

Long-Term Care Insurance



UNDERWRITING GUIDE — CALIFORNIA

LONG-TERM CARE I

LONG-TERM CARE II

Table of Contents

Topic	See Page
Contact Information	1
Benefit Limits/Options	2
New Business Requirements	4
Optional Benefits	5
Administrative Handling	10
Policy Underwriting	11
Application Completion	12
Underwriting Requirements	13
Underwriting Philosophy	14
Rate Classes	15
Preferred Criteria	16
Build Chart	17
Uninsurable Health Conditions	18
Some Medications Associated With Uninsurable Health Conditions	19
Health Condition Combinations	21
Medical Impairments	22

Contact Information

Addresses

General Mailing
Long-Term Care Service Office
PO Box 64901
St. Paul, MN 55164-0901

Expedited Mail
Long-Term Care Service Office
7805 Hudson Rd., Ste. 180
Woodbury, MN 55125-1591

Premium Submission (other than premium collected with the application)

Mutual of Omaha
PO Box 30154
Omaha, NE 68103-1252

Claims

7:00 a.m. – 5:00 p.m. CST M-F

Phone 1-877-894-2478

Customer Service

7:00 a.m. – 5:00 p.m. CST M-F
Billing and Collection
New Business Service
Policy Issue

Phone 1-877-894-2478

Licensing

8:00 a.m. – 4:30 p.m. CST M-F

Phone 1-800-867-6873

Underwriting

8:00 a.m. – 4:30 p.m. CST M-F
Prequalification
Risk Selection

Phone 1-800-551-2059

E-mail

ltcunderwriting@mutualofomaha.com

Benefit Limits/Options

1. Plans may be issued as Tax Qualified or Non-Tax Qualified.
2. One Maximum Lifetime Benefit for nursing home/residential care facility and home care:
 - (a) Benefit multipliers of 2, 3, 4, 5 years and Unlimited.
 - (b) Nursing home/residential care facility daily benefit amount of \$100 – \$400 in \$10 increments.
 - (c) The amount of the One Maximum Lifetime Benefit is calculated by multiplying the number of years in the benefit multiplier by 365, and then multiplying that amount by the Nursing Home/RCF Maximum Daily Benefit.
 - (d) Home care daily benefit: 50% or 100% of the NH Maximum Daily Benefit.
 - (e) Elimination periods of 0, 30, 60, 90, 180 and 365 days.
 - If the 30, 60, 90, 180 or 365 day elimination period is chosen, the applicant has the option to choose the Waiver of Elimination Period for Home Care (00-day elimination period for Home Care).
3. TOTAL DAILY BENEFITS for Nursing Home/Residential Care Facility or Home Care, including all long-term care policies in force, cannot exceed \$400.
4. PAYMENT Period Options:
 - (a) 10-year pay,
 - (b) To-age-65 pay, or
 - (c) Level lifetime pay.
5. The following options MUST be offered (for further information, refer to the Underwriting Rules for Optional Benefits section):
 - The 5% Compound Inflation Benefit (Lifetime) must be offered to all applicants. One inflation protection benefit (GPO, Simple Inflation or Compound Inflation) must be selected at time of application. If the Simple or Compound Inflation Benefits are not chosen, the GPO benefit must be added. (This GPO requirement does not apply when a Limited Payment option or the Return of Premium at Death Less Claims option is selected, or if it is an Employer Paid Plan.)
 - Non-Forfeiture Benefit – Shortened Benefit Period (if not chosen, the Contingent Non-Forfeiture Benefit will be added).
6. Available DISCOUNTS:
 - (a) For spouse/registered domestic partner – 35% discount each (when both are issued coverage).
 - (b) Married – 15% discount if only one spouse applies for coverage, or if both apply and one is declined.
 - (c) For two-person household – 10% discount each (when both are issued coverage). A Two Person Household is defined as two adults age 18 or older living together on a continuous basis for at least 12 months.
NOTE: A person cannot have both a spouse/married discount and a two-person household discount.
 - (d) For members of a affinity associations: 10% discount (spouse, parents (including in-laws) and adult children of the member also qualify for the discount). Limited pay options are not available.
 - (e) For LTC Employee Paid plans: 10% discount. Limited pay options are not available.
 - (f) For Employer Paid/List Bill plans: 10% discount. (See guidelines below.)
NOTE: Spouse/Preferred Health or Spouse/Association discounts are multiplicative. See the rate book for details.

Optional Benefits Available – Cost (please refer to the underwriting rules for each option for additional information)

- SIMPLE INFLATION PROTECTION
- COMPOUND INFLATION PROTECTION (LIFETIME)
- COMPOUND INFLATION PROTECTION – 20 YEAR
- NON-FORFEITURE BENEFIT – SHORTENED BENEFIT PERIOD
- INDEMNITY COVERAGE (NH, ALF)
- MONTHLY HOME HEALTH CARE BENEFIT
- SPOUSE WAIVER OF PREMIUM AND SURVIVORSHIP BENEFIT
- SPOUSE BENEFIT
- SPOUSE SHARED BENEFIT
- RETURN OF PREMIUM AT DEATH LESS CLAIMS BENEFIT
- 10-YEAR PREMIUM PAYMENT OPTION
- TO-AGE-65 PREMIUM PAYMENT OPTION

Optional Benefits Available – No Cost (please refer to the underwriting rules for each option for additional information)

- GUARANTEED PURCHASE OPTION
- CHRISTIAN SCIENCE PROVIDERS

Mandated Benefit – No Cost (please refer to the underwriting rules for each option for additional information)

