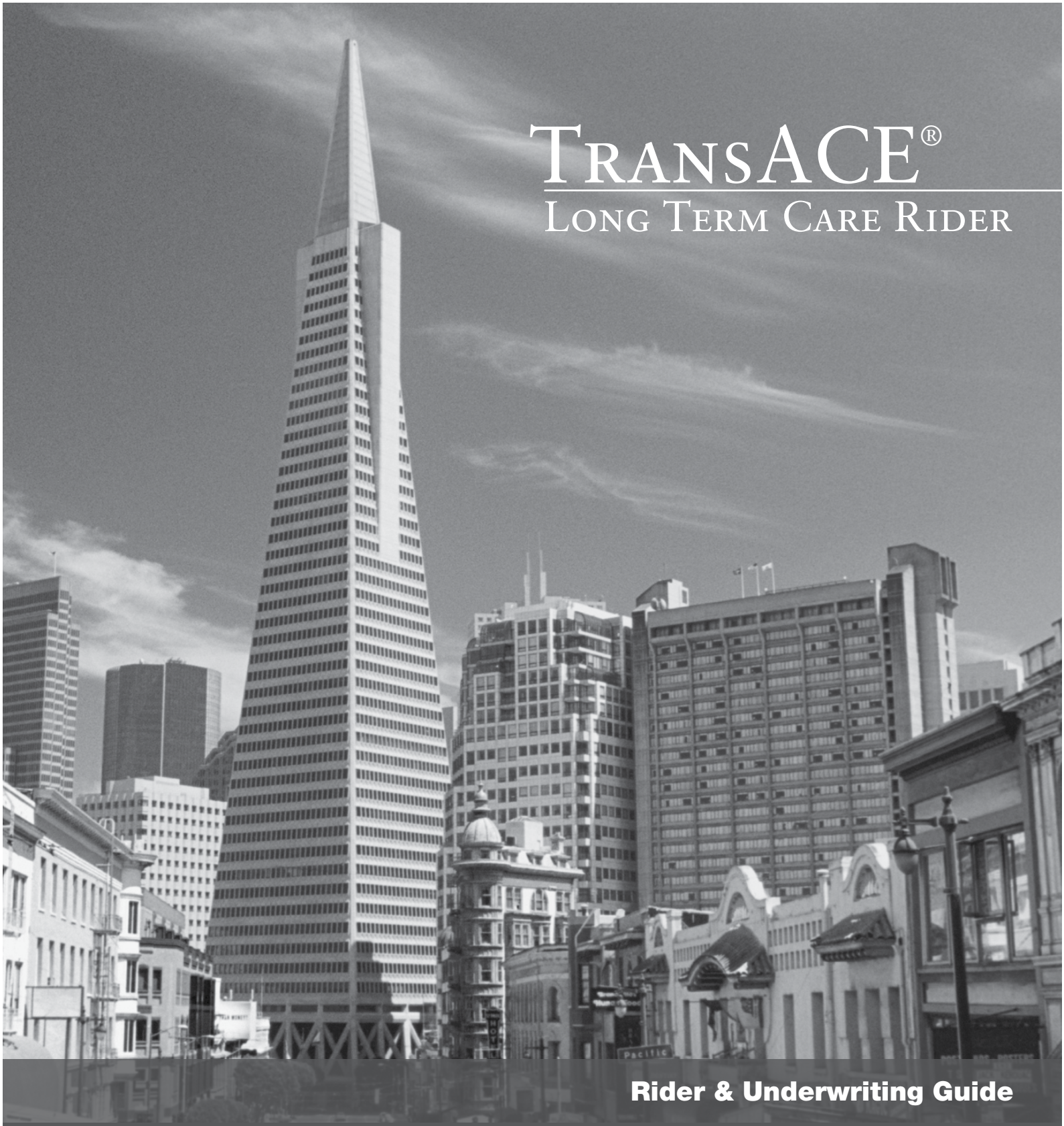

TransACE®
Long Term Care Rider

Rider & Underwriting Guide

Transamerica®

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LONG TERM CARE (LTC) RIDER QUICK FACTS

Issue Ages:	18–80 years (age nearest birthday)
Minimum LTC Specified Amount:	$25,000 ($100,000 for select class) *Note: Minimum is subject to state variations*
Maximum LTC Specified Amount:	$1,000,000
LTC Rider Risk Classes:	• Preferred nonsmoker • Standard nonsmoker (and tables A-D) • Standard smoker (and tables A-D) *Note: LTC Rider is not available on policies rated higher than table D (or equivalent); LTC Rider and base policy may have different risk classes*
Base Policy Death Benefit Option Availability:	Level Death Benefit
Benefit Eligibility Triggers:	• Inability to perform 2 out of 6 Activities of Daily Living (bathing, continence, dressing, eating, toileting, transferring); or • Severe Cognitive Impairment
Elimination Period:	90 service days on which the insured has incurred expenses (needs to be satisfied only once)
Maximum Monthly Rider Benefit:	Lesser of: • 2% of the LTC specified amount when LTC benefits begin; or • The per diem amount allowed by HIPAA times the number of days in the month
Rider Charges:	On a current and guaranteed basis, the LTC Rider charge is taken until the policy anniversary nearest age 111. LTC Rider monthly deduction rates are guaranteed level for the life of the policy.
Waiver of LTC Rider Charges:	LTC Rider charges waived while on claim. All other policy monthly deductions continue
Optional Care Coordination Benefit:	In some cases, the Company may assign a Care Coordinator to help facilitate an assessment of the Insured's care needs. The Care Coordinator would work with doctors and family members to help establish a Plan of Care and help ensure care is received when needed.
Residual Death Benefit (provided by separate endorsement):	A residual death benefit is payable if the insured dies while on claim or if the rider maximum amount has been paid. No residual death benefit is payable if the insured has recovered and is not on claim.
Loans and Partial Withdrawals:	Not allowed while on claim
LTC Specified Amount:	Equals the TransACE® base policy face amount . No other amount can be elected.
Increase in LTC Specified Amount:	Increases in the LTC specified amount after the policy and rider are issued are not allowed
LTC Claim Illustratable:	Yes, TransWare can illustrate hypothetical LTC claim scenarios
Tax-Qualification:	Intended to be a federally tax-qualified contract under Internal Revenue Code Section 7702B(b).*

*Transamerica Life Insurance Company and its representatives do not give tax or legal advice. For questions regarding tax implications, the buyer must consult with his or her own tax advisor.

LTC RIDER OVERVIEW

The LTC Rider is designed to help policy owners offset expenses that arise in connection with long term care for the insured by accelerating a portion of the death benefit of the base policy. Traditionally, individuals have tried to protect themselves from the financial risks associated with long term care in one of two ways: (1) purchasing a standalone long term care insurance policy, or (2) self-insuring.

While individual long term care policies can provide a wide range of benefits and options, these policies typically do not provide benefits if the insured never needs long term care. As a result, individuals may find themselves self-insuring by setting aside specific assets to cover some portion of potential long term care expenses.

The cost of the LTC Rider frequently is less than for similar coverage amounts under a stand-alone long term care policy. And, if the LTC Rider benefits are not needed, a life insurance death benefit is paid when the insured dies. As a result, there is financial benefit under the policy whether or not long term care benefits are ever paid.

Since accessing LTC Rider benefits reduces the life insurance death benefit and the cash surrender value dollar-for-dollar, it is important that buyers evaluate their estate planning and retirement needs to decide whether they should purchase additional life insurance or a stand-alone LTC policy. There is no guarantee that the LTC Rider will cover all of the costs associated with long term care that the insured incurs during the period of coverage.

The LTC Rider is intended to be a federally tax-qualified LTC insurance contract under Section 7702B(b) of the Internal Revenue Code (IRC) of 1986, as amended.*

*Transamerica Life Insurance Company and its representatives do not give tax or legal advice. For questions regarding tax implications, the buyer must consult with his or her own tax advisor.

LTC RIDER DESCRIPTION

The LTC Rider provides for the acceleration of life insurance death benefits on an "indeminity basis" if the insured qualifies as a Chronically Ill individual. The LTC specified amount is equal to 100% of the base policy face amount, so the full face amount of the policy can be accelerated over the life of the LTC Rider. Although the policy's death benefit may exceed the face amount of the policy when the policy is in corridor, the LTC specified amount does not increase since it is based on the policy's face amount and not on the death benefit (when that latter amount differs from the face amount).

The LTC Rider is only available on TransACE (and TransACE Select) policies with a level death benefit option (Option L), must be elected in the application, and may only be added at policy issue. LTC Rider coverage will be fully underwritten. A supplemental application will be used specifically for the rider.

There is a rider charge taken as a monthly deduction (Rider MD) from the policy's accumulation value. The LTC Rider rate is guaranteed to remain level while the rider is in force.

The maximum monthly LTC Rider benefits that we will pay will be the lesser of:

(1) 2% percent of the LTC specified amount at commencement of benefits; or

(2) the per diem amount allowed under HIPAA multiplied by the number of days in the month.

The policyowner may elect a smaller monthly benefit, but no less than $500 per month.

LTC Rider benefits will reduce the policy proceeds paid at death or surrender, dollar for dollar.

The rider is designed to provide coverage for qualified long term care services as provided under Internal Revenue Code (IRC) Sections 101(g) and 7702B. As such, rider benefits may be income tax-free when received. Generally, under IRC Section 101(g), accelerated death benefit payments from a qualified LTC contract are not includible in income for tax purposes so long as the payments made from all LTC contracts are not more than the greater of (a) the HIPAA per diem limits for LTC benefits or (b) the actual expenses incurred for qualifying LTC services. Since the maximum income tax-free LTC benefits are based on benefits paid from all sources, it is possible, of course, that any benefit payment from our rider could create taxable income for the policy owner if LTC benefit payments are received from other sources.

COMPENSATION

The target of the TransACE policy will be increased by the LTC Rider target and normal TransACE compensation will be paid on the combined target. Please refer to the TransACE product guide for more information on the base policy Compensation.

AVAILABILITY

COVERAGE
Only the insured on the TransACE policy is covered under the LTC Rider. If the owner and the insured are different individuals, the owner is NOT covered.

DEATH BENEFIT OPTION
The LTC Rider is only available with Option L—level death benefit option policies.

ISSUE AGES
Issue ages for the rider are 18–80 (age nearest birthday), subject to policy issue age maximums.

QUALIFIED PLANS
The LTC Rider will be available in qualified plan sales. Qualified plans, both the defined benefit and defined contribution types, can offer accident and health insurance as an incidental benefit. The amount that can be spent on LTC Rider charges to qualify as an incidental benefit will be the sole responsibility of the plan and not the company.

For qualified plans we will use unisex rates to comply with the Norris decision.

