

# LIFESecure INSURANCE COMPANY

# AGENT LTC FIELD UNDERWRITING GUIDE

This guide is designed as a quick reference tool to help you answer some of the more common product and underwriting questions related to LifeSecure Insurance Company's long term care insurance product.

This Guide is a searchable PDF.  
(See Searchable PDF instructions in Section 1.)



For Agent Use Only. Not for Solicitation Purposes.



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## SECTION 1. INTRODUCTION

LifeSecure knows that the time of both you and your client is valuable. We want to make the underwriting process as quick and easy as possible. The primary purpose of this guide is to assist you in evaluating applicants for long term care insurance coverage. In most cases, submitting an applicant who will not qualify for coverage does not benefit anyone\*. In addition, it is better to properly set an applicant's expectations regarding the likely rate class so that they will not be disappointed. Properly used, this guide will help you do that.

Not every health condition that you will encounter will be listed here. When using this guide, also keep in mind that there are certain health conditions that, combined with other health conditions, are not insurable or will result in a higher rate class. The guide describes the options you have to work with LifeSecure underwriters to obtain additional qualification information

After submission of the application your underwriter may require additional information. This guide also describes the types of information we may ask for and the conditions which will prompt us to obtain this information. Often, this information may result in an underwriting decision that differs from what you might conclude using only this guide and the information provided to you in completing the application. Therefore, this guide is not a guarantee of the final underwriting decision for any specific application. The final approval and acceptance of a long term care application is the responsibility of the LifeSecure underwriter.

An additional purpose of this guide is to provide information about key elements of the application process and associated administrative processes. Being familiar with these elements will again help you set your clients' expectations and make the process run smoothly.

\* *In California, regulations require an application to be submitted even if the applicant cannot answer "No" to the Initial Insurability ("Knockout") Questions.*

### Searchable PDF Instructions

**Note:** *These instructions may vary based on which version of Adobe Acrobat you have on your personal computer, so we have included some of the possible variations you might encounter.*

- Open the PDF document.
- On the toolbar, click on the Binoculars icon (i.e., the word "Find" or "Search" will appear when you place your cursor over the icon, depending on your version). If your toolbar is not enabled, you may need to select EDIT and SEARCH from your menu bar (or press CTRL + F) to search and find.
- Once open, you will be prompted with "Find What" (or a similar message in other versions).
- Type in the key word. For example, enter the name of the disease or illness you are searching.
- Click the Find (or Search) button.
- You are then taken to those sections of the document that match your search criteria. In some newer versions, a search results window might appear on the search bar that provides all links to each of them. You then decide which link fits your real criteria and click on your choice to be taken to that section.

## SECTION 2. SUITABILITY

### Purpose of Long Term Care Insurance

Long term care insurance protects the assets (home, savings, investments, etc.) of the insured while providing for the payment of long term care, such as extended nursing home stays and skilled or custodial care at home. As this coverage can be expensive, it may not be appropriate for everyone.

### Required Documents for Applicant

To assist the client in making an informed decision with respect to the purchase of long term care insurance, the writing agent **must** provide the applicant with copies of the following documents:

- National Association of Insurance Commissioners (NAIC) “A Shopper’s Guide to Long Term Care Insurance”
- Things You Should Know Before You Buy Long Term Care Insurance
- Outline of Coverage
- Personal Worksheet
- Potential Rate Increase Disclosure Form
- Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance (if applicable – see Section 5 for more on replacement requirements)
- The Medicare handbook published by the Centers for Medicare & Medicaid Services (if eligible for Medicare).

**Note:** *Document names may vary by state.*

### Long Term Care Insurance Personal Worksheet

To further assist the applicant in determining whether the long term care coverage is affordable, the writing agent will ask the client to complete a Long Term Care Insurance Personal Worksheet. The completion of this worksheet identifies the cost of the coverage and establishes a relationship between this cost and the client’s income and assets.

### Financial Suitability

In general people who are nearing or beyond retirement, with assets (not including house and car) that are \$30,000 and greater may be candidates to purchase some form of long term care insurance to protect these assets. In purchasing coverage, a rule of thumb is that no more than 7% of an applicant’s fixed, post-retirement income (pension/annuity payments, Social Security, rental or interest income, etc.) should go towards the premium for long term care insurance. As each situation is uniquely different, an individual’s financial situation may not permit as much as 7% of income, or conversely may provide for paying more than 7% for long term care insurance.

People who are still some years away from retirement may not have accumulated significant assets (beyond a home and car), but may still anticipate doing so in the future. It would be reasonable for them to seek long term care insurance, in order to lock in their insurability status and take advantage of the lower premiums at the current age. For these people, a minimum amount of assets is not critical, but the cost of the insurance should still be reasonable in relation to their income.

The agent must be prepared to assist the applicant in determining a premium that will not substantially alter the applicant's current standard of living. With this in mind, it is the agent's responsibility to be familiar with the approximate daily cost of a stay in a long term care facility and the typical cost of home health care in the area that he/she is working. This knowledge, along with the applicant's individual circumstances, will allow the agent to properly assist the applicant in choosing the most appropriate and suitable plan.

### Suitability General Guidelines

To assist the Underwriter in making the determination of whether a long term care insurance policy is a financially suitable purchase for the applicant, we have developed the following guidelines:

#### **Individual Household Assets / Percentage of Income to be Applied Towards Premium**

##### Applicant is over age 60

*Assets less than \$30,000:* Review income and/or potential need for long term care, as a long term care insurance purchase may not appear to be appropriate.

*Assets = \$30,000 to \$100,000:* Premiums should be no more than 7%-10% of yearly income; the greater the assets the higher percentage of income.

*Assets greater than \$100,000:* Premiums should be no more than 10%-15% of yearly income.

##### Applicant is under age 60

The minimum level of assets may be relaxed. However, premiums should still be no more than 7% of yearly income.

The Underwriter may relax the % of income guidelines if the applicant indicates that a family member will pay the premiums.

It is important to remember that while the decision to provide financial information on the Personal Worksheet, and/or a decision to apply for long term care insurance is the responsibility of the applicant, it is the responsibility of the Company to ensure the application meets the Company Suitability Standards. Please see the **Disclosure Statement Section** below for more information on the requirements.

### Guidelines for Completing the Long Term Care Insurance Personal Worksheet

All states require that suitability be discussed with an applicant for long term care policies. Here are some guidelines to be used when completing the Personal Worksheet.

**Premium Section** requires you to indicate the anticipated premium in the first line.

**Company's Right to Increase Premiums and Rate Increase History Sections** requires you to communicate the insurance company's right to increase premiums in the future, as well as the company's rate increase history.

**Questions Related to Your Income Section** requires you to determine the applicant's source of premium payments. The annual income of the applicant must also be indicated and the expectation for a change in income needs to be noted. Finally, this section requires you to assist the applicant in determining his ability to afford the premiums based on income. Multiply the applicant's income by 7% (0.07). If this result is less than the annual premium, then either family members must be paying a portion of the premium or savings must be intended to be used as the premium source. Otherwise, the proposed sale does not meet our suitability standards.

**Questions Related to Your Savings and Investments Section** requires you to check a box indicating the value of the applicant's assets (excluding the applicant's home) and the applicant needs to indicate any expected change in assets. If the applicant is over age 60, and assets are less than \$30,000, the sale does not appear to meet suitability standards.

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**Disclosure Statement Section** requires the applicant to indicate that the answers in this worksheet are accurate, or that the applicant does not wish to supply the answers, but still wants the company to consider the application. If the answers are not supplied, the agent must indicate that he has explained the importance of providing these answers. If the answers are provided, but the agent believes that the proposed purchase does not meet the suitability standards, then the agent must explain to the applicant why the agent believes the purchase is unsuitable. If the applicant still wishes to continue, they must acknowledge that the agent has so explained, and that they want the company to consider their application.

The company will review all personal worksheets. If all answers were supplied and the agent did not suggest the proposed purchase was unsuitable and obtain the applicant's acknowledgement, but the company still believes that the proposed purchase may not be suitable, a letter will be sent to the applicant. In the states of Colorado, Pennsylvania, Virginia and Wisconsin, LifeSecure is required to send a letter to the applicant if he/she chooses not to disclose their financial history. The applicant will have 60 days to advise us of their intent to pursue the proposed purchase. If no response is received, the application will not be underwritten and the file closed with premium refunded.



## SECTION 3. MEDICAL PREQUALIFICATION

Prequalifying your applicant is the best way to ensure that their expectations will be met and also to use your time most efficiently. The first and most important step is to review the information they provide and compare it to these guidelines.

At times, you will want to consult an underwriter to discuss your client's medical history. LifeSecure offers 3 ways to contact the underwriting prequalification department.

You may instant message an underwriter between 8am – 7pm Mon- Thurs and 8am – 6pm, Fri (ET). To send an instant message, click on the Live Chat logo in the upper right corner of your screen. This method can be especially effective if the applicant is with you and you want to ask a question while you continue through the sales process.

Or, you may speak to an underwriter by calling the Underwriting Medical Prequalification phone number **866-582-7705** during the same hours.

A third method is to use our Medical Prequalification email service at **agentinquiry@yourlifesecond.com**. This method is best if you prefer to meet with clients during typical business hours and then conduct prequalification reviews outside business hours. When communicating by e-mail you must remember that e-mail is not a secure method of transmission. Please make sure that you do not include names, addresses, social security numbers, or any combination of information that could identify the applicant in the body of the e-mail. Do **not** send any attachments as these will not be opened due to security concerns.

We make every attempt to respond to email medical prequalifications no later than the next business day. If you need immediate response during business hours a phone call or live chat is the recommended method.

The medical prequalification process is most effective in asking whether an applicant is uninsurable, and the more information you can provide, the better the answer that underwriting can provide. However, please be aware that frequently, medical records or other underwriting protocols may provide information that is not available to you and the underwriter when you initiate the prequalification inquiry. As a result any response which suggests that the application should be submitted is **not** a guarantee that the policy will be issued.

## SECTION 4. APPLICATION PROCESS

The LifeSecure application process is fast and easy, with multiple methods of submission and signatures. Applications can be submitted with the assistance of an agent or, for members of multi-life employer groups or associations approved by LifeSecure, by using an optional “self-serve” online application.

**Notes:** Not all application processes may be available in all states.

LifeSecure requires a street address be provided for all applicants for all product lines. While we are able to send all correspondence to a P.O. Box, we also require a physical street address to be on file. Should your client wish to have mail delivered to a P.O. Box, enter the P.O. Box in the “Street Address” field, then provide the street address in the “Agent Remarks” section of the application.

### Agent Application Submission Processes

There are two ways for an agent to submit an application, our All-Online Application Process (fastest processing time) and our Paper + Online Application Process.

1. **ALL-ONLINE APPLICATION PROCESS** – when completed in the presence of the client or when using a computer screen sharing tool with the client, there are two options within the online application process for your client’s signature:
  - I. Signature via electronic application
  - II. Signature via phone voice authorization

After reviewing the Outline of Coverage with your client, use the Quote Calculator to provide various long term care quotes to your client, as appropriate. Then, access the electronic application through the Agent Web Portal at **www.YourLifeSecure.com**. You will be prompted to choose a signature method as shown below.

Virtual Office | Quote Calculator | E-Applications | Resources | LifeSecure University | Multi-life Tools

Hello, **Bob TSTley** [Log Out](#)

E-Applications > New Application

Has the applicant ever applied for a LifeSecure policy?  Yes  No

Please Enter the applicant's Social Security Number or Other Identification Number: 581 - 21 - 1111

Please Enter the applicant's Date of Birth: 09 / 16 / 1967

Signature Type:

- Electronic Signature** via an on-line application
- Voice Authorization Signature** via an on-line application
- Wet Signature** via a paper application which requires data entering  
*(also requires electronically uploading or faxing of entire paper application to underwriting at 866-556-3393)*

Please click **NEXT** to begin your application → [Next](#)

If the applicant is with you at your computer, or if you are using screen-sharing with a remote applicant, you can complete either signature process by simply providing the applicant with access to view your computer screen and switching presenter control.

For the signature via electronic application, the applicant will type or draw their name as a signature. In order to incorporate the elements of a legal electronic signature, it is important that the applicant complete this process themselves.

LTC Application Previous Next

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Time to Sign - Applicant

Acknowledgements	<b>HIPAA Form</b>
✓ HIPAA Form	<b>Applicant's Acknowledgement and Signature</b>
Premium Payment	My signature below represents my acknowledgement, acceptance and authorization for all statements.
Personal Worksheet	Please provide your signature
Application	Type It Draw It

Jane Smith

*Jane Smith*

Date: 10/15/2013

Send by Email

I also authorize LifeSecure to disclose my Personal Health Information (PHI) in connection with my application and the underwriting decision to my agent.

Previous Item to Sign Next Item to Sign

LTC Application Previous Next

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Time to Sign - Applicant

Acknowledgements	<b>HIPAA Form</b>
✓ HIPAA Form	<b>Applicant's Acknowledgement and Signature</b>
Premium Payment	My signature below represents my acknowledgement, acceptance and authorization for all statements.
Personal Worksheet	Please provide your signature
Application	Type It Draw It Clear

Jane Smith

*Jane Smith*

Date: 10/15/2013

Send by Email

I also authorize LifeSecure to disclose my Personal Health Information (PHI) in connection with my application and the underwriting decision to my agent.

Previous Item to Sign Next Item to Sign

For the signature via phone voice authorization, you simply call **866-LTC-7703 (866-582-7703)** in your client's presence and answer the various agent and applicant questions. At the end of the three minute call, you will be given a Voice Authorization Code. You will be required to enter this code at the end of the application in the Agent Signature section.

**Note:** The Voice Signature script is available as a PDF document on the Agent Web Portal. In addition, there is a recording of a voice authorization for you to listen to.

Then submit the online application and monitor your agent portal to see the progress of your application and whether additional underwriting requirements may be needed.

## AUTHORIZATION FORM

Regardless of whether you choose the Electronic Signature or Voice Authorization Signature method, to ensure the fastest underwriting service, we recommend you ask your client to sign a paper “Applicant Authorization to Obtain and Disclose Information” found in the Agent Portal within the Resources section (choose “DOWNLOAD e-files from PDF Library”) as “Consumer Forms: HIPAA form” (LS 0107A) and FAX the signed form to **855-351-6500**. It may not be needed in all cases, but as some medical records providers require a wet signature, Underwriting will already have it and underwriting can continue without interruption.

**Note:** Current and former **Kaiser Permanente members** must also complete the Kaiser Authorization form. Applicants who are **residents of MN** should also complete the Minnesota Standard Consent Form to Release Health Information (HIPAA Compliant Form). Both Kaiser Permanente and Minnesota forms are available in the Resources section (choose “DOWNLOAD e-files from PDF Library”) of your Agent Portal.

## 2. PAPER + ONLINE APPLICATION PROCESS

If application is initially completed on paper, it must be subsequently entered online via the Agent Web Portal by the agent or an agent administrator who has been set up with system access within 30 days of the application signature date. Select the “Wet Signature” option at the beginning of the application entry process. The completed paper application and the Personal Worksheet with the applicant’s signatures may be faxed to **855-351-6500** or you can upload a scanned copy of the completed application through the agent portal prior to submitting the online application. The option to electronically upload the scanned file will not be available after you submit the online application. The underwriting process will not begin until both the faxed or scanned copy and the online submission have been received.

### Upload Process

The application upload option follows Agent’s Additional Comments to Underwriting.

*Step 1:* Select the Upload option on the Wet Signature Application upload page to initiate the upload process.



*Step 2:* Select the document using the Add files button and then click on the Start upload button to upload the document.



- Upload Parameters
  - Acceptable file extension – jpg, jpeg, gif, png, pdf
  - Files cannot be larger than 4 meg
  - Tips for managing file size
    - Scan as black and white, (or grayscale) never color
    - Keep resolution at 150 DPI or below
    - Resize scanned image to fit on 8.5 x 11 paper

If you have underwriting questions during the application process, you have several options for communicating with the underwriting department. Please see the description of Underwriting Pre-qualification in Section 3.

### Customer Application Submission Process

There is one way for an applicant from a multi-life group or association to submit an application without agent assistance: **Note: an agent should never use this process to submit an agent-assisted application through the worksite portal, as this form does not include the agent attestations necessary to have a valid signature. This process is only for an applicant who is a member of a worksite group, working alone on their application.**

### SELF-SERVE APPLICATION PROCESS

Review the following steps to assist your clients:

- Applicants access the electronic application through the Worksites & Associations Portal at **www.YourLifeSecure.com** using the Worksite Number provided by their worksite administrator.
- The applicant will be asked to create a User ID and Password, ensuring their application is retained and available for submission.
- The applicant completes all application sections and submits the completed application for underwriting review.

Self-serve applicants who require additional data to complete the underwriting process will be contacted by LifeSecure for scheduling of a Phone Interview (PI) or an In Home Assessment (IHA), when deemed necessary. If an Attending Physician's Statement (APS) is required, an applicant's signature on a paper copy of the Applicant Authorization to Obtain and Disclose Information form will be requested and must be faxed to **855-351-6500**.\*

It is important to note that both the agent-assisted and self-serve online applications have built-in pop-up messages designed to assist with the application process. For instance, if question responses meet particular underwriting criteria, instructions are presented to obtain the customer's signature on the "Applicant Authorization to Obtain and Disclose Information" form with instructions to fax it to **855-351-6500** to allow an Attending Physician Statement (APS) to be obtained in a timely manner.

\* *Current and former **Kaiser Permanente members** must also complete the Kaiser Authorization form. Applicants who are **residents of MN** should also complete the Minnesota Standard Consent Form to Release Health Information (HIPAA Compliant Form). Both Kaiser Permanente and Minnesota forms are available in the Resources section (choose "DOWNLOAD e-files from PDF Library") of your Agent Portal.*

## Billing Options

LifeSecure offers the following payment methods for individual applications and for OM<sup>II</sup>™ multi-life applications from qualifying groups with 75 or more employees who are set up with a Voluntary only offering:

- Direct mail billing is available by Quarter, Semi-Annual, and Annual modes
- Electronic Funds Transfer (EFT/ACH) is available only by Month
- Automatic Credit Card Payment is available by Month, Quarter, Semi-Annual, and Annual modes

If the multi-life group has any Employer Contributions, (required for groups with fewer than 75 eligible employees but optional for larger groups) it must be on a List Bill. Groups with 75 or more employees can be on a list bill if there are no employer contributions.

