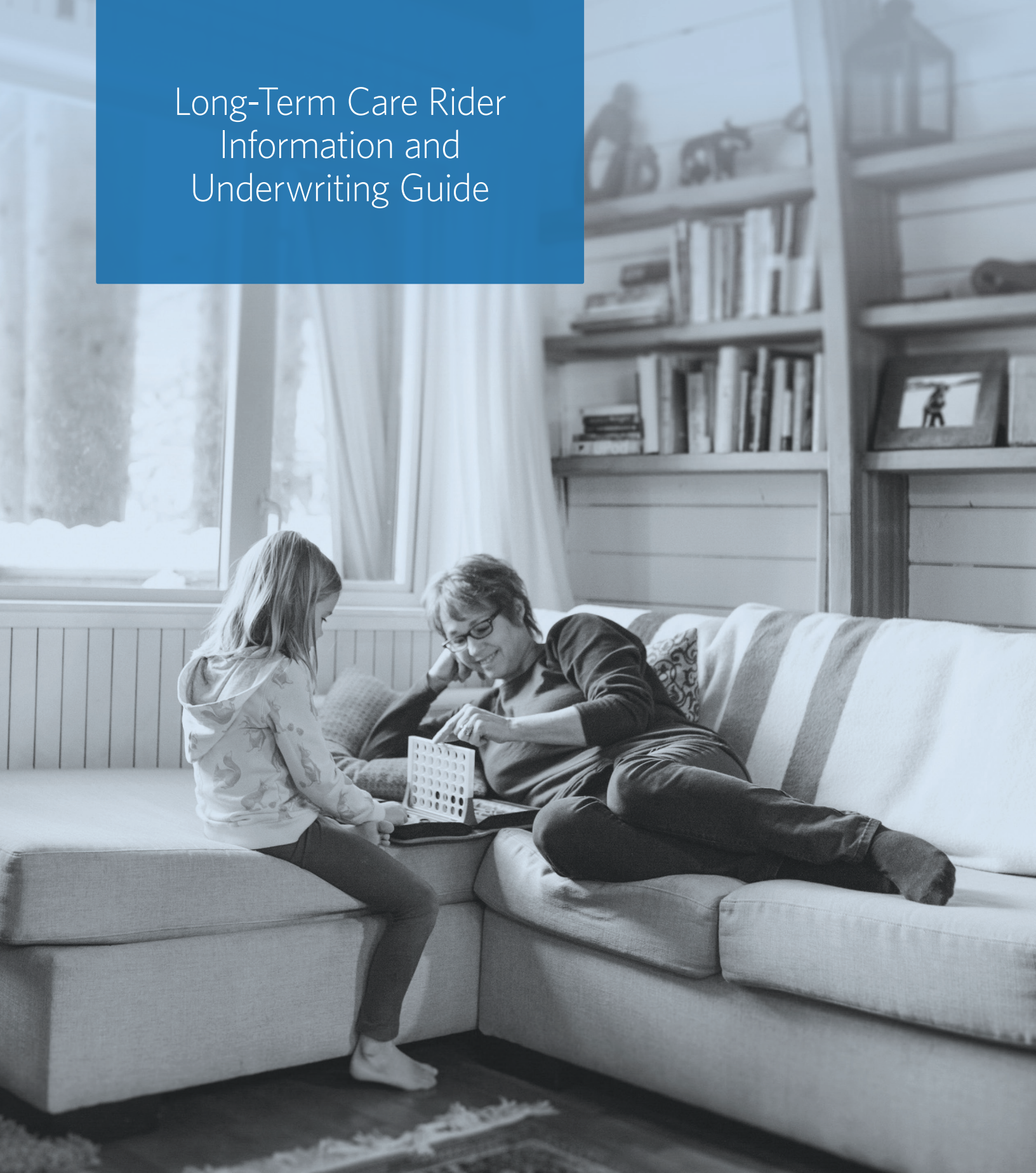


Long-Term Care Rider Information and Underwriting Guide



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Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

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Long-term care services can be expensive – and the costs are projected to continue to rise.

How are your clients planning to pay for their long-term care expenses?

One option your clients may want to consider is purchasing a life insurance policy with a long-term care (LTC) rider. This planning strategy offers multiple benefits for your clients:

- It provides a sum of money to the beneficiaries upon the insured's death; and
- If the insured becomes chronically ill, the policyowner can access all or a portion of the death benefit early to pay for long-term care services. The amount the policyowner can access will be based on the maximum LTC Rider benefit selected when the life insurance policy and LTC Rider are issued.

United of Omaha's Long-Term Care Rider is available on the following life insurance products:

- Income AdvantageSM IUL
- Life Protection AdvantageSM IUL

You can learn more about our Long-Term Care Rider, and access marketing materials and sales ideas, at MutualofOmaha.com/ltc-rider.

Throughout this Long-Term Care Rider Information and Underwriting Guide, you will find information that pertains to the Long-Term Care Rider. For information on the life insurance products this LTC Rider is attached to, please refer to the applicable product guide. For information on underwriting the base life insurance policy, please refer to the Life Insurance Underwriting Guidelines booklet.

Long-Term Care Rider Information

This chart gives you an overview of the features and benefits available under the long-term care rider.

Issue Ages	30-79
Rate Classes	Preferred, Standard, Substandard Class 1, Substandard Class 2 The rate class for the LTC Rider will be determined separate from the life insurance policy rate class. In order to be eligible for the LTC Rider coverage, the insured: ▪ Must be a Table 4 risk or better ▪ Must have no flat extra ratings on their base life insurance policy
Long-Term Care Rider Benefit Limit	Up to 100% of the initial specified face amount for the life insurance policy. The Long-Term Care Rider limit is chosen at time of issue and does not need to equal the life insurance policy face amount. The LTC Rider benefit limit can be no less than: ▪ \$150,000 for the 1% option (may vary by state) ▪ \$100,000 for the 2% and 4% options (may vary by state) The LTC Rider benefit limit can be no more than: ▪ \$2 million for the 1% and 2% options ▪ \$1,250,000 for the 4% option
Monthly Acceleration Percentages	1%, 2% or 4%
Maximum Monthly Benefit	Equals the monthly acceleration percentage multiplied by the Long-Term Care Rider benefit. For example, if the Long-Term Care Rider benefit amount chosen is \$500,000 and the monthly acceleration percentage is 2%, the maximum monthly benefit would be \$10,000.
Benefit Payout	Reimbursement method.
Qualification	Unable to perform two of six Activities of Daily Living (ADLs) for a period of at least 90 days; or, needs substantial supervision due to cognitive impairment
Calendar-Day Elimination Period	90 calendar days
Cash Benefit	No; however, the policyowner can take a loan or withdrawal from their life insurance policy's cash value.* <i>*The amount that may be available through loans and withdrawals, as defined in the contract.</i>
Nursing Home Benefit	100%
Assisted Living Facility Benefit	100%
Home Health Care Benefit	100%
Adult Day Care Benefit	100%
Stay-at-Home Benefits	Benefits include: caregiver training, durable medical equipment, home modifications, and medical alert system. Stay-at-home benefits are only available when a care coordinator is used. The maximum payment for stay-at-home benefits is up to two times the maximum monthly benefit.

Bed Reservation Benefit for Nursing Home and Assisted Living Facility	30 days per calendar year
Respite Care Benefit	One month per calendar year; no elimination period applies
Hospice Care Benefit	Pays maximum monthly benefit; no elimination period applies
International Benefit	Benefits will only be paid for services provided in the U.S., U.S. possessions or territories, Canada and the United Kingdom. No other international benefits will be paid.
Care Coordination Benefit	Included, but use of care coordinator is optional
Alternate Care Benefit	Available when a care coordinator is used
Inflation Protection Options	Not available
Waiver of LTC Rider Charges	After the insured has satisfied the eligibility requirements, we will waive the monthly rider cost effective on the date we begin paying nursing home benefits, assisted living facility benefits, or at least eight days of home health care or adult day care benefits in any month. Monthly deductions for the life insurance policy and any other riders will continue. When the insured no longer meets eligibility requirements, the policyowner must resume paying the long-term care monthly rider cost.
Effect of Life Insurance Policy Lapse on LTC Rider Benefits	If the life insurance policy lapses while the policyowner is receiving benefits, the LTC Rider continues to pay claims until the insured is discharged or until the entire LTC Rider benefit has been accelerated for long-term care expenses. If the life insurance policy lapses while the LTC Rider benefits are still being paid, the death benefit will no longer be payable.
Residual Minimum Death Benefit	LTC Rider benefits paid will reduce the life insurance policy death benefit on a dollar-for-dollar basis. If the entire life insurance policy benefit is exhausted due to LTC Rider claims, no residual death benefit will be paid.
Rider Charge Amount	Rider charges are based on the insured's age, gender, LTC Rider maximum benefit limit, acceleration percentage and LTC Rider underwriting class. Once the policy is issued, the LTC Rider cost of insurance rates are guaranteed not to increase over the life of the policy. Note: The base life insurance policy must remain in force in order for the LTC Rider to remain active. Charges for the base life insurance policy may not be guaranteed.
Impact of Surrendering a Policy with an LTC Rider	If the life insurance policy is surrendered, the policyowner will receive the policy's surrender value. There is no return of LTC Rider charges. If the policy is surrendered during one of the seven Guaranteed Refund Option (GRO) Rider windows and the GRO refund amount is greater than the surrender value, the policyowner will receive a refund of premiums paid. This refund includes premiums that were used to pay for LTC Rider charges (Note: The cumulative GRO refund is limited to 80% of the policy's lowest specified amount and is reduced by any previous withdrawals and outstanding loans). If the policyowner has already taken LTC claims before surrendering the policy under the GRO Rider provision, the GRO refund amount will be reduced by the total amount of long-term care benefits paid.

Future LTC Rider Changes	Once the LTC Rider is issued on a life insurance policy, the rider coverage amount can be decreased, but it cannot be increased. The policyowner can elect to terminate the LTC Rider coverage at any time. Once terminated, there will be no more monthly LTC Rider charges deducted from the life insurance policy. Because the base life insurance policy is a cash value life insurance policy, the planned premium amount will not be reduced automatically. If a policyowner wants to reduce the premium, he or she will need to contact United of Omaha and specify the new planned premium amount. If the policyowner terminates their LTC Rider coverage voluntarily, he or she will not be able to reinstate the LTC Rider. The policyowner will also not be eligible for the Accelerated Death Benefit Rider for Chronic Illness.
Partnership Qualified	No

Taxation of Rider Benefits

Section 7702B(b) of the Internal Revenue Code, as amended, provides that benefits received by a tax-qualified LTC Rider should have certain federal income-tax advantages. One of these advantages is that amounts received from a long-term care insurance rider are treated as reimbursements for expenses actually incurred for medical care, which means these amounts are not considered to be income.

This rider is intended to be a tax-qualified long-term care insurance rider under Section 7702B(b) of the Internal Revenue Code, as amended. This means that we have designed this rider, to the best of our knowledge, to meet certain criteria that qualify it for favorable federal income tax treatment. However, we do not warrant that this rider will always have tax-qualified status. Tax qualification is a matter of federal law and is not guaranteed.

The information provided should not be construed as tax or legal advice. Your client should consult with their tax or legal professional for details and guidelines specific to their situation.

Long-Term Care Rider Definitions

Activities of Daily Living

In order to receive long-term care rider benefits, the insured must be unable to perform two of six activities of daily living (ADLs), as defined in the rider. These activities of daily living include:

- Eating
- Toileting
- Transferring
- Bathing
- Dressing
- Continence

Alternate Care Benefit

We know there may be long-term care services or treatments that don't exist today yet may become standard practice in the future. This benefit provides coverage for qualified treatments or services not specifically listed in the rider when recommended by a care coordinator.