UNDERWRITING

The LTC Rider will be fully underwritten for all issue ages and risk classes. As applicable and depending on the issue age of the proposed insured, we will obtain information regarding the insured's health status and underwriting risk class from the basic policy application, a supplemental application, the Medical Information Bureau (MIB), telephone interview, a prescription benefit manager report, a cognitive screening test via telephone interview, and an on-site face-to-face assessment.

Underwriting risk classes for the LTC Rider are:
- Preferred nonsmoker
- Standard nonsmoker
- Standard smoker

The base policy must be rated Table D (or equivalent) or less in order to be eligible for the LTC Rider. The LTC Rider may be rated Tables A-D.

Underwriting approval of the rider is separate and distinct from approval of the life policy. As a result, the insured may have different underwriting risk classes for the life policy and for the LTC Rider. Insurability information received for both the policy and the rider will be used in the risk selection process of both the life policy and the LTC Rider.

Initial underwriting requirements for the LTC Rider are shown in the grid below:

AGE	Initial LTC U/W requirements	At underwriter's discretion
< 60	Medical Information Bureau (MIB), LTC Phone Interview (PIL), Prescription History (RX)	Medical Records "For Cause", Face to Face Assessment (F2F) "For Cause"
60-65	Medical Information Bureau (MIB), LTC Phone Interview with Cognitive Screen (PIC), Prescription History (RX)	Medical Records "For Cause", Face to Face Assessment (F2F) "For Cause"
66-69	Medical Information Bureau (MIB), Medical Records, LTC Phone Interview with Cognitive Screen (PIC), Prescription History (RX)	Face to Face Assessment (F2F) "For Cause"
70 - 80	Face to Face Assessment (F2F), Medical Information Bureau (MIB), Medical Records, Prescription History (RX)	

Please refer to the section titled, *Underwriting Guide* for detailed information on the underwriting rules, requirements, evidence, and procedures that will be employed in underwriting the LTC Rider.

LTC RIDER CHARGES

The monthly LTC Rider charge will be determined by dividing the LTC Specified Amount by 1,000, then multiplying the result by the per unit LTC Rider charge. There will be one set of rider charges that will apply on a current and guaranteed basis. On a current and guaranteed basis, the LTC Rider charge is taken until the policy anniversary nearest the insured's age 111. The LTC Rider monthly deduction rates will be level in all policy years but will vary by the insured's issue age, gender, underwriting class, smoker/nonsmoker status and LTC specified amount band.

LTC Rider charges withdrawn from cash value generally will not be taxable. They will reduce the policy owner's basis in the policy.

WAIVER OF LTC RIDER CHARGES

LTC Rider charges will be waived while rider benefits are being paid. If the insured comes off benefit, rider charges will be assessed beginning with the first monthly date following the cessation of rider benefits. When the sum of LTC Rider benefits paid out equals the LTC specified amount, or the LTC Rider maximum amount, we will no longer assess any MDs under the policy.

LAPSE PROTECTION

While LTC Rider benefits are being paid, the policy will not Lapse due to the policy's Net Cash Value not being sufficient to pay the monthly deduction due.

RIDER BENEFITS

INDEMNITY BENEFITS

If the insured becomes eligible for benefits under the LTC Rider, the rider benefits will be payable on an "indemnity" basis rather than a "reimbursement" basis. Benefits are not dependent on the type of care provided, the setting in which the care is delivered, or even the dollar amount of actual expenses incurred. We will pay LTC Rider benefits without regard to amount of actual qualifying LTC expenses incurred. We will however require submission of all receipts or bills for such expenses, as evidence of receipt of qualified LTC services during the elimination period and each month during the benefit period.

LONG TERM CARE (LTC) SPECIFIED AMOUNT

The LTC Rider is only available on policies with a level death benefit option (Option L) and base face amount of $1,000,000 or less. The LTC Specified Amount will be equal to 100% of the base policy face amount.

- Minimum LTC specified amount: $25,000, subject to base policy risk class minimums and state variations
- Maximum LTC specified amount: $1,000,000

LTC SPECIFIED AMOUNT REDUCTIONS

Reductions in the LTC Specified Amount are not allowed independently of reductions in the TransACE policy face amount.

BENEFIT ELIGIBILITY

To be initially eligible for benefits, the following conditions must be satisfied:

a) the insured must be certified as a Chronically Ill Individual;
b) there must be a Plan of Care for the insured; and
c) the elimination period must be satisfied.

CHRONICALLY ILL

Chronically Ill Individual means an individual who has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform, without substantial assistance from another individual, at least 2 out of the 6 activities of daily living (ADLs)—bathing, continence, dressing, eating, toileting, transferring—for an expected period of at least 90 days due to a loss of functional capacity; or
2. having a severe cognitive impairment that requires substantial supervision to protect the insured from threats to health and safety.

RIDER BENEFITS

ELIMINATION PERIOD

The elimination period is a period of 90 days during which no benefits are payable. This is also known as the deductible period. The elimination period days do not need to be consecutive, and they do not need to be met within any specified timeframe; however, only days on which the insured incurs expenses for receipt of covered LTC services will be counted. During the length of the elimination period, the insured must not only be ADL deficient or severely cognitively impaired, but must also receive covered qualifying long-term care services for which the insured actually incurs expenses, whether those services are provided in a nursing home, assisted living facility, adult day care center, or in the home.

MAXIMUM MONTHLY BENEFIT

The maximum monthly long term care benefit payable for any calendar month will be equal to the lesser of "a" or "b" where:

a. is 2% of long term care specified amount, at commencement of benefits; and
b. is the per diem amount allowed by HIPAA times the number of days in the calendar month.

A monthly long term care benefit amount less than the above maximum may be selected, but the monthly benefit must be at least $500 (may vary by state). Choosing an amount lesser than the maximum monthly LTC benefit could extend the period during which benefits may be payable.

RIDER BENEFIT PERIOD

Monthly LTC Rider benefit payments begin after the end of the elimination period and after the claim for rider benefits has been approved by us.

Once rider benefit payments begin, they will continue to be paid each calendar month so long as the insured remains chronically ill and receives qualifying long term care services; the LTC Rider maximum amount has not been fully paid out; and the policy owner does not request termination of the claim or the rider.

RIDER MAXIMUM AMOUNT

The LTC Rider maximum amount is the maximum amount of LTC Rider benefits that we will pay. The rider maximum amount is equal to the LTC specified amount minus any outstanding policy loans.

EFFECT OF PAYMENT OF RIDER BENEFITS ON THE BASE POLICY/CONTRACT

DEATH BENEFIT

The total amount of LTC Rider benefits paid reduces the death benefit payable on the death of the insured. If the insured dies while receiving LTC Rider benefits or thereafter, we will pay the greater of the death benefit or the residual death benefit.

EFFECT OF REACHING THE RIDER MAXIMUM AMOUNT

Payment of the the rider maximum amount in LTC benefits will have the following effects on the TransACE policy:

a) No further premium payments will be accepted
b) No further monthly deductions will be charged
c) All riders other than the LTC Rider will terminate
d) If the policy includes the Children's Insurance Rider, coverage may be converted in accordance with the Children's Insurance Rider's conversion provision
e) Interest will continue to be credited to the policy's accumulation value if it is not less than zero
f) Interest on any policy loans must be paid in cash as it becomes due or the policy will terminate.

BASE POLICY FACE AMOUNT

When monthly LTC Rider benefits begin, the TransACE policy face amount does not get reduced dollar-for-dollar each month by the amount of the LTC Rider benefits paid. However, transactions that reduce the face amount of the policy will also result in a dollar-for-dollar reduction in the LTC specified amount (e.g. payment of the Terminal Illness Accelerated Death Benefit or a partial withdrawal).

ACCUMULATION VALUE

Since payment of monthly rider benefits is an acceleration of the base policy's death benefit, the total amount of LTC Rider benefits paid will be deducted from any death benefit that may be payable. However, there is no effect on the accumulation value. While rider benefits are being paid, even though rider charges are waived, all other policy and rider MDs continue to be assessed even if the accumulation value becomes negative.

THRESHOLD VALUE

The total amount of LTC Rider benefits paid has no effect on the threshold value. While TLC Rider benefits are being paid, even though rider charges are waived, policy and rider MDs continue to be assessed even if the policy threshold becomes negative. However, when the insured comes off LTC benefit status, and the policy's No-Lapse Guarantee Endorsement (ACE provision), if any, was in effect at the time the insured went on claim, the policy threshold value will be reset to zero if it had been negative. If, on the other hand, ACE was lost before going on LTC claim, the policy will go into grace immediately upon the insured coming off claim if the accumulation value minus any existing loans is less than monthly deductions or loan interest due and unpaid.

NO-LAPSE GUARANTEE ENDORSEMENT (ACE)

When the TransACE policy's accumulation value does not have funds sufficient to cover the monthly deductions and the policy is kept in force under the the terms of the ACE provision (i.e, the threshold value is not negative and the cumulative required premium payment requirement is met), all riders will terminate except for the Waiver Provision Rider and the LTC Rider.

EFFECT OF PAYMENT OF RIDER BENEFITS ON THE BASE POLICY/CONTRACT

CASH SURRENDER VALUE

If the policy is surrendered, the policy's net cash value will be reduced by the total amount of rider benefits paid. Further, the amount available for any future policy loans or partial surrenders will also be limited to the excess of the net cash value over the total amount of rider benefits paid.

LOANS AND PARTIAL SURRENDERS

Loans and partial surrenders will not be permitted while rider benefits are being paid.

SURRENDER VALUE UNDER THE MULTIFLEX SURRENDER ENHANCEMENT (MSE) ENDORSEMENT

While the policy is on LTC benefit status, the annual tests for continued qualification for the MultiFlex Surrender Enhancement Endorsement are not performed.

If the policy is surrendered during the option periods provided in the MultiFlex Surrender Enhancement Endorsement, any such enhanced surrender value will be reduced by dollar-for-dollar by the total amount of LTC Rider benefits paid.

POLICY LOANS

If there are any outstanding policy loans at the time rider benefits are being paid, and loan interest due is not paid in cash, we will allow the outstanding loan to capitalize until the amount of any outstanding loan plus the LTC Rider benefits paid equals the LTC specified amount, i.e. the rider maximum amount is reached.

RESIDUAL DEATH BENEFIT

The residual death benefit is equal to the lesser of:

(1) 10% of the lowest face amount of the base policy from inception, less any outstanding policy loans; or
(2) $ 10,000.

If the insured dies while receiving benefits under the LTC Rider, or the insured dies after we have paid the rider maximum amount, the residual death benefit will be available if it is higher than the policy's death benefit(less any outstanding loans), reduced by the total amount of the LTC Rider benefits paid.