### Important Direct Mail Billing Notes:

A check for the amount equivalent to one month's premium is required with an individual application when choosing the direct mail billing payment method (for any mode selected). Underwriting will not commence until the first month's premium is received.

No premium is required with the application when the direct bill method is approved and selected for a multi-life application.

If direct mail billing is selected as the premium payment method, send the check to:

LifeSecure Insurance Company  
16234 Collections Center Drive  
Chicago, IL 60693

### **NOTE: Do not send the application to this address.**

Premium due notices are sent 30 days before the premium due date. In some instances, this means that a new policyholder MAY receive their billing notice BEFORE they receive their policy Welcome Kit. A premium due notice serves as confirmation that coverage has been approved.

### Important EFT/ACH or Credit Card Payment Notes:

Choosing EFT/ACH or Automatic Credit Card Payment only requires the bank information or credit card information to be entered into the application. No "cash with application" or check with application is required with either the EFT/ACH or Credit Card payment options. By choosing this option, the underwriting process can begin immediately upon receipt of the full and complete application. LifeSecure does not require the first EFT/ACH or Credit Card payment until after the policy is issued.

We encourage Agents to discuss the EFT and automatic credit card options with your clients. LifeSecure does not charge additional fees for using these much more convenient options.

## Turnaround Times

The LifeSecure automated application and underwriting processes allow for the fastest turnaround times in the industry. In general, if all requirements from you and the applicant have been received, you can expect turnaround time in the following ranges:

### PROTOCOL REQUIREMENTS

### TYPICAL TURNAROUND

Only Standard MIB and RX Database Screens (Includes Simplified Issue)	<b>1 - 4 business days</b>
Phone Health Interview or In Home Assessment without Laboratory Screening	<b>4 - 10 business days</b>
Attending Physician Statement or In Home Assessment with Laboratory Screening	<b>15 - 25 business days</b>

You can help speed the process by monitoring the application status in your agent portal, and encouraging your applicant to respond to interview scheduling calls. Generally, we do not have any difficulties obtaining medical records. Routinely, our vendor contacts the doctor office daily until confirmation of our request is received. Thereafter, a status call is made every 3 business days to ensure timely receipt of the medical records. On occasion, we may ask you or your applicant to help us by contacting a doctor's office if we cannot get a timely response.

### Policy Delivery & Amendments

Approved applicants will receive a Welcome Kit containing a Welcome Letter, the Policy, Schedule of Benefits, copy of the submitted application, and Notice of Privacy Practices. The following documents are also included in the kit, when applicable: Notice to Applicant Regarding Replacement, Partnership forms, Policy Delivery Receipt (if required by the applicant's state), the Life & Health Guaranty Disclosure, and other endorsements and/or disclosures, as required.

If there were changes to the application or plan of benefits during the underwriting process, an amendment may also be included with the welcome kit. Some amendments require the applicant's signature, while others do not. Typically a signature is required if there has been a material change in benefits or a significant increase from the quoted to the issued premium. If a signature is required but not returned, LifeSecure will have no choice but to refund any premium and mark the policy as not taken. Please monitor your agent portal and e-mail communications from LifeSecure to assist with returning signed amendments.

As part of the application process, the applicant can select any of three choices for Welcome Kit delivery:

1. US Mail delivery directly to the applicant's address
2. An e-mail notification to the applicant describing how to download the kit from the policyholder portal
3. US Mail delivery to you the agent, with an e-mail notification to the applicant

Because e-mail notification is sent to the applicant with methods 2) or 3), these methods can only be selected if the applicant provides an e-mail address.

If the applicant chooses method 3), please deliver the kit as soon as possible. Many states require the policy to be delivered within 30 days of the issue date. Timely delivery ensures that the applicant has the kit by the time bank or credit card charges begin or bills are received, and helps with prompt return of delivery receipts and amendments requiring signature. (**Note:** If you deliver the policy in person, the states of LA, NE, PA, SD, and WV require delivery receipts. Therefore, if the applicant requests we mail the kit to you, but you cannot deliver it in person, we strongly recommend that you forward the kit using a method that provides proof of mailing (certified mail, FedEx, etc.)

### Applicants not Approved & Appeal Process

If an applicant cannot be approved, they will receive a letter stating the decision and referencing the source of the key information on which the decision was based and information on how to request additional information or appeal the decision. If the decision was to postpone, the letter will also describe any conditions to be met before a new application can be considered.

Underwriting is happy to respond to questions to help clarify information found in the decision letter. However, unless the applicant has affirmatively checked the appropriate box on the Applicant Authorization to Obtain and Disclose Information form, we cannot discuss private medical information with an agent. This form is included as part of the application. [Note: In California, the authorization contained in the application does not include the box authorizing agent disclosure. A stand alone authorization must be completed if the applicant wants to allow the agent to discuss private medical information.]



We understand the importance of an appeal process and have established an avenue for discussing rated, modified, and declined cases when there is additional information to consider. Our goal is to make the most informed decision for the Company and your prospects. If you are considering a formal, written appeal of an underwriting decision, the checklist below can help you determine if that appeal is appropriate:

- The adverse decision letter will contain the specific reasons for the adverse decision. You should review the letter with the applicant and compare the specified reasons to the Underwriting Guide.
- If the applicant disagrees with the information contained in the letter, he/she should send a letter specifically addressing all lifestyle, build and/or medical impairments contained in our letter as well as supporting documentation. If the applicant is disputing a medical impairment a supporting letter from the applicant's physician is necessary.
- If the applicant's letter states that the decision was based on medical records and the physician disagrees with the contents of the letter, the physician should provide a letter specifically addressing all lifestyle, build and/or medical impairments contained in the applicant's letter. Supporting documentation outlining the discrepancies and explaining any incorrect notations in the medical records supplied by that physician should also be included.

Written appeals should be faxed to Underwriting at **855-351-6500** within 45 days of the Underwriting adverse decision date. You will be notified of a final decision within 10 business days of the applicant's appeal unless medical records are required. We will notify you if medical records are required to complete the underwriting. You will also be notified if a new application must be submitted based on the original signature date. Any appeal resulting in a new decision where the originally adverse decision is overturned, will be effective as of the issued date based on the appeal and will not be retroactive to the original adverse decision date.

If the adverse decision is based on information in the prescription database screen and that information is not confirmed through interviews or other medical records, the applicant will also receive information on contacting the prescription database screen provider, to obtain a copy of the information and/or to request corrections to any records that the applicant feels may be in error.

## SECTION 5. POLICY REPLACEMENT GUIDELINES

A Replacement Policy is defined as:

1. Replacement of another carrier's policy with a LifeSecure policy
2. Replacement of a LifeSecure policy with another carrier's policy
3. Replacement of a LifeSecure policy with a new LifeSecure policy (Internal Replacement)

**Note:** *Changes in coverage requested within the initial 90 days following the application signed date, do not constitute a replacement policy.*

If the applicant intends to replace their current Long Term Care coverage with a LifeSecure Long Term Care policy and the new policy is an agent sold policy, the Notice to Applicant Regarding Replacement for Individual Accident and Sickness or Long Term Care Insurance needs to be signed, dated and submitted along with the LifeSecure application. This is true even if it is an Internal Replacement. A copy of this form should be left with the applicant. It can be downloaded for e-mailing or printing if you are using our e-application process. **Multi-life self-serve applications do not require form submission.**

The replacement forms are located in the LifeSecure Agent Portal under the Resources tab (choose "DOWNLOAD e-files from PDF Library") and should be faxed to **855-351-6500**.

Note: LifeSecure will pay renewal commissions only on any replacement of a LifeSecure policy. The states of CA, KY, NV, PA, and WI require that we pay renewal commissions on replacements of another carrier's policy. The states of AL, IN, NC, and SD require that we pay renewal commission on replacements of another carrier's policy unless the benefits under the new policy are clearly and substantially greater than the existing policy. If you have replaced another carrier's policy with a LifeSecure policy in one of these four states and you believe it will meet the requirements to pay first year commissions, it is your responsibility to notify LifeSecure and provide a copy of the replaced policy's schedule of benefits. LifeSecure will make the determination of whether the policy satisfies the requirements to pay first year commissions.

## SECTION 6. DISCOUNTS

### Spouse/Domestic Partner Discounts

30% discount when both spouses/domestic partners apply and are insured;

**Note:** For California - 10% discount for one issued policy when spouse or domestic partner does not apply, is not approved, or does not take the policy.

A domestic partner means: an unmarried individual, not related to you by blood or degree of closeness that would prohibit marriage according to a law in the state where you reside, and with whom you have been living together in a common household for at least three years and have an exclusive mutual commitment, including financial interdependence, similar to that of marriage. In DC, a domestic partner means: an unmarried same or opposite sex adult who resides with you and has registered in a state or local domestic partner registry with you; a legal partner means your partner in a similar relationship to marriage that is recognized by law. A cohabitant (in MT) or a reciprocal beneficiary (in HI) means two individuals who are 18 years of age or older, sharing the same residence with a mutual commitment to share the responsibility for each other's welfare.

### Employer-contribution Discount

Within qualifying multi-life employer groups, a 5% Employer-contribution discount (from multi-life rates) is available when an employer is paying a minimum amount of the premium. See important multi-life guidelines and qualifications in the LifeSecure OM<sup>II</sup> One-for-Many LTC Multi-life Program Agent Handbook.

### Association Discount

A 5% discount is available to members of qualifying associations and other non-employer groups. The discount is applicable to all three individual rate classes (preferred, standard and substandard). See Section 7 for guidelines.

### How Discounts Are Applied

Each discount is additive and applied against the policyholder's approved rate.

#### Example 1: LifeSecure OM<sup>TM</sup> Multi-life Program

Applicant A is a member of a group which has qualified for the LifeSecure OM<sup>II</sup> multi-life Employer Contribution discount. The monthly premium for the benefit plan he has elected is \$100 before discounts. His spouse also applies for coverage and is approved.

Monthly Premium:	<b>\$100</b>
Spouse/Partner Discount (30%):	- <b>\$30</b>
Employer Contribution Discount (5%):	- <b>\$5</b>
<b>Applicant A's actual monthly premium: <i>with discounts</i></b>	<b>\$65</b>

## SECTION 7. UNDERWRITING

### Underwriting Protocols

#### A. Simplified Issue Underwriting:

**Note:** Simplified issue underwriting is available only to employer groups which have been pre-qualified for its use under the LifeSecure OM<sup>II</sup> LTC Multi-life Program. Refer to LTC Multi-Life Agent Handbook.

#### Applicant eligibility requirements for Simplified Issue:

- Simplified Issue is only offered one time to eligible participants during the initial offer period (as defined by the employer), or for newly hired employees, within 90 days of their benefits eligibility date
- Employees who are Actively-at-work on a full-time basis\*
- Board Members of a qualifying employer multi-life offering who are Actively-at-work on a full-time basis\*
- Spouses/Domestic Partners of eligible Employees or Board Members who are Actively-at-work on a full-time basis.\* The related Employee/Board Member must also apply for coverage in order for the Spouse/Domestic Partner to be eligible for Simplified Issue
- LifeSecure will also recognize K-1 Business Owners as employees. They must be small business owners who are K-1 partners/shareholders with at least 20% ownership and who meet all other definitions of Actively-at-work on a full-time basis\* (except W-2 status)

\* Actively at work on a full-time basis means that the applicant:

- is age 18 through 65, and
- is a W-2 employee (i.e., not a contractor) receiving a regular wage or salary, and
- is regularly scheduled to work 20 or more hours per week, and
- was working at his/her usual place of employment on the last regularly scheduled work day before signing the application, and
- has not been absent from work due to illness or injury for more than 5 days during the 30 days prior to signing the application or during the time he/she has been employed by his/her employer, if less than 30 days. (In CA: this bullet applies only to spouse/RDP)

**Note:** Applicant may be required to provide proof of “Actively-at-work on a full-time basis” status. See chart below to determine what proof may be required for each applicant type.

**LifeSecure OM<sup>II</sup> LTC Multi-life Program.**

***Actively-at-work Documentation Requirements***

Applicant Type:	<i>Defined Advantage</i>	<i>Employee Solutions</i>
<b>W-2 Employee</b>	Check Stub (W-2 not accepted)	Check Stub or Census**  If List Bill – N/A <i>Note: List Bill required for 10-74 group size</i>  <b>For 75+ Groups:</b> If Direct Bill – Census <i>If no census submitted, then Check Stub</i>
<b>Spouse</b>	Check Stub or Schedule K-1 for FORM 1065 or Form 1120S	
<b>K-1 Owner</b>	Schedule K-1 for FORM 1065 or Form 1120S	
<b>Board Member</b>	Check Stub or Schedule K-1 for FORM 1065 or Form 1120S  - AND -  Board Member Confirmation from Employer	

\*\* Minimum census requirements: first name, last name, date and date of hire.

**Submit required documents by uploading within the agent portal or faxing to 855-351-6500.**

Virtual Office | Quote Calculator | E-Applications | Resources | LifeSecure University | Multi-life Tools

E-Applications ▶ Saved Applications

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**LTC Application: Section**    A B C D E F G H I L M N    [Previous](#)    [Next](#)

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**Proof of Actively-At-Work Status**

You may either electronically upload or fax your actively-at-work documentation. Actively-at-work documentation includes payroll or tax records. There are 2 ways to submit the actively-at-work documentation:

- Electronically **UPLOAD** the file now or "save" the application and upload the file later (prior to submitting the online application). **NOTE:** The option to electronically upload the scanned file will not be available after you submit the online application.
- **FAX** the documentation to (866)556-3393 once you complete the online application process. If you choose to fax, please click "NEXT".

File Name	View   Upload   Delete
No Actively At Work Documentation on File.	

**IMPORTANT: Please do not upload any other type of document.**

---

Save   Reset   Previous   Next

**Notes:**

1. **Check Stub:** The pay period ending date must be within 30 days of receipt of check stub. The underwriter will verify hours (minimum of 20 per week), wage does not need to be verified.
2. **Schedule K-1 for FORM 1065:** Section J, Ending Capital must be 20% or more. The form should be for the prior year end. It is possible that the applicant would not have the form for the prior year end before September 1. Therefore, we will accept a tax form for the year before the prior year end, if received prior to September 1.
3. **Schedule K-1 for FORM 1120S:** Section F, Shareholder's percentage of stock ownership for tax year must be 20% or more. The Final K-1 box at the top of the form must NOT be checked as this indicates that the person is no longer a shareholder. The form should be for the prior year end. It is possible that the applicant would not have the form for the prior year end before September 1. Therefore, we will accept a tax form for the year before the prior year end, if received prior to September 1.
4. **Census:** The census should include first name, last name, date of birth, and date of hire for each applicant. If an applicant is not included on the census, a check stub must be submitted.
5. **Board Member Confirmation from Employer:** This letter must list the Board Election Date for each member. The underwriter will verify that all Board Members, submitting applications, are included in the list of Board Members. Outside of the open enrollment period, the underwriter will also verify that the Board Election Date matches the Benefit Eligibility Date if a Short Form application is submitted. If an application is received for a Board Member that was not included in the initial letter, an updated list of Board Members will be required. The new letter must list all current Board Members versus just listing changes.
6. **Missing AAW Documentation:** Applications will be closed as incomplete if outstanding AAW documentation is not received within 10 work days from the date the application was submitted. If an AAW is received, and later found to be invalid, the application will be closed as incomplete if valid AAW is not received within 10 work days from the date it is requested.

**Coverage Limits for Simplified Issue:**

- In addition to the requirements above, to receive Simplified Issue underwriting, the applicant must apply for a Benefit Bank amount which is not greater than the simplified issue coverage limits in the following table:

Benefit Bank Coverage Limits for Simplified Issue

Multi-life Program	Defined Advantage (3-9 employees)	Employee Solutions (10+ Employees)
With Shared Care	\$200,000	\$300,000
Without Shared Care	\$300,000	\$400,000

**Simplified Issue underwriting includes the following processes:**

- Completion of Multi-life Application (Simplified Issue sections only) and Personal Worksheet
- Submission of documentation of actively-at-work status
- Drug database screen\*
- MIB screen

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- Possible clarifying phone interview if the drug database or MIB screen indicate a discrepancy in the responses to the health questions, or if the drug database screen indicates a medication that could be used for multiple conditions including one that is uninsurable.
- \* *It is important to know that a simplified issue applicant will be declined if they take an uninsurable medication as listed in Section 10, even if they are able to answer all of the Initial Insurability Questions (Section 1 of the application) "No". They will also be declined if their weight is outside of the acceptable minimum and maximum range, even if they are able to answer all of the Initial Insurability Questions "No".*

**Applicants not eligible for Simplified Issue include:**

- Employees and spouses/domestic partners over age 65
- Employees, spouses or board members not actively-at-work at their usual place of employment for at least 20 hours per week
- Anyone applying outside of the initial enrollment period, or after the first 90 days from hire date
- Employees who request a Benefit Bank amount greater than the maximum eligible for simplified issue
- Retiree of the employer or the spouse/domestic partner of the retiree
- Family members. Family members of employees (or retirees) include:
  - o Parents (in-law)
  - o Grandparents (in-law)
  - o Children
  - o Spouses (or domestic partners) of any of these individuals

This offering will not apply if the group has less than 75 eligible employees and less than 10 anticipated eligible family member applications.

If the applicant is not eligible for Simplified Issue Underwriting, Full Underwriting will be required.

Directions are provided on the application to ensure all appropriate sections are completed, depending on the type of underwriting required.

