



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 I.)

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For Agent Use Only.

Not for Solicitation Purposes.

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SECTION 1. INTRODUCTION

This guide is designed to assist you in evaluating applicants for long term care insurance coverage. Though every attempt was made to make this guide as comprehensive as possible, not every health condition that you will encounter is listed. After submission of the application or during your underwriting LiveChat session, your underwriter may require additional information. The underwriters will help guide you during the underwriting process at point-of-sale only after an electronic application and voice signature are received.

This guide is not a guarantee of the final underwriting decision for any specific application. There may be occasions where additional information gathered as a result of the personal interview (phone or face-to-face) and/or attending physician statements will result in an underwriting decision that differs from what is stated in this guide. When using this guide, also keep in mind that there are certain health conditions that, combined with other health conditions, are not insurable. The final approval and acceptance of a long term care application is the responsibility of the LifeSecure underwriter.

When underwriting long term care insurance, areas of importance are:

- **Medical** – facts that relate to the physical and mental health of the applicant.
- **Functional** – measures of independence with activities of daily living (ADL), and other indicators that the applicant is active and functionally unimpaired.
- **Cognitive** – the applicant’s awareness and perception, as well as their ability to understand and reason.

More specifically, the following risk factors are considered in the underwriting process:

- Stability of health conditions;
- Regular medical follow-up with physician;
- Compliance with medication/treatment plan;
- Independence in all Activities of Daily Living & Instrumental Activities of Daily Living;
- Height and weight within Build Chart range;
- Recent onset of condition and stability of condition;
- Presence of multiple health conditions and the impact on each other;
- Current symptomatology and disease control;
- Lifestyle patterns.

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 you 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 links fit your real criteria and click on your choice to be taken to that section.

SECTION 2. DISCOUNTS

Spouse/Domestic Partner Discounts

30% discount when both spouses/partners apply and are insured; 10% discount for one issued policy when spouse or partner does not apply, is not approved, or does not take the policy.

Note: Discounts may vary by state.

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 some or all of the premium. See important multi-life guidelines and qualifications in Section 5.

Note: The 5% employer-contribution discount is not available in Florida.

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 select). See Section 5 for guidelines.

How Discounts Are Applied

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

Example 1: LifeSecure Ω ™ Multi-life Program

Applicant A qualifies for coverage under the multi-life rate class. The monthly premium for the benefit plan he has elected is \$100. He is a member of a group which has qualified for the LifeSecure Ω ™ multi-life Employer Contribution discount. His wife also applies for coverage and is approved.

Monthly Premium:	\$100
Spouse/Partner Discount =	30%
Employer Contribution Discount =	<u>5%</u>
Total Discounts =	35%
Applicant A's actual monthly premium =	$\$100 \times (1 - .35) = \mathbf{\$65}$

Example 2: Individual Program (Full Underwriting)

Applicant B is a member of a qualifying association. She completes the individual application and qualifies for coverage under the preferred rate class. The monthly premium for the benefit plan she has elected is \$100. Her domestic partner also applies for coverage, but is declined.

Monthly Premium:	\$100
Spouse/Partner Discount =	10%
Association Discount =	<u>5%</u>
Total Discounts =	15%
Applicant B's actual monthly premium =	$\$100 \times (1 - .15) = \mathbf{\$85}$

SECTION 3. 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)

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.

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 or our support staff will call the applicant. The applicant will have 60 days to advise 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 4. APPLICATION PROCESS

The LifeSecure application process is fast and easy. Applications can be submitted with the assistance of an agent, or by applicants using the “self-serve” online application. The self-serve method is available only to members of multi-life employer groups or associations registered as such with LifeSecure. Agents need internet access and a telephone line to complete electronic applications. Self-serve individuals only require internet access.

All application processes may not be available in all states.

Agent Application Submission Processes

There are **two** ways for an agent to submit an application:

1. All-Online Application Process (fastest processing time)
2. 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:

- 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.
- Access the electronic application through the Agent Web Portal at www.YourLifeSecure.com. Complete all application sections through the “Applicant Authorizations and Signature” section.
- If you have underwriting questions during the application process, you may instant message or call an underwriter between 8am – 5pm, Mon – Fri (ET). To send an instant message, click on the Live Chat logo in the upper right corner of your screen. Or, you may speak to an underwriter by calling the **Underwriting Pre-qualification** phone number **1.866.582.7705**.
- Complete the **Voice Signature** by calling **1-866-LTC-7703 (1-866-582-7703)** and obtaining the Voice Authorization Code (users are prompted to do this within the agent online application). This code is required to complete the “Applicant Authorizations and Signature” section and the “Applicant Authorization to Obtain and Disclose Information” section.
Note: The Voice Signature script is available as a PDF document on the Agent Web Portal.
- Enter the Voice Authorization Code and complete the remainder of the application.
- Submit the online application .
- To ensure the fastest underwriting service, ask your client to sign a paper “Applicant Authorization to Obtain and Disclose Information” found in the Agent Portal within the Resources section (choose PDF Library) as “Consumer Forms: HIPAA form” (LS 0107A) and FAX the signed form to **1.866.556.3393**.

Note: Current and former **Kaiser Permanente members** must also complete two Kaiser Authorization forms: (1) medical, and (2) pharmacy. Both Kaiser Permanente forms are available in the Resources section (choose PDF Library) of your Agent Portal.

2. PAPER + ONLINE APPLICATION PROCESS

If application is initially completed on paper, and later entered online via the Agent Web Portal, the agent must FAX the completed paper application and the Personal Worksheet with the applicant's signatures to **1.866.556.3393**.

To begin the underwriting process, enter data from the application online or contact your agent administrator for data entry, and then fax the completed application to us at **1.866.556.3393**.

Customer Application Submission Processes

There is one way for a customer of a multi-life group or association to submit an application:

SELF-SERVE APPLICATION PROCESS

Review the following steps to assist your clients:

- Applicants access the electronic application through the Groups & Associations Web Portal at www.YourLifeSecure.com using the Group Number provided by their worksite administrator.
- If applicant responses allow them to continue after the Initial Insurability Screen, the Applicant Information and Spouse Information sections are then completed before the user is asked to create a User ID and Password, ensuring their application is retained and available for submission.
- After the User ID and Password are created, the applicant completes all remaining application sections and submits the completed application for underwriting review.
- All self-serve applications are reviewed within one business day from the submission date.

Self-serve applicants who require additional data to complete the underwriting process will be contacted by appropriate resources for scheduling of a Phone Interview (PI) or a Face-to-Face (F2F) in-home assessment, 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 **1-866-556-3393**.

It is important to note that both the agent assisted and self-serve online applications have built-in pop-up messages designed to assist the user during the application process. For instance, if question responses meet particular underwriting criteria, instructions are presented via pop-up messages to obtain the customer's signature on the "Applicant Authorization to Obtain and Disclose Information" form with instructions to fax it to **1-866-556-3393** to allow an Attending Physician Statement (APS) to be obtained in a timely manner. In instances where an APS is required, the application decision may take 20 or more business days to complete.

Note: Current and former **Kaiser Permanente members** must also complete two Kaiser Authorization forms: (1) medical, and (2) pharmacy. Both Kaiser Permanente forms are available in the Resources section (choose PDF Library) of your Agent Portal.

Billing

LifeSecure offers the following payment methods for individual applications (non-OM multi-life applications):

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

* Monthly direct mail billing is not available in California at the time of application submission.

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).

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 with application" payment 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.

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.

