brace

Hoyer Lift, Motorized Cart or device, Walker, Wheelchair,

Quad Cane, Respirator

Stability in months/rating

6 months/Standard

Uninsurable

3 months/Standard

3 months/Standard

24 months/Standard

Underwrite Cause

6 months/Standard

Uninsurable

6 months/Standard

Uninsurable

24 months/Standard

6 months/Standard

Individual Consideration

Uninsurable

Medical condition/definition

MEMORY LOSS/FORGETFULNESS

Memory loss now resolved

With history of depression or anti-depressant medications, functional impairments, neurological work-up or progression

MENIERE’S DISEASE

Recurrent and progressive symptoms include ringing in ears and dizziness.

Treated

MULTIPLE SCLEROSIS

An inflammatory disease of the central nervous system.

MUSCULAR DYSTROPHY

Progressive muscle atrophy.

MYASTHENIA GRAVIS

Progressive muscular weakness and fatigue.

In remission for 7 years



NARCOLEPSY

Chronic, recurrent attacks of drowsiness and sleep.

Controlled, with or without medication

NEPHRECTOMY, UNILATERAL

Removal of a kidney.

Rule out Cancer, no residual impairments, normal blood work

NEPHRITIS, GLOMERULONEPHRITIS

Inflammation of the kidney (see Kidney Disease).

NEUROGENIC ARTHROPATHY (Charcot’s Joint)

NEUROGENIC BLADDER

NEUROPATHY

A disease of the nerves.

Non-progressive, no functional limits

Progressive or due to Diabetes or Alcoholism

NURSING HOME

(Current use)



ORGANIC BRAIN SYNDROME

Acute and chronic mental disorders; brain damage.

OSTEOARTHRITIS

(See Arthritis)

Stability in months/rating

Individual Consideration

Uninsurable

3 months/Standard

Uninsurable

Uninsurable

Individual Consideration

6 months/Standard

6 months/Standard

Uninsurable

Uninsurable

6 months/Standard

Uninsurable

Uninsurable

Uninsurable

Medical condition/definition

OSTEOMYELITIS

Bone infection.

No functional limits, complete recovery

Chronic, active

OSTEOPOROSIS

Bone loss.

Asymptomatic, no fractures, no functional limits

Compression fractures, symptomatic or with functional limits

Severe Osteoporosis

OXYGEN USE



PACEMAKER

(See Atrial-Ventricular Block)

PAGET’S DISEASE

Chronic inflammation of bones — can lead to bowing.

Asymptomatic, no fractures, no residual impairment

Severe disease, pathologic fractures, peripheral nerve compromise

PANCREATITIS

Inflamed pancreas.

Acute, completely resolved

Chronic, recurrent

PARALYSIS/PARESIS

Loss of voluntary function.

No functional limitations

PARAPLEGIA

Paralysis of lower portion of the body, and of both legs.

PARKINSON’S DISEASE

Chronic nervous disease; tremors, muscular weakness, peculiar gait.

PERICARDITIS

Inflammation of the sac enclosing the heart.

No heart impairment, completely resolved

PERIPHERAL NEUROPATHY

Disease of the peripheral nerves.

Non-progressive, no functional limits

Progressive or due to Diabetes or Alcoholism

Stability in months/rating

12 months/Standard

Uninsurable

0 months/Standard

Uninsurable

Uninsurable

Uninsurable

0 months/Standard

Uninsurable

0 months/Standard

Uninsurable

Underwrite Cause

Uninsurable

Uninsurable

6 months/Standard

6 months/Standard

Uninsurable

Medical condition/definition**PERIPHERAL VASCULAR DISEASE**

Disease of the arteries and veins of the extremities — interferes with adequate flow of blood to and from the extremities.
 Good pulses, non-smoker, no claudication, no functional limits
 No pulses, claudication or skin ulcers, smoking or limitations

PLATELET DISORDERS

Reduced or increased platelet counts.

