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Weight, Overweight also see Build Chart	65
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Build Charts

Males and Females (Ages 16 and Over)										
<u>Height</u>		<u>Avg. Weight</u>	<u>Overweight Chart with Probable Table Ratings</u>							
Ft. In.	Inches	Pounds	T-2	T-3	T-4	T-5	T-6	T-8	T-10	T-12
4' 8"	56	87-140	172	179	186	190	195	203	208	212
4' 9"	57	91-145	178	185	192	197	202	211	215	220
4' 10"	58	94-150	185	192	199	204	209	218	223	228
4' 11"	59	97-155	191	199	206	211	216	226	231	236
5' 0"	60	100-161	198	205	213	218	223	233	239	244
5' 1"	61	104-166	204	212	220	225	231	241	247	252
5' 2"	62	107-172	211	219	227	233	238	249	255	260
5' 3"	63	111-177	218	226	235	240	246	257	263	269
5' 4"	64	114-183	225	234	242	248	254	266	271	277
5' 5"	65	118-189	232	241	250	256	262	274	280	286
5' 6"	66	121-195	239	248	258	264	270	282	289	295
5' 7"	67	125-201	246	256	265	272	278	291	297	304
5' 8"	68	129-207	254	264	273	280	287	300	306	313
5' 9"	69	133-213	261	271	282	288	295	309	315	322
5' 10"	70	136-219	269	279	290	297	304	318	325	332
5' 11"	71	140-225	277	287	298	305	312	327	334	341
6' 0"	72	144-232	284	295	306	314	321	336	343	351
6' 1"	73	148-238	292	304	315	323	330	345	353	361
6' 2"	74	152-245	300	312	324	332	339	355	363	370
6' 3"	75	157-252	309	321	333	341	349	365	373	381
6' 4"	76	161-258	317	329	341	350	358	374	383	391
6' 5"	77	165-265	325	338	350	359	367	384	393	401
6' 6"	78	169-272	334	347	360	368	377	394	403	412
6' 7"	79	174-279	342	356	369	378	387	404	413	422
6' 8"	80	178-286	351	365	378	387	396	415	424	433
6' 9"	81	182-293	360	374	388	397	406	425	434	444

Standard Juveniles (Ages 0-15)		
Note: If 4' 8" (56") or above, may use Males and Females (Ages 16 and Over) chart		
<u>Age</u>		
Months	Inches	Pounds
0	17-22	6-11
1	18-25	6-12
2	18-27	8-14
3	19-28	8-16
4	19-29	9-18
5	20-30	10-20
6	21-31	11-22
7	21-32	11-24
8	22-32	12-25
9	22-33	12-28
10	23-33	13-28
11	23-34	15-28
12	24-34	15-29
13	24-35	16-30
14	25-35	16-30
15	25-36	17-31
16	26-36	17-32
17	26-37	18-32
18	26-37	18-33
19	27-38	19-33
20	27-38	19-34
21	27-38	19-34
22	28-39	20-34
23	28-39	20-35
<u>Age</u>		
Years	Inches	Pounds
2	29-42	21-40
3	30-46	24-47
4	32-48	27-54
5	34-51	30-61
6	36-55	34-68
7	38-57	38-75
8	40-60	42-82
9	42-63	47-98
10	44-65	52-112
11	46-67	58-127
12	48-70	65-141
13	50-72	73-155
14	52-75	81-166
15	54-78	87-179

Remember to Check Your Flash Sheet for Multiple Impairments

Examples:

- Overweight & High Blood Pressure
- Overweight & Diabetes
- Overweight & Coronary Artery Disease
- Or any combinations of above

Cash Guidelines

Do not collect C.W.A. on:

1. Face amounts of \$500,000 and up not including ADB
2. Face amounts of \$100,000 and up for any Juveniles under age 18

An Oral Specimen is Needed for:

1. All ages on Non-Tobacco plans up to \$249,999
2. Ages 18-50 for face amounts from \$100,000 to \$249,999
3. Any Age with no dependents (spouse, fiancé, children) for face amount \$25,000 and up

Underwriting Flash Sheet

L = Life A = Accident H = Health D = Disability X=Auto Decline

CANCER (Any Form of Cancer at Any Age is an Auto Decline for Cancer Policy)	L	A	H	D
Cancer – Internal (Breast, Colon, Uterine, etc.) treated within the past 2 years; EXCEPTION – See Lung and Pancreatic Cancers below	X		X	X
Cancer (Metastatic) – Spread to lymph nodes or other parts of the body, treated within the past 10 years	X		X	X
Acute Leukemia diagnosed within 5 years – Chronic untreated Leukemia less than 2 years from diagnosis	X		X	X
Lung Cancer – Last treatment within 5 years or Currently Smokes	X		X	X
Lymphoma (Hodgkin's) treated within the last 2 years	X		X	X
Lymphoma (Non-Hodgkin's) treated within the last 2 years	X		X	X
Pancreatic Cancer – Last treatment within 5 years	X		X	X
DIABETES & RELATED DISORDERS	L	A	H	D
Any Diabetes and Overweight T6 and up	X	X	X	X
Diabetes and Kidney Disease	X		X	X
Insulin Diabetes (Decline for Accident/Health/Disability, can consider LIFE app)		X	X	X
Insulin Diabetes with Cerebral Vascular Disease (Stroke/TIA), Heart Disease, Peripheral Arterial Disease, not seen a doctor within 2 years, or Overweight T6 and up	X	X	X	X
HABITS/MISC DRUGS/ALCOHOL/ARREST (Auto Decline if in Jail while Application Being Underwritten)	L	A	H	D
Alcohol Treatment (Voluntary) and still drinks, or dry less than 1 year	X	X	X	X
Alcohol Treatment (Voluntary) with any history of hard drug use, clean & dry from both less than 5 years	X	X	X	X
Arrest – Drug Arrest or any Felony Arrest starting Probation/Parole within the past 5 years	X	X	X	X
Arrests (Multiple) – 2 or more Arrests and the last one within 5 years of application	X	X	X	X
Combination of Opiate and Benzodiazepine medications	X	X	X	X
Drug Use or Drug-Related Arrest within 2 years (other than Marijuana)	X	X	X	X
DWI's (Multiple) 2 DWI's within last 5 years and the last within 2 years / 3 or more DWI's & drinking alcohol within past 1 year	X	X	X	X
Immigrant not legally residing in the country of application if does not meet Residency Addendum Guidelines	X	X	X	X
Marijuana – Current Use with any past history of Voluntary Alcohol Treatment, Hard Drug Use, Drug Arrest or Felony Arrest	X	X	X	X
Misdemeanor Arrest with Probation within 1 year	X	X	X	X
HEART/CIRCULATORY/BLOOD DISORDERS	L	A	H	D
Angioplasty, Coronary Bypass, Heart Attack or Diagnosis of Angina within the last 6 months or occurring under age 40	X		X	X
Any combination of Coronary Artery Disease, Cerebral Vascular Disease (TIA/Stroke) or Peripheral Artery Disease	X	X	X	X
Congestive Heart Failure within 1 year	X		X	X
Coronary Artery Disease and Heart Valve Replacement	X		X	X
Coronary Artery Bypass – Multiple Heart Surgeries	X		X	X
Defibrillator Implant	X	X	X	X
Heart Attacks (Multiple) – 2 Heart Attacks and Smokes, or more than 2 Heart Attacks	X	X	X	X
High Blood Pressure with Hospitalization for High Blood Pressure within 1 year	X	X	X	X
Peripheral Vascular Disease with Surgery	X	X	X	X
Stroke less than 6 months or Multiple Strokes	X	X	X	X
Sickle Cell Anemia at less than age 22	X	X	X	X
MISC MEDICAL DISORDERS (Auto Decline if Hospitalized while Application Being Underwritten)	L	A	H	D
ADD/ADHD (Attention-Deficit Disorder/Attention-Deficit Hyperactivity Disorder) at less than age 9	X	X	X	X
Alzheimer's Disease	X	X	X	X
Asthma – Hospitalized in Intensive Care within the past 5 years	X		X	X
Asthma – Juvenile – At less than age 3, diagnosed within 1 year, or daily moderate/severe symptoms	X		X	X
Autism at less than age 9	X	X	X	X
Cirrhosis of the Liver – Any type diagnosed within 5 years	X	X	X	X
Crohn's Disease or Ulcerative Colitis if Disabling	X		X	X
Cystic Fibrosis	X		X	X
Depression/Mental Disorder – Hospitalized within 6 months or unable to work/Currently Disabled	X	X	X	X
Down's Syndrome at greater than age 40 or more than mild degree of mental retardation	X	X	X	X
Emphysema/COPD or Chronic Lung Disease/COLD using Home Oxygen	X		X	X
Hepatitis that is currently under treatment or Auto Immune Hepatitis	X		X	X
HIV/AIDS – Including positive test for Antibodies for AIDS virus	X	X	X	X
Hydrocephalus at less than age 19 or if diagnosed within last 6 months	X	X	X	X
Kidney Dialysis	X		X	X
Kidney Transplant within 1 year or in combination with Diabetes, Heart Disease or Peripheral Artery Disease	X	X	X	X
Lupus or SLE (Systemic Lupus Erythematosus) – Juvenile – With current symptoms, completion of treatment within 2 years, Kidney or Cerebral Involvement	X		X	X
MS (Multiple Sclerosis) with extreme disability	X	X	X	X
Overweight exceeding Build Chart (see back for Build Chart)	X	X	X	X
Rheumatoid Arthritis – Severe and/or Disabling (Decline for Accident/Health/Disability, can consider LIFE app)		X	X	X
Scleroderma – CREST syndrome	X	X	X	X
Seizure – Newly Diagnosed within last 6 months	X	X	X	X
Suicide Attempt – Within 2 years or with Drug and/or Alcohol Abuse	X	X	X	X
Transplant Recipient – Both Pancreas and Kidney within 1 year, Pancreas within 2 years, Kidney – see above, All Others, and at less than age 16	X		X	X
Weight Loss Surgery – Gastric Banding procedure within last 3 months or Gastric Bypass Surgery within 6 months	X		X	X

UNDERWRITING GUIDELINES AND PROCEDURES

AGE AND AMOUNT (A&A) REQUIREMENTS

For APS's (Attending Physician Statements), oral tests, medical Exams, EKG's (electrocardiograms), blood profiles, phone calls, Inspections and MVR's (Motor Vehicle Reports), the age and amount guidelines can be found on the Agency Resource Center (ARC) and should be reviewed regularly for updates and current information.

ATTENDING PHYSICIAN STATEMENTS (APS)

An APS is required for applicants age 70 and up and for certain health histories. Always complete a HIPAA form for all applications taken in the United States because they are required when ordering an APS.

HOW REQUESTED

APS's are requested through service providers – AI Records for US and Canada and Konnect for New Zealand.

FOLLOW UPS

If the Underwriting Department has not received the APS within 20 days, a status request is sent to the service provider. When a status is received, your agency will be advised through CAS and the Pending Underwriting Requirements Bulletin as to the status and what action your agency needs to take. Be sure to check the vendor web site for updates – websites are listed on the ARC.

SUGGESTED ACTION BY THE AGENCY OFFICE

- 1) Contact the service provider with any additional information – i.e. Dr. name, phone #, maiden name, etc.
- 2) Follow up and assist them until you know the information has been received.
- 3) Sometimes it is necessary to have the applicant contact the physician to have the information released.

HELPFUL HINTS

Always provide the complete and correct name of the physician or medical facility. This includes the full name, street address, city, state, zip code and, ***most importantly, the telephone number***. It is also important to give the name of the clinic if that is where the physician has their practice.