Note: The Alternate Care Benefit may cover the services of a Christian Science provider when the insured is eligible to receive Alternate Care benefits under the rider. Here's how it works:

- Services must be provided by an accredited Christian Science nurse as listed in the Christian Science Journal; and
- Services must be incurred while confined in a Christian Science nursing organization/facility currently recognized by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization

Assisted Living Facility Benefit

The LTC Rider provides options for the insured to receive 100 percent of the maximum monthly benefit to help pay for services received in an assisted living facility.

Bed Reservation Benefit for Nursing Home and Assisted Living Facility

This benefit comes into play when the insured is confined to a nursing home or assisted living facility and requires hospitalization. Under this provision, the rider will pay up to

100 percent of the maximum monthly benefit for up to 30 days per calendar year to keep a bed available in the insured's facility until he or she returns.

Care Coordination Services

The LTC Rider offers the optional services of a care coordinator who will assess the needs of the insured, develop an individualized plan of care and help arrange for long-term care services. Here's how it works:

- There's no elimination period to satisfy, which gives the insured immediate access to the services of a care coordinator
- Care coordinators are licensed health care professionals – typically registered nurses
- The use of a care coordinator is not required; however, some rider benefits are available only when a care coordinator is used
- Upon the recommendation of a care coordinator, the rider will pay a maximum limit of up to two times the home health care maximum monthly benefit for the following stay-at-home services:
 - Caregiver training
 - Durable medical equipment
 - Home modifications
 - Medical alert system

Calendar-Day Elimination Period

This 90-day waiting period represents the initial number of calendar days the insured must be unable to perform two of six Activities of Daily Living (ADLs) before benefits are payable under the rider. Here's how it works:

- The elimination period begins on the first day the insured is unable to perform two of six ADLs and receives a covered long-term care service
- Subsequent days during which the insured is unable to perform two of six ADLs will be used to satisfy the elimination period, even if a covered service is not received on those days
- The elimination period is cumulative and needs to be satisfied only once during the life of the rider

Home Health Care Benefit

The LTC Rider allows the insured to receive up to 100 percent of the maximum monthly benefit to help pay for home health care services.

Hospice Care Benefit

People who are terminally ill and not expected to live beyond six months need special care. The LTC Rider provides up to the maximum monthly benefit for hospice care services with no elimination period to satisfy.

Long-Term Care Rider Benefit Limit

This is the maximum dollar amount payable over the life of the LTC Rider. All benefits paid, except for care coordination, will reduce the maximum cumulative benefit. The initial maximum cumulative benefit shown on the rider page of the life insurance policy may be adjusted if the base life insurance policy coverage or rider coverage amount is decreased or increased.

Maximum Monthly Benefit

This is the maximum dollar amount the rider will pay each month. Options include 1%, 2% or 4% of the LTC Rider benefit limit per month. The maximum monthly benefit is limited to \$50,000. Benefits are payable in increments of \$1.

LTC Rider benefits paid will reduce the life insurance policy death benefit on a dollar-for-dollar basis; and will reduce the policy cash value proportionately.

Nursing Home Benefit

The LTC Rider provides 100 percent of the maximum monthly benefit amount to help pay for covered services received in a nursing home.

Reimbursement Benefits

This LTC Rider uses a reimbursement method which means the benefits are paid to the policyowner based on the actual expenses incurred by the insured, up to the maximum monthly benefit allowed. The policyowner is required to provide proof of actual charges in order to be reimbursed for covered services incurred by the insured.

Respite Care Benefit

The LTC Rider pays for one month of respite care per calendar year. This benefit is intended to provide temporary services of another person or facility in order to give the insured's regular, unpaid caregiver a break from providing care.

Waiver of LTC Rider Charges

This benefit means no LTC Rider charges will be deducted from the base life insurance policy while the insured receives covered long-term care services.

Here's how it works:

- After the elimination period has been satisfied, no further LTC Rider charges are deducted from the life insurance policy effective on the date benefits are first paid for nursing home, assisted living or at least eight days of home health care or adult day care in any month
- If the insured is no longer receiving long-term care services and the LTC Rider benefit limit has not been exhausted, the LTC Rider charges will resume in order to keep the rider in force

Underwriting Guidelines

The Underwriting Team

We have a very experienced and knowledgeable underwriting team who reviews each case carefully to give your clients the best offer possible.

The underwriter who will be reviewing the LTC Rider will be the same underwriter that is reviewing the base life insurance policy. Our underwriters have been trained in both Life mortality risks and LTC morbidity risks. Using the same underwriter makes it easier if you need to contact an underwriter for information.

If you have any questions or need assistance determining how to quote a potential client, give us a call at 1-800-775-7896.

The Underwriting Process

We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs).

- ADLs include: eating, toileting, transferring, bathing, dressing and continence
- Instrumental ADLs include, but are not limited to: shopping, meal preparation, housework, laundry, managing money, taking medication, using the telephone, walking outdoors, climbing stairs, reading and writing, and transportation

Rate Classes

During the underwriting process, if your client receives an offer for rider coverage, they will be classified as Preferred, Standard, Substandard Class 1 or Substandard Class 2.

The rate class for the LTC Rider will be determined separate from the life insurance policy rate class; however, the insured must be a Table 4 or better and have no flat extra ratings on their base life insurance policy to be eligible for LTC Rider coverage. It is possible for the client to be approved for life insurance coverage, but not for the Long-Term Care Rider.

Please note:

- **Fit Underwriting Program credits cannot be applied to the risk class assessment for the LTC Rider**
- **Accelerated Underwriting is not available when the insured is applying for the LTC Rider**

The Medical Impairments section and the Build Chart will help you determine the appropriate LTC Rider rate class to quote. It is recommended that an applicant never be quoted better than Standard for the LTC Rider.

Suitability

A long-term care personal worksheet is included in the life insurance application packet and must be submitted with each application where the LTC Rider is being requested. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines for purchasing the rider include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This rider is not available to anyone who meets Medicaid eligibility guidelines

Maximum Benefits From All Sources

The underwriter may limit the maximum monthly benefit allowed based on other Long-Term Care Rider and individual Long-Term Care Insurance coverage already in force with any insurance company.

Eligibility

There are a number of impairments that make an applicant ineligible for coverage under the LTC Rider. You should NOT include the LTC Rider for anyone who:

- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels

- Has previously been declined LTC coverage (rider or stand-alone policy)
- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a “decline” in the Medical Impairments section
- Has a living environment (as noted during the Senior Assessment) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months
- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)
- Does not have a valid “Green Card” (Permanent Resident Card Form I-551)
- Is a temporary visa holder or a foreign resident

What if the client is ineligible or declined for LTC Rider coverage?

If the insured is ineligible or declined for LTC Rider coverage, their life insurance policy will still include the Accelerated Death Benefit Rider for Chronic Illness at no additional cost. While this rider does not provide tax-qualified long-term care coverage, it does allow the policyowner to access a portion of their death benefit early if the insured is diagnosed with a chronic illness. If the policyowner should need to exercise the rider, an actuarial discount will be deducted from the requested acceleration amount, as well as a \$100 processing fee. The actuarial discount is calculated based on the insured’s life expectancy and the Moody’s Corporate Bond Yield Average rate (capped at 6 percent).

Criteria for Preferred Underwriting

Important: In order to qualify for Preferred underwriting on the LTC Rider, applicants must qualify for Preferred Plus or Preferred Nonsmoker on the base life insurance policy.

The following criteria must also be met to qualify for the Preferred rate class on the LTC Rider.

NICOTINE (Tobacco)	No nicotine x 24 months (Note: Preferred tobacco is not an available class)
MEDICAL HISTORY	No CAD, Diabetes, Cancer or other Cardiovascular/Cerebrovascular events (Atrial Fibrillation, Stroke/Mini-Stroke, etc.)
SUPPORT DEVICES	No Assistive Devices
MOBILITY RISK FACTORS	No mobility risk factors (i.e., fibromyalgia, spinal stenosis, joint replacement, etc.)
FAMILY HISTORY	No 1st Degree Relative diagnosed with Alzheimer’s or Dementia
MEDICAL TREATMENT	Demonstrate control of treated medical conditions
BUILD	Applicant must fall within the minimum and maximum range for Preferred on the build chart

Build Chart – Unisex

Height	Minimum Weight	Preferred Maximum	Standard Maximum	Substandard Class 1 Maximum	Substandard Class 2 Maximum
4'8"	80	144	169	184	197
4'9"	83	150	175	189	202
4'10"	86	155	181	194	208
4'11"	89	160	186	199	214
5'0"	92	166	192	205	220
5'1"	95	173	198	211	226
5'2"	98	179	204	215	232
5'3"	101	184	212	220	238
5'4"	104	189	220	225	245
5'5"	107	194	225	231	251
5'6"	111	200	231	239	258
5'7"	114	205	238	245	265
5'8"	118	209	245	251	274
5'9"	122	215	253	258	282
5'10"	125	221	261	266	289
5'11"	129	227	268	274	298
6'0"	133	232	274	281	305
6'1"	136	239	281	289	313
6'2"	140	244	288	296	321
6'3"	144	250	295	303	329
6'4"	148	255	300	311	338
6'5"	152	261	306	319	347
6'6"	156	268	312	328	358
6'7"	160	274	319	336	367
6'8"	164	280	326	345	376
6'9"	168	287	334	352	385
6'10"	172	294	342	359	395

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Standard weight and has any condition listed on the impairment guide as a Substandard Class 1 or Substandard Class 2 will be declined
- An applicant above the Substandard Class 2 maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented on a paramedical examination

Underwriting Requirements

Life Insurance Amount Being Underwritten: Effective 1-01-2023								
Age	\$100,000-\$249,999	\$250,000-\$499,999	\$500,000-\$750,000	\$750,001-\$1,000,000	\$1,000,001-\$2,000,000	\$2,000,001-\$5,000,000	\$5,000,001-\$10,000,000	Over \$10,000,000
30-35	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx
36-45	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx
46-55	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS (> age 50) EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx
56-60	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx	Paramed Blood & HOS APS EIR MVR PFS Rx
61-65	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS BNP Rx	Paramed Blood & HOS BNP EIR MVR Rx	Paramed Blood & HOS BNP APS EIR MVR PFS Rx	Paramed Blood & HOS EIR EKG BNP APS MVR PFS Rx	Paramed Blood & HOS EIR EKG BNP APS MVR PFS Rx
66-70	Paramed Blood & HOS APS Rx	Paramed Blood & HOS APS Rx	Paramed SA Blood & HOS APS Rx	Paramed SA Blood & HOS BNP APS Rx	Paramed SA Blood & HOS BNP APS MVR Rx	Paramed SA Blood & HOS EIR EKG BNP APS MVR PFS Rx	Paramed SA Blood & HOS EIR EKG BNP APS MVR PFS Rx	Paramed SA Blood & HOS EIR EKG BNP APS MVR PFS Rx
71 and over	Paramed Blood & HOS APS Rx	Paramed Blood & HOS BNP APS Rx	Paramed SA Blood & HOS BNP APS MVR Rx	Paramed SA Blood & HOS BNP APS MVR Rx	Paramed SA Blood & HOS BNP APS MVR Rx	Paramed SA Blood & HOS EIR EKG BNP APS MVR PFS Rx	Paramed SA Blood & HOS EIR EKG BNP APS MVR PFS Rx	Paramed SA Blood & HOS EKG BNP IR APS MVR PFS Rx TT

Medical Information Bureau (MIB), Pharmaceutical Check and Medical Records will be requested on all LTC rider applicants in order to assist the underwriter in making an informed decision regarding the applicant's insurability.