**Failure to meet Minimum participation requirements**

The LifeSecure Multi-life OM<sup>II</sup> Program includes minimum requirements for applications approved or submitted:

NUMBER OF ELIGIBLE EMPLOYEES	MINIMUM REQUIREMENTS FOR SIMPLIFIED ISSUE UNDERWRITING
3 - 9 *	5 Applications Approved
10 - 499	10 Applications Submitted
500 and above	25 Applications Submitted

- \* For groups with 10 - 75 eligible employees, if less than 10 are receiving an employer contribution, 5 apps must be approved. If 10 or more receive employer contributions, then 10 apps must be submitted, without a minimum number of approvals.

See the LifeSecure OM<sup>7</sup> One-for-Many LTC Multi-life Program Agent Handbook for more details

If the minimum participation requirements are not met by the time the enrollment period closes, all applicants who submitted a simplified issue application will be required to undergo full underwriting. LifeSecure will contact these applicants to schedule a Full Application Interview during which the remainder of the original application (Sections 5 & 6 or in CA Sections F, G, & H) will be completed. By making sure your applicants are aware that this may take place, you will improve their responsiveness to our scheduling calls and help conserve the maximum amount of business. If the policy is approved, the additional questions and answers will be sent to the applicant as an amendment requiring signature verifying agreement with their answers in the Full Application Interview.

In addition, if minimum participation requirements are not met, new employees will not be eligible for simplified issue even if they apply within 90 days of their benefit eligibility.

## **B. Individual and Multi-life Full Underwriting:**

### **Applicant eligibility requirement for Individual and Multi-life Full Underwriting:**

- The allowable issue ages are 18-79
- The applicant answers “No” to ALL questions in the application Section A. A “yes” answer to any question in this section means the proposed insured is not eligible for coverage and the application should not be submitted. The online application submission process will not allow entry of an application if there are “No” responses in Section A (except in California where the application should still be submitted).

### **Coverage Limits for Individual and Multi-life Full Underwriting:**

- Benefit Bank amounts from \$100,000 to \$1,000,000
- The Monthly Benefit (MB) options are 1, 2, or 3% for Benefit Bank amounts up to \$500,000, and 1 or 2% for Benefit Bank amounts between \$500,001 and \$1,000,000.
- Policies with the Shared Care rider are limited to \$750,000 maximum benefit bank. Both applicants in a Shared Care couple must have identical benefits and riders.

### **Individual and Multi-life Full underwriting includes the following processes:**

- Review of all sections of the appropriate Individual or Multi-life application
- Drug database screen
- MIB screen
- Potential completion of additional underwriting protocols as listed in the table on the next page.



**Individual OR Multi-life Full Underwriting Age and Amount Protocols for LifeSecure**

BENEFIT BANK AMOUNT			
WITHOUT SHARED CARE:	UP TO \$350,000	\$350,001 TO \$700,000	\$700,001 TO \$1,000,000
WITH SHARED CARE:	UP TO \$250,000	\$250,001 TO \$500,000	\$500,001 TO \$750,000
<b>AGE RANGE: 18 TO 55</b>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> Focused Interview (discretionary) to Supplement Yes answers on the application or RX Database results	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Short) <input type="checkbox"/> APS † (Discretionary) See Note 1. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Short) (Unless IHA †) <input type="checkbox"/> APS † <input type="checkbox"/> IHA (Discretionary) † See Note 1. Below

BENEFIT BANK AMOUNT			
WITHOUT SHARED CARE:	UP TO \$250,000	\$250,001 TO \$500,000	\$500,001 TO \$1,000,000
WITH SHARED CARE:	UP TO \$150,000	\$150,001 TO \$300,000	\$300,001 TO \$750,000
<b>AGE RANGE:</b>			
<b>56 TO 64</b>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> Focused Interview (discretionary) to Supplement Yes answers on the application or RX Database results	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Short) <input type="checkbox"/> APS † (Discretionary) See Note 1. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) (Unless IHA †) <input type="checkbox"/> APS † <input type="checkbox"/> IHA (Discretionary) † See Note 1. Below
<b>65 TO 69</b>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) See Note 1. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) (Unless IHA) <input type="checkbox"/> APS † (Discretionary) <input type="checkbox"/> IHA † (Discretionary) See Note 2. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) (Unless IHA †) <input type="checkbox"/> APS † <input type="checkbox"/> IHA (Discretionary) † See Note 2. Below
<b>70 TO 74</b>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) See Note 2. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) (Unless IHA) <input type="checkbox"/> APS † (Discretionary) <input type="checkbox"/> IHA † (Discretionary) See Note 2. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PI † (Complete) (Unless IHA †) <input type="checkbox"/> APS † <input type="checkbox"/> IHA (Discretionary) † See Note 2. Below
<b>75 TO 79</b>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> IHA † <input type="checkbox"/> APS † See Note 2. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> IHA † <input type="checkbox"/> APS † See Note 2. Below	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> APS † <input type="checkbox"/> IHA † See Note 2. Below

Notes:
1. Applicants in these categories who have not seen their physician in the previous two years will be scheduled for an in home assessment.
2. Applicants in these categories who have not seen their physician in the previous two years are required to see their physician prior to application for a complete physical exam, to include a comprehensive metabolic panel (CMP).

† PI = Phone Interview; IHA = In Home Assessment; APS = Attending Physician’s Statement

Agents must fax the “Applicant Authorization to Obtain and Disclose Information” document signed by the applicant (in addition to the electronic version) to the LifeSecure Underwriting department in order to speed the APS process. Applicants should be made aware of the additional time required to receive statements from their physicians; agents should check their web portal frequently to determine status and to facilitate the process, when applicable.

**Note:** Current and former **Kaiser Permanente members** must also complete the Kaiser authorization form. Applicants who are **residents of MN** should also complete the Minnesota Standard Consent Form to Release Health Information (HIPAA Compliant Form). Both Kaiser Permanente and Minnesota forms are available in the Resources section (choose “DOWNLOAD e-files from PDF library” of your Agent Portal).

### Additional Underwriting Information

While the standard protocols are described above, please note that LifeSecure reserves the right to request additional information or protocols from an applicant at any time prior to completion of the underwriting process. In particular, some applicants' history will not appear on our prescription (Rx) database depending on the source of their prescription drug medical coverage. If the applicant is not on the database, the underwriter will likely request a phone interview and/or APS that might not otherwise be needed.

LifeSecure reserves the right to decline or postpone an applicant if they have not seen a United States based doctor or there are no medical records available from a U.S. based doctor. As shown above, under certain circumstances, LifeSecure will schedule an In Home Assessment with Laboratory Screening. If the applicant prefers not to submit to this examination and is postponed as a result, consideration may be given if an applicant completes a physical examination with a U.S.-based doctor within 90-days of the application signed date, so that medical records may be obtained if necessary.

LifeSecure will not accept a new application from any individual who has already been declined by LifeSecure for long term care insurance within the prior 6 months.

### Foreign Nationals

We are sorry, but we cannot offer coverage to anyone who does not have both a United States address and either a social security number or tax identification number. Additionally, applicants must have seen a US based doctor as noted above.

### Counter-Offer – Multi-life Applications

Applicants associated with a multi-life case who have completed a multi-life application and who are eligible for Simplified Issue will be approved or declined as applied and will not receive counter-offers unless the applicant applied for shared care and the applicant's spouse was declined. In the latter case, the applicant will receive a counter-offer removing the shared care benefit.

Multi-life applicants who require full underwriting because they are not eligible for Simplified Issue underwriting may receive counter-offers if LifeSecure cannot approve the policy for the benefits applied for. Counter offers may take the form of a reduction in Benefit Bank, reduction in Monthly Benefit Access Limit, removal of Shared Care or some combination of these. If the only reason an applicant does not qualify for simplified underwriting is that they have chosen a Benefit Bank in excess of the Simplified Issue limit, any counter-offer will be for the Simplified Issue limit applicable to them. If a counter-offer is extended, the applicant will be asked to sign an amendment to their application. The Amendment must be signed and returned for the policy to remain in-force.

## Counter-Offers – Individual Applications

Individual applicants who complete an individual application may receive counter-offers if LifeSecure cannot approve the policy with the Rate Class and/or benefits applied for. Counter-offers may take the form of a higher rate class, reduction in Benefit Bank, reduction in Monthly Benefit Access Limit, removal of Shared Care or some combination of these. If a counter-offer is extended, the applicant will be asked to sign an amendment to their application. The Amendment must be signed and returned for the policy to remain in-force.

## Counter-Offers – with the Shared Care rider selected

If the Shared Care rider is selected, both applications must be identical in coverage amounts and all riders selected. If during Underwriting, it is determined that we cannot approve one of the policies for the rate class and benefits as applied for, we may counter-offer as follows:

- A decrease in coverage for each policy may be required to maintain the Shared Care rider option since coverage amounts must be identical, or
- A reduction in coverage for only one policy may be required which would also require the removal of the Shared Care Rider from each policy.

**Note:** Counter-offers on applications with the Shared Care rider are not restricted to the examples noted above. These examples denote the most common counter-offer options. A counter offer will not be required if the two applicants are approved at different rate classes.

## Rate Classifications

### Multi-Life Applications:

There is only one underwriting rate classification for those who apply for long term care insurance under the LifeSecure OM Multi-life program. This is true whether the applicant actually qualifies for Simplified Issue underwriting or not. All applicants will be approved or declined based on the information obtained in the application and any applicable underwriting protocols.

### Individual Applications:

The following criteria are provided only to give a general description of an applicant who will qualify for each underwriting rate class within the Individual Program. The actual rate class assignment for any specific applicant will be based on the underwriter's review of all information provided and may not conform to the general guidelines below.

### PREFERRED

- a “no” answer to the tobacco/nicotine product (includes nicotine gum, Ecigs, etc.) in last 3 years question on the application;
- height and weight within the preferred range stated in the build chart
- no history of cancer within the past 5 years
- no history of diabetes
- stable medical history/health conditions without evidence of complications that satisfy Preferred criteria outlined in the underwriting guide
- independence in all Activities of Daily Living, as well as all instrumental activities\*
- regular routine follow-up with a physician
- regular follow up with a physician and full compliance with medications and treatment plan for any identified health conditions.

**STANDARD**

- a “yes” answer to the tobacco/nicotine product in last 3 years question on the application
- height and weight within the Standard maximums stated in the build chart
- stable medical history/health conditions without evidence of complications that satisfy Standard criteria outlined in the underwriting guide
- independence in all Activities of Daily Living, as well as instrumental activities\*
- regular follow up with a physician and full compliance with medications and treatment plan for any identified health conditions.

**SUBSTANDARD**

- a “yes” answer to the tobacco/nicotine product in last 3 years question on the application;
- height and weight that does not exceed Substandard maximums in the build chart nor less than the minimums;
- stable medical history/health conditions without evidence of complications that satisfy the Substandard criteria in the underwriting guide;
- independence in all Activities of Daily Living, as well as instrumental activities\*;
- regular follow-up with a physician and full compliance with medications and treatment plan for any identified health conditions.

\* *Instrumental activities include routine activities that are necessary to maintain independent living beyond the Activities of Daily Living that are used as eligibility criteria in the policy. Examples of instrumental activities include cleaning, cooking, paying bills, etc.*

## SECTION 8. UNDERWRITING GUIDELINES

### Multi-life Applications:

If the applicant qualifies for Simplified Issue underwriting, an approval or declined decision will be based on application responses, MIB review, and drug database findings. An applicant may be contacted to clarify any discrepancy between the application and the MIB or drug database screen.

If the applicant does not qualify for Simplified Issue underwriting, decisions will be based on the application, MIB review, drug database findings, and any other information obtained through the underwriting protocols required for that application. Where the conditions below indicate “Declined,” applicants will be “Declined.”

Where the conditions below indicate either “Preferred,” “Standard,” or “Substandard,” Multi-life applicants may be approved; however, such applicants would be approved at the “Multi-life Rate Class.”

### Individual Applications:

The conditions below indicate potential rate classes based on specified medical conditions.

Notwithstanding the guidelines below, the underwriter will consider all information and may decline an applicant or approve an applicant at a higher rating class based on a combination of medical conditions, height/weight, tobacco/nicotine history, medical history, and treatment.

<b>Abscess, skin</b>	Preferred
<b>Achalasia</b>	Decline
<b>ADL / IADL deficiency</b>	Decline
<b>Acoustic Neuroma</b>	
• Surgically removed, no residuals other than hearing loss, > 1 year	Standard
• Untreated, with balance disturbance, falls, or current seizures	Decline
<b>Addison’s Disease</b>	
• Stable over 2 years, normal labs	Standard
• Frequent crisis or abnormal labs or EKG	Decline
• Diagnosed < 2 years	Postpone
<b>Agent Orange</b>	Decline
<b>AIDS/ARC/ HIV positive</b>	Decline
<b>Alcohol Abuse</b>	
• Currently consuming alcohol / DUI within 1 year/current medication	Decline
• Alcohol free > 5 years, active in support group, normal LFT’s	Standard
• Alcohol free > 3 years, active in support group, normal LFT’s	Substandard
• History of alcohol abuse with liver, pancreatic disease, or related neuropathy	Decline
• Consumption of > 6 oz of liquor or > 6 beers per day, 3 glasses of wine per day	Decline
<b>Allergies</b>	Preferred
<b>Alpha 1 Antitrypsin Deficiency</b>	Decline
<b>ALS (Refer to Lou Gehrig’s Disease)</b>	Decline
<b>Alzheimer’s Disease</b>	Decline
<b>Amaurosis Fugax (Refer to TIA)</b>	

<b>Amputation</b>	
• Due to disease	Decline
• Due to trauma or congenital, single limb, no limitations, > 1 year	Standard
• Due to trauma or congenital, 2 or more limbs	Decline
<b>Anemia</b>	
• Iron or B12 deficiency controlled with no complications > 1 yr normal labs	Preferred
• Sickle cell trait	Substandard (Max. \$100,000 1-2% MB)
• Aplastic, Sickle cell, Thalessemia Major, chronic hemolytic	Decline
• Severe, not investigated /diagnosed, chronically abnormal CBC	Decline
<b>Aneurysm (Non-Smoker &gt; 2 years)</b>	
<b>Cerebral</b>	
• Surgically repaired, > 2 years, fully recovered, no deficits	Substandard
• Surgically repaired, over 5 years, no deficits	Standard
• Surgically repaired, smoking/tobacco/nicotine use in last 2 years	Decline
• Unrepaired or inoperable, smoking/tobacco/nicotine use in last 2 years	Decline
• With history of TIA/CVA or polycystic kidney disease	Decline
<b>Abdominal aortic</b>	
• Surgically repaired, fully recovered > 1 year, no PVD	Substandard
• Surgically repaired, > 2 years	Standard
• Surgically repaired, smoking/tobacco/nicotine use in last 2 years	Decline
• Present, well followed, < 4cm, no growth for 1 year, non-smoker	Standard
• Present $\geq$ 4 cm with regular follow-ups	Decline
• Present, surgery recommended/ smoking/tobacco/nicotine use within 2 years/with history of PVD/DM/TIA/CVA	Decline
<b>Thoracic</b>	
• Surgically repaired >1 year, no PVD	Substandard
• Surgically repaired, > 2 years	Standard
• Surgically repaired, smoking/tobacco/nicotine use in last 2 years	Decline
• Present, well followed, <4cm, no growth for 1 year, non-smoker	Standard
• Present, $\geq$ 4cm, with regular follow-ups	Decline
• Present, surgery recommended / smoking/tobacco/nicotine use in last 2 years / unfavorable or inoperable location	Decline
<b>Multiple aneurysms</b>	
• Regardless of surgery	Decline
<b>Angina (Refer to Coronary Artery Disease)</b>	
<b>Ankylosing Spondylitis</b>	Decline
<b>Anorexia Nervosa</b>	
• Present	Decline
• Remote, fully resolved, acceptable weight, no active symptoms > 5 years ago	Individual consideration

<b>Antiphospholipid Syndrome (Refer to Deep Vein Thrombosis)</b>	
<b>Anxiety</b>	
• Situational, no medications, > 3 months	Preferred
• Situational, treated with <3 medications, > 3 months	Standard
• Severe or symptomatic, poorly controlled	Decline
• History of hospitalization within 4 years	Decline
<b>Appliances/Adaptive Devices *The cause for use must be insurable*</b>	
• Cane, single point-occasional use outside	Standard
• Cane, single point, permanent use	Individual Consideration
• Cane, quad or tripod	Decline
• Colostomy, adapted with self maintenance > 1 year	Standard
• Insulin pump	Individual Consideration
• Motorized scooters, chairlift/stairlift	Decline
• Oxygen, current or use within one year	Decline
• Urinary Catheter, intermittent or permanent, current use	Decline
• Wheelchair / Walker, current or use within 1 year	Decline
<b>Arrhythmia (Refer to Cardiac Arrhythmia)</b>	
<b>Arteriovenous Malformation</b>	Decline
<b>Arteritis</b>	
• Stable, treatment free for >24 months	Preferred
• Present, well controlled, less than 10 mg of steroids	Standard
• Unstable	Decline
• Polyarteritis	Decline
<b>Arthritis</b>	
<b>Minor: osteo or degenerative</b>	
• Mild, non-prescription medication	Preferred
• Steroid, Synvisc or Hyalgan or platelet rich plasma stem cell injections > 6 months	Standard
• 3 or more steroid injections in last 12 months, chronic use of TENS unit, implantable electrical stimulator	Decline
• Oral steroid use (any dose > 30 days) within 1 yr	Decline
<b>Moderate: osteo or degenerative</b>	
• Non-weight bearing joint	Standard
• Weight bearing joint	Individual Consideration
• Steroid, Synvisc or Hyalgan Injections > 6 months	Standard
• 3 or more steroid injections in last 12 months, Chronic use of TENS unit, implantable electrical stimulator, Platelet Rich Plasma Stem Cell Injections	Decline
• Oral steroid use (any dose > 30 days) within 1 yr	Decline
<b>Severe: osteo or degenerative</b>	
• Severe or surgery anticipated or planned	Decline