- CONTINGENT NON-FORFEITURE BENEFIT

New Business Requirements

LTC Employer Paid Plans

1. Self-employed persons, owner/employees of a corporation, employees and spouses of employees may apply for coverage. All benefit options are available, except as noted in rules 4 and 5 below. The policy benefit determination is made by the employer.
2. Employee contributions are allowed; however, the employer will be billed for the full premium. Employer contributions or endorsement of the program will require ERISA claims handling. The employee can also purchase his or her own separate individual coverage to supplement the employer-paid plan. A minimum 10% employer contribution is required.
3. Underwriting will be handled as follows: Preferred, Select, Substandard (Class I or II) or Decline.
4. Tax Qualified coverage only.
5. No Cash is to be submitted with the application (NCWA).
6. No Guaranteed Purchase Option allowed.
7. Three applications are required to set up a list bill. A ten percent (10%) premium discount applies (with partial commission offset*).
8. The following special form is required if new Employer Paid Group – LTC New Employer Questionnaire (signed by employer and submitted to insurance company) at time of sale.

* See your compensation schedule for details.

LTC Employee Paid Plans

1. Owner/employees of a corporation, employees and spouses of employees may apply for coverage. All benefit options are available.
2. Underwriting will be handled as follows: Preferred, Select, Substandard (Class I or II) or Decline.
3. Ten percent (10%) premium discount (with commission offset*) is allowed.
4. Limited pay options are not available.
5. No Cash is to be submitted with the application (NCWA).
6. The following special forms are required for payroll deduction.
 - LTC New Employer Questionnaire (by Employer) if new Employee Paid Group

* See your compensation schedule for details.

Optional Benefits

Simple Inflation Protection – 5%

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit will increase the premium.
4. Only one inflation protection benefit (GPO, Simple or Compound) may be selected.
5. This benefit may be removed after issue with no refund of premium. The daily benefits and remaining maximum lifetime benefit(s) will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

Compound Inflation Protection Benefit – Lifetime – 5%

1. This benefit must be offered to all applicants.
2. May be added to new issues of the LTC04I policy.
3. The underwriting for this benefit will be the same as the policy to which it is attached.
4. This benefit will increase the premium.
5. Only one inflation protection benefit (GPO, Simple or Compound) may be selected.
6. This benefit may be removed after issue with no refund of premium. The daily benefits and remaining maximum lifetime benefit(s) will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

Compound Inflation Protection Benefit – 20 Year – 5%

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit will increase the premium.
4. Only one inflation protection benefit (GPO, Simple or Compound) may be selected.
5. This benefit may be removed after issue with no refund of premium. The daily benefits and remaining maximum lifetime benefit(s) will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

Guaranteed Purchase Option

1. This benefit must be added to new issues of the LTC04I policy if Simple or Compound Inflation Protection has not been chosen by the applicant, except as shown in rule 3 below.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit is not available with:
 - limited pay options;
 - the Spouse Shared Benefit;
 - the Return of Premium at Death Less Claims option; or
 - Employer Paid plans.
4. Only one option offer will be made on the offer date following age 80.

Non-Forfeiture Benefit – Shortened Benefit Period

1. This benefit must be offered to all applicants.
2. May be added to new issues of the LTC04I policy.
3. The underwriting for this benefit will be the same as the policy to which it is attached.
4. This benefit will increase the premium.
5. This benefit may be removed after issue. If it is removed, the Contingent Non-Forfeiture Benefit must be added (no-cost benefit).

Indemnity Benefits (NH and RCF)

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit is not available:
 - (a) to Class I and Class II risks;
 - (b) if the Spouse Benefit is attached to the policy; or
 - (c) on a Non-Tax Qualified basis.
4. This Indemnity Benefit applies to nursing home confinement and residential care facility confinement.
5. This benefit may be removed at the request of the Insured.

Monthly Home Health Care Benefit

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit may be removed at the request of the Insured.

Spouse Waiver of Premium and Survivorship Benefit

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. Both husband and wife must apply for and be issued this benefit at the same time.
4. This benefit is not available:
 - (a) to Class I and Class II health risks;
 - (b) with the Spouse Benefit;
 - (c) with Limited Payment Options; or
 - (d) to Two Person Households.
5. This benefit may be removed at the request of the Insured.

Spouse Benefit

1. May be added to new issues of the LTC04I policy.
2. No underwriting applies to the dependent spouse.
3. This benefit is not available with:
 - (a) Non-Tax Qualified plans;
 - (b) Indemnity Coverage;
 - (c) Spouse Waiver of Premium and Survivorship Benefit;
 - (d) Spouse Shared Benefit;
 - (e) Principal insureds with Issue ages greater than age 69;
 - (f) Principal insureds that are Class I or Class II risks; or
 - (g) Two-Person households.
4. The 35% Spouse Discount does not apply; the 15% Married discount will apply.
5. This benefit may be removed at the request of the Insured.

Spouse Shared Benefit

1. May be added to new issues for the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit will increase the premium.
4. Both husband and wife must apply for and be issued this benefit at the same time.
5. Benefits must be identical under both the husband's and wife's policies. (This does NOT include premium mode or benefits not available at certain ages.)

6. This benefit is not available:
 - (a) to Class I and Class II health risks;
 - (b) to those that underwriting feel have a higher than normal mortality risk (risk of premature death) based on health history;
 - (c) with a Lifetime (Unlimited) benefit multiplier;
 - (d) with GPO (Guaranteed Purchase Option);
 - (e) with Restoration of Benefits;
 - (f) with the Return of Premium at Death Less Claims Benefit;
 - (g) with the Spouse Benefit; or
 - (h) to Two Person Households.