Application Process

As part of the underwriting process, the underwriter will perform a search in the MIB and IntelliScript databases for prior insurance and medical/prescription information to help determine the application's disposition. If a decision cannot be made using the information available from the application, database queries and other underwriting protocols, the agent and customer are made aware of this and additional information is provided by the underwriter as to the next steps required to process the application, such as scheduling a Phone Interview (PI), Face-to-Face (F2F) interview and/or obtaining an Attending Physician's Statement (APS).

Approved applicants will receive a mailed 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, the Life & Health Guaranty Disclosure, and other endorsements and/or disclosures, as required.

SECTION 5. ELIGIBILITY REQUIREMENTS FOR GROUP – LIFESecure OM™ MULTI-LIFE PROGRAM

	Premium Source	Underwriting Standard	Eligibility and Participation Requirement	Rate Class
3 – 74 Employees (Employer Contribution Required)	Employer-paid ¹ (required)	Simplified Issue ²	≥ 3 covered Employees OR For Spouses to also qualify for Simplified Issue: ≥ 10 <i>Employer-paid</i> Employees and Spouses combined must be covered within initial 90 day offer period	Multi-life Rates with 5% Employer-contribution Discount (applicable only to individuals receiving Employer contributions) ⁴
			Remaining Employee and Spouse population may also apply, but with Full Underwriting. Such applicants will qualify for Multi-life Rates without the Employer-contribution Discount.	
Groups with 3 to 74 eligible employees require Employer contribution for at least 3 employees.				

	Premium Source	Underwriting Standard	Eligibility and Participation Requirement	Rate Class
75 or More Employees (No Employer Contribution Required)	Employee-paid	Simplified Issue ²	No required minimum participation ³	Multi-life Rates
	Employer-paid (NOT required)	Simplified Issue ²	No required minimum for Employees only For Spouses to also qualify for Simplified Issue: ≥ 10 <i>Employer-paid</i> Employees and Spouses combined must be covered within initial 90 day offer period	Multi-life Rates with 5% Employer-contribution Discount (applicable only to individuals receiving Employer contributions) ⁴
Groups with 75 or more employees do <i>not</i> require Employer contribution. A 100% voluntary setup <i>is</i> allowed.				

- 1 For groups with fewer than 75 eligible employees, an employer premium contribution is required. The minimum employer premium contribution is \geq \$10 per paid employee per month, or at least 10% of premium per paid employee.
- 2 Simplified Issue underwriting is available to actively-at-work employees (and employer-paid spouses), up to age 68, applying for a Benefit Bank amount of \leq \$400,000 during the initial 90 day offer period, or within 90 days of an eligible employee's date of hire. Applicants who fall outside of these parameters must complete all sections of the Multi-life application (i.e., full underwriting). Actively-at-work is defined as being at one's usual place of employment for a minimum of 20 hours per week. The actively-at-work requirement does not apply to Spouses; however, the Employee must also apply for the Spouse to be eligible for Simplified Issue underwriting.
- 3 For groups with \geq 75 eligible employees, a minimum of 10 submitted applications is required during the initial offer period in order for the group to retain Simplified Issue availability. If 10 or more applications are not submitted, the offer of Simplified Issue underwriting will be removed for new hire Employees on an ongoing basis. However, the original applicants will still qualify for Simplified Issue underwriting.
- 4 Employer-contribution Discount is not available in Florida.

Note: Spouses/domestic partners, family members, retirees and retirees' spouses may also eligible to apply for coverage within a qualified multi-life case. Multi-life Rates will be applicable. These non-employee eligible individuals must complete all sections of the Multi-life application (i.e., full underwriting), with the exception of Employer-paid spouses of employees who may qualify for Simplified Issue as outlined above.

LifeSecure Guidelines for Associations and Other Non-Employer Groups

Associations and other non-employer groups (e.g. credit union members, unions) do NOT qualify for the LifeSecure Om Multi-life Program.

- Members of these groups use the LifeSecure individual application and individual rates for long term care insurance.
- A 5% discount is available to members of qualifying associations and other non-employer groups. The discount is applicable to all three rate classes (preferred, standard and select). Discount not available in Florida.
- A qualifying association or other group must: 1) exist for purposes other than obtaining insurance; 2) have an active membership of at least 200 members; and 3) have by-laws in place for its organization.
- A commission reduction factor of 0.90 1st year and 0.85 years 2+ will apply to associations and non-employer groups with have the 5% Association Discount.

Note: All Associations and Non-Employer Groups must be reviewed and pre-approved by LifeSecure on a case-by-case basis.

SECTION 6. UNDERWRITING

Note: Ideally, LifeSecure prefers applications entered online either by the agent with a voice authorization signature from both the agent and the applicant, or, online by the applicant with an electronic signature. In some cases, the agent may have completed a paper application with the applicant (including wet signatures), and later entered the electronic application into the web portal without the presence of the applicant. In this case, the agent will not complete the voice authorization signature process, but will fax the hard-copy application and Personal Worksheet with the applicant's handwritten signatures.

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 LifeSecure's OM Multi-life Program. Refer also to the Eligibility chart in Section 5.

Applicant eligibility requirements for Simplified Issue:

- W-2 Employees of the sponsoring employer, ages 18-68, who are currently actively-at-work at their usual place of employment for a minimum of 20 hours per week;
- Spouses/Domestic Partners of eligible W-2 Employees, ages 18-68, ONLY WHEN the employer is contributing a required minimum amount toward the spouse's/domestic partner's premium. The employee must apply for coverage in order for the spouse/domestic partner to be eligible for Simplified Issue;
- Simplified Issue is only available to eligible participants during the initial enrollment period, or within 90 days of an eligible employee's date of hire.

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 of \$400,000 or less.

Simplified Issue underwriting includes the following processes:

- Completion of Multi-life Application and Personal Worksheet with only Simplified Issue sections;
- Drug database screen;
- MIB screen;
- Clarifying phone interview only if the drug database or MIB screen indicate a discrepancy in the responses to the health questions.

Applicants not eligible for Simplified Issue include:

- Employees and spouses/domestic partners over the age 68;
- Employees not actively-at-work at their usual place of employment for at least 20 hours per week;
- Spouses/domestic partners if the employer is not contributing a required minimum amount toward premium;
- 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 \$400,000;
- Family members (parents, grandparents, brothers, sisters, in-laws, adult children) IF THE GROUP HAS CHOSEN, AND HAS BEEN APPROVED, TO INCLUDE FAMILY MEMBERS. Only groups with over 75 employees and a minimum of 10 anticipated family member applications can be approved.

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.

B. Individual Full Underwriting:

Applicant eligibility requirement for Individual Underwriting:

- The allowable issue ages are 18-84.
- 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).

Coverage Limits for Individual Underwriting:

- Benefit Bank amounts from \$75,000 to \$1,000,000.
- The Monthly Benefit Access limit is 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.

Individual underwriting includes the following processes:

- Review of all sections of the appropriate Individual or Multi-life application;
- Drug database screen;
- MIB screen;
- Height / Weight screen and review of tobacco / nicotine use (last three years);
- Potential completion of additional underwriting protocols as listed in the table below.

Most applicants with the following profiles will receive approval:

- Individuals ages 18-55, with a Benefit Bank of \$350,000 or less, in good health.
- Individuals ages 56-64, with a Benefit Bank of \$250,000 or less, in good health.