<b>Rheumatoid arthritis</b>	
• Asymptomatic, > 1 year, no treatment, no assistive devices	Standard
• Asymptomatic, > 1 year, treated with Methotrexate $\leq$ 15mg/wk, Plaquenil, Xeljanz or steroids $\leq$ 5mg per day	Substandard
• Severe, multiple joint replacements, progressive, erosive, juvenile arthritis, gold therapy, weight bearing joint replacement < 1yr ago	Decline
<b>Psoriatic Arthritis</b>	
• See Rheumatoid arthritis	
<b>Arthroscopy</b>	
<b>Surgery Completed</b>	
• Fully recovered, no ADL/IADL limitations, no wait period	Preferred
• Requiring PT postop, released and fully recovered, no ADL/IADL limitations, no wait period	Preferred
<b>Surgery Pending</b>	
• Weight bearing joints	Postpone
• Non-weight bearing joints, unilateral or single digit, surgery pending, not requiring general anesthesia, no co-morbid, no limitations with mobility or dexterity	Preferred
• Non-weight bearing joints, surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use, bilateral surgery, chronic lung disease, CHF, heart arrhythmia, coagulation disorders, prior negative reaction to anesthesia, diabetes, peripheral vascular disease	Postpone until surgery completed, fully recovered and released
<b>Asbestosis</b>	
• Stable for 3 years, normal PFT's, non-smoker	Standard
• Smoker within 3 years, oxygen use, ADL/IADL limitations	Decline
<b>Asthma</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Seasonal, mild, controlled, short term steroid use, non-smoker	Preferred
• Mild to Moderate, PFT's - FEV1 - FVC >70%, non-smoker	Standard
• PFTs - FEV1 - FVC 50-70%	Substandard
• Chronic oral Prednisone <5 mg per day or < 7.5 mg every other day and stable for 6 months	Substandard
• Chronic oral Prednisone $\geq$ 5 mg per day or $\geq$ 7.5mg every other day in the past 12 months	Decline
• Severe or poorly controlled, tobacco use within last 2 years	Decline
• Hospitalization < 6 months or > 2 within past 12 months	Decline
• History of CHF	Decline
<b>Ataxia</b>	Decline
<b>Atrial Fibrillation</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Lone atrial fibrillation, single episode, resolved > 6 months, non-smoker	Standard
• Cardiac Rehab or rehab < 12 months, EF $\leq$ 45%, pacemaker, and/or defibrillator	Decline
<b>Atrial Flutter or Paroxysmal Atrial Fibrillation</b>	
• Infrequent episodes, 0 -6 months	Postpone
• Infrequent episodes, 6 months to 2 years, non-smoker	Standard



• Over 2 years, infrequent episodes, non-smoker	Standard
• Cardiac Rehab or rehab < 12 months, EF ≤ 45%, pacemaker, and/or defibrillator, cardioversion < 6 months	Decline
<b>Chronic - on anticoagulation therapy</b>	
• < 6 months	Postpone
• 6 months to 3 years, non-smoker	Standard
• Over 3 years, non-smoker	Standard (Max. \$100,000 1-2% MB)
• Not on anticoagulant therapy, history of TIA, CVA, CHF, cardiomyopathy, COPD, valvular heart disease	Decline
• Cardiac Rehab or rehab < 12 months, EF ≤ 45%, pacemaker, and/or defibrillator	Decline
• Cardioversion < 6 months	Decline
<b>Attention Deficit Disorder/Adult Attention Deficit Disorder</b>	
• Diagnosed as mild, no limitations, active lifestyle, treated with 2 or less medications, stable > 6 months	Standard
• Diagnosed as moderate to severe, lifestyle limitations, treated with > 2 medications	Decline
<b>Autonomic Neuropathy</b>	
	Decline
<b>Back (Curvature of the spine, Kyphosis, Scoliosis, Torticollis)</b>	
• Mild, symptomatic, or mild discomfort, deformity < 40-50%	Standard
• Severe, surgery pending, or with osteoporosis	Decline
<b>Sprain / Strain</b>	
• Present or severe (consider ADL/IADL limitations)	Postpone
• Resolved, no limitations	Preferred
<b>Sciatica</b>	
• Mild, brief episode, resolved, 0 - 1 year	Preferred
• Moderate, symptoms over 1 year	Standard
• Severe	Decline
<b>Spinal Stenosis / Degenerative Disc Disease</b>	
• Incidental finding, asymptomatic, treatment free	Preferred
• Symptomatic, mild, treated with NSAID, fully functional and active and/or PT > 6 months	Standard
• Unoperated, mild to moderate, no limitations	Standard
• Steroid injections, epidurals, Facet Rhizotomy, or PT within past 6 months	Postpone
• Operated, fully recovered for 1 year, fully functional and active	Standard
• History of surgery with residuals or neuro deficit	Decline
<b>Barrette's Esophagus</b>	
• No treatment, no difficulty swallowing	Standard
• With dilation, fully recovered, no difficulty swallowing > 6 months	Standard
<b>Basal Cell Cancer (See also Cancer)</b>	
	Preferred
<b>Bell's Palsy</b>	
• Diagnosed < 6 months ago	Postpone
• Over 6 months, fully recovered, no residuals	Standard

<b>Benign Positional Vertigo (See also Vertigo)</b>	
• Diagnosis confirmed, fully investigated, asymptomatic, no episode > 6 months, active lifestyle	Standard
<b>Benign Prostatic Hypertrophy (BPH)</b>	
• Mild, asymptomatic or surgically corrected, > 6 months, no residuals	Preferred
• PSA 5.5 and below, age 60 or below	Preferred
• PSA 7.5 and below, over age 60	Preferred
• PSA > 7.5 and < 20, biopsy negative, well followed	Standard
• PSA > 7.5, no biopsy	Decline
• Pending surgery, complications of surgery	Postpone
<b>Biliary Cirrhosis (Refer to Primary Biliary Cirrhosis)</b>	
<b>Bipolar Disorder</b>	
• Well controlled > 3 years, < 3 non-antipsychotic medications, no functional limitations, no hospitalizations within 2 years	Substandard (Max. \$100,000 1-2% MB)
• New onset, < 3 years	Postpone
• Non-compliance with medications / treated with antipsychotic medication, > 2 hospitalizations in past 5 years	Decline
• Severe, chronic use of multiple medications, frequent exacerbations, multiple ER visits, or suicide attempt	Decline
• Electroconvulsive Therapy within 5 years	Decline
<b>Bladder Dysfunction (Refer to Incontinence and Urethral Stricture)</b>	
<b>Bladder Outlet Obstruction</b>	
• Surgical stent > 6 months, no incontinence	Standard
• Catheter use	Decline
<b>Blindness (Refer to Vision loss)</b>	
<b>Blood Clot (Refer to Deep Vein Thrombosis)</b>	
<b>Bone Marrow Transplant</b>	
• > 5 years, well followed	Substandard
• ≤ 5 years	Decline
<b>Bowel Obstruction</b>	
• Resolved fully recovered, no residuals, > 6 months, with or without surgery	Standard
<b>Brain Tumor (See also Meningioma)</b>	
• Benign, surgically removed, no residuals >24 months	Individual Consideration
<b>Bronchiectasis</b>	
• Mild, non-smoker, FEV1 > 70%	Standard
• Moderate, non-smoker, FEV1 60 – 70%	Individual Consideration
• Severe, chronic steroid use, FEV1 < 60%, with smoking/tobacco/nicotine use in the last 2 years	Decline
<b>Bronchitis</b>	
• Mild, acute episodes	Standard

<ul style="list-style-type: none"> <li>Moderate, occasional steroid use, non-smoker</li> </ul>	Individual Consideration
<ul style="list-style-type: none"> <li>Diagnosed as chronic, reduced PFT's, treated with multiple medications including chronic steroids, with smoking/tobacco/nicotine use in the last 2 years</li> </ul>	Decline
<b>Buerger's Disease</b>	Decline
<b>Build (Refer to Build Chart)</b>	
<b>Bulimia</b>	Decline
<b>Bunions</b>	
<ul style="list-style-type: none"> <li>No planned surgery or limitations with mobility</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Treated surgically with no residuals or complications</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Unilateral, surgery pending – not requiring general anesthesia, no co-morbid, no limitations with mobility</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use, bilateral surgery, chronic lung disease, CHF, heart arrhythmia, coagulation disorders, prior negative reaction to anesthesia</li> </ul>	Postpone until surgery completed, fully recovered and released
<b>Bursitis</b>	
<ul style="list-style-type: none"> <li>Mild, stable &gt; 3 months</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Moderate/Chronic in weight bearing joint &gt; 3 months</li> </ul>	Individual Consideration
<ul style="list-style-type: none"> <li>Severe or injection &lt; 3 months</li> </ul>	Decline
<b>Cancer</b>	
<b>Bladder</b>	
<ul style="list-style-type: none"> <li>Single occurrence, fully recovered for 1 year</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Recurrent or under treatment</li> </ul>	Decline
<b>Bone</b>	
<ul style="list-style-type: none"> <li>Fully recovered for 8 years</li> </ul>	Standard
<b>Breast</b>	
<ul style="list-style-type: none"> <li>Stage 0 or in situ, surgically removed, fully recovered for 1 year</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Stage I: surgically removed, fully recovered for 2 years</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Stage II: surgically removed, fully recovered 3 years</li> </ul>	Individual Consideration
<ul style="list-style-type: none"> <li>Stage I, II with 2-3 lymph nodes &gt; 5 years ago, no metastasis to organs other than tissue</li> </ul>	Substandard (Max. \$100,000 1-2% MB)
<ul style="list-style-type: none"> <li>Inflammatory Breast, fully recovered 10 years</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Recurrent or positive lymph nodes</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Stage III or above</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Surgery pending</li> </ul>	Decline
<b>Brain</b>	
<ul style="list-style-type: none"> <li>Surgically removed, fully recovered for 3 years, no residuals</li> </ul>	Individual Consideration

<b>Colon/Rectal</b>	
• Surgically removed, no positive nodes, fully recovered for 2 years	Standard
<b>Esophageal – (Refer to Tongue)</b>	
<b>Kidney</b>	
• Surgically removed, fully recovered for 2 years, normal KFT's	Standard
<b>Malignant melanoma</b>	
• Clark's Level I, treatment free > 1 year	Standard
• Clark's Level 2, fully recovered for 2 years	Standard
• Clark's Level 3, fully recovered for 3 years	Standard
• Clark's Level 4, fully recovered for 5 years	Standard
• Recurrent, metastatic, or active	Decline
<b>Mouth – see Tongue</b>	
<b>Liver</b>	Decline
<b>Lung</b>	
• Fully recovered for 2 years, no impairment in pulmonary function, non-smoker for 2 years	Substandard
<b>Ovary</b>	
• Surgically removed, fully recovered for 3 years	Standard
<b>Pancreas</b>	
• Fully recovered for 5 years, well managed with regular doctor visits	Standard
<b>Peritoneal</b>	
• Surgically removed and treatment free for 1 year	Standard
<b>Prostate</b>	
<b>Watchful Waiting Treatment Option</b>	
• In situ, Stage 0-II A or B, tumor well differentiated or moderately well differentiated, Gleason score $\leq 6$ at time of diagnosis	Substandard (Max. \$100,000 1-2% MB)
• All other stages or Gleason score > 6 at time of diagnosis	Decline
<b>Treatment completed (Surgical, chemotherapy and/or radiation)</b>	
• Stage 0 or in situ, Gleason score 0-6, fully recovered, no residuals >12 months, PSA $\leq 0.5$	Standard
• Stage I-II, surgery and treatment free for 2 years, PSA $\leq 0.5$ , no complications	Standard
<b>With or Without Treatment</b>	
• Stage III- IV or metastatic	Decline
<b>Skin</b>	
• Squamous and basal cell, treated without chemo or radiation, fully recovered	Preferred
<b>Stomach</b>	
• Surgery and treatment free for 2 years, normal labs, stable weight, no limitations	Standard
<b>Tongue</b>	
• Stage 1-2 fully recovered >2 years	Standard
• With tobacco use within last 2 years	Decline
<b>Thyroid</b>	
• Surgically removed and treatment free for 1 year	Standard

<b>Uterine</b>	
• Surgically removed and treatment free for 1 year	Standard
<b>Cardiac Arrhythmia</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Infrequent episodes, cardioversion, 0-6 months	Postpone
• Infrequent episodes, 6 months to 2 years, non-smoker	Standard
• Over 2 years, infrequent episodes, non-smoker	Standard
• Cardiac Rehab or rehab < 12 months	Decline
<b>Cardiac Defibrillator (AICD implant)</b>	
	Decline
<b>Cardiomyopathy</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Mild, stable > 1 year, no episodes of CHF within 2 years, EF > 45%, non-smoker	Substandard (Max. \$100,000 1-2% MB)
• Mild, stable > 3 years, no episodes of CHF within 1 year, EF >45%	Standard
• With comorbid: atrial fibrillation, coronary artery disease, valve disorder, pacemaker, diabetes, COPD, TIA, CVA, Stroke, Carotid Artery Disease	Decline
• Severe, progressive, restrictive, or alcoholic induced, or recurrent episodes of CHF	Decline
<b>Carotid Artery Stenosis / Carotid Bruit</b>	
• Bilateral stenosis < 50%, unilateral < 70%, asymptomatic, no progression, non-smoker > 2 years, no history of TIA or stroke	Standard
• Endarterectomy or carotid artery stenting, over 6 months, non-smoker > 2 years, no history of TIA or stroke	Standard
• Endarterectomy or carotid artery stenting, over 6 months with tobacco use in last 2 years	Decline
• In conjunction with: diabetes, coronary artery disease, Cardiomyopathy, CVA, TIA, Myocardial Infarction, PVD, restenosis after prior endarterectomy or stenting	Decline
<b>Carpal Tunnel Syndrome</b>	
• No symptoms in 6 months	Preferred
• Chronic, mild symptoms	Standard
• Chronic, moderate symptoms	Standard
• Surgery pending, regular narcotic use, functional limitations	Decline
• Surgery complete, fully recovered, over 3 months	Standard
<b>Cataracts</b>	
• Treated surgically with no residuals or complications	Preferred
• Single eye, surgery pending – not requiring general anesthesia, no co-morbid	Preferred
• Surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use, bilateral surgery, chronic lung disease, CHF, heart arrhythmia, coagulation disorders, prior negative reaction to anesthesia	Postpone until surgery completed, fully recovered and released
• Visual impairment causing limitations or restrictions	Decline
<b>C. Difficile</b>	
• Treated fully recovered over 6 months	Preferred

<b>Cerebral Palsy</b>	
• Independent, no mechanical aids, no cognitive or physical abnormalities	Individual Consideration
• Symptomatic, decreased muscle strength, current treatment	Decline
<b>Cerebral Vascular Accident (CVA) / Stroke</b>	
• Single episode, fully recovered (no residuals), over 2 years, no tobacco use in last 2 years	Substandard (Max. \$100,000 1-2% MB)
• Single episode, fully recovered, (no residuals) over 5 years, no tobacco use in last 2 years	Standard
• Multiple episodes (2 or more)	Decline
• With comorbid: Diabetes, atrial fibrillation, AAA, cardiomyopathy, coronary artery disease, peripheral vascular disease, cerebral vascular disease/CVA/Stroke, mitral valve disease, Polycythemia Vera, valvular heart disease, carotid artery disease, thrombotic disorder, arteriovenous malformation, polycystic kidney disease, TIA, smoker in last 2 years	Decline
<b>Cervical Dystonia</b>	Decline
<b>Charcot-Marie-Tooth</b>	Decline
<b>Cholelithiasis</b>	
• Asymptomatic, over 3 months	Preferred
• Surgically treated, over 3 months, no complications	Preferred
• Pending surgery	Postpone
<b>Chronic Fatigue Syndrome</b>	
• In remission, no ADL/IADL limitations, 0- 2 years	Substandard
• In remission, no limitations, over 2 years	Standard
• In remission, no limitations, over 5 years	Preferred
• In conjunction with fibromyalgia/depression	Decline
<b>Chronic Hepatitis</b>	Decline
<b>Chronic Kidney Disease (Refer to Kidney Failure/Insufficiency)</b>	
<b>Chronic Obstructive Pulmonary Disease (COPD) / Emphysema</b>	
• Mild, high activity level, FEV1 > 60%, no symptoms, treated with 1 medication, stable > 6 months	Standard
• Moderate, treated with 2 or more medications, FEV1 < 60%, stable > 6 months	Substandard
• Severe, significant symptoms	Decline
• In conjunction with: atrial fibrillation, cardiomyopathy, CHF, cor pulmonale, lung surgery, pulmonary hypertension, scoliosis or kyphosis resulting in pulmonary function impairment	Decline
• Smoking/tobacco/nicotine use (current or within last 2 years)	Decline
• Chronic, oral Prednisone use ≤ 5mg qd or ≤ 7.5mg every other day and stable for 6 months	Substandard
• Chronic, oral Prednisone > 5 mg qd or > 7.5mg every other day in the past 12 months	Decline
<b>Cirrhosis</b>	Decline
<b>Cognitive Impairment</b>	Decline
<b>Colitis / Ulcerative colitis / Crohn's Disease</b>	
• Irritable bowel syndrome or spastic colitis	Standard