7. This benefit may be removed at the request of the Insured as long as no benefits have been paid under this option.

Return of Premium at Death Less Claims Benefit

1. May be added to new issues of the LTC04I policy.
2. The maximum issue age for this benefit is age 65.
3. This benefit is not available with the Guaranteed Purchase Option or the Spouse Shared Benefit.
4. The underwriting for this benefit will be the same as the policy to which it is attached.
5. This benefit will increase the premium.
6. This benefit may be removed and the premium reduced after issue with no refund of premium.

10-Year Premium Payment Option

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. Only one limited payment option may be added: (a) 10 year, or (b) To Age 65 (described below).
4. A limited payment option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given.
5. This option is not available with:
 - (a) the Spouse Waiver of Premium and Survivorship Benefit;
 - (b) the Guaranteed Purchase Option;
 - (c) Association Marketing policies; or
 - (d) Class I and Class II health risks.

To-Age-65 Premium Payment Option

1. May be added to new issues of the LTC04I policy.
2. The underwriting for this benefit will be same as the policy to which it is attached.
3. Only one limited payment option may be added: (a) 10 year (described above), or (b) To Age 65.
4. A limited payment option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given.
5. The maximum issue age for the To Age 65 limited payment option is through age 54.
6. This option is not available with:
 - (a) the Spouse Waiver of Premium and Survivorship Benefit;
 - (b) the Guaranteed Purchase Option;
 - (c) Association Marketing policies; or
 - (d) Class I and Class II health risks

Christian Science Providers

1. May be added to new issues of the LTC04I policy.
2. No underwriting applies to this benefit.

Contingent Non-Forfeiture

1. Will be automatically added to new issues of the LTC04I policy if the Shortened Benefit Period Non-Forfeiture Benefit is not purchased.
2. Will be added to an in-force policy (as listed above) if the Shortened Benefit Period Non-Forfeiture Benefit was purchased and then removed at the policyowner's request after issue.

Administrative Handling

Downgrades/Premium Paying Period Changes

<p>Downgrades/Dropping Coverage</p> <p>Drop:</p> <ul style="list-style-type: none"> ■ inflation protection, ■ return of premium, ■ Shortened Benefit Period nonforfeiture, ■ indemnity coverage, ■ spouse survivorship/spouse waiver, ■ spouse shared benefit, ■ spouse benefit, ■ monthly home care benefits. 	<ul style="list-style-type: none"> ■ Same policy number. ■ Continuing benefits keep original issue age. ■ Continuing benefits continue to pay renewal compensation. ■ Effective on original effective date if requested within 60 days of original effective date. ■ If requested more than 60 days after issue, effective date is approval date. ■ Show date of dropped coverage. ■ Print new policy and new Schedule Page.
<p>Downgrades/Reducing Coverage</p> <p>Reduce:</p> <ul style="list-style-type: none"> ■ daily benefit amount; or ■ benefit maximum(s) <p>Increase:</p> <ul style="list-style-type: none"> ■ elimination period. 	<ul style="list-style-type: none"> ■ Same policy number. ■ All benefits keep original issue age. ■ Continuing benefits continue to pay renewal compensation. ■ Effective on original effective date if requested within 60 days of original effective date. ■ If requested more than 60 days after issue, effective date is approval date. ■ Show date of reduction. ■ Print new Endorsement with benefit change and new Schedule Page.
<p>Changes to Premium Paying Period</p> <p>Convert from limited pay to lifetime pay.</p>	<ul style="list-style-type: none"> ■ Same policy number. ■ No underwriting required. ■ Lifetime premium at original age. ■ No credit given for payment made during limited pay period. ■ Pay renewal commissions based on lifetime premium paying period. ■ Effective on original effective date if change requested within 60 days of original effective date. ■ If change request more than 60 days after issue, effective date is approval date. ■ Print new policy and new Schedule Page.

Policy Underwriting

Application Received Date – The application must be received in our Service Office within 30 days of the application date. Applications more than 30 days old when received will require a currently dated application. Premium will be based upon the applicant’s age as of the new application signing date.

Active Duty Military – The applicant must be in the United States when the application is signed, the interview completed, and the policy delivered. Foreign Travel requirements will not apply.

Benefit Decreases are allowed. Refer to Downgrades/Premium Paying Period Changes chart.

Benefit Increases may be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health M24181 is required.

Coverage Effective Date (if policy is issued)

New Business Money Submitted – application signing date

New Business No Money Submitted – policy issue date

Replacement Money Submitted – requested effective date up to 60 days after the application signing date

Replacement No Money Submitted – requested effective date up to 60 days after the application signing date, but not prior to policy issue date

No coverage will be in effect before the Coverage Effective Date

Foreign Nationals – A policy will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid permanent resident card Form I-551 (“Green Card”). Submit copy of Foreign National and Foreign Travel Questionnaire.

Foreign Travel – Applicants who are planning to be out of the United States for more than 90 days are ineligible for coverage.

Initial Premium – Only one month premium may be submitted with the application regardless of mode selected. Available modes include:

- monthly EFT
- quarterly
- semi-annual
- annual
- payroll deduction (PRD)*
- employer paid (list bill)*

*See the separate explanation of PRD and employer paid requirements.

Issue Ages 18-79

Non-Forfeiture Benefit – Shortened Benefit Period MUST be offered. If not chosen, the Contingent Non-Forfeiture benefit will be added.

Replacements and Conversions require full underwriting. A replacement form must be submitted for all applicants replacing other policies. The prior coverage must be shown on the application.

Reinstatements – A client may be eligible for reinstatement of their policy if their attained age is less than 72 and the policy has been lapsed for less than 180 days. The former insured should contact Customer Service to initiate the reinstatement. They will be mailed an application for completion. The underwriter may or may not require that a current phone interview and medical records be obtained. If reinstatement is approved, the client must pay all back premium within 35 days of reinstatement approval. If money is not received timely, the client is ineligible for reinstatement and must reapply for coverage with premium at current age.