Key:

APS Attending Physician's Statement
Blood & HOS Blood & Urine collection
BNP NT-Pro BNP (Part of the blood profile)
EIR Electronic Inspection Report (Ordered by H.O.)
EKG Electrocardiogram (A Treadmill EKG may be ordered for cause)
IR Inspection Report
MVR Motor Vehicle Report (Ordered by H.O.)

Nonmedical A Fully Completed Application
Paramed Long Form Exam (form MLU21727)
PFS Personal Financial Supplement (form L4844)
Rx Pharmaceutical Check
SA Senior Assessment (Completed as a part of a paramedical exam)
TT Tax Transcripts (4506T-EZ)

Paramedical Vendors:

American Para Professional Systems (APPS)
 1-800-635-1677
 ExamOne - 1-877-933-9261

UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO ONE YEAR THROUGH AGE 65 WITH A FULLY COMPLETED APPLICATION PART 2 OR GOOD HEALTH STATEMENT. OVER AGE 65, UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO SIX MONTHS.

NOTE: Premium Finance cases will be assessed on case-by-case basis and additional requirements may be needed.

Uninsurable Health Conditions

Acoustic Neuroma, unoperated	Confusion
Acromegaly	Connective Tissue Disease including Mixed, Undifferentiated
ADL deficit, current	Cor Pulmonale
Adult Day Care, within 6 months	CREST Syndrome
Agoraphobia	Crohn's, complicated OR > 1 flare
AIDS/ARC	Cushing's
Alcohol use, >4 drinks daily or binge drinking	Cystic Fibrosis
Alcoholism, with current alcohol use	Defibrillator, implanted
ALS/Lou Gehrig's Disease	Dementia, Alzheimer's
Amputation, due to disease other than cancer OR > 1 limb	Dermatomyositis or Polymyositis
Amyloidosis	Diabetic Nephropathy or Gastropathy
Ankylosing Spondylitis	Diabetic Retinopathy
Anorexia or Bulimia, within 10 years	Dialysis
Aplastic Anemia	DiGeorge Syndrome or Hoarding or Social Withdrawal
Arnold-Chiari Malformation	Dilated Cardiomyopathy
Arrhythmia, uncontrolled	Disabled, any type other than VA disability OR VA disability benefit for mental/nervous impairment
Arteriovenous Malformation (AVM), unoperated	Down's Syndrome or Mental Retardation
Assisted Living Facility, within 6 months	Dwarfism
Ataxia, chronic	Dystonia
Autism or Asperger's Syndrome	Ehler's-Danlos
Avascular Necrosis, unoperated	Epilepsy, > 2 seizures per year
Benign Positional Vertigo, with falls	Epstein-Barr Virus, within 2 years
Bipolar Disorder, within 3 years of diagnosis	Fibromuscular Dysplasia
Blindness, with ADL/IADL limitations OR disabled	Frailty
Bowel Incontinence	Friedrich's Ataxia
Buerger's Disease	Gaucher's
Bullous Pemphigoid, active	Glomerulonephritis
Castleman's	Head Injury, within 6 months, > 1 event, OR residual impairment
Cerebral Aneurysm, unoperated OR > 1 event	Heart Transplant
Cerebral Palsy	Hemophilia
Charcot Marie Tooth	Hepatitis, chronic, active, alcohol related OR with residual liver damage
Chronic Pain/Fibromyalgia, > 3 doses of opioid per week for > 14 days, TENS unit, OR implantable stimulator	HIV Positive
Cirrhosis	Home Health Care, within 6 months
Cognitive Impairment, without formal neuropsychiatric testing	Huntington's
Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy	

Hydrocephalus	Post Polio Syndrome, within 2 years, progressive symptoms, OR with limitations
IADL deficit, current	Postherpetic Neuralgia
Immune Deficiency	Power of Attorney, active due to medical or cognitive impairment
Irritable Bowel Syndrome, uncontrolled OR with unintentional weight loss	Pregnant, current or receiving fertility treatment
Kidney Failure, chronic	Primary Biliary Cirrhosis
Kidney Transplant	Pseudotumor Cerebri
Liver Transplant	Psychiatric Hospitalization, > 1 event OR within 3 years
Lung Transplant	Psychosis
Lupus, systemic	Pulmonary Hypertension, symptomatic, RVSP > 40 mmHg
Marfan's Syndrome	Quad Cane Use
Medicaid recipient	Residential Care Facility Resident, within 6 months
Memory Loss, current OR within 1 year	Retinal Artery or Vein Occlusion, > 1 event
Multiple Myeloma	Schizophrenia
Multiple Sclerosis	Scleroderma
Muscular Dystrophy	Sclerosing Cholangitis
Myasthenia Gravis, generalized	Shingles, within 6 months
Myelodysplasia or Myelodysplastic Syndrome	Sickle Cell Anemia, active
Myelofibrosis	Sjogren's Syndrome, systemic
Narcotic Pain Medication Use, > 3 doses per week for > 14 days	Speech Therapy, within 3 months
Neurofibromatosis	Spina Bifida
Neurogenic Bowel or Bladder	Stroke or Lacunar Infarct, > 1 event
Neuropathy, diabetic, alcoholic, with history of falls OR with skin ulcers	Surgery, scheduled or planned with general anesthesia expected
Nursing Home Confinement, within 6 months	Thalassemia Major
Occupational Therapy, within 3 months	Three-Pronged Cane Use
Organic Brain Syndrome	Thrombocytosis, Platelet count > 650,000
Osteoporosis, T-score -4.0 or worse	Transient Ischemic Attack (TIA), > 1 event
Pancreas Transplant	Tuberculosis, within 12 months OR with residuals
Pancreatitis, chronic, > 2 events, OR alcohol related	Unintentional Weight Loss
Paralysis, Hemiplegia, Paraplegia, Quadriplegia	Ventriculoperitoneal Shunt
Parkinson's	Von Willebrand's
Pemphigus Vulgaris	Walker Use
Physical Therapy, within 3 months	Wegener's Granulomatosis
Pick's Disease	Wheelchair Use
Polycystic Kidney Disease	
Polyneuropathy	

Uninsurable Medications

This list is not all-inclusive. A supplemental rider application should not be submitted if a client is taking any of the following medications. Please consult the Life Underwriting Department if you have questions regarding the listed medications.

Medication	Cellcept	Entecavir	Interferon	Moban
3TC	Cerefolin*	Epclusa	Intravenous	Morphine
Abacavir	Chlorambucil	Epivir	Immunoglobulin	MS Contin
Abilify	Chlorpromazine	Epoetin	Invega	Mycophenolate
Acamprosate	Chlorprothixene	Epogen	Invirase	Myerlan
Adefovir	Cisplatin	Epzicom	Isentress	Naloxone*
Adriamycin	Codeine	Ergoloid	Isoxsuprine	Naltrexone*
Akinetin	Cogentin	Ethopropazine	IVIG	Namenda
Alemtuzumab	Cognex	Etoposide	Juluca	Namzeric
Alkeran	Combivir	Exelon	Kadian	Narcotics >3 doses per week
Amantadine	Comtan	Fanapt	Kaletra	Natalizumab
Ambrisentan	Copaxone	Fentanyl	Kemadrin	Natrecor
Anastrozole*	Crixivan	Fingolimod	Kemstro	Navane
Antabuse	Cyclophosphamide	Fluphenazine	Lamivudine	Nelfinavir
Apokyn	Cycloserine	Fosamprenavir	Lanzac	Neoral
Apomorphine	Cyclosporine	Furosemide >60 mg/ day	Lasix >60 mg/day	Nesiritide
Aptivus	Cytoxan	Fuzeon	Latuda	Neudexta
Aricept	D4T	Gablofen	L-Dopa	Neulasta
Arimidex*	D-Cycloserine	Galantamine	L-Methylfolate*	Neupro
Aripiprazole	Dantrium	Geodon	Lemtrada	Nevirapine
Artane	Dantrolene	Gilenya	Lenalidomide	Niloric
Asenapine	Darunavir	Glatiramer	Letairis	Nivolumab
Asutedo	DDC	Gleevac	Lexiva	Norvir
Atazanavir	DDI	Gold	Leukeran	Novatrone
Atripla	Delavirdine	Haldol	Leuprolide	Nucynta
Aubagio	Demerol	Haloperidol	Levodopa	Olanzapine
Avinza	Deprenyl	Harvoni	Lioresal	Oncovin
Avonex	DES	Hemlibra	Lomustine	Opdivo
Axona	Didanosine	Hepsera	Lopinavir/Ritonavir	Oxycodone
Azathioprine*	Diethylstilbestrol	Herceptin	Lorcet	Oxycontin
Azilect	Dilaudid	Hivid	Lortab	Palbociclib
AZT	Dimethyl Fumarate	Hydervine	Loxapine	Paliperidone
Baclofen*	Disulfiram	Hydrea	Lupron	Paraplatin
Baraclude	Dolophine	Hydrocodone	Maraviroc	Parlodel
Benzatropine	Donepezil	Hydromorphone	Marinol	Parmipexole*
Bendopa	Doxorubicin	Hydroxyurea*	Mavyret	Parsidol
Betaseron	Dronabinol	Ibrance	Mayzent	Pegasys
Biperiden	DuoNeb	Idhifa	Megace	Pegfilgrastim
Boceprevir	Duragesic	Iloperidone	Megestrol	Peg-Intron
Buprenorphine	Efavirenz	Imatinib	Mellaril	Percocet
Busulfan	Eldepryl	Imuran*	Melphalan	Percodan
Butrans	Eligard	Incivek	Memantine	Pergolide
Campral	Emtricitabine/	Indinavir	Meperidine	Permax
Caprylidene	Tenofovir/Efavirenz	Ingrezza	Mercaptopurine*	Perphenazine
Capaxone	Emtriva	Inspire	Mesoridazine	Platinol
Carbidopa*	Enfuvirtide	Insulin >50 units/day	Mestinon	Plegridy
Carboplatin	Entacapone		Metanx	Pramipexole
			Methadone	Prednisone > 10 mg/day
			Methotrexate > 25 mg/week	Pregvisomant
			Mirapex*	Prezista
			Mitoxantrone	Procrit

Procyclidine	Riluzole	Suboxone	Trastuzumab	Victrellis
Profenamine	Risperdal	Sustiva	Trelstar-LA	Videx
Prolixin	Risperdone	Symmetrel	Treprostinil	Vincristine
Pyridostigmine	Ritonavir	Tacrine	Trexall >25 mg/ week	Viracept
Quetiapine	Rivastigmine	Tapentadol	Trihexyphenidyl	Viramune
Raltegravir	Ropinirole*	Taractan	Trilafon	Viread
Rasagiline	Rotigotine	Tasmar	Triptorelin	Vivitrol
Razadyne	Roxicet	Tecfidera	Trizivir	Vosevi
Rebetol	Sandimmune	Tegsedi	Tylenol #3	Vraylar
Rebif	Saphris	Telaprevir	TYSABRI	Zalcitibine
Recombinant	Saquinavir	Telbivudine	Tyzeka	Zanosar
Reminyl	Selegiline	Tenofovir	Ultram	Zelapar
Remodulin	Selzentry	Teriflunomide	Urso*	Zelodox
Requip*	Serentil	Teslac	Ursodiol*	Zerit
Rescriptor	Seroquel*	Testolactone	Valycte	Ziagen
Retrovir	Sinemet*	Thioridazine	Valganciclovir	Zidovudine
Revcovi	Somavert	Thiotepa	Vasodilan	Ziprasidone
Revlimid	Spinraza	Thiothixene	Vayacog	Zyprexa
Rexulti	Stalevo	Thorazine	VePesid	
Reyataz	Stavudine	Tipranavir	Vertex	
Ribavirin	Stelazine	Tolcapone	Vicodin	
Rilutek	Streptozocin	Tramadol		