• Treated with Biologics/Remicade, Enbrel, in remission for 24 months	Substandard (Max. \$100,000 1-2% MB)
• Active within 1 year	Decline
• Surgically treated, recovered for 1 year	Standard
• With complications: frequent flares, weight loss, bowel incontinence	Decline
• Treated with antineoplastic medications or $\geq 5$ mg of steroids daily or multiple surgeries	Decline
• Ischemic colitis, complete remission > 2years	Substandard (Max. \$100,000 1-2% MB)
<b>Congestive Heart Failure</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Single episode, fully recovered, 0 - 1year	Decline
• Single episode, fully recovered, 1-2 years	Substandard
• Single episode, fully recovered over 2 years	Standard
• Symptomatic, recurrent, smoker in last 2 years, or EF < 45%	Decline
• Treated with Steroids or immunosuppressant in the past 3 years	Decline
• History of asthma, atrial fibrillation, COPD, insulin dependent diabetes, pulmonary hypertension	Decline
<b>Coronary Artery Disease (Refer to Myocardial Infarction)</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Treated and asymptomatic, s/p angioplasty/stent, stable 6 months	Standard
• Bypass surgery (CABG), fully recovered for 6 months, no restrictions on activities	Standard
• In conjunction with insulin dependent diabetes	Individual Consideration
• Ongoing, unstable angina, stenosis > 70% or EF <45%	Decline
• In conjunction with history of: • Cardiomyopathy, Carotid Artery Disease, Congestive Heart Failure, Peripheral Vascular Disease, Stroke or TIA, multiple surgeries, re-stenosis of previously treated vessel, 3 MI's or more, pulmonary HTN, Retinal Artery Occlusion, poorly controlled diabetes	Decline
<b>CREST Syndrome</b>	Decline
<b>Crohn's Disease (Refer to Colitis/Ulcerative Colitis)</b>	
<b>Cushing's Syndrome</b>	
• Asymptomatic, no complications, <10mg steroids	Standard
• Symptomatic, > 9mg steroids	Decline
• Surgery, recovered > 6 months, no complications	Standard
• Surgery recommended	Decline
<b>Cystic Fibrosis</b>	Decline
<b>Cystitis</b>	
• With current treatment	Standard
• No treatment no symptoms	Preferred
<b>Cystocele</b>	
• Pending surgery	Postpone

• Surgery completed, fully recovered without complications	Preferred
<b>Deafness</b>	
• Partial hearing loss, adequately corrected with hearing aids	Preferred
• Total hearing loss, one ear	Preferred
• Total hearing loss, both ears, over 1 year, no limitations	Standard
<b>Deep Vein Thrombosis</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Single episode, over 5 years	Preferred
• Single episode, over 12 months	Standard
• Multiple episodes 0-1 year	Decline
• Multiple episodes over 12 months ago	Individual Consideration
• With blood clotting disorders on anticoagulation therapy single episode over 12 months	Standard
• With blood clotting disorders on anticoagulation therapy multiple episodes	Decline
• In conjunction with a history of CVA/stroke	Decline
<b>Defibrillator</b>	Decline
<b>Degenerative Disc Disease (Refer to Back Disorder)</b>	
<b>Dementia</b>	Decline
<b>Depression / Dysthymia</b>	
• Undiagnosed	Postpone
• New onset diagnosis < 6 months	Postpone
• New onset, situational, controlled with minimal medication over 6 months	Standard
• Diagnosed as Major, Manic, or Chronic, fully functional, no hospitalizations for 5 years, < 3 meds, no antipsychotic medication, no mood stabilizers, no anticonvulsant medications	Standard
• Diagnosed as Major, Manic, or Chronic, fully functional, no hospitalizations for 5 years, < 3 meds, no antipsychotic medication with use of mood stabilizers, or anticonvulsant medications	Individual consideration Substandard at Best (Max. \$100,000 1-2% MB)
• Severe, chronic use of uninsurable or multiple medications (3 or more), frequent exacerbations, multiple ER visits, or suicide attempt	Decline
• In conjunction with a history of Chronic Fatigue Syndrome	Decline
• ECT within 5 years	Decline
<b>Diabetes</b>	
• Multi-life applicants treated with Insulin	Decline
• Juvenile, Type 1, or Brittle	Decline
<b>Type 2 Diabetes All Treatment Options</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• New onset diagnosis < 6 months	Postpone
• Adjustment in treatment within last 6 months (Note: if adjustment is a reduction in medication, immediate consideration may be given <b>if the original treatment plan was within below acceptable guidelines.</b> )	Postpone
• HgA1C ≥ 8, FBS > 180 any treatment combination	Decline



• Treated with greater than 70 units of insulin	Decline
• Treated with greater than 2 oral medications (Note: combination drugs are counted as 2 oral medications)	Decline
• With comorbid: Progressive or moderate neuropathy, nephropathy, renal insufficiency, polycystic kidney disease, PVD, retinopathy, CVA, TIA, cardiomyopathy, CHF, cerebral vascular disease, uncontrolled hypertension, abdominal aortic aneurysm, or carotid artery disease, valvular heart disease	Decline

#### Type 2 Diabetes Not Requiring Insulin Treatment, Well Controlled

• Well controlled over 6 months with diet or 1-2 oral medication, FBS $\leq$ 154, HgA1C $\leq$ 7, no complications (Note: Combination drugs are counted as 2 oral medications)	Standard
• Well controlled over 6 months with diet or 1-2 oral medications, FBS $\leq$ 154, HgA1C $\leq$ 7 with mild, non-progressive neuropathy, non-limiting, no comorbid (Note: combination drugs are counted as 2 oral medications)	Substandard (Max. \$100,000)
• Controlled over 6 months with diet or 1-2 oral medications, FBS 155-182, HgA1C 7.1-7.9 with or without mild, non-progressive neuropathy, non-limiting, no comorbid (Note: Combination drugs are counted as 2 oral medications)	Substandard (Max. \$100,000 1-2% MB)

#### Type 2 Diabetes Requiring Combination Treatment, Well Controlled

• Well controlled over 6 months treated with 1-2 oral medications and 1-50 units of insulin, FBS $\leq$ 154, HgA1C $\leq$ 7, without neuropathy, no comorbid. (NOTE: Combination drugs are counted as 2 oral medications)	Substandard (Max. \$100,000)
• Controlled over 6 months treated with 1-2 oral medications and 1-50 units of insulin, FBS 155-182, HgA1C 7.1-7.9, without neuropathy, no comorbid (Note: Combination drugs are counted as 2 oral medications)	Substandard (Max. \$100,000 1-2% MB)
• Treated with 1-2 oral medications and 1-50 units of insulin with mild, non-progressive neuropathy	Decline
• Treated with > 2 oral medications and > 50 units of insulin	Decline

#### Type 2 Diabetes Requiring Insulin Treatment, Well Controlled

• Well controlled over 6 months with 1-50 units of insulin, FBS $\leq$ 154, HgA1C $\leq$ 7, no complications	Standard
• Well controlled over 6 months with 1-50 units of insulin, FBS $\leq$ 154, HgA1C $\leq$ 7, with mild, non-progressive neuropathy, non-limiting, no comorbid	Substandard (Max. \$100,000)
• Controlled over 6 months with 1-50 units of insulin, FBS 155-182, HgA1C 7.1-7.9 with or without mild, non-progressive neuropathy, non-limiting, no comorbid	Substandard (Max. \$100,000 1-2% MB)
• Well controlled over 6 months with 50-70 units of insulin, FBS $\leq$ 154, HgA1C $\leq$ 7, without neuropathy, no comorbid	Substandard (Max. \$100,000 1-2% MB)
• Insulin Pump, well controlled over 6 months no change in basal rate > 12 months, total daily unit (basal rate plus bolus rate) < 70 units, FBS $\leq$ 154, HgA1C $\leq$ 7, without neuropathy, no comorbid, no diagnosis of Brittle Diabetes	Substandard (Max. \$100,000 1-2% MB)

#### Dialysis

Decline

#### Discoid Lupus

• Systemic lupus erythematosus ruled out, firm diagnosis > 1 year, no organs involved, no complications	Standard
• With Raynaud's or arthritis	Substandard (Max. \$100,000 1-2% MB)
• Treated with Plaquenil and/or Methotrexate $\leq$ 15mg/wk	Substandard

<b>Diverticulitis / Diverticulosis</b>	
• Minimal symptoms, managed medically, no flares within 6 months	Preferred
• Hospitalized >3months ago, no current symptoms	Standard
• Treated surgically, >6 months, no current symptoms, stable weight	Standard
• Surgery planned or moderate symptoms within 6 months	Postpone
<b>Dizziness (Refer to Vertigo or Benign Positional Vertigo)</b>	
<b>Down's Syndrome</b>	Decline
<b>Drug Dependency / Abuse</b>	
• Drug free for 5 years	Standard
• On-going drug use or residuals: confusion, cognitive impairment, physical impairment	Decline
• Illegal drug use within 5 years	Decline
<b>Eating Disorders (Refer to Anorexia or Bulimia)</b>	
<b>Edema (Refer to underlying disease process)</b>	
<b>Ehlers-Danlos Syndrome</b>	Decline
<b>Emphysema (Refer to Chronic Obstructive Pulmonary Disease)</b>	
<b>Encephalitis</b>	
• Complete recovery > 6 months	Standard
• No organic brain syndrome or cognitive issues	Standard
• Residuals	Decline
<b>Encephalopathy</b>	Decline
<b>Endarterectomy or Carotid Artery Stenting (See also Carotid Artery Disease)</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Surgery completed > 6 months with no residuals	Standard
• With history of TIA, stroke, or diabetes	Decline
<b>Endocarditis</b>	
• Single episode, fully recovered for > 6 months	Standard
• Recurrent episodes	Decline
<b>Epilepsy (Refer to Seizure Disorder)</b>	
<b>Esophageal Varices</b>	Decline
<b>Factor 5 Leiden (Refer to Deep Vein Thrombosis)</b>	
<b>Fibromyalgia</b>	
• Asymptomatic and treatment free >3 years	Standard
• Mild, treated with one medication, no restriction in activity, no flares within 6 months	Standard
• Moderate, treated with > one medication, no restriction in activity, no flares within 6 months	Substandard (Max. \$100,000 1-2% MB)
• New onset or flare within 6 months	Decline
• Chronic narcotic use	Decline
• In conjunction with chronic fatigue	Decline
• In conjunction with depression treated with 2 or more medications	Decline
<b>Fibromuscular Dysplasia</b>	Decline

**Forgetfulness**

• No symptoms for 1 year, neuropsych work-up normal	Standard
• Current symptoms or unknown etiology	Decline
• Noted as forgetfulness consistent with age	Individual Consideration
• CT or MRI of brain indicating atrophy, ischemic or small vessel changes	Decline

**Foot Drop (Underwrite for cause)****Fractures**

• Non-weight bearing bone, no osteoporosis, full recovery with no limitations > 3 months	Preferred
• Weight bearing bone, no osteoporosis, full recovery with no limitations > 6 months	Preferred
• Compression Fracture related to trauma, no osteoporosis, full recovery with no limitations > 12 months	Standard
• Pelvic Fracture, no osteoporosis, full recovery with no limitations > 12 months	Standard
• Currently undergoing physical therapy	Postpone
• Surgery recommended or anticipated	Postpone
• Multiple fractures secondary to falls (3 or more within 2 years)	Decline
• Related to osteoporosis or Paget's Disease, Avascular Necrosis	Decline

**FUCH's Dystrophy**

• Stable, no vision loss, corneal transplant not recommended or completed, fully recovered	Standard
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**Gallbladder Disease (Cholelithiasis)**

• Surgically removed, full recovery with no complications	Preferred
• Present, minimal symptoms	Preferred
• Current, surgery anticipated or scheduled	Postpone

**Gastric Bypass Surgery/Gastric Sleeve**

• Recovered for 2 years, no complications	Standard
• Surgery within 2 years	Postpone
• Surgical complications: Dumping syndrome, anemia, abnormal lab studies	Decline

**Gastritis (Refer to Peptic Ulcer)****Gaucher's**

• Surgically treated with splenectomy > 5 years, no organ involvement, normal labs	Standard
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**Glaucoma**

• No visual impairment, medically treated, stable IOP 10-21	Preferred
• Surgically treated > 3 months with no limitations	Standard
• Progressive visual loss	Decline
• Vision loss affecting ADLS / IADLS	Decline

**Gilbert's Syndrome**

• Normal Liver Function Tests	Standard
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**Glomerulonephritis**

• Fully resolved, acute, KFT's normal, no kidney damage	Standard
• Diagnosed a chronic, abnormal KFT's, proteinuria	Decline

<b>Gout</b>	
• Controlled with medication, no joint involvement, no flares in last 6 months	Preferred
• Joint dysfunction	Individual Consideration
<b>Graves Disease</b>	
• Resolved	Standard
<b>Guillian-Barre Syndrome</b>	
• Recovered over 1 year, no residuals or limitations	Standard
• Residual weakness, muscle atrophy, functional limitations	Decline
• Noted as recurrent or chronic	Decline
<b>Hammertoe</b>	
• Treated surgically with no residuals or complications	Preferred
• Single digit surgery pending not requiring general anesthesia, no co-morbid, no limitations with mobility	Preferred
• Surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use, bilateral surgery, chronic lung disease, CHF, heart arrhythmia, coagulation disorders, prior negative reaction to anesthesia	Postpone until surgery completed, fully recovered and released
<b>Headaches / Migraine</b>	
• Fully investigated, non-debilitating, treated with OTC medications	Preferred
• Fully investigated, non-debilitating, treated with prescription medications	Standard
• Narcotic use	Decline
• Disabling symptoms or not completely investigated	Decline
• Limitations due to frequency of headaches	Decline
<b>Heart Murmur</b>	
• No treatment, no limitations with activity	Preferred
<b>Heart Transplant</b>	
	Decline
<b>Hemangioma (Liver)</b>	
• Benign, no secondary effects	Standard
<b>Hemiplegia</b>	
	Decline
<b>Hemochromatosis</b>	
• Mild, onset > 6 months, lab studies normal	Standard
• New onset, abnormal lab studies < 6 months	Postpone
• In conjunction with organ or joint involvement	Decline
• History of CVA, TIA, Cerebral Vascular Disease	Decline
<b>Hemophilia</b>	
• Stable lab studies, asymptomatic for > 2 years	Standard
• Symptomatic, treated with antineoplastic or steroids	Decline
• Weight loss or abnormal lab studies	Decline
• History of CVA, TIA, Cerebral Vascular Disease	Decline

<b>Hepatic Cysts</b>	
• No liver disease, LFT's normal, asymptomatic	Standard
<b>Hepatitis</b>	
• Hepatitis A, in remission > 3 months, lab studies normal	Standard
• Hepatitis B, in remission > 3 months, lab studies normal	Standard
• Hepatitis C, treatment completed and in remission > 2 years	Substandard
• Seropositive Hep C no treatment required, > 3 years, lab studies normal	Substandard
• Hepatitis D or E	Decline
• Alcoholic hepatitis	Decline
• Liver transplant completed or recommended	Decline
• Autoimmune hepatitis	Decline
<b>Hernia</b>	
• Minimal symptoms, no surgery recommended	Preferred
• Surgery completed, no complications > 3 months	Preferred
• Surgery recommended or scheduled	Postpone
<b>Herniated Disc (See also Degenerative Disc Disease or Spinal Stenosis)</b>	
• Surgery completed > 6 months, no residuals or limitations	Standard
• No surgery recommended, no flares > 6 months, no limitations	Standard
• Occasional flares (< 2 per year), no surgery recommended, no current limitations	Standard
• ADLS / IADLS affected, surgery anticipated, currently disabled	Decline
• Daily narcotic use	Decline
• Infrequent narcotic use (< weekly)	Individual Consideration
<b>Histoplasmosis</b>	
• Resolved, non-smoker, PFT's stable, symptomatic	Standard
• PFT's abnormal, recurrent episodes, current smoker	Decline
<b>Hodgkin's Disease</b>	
• Stage I and II, complete remission, stable labs, no treatment for 2 years	Standard
• Stage III, complete remission, stable labs, no treatment for 3 years	Standard
• Stage IV, complete remission, stable labs, no treatment for 4 years	Standard
• Complications causing hospitalization, ongoing radiation or chemotherapy within 2 years	Decline
• History of stem cell transplant >5 years	Substandard
<b>Huntington's Chorea or Huntington's Disease</b>	Decline
<b>Hydrocephalus</b>	Decline
<b>Hypertension</b>	
• New onset diagnosed < 6 months or uncontrolled	Postpone
• Adjustment in treatment within last 6 months (Note: If adjustment is a reduction in medication, immediate consideration may be given <b><u>if the original treatment plan was within acceptable guidelines</u></b> )	Postpone
• Treated, Average reading (1 year) < 160/90, no complications	Preferred
• Treated with 3 medications and/or average reading (1 year) < 160/90, no complications	Standard

<ul style="list-style-type: none"> <li>Treated with &gt; 3 medications, well controlled, average reading (1 year) &lt; 160/90, no complications</li> </ul>	Individual Consideration Substandard at Best
<ul style="list-style-type: none"> <li>Non-compliance with medication regimen</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Pulmonary hypertension or renal hypertension, renal insufficiency, renal stenosis, CHF last 2 years</li> </ul>	Decline
<b>Incontinence</b>	
<b>Urinary</b>	
<ul style="list-style-type: none"> <li>Diagnosed as stress, controlled with medication or exercises</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Functional, urge, or overflow incontinence</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Surgically corrected with no residual incontinence &gt; 3 months</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Catheter use permanent or intermittent (see appliances)</li> </ul>	Decline
<b>Bowel</b>	
<ul style="list-style-type: none"> <li>History of or diagnosed</li> </ul>	Decline
<b>Instrumental Activity of Daily Living (IADL) (Refer to ADL)</b>	
<b>Joint Replacement</b>	
<ul style="list-style-type: none"> <li>Independent, surgery &gt; 6 months, no assistive devices, no current limitations</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Ongoing PT, ADL or IADL limitations</li> </ul>	Decline
<b>Juvenile Macular Degeneration</b>	
	Decline
<b>Kaposi's Sarcoma</b>	
	Decline
<b>Kidney Donation</b>	
<ul style="list-style-type: none"> <li>&gt; 1 year ago, normal labs 1 year</li> </ul>	Standard
<b>Kidney Failure, Insufficiency (Renal)</b>	
<ul style="list-style-type: none"> <li>Acute, single episode, fully recovered &gt; 1 year but &lt; 2 years</li> </ul>	Substandard
<ul style="list-style-type: none"> <li>Acute, single episode, fully recovered &gt; 2 years</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Chronic renal insufficiency or failure</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Dialysis</li> </ul>	Decline
<b>Kidney Stones</b>	
<ul style="list-style-type: none"> <li>Current, without symptoms, no surgery anticipated</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Treated surgically, full recovery</li> </ul>	Preferred
<ul style="list-style-type: none"> <li>Surgery anticipated, currently symptomatic</li> </ul>	Postpone
<b>Kidney Transplant</b>	
<ul style="list-style-type: none"> <li>Identical match (6 point match), &gt; 5 years, renal function WNL, no symptoms</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Symptomatic, renal function abnormal, renal failure</li> </ul>	Decline
<b>Labrynthitis</b>	
<ul style="list-style-type: none"> <li>Single episode, well controlled with medication, stable, no falls</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Neurological symptoms, history of falls</li> </ul>	Decline
<b>Laminectomy (Refer to Back Disorders)</b>	
<b>Lap Band Surgery</b>	
<ul style="list-style-type: none"> <li>Recovered for 2 years, no complications</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Surgery within 2 years</li> </ul>	Postpone