Save Age – Premium will be based upon the applicant’s age on the date the application is signed. If the applicant’s date of birth is within 30 days of the application signing date, rates will be based upon the younger age.

Suitability – A completed Long-Term Care Personal Worksheet is included in each application packet and must be submitted with each application. The agent is responsible for verifying that the coverage is affordable for the applicant. Minimum financial guidelines are an annual household income of \$16,000 or \$50,000 in noncountable assets. This policy is not available to an individual who meets Medicaid eligibility guidelines.

Application Completion

The application packet includes the application and any vital state forms.

The application must be taken on the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The producer must be licensed in the signing state.

Only one applicant per application. Separate applications are required for each person applying for insurance. Only the applicant for insurance may complete and sign the application.

White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant.

"N/A" is an unacceptable answer. Instead the questions should be answered "no" or "none."

Include a copy of your quote with the application packet.

Indicate on the application the best time to contact the applicant for a telephone interview or face to face examination. Inform the applicant of the interview or face to face process, provide them with, and help them to complete, Preparing for the Health Interview MC32089_0805.

Underwriting Requirements

All underwriting requirements will be ordered by underwriting once an application is received.

Telephone Interview – required for every applicant age 71 and under.

Face-to-Face – required for every applicant age 72 and above. Younger ages at underwriter discretion.

Review and leave with the applicant a copy of the “Importance of an Accurate Health History” brochure.

Note:

- An applicant who does not read, speak, and understand English well enough to complete the interview in English is ineligible for coverage. A translator cannot be used to assist with the interview.
- If an applicant’s hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a Face to Face examination is needed. For deaf applicants indicate if they are able to read lips or communicate with sign language.
- The Face-to-Face examination must be completed in the applicant’s home. It cannot be completed at their place of work, a relative’s home, or a public place such as a restaurant.

Medical records will be ordered on all applicants age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

Please Note:

- A doctor visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those age 70 or younger wishing to qualify for a Preferred rate class.

Telephone Interview	Cognitive (telephonic or face to face)	Face-to-Face Interview	Medical Records
Ages 18-71	Ages 65-79 – Younger ages if history of CVA, TIA, memory loss, depression	Ages 72-79 – Younger ages at underwriter discretion	Ages 70-79 – Younger ages at underwriter discretion or if applying for lifetime benefits

Underwriting Philosophy

Our LTC Underwriting involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers "yes" to an insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case by case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The producer will be prenotified of any offers that are different than as applied, and will be asked to advise if the coverage can be placed.

ADL's

Eating
Toileting
Transferring
Bathing
Dressing
Continence

IADL's

Shopping
Meal preparation
Housework
Laundry
Managing money
Taking medication
Using the telephone
Walking outdoors
Climbing stairs
Reading/writing
Transportation

An applicant with any of the following is ineligible for coverage.

1. Answers "yes" to an insurability question on the application
2. Requires assistance with any ADL's
3. Requires assistance with any IADL's
4. Receiving Meals on Wheels
5. Is pregnant
6. Is disabled
7. Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
8. Is non-compliant with medications and/or treatment
9. Has not pursued additional workup recommended by their physician
10. Has a condition listed as a Decline in the Medical Impairment Guide
11. In the last 6 months has:
 - (a) Been confined to a nursing home or assisted living facility
 - (b) Received home health care services, or adult day care
 - (c) Received occupational, physical, or speech therapy

Rate Classes

Refer to the Medical Impairments section and Build Chart to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred discount to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines, are taking a medication, or have a health condition indicated as uninsurable.

Preferred 15% discount at underwriter discretion. Refer to Preferred Criteria

Select 100%

Class I 125%

Class II 150%

Note:

- Maximum allowable benefits for Class I and Class II risks is a 5-year benefit period and a minimum 90-day elimination period.
- The following benefit options are not available to Class I and Class II risks:
 - Spouse Benefit
 - Spouse Shared Benefit
 - Spouse Waiver of Premium and Survivorship Benefit
 - 10- and 20-Year Premium Payment Option
 - To Age 65 Premium Payment Option
 - Indemnity Benefits

Preferred Criteria

Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Agents are strongly encouraged to never quote a case better than Select.

1. Age 70 or younger
2. Tobacco free for the past 2 years
3. Is not taking any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medications
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past 6 months)
 - Medication for controlled cholesterol
 - Medication for temporary, acute conditions
4. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
 - Balance Disorder, difficulty walking or weakness
 - Blood disease or disorder
 - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
 - Diabetes
 - Fibromyalgia
 - Heart disease (excluding controlled high blood pressure)
 - Kidney or liver disease or disorder
 - Neurological disease or disorder
 - Osteoporosis
 - Paget's Disease
 - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
 - Rheumatoid arthritis
5. No use of a cane
6. Has not been declined, rated or denied reinstatement for Long-Term Care Insurance within the past 3 years
7. Has seen their physician for a checkup and blood work within the last 2 years
8. Height and Weight must be within the Minimum and Preferred Maximum range on the Build Chart
9. The following health conditions may qualify for Preferred:
 - Osteoarthritis, age <60, on one nonsteroidal medication
 - Osteopenia (T score -2.4 or better)
 - Osteoporosis, age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
10. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred

Build Chart – Unisex

Height	Minimum Weight	Preferred Maximum Weight	Select Maximum Weight	Class I Maximum
5'0"	93	165	195	241
5'1"	95	171	205	246
5'2"	96	177	215	251
5'3"	98	183	218	258
5'4"	101	189	225	264
5'5"	104	195	230	272
5'6"	106	202	235	279
5'7"	110	207	242	286
5'8"	113	211	250	291
5'9"	117	215	256	298
5'10"	121	220	263	307
5'11"	124	225	275	312
6'0"	128	229	280	321
6'1"	132	233	286	329
6'2"	136	237	295	337
6'3"	139	242	300	346
6'4"	142	251	305	355
6'5"	144	260	326	365
6'6"	148	266	335	375

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 Select weight and has any condition listed on the impairment guide as a Class I or IC will be declined.