If the owner uses up 100% of the LTC Rider benefits, or has been paid up to the rider maximum amount, the residual death benefit will be payable but all riders other than the LTC Rider will terminate. No further LTC Rider benefits would be payable, the policy would not lapse, no further premium payments will be accepted and no policy or LTC Rider MDs will be taken.

No residual death benefit is payable if the insured has recovered and is not on claim.

If there are any policy loans at the time the rider maximum amount has been reached, the policy owner must pay the interest due on any policy loans as it becomes due; otherwise the policy will terminate.

ILLUSTRATING THE LTC RIDER BENEFIT

The illustration software, TransWare, will allow for hypothetical LTC benefit scenario to be illustrated when the HIPAA per diem estimated growth rate and the insured's age at which to begin receiving LTC monthly benefits are specified. The Hypothetical LTC Benefit Scenario will appear in a supplemental illustration. The Quote page will reflect the annualized cost of the LTC Rider.

When the LTC Rider is selected, the base policy illustration will display the initial underwriting requirements for the LTC Rider alongside the underwriting requirements for the TransACE policy. An Outline of Coverage will also be generated with the illustration output. The Outline of Coverage is a required document that must be presented to the applicant at the time of solicitation.

The LTC Rider option appears on the "Policy Riders" section of TransWare. When selected, a reminder notice will appear on the LTC Rider option screen informing the user that the producer must be appropriately licensed to sell LTC insurance if the issue state requires it.

The default risk class for the LTC Rider will be the risk class most similar to the base policy risk class. An LTC Rider risk class different from the default risk class may be selected by the user.

To illustrate the Hypothetical Long Term Care Benefit Scenario, the user can indicate:

- The "HIPAA per Diem Estimated Growth Rate", which is a pull down menu that allows the user to specify the approximate inflation rate that would affect the HIPAA per diem amount.
- The "Projected LTC Benefit Starting Age", which is a pull down menu that allows the user to specify the age at which LTC benefit may be received.
- The "Desired Daily LTC Benefit", which allows the user to specify a daily benefit amount that is less than the maximum. Even though the benefit will be paid monthly, it may be important for a client to quantify his or her needs based on a daily benefit. The default radio button for this field is the maximum daily benefit.

Face solves are not available when illustrating the LTC Rider. Loans, withdrawals and policy changes are not illustratable on the hypothetical LTC illustration for durations beginning after the "Projected LTC Benefit Starting Age".

PRODUCER REQUIREMENTS

Licensing and continuing education requirements for the LTC Rider vary by jurisdiction. All producers must have the appropriate authority (A&H, Health, Life, LTC, as applicable) on their state insurance license before soliciting the TransACE LTC Rider.

Many states also have continuing education requirements to obtain authority to sell the LTC Rider.

In addition, some states require that producers be certified to sell both partnership and non-partnership LTC policies. The TransACE LTC Rider does not qualify under the partnership program, but in order to sell the TransACE policy with the LTC Rider in states that have a partnership program in place, the required training must be completed.

Note: Licensing requirements vary from state to state.

POINT OF SOLICITATION REQUIREMENTS

Because sales of the LTC Rider are governed by long term care regulations, the following requirements are necessary for solicitation in addition to those required for the base policy.

- Outline of Coverage
- Notice of Availability of Senior Insurance Counseling Program
- Medicare Supplement Buyers Guide
- HIPAA Notice of Health Information Privacy Practices

Note: Some states require additional materials at time of solicitation.

NEW BUSINESS REQUIREMENTS

The following should be submitted for the LTC Rider in addition to those required for the base policy.

- Supplemental LTC Rider Application
- Basic policy illustration with the LTC Rider
- HIPAA Authorization

TAX CONSIDERATIONS

The LTC Rider is intended to be a federally tax-qualified long term care insurance contract under Section 101(g) and Section 7702B(b):

- LTC benefits are intended to be excludable from federal gross income*
- Even if the policy is a Modified Endowment Contract (MEC), the intent is for the LTC benefit to continue to be excludable from income taxes

If, in the future, it is determined that the rider does not meet these requirements, we will make reasonable efforts to amend the rider, if necessary

*subject to the terms of section 101(g)(5)

FREE LOOK PERIOD AND DELIVERY RECEIPT

The LTC Rider has a 30-day free look period and the 30 days will begin on the date the policy is received by the owner. We will require a delivery receipt upon delivery of a policy which contains the LTC Rider in all jurisdictions. The TransACE policy has a 10 day free look in most states (except for those states that have a different free-look period that applies in replacement situations).

PROTECTION AGAINST UNINTENTIONAL LAPSE— THIRD PARTY DESIGNATION & GRACE PERIOD

The LTC Rider cannot lapse or terminate unless notice of termination for nonpayment of premium has been provided to the policy owner and any third party designee, at least 30 days before the effective date of the lapse or termination. This notice cannot be provided until 30 days after a premium is due and unpaid.

Prior to the date the policy is delivered, the policy owner must be provided the opportunity to designate, in writing, at least one person other than (and in addition to) the policy owner who is to receive grace period notices and notices of lapsation of the policy for nonpayment of premium. The designation must include the third party's full name and address. The owner may specify, in writing, that the owner does not want to name a third party recipient of notices. We will include this designation election on the Application Supplement Part I for the LTC Rider.

Any grace period notice, including those arising due to excess loan conditions, and notice of lapse for any reason (not just for non-payment of a premium) will be sent to the third party designee, if one is named, as well as the policy owner.

The grace period for the LTC Rider is 65 days. TransACE policies with the LTC Rider will be given a 65 day grace period to coincide with the grace period requirements of the LTC Rider. If any amount due is not paid within thirty (30) days from the date that it was due, we will send a notice to the policy owner, the insured and the person or persons designated by the owner to receive such notice at the addresses provided to us. Notice will be given by first class United States mail, postage prepaid. We will allow an additional 35 days to pay the amount due after we have mailed the notice. During the grace period the LTC Rider will stay in effect. The person or persons named to receive notice of lapse are not responsible for paying the premium.

REINSTATEMENTS

If the policy lapses and is reinstated, the LTC Rider may be reinstated with evidence of insurability specific to the LTC coverage. At time of reinstatement, the supplemental application will need to be submitted. The "reinstatement" box in the supplemental application will need to be checked.

However, if the rider lapses while the insured is Chronically Ill, we will reinstate the rider along with the policy, subject to all the conditions for reinstatement described in the policy and any endorsements to the policy, except that evidence of insurability will not be required if:

- We receive a written request for reinstatement in within 180 days after the date of lapse; and
- In lieu of evidence of the insured's insurability, we receive a licensed health care practitioner's written certification that the insured was diagnosed, using generally accepted medical diagnostic methods and tests, as being a chronically ill Individual at the time the rider lapsed.

If the policy and LTC Rider are being reinstated under this provision, the supplemental application will not need to be submitted. Any claim incurred during the 180-day period will be considered for benefits subject to all other rider provisions.

LTC REPLACEMENT

LTC replacement requirements must be satisfied if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, then the life insurance replacement requirements must be satisfied. If a life insurance policy that includes a long term care rider (or riders) is being replaced by a life insurance policy and the LTC Rider, then both life insurance as well as long term care replacement requirements must be satisfied. Applicable replacement forms are available on AgentNetInfo.

UNDERWRITING CLASS CHANGES

If the owner requests a change in underwriting risk class from smoker to nonsmoker on the base policy and the insured provides evidence of insurability satisfactory to us, we may change the class of risk on the LTC Rider. This change will be allowed by Company practice (non-contractual change).

Such a change in the policy is considered a material change under TAMRA. The Company may alter or terminate its practice of non-contractual changes at any time.

After the change, monthly deduction rates will be based on the new risk class. Since we require evidence of insurability, a new contestability period will begin; however, the suicide provision will not start anew.

SECTION 1035 EXCHANGES

For Section 1035 purposes, a life or annuity contract remains a life or annuity contract if it has a qualified LTC rider attached. Such contracts with LTC riders can be exchanged tax-free under Section 1035. Please note that an annuity contract cannot be 1035-exchanged for a life insurance policy with or without an LTC rider.

AUTOMATIC PREMIUM LOAN (APL)

If the Automatic Premium Loan (APL) provision is made effective in the application at the time of issue, we will not process the APL provision while the insured is on benefit.

KIND CODES

LTC Rider kind codes appear on the Rider page of the illustration.

TRANSACE LTC RIDER KIND CODES

Standard smoker	500
Standard nonsmoker	501
Preferred nonsmoker	502

UNDERWRITING GUIDE

- The Long Term Care (LTC) Rider will be fully underwritten
- LTC Rider benefits will only be available for qualifying LTC services received in the fifty (50) United States and the District of Columbia, and Canada
- Only citizens and permanent residents of United States are eligible to apply for the LTC Rider

UNDERWRITING RISK CLASSES

Regardless of what has been applied for we may place the applicant in a better class if we determine the underwriting evidence warrants it. When the underwriting evidence indicates that a policy cannot be issued as applied for, rather than simply decline, we will give consideration to providing an alternate offer.

The underwriting risk classes for the LTC Rider are preferred nonsmoker, standard smoker and standard nonsmoker. In addition to these underwriting risk classes, we may be able to offer coverage on a substandard risk class Table A through substandard risk class Table D basis with increases in rider charges at the rate of 25% per table rating. Flat extras (either temporary or permanent) are not available on the LTC Rider.

The underwriting risk class for the LTC Rider may differ from the life policy rating. Insurability information received for both the policy and the Rider will be used in the risk selection process of both the life policy and the LTC Rider. If the LTC Rider qualifies for a substandard Table rating higher than Table D, it is not available. If the life policy qualifies for a substandard table rating higher than Table D, the LTC Rider will not be available.

UNDERWRITING CONSIDERATIONS

The underwriting of long term care insurance for the LTC Rider involves consideration of **medical evidence**, **functional performance**, and **cognition**. We will also consider other LTC coverage the insured may currently have in force with Transamerica Life Insurance Company and its affiliates.

Each of these factors is critical in the risk selection process for long term care insurance. The sources for this information may include the life and supplemental applications, medical records, a telephone Interview, a Face-to-Face Assessment and/or any other evidence required by the underwriter, depending on age and health history. (See Underwriting Evidence.)

Medical evidence is simply any findings, current or by history, that relate to the physical or mental health of the proposed insured.

Functional performance includes such things as independence in performing Activities of Daily Living (ADLs) such as bathing, continence, eating, dressing, toileting, and transferring and Instrumental Activities of Daily Living (IADLs) such as ability to handle one's finances, ability to use the telephone, food preparation, housekeeping, laundry, taking one's medications, and shopping.