Individual Underwriting Age and Amount Protocols for LifeSecure

Age Range	Benefit Bank Amount: Up to \$350,000	Benefit Bank Amount: \$350,001 to \$700,000	Benefit Bank Amount: \$700,001 to \$1,000,000
18 to 55	<ul style="list-style-type: none"> MIB Rx Database Focused Interview (discretionary) to Supplement Yes answers on the application or Rx Database results 	<ul style="list-style-type: none"> MIB Rx Database PI † (Short) APS † (Discretionary) 	<ul style="list-style-type: none"> MIB Rx Database PI † (Short) (Unless F2F †) APS † F2F (Discretionary)†
Age Range	Benefit Bank Amount: Up to \$250,000	Benefit Bank Amount: \$250,001 to \$500,000	Benefit Bank Amount: \$500,001 to \$1,000,000
56 to 64	<ul style="list-style-type: none"> MIB Rx Database Focused Interview (discretionary) to Supplement Yes answers on the application or Rx Database results 	<ul style="list-style-type: none"> MIB Rx Database PI † (Short) APS † (Discretionary) 	<ul style="list-style-type: none"> MIB Rx Database PI † (Complete) (Unless F2F †) APS † F2F (Discretionary)†
65 to 74	<ul style="list-style-type: none"> MIB Rx Database PI † (Complete) 	<ul style="list-style-type: none"> MIB Rx Database PI † (Complete) (Unless F2F) APS † (Discretionary) F2F † (Discretionary) 	<ul style="list-style-type: none"> MIB Rx Database PI † (Complete) (Unless F2F †) APS † F2F (Discretionary)†
75 to 84	<ul style="list-style-type: none"> MIB Rx Database F2F † APS † 	<ul style="list-style-type: none"> MIB Rx Database F2F † APS † 	<ul style="list-style-type: none"> MIB Rx Database F2F † APS †

† **PI** = Phone Interview; **F2F** = Face to Face Interview; **APS** = Attending Physician's Statement

Agents must fax the "Applicant Authorization to Obtain and Disclose Information" document signed by the customer (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 a Kaiser authorization form. Kaiser Permanente forms are available in the Resource Center of your Agent Portal.

Underwriting – With the Shared Care Rider

For applicants with the Shared Care rider (where available), underwriting protocols will be determined by using each applicant's individual age, and the combined Benefit Bank available (by adding together the Benefit Bank amount of each policy).

Example:

Spouse A is 63 years old and Spouse B is 66 years old. Both included the Shared Care rider on their policies with individual Benefit Banks of \$200,000 each. This means there is a combined shared care Benefit Bank of \$400,000.

- Spouse A at age 63 with a combined shared care Benefit Bank amount of \$400,000 will require the following: MIB, Rx database, Phone Interview (Short), and the need for APS is at the discretion of the Underwriter. These requirements are noted in the chart above under the column label of "\$250,001 to \$500,000" and the row label of "56 to 64".
- Spouse B at age 66 with a combined shared care Benefit Bank amount of \$400,000 will require the following: MIB, Rx database, Phone Interview (complete, unless a Face-to-Face Interview is completed), and the need for APS and F2F is at the discretion of the underwriter. These requirements are noted in the chart above under the column label of "\$250,001 to \$500,000" and the row label of "65 to 74".

Additional Underwriting Information

While the standard protocols are noted 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. This is determined on a case by case basis. 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 medical records may be obtained.

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.

Counter-Offers – 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 of any kind.

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, or some combination of these. If an applicant would meet all requirements for Simplified Issue underwriting other than the Benefit Bank coverage amount requested, any counter-offer will be for no less than \$400,000. 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, 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.

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 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 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.

STANDARD

- a “yes” answer to the tobacco/nicotine product question on the application;
- height and weight within the 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.

SELECT

- a “yes” answer to the tobacco/nicotine product question on the application;
- height and weight that does not exceed stated maximums in the build chart;
- stable medical history/health conditions without evidence of complications that satisfy the select 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 7. 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 LifeSecure’s receipt of a full modal premium payment.

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 01st 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.

UPDATED

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.

UPDATED

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**.

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**.

NEW

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.

UPDATED

Direct Bill application/policy – This is when 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 Monthly, Quarterly, Semi-Annually, and Annually. The direct bill due date is the effective date of the policy. 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 does not receive the required cash with an individual application, the Underwriter will close the application as "Incomplete".**

For the monthly mode of billing, 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. The next bill will be sent 30-days prior to the next due date and will include one full premium payment due for the next month's coverage.

For the quarterly, semi-annual, or annual mode of billing, 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 include the amount needed to complete the first full modal premium payment. The next premium due notice will be sent 30-days prior to the next due date.

UPDATED

EFT/ACH application/policy – This is when 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 submitted 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:

Policy Issued Date:	04/29
Policy Effective Date:	05/01 (<i>see Effective Date definition above</i>)
<u>Selected</u> Bill Date:	05
1st Draft Date:	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:

Policy Issued Date:	05/07
Policy Effective Date:	05/07 (<i>see Effective Date definition above</i>)
<u>Selected</u> Bill Date:	05
1st Draft Date:	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 – This is when the policyholder submits a credit card number to LifeSecure which allows the premium payment to be charged to the credit card. The credit card bill date is the effective date of the policy. 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 below:

Policy Issued Date:	04/18
Policy Effective Date:	04/18
Bill Date:	18
1st Charge Date:	04/18

When payment is received from the 04/18 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 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.

- Standard Effective date rules apply as follows if a rolling Effective date is chosen for a list-bill group, or if the application is issued after the initial enrollment period:
 - If the approval date is during the first 15 days of a month, the Effective date will be the first (1st) of the up and coming 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 expects 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 01st of the next month. (i.e. – Policy Issued=03/29, Effective Date = 04/01)

NOTE: *Initial premium provided with the application does not place any coverage in force, as stated on the receipt provided to the applicant by the agent. Coverage is not in force until one full modal payment is received regardless of the billing method.*

NON-List Bill Forward-Dating of an Effective Date:

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:

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

Policy Issued Date:	04/16
Forward Dated Effective Date:	05/10
Bill Date:	16
1st Charge Date:	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 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 that support the application responses. 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 “Select”, 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.

Abscess	Preferred
ADL / IADL deficiency	Decline
Acoustic Neuroma	
• Surgically removed, no residuals other than hearing loss, > 1 year	Standard
• Untreated, with balance disturbance, falls, or current seizures	Decline
Addison’s Disease	
• Stable over 2 years, normal labs	Standard
• Frequent crisis or abnormal labs or EKG	Decline
• Diagnosed < 2 years	Postpone
AIDS/ARC/ HIV positive	Decline
Alcohol Abuse	
• Currently consuming alcohol / DUI within 1 year	Decline
• Alcohol free > 3 years, active in support group, normal LFT’s	Standard
• 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
Allergies	Preferred
ALS (Refer also to Lou Gehrig’s Disease)	Decline
Alzheimer’s Disease	Decline

Amaurosis Fugax (Refer to TIA)

Amputation

- 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

Anemia

- Iron or B12 deficiency controlled with no complications Preferred
- Sickle cell trait Select (Max \$100,000)
- Aplastic, Sickle cell, Thalessemia Major, chronic hemolytic Decline
- Severe, not investigated /diagnosed, chronically abnormal CBC Decline

Aneurysm

Cerebral

- Surgically repaired, > 2 years, fully recovered, no deficits Select
- Surgically repaired, over 5 years, no deficits Standard
- Unrepaired or inoperable Decline

Abdominal aortic

- Surgically repaired, fully recovered > 1 year, no PVD Select
- Surgically repaired, > 2 years Standard
- Surgically repaired with current tobacco use Decline
- Present, well followed, < 4cm, no growth for 1 year, non-smoker Standard
- Present > 4 cm with regular follow-ups Decline
- Present, surgery recommended/ smoking within 12 months/ evidence of PVD/ progression Decline