An applicant above the Class I maximum weight is ineligible for coverage.

Uninsurable Health Conditions

Acromegaly
ADL impairment
AIDS/ARC
Adult Day Care within 6 months
Agoraphobia
Alcohol 4 or more drinks/day
Alcoholism with any current alcohol use

Bulimia

Cerebral aneurysm – Unoperated
Cerebral Palsy
Charcot Marie Tooth

Defibrillator—Implantable
Dementia
Dermatomyositis
Dialysis

Frailty

Heart Transplant
Hemiplegia
Hemophilia
HIV positive

IADL impairment

Kidney Transplant

Liver Transplant

Marfan's Syndrome
Medicaid Recipient
Memory Loss
Mental Retardation
Multiple Myeloma

Neurogenic Bowel or Bladder

Organ Transplant
Organic Brain Syndrome

Pancreas Transplant
Paralysis
Paraplegia
Physical Therapy within 6 months*
*Contact Underwriting to prequalify if within 6 months

Quad Cane use

Reflex Sympathetic Dystrophy

Schizophrenia
Scleroderma

Underweight
Walker use

ALS
Alzheimer's Disease
Amputation due to disease
Amputation two or more limbs due to trauma
Anorexia
Arrhythmia uncontrolled

Cirrhosis
Confusion
Cushing's Syndrome
Cystic Fibrosis

Dilated Cardiomyopathy
Disabled
Down's Syndrome

Home Health Care within 6 months
Huntington's Chorea
Hydrocephalus

Immune Deficiency

Lupus—Systemic

Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia

Nursing Home resident within 6 months

Oxygen use

Pick's Disease
Polyneuropathy
Psychosis
Pulmonary Hypertension

Quadriplegia

Social Withdrawal
Systemic Lupus

Weight loss—Unintentional
Wheelchair use

Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

3TC	AIDS	Megace	Cancer
Alkeran	Cancer	Megestrol	Cancer
Amantadine	Parkinson's Disease	Mellaril	Psychosis
Amiodarone	Heart Arrhythmia	Melphalan	Cancer
Aricept	Dementia	Memantine	Alzheimer's Disease
Artane	Dementia	Methotrexate	Rheumatoid Arthritis
Avonex	Multiple Sclerosis	>20mg/week	
AZT	AIDS	Metrifonate	Dementia
Baclofen	Multiple Sclerosis	Mirapex	Parkinson's Disease
Betaseron	Multiple Sclerosis	Myleran	Cancer
Carbidopa	Parkinson's Disease	Namenda	Alzheimer's Disease
Cogentin	Parkinson's Disease	Narcotics	Chronic Pain
Cognex	Dementia	Navane	Psychosis
Copaxone	Multiple Sclerosis	Nelfinavir	AIDS
Cordarone	Heart Arrhythmia	Neoral	Immunosuppression, Severe Arthritis
Cytoxan	Cancer, Severe Arthritis, Immunosuppression	Paraplatin	Cancer
D4T	AIDS	Parlodel	Parkinson's Disease
DDC	AIDS	Permax	Parkinson's Disease
DDI	AIDS	Prednisone	COPD, Rheumatoid Arthritis
DES	Cancer	>10mg/day	
Eldepryl	Parkinson's Disease	Procrit	Kidney Failure, AIDS
Epogen	Kidney Failure, AIDS	Prolixin	Psychosis
Ergoloid	Dementia	Razadyne	Dementia
Exelon	Dementia	Reminyl	Dementia
Galantamine	Dementia	Requip	Parkinson's Disease
Gold	Rheumatoid Arthritis	Retrovir	AIDS
Haldol	Psychosis	Rebif	Multiple Sclerosis
Herceptin	Cancer	Riluzole	ALS
Hydrea	Cancer	Risperdal	Psychosis
Hydergine	Dementia	Ritonavir	AIDS
Imuran	Immunosuppression, Severe Arthritis	Sandimmune	Immunosuppression, Severe Arthritis
Insulin	Diabetes	Sinemet	Parkinson's Disease
>50 units/day		Stelazine	Psychosis
Interferon	AIDS, Cancer, Hepatitis, Multiple Sclerosis	Sustiva	AIDS
Indinavir	AIDS	Symmetrel	Parkinson's Disease
Invirase	AIDS	Teslac	Cancer
Kemadrin	Parkinson's Disease	Thiotepa	Cancer
Lasix	Heart Disease	Thorazine	Psychosis
>60 mg/day		VePesid	Cancer
L-Dopa	Parkinson's Disease	Vincristine	Cancer
Leukeran	Cancer, Immunosuppression, Severe Arthritis	Viramune	AIDS
Levodopa	Parkinson's Disease	Zanosar	Cancer
Lioresal	Multiple Sclerosis	Zoladex	Cancer
Lomustine	Cancer		

Some Medications Associated With Uninsurable Health Conditions (continued)

Alzheimer's Disease/Dementia

Aricept
Artane
Cognex
Ergoloid
Reminyl
Hydergine
Memantine
Metrifonate
Namenda
Tacrine

Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

Parkinson's Disease

Amantadine
Carbidopa
Cogentin
Eldepryl
Kemadrin
L-Dopa
Levodopa
Mirapex
Parlodel
Permax
Requip
Sinemet
Symmetrel

Health Condition Combinations

All shaded health condition combinations are ineligible for coverage.