Limitations in the ability to perform ADLs are usually a strong predictor of subsequent long term care needs. Limitations with one or more IADLs may be leading indicators of a higher utilization of long term care insurance claims/services.

Cognition relates to one's awareness and perception, as well as the ability to understand and reason. While early stages of cognitive impairment may be difficult to detect, it is a critical element in the underwriting for long term care insurance. Such impairments tend to be progressive and may be indicative of Alzheimer's or other types of dementia.

In addition, the underwriter will verify all LTC Rider coverage which the applicant has in force with a Transamerica company when underwriting the application. If other LTC Rider coverage is currently in force, the amount applied for must be adjusted in order to not exceed the $1,000,000 maximum LTC specified amount per life.

The maximum LTC specified amount per life is the combined total amount of the LTC specified amounts of all LTC coverage (excluding stand-alone LTC coverage) in force with Transamerica and its affiliates.

LTC RIDER UNDERWRITING EVIDENCE (IN ADDITION TO UNDERWRITING EVIDENCE FOR THE LIFE POLICY)

Underwriting reserves the right to request additional evidence (i.e. paramedical exams, motor vehicle reports, blood work, etc.) in

circumstances where our normal evidence does not provide enough detail to complete accurate risk selection.

	<60	60–65	66–69	70–80
Medical Information Bureau (MIB)	X	X	X	X
Prescription History (RX)	X	X	X	X
LTC Phone Interview (PIL)	X			
LTC Phone Interview/Cognitive Screen (PIC)		X	X	
Medical Records	For Cause	For Cause	X	X
Face-to-Face Assessment (F2F)	For Cause	For Cause	For Cause	X

A **Telephone Interview** is usually performed for all applicants through age 69 to verify the accuracy of the information on the supplemental application and to help determine additional information/clarification regarding the applicant's health, functional performance and cognition. Applicants age 60 and older will include a cognitive screening test as part of the telephone interview.

Face to Face Assessment is an evaluation where a trained assessor visits with the applicant at his/her residence. The assessment includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic activities of daily living. Physical observations are made and additional mobility and a cognitive screening test are included as well. On occasion we may require such an assessment below age 70 at our discretion.

For applicants with a history of stroke / TIA / amnesia / memory problems / brain surgery / hearing or mobility limitations, or other issues triggering underwriting concerns), we will conduct a Face to Face Assessment completed by an approved vendor.

COMPLETING THE SUPPLEMENTAL APPLICATION

The supplemental application for the LTC Rider contains questions for additional medical conditions that are not asked on the life application. These medical conditions are consistent with reasons for long term care benefits to be utilized, either at home or in a facility. The supplemental application needs to be completed for all applicants applying for the LTC Rider at the same time the life insurance application is completed.

Applicant Information—Section 1

Fully complete the supplemental information on the proposed insured and proposed owner (if applicable). Note: We need the proposed insured's work and home telephone numbers from Part I of the life insurance application to enable us to conduct a phone interview or arrange for a Face-to-Face assessment, depending upon age.

Protection Againt Unintended Lapse—Section 2

Section II contains space for the applicant to specify a third party individual who is to receive any notice that the policy has entered its grace period and will terminate if sufficient premium is not paid before the end of the grace period. Termination of the policy and LTC Rider may occur during the required premium period if the policy fails the required premium test at the policy anniversary. After the required premium period, the policy and LTC Rider may terminate if the policy cash value is insufficient to cover the monthly deductions due and the policy threshold minus any outstanding loans goes below zero. If the policy enters the grace period, a shortage notice will be mailed to the policy owner and the third party listed. Further, 35 days after such premium is due and unpaid, a notice of lapse will be mailed to the policy owner and the third party listed. If sufficient premium is not paid during the 30-day period following receipt of the notice of lapse, the policy and LTC Rider will lapse.

Health And Personal History—Section 3

The supplemental application will include a set of knock out questions (#1-4) in this section. If the proposed insured answers yes to any of these questions, then the LTC Rider is not available for that person.

Please note that a "YES" answer to any of the other questions (#6-9) requires that additional details be provided. Space is available to provide that information; however, an additional sheet may be attached if more space is needed. Any additional sheets must also be signed

and dated by the applicant.

Existing and Pending Coverage—Section 4

This section will provide the underwriter with information regarding other government and individual insurance coverage the applicant may have or has applied for in the past in addition to any coverage being replaced. If question #1 is answered yes, the applicant will not be eligible for the LTC Rider as the benefits would be paid in addition to Medicaid benefits. Please verify if the yes answer is correct as some applicants or agents may confuse this question with Medicare coverage.

LTC Replacement

LTC replacement requirements must be satisfied only if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, then the life insurance replacement requirements must be satisfied. If a life insurance policy that includes a long tern care rider (or riders) is being replaced by a life insurance policy and the LTC Rider, then both life insurance as well as long term care replacement requirements must be satisfied.

Producer's Report

The information the agent provides here gives the underwriters a more complete picture of the applicant. These questions need to be answered to the best of the agent's ability and knowledge. The *additional questions* regarding insurance policies sold to the applicant by the agent is *mandated by state laws*. Note that, regardless of any replacement, all such prior policies must be listed even if they've long since lapsed.

Notice About Insurance Fraud

Transamerica Life Insurance Company is committed to reducing fraud. All applicants should be made aware that any person who, facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signatures

A HIPPA Authorization must be signed and dated with the same date as the supplemental application is signed before Underwriting processing can begin.

1. The applicant must sign and date the supplemental application for the LTC Rider in all requested areas. **We do not accept Power of Attorney signatures on any supplemental application.**
2. All applications must be received in the Administrative Office within 30 days of the signed date.
3. Please print as well as sign the supplemental application.
4. Include the Agent number (please consult your local agency assistance). If we cannot identify the writing agent, and determine that his/her license and continuing education credits are current, the case will not be issued and paid. Furthermore, the application and premium if any will be returned.

UNDERWRITING GUIDE

UNDERWRITING PROCEDURES

1. The LTC Rider supplemental application, as well as all state-required new business forms in good order must be received by us at the same time as the Life Application. A HIPPA Authorization must be signed and dated with the date the supplemental application is signed before Underwriting processing can begin.

2. Upon timely receipt in our administrative office of the new business application and required forms for the life policy and the LTC Rider, the agent/broker license, compliance with the continuing education requirements and appointment status for the LTC Rider are verified.

3. The file is reviewed in the underwriting area and any necessary underwriting evidence for the LTC Rider will be requested along with the necessary underwriting evidence for the life policy.

4. All underwriting evidence, medical records and other forms and information must be received within 60 days of supplemental application date. If not, the file will be closed as incomplete and the premium will be refunded directly to the applicant. If the information is received after the applicant's case has been deemed to be incomplete, the underwriter will determine if the current supplemental application can be used or if a new fully completed supplemental application with a current signature and date will be required.

5. In the event a LTC Rider supplemental application is declined or issued other than as applied for, the underwriter will provide the reason for that action, to the extent permitted by law to the agent. A letter with a detailed explanation of the adverse underwriting decision will be sent to the applicant along with any refund due.

6. Unless otherwise prohibited, copies of all correspondence will be sent to the writing agent via the appropriate agency or office, as they will assist in the underwriting process from application through policy issue.

PREFERRED NONSMOKER CRITERIA

(in addition to build chart on the following page)

- No tobacco use in past 24 months
- No cardiovascular/cerebrovascular events (AFib, CVA, TIA, MI, HTN…) or conditions
- No use of assistive devices
- No history of diabetes
- No medical confinements within past six months
- No mobility risk factors (i.e. falls, osteoporosis, significant arthritis, etc.)
- Regular medical follow up (minimum once every two years)
- Demonstrated control of medical conditions

UNDERWRITING GUIDE

BUILD CHART

The weights shown in the "Preferred Nonsmoker" column represent the maximum weight for a preferred nonsmoker risk at the given height. Similarly, the weights shown in the "Standard Smoker/Nonsmoker" column represent the maximum weight for a proposed insured to be considered as a standard smoker or standard nonsmoker risk at the given height.

Medical records will be required on any proposed insured who weighs less than the "Minimum Weight" for a given height or more than the maximum weight for "Standard Smoker/Standard Nonsmoker." Such medical records will be used to determine whether the proposed insured has any co-morbidities (such as diabetes, stroke, arthritis, hip or knee replacements, etc.) or complications from other medical conditions and could still qualify for the LTC Rider at the risk class for their height and weight and not be declined. Proposed insureds with a weight below the "Minimum" in the build chart will typically be declined.

Proposed insureds who weigh less than "Table Rated" and who are fully functional with no complication or co-morbidities (such as diabetes, stroke, arthritis, hip or knee replacements, etc.) that will increase the risk of disabilities will usually be issued at Standard Nonsmoker or Standard Smoker. Proposed insureds who weigh less than "Table Rated" with complications or co-morbidities will be issued sub-standard ratings of Tables A through D or will be declined. Proposed insureds who weigh above the maximum weight for: "Table Rated" risks will usually be declined.

Height	Minimum Weight	PROPOSED INSURED'S MAXIMUM WEIGHT IN POUNDS		
		Peferred Nonsmoker	Standard Smoker/ Nonsmoker	Table Rated
4'8"	< 85	156	189	200
4'9"	< 88	162	193	204
4'10"	< 91	167	197	208
4'11"	< 94	173	201	212
5'0"	< 97	179	205	216
5'1"	< 100	185	210	221
5'2"	< 104	191	214	225
5'3"	< 107	197	219	232
5'4"	< 110	204	225	237
5'5"	< 114	210	231	243
5'6"	< 118	216	237	250
5'7"	< 121	223	243	257
5'8"	< 125	230	250	262
5'9"	< 128	236	257	269
5'10"	< 132	243	264	278
5'11"	< 136	250	271	287
6'0"	< 140	258	279	292
6'1"	< 144	265	287	299
6'2"	< 148	272	295	308
6'3"	< 152	279	303	317
6'4"	< 156	287	311	325
6'5"	< 160	295	319	334
6'6"	< 164	303	326	345

UNDERWRITING IMPAIRMENTS IN GENERAL

While the impairments included here are primarily medical, additional factors related to ADLs/IADLs and cognitive functioning have also been incorporated. Although the list of impairments is extensive, it does not include all possible conditions that may be encountered. In addition, the underwriting determinations that are provided in this guide are based on **individual impairment**, however, the life application and supplemental application received may contain **multiple impairments**.

The ***most favorable*** offers will be in those situations where:

- Married couples both apply together
- Those with an active, healthy lifestyle (work, exercise, non-smoker, etc.)
- Regular physician visits for health maintenance & monitoring control of current conditions
- Frequent social activities outside the home with volunteering and hobbies/clubs, etc.