Always provide the medical identification number when applicable. This is especially important at medical facilities like Kaiser and Cleveland Clinic.

Always submit the special authorization when called for by the facility having the medical records (i.e. Kaiser, Cleveland Clinic, Veterans (VA) Hospitals, etc.).

Be sure to collect the HIPAA in the US.

ORAL TEST GUIDELINES

These guidelines are as follows:

1. All ages on Non-Smoker plans up to \$249,999
2. Ages 18-50 for face amounts from \$100,000 to \$249,999.
3. Any age with no dependents (spouse, fiancé, children) for face amounts \$25,000 and up.

Applications requiring an oral test must have the bar code number provided to eApp. For Paper applications, affix the barcode sticker to the application and the “Collectors Copy” or the “Insurance Company Copy” of the consent form submitted with the application together with any ***state required Consent Form***. See the AIL web site for the states that require an additional state specific Consent form.

If an oral test is not received with the application, correspondence is sent to the agency with a message through CAS advising that the agent needs to collect an oral test. Cases without an oral will be NO ADV’d, if not received by the bulletin date.

EXAMS

Requested for certain ages and face amounts and for certain health histories.

HOW REQUESTED

Exams are requested through service providers – APPS, EMSI, ExamOne, or Superior Mobile Medics in the U.S. In Canada the exam vendor is ExamOne.

Know who your service provider is. Each Agency chooses their exam company from the above choices. Know their 800#, website and local contact person. This information is on the Agent Resource Center (ARC), but if you do not know who your exam company is, email the Underwriting Department at uw@aillife.com.

FOLLOW UPS

If the Underwriting Department has not received a status report from the service provider within 15 days, a status request is sent to your exam company. When a status is received, your agency will be advised through CAS and the Pending Underwriting Requirements as to the status and/or problem. If the exam is not received, a decision will be made to Incomplete the case or issue it without the exam. Be sure to check the vendor web site for updates – websites are listed on the ARC.

SUGGESTED ACTION BY THE AGENCY OFFICE

- 1) Advise all applicants at the time of application that an exam with blood/urine could be requested.
- 2) When you are aware that an exam has been requested, contact the applicant to help make sure the exam gets scheduled.
- 3) Follow up with the exam service provider until you know the exam has been completed.

MOTOR VEHICLE REPORTS (MVR)

MVR's are automatically requested on male applicants ages 16-29 or amounts of insurance of \$100,000 and up. The \$100,000 includes base amount of insurance plus any ADB (accidental death benefit) and accident coverage (A71, A74).

MVR's will be requested by Underwriting on any applicant with a history of a DWI/DUI. A Drug/Alcohol Qair should also be completed for these applicants.

HELPFUL HINT

A driver's license number should be provided on all proposed insureds that are of driving age (16 in most locations) having or having had a driver's license. If the proposed insured does not have a driver's license, a reason should be given on the application, and a Drivers License Qair completed. If the license is suspended, a reason should be given and the license number given (most individuals with a suspended license know what the license number was).

If a MVR is needed and a license number is not provided, a call will be made to the applicant for the information. If we are unable to contact the applicant by phone, a letter will be sent for the driver's license information with a Pending Underwriting Requirements message to the agency.

INSPECTIONS

Inspections are usually only required on cases of \$500,000 or more, or for D50000 applications. The inspection report will include questions to acquire information about the applicant's financial condition.

HOW REQUESTED

Inspections are requested through EMSI

FOLLOW UP

If not received within 21 days a status is requested from EMSI and the application is held until status/problem is determined. If assistance is needed from the agency, you will be advised on the Pending Underwriting Requirements.

SUGGESTED ACTION BY THE AGENCY OFFICE

When you are aware an inspection has been requested, contact the proposed insured and advise them that the inspection company will contact them, usually by phone, for additional information.

LETTERS TO APPLICANTS

Letters to the applicant are necessary when information has been omitted from the application and we have been unable to contact by phone to secure the necessary information, or sometimes for additional medical information. A Pending Underwriting Requirements message is sent to the agency office explaining what is needed.

FOLLOW UP

The Pending Underwriting Requirements message is the only follow up.

SUGGESTED ACTION BY THE AGENCY OFFICE

When you receive the Pending UW Requirement message, contact the applicant and assist the applicant in returning the requested information.

CORRESPONDENCE TO THE AGENTS

Correspondence is sent to the agency office when Underwriting needs additional information or assistance with an application. Example: an explanation of the need for the amount of the insurance applied for.

FOLLOW UP

The correspondence will include a deadline for receipt of the required information to give you time to gather answers before UW takes further action.

SUGGESTED ACTION BY THE AGENCY OFFICE

Handle as soon as the correspondence is received in the office.

PHONE CALLS TO THE APPLICANT

Phone call requests are sent to the Underwriting Phone Team when missing and/or additional information is needed. The Phone Team makes several attempts to contact the applicant as well as leaving an 800 number (800-411-8808) in order to secure the information. If the telephone number is incorrect, has been disconnected or the applicant has not returned the call, the file is returned to Underwriting and they will either request the information by email, the Pending UW Requirements, or order a requirement – usually an APS or exam.

SUGGESTED ACTION BY THE AGENCY OFFICE

Always be sure all questions on the application are answered, details are given for all “YES” answers. ***Be sure to advise the applicant at the time the application is taken, that someone from the Home Office may be contacting them.***

PENDING UNDERWRITING REQUIREMENTS (Underwriting Bulletin)

The agency office needs to handle all requests as soon as they are received. If there is no response to the Pending Underwriting Requirements then the application may be incompleting and the premium returned. A Pending Underwriting Requirements message will be entered for APS, exam, inspection, application problems and miscellaneous information needed.

FOLLOW UPS

There is no follow up to a Pending Underwriting Requirements item.

HELPFUL INFORMATION

- 1) The “Incomplete Date” is determined based on giving the agency a full 2 weeks to handle each case that is listed.
- 2) ***An extension may be requested for a pending requirement only if there is a good reason for needing the extension. A reason must always be given when requesting an extension.***
Example: You have determined that the information has been sent to a service provider 2 days prior to the INC date, or the applicant has completed the exam the day of the INC date.

QUESTIONNAIRES

There are medical and non-medical questionnaires that should be completed and submitted when applicable to a “yes” answer on the application. If the questionnaires are not submitted with the application, then the file may still be referred to the Phone Team for a phone call, need an APS or an exam. All questions on the questionnaires should be answered.

A completed questionnaire does not mean that an APS or exam will not be requested. But, for some impairments, with a complete questionnaire, Underwriting is able to consider that application when other requested information is not received.

Copies of all the Questionnaires are on the Agency Resource Center. Please be sure you are only using the most recent version of all Questionnaires.

MISCELLANEOUS INFORMATION

REOPENS

An INCOMPLETE cannot be reopened until the requested information has been received and reviewed. If an application is incompleting because underwriting information was not received, and that information is received at a later date by the Underwriting Department, the information will be reviewed and the agency office advised if the application couldn't be reopened. If UW can reopen the case, the policy will be issued and Policy Issue will advise the agent what is needed to put the policy in force (COD amount, "Statement of Good Health," currently dated application, etc.).

A DECLINED application cannot be reopened.

An application that has been NTO'd (not taken) may be reopened if the needed requirement is received within a reasonable amount of time. Depending on the amount of time since the application was taken, Underwriting will advise if only the requirements are needed (COD, amendment, etc.) or if a "Statement of Good Health" or a currently dated application is needed.

A WITHDRAWN application may be reopened depending on the reason for the withdrawal.

REINSTATEMENTS

These are handled by Policy Owner Service and referred to Underwriting when necessary. Underwriting reviews the request and approves or denies the reinstatement or may request additional information (APS, exam, phone call, etc.).

CONVERSIONS

CHILDREN'S RIDER (TLCR) – Most TLCR's may be converted at the 5 times option on the policy anniversary date nearest the child's 21st birthday. 2001 CSO child riders use the policy anniversary AFTER the 21st birthday. Child Riders written after September 2006 are considered 2001 CSO. An application submitted prior to the policy anniversary date is only allowed for the amount of the children's coverage and is not considered a conversion, but additional coverage. Any additional coverage or benefits (WP, ADB, etc) applied for on a "TLCR conversion" will require a properly completed application and will be underwritten.

SPOUSE RIDER (TLR) - May be converted at any time prior to the expiration date of the rider for the amount of the spouse rider. Any additional coverage or benefits applied for (WP, ADB, etc) will require a properly completed application and will be underwritten.

TEN YEAR R&C RIDERS - May be converted at any time prior to the conversion date in accordance with the terms of the rider (2 years prior to age 65) for the amount of the rider. Any additional coverage or benefits applied for (WP, ADB, etc) will require a properly completed application and will be underwritten.

DECREASING TERM RIDERS - May be converted prior to the conversion date of the rider in accordance with the terms of the rider for the amount to which the rider has decreased. Any additional coverage or benefits applied for (WP, ADB, etc) will require a properly completed application and will be underwritten.

NOTE: If applying for Non-Tobacco rates on a term conversion, an oral specimen should be collected. This is necessary to verify the applicant is not a user of tobacco products.

Acquired Immunodeficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV)

An immune function disorder caused by an infection with the Human Immunodeficiency Virus (HIV). Until very recently AIDS was universally fatal. New methods of treatment are reducing symptoms and prolonging life. As yet, there is no known cure. Of those individuals who have been infected with HIV, a substantial portion will eventually develop AIDS. All persons who are diagnosed with AIDS or those who test positive for the HIV virus, even though they are asymptomatic, are uninsurable.

LIFE	A & H		DISABILITY
	<i>H34000</i>	<i>A71000</i>	<i>A74000/D50000</i>
UNDERWRITING ACTION:	Uninsurable	Uninsurable	Uninsurable
Uninsurable			

Alcoholism

An alcoholic is an individual who is addicted to the use of alcohol and many have a long history of heavy drinking. The non-addicted heavy drinker will have the capacity to curtail drinking when it begins to affect health, job or family relationships. The fact that the alcoholic cannot curtail their drinking is evidence of alcoholism. Most experts agree that alcoholism is a disease and the best method of treatment is complete abstinence. Alcoholics Anonymous (AA), the most successful organization for the treatment of alcoholism, teaches that complete abstinence is the only way to maintain long term sobriety. AA teaches that alcoholics who are maintaining sobriety are recovering.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete an Alcohol Questionnaire and Alcohol Exclusion Rider if appropriate. An MVR is required. An APS may be required in some cases. An exam with blood profile may also be requested.	See Life	See Life	See Life
OTHER FACTORS:			
Abstinence from the use of alcohol for one year is required for consideration of life coverage. The rate-up is determined by the number of years of sobriety and whether there is any associated medical problem or organ damage.	Abstinence from the use of alcohol for 5 years is required. There must be no associated medical problems or organ damage.	Abstinence for 1 year is required.	A74000 - See A71000 D50000 - See H34000
A history of drug and alcoholism/alcohol abuse requires the applicant to abstain from both for at least 5 years before coverage can be considered.	See Life	See Life	See Life

UNDERWRITING ACTION:			
<p>Applicants who are recovering alcoholics can be considered for coverage if they have been dry for 1 year. Range of rating may be T-8 (one year of sobriety) to possibly standard (5-8) years of sobriety. Applicants with multiple DWI's, 2 within the last 5 years, the last within 2 years will not be considered for coverage.</p> <p>Recovering alcoholics who drink in any amount are uninsurable.</p>	<p>This policy excludes loss due to alcohol or drugs. If the life can be issued and there is abstinence for 5 years then usually the policy can be issued standard.</p>	<p>An Alcohol Exclusion Rider will be required on applicants who have achieved 1-5 years of sobriety</p>	<p>A74000 - See A71000 D50000 - can only consider if Life can be approved standard.</p>

Arrest History – Felony / Misdemeanor

Felony – Any of several crimes, such as murder, rape, burglary, domestic violence, assault & battery, aggravated assault, drug convictions, considered more serious than a misdemeanor and punishable by a more stringent sentence.