Refer to the Medical impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Smoker in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Smoker in the past 12 months								

Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

Conditions listed as IC, Class I or Class II will normally require an APS.

S Select Applicant is a standard health risk

Class I 25% rating, Maximum Benefit Period of 5 years, Minimum Elimination Period of 90 days.

Class II 50% rating may be offered by underwriting when multiple medical impairments are present, Maximum Benefit Period of 5 years, Minimum Elimination Period of 90 days.

IC Individual Consideration

D Decline

Acoustic Neuroma surgically removed, after 6 months, no residuals	S
Unoperated	D
Acromegaly	D
Addison's Disease after 3 years, controlled	S
After 12 months, controlled	Class 1-IC
ADL Deficit	D
AIDS/ARC	D
Adult Day Care recipient	D
Agoraphobia	D
Alcohol consumption of 4 or more drinks per day	D
Alcoholism recovered at least 3 years, active in a support group, and no current alcohol use	S
Still drinking	D
ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
Alzheimer's Disease	D
Amaurosis Fugax	See TIA
Amnesia, Transient Global	See TIA
Amputation due to trauma, after 12 months, one limb, no limitations	S
Due to disease	D
Two or more limbs	D
Ankylosing Spondylitis	D
Anemia cause identified	S-IC
Not fully evaluated, cause unknown, or Aplastic	D

Medical Impairments (continued)

Angina	see CAD
Angioplasty	see CAD
Aneurysm operated after 6 months, fully recovered	S
Except cerebral, unoperated, stable for 2 years	IC
Cerebral, unoperated	D
Anorexia	D
Anxiety	
< 70 years of age, after 12 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
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 after 1 year	
Mild, controlled, no ADL/IADL deficits	S
Moderate, controlled, no ADL/IADL deficits	Class I
Severe, uncontrolled, or ADL/IADL deficits	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations.	Class I-IC
On Prednisone >10mg/day, or Methotrexate >20mgs/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 chronic narcotic usage.	D
Asbestosis	see COPD
Asthma	see COPD
Assisted Living Facility Resident	D
Ataxia or Muscular Incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, controlled on medication.	S
Chronic, after 6 months controlled on Coumadin.	Class I
Diagnosed or hospitalized within 6 months	D
With history of TIA, CVA, or Heart Valve Disorder.	D
Chronic, not on Coumadin.	D
Average BP reading >159/89.	D
Avascular Necrosis , after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Surgically repaired, no limitations, after 1 year.	S

Medical Impairments (continued)

Balance Disorder after 6 months, resolved	S-IC
Less than 6 months, or currently present	D
Bell's Palsy resolved	S
Present	D
Bipolar	
After 3 years, controlled on medication, fully functional	S
< 3 years duration, or psychiatric hospitalization within the past 5 years	D
Blindness	
Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D
Broken Bones	see Fracture
Brain Attack	see CVA
Bronchitis	see COPD
Bronchiectasis	see COPD
Buerger's Disease	D
Bulimia	D
Cancer surgically removed, or fully treated, full recovery, no recurrence	
Bladder , transitional, treated, fully recovered	S
Invasive, after 3 years	IC
Recurrent	IC
Breast	
In situ, treatment completed	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	S
Melanoma	
Stage I after 3 months	S
Stage II or III, after 2 years	S
Stage IV after 5 years	Class I-IC
Prostate	
Stage A or B, after 12 months, surgically removed current PSA <0.1	S
Treated with radiation, current PSA <0.5	S
Stage C, after 2 years, current PSA <0.1	S
Stage D	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex, Initial Gleason Score < VI, and current PSA < 0.5	Class I-D
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, smoker	Class I-D

Medical Impairments (continued)

Cardiomyopathy hypertrophic, no CHF, no hospital stays, or syncope, or palpitations, Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated.....	D
Carotid Artery Disease/Stenosis operated, fully recovered, nonsmoker, after 6 months	S
Operated, still smoking	Class I-IC
Unoperated, <70% stenosis, no symptoms, nonsmoker	S
Unoperated, <70% stenosis, no symptoms, smoker.....	IC-D
History of TIA or CVA, or Valvular heart disease, or Type I diabetes	D
Type II diabetes, carotid stenosis >50%, or still smoking	D
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	see Stroke
Cerebrovascular Disease Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes.....	D
Charcot Marie Tooth	D
Claudication	see Peripheral Vascular Disease
Chronic Bronchitis	see COPD
Chronic Fatigue after 12 months, no functional limitations	IC – Lifetime benefits not available
Any functional limitations	D
Chronic Hepatitis	see Hepatitis
Chronic Pain Requiring daily narcotics or with ADL/IADL limitations	D
All others.....	IC – Lifetime benefits not available
Cirrhosis	D
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	IC
Confusion	D
Cor Pulmonale	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months.....	S
Chronic, mild, well controlled, Lasix <40mg/day.....	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder	D

Medical Impairments (continued)

COPD (Chronic Obstructive Pulmonary Disease)

Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no medications, 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, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months	D
Any, FEV1 <65%	D

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

After 6 months, stable, no limitations, no significant residual heart damage, nonsmoker	S
After 6 months, stable, no limitations, smoker	Class I
After 6 months, in combination with controlled Type I or Type II diabetes, nonsmoker	Class I-IC
With controlled Type I or Type II diabetes, smoker	Class II 2 years, 180 day elimination
With poorly controlled hypertension (average BP >159/89), or congestive heart failure, or PVD or ejection fraction <45%	D
With poorly controlled Type I or Type II diabetes	D

CPAP see Sleep Apnea

CREST Syndrome D

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

Cushing's Syndrome D

Cystic Fibrosis D

Deep Venous Thrombosis, after 6 months, single episode, recovered	S
Recurrent	IC-D