PNEUMONIA

Inflammation of the lungs caused primarily by bacteria, viruses, or chemical irritants.
 Single episode, completely resolved

POLIO

An acute viral disease, may lead to subsequent atrophy of muscle groups.
 Minimal residual, no functional limits
 Evidence progressive muscle weakness, lower extremities
 Post Polio Syndrome

POLYCYTHEMIA, ESSENTIAL THROMBOCYTOSIS

An excess of red blood cells.
 Primary
 Asymptomatic
 History of TIA
 Secondary

POLYCYTHEMIA VERA

A chronic, life-shortening bone-marrow disorder.
 Stable hemoglobin and hematocrit; treatment with aspirin or dipyridamole
 History of TIAs, congestive heart failure, neurologic complaints, or current treatment with hydroxyurea, 32 P

POLYMYALGIA RHEUMATICA (PMR)

Muscle pain in shoulder and hip, with no sign of inflammatory arthritis or muscle disease. Occurs mostly in 50+ year-olds, and 4 times as likely in women.
 No continued steroids, completely resolved, no residual impairment
 Currently receiving treatment, no related medical problems, no functional limits, no symptoms, steroids 5 mg or less
 12 months stability

POLYMYOSITIS

Connective tissue disease.

POLYPS

Tumor
 Benign, completely resolved

Stability in months/rating

3 months/Standard
 Uninsurable

Underwrite Cause

3 months/Preferred

0 months/Standard
 Uninsurable
 Uninsurable

12 months/Standard
 Uninsurable
 Underwrite Cause

12 months/Standard

Uninsurable

6 months/Standard

Individual Consideration
 Standard

Underwrite Cause

3 months/Standard

Medical condition/definition**PORTAL HYPERTENSION**

Increased blood pressure due to an obstructed liver.

PROSTATIC HYPERTROPHY, BENIGN (BPH)

Enlarged prostate, not due to tumor.
 No obstructive symptoms, normal PSA (Prostate Specific Antigen)
 Surgery, completely resolved, normal PSA

PSYCHIATRIC DISORDERS

(Refer to the specific diagnosed Condition)

PULMONARY EMBOLI

Obstruction of the pulmonary artery or one of its branches.
 Completely resolved, no residual impairments

**RAYNAUD'S DISEASE**

(See Lupus)

RESPIRATORY DISEASE

Diseases that interfere with ventilation of lungs/breathing, causing pulmonary insufficiency.
 Not otherwise classified, completely resolved, no residual impairment
 Severe — frequent exacerbation, oxygen dependent, activity restriction or tobacco use

RETINAL DETACHMENT AND/OR HEMORRHAGE

Separation of the inner layer of the retina, leading to loss of function.
 Non-Diabetic, complete recovery
 With Diabetes

RHEUMATOID ARTHRITIS

(See Arthritis)

**SARCOIDOSIS**

Granular tumor/lesions affecting body organs and tissues.
 Single episode
 Systemic disease, symptoms, smoking or ongoing treatment

SCHIZOPHRENIA**SCIATICA**

(See Back Disorders)

Stability in months/rating

Uninsurable

0 months/Preferred
 3 months/Standard

Underwrite Cause

Underwrite Cause

6 months/Standard

Uninsurable

6 months/Standard
 Uninsurable

24 months/Standard
 Uninsurable

Uninsurable

Medical condition/definition

SCLERODERMA

Chronic disease of the skin and certain organs.

SCOLIOSIS

(See Back Disorders)

SEIZURE DISORDER

(See Epilepsy)

SENILITY

(See Alzheimer’s Disease/Dementia)

SJOGREN’S SYNDROME

Syndrome in post-menopausal women.

SLEEP APNEA

Short cessation of breathing during sleep.

Mild, no functional limits

CPAP, surgery, full recovery, no complications

Combined with significant cardiac or respiratory conditions

Exceeds height/weight ratio

SPINAL CORD DISORDERS

SPINAL MUSCLE ATROPHY

SPINAL STENOSIS

(See Back Disorders)

STROKE (Cerebrovascular Accident — CVA)

Brain hemorrhage, sudden loss of consciousness followed by paralysis.

Stroke with residual impairment, or in combination with diabetes,

circulatory or heart disease, or tobacco use

All others

SUBARACHNOID HEMORRHAGE/INTERCRANIAL BLEEDING

Brain hemorrhage/bleeding.