Thoracic

- Surgically repaired >1 year, no PVD Select
- Surgically repaired, > 2 years Standard
- Present, well followed, <4cm, no growth for 1 year, non-smoker Standard
- Present, > 4cm, with regular follow-ups Decline
- Present, surgery recommended / smoking within 12 months / unfavorable or inoperable location Decline

Multiple aneurysms

- Regardless of surgery Decline

Angina (Refer to Coronary Artery Disease)

Ankylosing Spondylitis Decline

Anorexia Nervosa Decline

Anxiety

- Situational, no medications, > 3 months Preferred
- Situational, treated with medication, > 3 months Standard
- Severe or symptomatic, poorly controlled Decline
- History of hospitalization within 5 years Decline

Appliances

The cause for use must be insurable

- Cane, single point-occasional use outside Standard
- Cane, single point, permanent use Individual Consideration
- Cane, quad or tripod Decline
- Colostomy, adapted with self maintenance Standard
- Insulin pump Individual Consideration
- Oxygen, current or use within one year Decline
- Urinary Catheter, current use Decline
- Wheelchair / Walker, current or use within 1 year Decline

Arteriovenous Malformation Decline**Arteritis**

- Stable, treatment free for >24 months Preferred
- Present, well controlled, less than 10mg of steroids Standard
- Unstable Decline

Arthritis

Minor: osteo or degenerative

- Mild, non-prescription medication Preferred

Moderate: osteo or degenerative

- Non-weight bearing joint Standard
- Weight bearing joint Individual Consideration

Severe: osteo or degenerative

- Severe or surgery anticipate or planned Decline

Rheumatoid arthritis (APS)

- Asymptomatic, >6 months, no treatment, no assistive devices Standard
- Asymptomatic, >6 months, treated with Methotrexate, Plaquenil, or steroids < 5mg per day Select
- Severe, multiple joint replacements, progressive Decline

Psoriatic Arthritis

- See Rheumatoid

Arthroscopy

- Recovered, no ADL/IADL limitations Preferred

Asbestosis

- Stable for 3 years, normal PFT's, non-smoker Standard
- Smoker within 3 years, oxygen use, ADL/IADL limitations Decline

Asthma

- Seasonal, mild, controlled, short term steroid use Preferred
- Mild to Moderate, PFT's - FEV1>70%, non-smoker Standard
- Severe or poorly controlled, current smoker or smoker within 1 year Decline
- Hospitalization < 6 months or > 2 within past 12 months Decline
- History of CHF, steroid use over 10mg per day Decline

Ataxia	Decline
Atrial Fibrillation	
• Lone Atrial fibrillation, single episode, resolved > 6 months, non-smoker	Standard
Paroxysmal	
• Infrequent episodes, 0 -6 months	Postpone
• Infrequent episodes, 6 months to 2 years, non-smoker	Standard
• Over 2 years, infrequent episodes, non-smoker	Standard
Chronic - on anticoagulation therapy	
• < 6 months	Postpone
• 6 months to 3 years, non-smoker	Standard
• Over 3 years, non-smoker	Standard (Max. \$100,000)
• Not on anticoagulant therapy, history of TIA, CVA, CHF	Decline
Attention Deficit Disorder/Adult Attention Deficit Disorder	
• Diagnosed as mild, no limitations, active lifestyle, treated with 2 or less medications, stable > 6 months	Standard
• Diagnosed a moderate to severe, lifestyle limitations, treated with > 2 medications	Decline
Autonomic Neuropathy	Decline
Back (Curvature of the spine, Kyphosis, Scoliosis, Torticollis)	
• Mild, symptomatic, or mild discomfort, deformity < 40-50%	Standard
• Severe, surgery pending, or with osteoporosis	Decline
Sprain / Strain	
• Present or severe (consider ADL/IADL limitations)	Postpone
• Resolved, no limitations	Approved
Sciatica	
• Mild, brief episode, resolved, 0 - 1 year	Preferred
• Moderate, symptoms over 1 year	Standard
Spinal Stenosis	
• Incidental finding, asymptomatic, treatment free	Preferred
• Symptomatic, mild, treated with NSAID, fully functional and active	Standard
• Unoperated, mild to moderate, no limitations	Standard
• Steroid injections, epidurals, 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
Basal Cell Cancer	Preferred
Bells Palsy	
• Diagnosed < 6 months ago	Postpone
• Over 6 months, fully recovered, no residuals	Standard

Benign Prostatic Hypertrophy (BPH)

- 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

Bipolar Disorder (APS)

- Well controlled > 1 year, < 3 non-antipsychotic medications, no functional limitations,
no hospitalizations within 5 years Select (Max \$100,000)
- New onset, < 3 years Postpone
- Non-compliance with medications / treated with antipsychotic medication,
> 2 hospitalizations in past 5 years Decline

Blindness (Refer to Vision loss)**Bone Marrow Transplant** Decline**Bronchiectasis**

- Mild, non-smoker, FEV1 > 65% Standard
- Moderate, non-smoker, FEV1 60 – 65% Individual Consideration
- Severe, chronic steroid use, FEV1 < 60% Decline

Bronchitis

- Mild, acute episodes Standard
- Moderate, occasional steroid use, non-smoker Individual Consideration
- Diagnosed as chronic, reduced PFT's, treated with multiple medications including chronic steroids Decline

Buerger's Disease Decline**Build** (See Build Chart)**Bulimia** Decline**Bunions**

- No planned surgery or limitations with mobility Approve

Bursitis

- Mild Preferred
- Moderate/Chronic in weight bearing joint Individual Consideration
- Severe Decline

Cancer

Bladder

- Single occurrence, fully recovered for 1 year Standard
- Recurrent or under treatment Decline

Breast

- Stage 0 or insitu : surgically removed, fully recovered for 1 year Standard
- Stage I: surgically removed, fully recovered for 2 years Standard
- Stage II or above, surgically removed, fully recovered 3 years Individual Consideration
- Recurrent or positive lymph nodes Decline
- Surgery pending Decline

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Brain	
• Surgically removed, fully recovered for 3 years, no residuals	Individual Consideration
Colon/Rectal	
• Surgically removed, no positive nodes, fully recovered for 2 years	Standard
Kidney	
• Surgically removed, fully recovered for 2 years, normal KFT's	Standard
Malignant melanoma	
• Clark's Level 1, treatment free	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
Liver	Decline
Lung	
• Fully recovered for 2 years, no impairment in pulmonary function, non-smoker	Select
Ovary	
• Surgically removed, fully recovered for 3 years	Standard
Prostate	
• Stage 0 or insitu, Gleeson score 0 -6, fully recovered , no residuals	Standard
• Stage 1 - III, surgery and treatment free for 2 years, PSA < 0.5, no complications	Standard
• Stage IV or metastatic	Decline
Skin	Preferred
Stomach	
• Surgery and treatment free for 2 years, normal labs, stable weight, no limitations	Standard
Thyroid	
• Surgically removed and treatment free for 1 year	Standard
Uterine	
• Surgically removed and treatment free for 1 year	Standard
Cardiac Defibrillator (AICD implant)	Decline
Cardiomyopathy	
• Mild, stable for 1 year, no episodes of CHF within 12 months, EF > 45%, non-smoker	Select (Max. \$100,000)
• With cardiac comorbidis	Decline
• Severe, recurrent episodes of CHF, or progressive	Decline
Carotid Artery Stenosis / Carotid Bruit	
• Bilateral stenosis < 70%, asymptomatic, no progression, non-smoker, no history of TIA or stroke	Standard
• Endarterectomy, non-smoker, no history of TIA or stroke, over 6 months	Standard
• Endarterectomy , over 6 months with tobacco use	Decline
• In conjunction with diabetes	Decline