Defibrillator/Automatic Implantable Cardiac Defibrillator D

Degenerative Disc Disease see Spinal Stenosis

Dementia D

Demyelinating Disease D

Depression

<70 years of age, after 12 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

Dermatomyositis D

Medical Impairments (continued)

Diabetes	
Type I controlled, stable 6 months, no complications, nonsmoker, insulin <50 units/day	Class I
Type I or Type II controlled, with history of hypertension, or heart disease, nonsmoker	Class I-IC
Type I or Type II controlled, no comorbids, smoker	Class I-IC
Type I or Type II, controlled, smoker, heart disease	Class II 2 years, 180 day elimination
Type I or Type II with history of retinal vein occlusion.	Class II 2 years, 180 day elimination
Type I or Type II with carotid artery disease, perated or unoperated, smoker	D
Type I or Type II with retinopathy, or neuropathy, or nephropathy.	D
Type I or Type II with peripheral vascular disease, history of TIA or CVA	D
Type II controlled stable 6 months, no complications	S
Type I or Type II insulin more than 50 units/day.	D
Type I or Type II average BP reading >159/89	D
Type I or Type II Hemoglobin A1c>9.0, or noncompliant with treatment.	D
Dialysis	D
Difficulty Walking	see Balance Disorder
Disabled , collecting any type of disability benefits	D
Diverticulitis medically managed	S
With bleeding, weight loss, or surgery recommended	D
Dizziness after 6 months, evaluated, resolved	S
Multiple episodes or associated with falls, or not fully evaluated	D
Within 6 months, or not fully evaluated	D
Down's Syndrome	D
Drug Abuse treated, active in support group, drug free for 5 years	Class I-IC
Within 5 years.	D
Dystonia	D
Electric Scooter Use	D
Emphysema	see 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 residuals.	S
<2 years since treatment, currently trated, or present	D
Fainting	see Dizziness
Falls , single episode	S-IC
Multiple episodes, or with injuries.	IC-D
Fatigue , after 12 months, resolved, no functional limitations.	S
Within 12 months, or with functional limitations	D

Medical Impairments (continued)

Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits	S
Poorly controlled, or disabling	D
Fracture-Traumatic , one bone, after 3 months, fully recovered, no limitations.	S
In combination with mild osteoporosis.	S
In combination with moderate to severe osteoporosis.	D
Associated with multiple falls, chronic dizziness, or gait disorder	D
Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on antiresorptive medication, or with functional impairment	D
Frailty	D
Friedrich's Ataxia	D
Gastric Bypass/Banding , after 2 years, gully recovered, no complications	S
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
Head Injury after 6 months, no residuals	S-IC
With residual functional or cognitive impairment.	D
Heart Attack	see CAD
Heart Valve Disorder , operated 1 or 2 valves, fully recovered	S
Unoperated, single valve, mild, no symptoms, no surgery planned	S
Unoperated, single valve, moderate to severe, or surgery planned	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA.	D
Hemochromatosis after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts	S to IC
Hemophilia	D
Hepatitis A or B after 6 months fully recovered.	S
C, after 2 years, successfully treated with Interferon.	IC
C, currently treated	D
C, unresponsive to Interferon, or never treated with Interferon.	D
Hepatitis, any, chronic, active, or alcohol related	D
Herniated Disc	see Spinal Stenosis
High Blood Pressure , after 6 months compliant with treatment:	
Average BP <160/90.	S
Average BP <170/94.	Class I
Average BP >170/94, or any, noncompliance with treatment	D

Medical Impairments (continued)

Hip Replacement one hip after 3 months, full recovery no use of assistive devices, no longer receiving Physical Therapy	S
Both hips, fully recovered	Class I
Surgery recommended or planned	D
HIV Positive	D
Hodgkin's Disease stage I, after 3 years fully recovered	S
All others, fully recovered, after 5 years	IC
Home Health Care received within 6 months	D
Huntington's Chorea	D
Hydrocephalus	D
Hypothyroidism	S
IADL Impairment	D
Idiopathic Thrombocytopenia Purpura (ITP) Platelet count > 50,000 for 1 year	Class I
Immune Deficiency	D
Incontinence , urinary, stress, manages independently	S
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Irritable Bowel Syndrome , controlled, weight stable	S
uncontrolled or with weight loss	D
Joint Replacement , one joint after 3 months, fully recovered, no use of assistive devices	S
2 or more fully recovered, no limitations	Class I-IC
Surgery recommended or planned	D
Kidney Disorder , mild renal insufficiency, stable 2 years	S-IC
Moderate to severe	D
Kidney failure, single episode, fully recovered after 2 years	S-IC
Kidney Transplant	D
Kidney removal (1) after 2 years with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Knee Replacement one knee after 3 months, fully recovered No use of assistive devices, no longer receiving Physical Therapy	S
Both knees, fully recovered	Class I
Labrynthitis	see Dizziness

Medical Impairments (continued)

Leukemia	
Acute, after 5 years	IC
CLL after 3 years.	IC- D
Liver Transplant	D
Lou Gehrig's Disease.	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	D
Lymphedema medically managed no limitations	S
With limitations or history of skin ulcers	D
Lymphoma	
Stage I or II after 2 years in complete remission.	S-IC
Stage III or IV after 4 years in complete remission.	S-IC
Low-grade	D
Macular Degeneration one eye	S
Both eyes	IC-D
Manic Depression	see Bipolar
Marfan's Syndrome	D
Medicaid Recipient	D
Memory Loss	D
Meniere's Disease after 6 months, symptoms controlled, no limitations	S
Associated with falls.	D
Meningioma removed, after 12 months, no limitations	S-IC
Surgery planned	D
Meningitis after 12 months fully recovered	S-IC
Present.	D
Mental Retardation	D
Mitral Valve Prolapse	S-IC
Mixed Connective Tissue Disease.	D
Monoclonal Gammopathy, after 1 year.	IC-D
Multiple Myeloma.	D