*Underwriter discretion

Note: Applicants considered insurable and taking Disease-Modifying Anti-rheumatic Drugs (DMARDS) will be rated as Substandard Class 1 or Substandard Class 2

Alzheimer's Disease/Dementia	Multiple Sclerosis	Parkinson's Disease
Aricept	Amprya	Akinetin
Artane	Avonex	Amantadine
Axona	Baclofen*	Apokyn
Caprylidene	Betaseron	Artane
Cerefolin*	Copaxone	Azilect
Cognex	Dantrium	Biperiden
D-Cyloserine	Dantrolene	Bendopa
Ergoloid	Glatiramer	Benzatropine
Exelon	Kemstro	Carbidopa*
Galantamine	Lemtrada	Cogentin
Isoxsuprine	Lioresal	Comtan
L-Methylfolate*	Mavenclab	Deprenyl
Razadyne	Mayzent	Entacapone
Reminyl	Natalizumab	Eldepryl
Hydergine	Novantrone	Ethopropazine
Memantine	Ocrevus	Kemadrin
Metrifonate	Rebif	L-Dopa
Namenda	Recombinant	Levodopa
Namzeric	Tecfidera	Mirapex*
Niloric	Zinbryta	Neupro
Rivastigmine		Parlodel
Tacrine		Parsidol
Vasodilan		Pergolide
Vayacog		

*Underwriter discretion

Medical Impairments

Every attempt will be made to offer LTC Rider coverage. Multiple medical conditions may result in an offer of a Substandard rating or a Decline.

S*	May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met
S	Standard coverage issued at Standard rates
Class I	Coverage issued at Substandard Class 1 rates
Class II	Coverage issued at Substandard Class 2 rates
IC	Individual Consideration
D	Decline

Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered.....	S
Unoperated, stable for 2 years, diameter <5 cm, no change by serial CT/US within the past 2 years.....	S
Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years.....	D

Acoustic Neuroma surgically removed, after 6 months, no residuals	S
Unoperated.....	D

Acromegaly	D
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ADD/ADHD

Stable 1 year, on one medication.....	S*
Stable 1 year, on 2 or more medications.....	S
Not stable 1 year, or disabled.....	D

Addison's Disease , after 3 years, controlled.....	S
After 6 months, controlled.....	Class I - IC

ADL Deficit	D
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AIDS/ARC	D
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Adult Day Care within 6 months.....	D
After 6 months.....	IC

Agoraphobia	D
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Alcohol regular consumption of 4 or more drinks per day	D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health.....	D
Social Problems	D
DUI/DWI within the past 3 years.....	D
Binge drinking, 5 or more drinks in a day, 1 or more days per week	D
If advised to cut down on alcohol use due to health or social problems, there is evidence of reduced alcohol use with no ill effects, after 1 year	IC

Alcohol Abuse/Alcoholism

At least 3 years of sobriety, active in a support group S
 Less than 3 years of sobriety D

Alpha-1 Antitrypsin Deficiency D

ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) D

Alzheimer's Disease D

Amaurosis Fugax/Amnesia, Transient Global, after 6 months S

1 episode S

2 episodes Class I

>2 episodes D

Amputation due to trauma, after 12 months, 1 limb, no limitations S

Due to cancer S - IC

Due to disease other than cancer D

2 or more limbs regardless of cause D

Amyloidosis D

Ankylosing Spondylitis D

Anemia cause identified, managed, stable lab work for 12 months,
 documented in medical records S* - IC

Not fully evaluated, cause unknown, not adequately managed, or Aplastic D

Angina handle as CAD

Angioplasty handle as CAD

Aneurysm

Abdominal

Repaired, stable 6 months, full recovery S-IC

Unoperated, <5cm, stable 2 years IC

5cm or larger D

Cerebral

Repaired, stable 6 months, f/u imaging acceptable, full recovery S

Unoperated D

Rupture or bleed, no residual aneurysm (Handle as stroke)

More than one aneurysm D

Peripheral (arms or legs)

Repaired, stable 6 months, full recovery S

Not repaired, review med records RMD

Thoracic

Repaired, or unrepaired D

Visceral Aneurysm or pseudoaneurysm

(Splenic, hepatic, renal, celiac, mesenteric, etc.)

Repaired, stable 6 months S

Unrepaired, >2cm D

Unrepaired, <2cm RMD

Multiple aneurysms, any combination of locations D

With tobacco use within 24 months D

Anorexia Nervosa

Current or within 10 years D

Resolved at least 10 years S - IC

Antithrombin Deficiency..... handle as Blood Clotting Disorder

Anxiety

<70 years of age, after 6 months, controlled with medication, fully functional, situational S*

>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years S - IC

Regardless of age, 2 or more psychiatric hospitalizations, or disabled D

Aortic Regurgitation or Stenosis handle as Heart Valve Disorder

Antiphospholipid Syndrome..... handle as Blood Clotting Disorder

Arnold-Chiari Malformation D

Arrhythmia excluding Atrial Fibrillation

Controlled S* - IC

Uncontrolled D

Arteriovenous Malformation (AVM)

>1 year since surgical repair, no residuals Class I

Unoperated, or operated with residual impairment D

Arthritis

Mild after 3 months, by X-ray findings and symptoms, controlled, no ADL/IADL deficits managed with nonsteroidal medication S*

Moderate after 1 year, by X-ray findings and symptoms, stable, controlled on nonsteroidal medication, no ADL/IADL deficits S - IC

>60 years of age, stable for 1 year S

<age 60, stable for 1 year Class I

Advanced after 1 year, by X-ray findings and symptoms, stable for 6 months, not requiring >2 Synvisc, or taking fewer than 4 doses of narcotic pain medication per week, no surgery recommended or planned Class I

Severe, by symptoms or X-ray findings show bone on bone, or ADL/IADL deficits D

Any severity within 12 months of starting injections, or advised to have surgery, therapy, or additional injections, or with significant joint deformities D

Rheumatoid Arthritis, mild, moderate, stable for 1 year, no limitations Class I - IC

In remission 10 years, asymptomatic, no treatment S

On Prednisone >10 mg/day, or Methotrexate >25 mg/week, or Gold D

Severe disease, or with ADL/IADL deficits D

Any, taking a medication indicated for severe arthritis on Uninsurable Medication list, or requiring more than 3 doses of narcotic pain medication per week, or with significant joint deformities D

Asbestosis..... handle as COPD

Asperger's Syndrome D

Asthma

Mild, 1-2 exacerbations per year S*

Moderate, 3-5 exacerbations per year S - Class I

Severe, or with >5 exacerbations per year D

Moderate or severe, with tobacco use Class I - D

Assisted Living Facility Resident within 6 months.....	D
Ataxia or Muscular Incoordination , chronic.....	D
Acute self-limiting, after 6 months.....	IC
Atrial Fibrillation/Flutter , single episode, after 6 months, maintained in sinus rhythm.....	S
Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder	S - IC
>6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder	Class I
Chronic, after 6 months, controlled on prescription blood thinner.....	Class I
Any atrial fibrillation with Coumadin, Warfarin, Eliquis, Pradaxa, Xarelto, Effient use	Class I
Watchman Device, after 6 months	IC
Diagnosed or hospitalized, or cardioverted within 6 months.....	D
With history of TIA, CVA, Congestive Heart Failure or moderate to severe unoperated Heart Valve Disorder	D
Chronic, not on prescription blood thinner.....	D
Average BP reading >159/89	D
Chronic, in combination with Diabetes.....	Class II
Atrial Septal Defect , after 6 months, repaired, asymptomatic.....	S
All others.....	IC
Autism	D
Autoimmune Disorder	handle as specific condition
Autoimmune Hepatitis	D
Avascular Necrosis , after 6 months, treated no residual limitations	IC
After 6 months "no treatment"	S
Untreated	D
With Limitation.....	D
Tobacco use with past 24 months.....	D
Surgically repaired, no limitations, no residuals after 6 months.....	S
Back Pain/Strain , single episode, not disabling	S*
Chronic, not disabling.....	S - IC
Chronic, disabling, or epidural steroid injections within 6 months, or advised to have epidural steroid injections, therapy, or surgery	D
Balance Disorder , after 12 months, resolved.....	S - IC
Less than 12 months, or currently present.....	D
Barrett's Esophagus	S
Behcet's Disease	D
Bell's Palsy resolved	S*
<1 year	D
>1 year stable, no functional limitations.....	S
Present.....	D
Benign Essential Tremor	handle as Tremor

Benign Positional Vertigo (BPV)

Not associated with falls.....	S*
Associated with falls.....	D

Benign Prostatic Hypertrophy (BPH)

MRI of the prostate normal with stable follow up psa, after six month	IC
Age <60	
PSA 0-4.0	S*
PSA 4.1-6.0 with negative biopsy & repeat PSA	S
PSA >6.0 with negative biopsy & repeat PSA.....	S - IC
Age 60-69	
PSA 0-6.....	S*
PSA 6.1-10 with negative biopsy & repeat PSA.....	S
PSA >10.1-15 with negative biopsy & repeat PSA	Class I
PSA >15.....	D
Age >70	
PSA 0-10	S
PSA 10.1-15 with negative biopsy & repeat PSA	Class I
PSA >15.....	D
All others.....	IC

Bipolar

After 3 years, controlled on medication, fully functional not disabled.....	Class I
<3 years duration, or psychiatric hospitalization within the past 5 years.....	D
2 or more psychiatric hospitalizations.....	D

Blindness

Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D
Receiving disability benefits	D

Blood Clotting Disorder

(excludes brain and/or lung)	
Hypercoagulable state present, no history of blood clot, no anticoagulation therapy, on asa only.....	S
Hypercoagulable state present, on anticoagulation,	
Previous blood clots (3 or less), none since starting anticoagulation (at least 6 months)	Class 1
Blood clot while anticoagulated	D
With TIA, CVA, or Greenfield IVC filter.....	D
Smoking/nicotine.....	D
Multiple blood clots, diagnosed as blood clotting, not on anticoagulation	D

Blood Pressure..... handle as High Blood Pressure

Bone Marrow Transplant..... D

Brain Cancer D

Brain MRI, abnormal handle as Cerebrovascular Disease

Brain Stimulator D

Brain Tumor, benign, stable 2 years, no surgery planned, no limitations..... S - IC

With regrowth after surgery..... D

Broken Bones..... handle as Fracture

Bronchitis

Chronic handle as COPD

Bronchiectasis..... handle as COPD

Buerger's Disease D

Bulimia

Current or within 10 years..... D

Resolved at least 10 years S - IC

Bullous Pemphigoid in remission 2 years, not on steroids..... IC

Active disease D

Cancer/Carcinoma/Sarcoma

Any not specifically listed below, not Stage IV, single cancer,
2 years since date of last treatment, full recovery, no recurrence..... S - IC

Any site, tobacco use within 12 months Class I - D

Any site, Stage IV, after 5 years cancer free Class I

Any site, 2 or more cancers, other than non-melanoma skin cancer,
cancer free for 5 years after most recent occurrence Class I - D