Carpal Tunnel Syndrome

- No symptoms in 6 months Preferred
- Chronic, mild symptoms Standard
- Chronic, moderate symptoms Standard
- Surgery pending, regular narcotic use, functional limitations Decline

Cataracts

- Treated surgically with no residuals or complications Preferred
- Visual impairment causing limitations or restrictions Decline

Cerebral Palsy

- Independent, no mechanical aids, no cognitive or physical abnormalities Individual Consideration
- Symptomatic, decreased muscle strength, current treatment Decline

Cerebral Vascular Accident/ CVA / Stroke

- Single episode, fully recovered (no residuals), over 2 years, no tobacco use Select (Max. \$100,000)
- Single episode, fully recovered, (no residuals) over 5 years, no tobacco use Standard
- Multiple episodes (2 or more) Decline
- With comorbid: diabetes, atrial fib, peripheral vascular disease, cerebral vascular disease, mitral valve disease, smoker Decline

Cholelithiasis

- Asymptomatic, over 3 months Preferred
- Surgically treated, over 3 months, no complications Preferred
- Pending surgery Postpone

Chronic Fatigue Syndrome

- In remission, no ADL/IADL limitations, 0- 3 years Select
- In remission, no limitations, 2 years Standard
- In remission, no limitations, over 5 years Preferred
- In conjunction with fibromyalgia Decline

Chronic Hepatitis Decline

Chronic Obstructive Pulmonary Disease (COPD) / Emphysema

- Mild, high activity level, FEV1 >65%, no symptoms Standard
- Moderate, treated with >2 medications, FEV1 < 65% Select
- Severe, significant symptoms Decline
- In conjunction with cardiomyopathy, CHF, or pulmonary hypertension Decline
- Tobacco use (current or within last 12 months)..... Decline

Cirrhosis Decline

Cognitive Impairment Decline

Colitis / Ulcerative colitis / Crohn's Disease

- Irritable bowel syndrome or spastic colitis Standard
- Active within 1 year Decline
- Surgically treated, recovered for 1 year Standard
- With complications: frequent flares, weight loss, incontinence Decline
- Treated with antineoplastic medications or > 5mg of steroids daily or multiple surgeries Decline

Congestive Heart Failure

- Single episode, fully recovered, 0 - 1year Decline
- Single episode, fully recovered over 2 years Standard
- Symptomatic, recurrent, current smoker, or EF < 45% Decline
- History of COPD, insulin dependent diabetes, pulmonary hypertension or insulin dependent diabetes Decline

Coronary Artery Disease (also see Myocardial Infarction)

- 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
- Tobacco use within past 2 years Decline
- 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

Crest Syndrome Decline

Crohn's Disease (Refer to Colitis/Ulcerative Colitis)

Cushing's Syndrome

- Asymptomatic, no complications, <10mg steroids Standard
- Symptomatic, >10mg steroids Decline
- Surgery, recovered > 6 months, no complications Standard
- Surgery recommended Decline

Cystic Fibrosis Decline

Cystocele

- Pending surgery Postpone
- Surgery completed, fully recovered without complications Preferred

Deafness

- 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

Deep Vein Thrombosis

- Single episode, over 12 months Standard
- Multiple episodes 0-1 year Decline
- 2-5 years Standard
- Over 5 years Preferred

Degenerative Disc Disease

- Incidental finding on x-ray, asymptomatic, no treatment Preferred
- Mild, symptomatic, physical therapy completed > 6 months, treated with non-narcotic medication Standard
- Treated successfully, > 1 year, no residuals Standard
- Currently treated with narcotics, ongoing injections Decline
- Moderate to Severe, limitations or frequent flares Decline
- Chronic narcotic use or ADL/IADLS limitations Decline

Dementia	Decline
Depression / Dysthymia (APS)	
• New onset, situational, controlled with minimal medication over 6 months	Standard
• Undiagnosed	Postpone
• Diagnosed as Major, Manic, or Chronic, fully functional, no hospitalizations for 5 years, no antipsychotic medications	Select (Max \$100,000)
• Severe, chronic use of multiple medications, frequent exacerbations, multiple ER visits, or suicide attempt	Decline
• ECT within 5 years	Decline
Diabetes	
• Well controlled over 6 months with diet or oral medications, FBS <200, GHB < 8, no complications	Standard
• Well controlled over 6 months with 1 - 50 units of insulin, GHB <8, no complications.	Standard
• Well controlled, treated with 2-3 orals medications or 50-70 units of insulin, GHB<8, no complications	Select (Max \$100,000)
• GHB >8 , FBS > 200, greater than 70 units of insulin	Decline
• History of mild, non-progressive neuropathy, non-limiting	Select
• New onset, change in treatment, or poor control < 6 months	Postpone
• Current (or within last 12 months) tobacco use regardless of treatment.....	Decline
• With comorbid: progressive or moderate neuropathy, nephropathy, renal insufficiency, PVD, retinopathy, CVA, TIA, cardiomyopathy, CHF, cerebral vascular disease, uncontrolled hypertension, abdominal aortic aneurysm, or carotid artery disease.....	Decline
• Juvenile or Brittle	Decline
Dialysis	Decline
Discoid Lupus	
• No complications, no systemic involvement	Standard
• With Raynaud's or arthritis	Select (Max \$100,000)
Diverticulitis / Diverticulitis	
• Minimal symptoms, managed medically, no flares within 6 months	Preferred
• Hospitalized >3months, no current symptoms	Standard
• Treated surgically, >6 months, no current symptoms, stable weight	Standard
• Surgery planned or moderate symptoms within 6 months	Postpone
Dizziness (Refer to Syncope)	
Down's Syndrome	Decline
Drug Dependency / Abuse	
• 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
Eating Disorders	
• Anorexia or bulimia	Decline
Edema (Refer to underlying disease process)	
Ehlers-Danlos Syndrome	Decline

Emphysema (Refer to Chronic Obstructive Pulmonary Disease)

Encephalitis

- Complete recovery > 6 months Standard
- No organic brain syndrome or cognitive issues Standard
- Residuals Decline

Endarterectomy

- Surgery completed > 6 months with no residuals Standard
- With history of TIA, stroke, or diabetes Decline

Endocarditis

- Single episode, fully recovered for > 6 months Standard
- Recurrent episodes Decline

Epilepsy (Refer to Seizure Disorder)

Esophageal Varices Decline

Fibromyalgia

- Asymptomatic and treatment free Standard (Max. \$100,000)
- Mild or moderate, no restriction in activity, no flares within 6 months Standard (Max. \$100,000)
- 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

Forgetfulness

- No symptoms for 1 year, neuropsych work-up normal Standard
- Current symptoms or unknown etiology Decline
- Noted as forgetfulness consistent with age Decline
- 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
- 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 Decline

Gallbladder Disease

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

Gastric Bypass Surgery

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

Gastritis

- Medically managed with no hospitalizations within 6 months Standard
- GI bleed or hospitalization < 6 months Decline

Glaucoma

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

Gilbert's Syndrome Standard

Glomerulonephritis

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

Gout

- Controlled with medication, no joint involvement Standard
- Joint dysfunction Individual Consideration

Graves Disease

- Resolved Standard

Guillian-Barre Syndrome

- Recovered over 1 year, no residuals or limitations Standard
- Residual weakness, muscle atrophy, functional limitations Decline
- Noted as recurrent or chronic Decline