Medical Impairments (continued)

Multiple Sclerosis	D
Murmur	see Heart Valve Disorder
Muscular Dystrophy	D
Myasthenia Gravis , ocular, after 1 year	S
Generalized	D
Myelodysplasia	D
Myelobibrosis	D
Myocardial Infarction	see Coronary Artery Disease
Narcolepsy effectively treated	S-IC
Untreated or resulting in accidents or injury	D
Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy , mild, fully evaluated, no limitations	S-IC
Not fully evaluated, related to diabetes or alcohol or with history of falls, or skin ulcers	D
Nursing Home Confinement after 6 months, full recovery, no limitations	IC
Within 6 months	D
Obesity	see Weight chart
Obsessive Compulsive Disorder after 3 years, controlled on medication	
Fully functional	S-IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Organic Brain Syndrome	D
Organ Transplant	D
Osteopenia , on medication	S
Osteoarthritis	see Arthritis
Osteomyelitis	see Avascular Necrosis
Osteoporosis mild, on medication, no history of nontraumatic fractures	S
Moderate, no history of nontraumatic fractures	Class I
Severe T score -3.5 or worse	D
Any, with history of nontraumatic fracture, or not on treatment, or with functional limitations	D

Medical Impairments (continued)

Oxygen use	D
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
Related to alcohol use, or 2 or more episodes	D
Panic Attack/Disorder	see Anxiety
Paralysis	D
Paraplegia	D
Parkinson's Disease	D
Peripheral Neuropathy	see Neuropathy
Peripheral Vascular Disease	
Mild, nonsmoker, no symptoms, no limitations	S
Moderate, or in combination with coronary artery disease	Class I-IC
Severe, or still smoking	D
Average BP reading >159/89	D
Any, with limitations, history of leg ulcers, diabetes, pending surgery, or stent placement or surgery within the past 6 months	D
Physical Therapy received within 6 months	D
Pituitary Adenoma removed, after 12 months, no limitations	S
Stable x3 years, no surgery planned	IC
Surgery planned	D
Pick's Disease	D
Pneumonia after 3 months, single episode, fully recovered	S
Associated with chronic lung disease	see COPD
Polio fully recovered and no limitations	S
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets > 450,000	Class I 2 years, 180 day elimination

Medical Impairments (continued)

Polymyalgia Rheumatica mild, after 1 year, no limitations	S
Moderate, no functional limitations	Class I-IC
Severe, or with limitations.	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Traumatic Stress Disorder (PTSD) after 2 yeas, controlled.	S-IC
Not adequately controlled.	D
Pregnancy	D
Prostate Specific Antigen (PSA) steadily rising	D
Rising and falling	S-IC
Psoriasis , mild to moderate, controlled with medication	S
Severe.	IC
Psoriatic Arthritis	see Arthritis
Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism , after 6 months, single episode fully recovered	S-IC
Present, multiples, or underlying coagulation disorder	D
Pulmonary Fibrosis , localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	D
Quad Cane Use	D
Quadriplegia	D
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Restless Leg Syndrome	S
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S-IC

Medical Impairments (continued)

Schizophrenia	D
Scleroderma	D
Seizures	see Epilepsy
Shingles after 6 months, fully recovered	S
Present, or with residuals.	D
Shy-Drager Syndrome	D
Sickle Cell Anemia trait only, no active disease	S
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only	S
In combination with Rheumatoid Arthritis, connective tissue disease, or other organ involvement	D
Skin Cancer	see Cancer
Sleep Apnea responsive to treatment	S
Severe or unresponsive to treatment	D
Social Withdrawal	D
Spina Bifida	D
Spinal Stenosis operated, fully recovered, after 12 months	S
Unoperated, mild to moderate	Class I-IC
Unoperated, severe or surgery recommended	D
Any, with epidural injections or physical therapy within 6 months, functional limitations, or chronic pain requiring daily narcotics	D
Stroke	
Single episode, fully recovered after 2 years, no limitations, nonsmoker	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	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
Smoking within the past 12 months	D
Occurred while adequately anticoagulated	D
Surgery , requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D

Medical Impairments (continued)

Temporal Arteritis after 12 months fully recovered	S-IC
Thrombocythemia	D
Thrombocytopenia	IC
Thrombocytosis	D
Tourette’s Syndrome fully functional, no limitations	IC
Any functional limitations	D
Transient Global Amnesia	see TIA
Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year.	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis.	D
Heart valve disorder	D
Previous stroke	D
Diabetes	D
Average BP reading >159/89	D
Residual weakness or functional loss	D
Smoking within the past 12 months.	D
Occurred while adequately anticoagulated.	D
Other peripheral vascular disease	D
Tremor fully evaluated, benign familial, no limitations.	S
Not fully evaluated, with limitations, or gait disturbance	D
Tuberculosis after 12 months, treated fully recovered, normal PFT’s	S
Present or with lung damage or other organ involvement	D
Ulcerative Colitis	see Colitis
Underweight	D
Valvular Heart Disease	see Heart Valve Disorder
Vertigo	see Dizziness
Von Willebrand’s Disease	D
Walker Use	D
Weakness	D
Wegener’s Granulomatosis	D
Weight Loss , unexplained, or not fully evaluated.	D

Medical Impairments (continued)

Wheelchair Use	D
Wolff-Parkinson-White Syndrome after 6 months, ablated, not present	S
Uncontrolled	D



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