SURGERY

Any anticipated or recommended “major” surgery.

SYNCOPE

Fainting

Cause known

Cause unknown, single episode

Multiple episodes

Stability in months/rating

Uninsurable

Uninsurable

Individual Consideration

3 months/Standard

6 months/Standard

Uninsurable

Individual Consideration

Uninsurable

Uninsurable

Uninsurable

5 years/Individual Consideration

Underwrite Cause

Postpone application until surgery and recovery complete, with resolution of any functional limitations

Underwrite Cause/Standard

12 months/Standard

Uninsurable

Medical condition/definition

T

THROMBOBPHLEBITIS, SUPERFICIAL, WITH NO ULCERS

Inflammation of a vein, associated with blood clot.

THROMBOCYTOPENIA (Idiopathic Thrombocytopenia Purpura or ITP)

Abnormal decrease in the number of blood platelets.

Operated, splenectomy, no residual impairments

Unoperated, no treatment, asymptomatic, stable labs

All other types of Thrombocytopenia

THROMBOSIS, DEEP VEIN

Blood clot.

THYROID DISORDERS

Controlled

TIA (Transient Ischemic Attack)

Temporary interference with blood supply to brain.

(Sometimes called Mini-Stroke.)

Single episode, completely resolved, no residual impairment

Multiple episodes, arrhythmia, residuals, vascular disease uncorrected, tobacco use, diabetes, or heart disease

TRANSIENT GLOBAL AMNESIA

TRANSPLANT, ORGAN (Heart, Liver, Pancreas, Kidney, Lung)

TRANSURETHRAL RESECTION (TURP)

Surgical removal of the prostate.

Benign

TREMORS

Continuous involuntary quivering.

Benign, essential, no residual impairment, no progression

Cause unknown or current neurological work-up

Other types of tremors

TUBERCULOSIS

Infectious respiratory disease.

Inactive

Active

TUMORS, BRAIN/SPINAL CORD

Spontaneous new tissue growth.

Operated or treated, not otherwise classified, rule out Cancer, completely resolved, no residual impairments

Unoperated

Cancer

Stability in months/rating

3 months/Standard

24 months/Standard

12 months/Standard

Underwrite Cause

6 months/Standard

0 months/Preferred

5 years/Standard

Uninsurable

5 years/Standard

Uninsurable

3 months/Standard

12 months/Standard

Uninsurable

Underwrite Cause

12 months/Standard

Uninsurable

24 months/Standard

5 years/Standard

Underwrite Cause

Medical condition/definition

Stability in months/rating

NOTES

U

ULCERS OF SKIN

Open sore or lesion.

- Due to vascular disease, operated, resolved, no functional limits
- Active or chronic history
- Resulting in amputation
- Decubiti (bed sores)

24 months/Standard
Uninsurable
Uninsurable
Uninsurable

ULCERS, DUODENAL OR PEPTIC

Stomach ulcers.

- No history of bleeding, controlled with medication
- History of bleeding, no functional limits, controlled with medication

0 months/Standard
6 months/Standard

UREMIA, END STAGE RENAL DISEASE

Toxic blood condition.

Uninsurable

URINARY INCONTINENCE

Loss of sphincter muscle control.

- Stress incontinence, no residual impairments, independent in care
- Complete incontinence, any social or functional limitations
- Use of catheter (internal or Texas)
- Neurogenic Bladder

0 months/Standard
Uninsurable
Uninsurable
Uninsurable

V

VARICOSE VEINS (no stasis ulcers)

Enlarged, twisted, superficial veins.

0 months/Standard

VARICES, ESOPHAGEAL

Usually secondary to cirrhosis of the liver.

Uninsurable

VASCULITIS, ALL FORMS

Inflammation of a blood or lymph vessel.

Uninsurable

VERTEBRAL OR SPINAL DISORDER

Back Disorders.

- No functional limits, no medical equipment, no residual impairments
- With functional limits, need for medical equipment, chronic pain or recommended surgery

6 months/Standard
Uninsurable

W

WEIGHT

(See height and weight guide on page 12.)

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