Headaches / Migraine

- 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

Heart Murmur

- No treatment, no limitations with activity Preferred

Heart Transplant Decline

Hemangioma (Liver)

- Benign, no secondary effects Standard

Hemiplegia Decline

Hemochromatosis

- Mild, onset > 6 months, lab studies normal Standard
- New onset, abnormal lab studies < 6 months Postpone
- In conjunction with organ or joint involvement Decline

Hemophilia

- Stable lab studies, asymptomatic for > 2 years Standard
- Symptomatic, treated with antineoplastic or steroids Decline
- Weight loss or abnormal lab studies Decline

Hepatic Cysts

- No liver disease, LFT's normal, asymptomatic Standard

Hepatitis

- Hepatitis A, in remission > 3months, lab studies normal Standard
- Hepatitis B, in remission > 3 months, lab studies normal Standard
- Hepatitis C, in remission > 2 years Select
- Hepatitis D or E Decline
- Alcoholic hepatitis Decline
- Liver transplant completed or recommended Decline

Hernia

- Minimal symptoms, no surgery recommended Preferred
- Surgery completed, no complications > 3 months Approve
- Surgery recommended or scheduled Postpone

Herniated Disc

- 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

Histoplasmosis

- Resolved, non-smoker, PFT's stable, symptomatic Standard
- PFT's abnormal, recurrent episodes, current smoker Decline

Hodgkin's Disease

- 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

Huntington's Chorea or Huntington's Disease Decline

Hydrocephalus Decline

Hypertension

- Treated, Average reading (1 year) < 160/90 Preferred
- New onset or uncontrolled < 6 months Postpone
- Non-compliance with medication regime Decline
- Pulmonary hypertension Decline
- Treated with > 3 medications Individual Consideration

Incontinence

- Diagnosed as stress, controlled with medication or exercises Preferred
- Functional, urge, or overflow incontinence Decline
- Surgically corrected with no residual incontinence Standard

Bowel

- History of or diagnosed Decline

Instrumental Activity of Daily Living (IADL) (Refer to ADL)**Joint Replacement**

- Independent, surgery > 6 months, no assistive devices, no current limitations Standard
- Ongoing PT, ADL or IADL limitations Decline

Kaposi's Sarcoma Decline

Kidney Failure, Insufficiency (Renal)

- Acute, single episode, fully recovered > 1 year Select
- Acute, single episode, fully recovered > 2 years Standard
- Chronic renal insufficiency or failure Decline
- Dialysis Decline

Kidney Stones

- Current, without symptoms, no surgery anticipated Preferred
- Treated surgically, full recovery Preferred
- Surgery anticipated, currently symptomatic Postpone

Kidney Transplant

- Identical match, > 5 years, renal function WNL, no symptoms Standard
- Symptomatic, renal function abnormal, renal failure Decline

Labrynthitis

- Single episode, well controlled with medication, stable, no falls Standard
- Neurological symptoms, history of falls Decline

Laminectomy

- Asymptomatic, no current treatment including PT, no assistive devices, > 6 months, no residuals Standard
- Current PT, daily narcotic use, activity limited Decline

Lap Band Surgery

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

Leukemia (APS)**Acute Lymphcytic (ALL)**

- Diagnosed within past 5 years Decline
- Diagnosed > 5 years, stable lab studies Select

Chronic Lymphocytic Leukemia (CLL)	
• 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, normal lab studies > 5 years	Select
Hairy Cell Leukemia	
• Treatment free, fully recovered, normal lab studies > 5 years	Select
Liver Transplant	Decline
Lou Gehrig's Disease (ALS)	Decline
Lupus (Discoid)	
• SLE ruled out, firm diagnosis > 1 year, no organs involved	Standard
Lupus (Systemic Lupus Erythematosus)	Decline
Lyme Disease	
• Fully recovered for > 6 months, no residuals	Standard
• Residuals, ongoing treatment	Decline
Lymphoma (Refer to Hodgkin's Disease or Non-Hodgkin's Lymphoma)	
Macular Degeneration	
• Non-progressive, no ADL or IADL limitations	Standard
• Progressive	Decline
• ADL or IADL limitations	Decline
• Diagnosed < 1 year	Postpone
Major Depression (See Bipolar Disorder guidelines)	
Marfan Syndrome	Decline
Marie Strumpell Disease	Decline
Melanoma (Refer to Cancer)	
Memory Loss	Decline
Meniere's Disease	
• Fully recovered > 2 years with no neurological symptoms	Standard
• Diagnosed or symptomatic < 2 years	Decline
Meningioma	
• Completely removed, full recovery, no residuals > 2 years	Standard
• Malignant	Decline
Meningitis	
• Fully recovered, no residuals, treatment free > 12 months	Standard
• Current treatment, diagnosed as chronic / recurrent, or residuals	Decline

Mental Retardation	Decline
If independent, fully functional	Individual Consideration
Migraine Headaches (Refer to Headaches)	
Mitral Valve Prolapse	
• Surgery not anticipated, asymptomatic	Standard
• Surgery recommended, symptomatic, or severe	Decline
Mixed Connective Tissue Disease	Decline
Monoclonal Gammopathy	
• No progression in 2 years, asymptomatic, normal blood studies.....	Select (Max \$100,000)
Multiple Myeloma	Decline
Multiple Personalities	Decline
Multiple Sclerosis	Decline
Muscular Atrophy	Decline
Muscular Dystrophy	Decline
Myasthenia Gravis	
• Treatment and symptom free, no limitations for > 5 years	Individual Consideration
• 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
Myelodysplasia	Decline
Myocardial Infarction (also see Coronary Artery Disease)	
• Treated and asymptomatic, stable 6 months	Standard
• In conjunction with Insulin Dependent Diabetes	Individual Consideration
• Tobacco use within past 2 years	Decline
• 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
Narcolepsy	
• Well controlled, asymptomatic, no medications for > 1 year	Standard
• Functional limitations or unresponsive to treatment	Decline
Nephrectomy	
• One kidney, > 1 year	Rate for Cause
• Both kidneys	Decline
Neurogenic Bladder	Decline

Neurogenic Bowel	Decline
Neuropathy (Peripheral Neuropathy, Neuralgia, Neuritis)	
• New onset < 6 months, work-up in progress	Postpone
• Mild, no limitations or progression, no treatment	Standard
• Moderate to severe, progressive, current smoker	Decline
• History of falls secondary to neuropathy	Decline
• Polyneuropathy	Decline
Non-Hodgkin's Lymphoma	
• 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	Decline
• Weight loss, fatigue, night sweats, or fever within 1 year	Decline
Obsessive Compulsive Disorder (OCD) (APS)	
• Mild, normal daily activities, able to work without interference, treated with one medication	Standard
• Moderate to Severe, affecting employment or activities	Decline
• Treated with anti-psychotic medication	Decline
Organic Brain Syndrome	Decline
Organ Transplants	Decline
• Exception of Kidney	Individual Consideration
Osteoarthritis (Refer to Arthritis)	
Osteomyelitis	
• Single episode, single bone involvement, recovered > 1 year	Standard
• Chronic or recurrent, residuals, or history of fracture due to osteomyelitis	Decline
Osteopenia	
• T-scores -2.5 or less, no fractures, preventative treatment	Preferred
Osteoporosis	
• T-scores -3.5 or less, under treatment, no fractures related to osteoporosis	Standard
• T-scores -3.6 to -4.0, under treatment, no fractures related to osteoporosis	Select
• T-score over -4.0	Decline
• Smoker, history of compression fractures, or history of falls	Decline
Pacemaker	
• Stable, recovered > 6 months	Standard
• Scheduled surgery or recommended	Postpone
Paget's Disease of the Bone	
• Mild, non-progressive, asymptomatic, no ADL / IADL limitations	Standard
• History of fracture	Decline
• Active, symptomatic (bone pain), or abnormal labs	Decline
Pancreatic Insufficiency	Decline