Misdemeanor – An offense of lesser gravity than a felony, for which punishment may be a fine, probation or confinement, in a local rather than a state or federal institution.

Depending on the charge, we may choose to Postpone coverage if the proposed insured is still “making restitution”. When in doubt, a “trial app” is advisable.

When taking an application on a proposed insured with an arrest history, all questions on the Arrest Questionnaire must be completed, providing as much detail as can be obtained. The exact charge should be recorded. Some misdemeanor charges can be confused easily with more serious ones, e.g. “assault”. Given just that word we could be dealing with “aggravated assault”, “assault to kill” or “assault and battery”, all much more serious offenses. Always provide full details and circumstances of the arrest!!

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete both the Arrest and Alcohol/Drug Questionnaires. In some cases a blood profile may be required.	See Life	See Life	See Life
OTHER FACTORS:			
In addition to the charge, other factors are taken into consideration: whether the offense was a single episode or if there have been other similar offenses (multiple episodes); whether or not the proposed insured is on probation, has received a suspended sentence, has been confined and released, or is on parole; and the length of time since the offense occurred.	See Life	See Life	See Life

UNDERWRITING ACTION:			
<p>Applicants with felony convictions that required probation or parole must be declined if sentencing is initiated for parole or probation within 5 years of the application date. Most applicants can be approved at standard after completion of 5 years of parole or probation.</p> <p>Misdemeanor convictions require a decline if initiation of parole is within 1 year of the application date. After 1 year, most applications can be approved at standard.</p>	<p>If life can be approved at standard, then H34000 can be approved at standard. If life requires a rating, the proposed insured is uninsurable for H34000.</p>	<p>See H34000</p>	<p>See H34000</p>

Arthritis, Osteo (Degenerative Joint Disease - DJD)

Osteoarthritis occurs because of a “wear and tear” type of damage to the joints. This common impairment usually begins after age 40 and causes little or no symptoms for years. Severe joint deformity may occur in some cases.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	An APS may be required.	See Underwriting Action Below	A74000 - See Life D50000 - See H34000
The agent should always complete an Arthritis Questionnaire. An APS is not usually required. Information from the applicant regarding the degree of impairment, which joints are involved and type of medication prescribed, is usually sufficient for Underwriting to make a decision from the application.			
UNDERWRITING ACTION:	Cases with minor symptoms can be approved standard. Moderate and severe cases will require an Exclusion Rider on the affected joints.	Approved unless currently disabled.	A74000 - Most cases can be approved. More severe cases may require an Exclusion Rider on the affected joints. Very severe cases are usually uninsurable. D50000 - Mild cases can be approved. Moderate to severe cases are uninsurable.
Most cases will be issued standard. Those with severe crippling may require a rate up.			

Arthritis, Rheumatoid

Rheumatoid arthritis is a systemic inflammatory disease of unknown cause that primarily involves the joints. Still's disease and juvenile rheumatoid arthritis are variants of rheumatoid arthritis. Significant systemic complications, such as heart or lung disease and peptic ulcer disease, may accompany the inflammatory joint symptoms. Treatment includes physical therapy, surgery, aspirin and other non-steroidal anti-inflammatory medications, gold compounds, oral and intra-articular steroids such as prednisone, and immunosuppressants (methotrexate). Oral steroids and immunosuppressants are reserved for more severe disease. The course of this disease is highly variable. It can range from a single, brief episode, with little or no residual joint damage, to chronic unremitting disease that leads to permanent, severe deformities and internal organ damage over a period of years.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete an Arthritis Questionnaire. An APS is always required. Information needed is the degree of impairment, which joints are involved and the type medication prescribed.	See Life	See Underwriting Action Below	See Life
UNDERWRITING ACTION:			
Standard issue can be considered for those cases with minimal joint involvement and no significant systemic complications Mild to moderate cases usually range from T2 to T8. Severe cases are usually a high rating from T10 and up and could be uninsurable.	Cases with minimal symptoms can be considered standard 2 years after response to treatment. Others will require a 75% increase in premium and possible Exclusion Rider on affected joints. Moderate and severe cases are uninsurable.	Approved unless currently disabled.	A74000 - Cases with minimal symptoms can be approved. Moderate and severe cases are uninsurable. D50000 - See H34000

Asbestosis

There are several types of pneumoconiosis, which produce significant extra mortality. Pneumoconiosis is a disease caused by the accumulation of dust in the lungs. Asbestosis is one type of pneumoconiosis. Asbestosis is caused by exposure to the dust from asbestos. Before the use of asbestos was outlawed as an insulating material, occupations such as boilermakers and heating and air conditioning workers were at risk to develop asbestosis. The diagnosis of asbestosis is generally made with a chest x-ray, which may reveal diffuse fibrosis (scarring), plural plaques or pleural thickening. Bronchogenic cancer of the pleura (lining of the lungs) and peritoneum are cancers associated with asbestos exposure. Individuals with asbestosis who also smoke cigarettes are particularly prone to the development of bronchogenic cancer.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS will always be required. Severity is determined by results of chest x-rays and timed vital capacity (TVC) tests.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Cigarette smoking within 1 year of application date requires a decline	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most cases would require a rating from T-2 to T-12. Severe or extreme cases are uninsurable. Occasionally a best case (minimal) could be approved standard.	Mild to moderate cases may require an exclusion rider. Severe cases are uninsurable.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Asthma

Asthma is a common respiratory disorder caused by an increased responsiveness of the bronchial passages to a variety of stimuli. Airways are narrowed by bronchospasms, thick mucus and swelling of the bronchial walls. This causes wheezing, coughing, and shortness of breath. Chronic obstructive pulmonary disease (COPD) may also be present in asthmatics who have had this disease for many years. The agent should always complete a Respiratory Questionnaire.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
A Respiratory Questionnaire should always be completed by the agent. Severity, date of last attack, and if hospitalized will determine whether an APS is required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Complicating factors are the presence of COPD and smoking. Status asthmaticus is the term for a severe asthma attack that does not respond to conventional therapy. Hospitalizations for asthma are usually due to status asthmaticus or an uncontrolled attack.	See Life	See Underwriting Action Below	A74000 – See Underwriting Action Below D50000 – See Life
UNDERWRITING ACTION:			
Mild cases can be approved standard. Moderate cases may be rated T-4 to T-6. Severe cases require a decline. Hospitalization within 1 year of the application requires a postponement for 1 year. Status asthmaticus or hospitalization for uncontrolled asthma requires a decline if within 1 year of the application date.	Mild/Moderate cases may be approved standard. Severe asthmatics are uninsurable.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Back - Herniated Disc

Herniation (protrusion or rupture) of the intervertebral disc may occur as a result of degeneration or trauma (often unrecognized). This allows some disc fragments to extrude and press upon the nerve roots or peripheral nerves. Most herniations occur in the lumbar region causing low back pain, often with radiation down the legs. If prolonged, conservative measures fail, surgical intervention may be required.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	<p>The agent should always complete a Back/Joint Questionnaire. With details provided a decision can, in many cases, be made from the application and questionnaire. (See example in "Spinal (Back) Disorder")</p> <p>If surgery has been performed, the date is needed and whether there is complete recovery and no recurrence of symptoms.</p>	See H34000	See H34000
Musculoskeletal disorders usually have little effect on mortality.			
UNDERWRITING ACTION:	<p>If no surgery was performed and injury was within 1 year of application date or surgery was performed within the past 1 year an Exclusion Rider is required. After 1 year and full recovery a Rider may not be required.</p>	Standard unless currently disabled, then will require an Exclusion Rider.	A74000 - See H34000 D50000 - If no surgery was performed or surgery was performed in the past 3 years, an Exclusion Rider is required. After 3 years and full recovery a Rider may not be required.
Most cases are approved standard. Waiver of Premium is excluded if currently disabled.			

Back (Spinal) Disorders

Sprain or strain of the spine is often the result of an acute musculoskeletal injury which may effect any portion of the spine (cervical, thoracic, or lumbosacral). While painful and possibly disabling, recovery is usually rapid with rest and conservative treatment. Low back pain is often attributed to strain of the lumbosacral spine and occurs more often than cervical or thoracic injuries. If episodes of pain are recurrent, the possibility of disc disease or other significant disorders increase.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS: Musculoskeletal disorders usually have little effect on mortality. However when chronic pain is present requiring pain medication adverse underwriting action may be required.	The agent should always fully complete a Back/Joint Questionnaire. A decision can usually be made from the application and questionnaire. Example: An agent can cause an unnecessary exclusion rider by not furnishing details. An example is an answer such as "back trouble", "back pain" or hurt back". In the absence of additional details, this answer causes a rider. An example of complete details is, "Pulled muscle in back 1-3-98. Treated with muscle relaxant and rest. Lost two days from work but no problem since January". With this description, no rider is necessary.	See H34000	See H34000
UNDERWRITING ACTION: Most cases are approved standard. Some severe case may receive a decline. Usage of a pain pump to deliver medication would require a decline. Waiver of Premium is usually approved unless currently disabled.	A single episode of sprain or strain of the back will require an Exclusion Rider within six months of the application date. A single episode more than six months ago probably can be approved standard.	Standard unless currently disabled, then will require an Exclusion Rider.	See H34000

Cancer

We have provided specific guidelines for several of the most commonly encountered cancers. As the definition below indicates, there are many types of cancers. We have made no attempt to list them all; however, the below guidelines can be utilized for other cancers.

It is generally appreciated that “cancer” is not one disease but rather a diverse group of disorders. Within this group, the prognosis is highly variable depending on the type of cancer, location in the body, the extent of invasion of the tumor into normal tissues (stage) and the degree of malignancy (grade).

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is always required and it must contain a pathology report.	See Underwriting Action Below	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most Cancers will require a 2 year waiting period after surgical removal and/or completion of all therapy before coverage can be offered - others may require a longer waiting period. Range of rating may be from \$5 to \$15 per thousand. The amount of extra rating depends on the type, stage, grade and location of the tumor. Tumors which have metastasized (spread to lymph nodes or other parts of the body) generally are not insurable for the first 10 years.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Breast Cancer

It is generally appreciated that “cancer” is not one disease but rather a diverse group of disorders. Within this group, the prognosis is highly variable depending on the type of cancer, location in the body, the extent of invasion of the tumor into normal tissues (stage) and the degree of malignancy (grade).

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is also required and it must contain a pathology report.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most Breast Cancers require a 2 year waiting period from the time of surgical removal and/or completion of all therapy before coverage can be offered. Applicants taking Tamoxifen may be considered for coverage. Range of rating may be from \$5 to \$15 per thousand. The amount of extra rating depends on the type, stage, and grade of the tumor. Tumors which have metastasized (spread to lymph nodes or other parts of the body) generally are not insurable for the first 10 years.	Most cases of Breast Cancer are uninsurable for a minimum of 10 years.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Cancer – Cervical (Cervix)

A PAP (Papanicolaou) smear is a routine diagnostic procedure performed to detect cervical cancer or its precursor, cervical dysplasia. Cells are scraped from the surface of the cervix and examined under a microscope. The results are expressed as "grades" or "classes". As the grade or class increases, the likelihood of having or developing carcinoma of the cervix increases.