• Surgical complications: Dumping syndrome, anemia, abnormal lab studies	Decline
<b>Leukemia</b>	
<b>Acute Lymphocytic (ALL)</b>	
• Diagnosed within past 5 years	Decline
• Diagnosed > 5 years, stable lab studies	Substandard
<b>Chronic Lymphocytic Leukemia (CLL)</b>	
• Diagnosed under age 50	Decline
• Diagnosed age 50 or above, within the last year	Decline
• Diagnosed age 50 or above, more than one year ago	Individual Consideration
• Treatment free, fully recovered, > 5 years normal lab studies	Substandard
• History of bone marrow transplant, well followed with normal lab studies for 5 years post transplant	Substandard
• History of stem cell transplant, well followed with normal lab studies for 5 years post transplant	Substandard
<b>Chronic Monocytic Leukemia</b>	
	Decline
<b>Hairy Cell Leukemia</b>	
• Treatment free, fully recovered > 5 year normal lab studies	Substandard
<b>Large Cell Leukemia</b>	
	Decline
<b>Leukopenia (See also Chronic Lymphocytic Leukemia)</b>	
• Negative biopsy, stable labs, over age 50 at diagnosis, > 1 year ago	Substandard
<b>Liver Transplant</b>	
	Decline
<b>Lou Gehrig's Disease (ALS)</b>	
	Decline
<b>Lupus (Discoid) (Refer to Discoid Lupus)</b>	
<b>Lupus (Systemic Lupus Erythematosus)</b>	
	Decline
<b>Lyme Disease</b>	
• Fully recovered for > 6 months, no residuals	Standard
• Residuals, ongoing treatment	Decline
<b>Lymphoma (Refer to Hodgkin's Disease or Non-Hodgkin's Lymphoma)</b>	
<b>Lynch Syndrome</b>	
	Decline
<b>Macular Degeneration</b>	
• Non-progressive, no ADL or IADL limitations	Standard
• Progressive	Decline
• ADL or IADL limitations	Decline
• Diagnosed < 1 year	Postpone
<b>Major Depression (Refer to Bipolar Disorder)</b>	
<b>Marfan Syndrome</b>	
	Decline
<b>Marie Strumpell Disease</b>	
	Decline
<b>Melanoma (Refer to Cancer)</b>	
<b>Memory Loss</b>	
• No symptoms for 1 year, neuropsych work-up normal	Standard

• Current symptoms or unknown etiology	Decline
• Noted as forgetfulness consistent with age	Individual Consideration
• CT or MRI of brain indicating atrophy, ischemic or small vessel changes	Decline
<b>Meniere's Disease</b>	
• Fully recovered > 2 years with no neurological symptoms, with or without use of occasional medications for intermittent symptoms	Standard
• Diagnosed or symptomatic < 2 years	Decline
<b>Meningioma</b>	
• Completely removed, full recovery, no residuals > 2 years	Standard
• Malignant	Decline
• Untreated, surgery not recommended, diagnosed >2 years	Individual Consideration
<b>Meningitis</b>	
• Fully recovered, no residuals, treatment free > 12 months	Standard
• Current treatment, diagnosed as chronic / recurrent, or residuals	Decline
<b>Mental Retardation</b>	
	Decline
<b>Mesothelioma</b>	
	Decline
<b>Migraine Headaches (Refer to Headaches)</b>	
<b>Mitral Valve Prolapse (See also Valvular Heart Disease)</b>	
• Surgery not anticipated, asymptomatic	Standard
• Surgery recommended, symptomatic, or severe	Decline
<b>Mixed Connective Tissue Disease</b>	
	Decline
<b>Monoclonal Gammopathy</b>	
• No progression in 2 years, asymptomatic, normal blood studies	Substandard (Max. \$100,000 1-2% MB)
<b>Morton's Neuroma (See Bunion)</b>	
<b>MRSA</b>	
• Treated, no formal wound care, fully recovered > 3 months	Preferred
• Treated, formal wound care, fully recovered > 3 months	Standard
<b>Multiple Endocrine Neoplasia</b>	
	Individual Consideration Standard at Best
<b>Multiple Myeloma</b>	
	Decline
<b>Multiple Personalities</b>	
	Decline
<b>Multiple Sclerosis</b>	
	Decline
<b>Muscular Atrophy</b>	
	Decline
<b>Muscular Dystrophy</b>	
	Decline



<b>Myasthenia Gravis</b>	
• Treatment and symptom free, no limitations for > 5 years	Individual Consideration Substandard at Best
• Decrease in muscle function, long-term corticosteroid use	Decline
• Thymus gland removed > 2 years, no symptoms or residuals	Standard
• Ocular only, no deterioration of vision, no ADL / IADL limitations, > 3 years since diagnosed	Standard
<b>Mycobacterium Arum Complex (MAC)</b>	Decline
<b>Myelodysplasia</b>	Decline
<b>Myocardial Infarction (See also Coronary Artery Disease)</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Treated and asymptomatic, stable 6 months	Standard
• In conjunction with Insulin Dependent Diabetes	Individual Consideration Substandard (Max. \$100,000 1-2% MB)
• Ongoing, unstable angina, stenosis > 70% or EF <45%	Decline
• In conjunction with: history of Cardiomyopathy, Carotid Artery Disease, Congestive Heart Failure, Peripheral Vascular Disease, Stroke or TIA, multiple surgeries or re-stenosis of previously treated vessel, 3 MI's or more	Decline
<b>Narcolepsy</b>	
• Well controlled, asymptomatic, no medications for > 1 year	Preferred
• Well controlled, asymptomatic, fully functional with treatment	Individual Consideration Standard at Best
• Functional limitations or unresponsive to treatment	Decline
<b>Nephrectomy</b>	
• One kidney, > 1 year renal function within normal limits	Rate for Cause
• Both kidneys	Decline
<b>Neurofibroma (See also Acoustic Neuroma or Schwannoma)</b>	
• Surgically removed, no residuals > 1 year	Standard
• Untreated, with balance disturbance, falls, or current seizures	Decline
<b>Neurogenic Bladder</b>	Decline
<b>Neurogenic Bowel</b>	Decline
<b>Neuropathy (Peripheral Neuropathy, Neuralgia, Neuritis)</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• New onset < 6 months, work-up in progress	Postpone
• Mild, no limitations or progression, no treatment	Standard
• Mild, nonprogressive with medication	Individual Consideration Substandard at Best

• Moderate to severe, progressive, current smoker	Decline
• History of falls secondary to neuropathy	Decline
• Polyneuropathy	Decline
<b>Non-Hodgkin's Lymphoma</b>	
• Stage I - II, treatment completed > 3 years, normal blood studies, renal function WNL	Standard
• Stage III and IV, treatment completed > 4 years, normal blood studies, renal function WNL	Standard
• Bone marrow transplant, well followed > 5 years	Substandard
• Weight loss, fatigue, night sweats, or fever within 1 year	Decline
• Diffuse Large B Cell	Decline
• History of stem cell transplant > 5 years	Substandard
<b>Obsessive Compulsive Disorder (OCD)</b>	
• New onset diagnosis < 6 months	Postpone
• Mild, stable for > 6 months, normal daily activities, fully functional and able to work without interference, treated with 1-2 medications, no antipsychotic medication, no mood stabilizers, no anticonvulsant medications	Standard
• Stable for > 6 months, normal daily activities, fully functional and able to work without interference, treated with 1-2 medications which may include mood stabilizers or anticonvulsants, no antipsychotics	Individual Consideration Substandard at best (Max. \$100,000 1-2% MB)
• Moderate to Severe, affecting employment or activities	Decline
• Treated with 3 or more medications or requiring antipsychotic medication	Decline
• Psychiatric hospitalization < 5 years ago	Decline
<b>Ocular Histoplasmosis Syndrome</b>	
• Diagnosed < 1 year	Postpone
• Non-progressive, no ADL or IADL limitations	Standard
• Progressive	Decline
• ADL or IADL limitations	Decline
<b>Organic Brain Syndrome</b>	Decline
<b>Organ Transplants</b>	Decline
• Exception of Kidney (see Kidney Transplant)	Individual Consideration
<b>Osteoarthritis (Refer to Arthritis)</b>	
<b>Osteomyelitis</b>	
• Single episode, single bone involvement, recovered > 1 year	Standard
• Chronic or recurrent, residuals, or history of fracture due to osteomyelitis	Decline
<b>Osteopenia</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• T-scores -2.5 or less, no fractures, preventative treatment	Preferred
<b>Osteoporosis</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• T-scores -3.5 or less, under prescription drug treatment, no fractures related to osteoporosis	Standard

• T-scores -3.6 to -4.0, under prescription drug treatment, no fractures related to osteoporosis	Substandard
• T-scores -4.0 or less, no prescription drug treatment, no fractures related to osteoporosis	Substandard (Max. \$100,000 1-2% MB)
• T-score over -4.0	Decline
• History of compression fractures, or history of falls	Decline
<b>Osteosarcoma</b>	
• Fully recovered, in remission, no recurrence > 10 years	Standard
<b>Pacemaker</b>	
• Stable, recovered > 6 months	Standard
• Scheduled surgery or recommended	Postpone
• With defibrillator, chronic atrial fibrillation	Decline
<b>Paget's Disease of the Bone</b>	
• Mild, non-progressive, asymptomatic, no ADL / IADL limitations	Standard
• History of fracture	Decline
• Active, symptomatic (bone pain), or abnormal labs	Decline
<b>Pancreatic Insufficiency</b>	Decline
<b>Pancreatitis</b>	
• Acute pancreatitis, single episode, recovered > 1 year	Standard
• Recurrent episodes	Decline
• Diagnosed as alcohol related	Decline
<b>Panic Disorders</b>	
• Diagnosed as mild, no interference with activities or employment, treated with one medication	Standard
• Moderate, able to work, treated with > one medication	Substandard
• Severe	Decline
<b>Paralysis (Paresis)</b>	Decline
<b>Parathyroid Disease (Refer to Thyroid Disorders)</b>	
<b>Paraplegia</b>	Decline
<b>Parkinson's Disease</b>	Decline
<b>Peptic Ulcer Disease</b>	
• Medically managed, diagnosed over 3 months	Preferred
• Surgically repaired, no complications, > 6 months	Standard
• With history of hemorrhage, single episode, over 1 year	Standard
• Multiple episodes of hemorrhage, unstable weight, lab studies abnormal	Decline
<b>Pericarditis (Acute, Bacterial, or Viral)</b>	
• Single episode, complete recovery, treatment free > 1 year	Standard
• Chronic or with residuals	Decline
<b>Perifoveal Telangiectasia</b>	Decline
<b>Peripheral Neuropathy (Refer to Neuropathy)</b>	

<b>Peripheral Vascular</b>	
• Mild, no claudication, asymptomatic, diagnosed > 2 years	Standard
• Mild, no claudication, asymptomatic, treated with anticoagulant, diagnosed > 2 years	Standard
• Severe, symptomatic	Decline
• With diabetes, carotid artery disease, coronary artery disease, CVA/stroke, TIA or cerebrovascular disease	Decline
• With smoking/tobacco/nicotine use in the last 2 years	Decline
<b>Surgically Corrected</b>	
• Femoral bypass > 1 year, asymptomatic, no claudication	Standard
• With diabetes, carotid artery disease, coronary artery disease, or cerebrovascular disease	Decline
• With smoking/tobacco/nicotine use in the last 2 years	Decline
<b>Personality Disorder</b>	Decline
<b>Phlebitis</b>	
• Superficial, single episode, fully recovered, 6 months	Standard
• Recurrent, with history of PVD or skin ulcers	Decline
<b>Pneumonia</b>	
• Single episode, fully recovered, no pulmonary complications, over 6 months	Preferred
• Recurrent episodes or resistant to antibiotics	Decline
<b>Polio or Poliomyelitis</b>	
• Fully recovered, no ADL / IADL limitations, no appliances, no evidence of post polio syndrome	Standard
• Progressive, use of DME, or diagnosis of post-polio syndrome	Decline
• Narcotic use for pain control	Decline
<b>Polyarteritis</b>	Decline
<b>Polycystic Kidney Disease</b>	
• Kidney function WNL, no evidence of renal damage	Standard
• Kidney function abnormal, progressive	Decline
• In conjunction with cerebral vascular disease, cerebral aneurysm, CVA, TIA, valvular heart disease or diabetes	Decline
<b>Polycythemia Vera</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Blood studies normal over 1 year, platelets 150-440K, maintenance phlebotomies 6 or less times per year	Standard
• With unexplained weight loss, fatigue, headaches, or dizziness	Decline
• In conjunction with TIA, CVA/stroke, or amaurosis fugax	Decline
<b>Polymyalgia Rheumatica / PMR</b>	
• In remission > 1 year, asymptomatic, treatment free	Standard
• Asymptomatic, treated with chronic low dose steroids ( $\leq$ 5mg per day), stable > 1 year	Substandard
• Symptomatic, > 5 mg steroids per day, muscle weakness	Decline
• Use of narcotics to control pain	Decline
<b>Polymyositis</b>	
• In remission and symptom free for > 3 years	Standard

• Active, chronic steroid use, current PT or OT	Decline
• Narcotics required to control pain	Decline
<b>Post Polio Syndrome</b>	Decline
<b>Post-Traumatic Stress Disorder / PTSD</b>	
• Mild, treated with < three antidepressants, no interference with activities or working	Standard
• Moderate to severe, affects activities or work	Decline
• Treated with anti-psychotic medications or ≥ three antidepressants	Decline
<b>Pre-Diabetes</b>	
• Defined as FBS < 126mg/dl and HgA1C less than 6.4% during the past 12 months, not requiring prescription drug treatment	Preferred
<b>Primary Biliary Cirrhosis</b>	
• Diagnosed over age 65 years, asymptomatic, normal LFT's for > 1 year, no autoimmune, no progression	Substandard (Max. \$100,000 1-2% MB)
• Diagnosed age 65 years old or younger	Decline
• Elevated LFTs within past year or symptomatic	Decline
<b>Primary Sclerosing Cholangitis</b>	Decline
<b>Prostatitis</b>	
• Diagnosed as Prostatitis	Preferred
• PSA 5.5 and below, age 60 or below	Preferred
• PSA 7.5 and below, over age 60	Preferred
• PSA > 7.5 and < 20, biopsy negative, well followed	Standard
• PSA > 7.5, no biopsy	Decline
<b>Psoriasis</b>	
• Mild controlled with medications (non-biologics)	Preferred
• Mild to moderate, controlled with biologics (e.g. Humira or Enbrel)	Standard
• Severe or in conjunction with complications	Decline
<b>Psoriatic Arthritis (Underwrite as Rheumatoid Arthritis)</b>	
<b>Psychosis</b>	Decline
<b>Pulmonary Embolism</b>	
• Single occurrence, full recovery for > 1 year, no complications or residuals	Standard
• Current or within past year or currently under treatment	Decline
• Requiring Greenfield or other filter	Decline
<b>Pulmonary Fibrosis</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Localized, incidental finding, PFT's WNL, non-smoker	Standard
• Active disease, PFT's abnormal, or smoker	Decline
<b>Pulmonary Hypertension</b>	Decline
<b>Quadriplegia</b>	Decline
<b>Raynaud's Disease</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline

• Well diagnosed, no connective tissue disease, diagnosed > 1 year	Standard
• In conjunction with Systemic Lupus or Scleroderma, systemic involvement	Decline
• In conjunction with Discoid Lupus	Substandard (Max. \$100,000 1-2% MB)
<b>Reflex Sympathetic Dystrophy</b>	Decline
<b>Reiter's disease</b>	
• No organ or joint involvement, no disability	Individual Consideration
<b>Renal Failure (Refer to Kidney Failure)</b>	
<b>Restless Leg Syndrome</b>	
• Diagnosis firm, treated with 1-2 medications	Standard
• Questionable diagnosis or treated with 3 or more medication	Decline
<b>Retinal Detachment</b>	
• Corrected surgically, fully recovered, no limitations	Standard
<b>Retinitis Pigmentosa</b>	
• Stable vision, adapted to any vision loss, no ADL or IADL limitation, stable > 12 months	Standard
• ADL or IADL limitations or systemic disease	Decline
<b>Retinopathy (Diabetic)</b>	Decline
<b>Rheumatoid Arthritis (Refer to Arthritis, Rheumatoid)</b>	
<b>Rheumatic Heart Disease</b>	
• Stable, fully recovered, EF>45%, no complications > 4 years	Standard
<b>Rotator Cuff repair</b>	
• Fully recovered and released, no limitations, full range of motion	Preferred
<b>Sarcoidosis</b>	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Inactive for > 1 year, single episode, non-smoker	Standard
• Diagnosed or active within past year	Decline
• Current symptoms, treated with antineoplastic or > 10mg of steroids daily	Decline
<b>Schizophrenia</b>	Decline
<b>Sciatica (Refer to Back)</b>	
<b>Schwannoma (Refer to Acoustic Neuroma)</b>	
<b>Scleroderma</b>	
• Morphea (localized to skin)	Substandard
• Diagnosed as diffuse, progressive, or systemic	Decline
<b>Scoliosis (Refer to Back)</b>	
<b>Seizure Disorder</b>	
• Well controlled, normal MRI, no seizures in past year	Standard
• Cause unknown 1 seizure > 2 years ago	Standard
• New onset or seizure within past year	Decline
• Cause unknown or 2 or more seizures within past 2 years	Decline