Pancreatitis

- Acute pancreatitis, single episode, recovered > 1 year Standard
- Recurrent episodes Decline
- Diagnosed as alcohol related Decline

Panic Disorders

- Diagnosed as mild, no interference with activities or employment, treated with one medication Standard
- Moderate to severe, able to work, treated with > one medication Decline

Paralysis (Paresis) Decline

Paraplegia Decline

Parkinson's Disease Decline

Peptic Ulcer Disease

- 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

Pericarditis (Acute, Bacterial, or Viral)

- Single episode, complete recovery, treatment free > 1 year Standard
- Chronic or with residuals Decline

Peripheral Neuropathy (Refer to Neuropathy)**Peripheral Vascular**

- 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, or cerebrovascular disease Decline
- Smoker within 24 months Decline

Surgically Corrected

- Femoral bypass > 1 year, asymptomatic, no claudication Standard
- With diabetes, carotid artery disease, coronary artery disease, or cerebrovascular disease Decline
- Smoker within 24 months Decline

Personality Disorder Decline

Phlebitis (APS)

- Superficial, single episode, fully recovered, 6 months Standard
- Recurrent, with history of PVD or skin ulcers Decline

Pneumonia

- Single episode, fully recovered, no pulmonary complications, over 6 months Preferred
- Recurrent episodes or resistant to antibiotics Decline

Polio or Poliomyelitis

- 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

Polycystic Kidney Disease

- Kidney function WNL, no evidence of renal damage Standard
- Kidney function abnormal, progressive Decline

Polycythemia Vera

- 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, or amaurosis fugax Decline
- Tobacco use Decline

Polymyalgia Rheumatica / PMR

- In remission > 1 year, asymptomatic, treatment free Standard
- Asymptomatic, treated with chronic low dose steroids (< 5mg per day), stable > 1 year Select
- Symptomatic, > 5 mg steroids per day, muscle weakness Decline
- Use of narcotics to control pain Decline

Polymyositis

- In remission and symptom free for > 3 years Standard
- Active, chronic steroid use, current PT or OT Decline
- Narcotics required to control pain Decline

Post Polio Syndrome Decline

Post-Traumatic Stress Disorder / PTSD

- Mild, treated with < one antidepressant, no interference with activities or working Standard
- Moderate to severe, affects activities or work Decline
- Treated with anti-psychotic medications or > one antidepressant Decline

Primary Biliary Cirrhosis

- Diagnosed over age 65 years, asymptomatic, normal LFT's for > 1 year, no autoimmune, no progression ... Select (Max \$100,000)
- Diagnosed age 65 years old or younger Decline
- Elevated LFT'S within past year or symptomatic Decline

Primary Sclerosing Cholangitis Decline

Prostatitis

- 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

Psoriatic Arthritis (Underwrite as Rheumatoid Arthritis)

Psychosis Decline

Pulmonary Embolism

- 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

Pulmonary Fibrosis

- Localized, incidental finding, PFT's WNL, non-smoker Standard
- Active disease, PFT's abnormal, or smoker Decline

Pulmonary Hypertension Decline

Quadriplegia Decline

Raynaud's

- Well diagnosed, no connective tissue disease, diagnosed > 1 year Standard
- In conjunction with Lupus or Scleroderma, systemic involvement Decline
- Current smoking Decline

Reflex Sympathetic Dystrophy Decline

Renal Failure (Refer to Kidney Failure)

Restless Leg Syndrome

- Diagnosis firm, treated with 1-2 medications Standard
- Questionable diagnosis or treated with 3 or more medication Decline

Retinal Detachment

- Corrected surgically, fully recovered, no limitations Standard

Retinitis Pigmentosa

- Stable vision, adapted to any vision loss, no ADL or IADL limitation, stable > 12 months Standard
- ADL or IADL limitations or systemic disease Decline

Retinopathy (Diabetic) Decline

Rheumatoid Arthritis (Refer to Arthritis, Rheumatoid)

Sarcoidosis

- 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
- Smoker Decline

Schizophrenia Decline

Sciatica

- Mild, non-limiting, brief episode Preferred
- Moderate, symptoms > 1 year, treated with prescription medication Standard
- Severe Decline

Schwannomas (Refer to Acoustic Neuroma)

Scleroderma

- Morphea (localized to skin) Select
- Diagnosed as diffuse, progressive, or systemic Decline

Scoliosis (Refer to Back Disorders)

Seizure Disorder

- Well controlled, normal MRI, no seizures in past year Standard
- New onset or seizure within past year Decline
- Cause unknown or 2 or more seizures within past Decline

Senile Dementia Decline

Shunts Decline

Shy-Drager Syndrome Decline

Sickle Cell Anemia Decline

Sickle Cell Trait

- No diagnosis of Sickle Cell Anemia, normal lab studies Select (\$100,000 max)

Sjogren’s Syndrome

- Limited to dry eyes and mouth, no systemic involvement or connective tissue disease Standard
- Secondary to connective tissue disease Decline

Sleep Apnea

- Mild, compliant with treatment (CPAP), well controlled > 6 months, PFT’s stable Standard
- Surgically corrected > 6 months, no further symptoms Standard
- Severe symptoms or non-compliance, oxygen use Decline

Spinal Bifida Decline

Spinal Cord Injury Decline

Spinal Stenosis (Refer to Back)

Stroke (Refer to Cerebral Vascular Accident)

Spondylolisthesis (Refer to Back - Spinal Stenosis)

Subarachnoid Hemorrhage (Refer to Aneurysm, Cerebral)

Syncope

- Single episode, diagnosed a vasovagal or benign, > 1 year ago Standard
- Single episode, unknown cause, within past year Postpone
- Multiple episodes Decline

Systemic Lupus Erythematosus (SLE) Decline

Temporal Arthritis (Refer to Arteritis)

Tendonitis

- Mild, no limitations Preferred
- Moderate or chronic in weight bearing joint Individual Consideration
- Severe Decline

Tennis Elbow	Preferred
Thrombocytopenia	
• Treatment free for > 2 years, Platelet count stable (150 - 440K), asymptomatic	Select
• Splenectomy > 5 years ago	Standard
• Symptomatic, weight loss, treated with steroids or antineoplastic medication	Decline
Thrombophlebitis (Refer to Phlebitis)	
Thyroid Disorders	
• Hyper/Hypo thyroid, treated with or without medication	Standard
• Cancer (Refer to Cancer, Thyroid)	
Tourette's Syndrome	Decline
Transient Global Amnesia	
• Single episode over 3 years ago, no cognitive deficits, asymptomatic	Standard
• Multiple episodes	Decline
Transient Ischemic Attack - TIA	
• Single episode, fully recovered with no deficits, > 2 years ago, non-smoker	Standard
• Multiple episodes	Decline
• In Conjunction with Atrial fibrillation, Diabetes, AAA, Cardiomyopathy, or PVD	Decline
• Current smoker	Decline
Tremor, Benign, Essential, Intention, Familial	
• 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
Tuberculosis	
• 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
Ulcerative Colitis (Refer to Colitis)	
Ulcer Disease (Refer to Peptic Ulcer)	
Underweight (Refer to Build Chart)	
Urethral Stricture	
• Asymptomatic, < 3 dilations per year, no infection within past year	Standard
• Surgically repaired, no recurrent urinary tract infections, asymptomatic	Standard
Urinary Incontinence (Refer to Incontinence)	
Valvular Heart Disease	
• Asymptomatic, diagnosed as trace or minimal, no treatment	Standard
• Surgically treated > 1 year ago, no current symptoms	Standard
• In conjunction with Diabetes, CHF, Pulmonary hypertension, TIA, or Pulmonary Embolism	Decline