Those applicants/cases normally resulting in **less favorable** decisions include:

- Applications already rated or declined from other LTCI carriers
- Incomplete health histories (many times an indication of poor control)
- Severe medical concerns likely to cause long term periods of disability
- Medical conditions with partial recovery or poor control/response to treatment
- Poor functional or cognitive capacity
- Recent health condition detection or surgery (will consider minor out-patient surgery once completed and with a full recovery)
- Co-morbidity (i.e. health conditions that tend to aggravate each other)

*******We will not accept applications or underwrite any individual or couple currently residing in or considering a Continuing Care Retirement Community (CCRC). *******

Individual Consideration: It is not always possible to include all the variations of a given impairment that the underwriter must consider to determine the most appropriate risk classification. Those variables may include additional factors from the phone interview and/or a Face to Face assessment. Where “Individual Consideration” is indicated, a review of all underwriting evidence is required before a final determination can be made.

In long term care insurance underwriting, certain combinations of impairments are more significant than others. Thus, the relationship between the different conditions is taken into consideration in determining the ultimate risk classification. In addition, findings on the phone interview or long term care assessment (i.e., how active the applicant is, whether or not activities are restricted, observations regarding cognitive function, mobility, etc.) are also of considerable importance.

For example, several otherwise “Standard” class impairments may warrant no better than a Table A rating through Table D rating offer for the LTC Rider. Where two impairments could exacerbate each other, such as diabetes and coronary artery disease, the proposed insured under the LTC Rider may be uninsurable. Thus, the appropriate final action involving multiple impairments will require the underwriter to evaluate all the facts in combination and exercise informed judgment accordingly.

UNDERWRITING GUIDE

LTC RIDER AUTOMATIC DECLINE LIST

The following diagnoses and conditions are considered high risk for ADL loss and individuals with the following diagnoses should be declined.

ADL limitation, at present
Alcoholism, Alcohol abuse, if within 3 yrs
Alzheimer's disease
Amputation due to disease
Amyotrophic Lateral Sclerosis (ALS)
Ascites, present
Ataxia, Cerebellar
Autonomic insufficiency (Shy-Drager syndrome)
Binswanger's Disease
Buerger's Disease
Charcot-Marie-Tooth Syndrome
Chorea
Cirrhosis, except Primary Biliary
Cognitive Impairment
Confusion, current or multiple episodes
Cystic Fibrosis
Dementia
Diabetes with Stroke or treated with Insulin
Gaucher's Disease
Hodgkin's & Lymphomas-treatment in past 6 mos
Hospital/Nursing Home, Current confinement
Home Health Care/Adult Day Care, current use
Hoyer Lift use, current
Huntington's Chorea
Hydrocephalus
Incontinence, bowel
Kidney dialysis, if within 2 years
Korsakoff's psychosis
Leukemia, EXCEPT for CLL or Hairy Cell with treatment in the past six mos
Lupus Erythematosus-systemic (SLE)
Mental Retardation
Mesothelioma
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Organ Transplant, less than two years (heart, kidney, liver)
Organic Brain Syndrome
Osteomyelitis, current
Oxygen use, current
Paraplegia
Parkinson's disease
Peripheral neuropathy, severe or caused by Diabetes
Pick's Disease
Polymyositis
Postero-Lateral Sclerosis
Progressive muscular atrophy
Psychosis/Psychotic disorder including Schizophrenia
Quadriplegia
Quad cane use, current or within 6 mos
Renal failure, current
Senility, all forms
Scleroderma
Stroke (CVA), within 2 y
Three-prong cane use, current or within six months
Total Parental Nutrition (TPN), for regular or supplementary feeding or administration of medications
Transient Ischemic Attack (TIA), within 2 yr, multiple, or in combination with Diabetes
Waldenström's Macroglobulinemia
Wegener's Granulomatosis
Wheelchair or Walker, current use

UNDERWRITING GUIDE

MEDICATIONS ASSOCIATED WITH UNINSURABLE HEALTH CONDITIONS

If taking any of these medications, the proposed insured is **NOT ELIGIBLE** for the LTC Rider.

Drug Name	Condition
3TC	AIDS
Adriamycin	Malignant Tumors
Alkeran	Cancer
Amantadine	Parkinson's Disease
Apidra insulin	Diabetes
Aranesp	Anemia
Aricept	Dementia
Artane	Dementia
Avinza	Chronic Pain
Avonex	Multiple Sclerosis
AZT	AIDS
Baclofen	Multiple Sclerosis
Betaseron	Multiple Sclerosis
Carbidopa	Parkinson's Disease
Cogentin	Parkinson's Disease
Cognex	Dementia
Combivir	AIDS
Copaxone	Multiple Sclerosis
Cycloserine	Alzheimer's Disease
Cytoxan	Cancer, Immunosuppresion
D4T	AIDS
DDC	AIDS
DDI	AIDS
Depo-Provera	Cancer
DES	Cancer
D-Pencillamine	Rheumatoid Arthritis
Duragesic Patch	Chronic Pain
Edzicom	AIDS
Eldepryl	Parkinson's Disease
Epogen	Kidney Failure, AIDS
Ergoloid	Dementia
Estinyl	Cancer
Exelon	Dementia
Fetanyl Patch	Chronic Pain
Geodon	Schizophrenia
Gleevic	Cancer
Haldol	Psychosis

Drug Name	Condition
Herceptin	Cancer
Humulin 50/50 or 70/30 insulin	Diabetes
Humalog Insulin (also 75/25 mix)	Diabetes
Hydergine	Dementia
Hydrea	Cancer
Imuran	Severe Arthritis, Immunosuppression
Indinavir	AIDS
Interferon	AIDS, Cancer, Hepatitis, Multiple Sclerosis
Invirase	AIDS
Kadian	Chronic Pain
Kemadrin	AIDS
Kineret	Parkinson's Disease
Lantus Insulin	Diabetes
Larodopa	Parkinson's Disease
L-Dopa	Parkinson's Disease
Lente (L) Insulin	Diabetes
Leukeran	Cancer, Immunosuppression
Levemir	Diabetes
Levodopa	Parkinson's Disease
Lexiva	AIDS
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Megace	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Alzheimer's Disease
Mestinon	Myasthenia Gravis
Methadone	Chronic Pain
Metrifonate	Dementia
Mirapex	Parkinson's Disease
Morphine	Chronic Pain
MS Contin	Chronic Pain
Myleran	Cancer

Drug Name	Condition
Namenda	Alzheimer's Disease
Narcotics	Chronic Pain
Narvane	Psychosis
Nelfinavir	AIDS
Neoral	Severe Arthritis, Immunosuppression
Neulasta	Anemia
Norvir	AIDS
Novolin 70/30 insulin	Diabetes
Novolog Insulin (also 70/30)	Diabetes
NPH (N) Insulin	Diabetes
Oxycontin	Chronic Pain
Paraplatin	Cancer
Parlodel	Parkinson's Disease
Parsidol	Parkinson's Disease
Permax	Parkinson's Disease
PhosLo	Kidney Failure
Plenaxis	Advance Prostate Cancer
Procrit	Kidney Failure, AIDS
Prolixin	Psychosis
Purinthenol	Progressive Ulcerative Colitis
Razadyne	Alzheimer's Disease
Rebif	Multiple Sclerosis
Regular (R) Insulin	Diabetes
Remicade	Rheumatoid Arthritis, Crohn's Disease
Reminyl	Dementia
Renagel	Kidney Failure
Requip	Parkinson's Disease

Drug Name	Condition
Retrovir	AIDS
Reyataz	AIDS
Ridura	Rheumatoid Arthritis
Riluzole	ALS
Risperdal	Psychosis
Ritonavir	AIDS
Sandimmue	Immunosuppression, Severe Arthritis
Seroquel	Psychosis
Stelazine	Psychosis
Sustiva	AIDS
Symbyax	Psychosis
Symmetrel	Parkinson's Disease
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Trilifon	Pychosis
Truvada	AIDS
Tumor Necrosis Factor	Rheumatoid Arthritis
Tysabri	Multiple Sclerosis
Ultralente (U) Insulin	Diabetes
Velosulin	Diabetes
VePesid	Cancer
Vincristine	Cancer
Virmune	AIDS
Xyrem	Narcolepsy
Zanosar	Cancer
Zolodex	Cancer

UNDERWRITING GUIDE

INDIVIDUAL IMPAIRMENTS

IMPAIRMENT	UNDERWRITING ACTION
***ACOUSTIC NEUROMA**	
Face-to-Face Cognitive Assessment required	
1 year after surgery—no residuals	Usually Standard
Otherwise	Decline
ADL DEFICIENT	
All cases	Decline
ADULT DAY CARE	Decline
***ADULT RESPIRATORY DISTRESS SYNDROME / ARDS**	
History of ARDS, resolved, fibrosis moderate at worst, no restricted activity, no oxygen use, >12 months ago	Individual Consideration
Otherwise	Decline
AIDS / ACQUIRED IMMUNE DEFICIENCY SYNDROME	AIDS
All cases	Decline
ALCOHOLISM / ALCOHOL ABUSE	
Reform/abstinent within 3 years, and no prior relapse	Decline
*Abstinence over 3 years, no residuals	Usually Standard
With residuals	Decline
With one prior relapse	add 2 years to the above times
With two or more prior relapses	Usually Decline
ALZHEIMER'S DISEASE	
All cases	Decline
***AMNESIA**	See TRANSIENT GLOBAL AMNESIA
***AMAUROSIS FUGAX**	Handle same as TIA/Stroke/ CVA/Brain Attack
AMPUTATION (Please call underwriting for pre-qualification)	
Fully functional with no assistance or mechanical aids required:	
*Due to trauma, (medical records required if within 12 months	
single limb only	Usually Standard
Otherwise, due to Diabetes or other disease	Decline
AMYOTROPHIC LATERAL SCLEROSIS / ALS (LOU GEHRIG'S DISEASE)	
All cases	Decline
ANEMIA	
***Cause unknown** (medical records required only if within 12 months)	
Hemoglobin 12 or more, no further treatment/studies indicated	Possible Standard
Aplastic (lacking in cell production)	
Cause known, fully resolved, no further exposure to causal agent, 6 months ago	Underwrite for Cause
Otherwise	Decline
Hemoglobin 12 or more, bilirubin not over 2.0, stable >6 months ago	Underwrite for Cause
Hemoglobin 10 to 12, bilirubin 2.0 or less, stable >6 months ago	Table A+Underwrite for Cause