An important abnormality that may be discovered by a Pap smear is Cervical Dysplasia (cervical intraepithelial neoplasia or CIN). This disorder is a precursor to invasive carcinoma of the cervix. Cervical dysplasia is characterized by the replacement of normal cervical cells by abnormal cells. The extent of involvement is graded as: grade 1 (mild), grade 2 (moderate), and grade 3 (severe). Treatment for cervical cancer may include total abdominal hysterectomy.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is always required and it must contain a pathology report.	See Underwriting Action Below	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Some early cancers can be rated \$5.00 for 3 years in the 1st year following the date of last treatment or surgery. All treatment must have been completed and the applicant thought to be cured. Others will require a waiting period of 1-3 years. The range of ratings may be \$5 to \$15 per thousand. Tumors which have metastasized (spread to lymph nodes or other parts of the body) generally are not insurable for the first 10 years.	Most cases of Cervical Cancer are uninsurable for a minimum of 10 years.	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Cancer – Colon

It is generally appreciated that “cancer” is not one disease but rather a diverse group of disorders. Within this group, the prognosis is highly variable depending on the type of cancer, location in the body, the extent of invasion of the tumor into normal tissues (stage) and the degree of malignancy (grade).

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is always required and it must contain a pathology report.	See Underwriting Action Below	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most Colon Cancers will require a 3 year waiting period after surgical removal and/or completion of all therapy before coverage can be offered. Range of rating may be from \$5 to \$15 per thousand. The amount of extra rating depends on the type, stage, grade and location of the tumor. Tumors which have metastasized (spread to lymph nodes or other parts of the body) generally are not insurable for the first 10 years.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Cancer - Lung

It is generally appreciated that “cancer” is not one disease but rather a diverse group of disorders. Within this group, the prognosis is highly variable depending on the type of cancer, location in the body, the extent of invasion of the tumor into normal tissues (stage) and the degree of malignancy (grade).

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is also required and it must contain a pathology report.	See Underwriting Action Below	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most Lung Cancers will require a 5 year waiting period after surgical removal and completion of treatment before coverage can be offered. Ratings will usually be \$15 per thousand. Smokers are uninsurable. Tumors which have metastasized (spread to lymph nodes or other parts of the body) are not insurable for the first 10 years.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Cancer - Melanoma

Malignant melanoma is a cancer derived from pigment containing cells called melanocytes. Since the majority of these cells are contained in the skin, this tumor is considered primarily a dermatologic malignancy. In these cutaneous skin lesions, the cancer develops primarily in preexisting moles (although not always). However, melanocytes can be found in a variety of tissues and, thus, melanomas can be diagnosed anywhere in the body. All of these lesions tend to metastasize (spread to other locations) widely, resulting in substantial mortality risk. Since surgical removal is the only effective therapy, early diagnosis and treatment is paramount to a good outcome. Lesions not originating on the skin (non-cutaneous) are difficult to detect and generally produce very high mortality.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is also required in all cases and it must contain a pathology report.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
OTHER FACTORS:			
The depth of invasion and overall size of the tumor will determine underwriting action.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
Range of rating is a temporary rating from \$5 to \$20 per thousand. Many melanomas will require a 1 to 2 year waiting period following surgery. The overall size and depth of invasion determines the waiting period. Some cases will require a decline.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Cancer - Prostate

It is generally appreciated that “cancer” is not one disease but rather a diverse group of disorders. Within this group, the prognosis is highly variable depending on the type of cancer, location in the body, the extent of invasion of the tumor into normal tissues (stage) and the degree of malignancy (grade).

LIFE	A & H		DISABILITY
	H340000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is also required and it must contain a pathology report.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Many Prostate Cancers will require a 2 year waiting period after surgery and/or completion of all therapy before coverage can be offered. Range of rating depends on the type, stage, grade, location of the tumor, and length of time since completion of treatment. Tumors which have metastasized (spread to lymph nodes or other parts of the body) generally are not insurable for the first 10 years.	Most cases of Prostate Cancer are uninsurable for a minimum of 10 years.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Cancer – Skin (Note: For Melanoma types of skin cancer, see Melanoma section)

Malignant skin tumors can be caused by excessive exposure to sunlight or toxic chemicals. The vast majority of skin cancer consists of squamous or basal cell carcinoma. The prognosis for these tumors is good unless they have become deeply invasive.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS may be required in some cases.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Metastasis (spread to lymph nodes or other parts of the body) is rare in this type cancer.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Most cases can be approved standard once the tumor is removed.	Many cases can be approved standard.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Cancer - Uterus

Uterine cancer is the most common of the female gynecologic cancers. Sarcomas are relatively rare, accounting for only 3-5% of uterine malignancies. Both types more typically occur after age 50 but may be diagnosed at younger ages.

Risk factors for the development of uterine cancer include: obesity, nulliparity, unopposed estrogen (i.e. without progesterone) use, polycystic and estrogen secreting ovarian disease, diabetes, and hypertension. Pelvic irradiation is a risk factor for the development of sarcoma of the uterus.

The most common presenting sign for all uterine cancers is abnormal vaginal bleeding. Diagnosis of malignancy is by examination of endometrial tissue either by D&C or endometrial biopsy. Pap smears of the cervix are not accurate for diagnosis of these tumors. Treatment for uterine cancer is total abdominal hysterectomy.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Cancer Questionnaire. An APS is always required and it must contain a pathology report.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most Uterine Cancers will fall into a group requiring a waiting period of 2 years. Range of rating will usually be \$7.50 to \$15.00 per thousand.	Most cases of Uterine Cancers are uninsurable for a minimum of 10 years.	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable
Tumors which have metastasized (spread to lymph nodes or other parts of the body) generally are not insurable for the first 10 years.			

Carpal Tunnel Syndrome

Carpal Tunnel Syndrome is caused by compression of the median nerve in the wrist between the forearm muscle tendons and the carpal ligament. This compression produces symptoms of pain, weakness and burning or tingling paresthesia in the fingers and hand, which may extend to the elbow. This syndrome is associated with disease such as acromegaly, hypothyroidism, rheumatoid arthritis, and with occupations requiring constant flexion of the wrist. Surgery may be required if rest and conservative measures are not effective.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
This disease has no effect on mortality.	<p>With sufficient details provided on the application, a decision to rider or not can in many cases be made from the application.</p> <p>If surgery has been performed, we need to know the date and whether there was complete recovery with no recurrence of symptoms.</p>	See Underwriting Action Below	See H34000
UNDERWRITING ACTION:			
All cases are issued standard.	<p>If present, an Exclusion Rider is required.</p> <p>No Exclusion Rider is required one year after successful surgery.</p>	No Exclusion Rider required unless currently disabled.	A74000 - An Exclusion Rider may be required. D50000 - See H34000

Cerebral Palsy

Cerebral Palsy (infantile spastic palsy) is a syndrome in which there are abnormalities of muscle movement due to maldevelopment of or injury to the central nervous system in utero, at birth, or in infancy. The movement disturbances are non-progressive. Mental retardation and epilepsy are sometimes present.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
List details to physical or mental limitations. An APS will always be required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Cannot consider if under age 10. Adults must be no more than mildly impacted. They must be employable, able to sign own application, and able to live independently. Children 10 and older may be considered if they can be educated and are only mildly impacted.	See Life	See Underwriting Action Below	See Life
UNDERWRITING ACTION:			
No more than mild neurologic impairment and/or mild mental retardation and no other complications can be present to consider for standard to T-4. Cases not meeting the above criteria will require a higher rate up or possible decline.	Best case - normal mentality, little or no impairment of locomotion can be considered standard.	Approved unless currently disabled.	A74000 - Mild cases can be approved standard. Severe cases are uninsurable. D50000 - See H34000. More severe cases are uninsurable.

Cerebrovascular Disease (CVA)/Stroke

Stroke (CVA) is caused by interruption of the blood supply to a portion of the brain. Frequently the cause is a cerebral thrombosis (blood clot) due to atherosclerotic narrowing of the carotid or cerebral arteries. The result is death to a portion of the brain cells. Partial or complete loss of control of certain body functions or death may result.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
<p>An APS is always required. The name and address of the physician who has treated the applicant since the stroke is required and details of any limitations.</p> <p>Complicating/Unfavorable Factors:</p> <p>Factors are poorly controlled high blood pressure, diabetes mellitus, overweight, other atherosclerotic diseases such as a peripheral vascular disease or heart attack and continued cigarette smoking. Multiple strokes will be declined.</p>	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
<p>Range of rating may be T-3 + \$5x3 years to decline.</p> <p>A 1 year waiting period is required from the date of the stroke.</p> <p>A diagnosis of stroke along with other atherosclerotic diseases such as heart attack, coronary bypass or angina is uninsurable.</p>	Uninsurable	Most favorable cases can be issued, i.e. those applicants who have little or no residuals from the stroke.	A74000 - See A71000 D50000 – Uninsurable

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) or chronic obstructive lung disease (COLD) are terms used to describe a variety of diseases that cause chronic or frequent airway obstruction. Two of the more common forms of COPD are chronic bronchitis and emphysema. There are many possible causes for COPD, but the most common cause is cigarette smoking.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Respiratory Questionnaire. An APS is also required. Large cases may also require an exam with a "Timed Vital Capacity Test" (TVC). This test measures the capacity of the lungs and is a useful tool to help determine the severity of the disease.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Complicating factors include asthma, other respiratory disorders and continued cigarette smoking.	See Life	See Underwriting Action Below	A74000 – See Underwriting Action Below D50000 – See Life
UNDERWRITING ACTION:			
Range of rating may be from standard to decline. The degree of severity will determine the range of rating. Continued cigarette smoking and severe COPD is uninsurable.	"Mild" cases can be issued with an Exclusion Rider. Cases diagnosed as moderate or severe are uninsurable.	Approved unless currently disabled. .	A74000 - See A71000 D50000 - See H34000

Cirrhosis

Cirrhosis refers to disorganization of the internal architecture of the liver due to widespread fibrosis (scarring) and the formation of nodules of liver tissue as a response to prior injury. Most cases are caused by chronic alcohol abuse.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete an Alcohol Questionnaire and include the date of diagnosis. An APS is always required. A blood profile may be required.	See Underwriting Action Below	An Alcohol Questionnaire is required.	A74000 - See A71000 D50000 - See Underwriting Action Below
OTHER FACTORS:			
Only best cases, 5 or more years from date of diagnosis, can be considered for coverage. These are cases with only mild liver enlargement, normal liver enzymes, no evidence of liver failure or other systemic complications and no alcohol use in any form, and must have been dry for 5 years.	See Underwriting Action Below	None	A74000 - None D50000 - See Underwriting Action Below
UNDERWRITING ACTION:			
Those cases as defined above and five years since diagnosis may qualify for a T-10 rating. Cirrhosis from causes other than alcohol require a decline.	Uninsurable	If insurable for Life, Accident coverage is approved. Alcohol Exclusion Rider may be required.	A74000 - See A71000 D50000 - Uninsurable

Colitis - Spastic/Irritable Bowel Syndrome

Spastic colitis or irritable bowel syndrome is a disorder caused by an abnormality of the basic contractile pattern of the bowel. Symptoms include intermittent abdominal pain, constipation and diarrhea. The diagnosis is suggested by the chronic nature of the symptoms, the lack of any evidence of other serious underlying disease, and the exclusion of other disorders, which could cause similar symptoms.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS may be required. Information furnished on the application or furnished by telephone interview is usually enough to make a decision.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
With a definite diagnosis cases are approved standard.	Most cases can be approved standard. Symptoms occurring at time of application require a postponement.	Approved	A74000 - Approved D50000 - See H34000

Colitis - Ulcerative

Ulcerative Colitis is a chronic inflammatory disease of the colon (large intestine) of unknown etiology, which primarily affects the mucosal (innermost) layer of the bowel wall. Symptoms consist of rectal bleeding, diarrhea, abdominal pain and fatigue. In more severe cases, fever, anemia, loss of appetite and weight loss occur. Complications which are generally minor and not life threatening, include the development of inflammatory pseudopolyps (swollen areas of mucosa) or inflammatory tissue located between ulcerations, anal fissures, fistulas and perianal abscesses. Major complications include toxic megacolon, colonic perforation, stricture formation, massive hemorrhage, and cancer.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
A Digestive Questionnaire and an APS are always required. The prognosis of this impairment is highly variable. The more severe cases sometimes require surgery, which is usually curative if the entire colon and the rectum are removed.			
UNDERWRITING ACTION:	Uninsurable if presently under treatment. Can consider approval with an Exclusion Rider if only one attack and full recovery and date of last symptom is more than 2 years ago. Uninsurable if unoperated and symptoms have occurred within the last two years.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000
Range of rating may be from T-2 to T-16. Must be one year after diagnosis or hospitalization. Some cases treated with surgery may qualify standard. Applicants under age 20, or anyone disabled from this condition, are uninsurable.			