<b>Senile Dementia</b>	Decline
<b>Shunts</b>	Decline
<b>Shy-Drager Syndrome</b>	Decline
<b>Sickle Cell Anemia</b>	Decline
<b>Sickle Cell Trait</b>	
<ul style="list-style-type: none"> <li>No diagnosis of Sickle Cell Anemia, normal lab studies</li> </ul>	Substandard (Max. \$100,000 1-2% MB)
<b>Sjogren's Syndrome</b>	
<ul style="list-style-type: none"> <li>Limited to dry eyes and mouth, no systemic involvement or connective tissue disease</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Secondary to connective tissue disease, systemic involvement</li> </ul>	Decline
<b>Sleep Apnea</b>	
<ul style="list-style-type: none"> <li>Mild, compliant with treatment (CPAP), well controlled &gt; 6 months, PFT's stable</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Surgically corrected &gt; 6 months, no further symptoms</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Mild to moderate OSA by AHI noncompliant with CPAP but without ongoing symptoms, no current significant daytime somnolence</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Treatment recommended, but not used, AHI 21-25 and SaO2 &gt; 85-87% or AHI 11-22 and SaO2 &gt; 88%</li> </ul>	Individual Consideration
<ul style="list-style-type: none"> <li>Use of other alternative treatment (other than CPAP/BIPAP, i.e., mouth appliance) with original sleep study values of AHI &gt;25 and/or SaO2 &lt; 85% with no follow up sleep study to prove effectiveness of alternative treatment</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Severe symptoms or non-compliance, oxygen use (Cor Pulmonale)</li> </ul>	Decline
<b>Spinal Bifida</b>	Decline
<b>Spinal Cord Injury</b>	Decline
<b>Spinal Stenosis (Refer to Back)</b>	
<b>Stargardt Disease (Juvenile Macular Degeneration)</b>	Decline
<b>Still's Disease</b>	
<ul style="list-style-type: none"> <li>Stable &lt; 5mg prednisone, no joint involvement</li> </ul>	Individual Consideration Substandard at Best
<b>Stroke (Refer to Cerebral Vascular Accident)</b>	
<b>Spondylolisthesis (Refer to Back - Spinal Stenosis)</b>	
<b>Subarachnoid Hemorrhage (Refer to Aneurysm, Cerebral)</b>	
<b>Syncope</b>	
<ul style="list-style-type: none"> <li>Single episode, diagnosed a vasovagal or benign, &gt; 1 year ago</li> </ul>	Standard
<ul style="list-style-type: none"> <li>Single episode, unknown cause, within past year</li> </ul>	Postpone
<ul style="list-style-type: none"> <li>Multiple episodes</li> </ul>	Decline
<b>Syringomyelia</b>	Decline
<b>Systemic Lupus Erythematosus (SLE)</b>	Decline
<b>Tachycardia</b>	
<ul style="list-style-type: none"> <li>With smoking/tobacco/nicotine use in the last 2 years</li> </ul>	Decline
<ul style="list-style-type: none"> <li>Infrequent episodes, 0-6 months</li> </ul>	Postpone

• Infrequent episodes, > 6 months, non-smoker	Standard
• Cardiac rehab or rehab < 12 months	Decline
<b>Temporal Arthritis (Refer to Arteritis)</b>	
<b>Tendonitis</b>	
• Mild, no limitations	Preferred
• Moderate or chronic in weight bearing joint	Individual Consideration
• Severe	Decline
<b>Tennis Elbow</b>	
<b>Thalassemia Minor</b>	
• No organ or bone involvement, normal labs, no chelation therapy in last year	Individual Consideration
<b>Thalassemia Major</b>	
Decline	
<b>Thrombocytopenia</b>	
• Treatment free for > 2 years, Platelet count stable (150 - 440K), asymptomatic	Substandard
• Splenectomy > 5 years ago	Standard
• Symptomatic, weight loss, treated with steroids or antineoplastic medication	Decline
<b>Thrombocytosis/Thrombocythemia (Refer to Polycythemia Vera and Deep Vein Thrombosis)</b>	
<b>Thrombophlebitis (Refer to Phlebitis)</b>	
<b>Thyroid Disorders</b>	
• New onset, change in treatment (not including reduction in medication dose) or uncontrolled < 3 months	Postpone
• Hyper/Hypo thyroid, well controlled, no history of goiter, nodules or complications	Preferred
• History of radioactive iodine treatment, goiter or nodules, no complications, well controlled > 6 months	Standard
• History of thyrotoxic crisis, irregular heartbeat, osteoporosis or other complications	Individual Consideration
• Cancer (Refer to Cancer, Thyroid)	
<b>Torticollis</b>	
• No limitations, full ROM	Standard
• Restricted movement, symptomatic, poor control	Decline
<b>Tourette's Syndrome</b>	
Decline	
<b>Transient Global Amnesia</b>	
• Single episode over 3 years ago, no cognitive deficits, asymptomatic	Standard
• Multiple episodes	Decline
<b>Transient Ischemic Attack - TIA</b>	
• Single episode, fully recovered with no deficits, > 2 years ago, non-smoker > 2 years	Standard
• Multiple episodes	Decline
• In conjunction with atrial fibrillation, diabetes, AAA, cardiomyopathy, coronary artery disease, peripheral vascular disease, cerebral vascular disease, thrombotic disorder, arteriovenous malformation, polycystic kidney disease, smoking/tobacco/nicotine use in last 2 years	Decline
<b>Transverse Myelitis</b>	
Decline	



<b>Tremor, Benign, Essential, Intention, Familial</b>	
• Fully investigated and diagnosed as Benign, Intention, or Familial with no limitations, independent with ADLs / IADLs, non- progressive	Standard
• Progressive or not fully investigated	Decline
• ADL or IADL limitations, ataxia, balance problems, falls, or DME use	Decline
<b>Trigeminal Neuralgia</b>	
• New onset < 6 months	Decline
• New onset < 6 months, work-up in progress	Postpone
• Mild, non-progressive, not active, controlled with medication (verify not on uninsurable list)	Individual Consideration
• Moderate to severe, chronic attacks, uncontrolled pain	Decline
<b>Tuberculosis</b>	
• Exposure only or prophylactic treatment only	Preferred
• Complete recovery, no treatment for > 1 year, PFT's WNL	Standard
• Active disease, current treatment, or abnormal PFT's	Decline
<b>Ulcerative Colitis (Refer to Colitis)</b>	
<b>Ulcer Disease (Refer to Peptic Ulcer)</b>	
<b>Underweight (Refer to Build Chart)</b>	
<b>Urethral Stricture</b>	
• Asymptomatic, < 3 dilations per year, no infection within past year	Standard
• Surgically repaired, no recurrent urinary tract infections, asymptomatic	Standard
<b>Urinary Incontinence (Refer to Incontinence)</b>	
<b>Valvular Heart Disease (MVP)</b>	
• Asymptomatic, diagnosed as trace or minimal, no treatment	Standard
• Surgically treated > 1 year ago, no current symptoms	Standard
• In conjunction with cardiomyopathy, diabetes, CVA/stroke, CHF, pulmonary hypertension, TIA, pulmonary embolism, chronic A-Fib, polycystic kidney disease	Decline
<b>Venous Insufficiency / Varicose Veins</b>	
• Confined to legs, with or without surgery > 6 months, no complications	Preferred
• Vein Stripping or Laser surgery > 6 months	Preferred
• Stasis ulcer, claudication, chronic edema	Decline
<b>Vertebral Basilar Insufficiency</b>	
	Decline
<b>Vertigo</b>	
• Asymptomatic, no episodes for > 1 year, active lifestyle	Standard
• Ongoing symptoms, falls, or balance problems	Decline
<b>Vitreous Detachment</b>	
• No vision loss, surgery complete, fully recovered 3 months	Standard
<b>Vision Loss (Impairment)</b>	
• Independent with ADLS / IADLS, non-progressive	Standard
• Progressive vision loss, dependence with ADL or IADL, not fully adapted	Decline
• Surgery pending	Postpone

<ul style="list-style-type: none"> <li>Legally blind both eyes, fully functional</li> </ul>	Individual Consideration Standard at Best
<b>Von-Hippel Lindau</b>	Decline
<b>Von Willebrand's Disease</b>	Decline
<b>Waldensrom's Macroglobulinemia</b>	Decline
<b>Wegener's Granulomatosis</b>	Decline
<b>Wernicke-Korsakoff Syndrome</b>	Decline
<b>Whipple's Disease</b>	Decline
<b>Wilson's Disease</b>	Decline
<b>Xeroderma Pigmentosum</b>	Decline

## SECTION 9. BUILD CHART

### Multi-life Applications:

The applicant's weight must be between the Preferred minimum amount and the Substandard maximum amount on the build chart below for the height of the applicant or coverage will not be offered. **This is true even if the applicant qualifies for Simplified Issue underwriting.** Note: Build Chart criteria are not used with Simplified Issue applications in California.

### Individual Applications:

The following chart is a guideline only. Applicants who have other medical conditions may still be declined for coverage even if their height and weight fall within the limits of the build chart. Applicants may also be issued a different rate class than the table below may indicate for their height/weight combination. If an applicant's weight is more than the Substandard Maximum limit, coverage will not be offered.

### BUILD CHART

HEIGHT (IN FEET & INCHES)	WEIGHT (IN POUNDS)			
	MINIMUM	PREFERRED MAXIMUM	STANDARD MAXIMUM	SUBSTANDARD MAXIMUM*
4'6"	71	120	145	170
4'7"	73	125	151	176
4'8"	76	129	156	183
4'9"	79	134	162	189
4'10"	81	139	167	196
4'11"	84	144	173	203
5'0"	87	149	179	210
5'1"	90	153	185	217
5'2"	93	159	191	224
5'3"	96	164	198	231
5'4"	99	169	204	239
5'5"	102	174	210	246
5'6"	105	180	217	254
5'7"	109	185	223	262
5'8"	112	191	230	270
5'9"	115	196	237	278
5'10"	118	202	244	286
5'11"	122	208	251	294
6'0"	125	214	258	302
6'1"	129	220	265	311
6'2"	132	226	273	319
6'3"	136	232	280	328
6'4"	140	238	288	337
6'5"	143	245	295	346
6'6"	147	251	303	355
6'7"	151	257	311	364
6'8"	155	264	319	373
6'9"	159	271	327	383
6'10"	163	277	335	392

\* Use this as maximum for Multi-life

## SECTION 10. UNINSURABLE MEDICATIONS

Any medication (prescription or over-the-counter) taken by an applicant is significant and should be reported on the application. This guide provides you with the names of some of the medications that most often result in a decline decision. The following medications indicate fairly significant health problems, which are uninsurable.

- All medications and nutrition administered via a pump are not eligible for coverage (except insulin pump which is considered on an individual basis).
- All drugs identified or classified as anti-cancer, chemotherapy or antineoplastic.
- All drugs classified as a controlled substance used regularly for conditions other than acute pain relief are not insurable. Use for acute medical conditions may be acceptable. Please call our Medical Pre-Qualification hotline to discuss your client's possible eligibility – **866-582-7705**
- All drugs identified or classified as treatment for HIV, AIDS or AIDS Related Complex.
- All drugs identified or classified as immunosuppressant (anti-rejection). When used for a history of kidney transplant refer to Section 8 and call our Medical Pre-Qualification hotline to discuss your client's possible eligibility – **866-582-7705**.

3TC

**A**

Abacavir  
Abarelix  
Abatacept  
abiraterone acetate  
Acamprosate  
Actimmune  
adefovir dipivoxil  
Adriamycin  
Agyrin  
Akineton  
Aldesleukin  
Alferon N  
Alkeran  
Altretamine  
Ambrisentan  
anagrelide  
Antabuse  
Apokyn  
Apo-Levocarb  
apomorphine  
Apo-Selegiline  
Apo-Trihex  
Aptivus  
Aranesp  
Aricept

Artane

asenapine  
atazanavir  
Atripla  
auranofin  
Avonex  
Axona  
Azidothymidine  
Azilect  
AZT (azidothymidine)

**B**

Baraclude  
Basiliximab  
Bendopa  
benztropine mesylate  
Betaseron  
bicalutamide  
BiCNU  
Biperiden  
Blenoxane  
bleomycin sulfate  
Boceprevir  
Bosentan  
brexpiprazole  
Busulfan  
Busulfex

**C**

calcium acetate  
Campral  
capecitabine  
Carbex  
carbidopa  
carboplatin  
carmustine  
Casodex  
CeeNU/CCNU  
CellCept  
cerespan  
certolizumab  
Cerubidine  
chlorambucil  
Cimzia  
cisplatin  
clozapine  
Clozaril  
Cogentin  
Cognex  
Combivir  
Comtan  
Copaxone  
Corlanor  
Crixivan  
Cyclophosphamide  
Cyclosporine

Cytarabine  
Cytosar-U  
Cytosan

**D**

D4T  
daclizumab  
Dantrium  
dantrolene  
darbepoetin  
darunavir  
dasabuvir  
daunorubicin  
DDC  
DDI  
Deca-Durabolin-Injectable  
delavirdine  
Depade  
Deprenyl  
didanosine  
diethylstilbestrol (DES)  
dihydroergotoxine  
disulfiram  
donepezil HCl  
Dopar  
doxorubicin  
Droxia

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<b>E</b>	Gleevec	Larodopa	Namzaric
efavirenz	Gliadel	Lasix ≥ 40mg qd	Nandrolone
Eldepryl	gold sodium thiomalate	L-Dopa	Natalizumab
Eligard	Golimumab	ledipasvir/sofosbuvir	Natreacor
Eliphos	goserelin	lenalidomide	Navane
Emcyt	<b>H</b>	Letairis	Nelfinavir
Emtricitabine	Haldol	Letrozole	Neoral
Emtriva	haloperidol	leucovorin	Neosar
Enfuvirtide	Harvoni	Leukeran	Neostigmine
Entacapone	Hepsera	leuprolide	Nesiritide
entecavir	Herceptin	levamisole	Neulasta
Epivir	Hexalen	levodopa	Neupogen
Epoetin	Hivid	Lexiva	Nevirapine
Epogen	Hydergine	Lodosyn	Nilandron
Epoprostenol	Hydrea	Iomustine	Niloric
Epzicom	hydroxyurea	Loxapac	Nilutamide
Ergamisol	<b>I</b>	loxapine	Nipent
Ergoloid	Idamycin	Loxitane	nivolumab
Ergotox	idarubicin	Lurasidone	Norvir
Estramustine	Ifex	Lysodren	Novantrone
ethopropazine	ifosfamide	<b>M</b>	Novo-Peridol
Etopophos	Iloprost	maraviroc	Nu-Levocarb
Etoposide	Imatinib	Megace	<b>O</b>
Eulexin	Incivek	megestrol	olanzapine
Exelon	Indinavir	Mellaril	Olysio
Extavia	Infergen	melphalan HCl	ombitasvir
<b>F</b>	Insulin	memantine HCl	Oncovin
Fanapt	(Multi-life application only)	Mercaptopurine	Opdivo
FazaClo	Insulin >70u qd	Mesoridazine	Orap
fentanyl HCl	(Individual application only)	Mestinon	Orencia
Filgrastim	Interferon	methotrexate >15mg	<b>P</b>
Flolan	interferon beta-1a	per wk	paliperidone
Floxuridine	interferon beta-1b	Methylcobalamin	papaverine
Fluphenazine	Intron A	Mitomycin	Paraplatin
Flutamide	Invega	Mitotane	paritaprevir
Fosamprenavir	Invirase	Mitoxantrone	Parsidol
FUDR	lonsys	Moban	Pavabid
furosemide ≥40mg qd	ipilimumab	Modecate	Pegasys
Fuzeon	ivabradine HCl	Molindone	pegfilgrastim
<b>G</b>	<b>K</b>	Mutamycin	peginterferon alfa-2a
Galantamine	Kemadrin	Mycophenolate	Peg-Intron
Gallium	<b>L</b>	Myleran	Pentostatin
Ganite	lamivudine	Myochrysine	Peridol
Geodon	Lanzac	<b>N</b>	Permitil
Glatiramer		naltrexone	perphenazine
		Namenda	PhosLo

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pimozide	Rilutek	Tacrine	Versacloz
Platinol	Riluzole	Tasmar	Videx
Plenaxis	Risperdal	Telaprevir	Viekira Pak
Prednisone >10mg qd	Risperidone	Telbivudine	Vinblastine
Prezista	ritonavir	Tenofovir	Vincristine
Priftin	Rituxan	Teslac	Viracept
Procrit	Rituximab	Testolactone	Viramune
procyclidine	rivastigmine tartrate	Thioplex	Viread
Procytox	Rubex	Thioridazine	Vivitrol
Profenamine		Thiotepa	
Proleukin	<b>S</b>	Timespan	<b>W</b>
Prolixin	Sandimmune	Tipranavir	Wellcoverin
Prostigmin	Saphris	Tolcapone	Wellferon
Purinethol	saquinavir	Toposar	
pyridostigmine bromide	Selegiline	Tracleer	<b>X</b>
	Selzentry	Trastuzumab	Xeloda
	Serentil	Trelstar	Xyrem (GHB)
<b>R</b>	Sevelamer	Trelstar-LA	
rasagiline mesylate	Simponi	treprostinil	<b>Y</b>
Razadyne	simprevir	trifluoperazine	Yervoy
Rebetron	Simulect	Trihexy	
Rebif	Sinemet	trihexyphenidyl	<b>Z</b>
Reminyl	sodium oxybate	Triptorelin	zalcitabine
Remodulin	sofosbuvir	Trizivir	Zanosar
Renagel	Sovaldi	Truvada	ZDV (zidovudine)
Rescriptor	Stalevo	Tysabri	Zelapar
Retrovir	Stavudine	Tyvaso	Zenapax
ReVIA	Stelazine	Tyzeka	Zerit
Revlimide	Streptozocin		Ziagen
Rexulti	Subutex	<b>V</b>	zidovudine
Reyataz	Sustiva	Valcyte	ziprasidone
Rheumatrex >15mg per wk	Sylatron	Valganciclovir	Zyprexa
Ridaura	Symbyax	Velban	Zytiga
Rifapentine	<b>T</b>	Ventavis	
		VePesid	

These medications may have multiple uses or they may be used for acute medical conditions and may be acceptable. Please call our Medical Pre-Qualification hotline to discuss your client's possible eligibility – **866-582-7705**.