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
ANEMIA—continued	
Otherwise	Decline
Iron Deficiency	
Hemoglobin 10.5 up, no transfusions, no chronic blood loss, stable, >6 months ago	Standard
***Hemolytic** (reduced red cell survival time)	
****Pernicious** (medical records required only if within 12 months)	
CBC normal, no neurological complications, stable on periodic B12 injections, >6 months ago	Standard
Otherwise	Individual Consideration
Other	
Sickle cell disease	Decline
Sickle cell trait	Standard
***ANEURYSM**	
Abdominal (AAA)	
Operated, stable, no residual > 6 months ago	Standard
Unoperated, stable, 3.0 cm or smaller	Usually Standard
Stable, 3.1 to 4.0 cm	Table B
Stable, 4.1 to 5.0 cm	Usually Table C - Table D
5.1 cm or larger or unstable growth	Decline
Thoracic—all	Decline
Cerebral, >2 years ago—(Cognitive assessment required)	Individual Consideration
***ANGINA PECTORIS / CORONARY ARTERY DISEASE / HEART ATTACK**	
Functional Class I—Patients with cardiac disease but without limitations on physical activity. They do not experience undue fatigue, palpitation, dyspnea, or angina.	
Functional Class II—Patients with cardiac disease resulting in slight limitation of physical activity. Comfortable at rest, though ordinary physical activity may result in fatigue, palpitations, dyspnea, or anginal pain.	
Functional Class III—Patients with cardiac disease which results in marked limitation of physical activity. Comfortable at rest, but less than ordinary physical activity causes fatigue, palpitation, dyspnea, or angina.	
Functional Class IV—Patients with cardiac disease that results in an inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency, or of angina, may be present even at rest. Discomfort is increased with any physical activity.	
Within 3 months	Postpone
>3 months ago—Stable, no Complications*	
Functional Class I	Usually Standard
Functional Class II	Usually Standard
Functional Class III	Possibly Table C - Table D
Otherwise:	
Functional Class IV	Decline
*Complications may include but are not limited to Diabetes, Stroke (CVA/TIA), Emphysema (COPD), High Blood Pressure, Kidney Disease, Peripheral Vascular Disease (PVD), Neuropathy, Nephropathy or Retinopathy.	

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***ANGIOPLASTY**	See ANGINA
Within 3 months	Postpone
Asymptomatic—3 months up, no complications (see ANGINA Section for details)	
Functional Class I	Usually Standard
Functional Class II	Usually Standard
Functional Class III	Possibly Table C - Table D
Otherwise:	
Functional Class IV	Decline
***ANKYLOSING SPONDYLITIS / MARIE STRUMPELL ARTHRITIS**	
Inactive, with or without rigid spine, no other residuals	Standard
Otherwise	Individual Consideration
ANTICIPATED SURGERY (not listed elsewhere)	
Minor, non-diagnostic procedures which are done on an outpatient basis	Underwrite for Cause
Otherwise	Postpone until full recovery
***AORTIC INSUFFICIENCY / AORTIC STENOSIS**	
Operated, full recovery, >3 months ago:	
Asymptomatic, stable, no complications	Usually Standard
Otherwise	Decline
Unoperated, >12 months ago:	
Mild, no dizziness or syncope, asymptomatic	Usually Standard
Otherwise	Decline
***APHASIA**	
Cause known	Underwrite for Cause
Cause unknown	Usually Decline
***APRAXIA**	
Present	Decline
History of, resolved, >6 months ago:	
Cause known	Underwrite for Cause
Cause unknown	Usually Decline
***ARRHYTHMIA**	
Atrial fibrillation (includes PAT, PAC, SVT)	
One episode only, no known Coronary Artery Disease / Congestive Heart Failure / Heart Attack / Myocardial Infarct / Cerebral Vascular Accident / Transient Ischemic Attack	
>6 months ago	Usually Standard
Recurrent/Chronic episodes—infrequent, short duration, no complications, under treatment usually with anticoagulation Rx — >12 months ago **age 69 and under**—	
asymptomatic	Usually Standard
Otherwise or symptomatic	Decline
Recurrent/Chronic episodes—infrequent, short duration, no complications, under treatment usually with anticoagulation Rx — >12 months ago **age 70 and up**— asymptomatic	Usually Table A
Otherwise or symptomatic	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***ARRHYTHMIA—continued**	
Ectopic beats (includes PVC and VT)	
PVC—Mild to moderate, stable with or without medication	Usually Standard
Otherwise or **VT**	Decline
Sick Sinus Syndrome	
Operated , pacemaker, Asymptomatic	See PACEMAKER
Unoperated, minor dysrhythmia	Usually Decline
Asymptomatic	Usually Standard
Otherwise or symptomatic	Usually Decline
***ARTERITIS**	
Cranial, giant cell or temporal	
Present, less than 6 months	Postpone
>6 months ago, well controlled	Usually Table A
Otherwise	Individual Consideration
ARTHRITIS	
Mild, no limiting disability, treated with aspirin or nonsteroidal anti-inflammatory drugs, occasional pain	Usually Standard
***Moderate**, occasional mild limitations, chronic pain, AM stiffness, occasional corticosteroids not to exceed 10 mgm	Usually Table A
Severe, treatment with 10+ mgm corticosteroids or Gold or Methotrexate, functional limitations or assistive devices	Decline
ASSISTED LIVING FACILITY	Decline
ASTHMA	
Nonsmoker	
Mild, less than 6 attacks per year, occasional medication required, no steroids, no COPD	Usually Standard
***Moderate** 6–10 attacks per year, use of bronchodilators, steroid use for acute episodes only, no COPD or hospitalization	Usually Table A
***Severe** (other than above) regular steroids, functionally limited	Decline
Smoker	
***Mild** (same criteria as Mild above)	Table A
***Moderate** (same criteria as Moderate above)	Usually Table C - Table D
Otherwise	Decline
ATAXIA	
All cases	Usually Decline
***ATRIAL FIBRILLATION**	See ARRHYTHMIA
***BALANCE DISORDER**	See FAINTING
BELL'S PALSY	
All cases	Usually Standard
***BLACKOUT SPELLS** (medical records required if within 2 years)	
Within 6 months, cause unknown	Decline
All others	Individual Consideration

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***BLINDNESS** (medical records if onset within 24 months, may require F2F)	
Congenital, traumatic, or Macular Degeneration, fully functional within 12 months	Decline
Over 12 months	Usually Standard
Functionally impaired	Decline
BRACES	
***Back brace** (not if only employment requirement)	
Removable, no disability, fully functional in ADLs and IADLs	Individual Consideration
Otherwise	Decline
***Leg brace**	
one leg, no disability, fully functional in ADLs and IADLs	Individual Consideration
Otherwise	Decline
BRAIN DISORDER	
Organic Brain Syndrome (OBS), Chronic Brain Syndrome, unoperated aneurysm or tumor, Hydrocephalus	Decline
*Surgically corrected aneurysm or tumor without residuals after 2 years	Individual Consideration
BLOOD PRESSURE	See HYPERTENSION
BI-POLAR DISEASE	See MANIC DEPRESSION
***BRONCHIECTASIS**	
Nonsmoker, no COPD, no associated disability, >1 year ago	Usually Table A
Otherwise	Decline
BRONCHITIS	Standard
BRONZE DIABETES (Hemochromatosis)	
All cases	Decline
BURSITIS	
History of, or present, no other evidence of rheumatoid arthritis	Usually Standard
Otherwise	Underwrite for Cause
***BY-PASS, CORONARY / CABG**	
Within 3 months	Postpone
3 months up, asymptomatic, no complications (see ANGINA Section for details)	
Functional Class I or II (mild & moderate)	Usually Standard
Functional Class III	Possibly Table C - Table D
Functional Class IV (severe, symptomatic)	Decline
***CANCER** (medical records required within 3 years)	
Brain Tumor (benign or malignant)	
Date successful treatment within 2 years	Decline
*Date successful treatment over 2 years (usually requires F2F)	Usually Standard
Skin Cancer (basal cell, squamous cell, not melanoma)	Standard
***Internal cancer** (and melanoma)	
Date of last treatment within 6 months	Decline
Date of last treatment over 6 months, no residuals, no metastasis or recurrence	Usually Standard

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***CANCER** (medical records required within 3 years)—**Continued**	
Recurrence greater than 2 years, treatment free, no residuals	Table C – Decline
All others	Individual Consideration
CANE	
Quad or three prong cane	Decline
*Single cane, occasional use (Requires F2F Assessment)	Usually Standard
***CARDIOMYOPATHY**	
Within 1 year	Decline
>1 year ago, no evidence of congestive heart failure, stable with good follow-up* and **Functional Class I & II** (see ANGINA)	
Individual Consideration	
Otherwise	Decline
*If secondary to other condition and that underlying cause removed with reversal of the cardiomyopathy	
***CAROTID ARTERY DISEASE / STENOSIS / BRUIT**	
Asymptomatic, no prior stroke or transient ischemic attack (TIA), no Diabetes or Heart Disease	
Operated (endarterectomy) >3 months ago	Standard – Table A
Unoperated, stenosis 60% or less, no symptoms	Individual Consideration
Symptomatic or Otherwise	Decline
CARPAL TUNNEL SYNDROME	
No lasting disability	Standard
CATHETER	
Indwelling	Decline
*Intermittent	Usually Standard
***CEREBRAL ATROPHY**	Individual Consideration
CEREBRAL PALSY	
All Cases	Decline
***CEREBRAL VASCULAR ACCIDENT / CVA / STROKE**	
F2F Assessment required	
Within 24 months	Decline
One episode only, >24 months ago, full recovery, no residuals, no chronic atrial fibrillation, nonsmoker, good BP control	Usually Standard
Otherwise or with Diabetes or other severe circulatory disease (CAD, PVD, etc.)	Decline
CHARCOT - MARIE - TOOTH DISEASE	
All cases	Decline
CHAIR LIFT	Decline
***CHEST PAIN**	See ANGINA
***CHRONIC FATIGUE SYNDROME** (medical records within 2 years)	
Functional in ADLs/IADLs — >1 year ago	Usually Standard