Coronary Artery Disease (Angina Pectoris)

Coronary Artery Disease and Coronary Heart Disease refer to the atherosclerotic narrowing (hardening) of the arteries that supply the heart with blood. Angina Pectoris (angina) means chest pain caused by lack of adequate blood supply to the heart muscle. The usual cause for “angina” is atherosclerotic narrowing of one or more of the coronary arteries. The frequency and severity of the anginal pain will vary depending on several factors, including the amount of coronary disease and the amount of stress (exercise, pain, anxiety, fear, etc.) placed upon the heart. The diagnosis of angina is usually made as a result of the description of the chest pain. Ischemic changes on an EKG may help confirm the diagnosis. Stenting in the affected artery is now more common than bypass procedures.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS: <p>The agent should always complete a Chest Pain Questionnaire. An APS is also required.</p> <p>Complicating/Unfavorable factors are poorly controlled high blood pressure, diabetes mellitus, overweight, other atherosclerotic disease such as peripheral vascular disease, cerebrovascular disease and continued cigarette smoking.</p>	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION: <p>Ratings range from T-2 to decline.</p> <p>A six-month waiting period is required from the date of the bypass. A one month waiting period is required for angioplasty or stenting IF no heart attack occurred.</p> <p>Applicants diagnosed with Angina Pectoris, or requiring a bypass, prior to age 40 cannot be considered for coverage.</p> <p>A diagnosis of angina along with other atherosclerotic disease such as stroke, IDDM, or peripheral vascular disease is uninsurable.</p>	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 – Uninsurable

Coronary Artery Disease - Coronary Artery Bypass Graft (CABG)

Coronary Artery Disease and coronary heart disease refer to the atherosclerotic narrowing (hardening) of the arteries that supply the heart with blood. Coronary artery bypass grafts are used to re-establish good blood flow to sections of the coronary arteries (and the areas of the heart muscle served by the arteries) obstructed by atherosclerotic lesions. The surgical procedure involves splicing a segment of vein (usually the saphenous vein) from the ascending aorta to an area in the coronary artery beyond the obstruction.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS: <p>A Heart/Circulatory Questionnaire should always be obtained by the agent. An APS with a copy of the heart catheterization report is always required. Needed is the name, address and phone number of the physician who can furnish the operative report as well as follow-up care. Also needed is the name, address and phone number of the hospital where surgery was performed. The operative report must be obtained either from the physician or the hospital.</p> <p>Complicating/Unfavorable Factors: Factors are progression of disease, poorly controlled high blood pressure, diabetes mellitus, overweight, other atherosclerotic disease such as stroke or peripheral vascular disease and continued cigarette smoking. If heart catheterization demonstrates extensive damage to the left ventricle such as CHF, coverage cannot be offered.</p>	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION: <p>Ratings range from T-2 to decline</p> <p>A six-month waiting period is required from the date of the surgery.</p> <p>Applicants requiring a CABG prior to age 40 cannot be considered for coverage.</p> <p>A history of multiple CABG and a diagnosis of stroke, IDDM, or peripheral vascular disease is uninsurable.</p>	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Coronary Artery Disease - Heart Attack/Myocardial Infarction (MI)

Coronary Artery Disease and Coronary Heart Disease refer to the atherosclerotic narrowing (hardening) of the arteries that supply the heart with blood. Myocardial infarction (MI) is the scientific term meaning heart attack. Heart attack refers to the death of a portion of the heart muscle. Heart attack occurs as the blood supply to an area of the heart becomes totally blocked, usually as a result of atherosclerotic disease. A blood clot may form on an uneven plaque, obstructing that site or moving to a smaller area in the coronary artery, totally blocking the vessel. The diagnosis of heart attack (MI) is usually made by the presence of severe chest pain.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
A Heart/Circulatory Questionnaire should always be completed by the agent. An APS is always required. Needed is the name, address and phone number of the physician who can furnish the initial history as well as follow-up treatment. Current and old EKG tracings are valuable in estimating the extent of the disease and progression.			
Complicating/Unfavorable Factors: Factors are progression of disease, poorly controlled high blood pressure, diabetes mellitus, overweight, other atherosclerotic disease such as stroke or peripheral vascular disease and continued cigarette smoking.			
OTHER FACTORS:			
With recovery, a six-month waiting period is required from the date of the heart attack.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
Applicants who have suffered a heart attack prior to age 40 cannot be considered for coverage.			
UNDERWRITING ACTION:			
Ratings range from T-2 to decline.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 – Uninsurable
A diagnosis of multiple heart attacks or a heart attack with IDDM along with other atherosclerotic diseases such as stroke or peripheral vascular disease is uninsurable.			

Crohn's Disease

Regional enteritis (Crohn's disease) is a chronic inflammatory disorder of unknown etiology. All layers of bowel wall are affected and the inflammatory process may even extend beyond the bowel wall to involve adjacent structures. In most cases, both the small bowel and colon are involved. Less commonly, the disease may be confined to the small bowel, colon, anorectal area, or other sites within the digestive tract.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS and a Digestive Questionnaire with current doctor information will always be required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Applicants who have needed surgery or multiple hospitalizations will be rated higher than those who have not.	See Life	See Underwriting Action Below	A74000 – See Underwriting Action Below D50000 – See Life
UNDERWRITING ACTION:			
Must decline within 1 yr. of diagnosis. Mild to moderate cases may be considered at T-3 to T-6, and higher if they have had surgery. Severe cases will require a decline.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Cystic Fibrosis

Cystic fibrosis is an inherited disease in which the overproduction of mucus causes obstruction of the pancreatic and bile ducts, intestines, and bronchi. It is diagnosed by measuring the amount of salt in sweat, with quantities in excess of 60 mEq/L generally considered to be diagnostic. Manifestations of the disease include bronchiectasis, hemoptysis, declining pulmonary function, pancreatic insufficiency, and digestive problems. Most of those afflicted have respiratory symptoms at a very early age, and the prognosis is generally poor.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
UNDERWRITING ACTION:			
Uninsurable	Uninsurable	Approved unless currently disabled.	A74000 - Uninsurable D50000 - Uninsurable

Depression - Major

Major depression causes difficulty in sleeping and eating as well as feelings of dejection. It may be the result of a stressful life event (death, divorce, major illness). In other cases, it may arise “endogenously” (from within) i.e., without apparent life stress. Antidepressant medication is often prescribed as well as psychotherapy.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Depression Questionnaire. An APS may be required. Needed information is the degree of impairment (severity) and duration of “effective control.”	See Life	See Life	See Life
OTHER FACTORS:			
“Effective control” means the individual has adjusted well to the impairment and is currently not experiencing any significant interference with the activities of daily living.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Range of rating for mild cases with effective control is T-4 within the first year and possibly standard from 1-2 years. After two years and a complete recovery, a standard offer may be considered. Severe cases within 2 years of the date of application are uninsurable.	Cases with a history of complete recovery for five years, no continuing psychotherapy or medication may be considered at a 75% to 100% increase in premium. All others are uninsurable.	Cases that can be rated T-4 or less for Life can be approved. Those that require a higher rating are uninsurable.	A74000 - See A71000 D50000 - See H34000

Depression – Manic (Bipolar Disorder)

Manic depression psychosis is characterized by episodes of manic (hyperactivity) as well as major depression. Bipolar disorders usually begin in the teens, 20's and 30's. Treatment is usually with lithium.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Depression Questionnaire. An APS is also required.	See Life	See Life	See Life
The degree of impairment (severity) and the duration of “effective control” is the information needed.			
OTHER FACTORS:			
“Effective control” means the individual has adjusted well to the impairment and is currently not experiencing any significant interference with the activities of daily living.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Range of rating for mild cases with effective control is T-4 to possibly standard after 2 years. Moderate to severe cases with effective control will range from T-4 to T-10.	Cases with a history of complete recovery for five years, no continuing psychotherapy or medication may be considered at a 75% to 100% increase in premium.	Cases that can be rated T4 or less for Life can be approved. Those that require a higher rating are uninsurable.	A74000 - See A71000 D50000 - See H34000
	All others are uninsurable.		

Depression/Anxiety - (Minor)

Minor depression or anxiety can cause problems similar to those caused by major depression but are typically much less serious. Minor depression can occur as a result of a life experience and is common to most people.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Depression Questionnaire. If there is a life experience causing this condition the agent should list this information. An APS is generally not required but may be necessary if we cannot assess the severity from information furnished on the application and questionnaire.	See Life	See Life	See Life
OTHER FACTORS:			
“Effective control” means the individual has adjusted well to the impairment and is currently not experiencing any significant interference with the activities of daily living. "Effective control" is usually not a factor in minor depression or anxiety, but if symptoms are more than minor, then effective control becomes more critical.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Most cases can be approved standard. If the severity appears more than minor or effective control has not been achieved a rating of T-2 to T-6 may be required.	Most cases can be approved standard. Cases in which there is a question of effective control or the severity seems more than minor are uninsurable.	Cases that can be rated T-4 or less for Life can be approved. Those that require a higher rating are uninsurable.	A74000 - See A71000 D50000 - See H34000

Diabetes Mellitus

Diabetes Mellitus is a chronic disease of carbohydrate (sugar and starch) metabolism where either the pancreas does not produce enough insulin or where insulin, although produced in sufficient quantity, cannot be fully utilized. Because of this metabolic disorder, blood glucose (sugar) levels are elevated (hyperglycemia). This leads to spilling of sugar into the urine (glycosuria) and symptoms such as fatigue, increase in thirst, appetite or urination and in some cases weight loss. Insulin-dependent diabetes mellitus (IDDM) was formerly called juvenile onset diabetes. These individuals cannot produce sufficient insulin and are dependent for the remainder of their lifetime upon injected insulin for both survival and prevention of systemic complications. Non-insulin dependent diabetes mellitus (NIDDM) was formerly called maturity onset diabetes. These individuals may produce normal quantities of insulin but it is relatively ineffective because body cells are resistant to its effects. Most of these individuals can control their sugar through diet or oral medication.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
A Diabetic Questionnaire should always be completed by the agent. An APS is always required. An exam with a blood profile may be required.			
OTHER FACTORS:	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 – See Life
Hypertension and overweight are two common impairments, which, if associated with diabetes, may require an additional rating. Arteriosclerosis (angina, heart attack, or coronary bypass) or peripheral vascular disease associated with IDDM are uninsurable.			
UNDERWRITING ACTION:	Applicants diagnosed at age 40 or older whose blood sugar is well controlled by diet or oral medication may be considered standard. Those diagnosed under 40 will require a rating or possible decline. All IDDM's and any NIDDM's who are not under good control are uninsurable.	IDDM's are not issued. NIDDM's are insurable if they are insurable for Life.	A74000 - See A71000 D50000 – Applicants diagnosed at age 40 or older whose blood sugar is well controlled by diet or oral medication may be considered at a 50-100% increase in premium. All IDDM's and any NIDDM's who are not under good control are uninsurable.
Range of rating may be from T-2 to T-8. Best case applicants diagnosed at age 50 and with excellent control may qualify standard. Diabetics who are uncontrolled are uninsurable. Also, diabetes in combination with Table 6 more overweight is uninsurable.			