<b>A</b>	<b>E</b>	<b>L</b>	<b>R</b>
Abilify < 10mg qd ***	Enbrel*	Lasix <40mg qd	Rayos*
adalimumab*	Estinyl*	Latuda***	Remicade*
Adcirca*	etanercept*	Lioresal*	Requip*
amantadine*	ethopropazine*	Lorcet**	Revatio*
anakinra*	exemestane*	Lortab**	Rheumatrex ≤15mg per wk
anastrozole*			Ropinirole*
Apo-Bromocriptine*	<b>F</b>	<b>M</b>	rotigotine*
Aromasin*	Femara*	meperidine**	Roxicet**
Arimidex*	fentanyl **	Methadone**	Roxicodone**
aripiprazole <10mg qd ***	foscarnet*	methotrexate ≤15mg per wk	
Avinza**	Foscavir*	Mirapex*	<b>S</b>
Azasan*		morphine**	Seromycin*
azathioprine*	<b>G</b>	MS Contin**	Seroquel ≤ 25mg qd***
	Gablofen*		sildenafil*
<b>B</b>	Goserelin*	<b>N</b>	Symmetrel*
baclofen*		n-acetylcysteine*	
bromocriptine*	<b>H</b>	Neupro*	<b>T</b>
Buprenex**	Humira*		tadalafil*
Buprenorphine**	hydrocodone	<b>O</b>	Thorazine*
	bitartrate	oxycodone**	tramadol**
<b>C</b>	acetaminophen **	Oxycontin**	Trilafon*
chlorpromazine*	hydromorphone**		Tylenol #3**
cyclandelate*		<b>P</b>	
cycloserine*	<b>I</b>	Parlodel*	<b>U</b>
Cyclospasmol*	Imuran*	Percocet**	Ultram**
	Infliximab*	Percodan**	Ultracet**
<b>D</b>	Insulin Pump*	pramipexole*	
Demerol**	(Individual application only)	Prednisone <10mg qd	<b>V</b>
Dilaudid**			Vicodin**
Dolophine**	<b>K</b>	<b>Q</b>	
Duragesic**	Kadian**	quetiapine ≤25 mg qd***	<b>Z</b>
	Kineret*		Zoladex*

\* This medication can be used for multiple conditions or is a high risk medication. Please call our Medical Pre-Qualification hotline to discuss your client's possible eligibility – **866-582-7705**.

\*\* All drugs identified or classified as Narcotics, Opioids or Controlled Substances **used regularly** for **chronic** pain relief are not insurable. Use for acute medical conditions may be acceptable. Please call our Pre-Qualification hotline to discuss your client's possible eligibility.

\*\*\* This drug is classified as an atypical antipsychotic and can be used for multiple conditions. In general all atypical and typical antipsychotics are not insurable. However, this drug may be considered under certain guidelines. Please call our Pre-Qualification hotline to discuss your client's possible eligibility.

## SECTION 11. POLICY ADMINISTRATION INFORMATION

### Definitions:

**Effective Date** – The date a policyholder becomes covered under the Policy (as shown by the Policy Effective Date on the Schedule of Benefits), subject to receipt of a full modal premium payment. If the full modal premium has not been received by LifeSecure at the time a claim that occurs after the effective date is approved for payment, LifeSecure would require the premium to be paid to us before the claim is paid.

**NOTE:** *Effective dates cannot be 29, 30 or 31.*

*For non-list bill policies, if a policy is issued on the 29th, 30th, or 31st, the effective date will be the 1st of the next month. (i.e. – Policy Issued=03/29, Effective Date = 04/01)*

*List bill policies will always be effective on the first of a month regardless of issue date.*

**Forwarding Dating** – This is when Applicants and/or Agents request that the Effective Date of non-list bill policies be set to a date into the future beyond which the Effective Date would otherwise be established.

**Signed Date** – The date the application is signed. This date may differ from the Submitted/Received Date when an applicant signs a paper application and the agent does not submit the application into the LifeSecure online Agent Portal on the same date the applicant signed the application.

**Submitted/Received Date** – The date the application is fully submitted and assigned a LifeSecure policy number via a LifeSecure online portal. This date may be different than the date a paper application was signed by the applicant and it may be different than the date a voice signature was completed.

**Approved/Issue Date** – The date Underwriting has determined the applicant will be offered the insurance policy.

**Rating Age** – The age on which the policy premium amount is determined. The rating age default is the age as of the date the application is signed by the applicant. This is true for both individual LTC and OM LTC applications.

**Saving Age** – The process of selecting a Rating Age of one year less than the age of the applicant on the application signed date if the applicant's birthday is within the 31 days prior to the date on which the application was signed. This allows the applicant's policy premium amount to be calculated as if they were one year younger than the date on which the application was signed.

**Individual Applications** – The Rating Age will automatically be "saved" during individual Underwriting if the applicant's birthday is within the 31 days prior to the date on which the application was signed. **Note:** Age will not be saved if the applicant is above the maximum issue age of 79 when the application is signed.

**OM Applications** – There is no Saving Age option for OM applications. The Rating Age for OM applications is automatically set to the applicant's age on the date the application was signed.

**Rescission** – When a policy is rescinded by LifeSecure due to proven misrepresentations or misstatements on an application, any commission paid to the agent will be collected by LifeSecure. A Rescission is a complete cancellation or annulment of a policy as if it did not exist. Since the policy did not exist, commissions should not be expected. Any commissions paid on a policy that is rescinded will be reversed and collected from the agent by LifeSecure.

**List Bill application/policy** – Any application/policy (simplified issue or fully underwritten) where the premium payment method is via payroll deduction or employer paid to LifeSecure.

**Non-List Bill application/policy** – Any application/policy (simplified issue or fully underwritten) where the premium payment method is one of the following: Direct Bill, EFT/ACH or Credit Card.



**Direct Bill application/policy** – Any application/policy where the policyholder receives a premium payment due notice (an invoice) stating the amount of premium owed. The premium payment due notice is sent on a schedule selected during the application process. The available schedules for premium payment due notices are, Quarterly, Semi-Annually, and Annually. The direct bill due date is the day of the month of the effective date of the policy. If the Direct Bill method is chosen for an individual policy, at least one month’s premium payment is required with the individual application when the direct bill method is selected. (No premium is required with the application when the direct bill method is approved and selected for a multi-life application.) If after 10 calendar days, LifeSecure has not received the required cash with an individual application, the Underwriter will close the application as “Incomplete”.

If the cash collected with the application is not sufficient to cover the approved first full modal premium amount, the first bill generated (upon application approval) will represent a total of the amount needed to complete the first full modal premium payment. Subsequent bills for the full modal amount will be sent 30-days prior to the next due date

**EFT/ACH application/policy** – Any application/policy where the policyholder submits a bank account number to LifeSecure which allows the premium payment to be drafted from the bank account. A specific draft date may be selected during the insurance application process. If a specific draft date is not selected, the draft date will be 5 days after the approved date of LTC policies. The EFT/ACH draft date is independent of the Effective Date. Bank accounts will only draft on the bill date chosen if premium is due or will become due within the month. No premium payment is required with the application when the EFT/ACH bill method is selected. See examples below:

**EXAMPLE 1:**

<b>Policy Issued Date:</b>	04/29
<b>Policy Effective Date:</b>	05/01 (see Effective Date definition on previous page)
<b><u>Selected</u> Bill Date:</b>	05
<b>1st Draft Date:</b>	05/05

When payment is received from the 05/05 draft, the payment covers the period of 05/01 through 05/31 and the paid-to date becomes 06/01.

**EXAMPLE 2:**

<b>Policy Issued Date:</b>	05/07
<b>Policy Effective Date:</b>	05/07 (see Effective Date definition on previous page)
<b><u>Selected</u> Bill Date:</b>	05
<b>1st Draft Date:</b>	06/05

When payment is received from the 06/05 draft, the payment covers the period of 05/07 through 06/06 and the paid-to date becomes 06/07.

**Credit Card application/policy** – Any application/policy where the policyholder submits a credit card number to LifeSecure which allows the premium payment to be charged to the credit card.. Once the application is approved, credit cards will only be charged on the bill date if premium is due or will become due within the month. No premium payment is required with the application when the Credit Card bill method is selected. See example on the next page:

<b>Policy Issued Date:</b>	04/18
<b>Policy Effective Date:</b>	04/18
<b><u>Selected</u> Bill Date:</b>	25
<b>1st Draft Date:</b>	04/25

When payment is received from the 04/25 charge, the payment covers the period of 04/18 through 05/17 and the paid-to date becomes 05/18.

### List Bill (Payroll Deduction) Effective Dates:

- Employer groups may establish a common Effective date for all employees on any first of the month that is not more than five months after the beginning of their initial enrollment period with a LifeSecure product, or as established during the employer group setup.

**Example:** *If an enrollment period is from Jan. 1 through March 31, an Effective date may be designated as early as May 1 or as late as June 1 (but no later). This common Effective date will apply to those who are eligible for list-bill inclusion for both simplified issue and full underwriting.*

- If a rolling Effective date is chosen for a list-bill group, or for applications issued after the initial enrollment period, standard effective date rules apply as follows:
  - If the approval date is during the first 15 days of a month, the Effective date will be the first (1st) of the following month.
  - If the approval date is after the first 15 days of a month, the Effective date will be the first (1st) of the second month following the approval month.

**Examples:** *If the LifeSecure Approval Date is 2/15, the Effective Date is 3/1.*

*If the LifeSecure Approval Date is 2/16, the Effective Date is 4/1.*

**Note:** *The List Bill method used for employer groups requires both the employee and their spouse/domestic partner to remain on the list bill. Other family members, if approved, will submit their applications through a separate group number and cannot be on the list bill. No matter which effective date rule the employer chooses from above, the other family members' effective date is the date the policy is approved.*

### NON-List Bill Effective Dates:

The effective date for Direct Bill, EFT/ACH and Credit Card billing methods is:

- The date the policy is approved by LifeSecure, except when a policy is approved on the 29th, 30th, or 31st – then the effective date will be the 1st of the next month. (i.e. – Policy Issued=03/29, Effective Date = 04/01).

**Note:** As stated on the receipt provided to the applicant by the agent, the initial premium provided with the application for Direct Bill applicants does not place any coverage in force. Coverage is not in force until one full modal payment is received regardless of the billing method.

### Forward-Dating of an Effective Date (NON-List Bill only):

If an applicant requests a specific future Effective Date on their policy application, beyond which the Effective Date would otherwise be established, it will be allowed under the following conditions:

- The request is documented on the application, or the request is received by LifeSecure before underwriting is completed.
- The requested Effective Date is not more than 30 days beyond the Approved/Issue Date.
- Requests for future Effective Dates can be for a specific date from 1 – 28 (but not 29, 30 or 31), or for a specific number of days (30 or less) after the approval date.

Exceptions for requests to forward an Effective date AFTER the policy is approved require review and approval through LifeSecure corporate office. If the exception is approved, the original policy will be terminated and a new policy created (thus establishing a new policy number).

- An exception will not be approved if the sole reason to push forward the effective date after a policy is issued is to by-pass a monthly premium payment.

### How Billing is Affected by Forward-Dating an Effective Date:

**Direct Bill** – The direct bill due date is the effective date. Cash with application is required when the direct bill method is selected. At minimum, one month’s premium payment amount should be collected.

If the cash collected with application represents a full modal payment, a direct bill is produced and mailed 30- days prior to the next due date.

If the cash collected with application is less than the approved full modal payment, the first direct bill generated will represent a total of the amount needed to complete the first full modal premium payment.

**EFT/ACH** – A specific EFT/ACH draft date may be selected during the insurance application process. If a specific draft date is not selected, the draft date will be 5 days after the submitted date for LTC policies. The draft date is independent of the Effective Date. Bank Accounts will only draft on the bill day chosen if premium is due or will become due within the month. See example below:

<b>Policy Issued Date:</b>	04/16
<b>Forward Dated Effective Date:</b>	05/01
<b><u>Selected</u> Bill Date:</b>	05
<b>1st Draft Date:</b>	05/05

When payment is received from the 05/05 draft, the payment covers the period of 05/01 through 05/31 and the paid-to date becomes 06/01.

**Credit Cards** – Credit cards will only be charged on the bill day if premium is due or will become due within the month. See example below:

<b>Policy Issued Date:</b>	04/16
<b>Forward Dated Effective Date:</b>	05/10
<b><u>Selected</u> Bill Date:</b>	16
<b>1st Draft Date:</b>	04/16

When payment is received from the 04/16 charge, the payment covers the period of 05/10 through 06/09 and the paid-to date becomes 06/10.

## SECTION 12. POLICY REINSTATEMENT GUIDELINES

Policyholders who lapse their coverage due to non-payment of premium have the option to reinstate their coverage generally within one year after the end of the Grace Period. We have the right to require evidence of insurability. A completed Application must be received by LifeSecure before the reinstatement option expires.

*Note: This section is meant to provide general information. Please refer to the actual Policy or Outline of Coverage for state specific provisions.*

### Proof of Insurability:

- All policyholders lapsing more than 90 days beyond the effective date due to non-payment of premium will require a new application.
- A new two year Contestability period will apply to the responses on the application submitted for reinstatement.
- Applicants may be required to pay the cost of any records deemed necessary to provide this evidence.
- Should the reinstatement application be approved, all back premiums will be due, and if paid, there will be no gap in coverage. (Regulations regarding the gap in coverage and premiums due during that time vary by state and are significantly different in the state of Florida. Please refer to the Florida state specific policy for more details.)

### Reinstatement Payment:

- SEND NO MONEY PRIOR TO APPROVAL OF THE REINSTATEMENT APPLICATION.
- As a business rule, all monies sent in before a reinstated policy is approved will result in an immediate refund.

### Reinstatement Billing:

- Reinstated policies will be billed accordingly via Direct Bill, EFT or Credit Card.
- Most policies will be required to pay the policy current and will be billed for all premiums retroactively to the lapse date, depending on state regulations.
- Some state specific policies will be billed from the reissue date forward and have a gap in coverage.

### Reinstatement Coverage Process:

- Complete and fax a paper application to LifeSecure at **877-226-0925** with a notation that it is for "Reinstatement Consideration". Note that benefits cannot be increased on a reinstatement application.
- Advise the applicant of the reinstatement process:
  - There will be an underwriting review for insurability.

- The applicant's medical records are required for all reinstatements. After the application has been reviewed, Underwriting will contact the applicant with the name of the doctor who needs to supply the medical records and what period of time is needed. **It is the responsibility of the applicant to request and pay for all costs associated with the medical records needed for reinstatement applications.** The records should be faxed directly from the medical center or physician's office to Underwriting at **855-351-6500**.
- If medical records are not available, Underwriters will use discretion in determining what protocols will be required based on the applicant's age, benefit bank and most recent health information as noted on the original application. This may include a Phone Interview or In Home Assessment.
- If the reinstatement application is approved, the premium rating age will be the same as it was at time of the original policy effective date.
- The applicant may be billed for premium due for the time between the lapse date and the reinstated date to pay the policy current depending upon state regulations.
- The applicant will not be billed, nor will LifeSecure accept payment, until reinstatement is approved. There may be a gap in coverage depending on state regulations.
- The contestability period:
  - o Gaps in coverage do not count towards the original contestability period.
  - o All states require that the time period prior to lapse be applied to the original contestability period. Only the information on the new application is subject to a new contestability period.

### Alternative Option to Reinstatement Coverage:

- Complete and submit a new application through the Agent Portal.
  - Contact Agent Support at 866-582-7701 to receive authorization to enter this application through the Agent Portal. This is important because if authorization is not received, the portal will not accept the new application.
  - Once authorization is received, enter the application through the Agent Portal.
- Advise the applicant of the underwriting process for new applications when they already hold a lapsed policy:
  - There will be an underwriting review for insurability.
  - If a new application is submitted within the 'Reinstatement Eligibility' period, the applicant will be subject to a mandatory review of medical records, regardless of protocols.
  - Other Underwriting protocols may also be required.
  - There will be a gap in coverage between the "lapsed" application and the effective date of the new application.
- As is standard practice for all new applications:
  - The applicant is not responsible to obtain, nor pay, for the cost of needed medical records.
  - If the new policy application is approved, the premium will be based on the applicant's current age when the new application was submitted.

- The policyholder will not be billed until the new policy is approved.
- A two year contestability period will apply to the responses on the new application.
- The new policy will be considered an internal replacement policy and signed replacement forms will be required per state regulation(s).
- Because the new policy is an internal replacement, no first year commissions will be paid on this new policy.

### Commission Payments on Reinstatements within the First Year of Coverage:

- Commissions are paid at the First Year rate for premium applied during the first 12 months after a policy's original Effective Date. If there is a gap in coverage due to lapse and reinstatement, First year commissions will not be paid for a full 12 months. Please see the example below:

<b>Policy Original Effective Date:</b>	2/1/2016
<b>Paid-to-Date:</b>	6/1/2016 (in force for 4 months)
<b>Gap in Coverage:</b>	6/1/2016 through 8/1/2016 (2 months with no premiums paid)
<b>Reinstatement Date:</b>	8/1/2016
<b>Current Paid-to-Date:</b>	4/1/2017 (in force for 8 additional months)
<b>End of 1st Year Commission Rate:</b>	2/1/2017

In the above example, premium is paid for the 4 months between 2/1/2016 and 6/1/2016 and for an additional 8 months between 8/1/2016 and 4/1/2017. First Year Commission Rates apply from 2/1/2016 through 2/1/2017. The gap in coverage time period of 6/1/2016 through 8/1/2016 would generate no commission payments since there were no premium payments. Renewal Commission Rates apply after 2/1/2017 because the premium was applied for a calendar period that is beyond one year from the original Effective Date.









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