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***CHRONIC LYMPHOCYTIC LEUKEMIA / CLL**	
1 year up, limited plan, stage 0 or 1	Standard
Otherwise	Often Decline
***CHRONIC OBSTRUCTIVE PULMONARY DISEASE / COPD**	
Nonsmoker	
Mild, non-progressive, no steroid required, no limitations	Standard
Moderate, may require occasional steroid use, no limitations, no oxygen used	Usually Standard
Otherwise…	Decline
Smoker	
Mild, non-progressive, no steroids required, no limitations, Stable 2 years or more	Individual Consideration/ Usually Table B
Moderate, may require occasional steroid use, no limitations, no oxygen used	Individual Consideration/ Usually Table C - Table D
Otherwise	Decline
CIRRHOSIS OF LIVER	
All cases	Decline
COLITIS	
Irritable or spastic bowel, functional	
All cases	Usually Standard
Well controlled, stable, with onset greater than 6 months ago	Usually Standard
****Crohn's, Ileitis or Ulcerative Colitis*** (medical records if within 2 years)	
Operated, >6 months ago, well controlled	Usually Standard
Unoperated, >6 months ago, well controlled	Standard
Otherwise	Usually Decline
***COLOSTOMY / ILEOSTOMY**	
Temporary, reversed and fully healed, 6 months up	Individual Consideration
Permanent, fully adapted to use without need for assistance, >6 months ago	Underwrite for Cause
Otherwise	Decline
***COMPRESSION FRACTURE**	
Single without osteoporosis	Individual Consideration
Multiple or with osteoporosis	Decline
CONFUSION	Decline
CONGESTIVE HEART FAILURE	
Within 6 months	Decline
*Over 6 months, single episode, stable (class I or II)	Individual Consideration
Otherwise (includes unstable, **Functional Class III or IV**)	Decline
***CORONARY ARTERY/HEART DISEASE**	
(Bypass, angina, etc. without complications - See ANGINA for **Functional Classification**)	
Within 3 months	Postpone

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***CORONARY ARTERY/HEART DISEASE—continued**	
>3 months ago—Stable	
Functional Class I or II (mild to moderate)	Usually Standard
Functional Class III	Possibly Table C - Table D
Functional Class IV (severe) or unstable	Decline
CREST SYNDROME	Decline
(Calcinosis, Raynaud's phenomenon, Esophageal dysfunction, Sclerodactyly Telangiectasia)	Decline
***CROHN'S DISEASE**	See COLITIS
***DEFIBRILLATOR**	
All cases — >6 months ago	Individual Consideration/ Usually Table A
DEGENERATIVE DISC DISEASE (DDD, DJD)	See ARTHRITIS
DEMENTIA	
All Cases	Decline
DEMYELINATING DISEASE	
All cases	Decline
DEPRESSION (medical records maybe required for mild, if treated within 12 months)	
Mild includes generalized anxiety disorder, requiring minimal medication or psychotherapy, no related periods of confinement or disability, >6 months ago	Usually Standard
***Moderate**, single episode only, may include short period of confinement, well adjusted with no ECT, no further treatment required other than maintenance medication — >1 year ago	Individual Consideration
Otherwise	Decline
***DIABETES MELLITUS**	
Type I or ***insulin dependent (IDDM)***, all cases	Decline
Type II or ***non-insulin dependent*** (NIDDM), onset 12 months ago, well controlled by diet or oral medication, no complications*	
Onset age 31 or above, good control with current Glyco/A1C at or less than 8.0	Usually Standard
Otherwise or with Complications*	Decline
*Complications include, but are not limited to: Coronary Artery Disease (CAD, Heart Attack, or Angina), Cerebral Vascular Disease (Stroke / CVA / TIA), Peripheral Vascular Disease (PVD), Kidney Disease, Nephropathy, Neuropathy, and Retinopathy.	
DIALYSIS	Decline
***DISABILITY** (on LTD or Social Security Disability)	Individual Consideration
DIZZINESS / VERTIGO	
Cause known	Underwrite for Cause
*Cause unknown, within 6 months	Postpone
*Cause unknown, 6–36 months ago, well investigated, no residuals, no recurrence	Individual Consideration
Over 36 months	Usually Standard
DISORIENTATION	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
DRUG ABUSE	
Within 3 years	Decline
*Over 3 years, no residual, no relapse	Usually Standard
EMPHYSEMA	See CHRONIC OBSTRUCTIVE PULMONARY DISEASE / COPD
ENDARTERECTOMY	See CAROTID ARTERY DISEASE
***EPILEPSY**	
Absence, Jacksonian, Petit mal or Simple partial	
12 months since last attack	Usually Standard
Grand mal, well controlled	
12 months to 3 years since last attack	Usually Table A
Fully controlled, last attack over 3 years	Standard
ESOPHAGEAL VARICES	
All cases	Decline
***FALLS** (medical records if within 2 year)	
One fall, >6 months ago, risk otherwise favorable	Standard
Frequent falls (three or more within 24 months)	Decline
Otherwise	Individual Consideration
***FAINTING** (medical records required if within 12 months)	
Fainting spell, blackout, vertigo, dizziness, balance disorder, or mobility deficit (one episode) after 6 months	Individual Consideration
Chronic	Decline
***FIBROMYALGIA / MYALGIA** (medical records required if within 2 years)	See ARTHRITIS
FRACTURE / NOT HIP OR SPINE / NO OSTEOPOROSIS	
Single fracture	
3 months up, full recovery, no residuals, accidental	Usually Standard
*With complications or further treatment required, 6 months up	Individual Consideration
Otherwise or with history of osteoporosis or osteogenesis imperfecta	Decline
*Multiple fractures traumatic in nature	Individual Consideration
GALL BLADDER DISORDERS	
Due to stones, operated or unoperated	
>3 months ago	Standard
GLAUCOMA	
Minimal vision loss, stable, fully functional	Standard
*Otherwise	Individual Consideration
***GLOMERULONEPHRITIS**	See NEPHRITIS
GOITER	See HYPERTHYROIDISM and HYPOTHROIDISM
GOUT	
Well controlled with minimal symptoms	Standard
GREENFIELD FILTER	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
GUILLAIN-BARRE SYNDROME	
Full recovery with no residuals, >6 months ago	Usually Standard
*Otherwise	Individual Consideration
***HANDICAP STICKER / PLACARD / LICENSE PLATE**	
All cases	Underwrite for Cause
HEMOCHROMATOSIS (Bronze Diabetes)	
All cases	Decline
HEART ATTACK	See ANGINA
HEART VALVE REPLACEMENT	See VALVE REPLACEMENT
HEPATITIS (if type unknown, medical records required)	
Type A only	
Acute episode, fully resolved, >3 months ago	Usually Standard
***Type B**	
Chronic persistent (proven by biopsy), >12 months ago	Usually Standard
Resolved, 12 months up	Usually Standard
Chronic Active	Decline
Type C, D, E, active or chronic	Decline
HERNIATED DISC	
Operated, full recovery, no residuals, >6 months ago	Standard
Unoperated, fully functional, >6 months ago	Standard
*Otherwise, some residual or disability	Individual Consideration
***HIP FRACTURE/DISORDERS**	
Fracture (with Osteoporosis)	Decline
Replacement without complications, >6 months ago, no further treatment, fully functional	Usually Standard
With complications and/or symptomatic.	Decline
***HODGKIN'S DISEASE / LYMPHOMA**	
Rate from date of completion of chemotherapy or radiotherapy	See CANCER
HOME HEALTH CARE (See cause for medical record ordering)	
Current	Postpone
History of, >6 months ago, full recovery, no residuals	Individual Consideration / Underwrite for Cause
HUMAN IMMUNODEFICIENCEY VIRUS / HIV	
All cases	Decline
HUNTINGTON'S CHOREA	
All cases	Decline
HYDROCEPHALUS	Decline
HYPERTHYROID / HYPOTHYROID / THYROID REPLACEMENT	
Hyperactive, with or without goiter, nodular or multi-nodular, well controlled and stable, >6 months ago	Standard
Control not established	Postpone

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
Hypoactive, no history of myxedema, with or without goiter or nodules, well controlled, >3 months ago	Standard
With history of myxedema, fully resolved, no history of coma or psychosis, on replacement therapy, >6 months ago	Standard
Otherwise	Individual Consideration
HYPERPARATHYROIDISM	
With surgical cure, full recovery, no hypoparathyroidism, >6 months ago	Standard
Residual hypoparathyroidism	See HYPOPARATHYROIDISM
Otherwise	Usually Decline
*Note: also rate for any associated secondary disorders	
HYPERTENSION / HIGH BLOOD PRESSURE (if blood pressure readings known)	
Mild, stage 1 (140–159 / 90–99)	Usually Standard
***Moderate**, stage 2 (160–179 / 100–109)	Individual Consideration
Severe, stage 3 (>180 / >110)	Decline
Medical records are required for mild if treatment began or was changed within last 6 months	
HYPOPARATHYROIDISM	
Asymptomatic on medication with regular medical follow-up, >6 months ago	Standard
Otherwise	Individual Consideration
***IDIOPATHIC THROMBOCYTOPENIC PURPURA / ITP** (THROMBOCYTOPENIA)	
With splenectomy	
12 months up, full recovery, no residuals and no ongoing corticosteroid use	Possible Standard
With continued corticosteroid use—limited plan	Table A - Table B
Without surgery	
One episode only, >12 months ago, full recovery	Possible Standard
Two or more episodes—limited plan	Table A - Table B
Two or more episodes with occasional corticosteroid use—limited plan	Possibly Table C - Table D
IN-DWELLING CATHETER	Usually Decline
***INCONTINENCE**	
BOWEL	
Present	Decline
History of, >12 months ago, fully resolved	Individual Consideration
URINARY	
Stress incontinence or urgency only, history of minimal leakage on exertion, >12 months ago	Usually Standard
Partial, not neurological, rare urinary tract infections, no assistance or aids required, >12 months ago	Individual Consideration
Otherwise	Decline
***INTERMITTENT CLAUDICATION**	See PERIPHERAL ARTERIAL DISEASE
***INTESTINAL OBSTRUCTION** (medical records required if within 6 months)	
Full recovery	Underwrite for Cause

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
IRITIS / UVEITUS	
Cause known	Underwrite for Cause
Cause unknown, resolved	Standard
IRON DEFICIENCY ANEMIA	See ANEMIA
IRRITABLE BOWEL SYNDROME	See COLITIS
KIDNEY STONE	See RENAL INSUFFICIENCY
KNEE DISORDERS (medical records only if within 12 months)	
Fracture	See FRACTURE
>3 months ago, full recovery, no residuals	Usually Standard
With complications and/or symptomatic	Individual Consideration
***KYPHOSIS**	See OSTEOPOROSIS
LABYRINTHITIS	See MENIERE'S DISEASE
LEUKEMIA	See CANCER
LOW BACK PAIN / LUMBAGO	
Cause known	Underwrite for Cause
Cause unknown - stable, no interference with daily activities or IADLs, mild analgesics only, >6 months ago	Standard
Otherwise	Individual Consideration
***LUPUS ERYTHEMATOSUS**	
Discoid, diagnosis certain, no evidence of systemic involvement, onset 12 months up	Individual Consideration
Otherwise—**Systemic,** or **Disseminated**	Decline
MACULAR DEGENERATION / MYXEDEMA	See BLINDNESS
***MANIC DEPRESSION / BIPOLAR DISORDER**	
Within 3 years	Decline
Otherwise, stable, controlled, fully functional	Individual Consideration
MARFAN'S SYNDROME	
All cases	Decline
***MEMORY LOSS / RECENT MEMORY LOSS**	
Within 2 years	Usually Decline
Greater than 2 years, with cognitive impairment ruled out and with no recent history of head trauma or CVA/Stroke/TIA within the past 2 years, requires F2F	Individual Consideration
MENIERE'S DISEASE	
Mild, fully functional, >6 months ago	Standard
*Otherwise	Individual Consideration
MENTAL RETARDATION	
All cases	Decline
MITRAL VALVE PROLAPSE	Usually Standard
MULTIPLE SCLEROSIS	
All cases	Decline
***MURMUR** (heart)	
Asymptomatic, considered functional or benign, non-progressive	Standard