Diverticulitis/Diverticulosis

Diverticula are herniations (closed pouches or saclike protrusions) which extend outward from the inner surface of the esophagus or bowel wall. Diverticula of the intestine may be either congenital or acquired. Diverticula of the colon are very common at older ages. The major complications of Diverticula are hemorrhage and Diverticulitis. Diverticulitis of the bowel is characterized by abdominal pain, fever, constipation, and in severe cases, perforation of the bowel wall.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS may be required. Needed is the date of attack(s), medication(s), severity, and if any surgery or hospitalization has been required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Mild symptoms usually require no rate up. More severe cases may be rated from T-2 to T-4.	A history of Diverticulitis will usually require an Exclusion Rider. Those cases, which are asymptomatic more than 2 years may be, considered standard.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Driving Criticism

Motor vehicle accidents are the single most common cause of violent death among all individuals and are the leading cause of death among those ages 16-24. Drivers with several traffic violations are at increased risk of having a fatal motor vehicle accident. The kinds or types of violations, as well as number, can also be indicators of added risk. Statistics demonstrate that males are at greater risk of having fatal accidents than females. Young males, as a group, are at especially high risk of dying in a motor vehicle accident, compared to other causes of death. Alcohol abuse is the leading cause of fatal, single vehicle accidents among drivers below age 25.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An MVR is required on every male applicant ages 16-29. A driver's license number is needed from every applicant who is of driving age. If the applicant does not drive, it is essential for the agent to obtain a Drivers License questionnaire and include the reason for no license. The agent should always complete an Alcohol Use Questionnaire if the applicant has ever had a DWI. An MVR is required on every applicant who has ever had a DWI.	See Life	See Life	See Life
UNDERWRITING ACTION:			
A point system is utilized to determine underwriting action. Violations are assigned points based on the type of violation and date of occurrence. See Classification Table. If a rate-up is required, the extra premium ranges from \$3 - \$10 per thousand. Only moving violations are assigned points.	If the Life can be approved with a rating or an Alcohol Exclusion Rider the H34000 can be approved standard.	See Life – Except no rate-up is assigned. Points for violations totaling less than 10 can be issued standard. 10 or more points are uninsurable. See Classification Table.	6 or more points for violations requires a decline. See Classification Table.

MOTOR VEHICLE VIOLATIONS – CLASSIFICATION TABLE
UNDERWRITING ACTION

Violations such as DWI, Reckless Driving, Speeding, etc. will generate points that may result in ratings.

CLASSIFICATION TABLE

Total Points	Males under age 30	Others
1-5	0 (1)	0 (1)
6-9	0 (2)	0 (2)
10-12	\$5x2 (3)	\$3x2 * (3)
13-15	\$7.50x3 (4)	\$5x2 (4)
16-18	\$10.00x5 (4)	\$7.50x3 (4)
19 - up	U DCL	U DCL

(1) WP Std, ADB Std

(2) WP Std, ADB No

(3) WP 2X, ADB No

(4) WP No, ADB No

* if the points are due to a DWI/DUI, the rating will be \$5x2

Driving While Intoxicated (DWI)

In most major studies of motor vehicle accidents, alcohol abuse consistently has been one of the primary causes. Individuals cited for accidents or other traffic violations while driving under the influence require special underwriting. It has been suggested that the majority of DWI violations involve “problem” drinkers rather than “social” drinkers. In either case, the risk of having a fatal accident is high – the combination of drinking and driving is extremely hazardous.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
<p>A motor vehicle report (MVR) and an Alcohol Use Questionnaire regarding the applicant’s drinking habits is required if the applicant has ever had a DWI. We must have the driver’s license number in order to obtain the MVR.</p> <p>A complicating factor is if the applicant has moving violations other than the DWI.</p> <p>In those locations allowed (see below) an agent should obtain the Alcohol Exclusion Rider (PI-347) whenever an applicant has had a DWI within the last 5 years.</p>	See Life	See Life	See Life
		See Life - except the Alcohol Exclusion Rider is the AG-2070 and the AG-2070 is approved in all locations.	See A71000
UNDERWRITING ACTION:			
<p>A single DWI within 2 years of the date of application requires a rate up of \$5 per thousand for 2 years. This assumes no other criticism. In those locations where allowed, an Alcohol Exclusion Rider (PI-347) is assigned in lieu of the rating. The locations allowing an Alcohol Exclusion Rider are AK, AL, AZ, CA, DC, DE, HI, IA, ID, IN, LA, ME, , MT, NC, , NE, NV, RI, VA, VT, WV, WY, all Canada except AB, and New Zealand.</p> <p>Applicants who have had 2 DWI’s within the past 5 years and the last DWI within 2 years are uninsurable. Anyone with 2 DWI’s ever and still drinking has only a 30% chance of being insured.</p> <p>Applicant's who have had 3 DWI's and continue to use alcohol in any amount are uninsurable.</p>	<p>A single DWI without criticism of drink habits requires no adverse underwriting action. Language in the policy excludes coverage for alcohol and drugs.</p> <p>Applicants who have had 2 DWI's within the past 5 years and the last within 2 years are uninsurable.</p>	<p>A single DWI within 5 years of the date of the application requires an Alcohol Exclusion Rider (AG-2070). This assumes no other criticism. Applicant’s who have had 2 DWI’s and still drink are uninsurable.</p>	See A71000

Drug Abuse (See Separate Guide for Marijuana)

Dangers inherent in the use of illicit drugs are very familiar to the public. There is an increased incidence of violent death, including drug overdose. Accidents and homicides account for a large proportion of drug-related deaths. Because of the mind-altering effects of drug usage, there is an increased incidence of suicide. IV injections may lead to serious or fatal infections (e.g. septicemia, hepatitis, AIDS). Also, long term use of many drugs has been indicated as a cause of kidney and liver damage, hypertension, heart disease and occasionally, seizures and psychosis.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete Drug and Alcohol Use Questionnaires. An MVR is required. An APS, exam with a blood profile, and a drug screen may be required on some cases.	See Life	See Life	See Life
OTHER FACTORS			
Abstinence from the use of drugs for 2 years is required for consideration. The rate up is determined by the number of years of abstinence.	Abstinence from the use of drugs for 5 years is required. There must be no associated medical problems or organ damage.	Abstinence for 5 years is required.	A74000 - See A71000 D50000 - See H34000
A history of drug and alcoholism requires the applicant to abstain from both for at least 5 years before coverage can be considered.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Range of rating may be \$7.50 to \$10 per thousand. Applicants who have abstained for 7 years can be considered standard.	Abstinence of 5 years is required for consideration. 5 to 7 years require a 75% increase in premium. 7 years and up can be considered standard.	Abstinence of 5 years is required. After 5 years, may be approved standard.	A74000 - See A71000 D50000 - See H34000
A history of drug and alcoholism requires the applicant to abstain from both for at least 5 years before coverage can be considered. Previous drug use (hard drugs) in addition to current marijuana is uninsurable.			

Fibromyalgia (FM)

Fibromyalgia is a generalized form of soft tissue rheumatism marked by chronic, widespread pain and by the presence of tender points. It has been known as fibrositis, tension myalgia, chronic pain (fatigue) syndrome, musculoskeletal pain syndrome, and generalized nonarticular rheumatism. It is not associated with extra mortality, but is strongly correlated with long periods of disability. The principal symptoms of "FM" are diffuse, widespread musculoskeletal pain and tenderness.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
Information furnished on the application including any current medications is generally sufficient.	An APS may be required if the severity is not apparent from info furnished on the application.	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See H34000
OTHER FACTORS:			
None	Severity of symptoms is of principal concern.	See H34000	See H34000
UNDERWRITING ACTION:			
Usually approved standard. More severe cases may require a rating. Very few cases require a decline.	Mild to moderate FM may be approved standard. Severe FM requires a decline.	Approved unless currently disabled.	A74000 - Most cases are approved standard. D50000 – Only mild cases are insurable.

Glomerulonephritis – Chronic Kidney Disease

Glomerulonephritis is sometimes an acute, isolated event that resolves completely with no residual impairment. Most other types of glomerulonephritis are chronic, ongoing diseases characterized by chronic inflammation of the kidney glomerulus. The exact causes usually cannot be determined although a specific underlying disease is occasionally identified such as diabetes mellitus, rheumatoid arthritis or some other systemic disease. Symptoms include albumin and blood in the urine and a gradual deterioration in kidney function. Treatment with steroids or immunosuppressants is sometimes helpful. Long term prognosis is usually related to the specific type of glomerulonephritis that is present (as determined by kidney biopsy and sophisticated tests of the kidney and immune systems).

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required. An exam with a blood profile may be required.	See Life	See Underwriting Action Below	See Underwriting Action Below
OTHER FACTORS:			
Continuing consultation with a physician and successive renal function tests are required to determine the rate of progression of the disease.	See Life	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
Range of Rating may be T-4 to T-16. Current age less than 15 is uninsurable.	In most cases - Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 - Uninsurable

Heart Valve Replacement

Valve replacement is the surgical implantation of a prosthetic device, which takes over the function of a damaged heart valve. This procedure is considered to be palliative and not curative. Often the patient has other underlying conditions, and has not experienced success with medical treatment.

Some hazards are presented by these prosthetic devices. Valves made of metal or plastic tend to generate blood clots (thrombi), causing stroke and pulmonary emboli. Patients with metal or plastic valves usually take anticoagulants for the remainder of their lives and then are at risk for the development of a fatal hemorrhage. Any prosthetic valve increases the risk of endocarditis.

The prognosis depends on the overall condition of the patient. Applicants with any other significant impairment will be declined.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
OTHER FACTORS:			
Best cases - stable since surgery with little or no symptoms (dyspnea, chest pain, etc.) or physical limitations - not currently disabled – no more than slight heart enlargement.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
A 1 year waiting period is required after surgery.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 – Uninsurable
Uninsurable age 19 and under.			
Range of rating for a best case is T-8 plus \$5 to \$7.50 per thousand.			

Hepatitis (Type A & B & C)

Hepatitis A is usually due to infection with a virus. It is acquired by intimate (including sexual) person-to-person contact. Hepatitis A is usually a benign disease in previously healthy individuals; death during the acute infection is rare and chronic hepatitis never develops as a late diagnosis. Those applicants who are no longer in the acute phase of Hepatitis A can be approved standard.