Any site, treated with bone marrow transplant, or stem cell transplant..... D

Bladder, transitional/superficial/non-invasive, treated, fully recovered S

With ongoing BCG treatment D

With tobacco use within the past year D

Invasive, after 3 years..... IC

Recurrent IC

Brain..... D

Breast

In situ, treatment completed, full recovery, no recurrence..... S

Stage I, after 1 year S

Stage II-III, after 2 years..... S

Stage IV, after 5 years..... Class I - IC

Colon, after 2 years..... S - IC

Skin

Basal cell..... S*

Squamous cell, of the skin S*

Squamous cell, other than skin, 2 years since date of last treatment,
full recovery, no recurrence S - IC

Melanoma

Stage 0 or I or Clark's Level I-IV, after 3 months..... S

Stage II or III, after 2 years S

Stage IV, after 5 years..... Class I - IC

Neuroendocrine Tumor

(includes carcinoid, islet cell tumors, medullary thyroid cancer, pheochromocytomas,
neuroendocrine carcinoma of the skin (Merkel cell cancer), Multiple endocrine
neoplasia (MEN) I or II, small cell lung cancer, and large cell neuroendocrine
carcinoma D

Pancreas, 5 years since date of last treatment, full recovery, no recurrence S

Prostate	
Stage I or II, after 12 months, surgically removed, current PSA <0.1.....	S
Treated with radiation, after 12 months, current PSA <0.5.....	S
Stage III, after 2 years surgically removed, current PSA <0.1, or treated with radiation, current PSA <0.5.....	S
Stage IV, after 5 years cancer free.....	Class I
Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score <6, and current PSA <0.5	Class I - D
Age ≥65, Stage I or II, stable PSA, Gleason <6, watchful waiting	Class I
HIFU Treatment	D
Cardiomyopathy , hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years.....	Class I - IC
Acute, self-limiting, resolved after 2 years.....	S
Dilated	D
Carotid Artery Disease/Stenosis , fully recovered, after 6 months, tobacco free 12 months.....	S
Operated, tobacco use within 12 months.....	D
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months.....	S
Operated, in combination with heart disease, (myocardial infarction or coronary artery disease) tobacco free 12 months	Class I
>50% stenosis in combination with other peripheral vascular disease	D
History of TIA or CVA, with unoperated valvular heart disease.....	D
Operated or unoperated in combination with Type I or Type II diabetes, see Diabetes guidelines	
Carpal Tunnel Syndrome	
Unoperated.....	S*
Operated, after 3 months, recovered.....	S*
Castleman's	D
Catheter , urinary independently manages, not due to neurogenic bladder.....	S
Celiac Disease after 1 year, controlled	S
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	handle as Stroke
Cerebrovascular Disease	
Included two or more lacunar infacts, small vessel disease (any age), brain atrophy, volume loss	D
Single Lacunar infarct, stable after 24 months, tobacco free.....	Class I
Cervical Spondylosis	
Mild	S
Moderate to severe.....	Class I - IC
Charcot Marie Tooth	D
Chelation Therapy other than for hemochromatosis received within 6 months	D
Chronic Bronchitis	handle as COPD

Chronic Fatigue , stable after 12 months, no functional limitations	S - IC
Any functional limitations	D
Chronic Hepatitis	handle as Hepatitis
Chronic Pain	D
Chronic Regional Pain Syndrome	D
Cirrhosis	D
Claudication	handle as Peripheral Vascular Disease
Closed Head Injury	handle as Head Injury
Clotting Disorder	handle as Blood Clotting Disorder
Cognitive Impairment	D
(including personality disorder, dementia, impaired reasoning, any memory issues)	
Declined by another carrier due to cognitive screening or memory impairment and have not had favorable, complete Neuropsychological testing	D
Declined by another carrier due to failed cognitive screening and have undergone complete, favorable Neuropsychological testing (repeated testing 24 months after first, indicating no impairments in any function) prior to applying with us	IC
Colitis , including infection or allergic reaction, single episode, resolved, after 6 months	S*
Ischemic Colitis, fully recovered, after 6 months	S
Ischemic Colitis, ongoing symptoms or hospitalization within the past 6 months	D
Ulcerative Colitis	handle as Crohn's
Collagen Vascular Disease	D
Colostomy/Ileostomy , cares for independently, handle as per cause	S - IC
Requires assistance to care for	D
Compression Fractures due to osteoporosis, or with functional limitations	D
All others	S* - IC
Concussion	handle as Head Injury
Confusion	D
Congestive Heart Failure (CHF) , single episode, recovered, after 12 months	S
tobacco free 24 months	S
Chronic, mild, well controlled, Lasix <60 mg/day	Class I - IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder, or ejection fraction <45%	D
tobacco use within 24 months	D
Connective Tissue Disorder	D
Continuing Care Retirement Community , within 6 months	D

COPD (Chronic Obstructive Pulmonary Disease)

Mild, tobacco free for 12 months	S
Mild, tobacco use within the last 1 year diagnosed by chest X-ray only, no treatment, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I - IC
Moderate, tobacco use within the last 1 year, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer treatments within the past 6 months	D
FEV1>80%	S
FEV1 = 65-80%	Class I
≤ 64%	D

Cor Pulmonale D

Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)

After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months	S
After 6 months, stable, no limitations, tobacco use within 12 months	Class I
With PVD or Carotid Artery Disease, tobacco free 12 months	Class I - IC
With PVD or Carotid Artery Disease, tobacco use within 12 months	D
In combination with diabetes, tobacco use within 6 months	D
In combination with diabetes, tobacco free 12 months	Class I - IC
With poorly controlled hypertension (average BP >158/89), or chronic congestive heart failure, or ejection fraction <45%	D

Corneal Transplant S*

Covid or Covid variant Hospitalization

(does not apply to outpatient services)..... postpone 12 months

CPAP handle as Sleep Apnea

CREST Syndrome D

Crohn's , in remission at least 2 years	S
After 2 years, 1-2 flares per year	Class I
With DMARDS	Class I
Multiple flares or with complications	D

Cushing's Syndrome D

Cystic Fibrosis D

Deep Brain Stimulator D

Deep Venous Thrombosis , after 6 months, single episode, recovered, no Greenfield/ IVC (inferior vena cava) filter, no underlying clotting disorder	S*
Recurrent	S - IC
In combination with underlying clotting disorder	handle as Blood Clotting Disorder

Defibrillator/Automatic Implantable Cardiac Defibrillator D

Degenerative Disc Disease handle as Herniated Disc

Degenerative Joint Disease handle as Arthritis

Dementia	D
(including cognitive decline, personality disorder, impaired reasoning, memory issues)	
Demyelinating Disease	D
Depression	
2 or more psychiatric hospitalizations for any reason	D
Mild stable on medication 6 months	S*
Seasonal Affective Disorder	S*
Depression medication for menopause, no diagnosis of depression	S*
Situational recovered, no psychiatric hospitalizations in the past 3 years	S*
Major <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S
≥70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S - IC
≥70 years of age, situational, no longer on medication, after 6 months, no psychiatric hospitalization within the past 3 years	S*
Any , with suicide attempt or suicidal ideation	handle as Suicide Attempt/Suicidal Ideation
Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS)	
ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT/TMS	S
With subsequent psychiatric hospitalization	D
Dermatomyositis	D
Diabetes Insipidus , controlled on medication	S
Diabetes Type II , present <20 years, controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months	S
Diabetes Type I or II , present <20 years, controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months	Class I
Insulin <50 units/day	Class I
Insulin >50 units/day	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<50% stenosis, no insulin use within 6 months, tobacco free 12 months	Class I
≥51% stenosis, insulin use within 6 months, tobacco free 12 months	D
In combination with tobacco use	D
Retinal artery occlusion, single episode	Class II
Retinal vein occlusion, single episode	Class I
Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 months	D
Coronary Artery Disease or other heart disease/disorder, tobacco free 12 months	Class I - IC
Diabetic macular edema, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy	D
Retinopathy, mild non progressive	Class I
Skin ulcers or amputation	D
Peripheral Vascular Disease, or history of TIA or Stroke	D
Average BP reading >158/89	D
Hemoglobin Alc>8.0, or noncompliant with treatment	D
Microalbumin >20 mg/dl or Microalbumin ratio >30	D
Serum creatinine >1.3	D
Chronic Atrial Fibrillation	Class II
Present ≥20 years	D

Dialysis	D
DiGeorge Syndrome	D
Difficulty Walking	handle as Balance Disorder
Disabled , collecting any type of disability benefits, other than VA disability	D
Aged out of disability benefits, or retired due to disability.....	D
VA disability for mental nervous condition	D
DISH (Diffuse Idiopathic Skeletal Hyperostosis)	D
Diverticulitis , medically managed	S*
With bleeding, weight loss, or surgery recommended	D
Dizziness	
Benign Positional Vertigo (BPV), not associated with falls	S*
BPV associated with falls.....	D
Acute, viral, resolved after 3 months	S*
All others, within 6 months.....	D
After 6 months, evaluated, resolved	S*
After 2 years, not evaluated, stable with occasional episodes, not associated with falls	S - IC
Multiple episodes, or progressive, or associated with falls	D
Down's Syndrome	D
Drug Abuse , treated, active in support group, drug free for 3 years	Class I - IC
Within 3 years.....	D
Dwarfism	D
Dysautonomia	D
Dystonia	D
Echocardiography	
Left Atrium >5.0 cm	D
Ejection Fraction <45%.....	D
Edema	
If cardiac related.....	handle as Congestive Heart Failure
All others, after 6 months	S - IC
Ehlers-Danlos Syndrome	D
Ejection Fraction <45%.....	D
Electric Scooter Use	D
Emphysema	handle as COPD
Epilepsy , after 1 year, controlled with medication, no seizures for 1 year	S
1 or 2 seizures per year	Class I
Poorly controlled	D

Epstein-Barr Virus, 2 years treatment free, full recovery, no residualsS
 <2 years since treatment, currently treated, or presentD

Errors in Medical Records

with proof from the physician of correction, one year after the correction. Additional testing may be required ..IC

Factor II Class I

Factor V Von Leiden handle as Blood Clotting Disorder

Factor VII D

Factor VIII D

Factor IX D

Factor X D

Factor XI D

Factor XII D

Fainting handle as Dizziness

Falls, single episode S - IC

Multiple episodes, or with injuries IC - D

Familial Tremor handle as Tremor

Family History (mother, father, sibling) of any form of Dementia, (cognitive disorder, impaired reasoning, memory issues) including but not limited to Alzheimer'sS

2 or more relatives (biological parents or siblings) with any type of dementia D

Fatigue, after 12 months, resolved S*

Within 12 months, or with functional limitations IC - D

Fatty Liver, incidental finding, not diagnosed as NASH S - IC

Feeding Tube D

Fibromuscular Dysplasia D

Fibromyalgia, after 1 year, well controlled, no ADL/IADL deficits S - IC

Taking fewer than 4 doses of narcotic pain medication per week IC

Poorly controlled, or disabling, or requiring more than 3 doses of narcotic pain medication per week D