Venous Insufficiency / Varicose Veins

- 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

Vertebral Basilar Insufficiency Decline

Vertigo

- Asymptomatic, no episodes for > 1 year, active lifestyle Standard
- Ongoing symptoms, falls, or balance problems Decline

Vision Loss (Impairment)

- Independent with ADLS / IADLS, non-progressive Standard
- Progressive vision loss, dependence with ADL or IADL, not fully adapted Decline

Von-Hippel Lindau Decline

Von Willebrand's Disease Decline

Waldensrom's Macroglobulinemia Decline

Wegener's Granulomatosis Decline

Wenicke-Korsakoff Syndrome Decline

Whipple's Disease Decline

Wilson's Disease Decline

Xeroderma Pigmentosa Decline

SECTION 9. 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.

Long Term Care

If the applicant intends to replace their current coverage with a LifeSecure policy and this 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.

The replacement forms are located in the LifeSecure Agent Portal under the Resources tab in the PDF Library and should be faxed to **1-866-556-3393**.

SECTION 10. POLICY REINSTATEMENT GUIDELINES

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

NOTE: This section is meant to provide general information so 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 and 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, depending on state regulations.
- Most policies will be required to pay the policy current and will be billed for all premiums retroactively to the lapse date.
- 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 **866-556-3393** 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 **866-556-3393**.

- 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 Face-to-Face Interview.
- 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 re-instated 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. Please see the example below:

Policy Original Effective Date:	2/1/2012
Paid-to-Date:	6/1/2012 (in force for 4 months)
Gap in Coverage:	6/1/2012 through 8/1/2012 (2 months with no premiums paid)
Reinstatement Date:	8/1/2012
Current Paid-to-Date:	4/1/2013 (in force for 8 additional months)
End of 1st Year Commission Rate:	2/1/2013

In the above example, premium was paid for the 4 months between 2/1/2012 and 6/1/2012 and for an additional 8 months between 8/1/2012 and 4/1/2013. First Year Commission Rates apply from 2/1/2012 through 2/1/2013. The gap in coverage time period of 6/1/2012 through 8/1/2012 would generate no commission payments since there were no premium payments. Renewal Commission Rates apply after 2/1/2013 because the premium was applied for a calendar period that is beyond one year from the original Effective Date.

SECTION 11. BUILD CHART

Multi-life Applications:

If the applicant qualifies for Simplified Issue, build will not be a factor in the underwriting decision. Otherwise, if the weight of the applicant is between the Preferred minimum amount and the Select maximum amount on the build chart below for the height of the applicant, the applicant will not be declined for coverage on the basis of build. If the applicant has other medical conditions, they may be declined for coverage even if their height and weight fall within the limits of the build chart.

If the weight of the applicant is NOT between the Preferred minimum amount and the Select maximum amount on the build chart below for the height of the applicant, coverage will not be offered.

Note: Height and weight questions are not part of the Simplified Issue underwriting process, but are included when a multi-life applicant is not eligible for Simplified Issue.

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. If an applicant's weight is more than the Select Maximum limit, coverage will not be offered.

See next page for Build Chart.

Build Chart

Height (in Feet & Inches)	Weight (in Pounds)			
	Minimum	Preferred Maximum	Standard Maximum	Select Maximum
4'6"	80	120	147	188
4'7"	83	125	153	195
4'8"	85	129	158	200
4'9"	87	134	164	208
4'10"	89	139	170	214
4'11"	91	144	176	219
5'0"	93	149	182	224
5'1"	95	153	188	235
5'2"	96	159	194	247
5'3"	98	164	200	253
5'4"	101	169	207	258
5'5"	104	174	213	264
5'6"	106	180	220	270
5'7"	110	185	227	278
5'8"	113	191	234	287
5'9"	117	196	240	294
5'10"	121	202	247	302
5'11"	124	208	255	316
6'0"	128	214	262	322
6'1"	132	220	269	328
6'2"	136	226	277	339
6'3"	139	232	284	345
6'4"	142	238	292	350
6'5"	145	245	299	356
6'6"	149	251	307	363
6'7"	153	257	315	370
6'8"	157	264	323	375
6'9"	162	271	331	382
6'10"	167	277	340	390

SECTION 12. 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 drugs identified or classified as Narcotics, Opioids or Controlled Substances used for chronic pain relief.

A	E	L	P	T
A.Z.T.	E2020	Lasix >80 mg/day	Parlodel	Tacrine
Adriamycin	Eldepryl	Lanvis	Peridol	Tasmar
Agrylin	Enbrel	Leukeran	Permitil	Teslac
Alkeran	Endatadine	Levocarb	Platinol	Thioplex
Antabase	Ergamisol	Levsin	Pramipexole	Thorazine
Apo-Bromocriptine	Ergoloid Mesylate	Lioresal	Prednisone	Timespan
Apo-Selegiline	Etoposide	Loxipac	>6 mg/day	Trelstar
Apo-Levocarb	Eulex	Lysodren	Priftin	Trihexy
Apo-Trihex	Exelon		Procytox	Trilafon
Aricept		M	Prokine	Tysabri
Arimidex (I.C.)	F	MS Contin	Proleukin	
Artane Sequels	Femara (I.C.)	Megace	Prolixin	V
	Fluanxol	Mellaril	Prostigmin	Velbe
B	Foscavir	Meridia	Purinethol	VePesid
Baclofen	FUDR	Mesoridazine		Viadur
Benzotropine Mesylate		Mestison	R	Videx
BiCNU	G	Methadone	Razadyne	
Blenoxane	Galantamine	Mirapex	Rebetron	W
Bromocriptine	Geodon	Moban	Reminyl	Welferon
Busulfex/Busulfan	Gleevec	Modecate	Requip	Wellcovorin
		Molindone	Retrovir	
C	H	Morphine	Rilutek	X
Caelyx	Haldol	Mutamycin	Risperdal	Xeloda
Carbidopa	Herceptin	Myleran	Rituxan	Xenical
Casodex	Humira (I.C.)		Rivastigmine	
CeeNU/CCNU	Hydergine	N	Roxicodone	Z
Cerubidine	Hydrea	Namenda	Rubex	Zanosar
Clozaril		(menmantine)		ZDV (Zidoludine)
Cogentin	I	Natrecur	S	Zyprexa
Cognex	Ifex	Natulane	Serentil	
Copaxone	Imuran	Neupogen	Seroquel	
Cytosar-U	Interferon	Nilandron	Sinemet	
Cytoxan	Intron	Niloric	Stelazine	
		Nipent		
D		Novantrone		
Dantrium		Novo-Peridol		
Deprenyl		Nu-Levocarb		
Donepezil				
Dostinex		O		
		Orencia		
		Oxycodone		

Note: I.C. - Individual Consideration. Use of medication will be reviewed individually.

* Please be aware that this list is not all-inclusive. Most generic names are not included on this list. If you are unfamiliar with a medication that your applicant is currently taking (or has recently discontinued), please verify the use and brand name before completing an application.