Hepatitis B, or serum hepatitis is caused by the Hepatitis B virus. It can cause serious illness and death during the acute infection, and chronic active hepatitis occurs in 5-8% of acute cases. Transmission usually occurs as a result of intimate (including sexual) person to person contact or from using needles previously contaminated by an individual who was infected with the virus (usually a drug abuser). It can also be contracted by receiving contaminated blood. Hepatitis B may cause serious illness including massive liver infection or death during the acute infection. If symptoms and signs persist after an acute infection, this is probably indicative of Chronic Active Hepatitis. Hepatitis B is usually treated with interferon. Only those applicants who are no longer taking interferon can be considered for coverage. The diagnosis of Chronic Active Hepatitis is confirmed by the presence of elevated liver enzymes or a positive liver biopsy.

Hepatitis C is a more serious infection than B. Unlike B, Hepatitis C rarely produces symptoms at time of infection, but becomes chronic in 85% of cases. Chronic Active C ultimately produces liver failure or cancer of the liver. Interferon is also commonly used to treat Hepatitis C. Unfortunately the success rate is low and in most cases the medication is unable to clear the virus. Only those applicants who are no longer taking interferon can be considered for coverage. Diagnosis is generally made by detection of antibodies to the Hepatitis C virus.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	See Life	See Underwriting Action Below	A74000 – See Underwriting Action Below D50000 - See Life
The agent should always complete a Hepatitis Questionnaire. An APS and a blood profile are required for Hepatitis C. A blood profile may be required in those cases where the APS does not furnish enough information. Chronic Hepatitis B may require an APS and a blood profile.			

Hypertension (High Blood Pressure - HBP)

A sustained elevation of blood pressure above the range considered normal for a given age and gender. If left untreated, individuals with hypertension will generally experience significantly greater mortality than those who have normal blood pressure.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a High Blood Pressure Questionnaire. An APS may be required. Some cases may also require an exam.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Applicants who are under treatment for hypertension and whose blood pressure has been maintained at a normal level generally qualify standard. An average of the blood pressure readings for the past year or lesser period of time determines whether the applicant can qualify for standard rates.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Range of rating will be determined by the average of blood pressure readings over the last year or lesser period. Many cases can be issued standard.	Most cases of treated high blood pressure can be approved standard if insurable for Life. In a few cases an increased premium may be required.	If insurable for life, accident coverage is approved.	A74000 - See A71000 D50000 - Treated high blood pressure that does not qualify standard for Life will require a rating.

Kidney Stone

Genitourinary stones (calculi nephrolithiasis) are abnormal mineral collections (usually calcium) which form in the kidney, ureter or bladder. Stones form because of infections, structural abnormalities, metabolic imbalances or for unknown reasons. They may occur only once or be recurrent. Some are asymptomatic and discovered with a routine x-ray performed for another purpose; others are associated with severe pain or a urinary tract infection. Small stones can pass through the genitourinary tract but large stones sometimes become lodged and obstruct urine flow. In these cases, the stone must be removed before permanent kidney damage occurs. Stones may be removed via a catheter passed through the urethra or skin, surgically or with lithotripsy (a procedure in which stones are broken into smaller pieces with sound waves.)

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
Information requested will depend on information furnished on the application. A single stone without recurrence may not require additional information. A more extensive history may require an APS.	See Life	See Underwriting Action Below	A74000 – See Underwriting Action Below D50000 – See Life
OTHER FACTORS:			
The number of stones and whether one or both kidneys are affected influence the rating. A history of complications (multiple surgeries, hospitalizations, or periods of disability) require an additional rate up.	See Life	See Underwriting Action Below	A74000 – See Underwriting Action Below D50000 – See Life
UNDERWRITING ACTION:			
Most cases where the stone or stones have passed can be approved standard. Less favorable cases may require a rate up of T-2 to T-4. A few chronic stone formers who are not well controlled are uninsurable.	A single stone passed spontaneously or by endoscopic manipulation or lithotripsy may be considered standard after one year. A history of multiple stones may require an Exclusion Rider, or may be uninsurable.	Approved unless currently disabled.	A74000 – See A71000 D50000 – A single stone passed spontaneously or by endoscopic manipulation or lithotripsy may be considered standard after two years. A history of multiple stones may require an Exclusion Rider. Chronic stone formers are uninsurable.

Lupus - Systemic Lupus Erythematosus (SLE)

Systemic (disseminated) Lupus Erythematosus (SLE) is a chronic inflammatory disease of the connective tissues. It develops because the immune system incorrectly perceives the connective tissue cells of the body as foreign and attempts to destroy them. The cause of this disorder is unknown. SLE occurs predominantly in young and middle aged women. Any area of the body can be affected. The most common symptoms consist of arthritis, arthralgia (joint pain), skin rashes including a "butterfly" rash on the cheeks and bridge of the nose and a discoid rash (which may also be referred to as discoid lupus or cutaneous lupus erythematosus), systemic symptoms such as fever and fatigue, and lymphadenopathy (lymph node enlargement). Vasculitis, pericarditis, glomerulonephritis, central nervous system disorders, anemia, leukopenia, thrombocytopenia, and hepatitis (lupoid hepatitis) are a few of the diverse clinical manifestations that may also be present with SLE. Treatment consists of aspirin and other nonsteroidal anti-inflammatory medications, antimalarials (hydroxychloroquine /plaquenil, chloroquine), steroids (prednisone), immunosuppressants (azathioprine/imuran, cyclophosphamide/cytoxan), and plasmapheresis. The latter three forms of treatment are reserved for more severe cases. Because the severity of this impairment can vary over a span of many years, the prognosis is difficult to predict. The best prognosis may be anticipated for those individuals who have not experienced any of the significant complications listed below:

Circulatory -- myocarditis, endocarditis, vasculitis

Gastrointestinal -- hepatitis (lupoid hepatitis)

Genitourinary -- glomerulonephritis (lupus nephritis)

Nervous -- all manifestations except peripheral neuropathy

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required. Full details should be provided which include the date of diagnosis, current medications, and any disabilities resulting from the disease.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Best case: mild, no progression, no use of steroids and no major organ involvement can be considered for coverage. To be considered, applicants must be over age 19 at diagnosis and diagnosed more than 2 years ago. Range of rating varies from T-2 to T-12 depending on age, date of diagnosis and severity. Some cases are uninsurable.	Many cases are uninsurable. Some mild cases can be approved standard.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Marijuana

Ratings listed below are for best case scenarios. Applicants must have no current physical or mental problems, any criticism of other habits or associates, no aviation or other avocations that may be considered hazardous.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
<p>The agent should always complete Drug and Alcohol Use Questionnaires. An APS, MVR and exam with blood profile and drug screen may be required.</p> <p>A complicating factor is a history of treatment for alcoholism and current use of marijuana.</p>	See Life	See Life	See Life
UNDERWRITING ACTION:			
<p>Current Marijuana use in conjunction with previous drug use (hard drugs), drug related or felony arrest, or voluntary alcohol treatment is uninsurable. Infrequent uses of marijuana may qualify as standard, non-smoker rates. More frequent users require T2 and up depending on use, smoker rates apply.</p> <p>Medical Marijuana use – Must have a valid prescription and cannot be smoked. If smoked then treat as Marijuana use. Medical Marijuana use requires a T2 rating plus any additional ratings for the medical condition.</p>	<p>Infrequent users may qualify standard.</p> <p>Applicants who use marijuana more often than monthly are uninsurable.</p>	See Life	<p>A74000 - See A71000 D50000 - See H34000</p>

Mental Retardation

Mental retardation refers to significantly below average intellectual functioning associated with an inability to effectively meet the usual standards of personal independence and social responsibility. Its onset occurs before the age of 18. Some individuals with mental retardation have seizures or other neurologic abnormalities, psychiatric impairments, or congenital disorders.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS will usually be required. A telephone interview may also be needed.	See Underwriting Action Below	See Underwriting Action Below	A74000 - See Life D50000 - See Underwriting Action Below
OTHER FACTORS:			
Adults must be no more than mildly retarded. They must be employable, able to sign application, and able to live independently.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
Mild mental retardation without additional impairments may be considered standard. Some cases may require a T-4 rating. More than mild mental retardation is uninsurable.	Uninsurable.	If insurable for Life, Accident coverage is approved.	A74000 - See A71000 D50000 – Uninsurable

Multiple Sclerosis (MS)

Multiple Sclerosis is a disorder that is characterized by degeneration of the myelin that lines or “insulates” the outside of the nerves. As a result of the degenerative process, the myelin becomes hardened (sclerotic) in multiple sclerosis. Symptoms occur because damaged nerves are unable to transmit their electrical impulses normally. The cause is not known, but it is thought to be either a viral infection or an autoimmune process in which the body’s immune system goes awry and attacks its own nerves. The prognosis of this impairment is variable and often unpredictable.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required. “Best case” situations are those in which there is a history of only one or two episodes of active disease, no residual neurological impairment and the disease is in remission. The degree of impairment and duration of remission determine ratings for those which do have neurological impairment, but are in remission.	See Underwriting Action Below	See Life	A74000 - See Life D50000 - See Underwriting Action Below
UNDERWRITING ACTION:			
“Best cases” may be considered at T-2 to T-4. For those not qualifying for “best case” consideration, ratings range from T-4 to T-12. Severe or rapidly progressive disease is uninsurable. Unlikely to qualify for coverage if medically disabled.	Uninsurable	Approved unless currently disabled.	A74000 - Mild cases can be approved. More severe cases are uninsurable. D50000 – Uninsurable

Muscular Dystrophy

Muscular dystrophy is a group of inherited disorders that are characterized by progressive muscle degeneration. The exact origin of the degenerative process is not known; it may be associated with some component of the muscle itself or the blood vessels that supply it. There is no effective therapy to stop or prevent the progression of this disorder. The goal of treatment is to enable the individual to function independently with the aid of physical therapy, splints, and braces. Drugs, such as quinine and phenytoin (Dilantin), are sometimes administered in order to decrease muscle spasms. Prognosis is dependent upon the type of muscular dystrophy and the rate of progression. A pattern of steadily progressive deterioration and disability is indicative of an unfavorable case.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
OTHER FACTORS:			
The type of muscular dystrophy and degree of progression determines insurability	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
Most types are uninsurable. Those that can be issued will require a rating of T-6 to T-8. One type, "myotonia congenita of Thomsen," in its mild form and if over age 19 at diagnosis can be considered standard.	Uninsurable	Approved unless currently disabled.	Uninsurable

Overweight

The relationship between overweight and mortality is well established. It does not matter if the weight is due to muscle or fat. Significant overweight is commonly associated with cardiovascular problems.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
<p>Ratings for overweight are generally determined from the application. Ratings for overweight are not assigned for less than (Table 2). If the amount of overweight requires a rate up in excess of T-4, an APS or exam is required.</p> <p>Example: (See Life build chart) A 5'0" 185 lbs. (female) is issued standard. At 186 lbs., A Table 2 is assigned.</p> <p>Complications/Unfavorable Factors are poorly controlled high blood pressure, diabetes mellitus and heart disease</p>	<p>Ratings for overweight are not assigned until they equal T5 on the life build chart. Cases rated T-5 to T-8 for overweight will be assigned a 100% increase in premium.</p> <p>Example: (See Life build chart) An applicant who is 5'6" 268 lbs. is rated T-5 for Life. The H34000 is assigned a 100% increase in premium.</p>	<p>See Underwriting Action Below</p>	<p>A74000 - See Underwriting Action Below D50000 - See Life</p>
UNDERWRITING ACTION:			
See height and weight chart on the flash sheet for Life.	See height and weight chart for Life and above requirements.	Approved unless Life coverage is uninsurable.	A74000 - See A71000 D50000 - See Life

Parkinson's Disease

Parkinson's disease is a chronic syndrome consisting of tremor, muscular rigidity, and extreme slowness of movement. It is due to the loss of certain nerve cells in the brain. Most cases are idiopathic; i.e., there is no known cause. The degree of impairment is generally progressive over many years. With advancing disease, symptoms become incapacitating with marked depression, recurrent pneumonia, or dementia. Treatment usually consists of medications that lessen the severity of symptoms.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required. Most cases will require a rate up. Cases diagnosed after age 50 have a more favorable prognosis than at younger ages.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
Ratings range from T-2 to T-6. Some severe cases are uninsurable.	Uninsurable	Approved unless currently disabled.	A74000 - Mild cases are insurable. Moderate to severe cases are uninsurable. D50000 - Uninsurable

Peripheral Vascular Disease (PVD)/ Arteriosclerosis

Hardening of the arteries, atherosclerotic narrowing of the arteries that supply blood to different parts of the body.