Foot Drop, unilateral, mild, non-progressive for at least 2 years IC

All others D

Fracture-Traumatic, 1 bone, non-spinal, no limitations S*

Spine fracture, full recovery, after 6 months S

In combination with mild osteoporosis T-score <-2.9 S

In combination with moderate to severe osteoporosis T-score -3.9 or worse D

Associated with multiple falls, chronic dizziness, or gait disorder D

Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on medication, or with functional impairment.....	D
Frailty	D
Friedrich's Ataxia	D
Fuch's Dystrophy	S*
Gastric Bypass/Banding/Sleeve , after 2 years, fully recovered, no complications.....	S
Gaucher's Disease	D
Glaucoma , stable vision, controlled eye pressures.....	S*
All others.....	IC
Glomerulonephritis	D
Grave's Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Handicap Placard	Class I
Hashimoto's	S*
Head Injury , after 12 months, no residuals	S - IC
With residual functional or cognitive impairment, or multiple head injuries.....	D
Heart Attack/Heart Disease	handle as Coronary Artery Disease
Heart Transplant	D
Heart Valve Disorder/Insufficiency/Murmur/Regurgitation/Stenosis	
Operated 1 or 2 valves, fully recovered, after 6 months.....	S
Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned.....	S
Unoperated, moderate 1 or 2 valves.....	Class I - IC
Unoperated, 1 or 2 valves, severe, or surgery recommended or planned.....	D
Moderate to severe, unoperated with Atrial Fibrillation, or history of TIA or CVA.....	D
Operated with mechanical valve, on Coumadin or warfarin.....	Class I
Operated with bioprosthetic valve	S
With shunt mild, minimal, after 6 months.....	S
Shunt with recent echocardiogram	IC
With Carotid Artery Disease	handle as Carotid Artery Disease
Hematuria , nontobacco, stable after 3 months	S*
Tobacco with negative work-up.....	S
Tobacco with no work-up	D
Chronic, stable, after 2 years, with negative work up	S
Hemiplegia	D
Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests	S - IC

Hemophilia	D
Hepatitis , any chronic, active, or alcohol related, or with residual liver damage.....	D
After 2 years, successfully treated, or cleared spontaneously, with most recent 2 consecutive PCR lab work as undetectable.....	S - IC
Autoimmune	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C After 2 years, successfully treated with antiviral medication, or cleared spontaneously without treatment, virus undetectable by PCR.....	IC
Currently treated, or treated within 1 year.....	D
Unresponsive to antiviral medication, or never treated with antiviral medication, or virus not cleared spontaneously without treatment.....	D
Virus detectable by PCR – polymerase chain reaction.....	D
Hereditary Hemorrhagic Telangiectasia	D
Herniated Disc/Degenerative Disc Disease (DDD) Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned	D
Unoperated, mild or moderate, after 6 months.....	S - IC
Unoperated, severe.....	D
Operated, after 6 months, full recovery, no residuals or ongoing symptoms	S
Operated, after 6 months, full recovery, hardware with no ongoing problems (EXCLUDES Harrington Rods), no plans to remove hardware.....	S
Operated or unoperated, requiring more than 3 doses of narcotic pain medication per week, or physical therapy within 6 months, or advised to have therapy, injections, surgery, or implantable stimulator for pain control	D
Epidural steroid injection, or trigger point injection, after 12 months mild to moderate disease (one ESI only)	Select - Class I
2 injections > one year...mild or moderate disease.....	Class I
Epidural steroid injection, or trigger point injection, after 6 months severe disease.....	D
More than 2 injection series per year.....	D
Operated or unoperated with ADL limitations	D
Presence of Harrington Rods.....	D
High Blood Pressure , after 3 months, compliant with treatment: Average BP <140/90	S*
Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment.....	D
Hip Replacement	handle as Joint Replacement
HIV Positive	D
Hoarder	D
Hodgkin's Disease , stage I, after 3 years, fully recovered	S
All others, fully recovered, after 5 years	IC
Treated with bone marrow or stem cell transplant.....	D
Home Health Care , received within 6 months	D

Huntington's Chorea	D
Hydrocephalus , with or without shunt	D
Hypogammaglobulinemia	D
Hypoparathyroidism/Hyperparathyroidism	S*
Hypothyroidism/Hyperthyroidism	S*
IADL Impairment	D
Idiopathic Hypertrophic Subaortic Stenosis (IHSS)	handle as Cardiomyopathy
Idiopathic Thrombocytopenia Purpura (ITP) (see Thrombocytopenia) Platelet count >50,000 for 1 year	Class I
IgG4 Deficiency (or related diseases)	D
Asymptomatic	RMD
Symptomatic	D
Imbalance	handle as Balance Disorder
Immune Deficiency	D
Impaired Glucose Tolerance/Elevated Blood Sugar/Elevated Hgb A1C Glucose <125, creatinine <1.3	S*
A1c <6.0	S
A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section	S
A1c 6.1-6.4 with condition listed as comorbid under diabetes section	handle as Diabetes
A1c >6.4	handle as Diabetes
Creatinine >1.3	D
Implantable Stimulator	D
Incontinence , urinary, stress, manages independently	S*
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Interstitial Cystitis Mild, well established diagnosis, OTC meds only	S
Moderate, tricyclic antidepressants, other neuropathic agents, Elmiron	Class I
Severe, bladder instillations, TENS, surgical cases	D
Interstitial Lung Disease	handle as COPD
Irritable Bowel Syndrome , controlled, weight stable	S*
Uncontrolled or with weight loss	D
Joint Injections/Stem Cell , mild to moderate disease, fully functional, no surgery recommended, 1-2 single injection(s) per year	S
Mild to moderate disease, fully functional, no surgery recommended, 3-4 single injections per year	IC - D
Mild to moderate disease, fully functional, no surgery recommended, 2 injection series per year	Class I

Mild to moderate disease, fully functional, no surgery recommended,
 >2 injection series per year IC - D
 Severe disease..... D
 Spinal injections..... handle as Herniated Disc or Spinal Stenosis
 Stem Cell, if for other than joint injections D

Joint Replacement, 1 joint after 3 months, fully recovered, no use of assistive devices,
 no longer receiving physical therapy S
 2 joints, build not ratable, fully recovered, no limitations S - IC
 2 or more joints, ratable build D
 3 joints, build not ratable..... Class I - D
 More than 3 joints..... D
 Surgery recommended or planned D

Kidney Disorder, diagnosed with mild renal insufficiency, stable 2 years..... S - IC
 Creatinine ≤ 1.5 , no proteinuria, not diabetic, well controlled blood pressure S - IC
 Creatinine >1.5 D
 Isolated event, now resolved, after 1 year..... S*
 Kidney failure, single episode, fully recovered after 2 years..... S - IC
 Kidney Transplant D
 Kidney removal (1), after 1 year, with stable kidney function S
 Polycystic Kidney Disease D
 Dialysis D
 Chronic Kidney Failure D

Kidney Transplant D

Kidney Donor, after 6 months, normal function in remaining kidney S

Knee Replacement handle as Joint Replacement

Labrynthitis handle as Dizziness

Lacunar Infarct

Single..... handle as Stroke
 Single in combination with white matter or small vessel ischemia D
 Multiple D

Lap Band Surgery handle as Gastric Bypass

Latent Autoimmune Diabetes of Adult (LADA) handle as Diabetes, Type II

Left Atrial Enlargement/Left Atrial Volume, ≤ 5.0 cm D
 Left atrial volume ≤ 34 ml/m² D

Leukemia

AML, CML, Hairy Cell D
 Acute, after 3 years IC
 CLL
 Stage 0 or I, WBC $<15,000$ for 2 years Class I
 Stage II-IV in remission 4 years S - IC
 Treated with bone marrow or stem cell transplant..... D

Leukopenia, stable 2 years, WBC >2.5 S - IC

Liver Transplant	D
Living Environment noted during face-to-face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding.....	D
Lou Gehrig's Disease	D
Low Back Pain	handle as Back Pain/Strain
Lung Transplant	D
Lupus , discoid, after 12 months	S
Systemic	D
Lyme Disease , after 12 months, fully recovered, no residuals	S* - IC
Undergoing treatment, or with residuals, or with chronic disease.....	D
Lymphedema , medically managed, no limitations.....	S
With limitations or history of skin ulcers.....	D
Lymphoma	
Stage 0, after 1 year successful treatment.....	S - IC
Stage I or II, after 2 years, in complete remission.....	S - IC
Stage III after 4 years, in complete remission.....	S - IC
Stage IV after 5 years, in complete remission	Class I
Low-grade, after 1 year, not requiring treatment.....	Class I
Cutaneous T-Cell Stage I, stable 3 years.....	Class I
Stage II or greater, or Stage I, not stable 3 years	D
Treated with bone marrow or stem cell transplant.....	D
Macular Degeneration , 1 eye.....	S
Both eyes.....	IC - D
Manic Depression	handle as Bipolar
Marfan's Syndrome	D
Marijuana Recreational	D
Current use 3 times per week or less, no DUI within 3 years, no drug abuse or memory loss/forgetfulness.....	S
>3 times per week	D
CBC abnormal with polycythemia or hypoxia	D
Inhalation use with co-morbid per UW Guide	Class I - D
Medicinal	D
1 year out from last use.....	S*
Medicaid Recipient	D
Medullary Sponge Kidney	IC
Melanoma	handle as Cancer
Memory Loss	(refer to cognitive impairment)
Meniere's Disease , after 6 months, symptoms controlled, no limitations	S
Associated with falls.....	D

Meningioma , removed benign pathology, after 24 months, no limitations (serial imaging needed)	
Incomplete Removal	D
Surgery planned.....	D
Recurrs after surgery	D
Stable at least 3 years documented by serial MRI, most recent within the last 3 years, surgery not planned ..	S - IC
Meningitis , after 12 months, fully recovered	
Present.....	D
Mental Retardation	D
MFTHR	handle as Blood Clotting Disorder
Microalbuminuria	
>30 with diabetes mellitus or impaired fasting glucose, refer to Diabetes.....	D
Microalbumin ratio >30	D
Migraines not daily, controlled with medication, no restrictions or limitations.....	
With occasional use of oxygen (no respiratory condition noted), 1 medication	S*
With occasional use of oxygen with any known respiratory condition or >1 medication	S
With abnormal Brain imaging.....	D
Mild Cognitive Impairment	D
Mitral Valve Prolapse	S* - IC
Mixed Connective Tissue Disease	D
Monoclonal Gammopathy , <3 years	
≥ 3 years, asymptomatic.....	Class I
Moyamoya	D
MRSA	
Single occurrence recovered after 1 year	S
1 recurrence 18 months after recurrence	Class I
Multiple Myeloma	D
Multiple Personality Disorder	D
Multiple Sclerosis	D
Muscular Dystrophy	D
Myasthenia Gravis , ocular, after 3 years	
Generalized.....	S
Mycosis Fungoides	D
.....	handle as Lymphoma Cutaneous T-Cell
Myelodysplastic Syndrome	D
Myelofibrosis	D
Myocardial Infarction	handle as Coronary Artery Disease

Narcolepsy, effectively treated.....S - IC
 Untreated or resulting in accidents or injury.....D

Narcotic Pain Medication

Reason for narcotic pain medication usehandle as specific medical impairment
 All others, use of narcotic pain medication for acute (not to exceed 14 days) self-limiting condition or taking
 fewer than 4 doses of narcotic pain medication per weekIC
 All others, requiring more than 3 doses of narcotic pain medication per weekD

NASH – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within select
 maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks
 per week, no fibrosis by liver biopsyClass I
 Mild fibrosis.....Class II - IC
 Moderate to severe fibrosis or cirrhosis.....D
 Weight above Select maximum.....D

Nebulizer use, within 6 months, other than for acute infection with no underlying respiratory disease.....D

Neurofibromatosis.....D

Neurogenic Bowel or BladderD

Neuropathy, mild, fully evaluated, no limitations, stable for 12 or more months.....S - IC
 Not fully evaluated, related to diabetes or alcohol, or with history of
 falls, imbalance, or gait disorder, or skin ulcers, or severe.....D