Peripheral Vascular Disease is a disorder characterized by the formation of atherosclerotic plaques that form in the large and medium size arteries of the legs or less commonly in the abdominal aorta.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is always required. We need to know if unoperated or operated.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
OTHER FACTORS:			
Complicating factors are continued cigarette smoking, diabetes, and hypertension that is not controlled.	See Underwriting Action Below	See Underwriting Action Below	See Underwriting Action Below
UNDERWRITING ACTION:			
Most cases will require a rate-up.	Uninsurable	Approved unless currently disabled.	A74000 - See A71000 D50000 – Uninsurable
A diagnosis of coronary artery disease, cerebrovascular disease and peripheral vascular disease, or PVD requiring surgery is uninsurable.			

Phlebitis/Thrombophlebitis

Phlebitis is inflammation of a vein. Thrombophlebitis occurs when a blood clot (thrombus) is associated with inflammation of a vein. Complications of phlebitis and occlusion are swelling, ulceration and the production of clots, which may travel to vital organs. A clot that travels to the lungs is known as a pulmonary embolism. Treatment may include the use of anticoagulants, anti-inflammatory agents and the application of heat to the extremity involved.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS: Whether an APS is required will depend on the severity of the disease and date of last episode.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS: Complicating factors are pulmonary embolism, ulceration or swelling.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION: If hospitalized within last 6 months is uninsurable. A single episode with full recovery is standard. Multiple episodes with complications may require a rating of T-2 to T-4. The most severe cases may require a decline.	An Exclusion Rider is required if an episode has occurred within 2 years of the application date or there are continuing complications. A single episode without complications and with full recovery more than 2 years before application date can be approved standard. Applicants who are continuing to receive anti-coagulant treatment are uninsurable.	Approved unless currently disabled.	A74000 - Most cases are approved. Very severe cases and those who are disabled are uninsurable. D50000 - See H34000

Psychosis - Schizophrenia

If an individual's mental disease is such that the person cannot distinguish reality from their thoughts, then that person has psychotic features. This is generally characterized by hallucinations (hearing voices, delusions, irrational belief in false ideas and abnormal thinking patterns).

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:	See Life	See Underwriting Action Below	See Underwriting Action Below
The agent should always complete a Depression Questionnaire. An APS is always required. The degree of impairment, duration of effective control and date of diagnosis is information needed from the APS. "Effective control" means the individual has adjusted well to the impairment and is currently not experiencing any significant interference with the activities of daily living.			
UNDERWRITING ACTION:	Most cases are uninsurable. Some cases may be considered after ten years of "effective control".	Uninsurable	Uninsurable
Range of rating for two to five years of recovery is T-8 to T-12. Some cases with severe impairment can be considered after two years of recovery at T-10 to T-16. Those who have not achieved "effective control" are uninsurable.			

Residency - Citizenship

For Residency Guidelines, see the **Residency Addendum Instructions** document on the Underwriting page of the Agency Resource Center.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
Residency Addendum should be completed for every application that answers no to the citizenship question.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Follows Residency Guidelines as outlined in the Residency Addendum Instructions.	See Life	See Life	See Life

Seizures - Grand Mal Epilepsy

Epilepsy (seizure) is a disorder characterized by recurrent, brief episodes of uncontrollable activity produced by abnormal electrical stimulation within the brain. A grand mal seizure involves the entire brain producing convulsions of the whole body with loss of consciousness.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
<p>The agent should always complete a Seizure Questionnaire. An APS may be required. Information from the applicant regarding date of diagnosis, type and amount of medication, how many seizures per year and date of last seizure is essential in evaluating the risk.</p> <p>Much of the increased morbidity and mortality come from the risk of an accident occurring during a seizure.</p>	See Life	See Life	See Life
UNDERWRITING ACTION:			
<p>Usual range of rating is from T-2 to T-10. Those cases diagnosed more than 5 years ago and no seizures for more than 5 years may qualify standard.</p> <p>Those having more than 12 seizures per year generally require a rating of T6 and up. Waiting period of 6 months from the date of diagnosis before application can be considered.</p>	<p>An increase in premium of 75% may be considered for applicants who have not had a seizure in 2 years.</p> <p>Applicants who have had a seizure within 2 years of the application date are uninsurable.</p>	<p>Applicants who have not had a seizure for 2 years can be approved.</p> <p>Applicants who have had a grand mal seizure within 2 years of the application date are uninsurable.</p>	<p>A74000 - See A71000 D50000 - See H34000</p>

Seizures - Petit Mal Epilepsy

Epilepsy (seizure) is a disorder characterized by recurrent, brief episodes of uncontrollable activity produced by abnormal electrical stimulation within the brain. Petit Mal (generalized absence) seizures are characterized by episodes of staring without any abnormal movements, but with loss of consciousness.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
The agent should always complete a Seizure Questionnaire. An APS is usually required. Information needed from the applicant is date of diagnosis, type and amount of medication, how many seizures per year and date of last seizure.	See Life	See Life	See Life
OTHER FACTORS:			
Cases requiring the highest ratings, apply to juveniles, frequent seizures and a short time since the original diagnosis.	See Life	See Life	See Life
UNDERWRITING ACTION:			
Best cases may be issued standard. Those requiring a rating will range from T-2 to T-4. Waiting period of 6 months from the date of diagnosis before application can be considered.	Applicants who have not had a seizure in 2 years will be approved standard. All who have experienced a seizure within 2 years of the date of the application are uninsurable.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Sleep Apnea

The sleep apnea syndromes are a group of disorders that are characterized by the presence of periodic pauses in breathing during sleep. These pauses may be either complete, during which airflow totally ceases (apneas) or partial, during which airflow is significantly diminished but does not entirely cease (hypopneas). They may be the result of a brain stem failure to continue breathing efforts during sleep (central sleep apnea or Ondines Curse) or may be due to obstruction to airflow at the level of the pharynx (obstructive sleep apnea). The combination of central apneas followed by obstructive apneas is termed mixed sleep apnea. By far, the most common form of sleep apnea is obstructive sleep apnea.

Obstructive sleep apnea is usually suspected when a history of loud snoring is present in addition to one or more of the following features: (1) witnessed apneic episodes; (2) hypersomnolence; (3) change in personality or ability to concentrate; (4) insomnia; and, (5) significant obesity. However, many persons may have sleep apnea without being significantly overweight.

The consequences of sleep apnea include:

- repetitive drops in blood oxygen levels during sleep (oxygen desaturations)
- complete or partial arousals from sleep (sleep fragmentation)
- excessive daytime sleepiness (EDS or hypersomnolence)
- arrhythmias (sinus pauses, transient heart block, and atrial and ventricular arrhythmias during apnea)
- hypertension
- impaired neuropsychological functioning (including altered libido, impotence, irritability, personality disturbances, inability to concentrate, fatigue, and an increased risk of driving and industrial accidents), and sudden death.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
Agents should complete a Sleep Questionnaire. An APS is sometimes required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
The result of a polysomnogram is useful information to assess severity. Additional complicating factors are overweight, COPD, CAD and smoking.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Cases, which have responded to therapy favorably, may be approved standard. Others will require a rate up and some cases are uninsurable.	Best cases, i.e. mild cases requiring no therapy can be considered at standard. Cases requiring therapy (CPAP or surgery) may be uninsurable.	If insurable for Life, Accident coverage is approved.	A74000 - See A71000 D50000 - See H34000

Tuberculosis

Tuberculosis is an infectious disease caused by the bacillus, mycobacterium tuberculosis. This bacillus is transmitted through the air and infects people with normally functioning immune systems as well as those who are immunocompromised. The lungs are the most commonly affected organ, but the disease can also involve other sites. Once a common health problem, tuberculosis in the United States and Canada had been steadily decreasing in incidence until the mid 1980s. However, with the advent of the AIDS epidemic, the number of new cases diagnosed in these countries has dramatically increased since 1985.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS may be required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
The degree of lung impairment after full recovery will determine the rating. If no lung impairment, then the case is standard.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
A positive skin test and a negative check X-Ray is usually approved standard. Current treatment or significant complications may be uninsurable.	Mild cases with full recovery can be issued standard. Cases worse than mild will require an exclusion rider or may be declined.	Approved unless currently disabled.	A74000 - See A71000 D50000 - See H34000

Ulcers (Duodenal, Gastric, Peptic)

Peptic ulcer disease is a common impairment in which ulcerations develop in the esophagus, stomach, duodenum, and upper jejunum. In all cases, these ulcerations are associated with the secretions of acid and pepsin (an enzyme secreted by the stomach that digests protein). Peptic ulcers occur if the protective mechanisms, which normally guard the upper intestinal tract against the deleterious effects of acid, pepsin and other digestive enzymes, are overwhelmed. Peptic ulcers are most common in the duodenum (duodenal ulcers) and stomach (gastric or stomach ulcers). There is a broad spectrum of severity with this disorder. Some individuals recover quickly after one or two brief episodes. Others experience multiple recurrences of active ulceration and pain lasting days to a few weeks, eventually subsiding with medical therapy. Finally, a small group experience almost constant pain with the eventual development of complications necessitating surgery.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is not usually required – if the ulcer was more than 6 months ago and completely healed, an APS is not needed.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
Complicating factors are recurrence, history of hemorrhage and surgery.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
Most cases are issued standard.	A single episode of duodenal ulcer with no complications diagnosed more than 1 year ago may be issued standard. Others will require an Exclusion Rider.	Approved if insurable for Life.	A74000 - See A71000 D50000 - see H34000

Weight Loss Surgery

Bariatric surgery treats obesity by altering the digestive process. It has been shown to produce effective weight loss for clinically severe obesity, with a reversal or reduction in associated diabetes mellitus, hypertension, hyperlipidemia, and obstructive sleep apnea. Surgery is divided into two categories:

Restrictive surgeries – Laparoscopic adjustable gastric band, laparoscopic sleeve gastrectomy, and vertical banded gastroplasty.

Malabsorptive surgery – a more extensive operation. Roux-en-Y gastric bypass, jejunioileal bypass.

LIFE	A & H		DISABILITY
	H34000	A71000	A74000/D50000
INFORMATION NEEDED/ REQUIREMENTS:			
An APS is usually required.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
OTHER FACTORS:			
If weight has not normalized, a rate up or decline may be necessary.	See Life	See Underwriting Action Below	A74000 - See Underwriting Action Below D50000 - See Life
UNDERWRITING ACTION:			
A waiting period of 3 months from the date of a lap band is required. 6 months wait is required for a bypass.	May consider after a 2 year waiting period for lap band surgery. Bypass surgery is a decline.	Approved if insurable for Life.	A74000 - See A71000 D50000 - see H34000