Neutropenia, stable 2 years neutrophils >1,000S - IC

Non-Hodgkin's Lymphoma handle as Lymphoma

Nursing Home Confinement, after 6 months, full recovery, no limitations.....IC
 Within 6 months.....D

Obesity.....handle as Build Chart

Obsessive Compulsive Disorder, after 3 years, controlled on medication
 Fully functional.....S - IC
 Limits functional ability.....D
 Psychiatric hospitalization within 5 years.....D

Occupational Therapy handle as Physical Therapy

Optic Neuropathy or Neuritis, refer to specific cause.....IC
 Related to Multiple SclerosisD

Organic Brain SyndromeD

Organ TransplantD

Osler-Weber-Rendu SyndromeD

Osteoarthritishandle as Arthritis

Osteomyelitis handle as Avascular Necrosis

Osteoporosis , T-score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year.....	S
T-score -2.5 to -2.9, with tobacco use	Class I
T-score -3.0 to -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year.....	Class I
T-score -3.0 to -3.9, tobacco use within 1 year	Class II
T-score -4.0 or worse.....	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year.....	D
Oxygen use, including lung condition, sleep apnea, etc.....	D
Intermittent use with migraine headaches	S
Pacemaker , after 3 months.....	S - IC
Recommended or surgery pending.....	D
Paget's Disease , no symptoms and no limitations	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis , after 12 months, single episode, fully recovered	S
Recurrent, resolved with Cholecystectomy	S
Related to alcohol use, or 2 or more episodes, or chronic	D
Panic Attack/Disorder	handle as Anxiety
Paralysis	D
Paraplegia	D
Parkinson's Disease	D
Current Diagnosis.....	D
Positive genetic screening (if GINA allows)	D
New onset symptoms concerning for possible PD.....	D
Parkinsonism	D
Patent Foramen Ovale , surgically corrected after 6 months.....	S
Surgically corrected, single TIA or CVA prior to surgery	Class I - IC
Surgically corrected, TIA or CVA after surgery	D
Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder.....	S - IC
Pemphigus Vulgaris	D
Periodic Limb Movement Disorder	S
Severe or with injuries.....	D
Peripheral Neuropathy	handle as Neuropathy
Peripheral Vascular/Arterial Disease	
Current tobacco use or use within last 12 months	D
Must be tobacco free for 12 months to be considered with the following guidelines below:	
Mild, ABI >.80, tobacco free 12 months, no symptoms, no limitations after 6 months	S
Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months	Class I - IC
Severe, ABI <.40 or any with tobacco use within 12 months, operated or unoperated.....	D

Average BP reading >159/89 D
Any, with limitations, history of leg ulcers, TIA, diabetes, carotid stenosis >50%,
operated, or unoperated, pending surgery, or stent placement or surgery within
the past 6 months, or progressive, or with more than 2 surgical procedures..... D

Physical Therapy

Acute, self-limiting..... S*
Completed, after 3 months for knee and hip, recovered S* - IC
Completed, after 6 months for back, recovered..... S* - IC
Current..... D
Age <65, within 3 months for an acute, self-limiting condition..... IC

Pick's Disease D

Pituitary Adenoma, removed, after 12 months, no limitations S
Stable x3 years, no surgery planned IC
Surgery planned..... D

Plantar Fasciitis S*

Platelet Abnormality handle as specific condition

Pneumonia, after 3 months, single episode, fully recovered..... S*
Associated with chronic lung disease..... handle as COPD

Polio, fully recovered, no limitations, no assistive devices S
Fully recovered, no limitations, leg brace..... IC
With recurrence or limitations..... D

Post Polio Syndrome after 2 years, non-progressive, no limitations, no assistive devices..... IC
Progressive weakness or fatigue, or with limitations D

Polycystic Kidney Disease D

Polycythemia, unknown etiology, not resolved..... D
Cause known and benign, labs normal..... handle as specific condition
Secondary due to Testosterone use in Males, after 1 year, well followed with serial labs showing
stability and HCT <56 in Males..... Class I - IC
Secondary due to Tobacco or Marijuana use..... D

Polycythemia Vera, after 2 years, managed with medication or
Phlebotomy, platelets <450,000..... Class II

Polymyalgia Rheumatica, mild, after 1 year, no limitations S
Moderate, no functional limitations..... Sub1 - IC
Severe, or with limitations..... D

Polymyositis/Dermatomyositis D

Polyneuropathy D

Post Herpetic Neuralgia D

Post Traumatic Stress Disorder (PTSD), after 12 months, controlled, fully functional..... S - IC
After 12 months, not adequately controlled or with functional impairment D

Power of Attorney (POA), active, (or anyone making decisions on your behalf)..... D
Inactive IC

Pregnancy	D
Currently attempting and/or planning within the next year, or undergoing fertility treatment, or evaluation for same	D
PrEP Medication, used to prevent HIV	
Use of pre-exposure prophylaxis with FDA approved PrEP regimen:	
Documented regular medication use, follow-up and testing---HIV negative	Select
Irregular medication use, follow-up and/or testing	RMD
<3 months since PrEP started, planned use or medication discontinued.....	Postpone
Primary Biliary Cirrhosis	D
Prostate Specific Antigen (PSA)	handle as BPH
Prosthetic Limb	
1 limb, loss due to trauma or cancer	S - IC
More than 1 limb loss due to disease other than cancer	D
Protein C or S Deficiency	handle as Blood Clotting Disorder
Proteinuria , with kidney disease or diabetes.....	D
Pseudotumor Cerebri	D
Psoriasis , mild to moderate, controlled with medication	S*
Severe	IC
With DMARD use	Class I
Psoriatic Arthritis	handle as Rheumatoid Arthritis
Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism , after 6 months, single episode, fully recovered.....	S* - IC
Present, multiples, Greenfield/IVC (inferior vena cava) filter, or underlying coagulation disorder that is not treated with prescription blood thinner (other than aspirin) or occurred while adequately anticoagulated.....	D
Pulmonary Fibrosis , localized, non-progressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	
Incidental findings, no symptoms.....	S
Incidental finding < 40 RVSP, stable echocardiogram for 1 year	S
All others.....	D
Quad Cane Use	D
Quadriplegia	D
Raynaud's	S*
Reactive Airway Disease	S* - IC
Reflex Sympathetic Dystrophy (RSD)	D

Renal Disease/Failure	handle as Kidney Disorder
Residential Care Facility Resident , within 6 months.....	D
Restless Leg Syndrom , Fully evaluated by neurologist, stable 12 months.....	S*
Retinal Artery Occlusion	
1 occlusion.....	Class I
1, in combination with Diabetes	Class II
2 or more.....	D
With tobacco use within 24 months.....	D
Retinal Vein Occlusion	
1 occlusion.....	S
1, in combination with Diabetes	Class I
2 or more.....	D
With tobacco use within 24 months.....	D
Retinitis Pigmentosa	handle as Blindness
Rheumatoid Arthritis	handle as Arthritis
Sarcoidosis	
In remission 10 or more years	S
In remission 3 years, treatment free	Class I
Currently treated	D
Disease present outside the lungs.....	D
Sciatica	S - IC
Schizophrenia	D
Scleroderma	D
Sclerosing Cholangitis	D
Scoliosis	
Mild, normal gait, no impairment of internal organ function, normal PFTS	S*
Moderate, no impairment of internal organ function, normal PFTS	IC
Severe (regardless of age or level of function), or with impaired gait, or abnormal PFTS	D
Any degree, with chronic pain or limitations	D
With surgical correction, including Harrington Rod	D
Scooter Use	D
Seizures	handle as Epilepsy
Shingles , after 6 months, fully recovered.....	S*
Present, or with residuals, or postherpetic neuralgia	D
Short Stature , due to chronic disease or genetic disorder	D
Shy-Drager Syndrome	D
SICCA	handle as Sjogren's Syndrome

Sickle Cell Anemia	D
Trait only, no active disease	S*
Active disease	D
Sick Sinus Syndrome	
With pacemaker	S
Without pacemaker, no symptoms	IC
Without pacemaker, with dizziness or fainting, or pacemaker recommended but not done	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only	S*
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement	D
Skin Cancer	handle as Cancer
Sleep Apnea , mild AHI <14.9 events per hour, after 3 months with or without treatment	S*
Moderate AHI 15 -29.9 events per hour, after 3 months, responsive to treatment	S - IC
Severe ≤ 30 events per hour, or noncompliant with treatment, unresponsive to treatment, or with supplemental oxygen	D
Severe, in compliance with treatment	IC
Pending workup or sleep study	D
<i>Treatment is considered as CPAP, BiPAP, or dental device.</i>	
Social Security Disability , receiving	D
Social Withdrawal	D
Small Bowel Transplant	D
Speech Therapy	handle as Physical Therapy
Spina Bifida	D
Spinal Stenosis , operated, fully recovered, no residuals or ongoing symptoms, after 6 months	S
Unoperated, no ADL limitations, mild or moderate	S - IC
Unoperated, severe or surgery recommended	D
Operated or unoperated, within 6 months, or ADL/functional limitations, or chronic pain requiring more than 3 doses of narcotic pain medication per week, or advised to have therapy, injections, surgery, or implantable stimulator for pain control	D
Epidural Steroid injection, after 12 months, mild to moderate spinal stenosis	S-Class I
Only one injection, full recovery, severe spinal stenosis	S-Class I
More than 2 injection series per year	D
Operated, 2 or more prior back surgeries with ongoing chronic/recurrent back pain requiring treatment	D
Stem Cell Injections	handle as Joint Injections
Stem Cell Transplant	D
Stent	handle as specific condition
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months	Class I
2 or more	D
In combination with any of the following:	
Atrial Fibrillation chronic, or PAF	D
Unoperated carotid stenosis	D
Heart valve disorder	D

Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes.....	D
Residual weakness or functional loss.....	D
Tobacco use within the past 12 months.....	D
Occurred while adequately anticoagulated.....	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO) unoperated.....	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery	Class I - IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery.....	D
Clotting Disorder	D
Subarachnoid Hemorrhage	handle as Stroke
Subdural Hematoma , after 6 months, recovered, no residuals.....	S
Suicide Attempt	
1, after 5 years.....	S - IC
More than 1.....	D
Suicidal Ideation , within 2 years.....	D
Supraventricular Tachycardia (SVT)	S* - IC
Surgery , requiring general anesthesia, planned, not completed	D
Syncope , acute, negative workup, after 3 months, no residual.....	S*
Vasovagal with injury	D
Recurrent.....	D
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered	S - IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor	S
Major.....	D
Thrombocythemia	D
Thrombocytopenia , without splenectomy, platelet count >50,000 for 1 year.....	Class I
With splenectomy, platelet count normal for 1 year without medication or treatment.....	S
Thrombocytosis , platelet count >650,000	D
Platelet count ≤650,000, stable 2 years	Class I
Thrombosis	handle as DVT
Tic Douloureux	handle as Trigeminal Neuralgia
Tobacco Use , within 2 years.....	S
Tobacco use within 1 year in combination with comorbid condition.....	Class I - D
Celebratory cigar up to 1 per month	S*
CBC abnormal with polycythemia or hypoxia	D

Torticollis , resolved with Botox, after 6 months.....	S
Tourette's Syndrome , fully functional, no limitations	IC
Any functional limitations	D
Transgender/Transsexual	
Completed all gender reassignment surgeries, recovered, no additional surgery planned.....	S
Treated with hormones, psychotherapy, no gender reassignment surgery planned.....	S
Surgery planned, not completed.....	D
*Note: Premium rate will be based upon chromosomal makeup	
Transient Global Amnesia	handle as Amaurosis Fugax
Transient Ischemic Attack (TIA) , single episode, fully recovered after 1 year	Class I
2 or more.....	D
In combination with any of the following:	
Atrial Fibrillation, chronic or PAF	D
Unoperated carotid stenosis	D
Unoperated heart valve disorder, mild.....	Class I
Operated or unoperated heart valve disorder, moderate to severe.....	D
Previous stroke, moderate or severe	D
Diabetes.....	D
Average BP reading >159/89	D
Residual weakness or functional loss.....	D
Tobacco use within the past 12 months.....	D
Occurred while adequately anticoagulated.....	D
Other peripheral vascular disease	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO), unoperated	D
Patent Foramen Ovale (PFO), operated, no stroke or TIA after surgery.....	Class I - IC
Patent Foramen Ovale (PFO), operated, stroke or TIA after surgery.....	D
Clotting Disorder	D
Transplant , (except corneal), organ, bone marrow, stem cell	D
Transverse Myelitis	D
Tremor , fully evaluated, benign familial, no limitations, mild to moderate	S
Not fully evaluated, with limitations, or gait disturbance.....	D
Benign Essential Tremor age >65, present at least 10 years, not progressive.....	S*
Trigeminal Neuralgia	
After 12 months managed with antispasmodics or anticonvulsants, no limitations.....	S
6 months after surgery, resolved	S
Poorly controlled or disabling	D
Tuberculosis , after 12 months, treated, fully recovered, normal PFT's.....	S*
Present or with lung damage or other organ involvement	D
Turner's Syndrome	D
Ulcerative Colitis	handle as Crohn's
Undifferentiated Connective Tissue Disease	D
Uveitis	S*

Valvular Heart Disease	handle as Heart Valve Disorder
Varicose Veins	S
With history of leg ulcers or pending surgery	D
Venous Insufficiency	S
With history of leg ulcers or pending surgery	D
Ventricular Tachycardia	
Controlled on medication 6 months.....	S
With implantable defibrillator	D
Ventriculoperitoneal Shunt	D
Vertigo	handle as Dizziness
Von Hippel-Lindau	D
Von Willebrand's Disease	D
Waldenstrom's Macroglobulinemia	D
Walker Use	D
Watchman Device	handle as Atrial Fibrillation
Weakness , other than related to acute, self-limiting condition.....	D
Wegener's Granulomatosis	D
Weight Loss , unexplained, or not fully evaluated.....	D
Weight Loss Surgery , after 2 years fully recovered, no complications, no revisions planned	S - IC
Wheelchair Use	D
Wilson's Disease	D
Wolff-Parkinson-White Syndrome , after 6 months, ablated, not present	S*
Uncontrolled, or with fainting, or low blood pressure, or ablation or surgery recommended, but not done.....	D
Present, not structural heart damage, no treatment required	S
Workers' Compensation , receiving	D

Submitting a Supplemental Application for the LTC Rider

General Guidelines

The LTC Rider supplemental application packet contains all the forms you will need. The LTC Rider supplemental application packet must be completed in addition to the Life Insurance Policy application packet.

Follow these guidelines when submitting an LTC Rider supplemental application in addition to an application for a life insurance policy:

- **Use the correct supplemental application** – You will be required to submit the correct LTC Rider supplemental application before the LTC Rider can be issued. The supplemental application is based on the state where the life insurance policy application is signed
- **You must have the appropriate state license** – If the LTC Rider supplemental application is taken in person, you must be licensed in the state where the rider supplemental application is signed. For mail-in supplemental applications, you must be licensed in the state where the rider supplemental application is completed and mailed. (A special note about Kansas: If you take a rider supplemental application on a Kansas resident, you must be appointed both in Kansas and in the state where the rider supplemental application is signed)
- **White out is not allowed** – If a question is answered in error, draw a single line through the error and have the correction initialed and dated by the applicant
- **Don't use "N/A"** – "N/A" is not an acceptable answer. Instead, use "no" or "none" when answering a question on the rider supplemental application
- **Include an illustration** – An illustration including the LTC Rider benefit amount applied for must be included
- **Keep the check separate** – Do not attach the check to the application or the supplemental application
- **Submit the Authorization for Release of Information form** – This form, M28704, must be submitted in order for us to release any information to you. This form is included in the supplemental application packet

Important Information Regarding the Life Insurance Temporary Insurance Agreement (TIA)

The temporary insurance provided under the TIA agreement only covers the base life insurance application. The temporary insurance agreement **does not** include the LTC Rider benefits.

Preparing Your Client for the Next Steps

If your client is required to complete a Paramedical Examination, Senior Assessment, or a Personal History Interview (PHI) as a part of their underwriting requirements, we recommend providing the client with a copy of our What to Expect Next brochure.

Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website. Log in using your seven-digit production number. Select the "Reports" tab. Then select the link labeled "Life Products" to view your case status report.

Other Application-Related Questions

What if I have a non-English speaking applicant?

If you and the applicant are not fluent in the same language, an interpreter must be present to translate all questions and responses.

- It is the applicant's responsibility to have an interpreter available to meet with you when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of the life insurance policy or the LTC Rider. You may serve as an interpreter if you and the applicant are fluent in the same language
- In addition to questions on the application and the applicant's responses, the interpreter is required to translate all comments you make as well as information contained in marketing materials and forms
- With the assistance of an interpreter, you should ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Be sure to include a note with the life insurance application that a translator will be needed for the personal history interview when required, and indicate what language

What about an applicant who is active duty military or traveling outside the United States?

All applicants must be in the United States to complete and sign the life insurance and LTC Rider applications, complete the paramedical examination, and accept delivery of the life insurance policy. This includes members of the military and U.S. citizens traveling abroad. Those traveling to an OFAC sanctioned country (Office of Foreign Assets Control) are ineligible for LTC Rider coverage.

Licensing and Training Information

Licensing and Appointments

You must be both life and health licensed in the state where the client is physically located at the time of sale. This requirement applies to all agents listed on the application.

CA & KS Exceptions: If the applicant is a resident of CA, you must be licensed in CA, regardless of where the sale is made. If the applicant is a resident of KS, you must be licensed in KS regardless of where the sale is made. For example, if the application is signed in NE for a client who is a resident of KS, you must be licensed in both NE and KS.

Non-appointment states (all states except MT & PA)

- If you are properly licensed in your state, you may solicit business containing the LTC Rider prior to becoming appointed with United of Omaha
- Applications must be submitted along with contracting paperwork
- Policies cannot be issued until the effective date of your appointment

Pre-appointment states (MT & PA)

- You must be properly licensed and appointed with United of Omaha BEFORE soliciting business containing the LTC Rider
- If a supplemental application for the LTC Rider is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Note: Pre-appointment requirements do not apply to agents holding a broker license.

Training and Continuing Education

Training must be completed before taking an application. Most states require an initial 8 hour LTC training and refresher courses, either every 2 years or upon

license expiration date. Please check with your state regarding the specific training and continuing education requirements. Proof of completion should be sent to Producer Services at contractsandappointments@mutualofomaha.com.

If you have not provided proof that you are up-to-date on your continuing education requirements, we will continue to underwrite the life insurance policy; however, the supplemental long-term care rider application will be returned. You will need to resubmit a new supplemental application once you have provided proof that your licensing, training and continuing education requirements are complete.

HIPAA Privacy Rules

By adding a Long-Term Care Rider to a life insurance policy, the policy becomes subject to HIPAA Privacy Rules. All client information associated with the policy, including contact and demographic information, would also be considered Personal Health Information (PHI) and protected under the HIPAA Privacy Rules.

It is important to understand the use and disclosure limitations associated with the HIPAA Privacy Rules and make sure you are in compliance, as HIPAA can be enforced directly upon you. These rules can be found on the U.S. Department of Health & Human Services website, www.hhs.gov.

The Role of the Agent

If you become aware of a potential claim, be sure to notify us as soon as possible. Please use this checklist to provide the following information about your client:

- Name
- Phone number
- Mailing address (so we can send a claims packet)
- Email address
- Policy number
- Policyholder's representative/power of attorney
- Type of claim (i.e., home health care, assisted living, nursing home)

Remember...as an insurance agent, you may not act on behalf of your client unless you are authorized to do so. HIPAA regulations require that all claims dealings must be between United of Omaha and the insured or his or her representative/power of attorney.

Claims Department Contact Information

Phone: 877-894-2478

Hours: Monday-Friday, 7 a.m. - 5 p.m. CST

Understanding the Long-Term Care Rider Claims Process

When the need for long-term care services arises, the agent is often the first person a client contacts. That's why it's important for you to know how the claims process works in order to understand your role.

Step 1: Making initial contact

United of Omaha's Long-Term Care Claims Department wants to be notified as soon as possible when it's believed there may be a need for long-term care services. There are two ways the initial contact can be made:

1. The insured may contact you. If you are the first point of contact, please notify the claims department as soon as possible to let us know a claim is coming.
2. The insured can contact United of Omaha's claims department directly during normal business hours. The appropriate phone number is listed in the LTC Rider pages of their life insurance policy.

Step 2: Gathering information

Once we receive the initial notification, a representative from United of Omaha's claims department will talk with the insured to gather more information. We'll send the insured a claims packet that includes the claim form and a list of documentation needed to evaluate the claim and determine eligibility. This may include things like medical records and provider bills:

Medical Records

We may need to contact medical providers to collect additional information that can help us determine the need for long-term care services and eligibility for benefits under the rider.

Provider Bills

We'll ask the insured to submit bills for any expenses they may have already incurred to determine if those services are covered under the rider.

Step 3: Explaining how the LTC Rider benefits work

Not all long-term care insurance riders are the same, so a claims representative will explain the benefits of the rider to the insured. This may include:

- Elimination period
- Care coordination services
- Payment of benefits
- Waiver of rider charges

Step 4: Determining benefit eligibility

The LTC Rider page of the client's life insurance policy states how the insured is eligible for benefits. For example, the rider may state that a licensed health care practitioner must submit a plan of care certifying the insured is chronically ill. That means for a period of at least 90 days, he or she needs help with two or more activities of daily living (bathing, dressing, eating, transferring, toileting and continence) or requires continual supervision due to a severe cognitive impairment.

Typically, it takes approximately 10 business days to determine eligibility, providing we have access to all the information we need. Once eligibility has been confirmed, we'll notify the insured or their representative/power of attorney.

If it's determined the insured is not eligible for benefits at this time, we'll send a letter explaining the decision and detailing the options. Keep in mind that the insured's health situation and need for care may change quickly, which means that even if they're not eligible for benefits initially, they may become eligible at a later date. If their condition worsens, we ask that they contact the claims department to re-evaluate their claim.

Step 5: Paying the claim

After satisfying the 90-day elimination period, the insured will become eligible to receive benefit payments. Once an eligible expense is received, it takes approximately 10 business days to approve it and issue a check. Payment can be sent directly to the insured, to his or her representative/power of attorney or to any long-term care service provider designated by the insured (i.e., a nursing home).

Each time a bill is submitted for reimbursement and a claim is paid, the insured will receive an explanation of benefits (EOB) statement showing the amount of the maximum lifetime benefit paid to date. This allows the insured to track benefits that have been paid and to calculate the remaining LTC Rider benefit amount, as well as the remaining life insurance policy death benefit.

Why Mutual of Omaha

For more than a century, Mutual of Omaha has been committed to listening to our customers and helping them through life's transitions by providing an array of insurance and financial products.

MutualofOmaha.com