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
Symptomatic, mild, single valve only, no arrhythmia, non-progressive	Individual Consideration
Otherwise	Usually Decline
MUSCULAR DYSTROPHY	Decline
MYALGIA	See ARTHRITIS
***MYASTHENIA GRAVIS** (medical records Ocular type only if over 12 months since stable)	
Ocular only, stable, >12 months ago, steroids not to exceed 10 mgs	Individual Consideration
Otherwise	Decline
***MYOCARDIAL INFARCTION / HEART ATTACK**	See ANGINA
NARCOLEPSY	
Within 12 months	Postpone
>12 months ago, well controlled, non-progressive	Usually Standard
NEPHRECTOMY	
Due to cancer	See CANCER
*Unilateral, not due to cancer, remaining renal function within normal limits, >12 months ago	Possible Standard
Otherwise	Decline
***NEPHRITIS** (medical records only if within 3 years)	
All cases—depends on cause	
Over 12 months ago, resolved, normal function	Usually Standard
6–12 months	Individual Consideration
Within 6 months	Postpone
***NEPHROTIC SYNDROME / NEPHROSIS**	
All cases	Underwrite for Cause
NEURALGIA / NEURITIS / NEUROPATHY	
Alcoholic	Decline
Diabetic	Decline
Herniated disc	See HERNIATED DISC
*All others	Individual Consideration
NEUROGENIC BLADDER	
All cases	Decline
NURSING HOME CONFINEMENT	
Current or within 6 months	Decline
*Otherwise	Individual Consideration
***OPTIC NEURITIS / RETROBULBAR NEURITIS**	
Cause known	Underwrite for Cause
Cause unknown:	
One attack, full recovery, >6 months ago	Standard
Two or more attacks, full recovery, no other evidence of demyelinating disease:	
1 to 3 years	Table A
Thereafter	Standard
Otherwise	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
ORGANIC BRAIN SYNDROME	
All cases	Decline
OSTEOARTHRITIS	See ARTHRITIS
OSTEOMALACIA	
All cases	Usually Decline
OSTEOMYELITIS	
Present or chronic	Decline
*Acute, due to vascular insufficiency, fully recovered	Individual Consideration
*Otherwise, >6 months ago	Usually Standard
OSTEOPENIA (If bone density not known, medical records required)	
Bone density (T-score better than < -1.9)	Standard
*Bone density (T-score -2.0 or worse)	Usually Standard
***OSTEOPOROSIS**	
(Bone Mineral Density/T-Score values required)	
Mild, asymptomatic, no fractures, T-score of -2.5 or better	Possible Standard
Moderate, asymptomatic, no fractures or kyphosis, T-Score of -2.6 thru -3.5	Individual Consideration
Otherwise or with fracture	Decline
OXYGEN	
Current or use within 6 months	Decline
*Use over 6 months ago	Individual Consideration
***PACEMAKER**	
Within 3 months	Decline
>3 months ago, normal cardiac output, no related complications	Usually Standard
Otherwise	Individual Consideration
***PAGET'S DISEASE / OSTEITIS DEFORMANS**	
All cases, >2 years ago	Individual Consideration
PANCREATIC CYST / PSEUDOCYST	
Present or within 6 months	Decline
*Fully resolved surgically, >6 months ago	Handle as PANCREATITIS
***PANCREATITIS**	
Acute, full recovery with no residuals, no secondary Diabetes or alcohol abuse — >6 months ago	Usually Standard
Otherwise	Usually Decline
PARALYSIS	
All cases	Decline
PARAPLEGIA	
All cases	Decline
***PARESIS**	
Depends on cause, extent, degree of limitation	Individual Consideration
PARKINSON'S DISEASE / SYNDROME OR PARKINSONISM	
All cases	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
PERIARTERITIS	
All cases	Decline
***PERICARDITIS** (medical records only required if within 2 years)	
Full recovery, no residuals, 6 months up	Usually Standard
PERIPHERAL ARTERIAL DISEASE (PAD) / PERIPHERAL VASCULAR DISEASE (PVD)	
Mild, nonsmoker, stable	Standard
Moderate or Severe, smoker, with Diabetes, or claudication	Decline
PERIPHERAL NEUROPATHY (not a complication of Diabetes)	
*Asymptomatic, no limitations in activity, no other disease, no medications, non-smoker	Individual Consideration
Otherwise or smoker	Decline
***PHLEBITIS**	See THROMBOPHLEBITIS
***PITUITARY INSUFFICIENCY**	
Well controlled on hormonal therapy, >2 years ago	Table A
Otherwise	Usually Decline
***PNEUMOTHORAX / COLLAPSED LUNG**	
Cause known, fully resolved with no residuals	Underwrite for Cause
Otherwise	Individual Consideration
***POLIO / POLIOMYELITIS / POST POLIO SYNDROME**	
Depends on severity/residuals—limited plan	Individual Consideration
POLYARTERITIS NODOSA	
All cases	Decline
POLYCYSTIC KIDNEY DISEASE	Decline
***POLYCYTHEMIA**	
Primary	Table B
Secondary	Underwrite for Cause
Well controlled, asymptomatic, diagnosed greater than 12 months ago	Usually Standard
POLYMYALGIA RHEUMATICA	
*Present over 12 months, well controlled and stable, no functional limitations	See ARTHRITIS
Otherwise	Usually Decline
POLYMYOSITIS	
All cases	Decline
POLYPS	
Proven benign	Standard
PREGNANCY	Postpone until 3 mos. after delivery
***PRESSURE SORES**	
Present	Decline
History of, fully healed, 3 months up	Underwrite for Cause
*PRIMARY BILLIARY CIRRHOSIS	
3 years up - limited plan	Individual Consideration

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
PROSTATE DISORDERS (Prostatic hypertrophy, benign)	
PSA level unknown	
Operated, full recovery, no residuals, >3 months ago	Standard
Otherwise	Individual Consideration
PSA level known*	
0–4	Standard
*5–10	Individual Consideration
*Over 10, if well investigated, including negative biopsy, no further workup recommended	Individual Consideration
Otherwise	Postpone
Prostate cancer*	See CANCER
*Note: Where there is a known history of surgically treated prostate cancer, there should be no detectable level of PSA. Thus, any measurable PSA suggests the continued presence or recurrence of prostate cancer	
PROSTATITIS	Standard
PSEUDODEMENTIA	
All cases	Decline
PSYCHOSIS / PSYCHOTIC DISORDER	Decline
PSYCHONEUROSIS (medical records required if within one year and/or requiring treatments for more than one year)	
Mild, (reactive or situational for period of one year or less) includes anxiety or depression requiring minimal ongoing medication or treatment, with no related periods of confinement or disability, stable 6+ months	Usually Standard
***Moderate**, depends on diagnosis, duration, frequency, treatment, whether or not activities curtailed	Individual Consideration
Severe, or chronic, such as panic disorders, with recurrent episodes or periods of confinement—or limiting activity	Decline
***PULMONARY EMBOLISM**	
Cause known	Underwrite for Cause
Cause unknown, no residuals, >6 months ago	Usually Standard
***PULMONARY FIBROSIS**	
All cases	Individual Consideration
PYELITIS	See NEPHRITIS
QUADRIPLEGIA	
All cases	Decline
***RAYNAUD'S DISEASE**	
Onset 2+ years ago, condition stable, full use of extremities, non-progressive, **nonsmoker**, no Diabetes	Usually Standard
Otherwise	Decline
***RAYNAUD'S PHENOMENON**	
Onset within 2 years	Postpone
>2 years ago	Handle as RAYNAUD'S DISEASE

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***RENAL FAILURE**	
Acute, 12 months up, full recovery, no residuals	Underwrite for Cause
Otherwise	Decline
***RENAL INSUFFICIENCY**	
Chronic	Decline
>1 year ago, stable	Individual Consideration
With Diabetes or Hypertension	Usually Decline
RETINAL DETACHMENT (medical records required if within one year)	
Recovered, not due to disease	Standard
Otherwise	Decline
RETINAL HEMORRHAGE	
Due to Diabetes	Decline
*Due to trauma, resolved, vision restored	Standard
*Otherwise	Underwrite for Cause
RETINITIS PIGMENTOSA	
Not yet blind or blind less than 12 months	Decline
After blind 12 months, fully functional	See BLINDNESS
***RHEUMATOID ARTHRITIS**	See ARTHRITIS
SARCOIDOSIS	
Active	Decline
***Inactive**, no residuals, >6 months ago	Individual Consideration
SCHIZOPHRENIA	
All cases	Decline
SCIATICA	
Cause known	Underwrite for Cause
Cause unknown, fully functional, >3 months ago	Usually Standard
SCLERODERMA	
Systemic sclerosis / **CREST**	Decline
SCLEROSING CHOLANGITIS	Decline
SCOLIOSIS	
Mild to Moderate no functional impairment, no further progression, no limitations in ADL's or IADLs and no secondary impairments	Possible Standard
*Otherwise, depends on limitations and related impairments	Individual Consideration
***SEIZURES**	
See also EPILEPSY	
Cause known, single occurrence	Underwrite for Cause
Cause unknown, within first year	Postpone
>1 year ago, no recurrence	Individual Consideration
SHY-DRAGER SYNDROME	
All cases	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
SICK SINUS SYNDROME	See ARRHYTHMIA
SICKLE CELL DISEASE	
All cases	Decline
SICKLE CELL TRAIT	
All cases	Standard
***SJOGREN'S SYNDROME**	See ARTHRITIS
SLEEP APNEA	
Mild to **Moderate**, no medical intervention or surgery recommended	Usually Standard
***Severe**, depends upon duration and medical management required (includes CPAP, surgery)	Individual Consideration
***SPINAL STENOSIS**	Handle as moderate ARTHRITIS
***SPONDYLITIS**	See ANKYLOSING SPONDYLITIS
***STROKE**	See CEREBRAL VASCULAR ACCIDENT / CVA
***SYNCOPE**	See FAINTING
SYNOVITIS	
Cause known	Underwrite for Cause
Cause unknown, resolved, no functional impairment	Standard
SYSTEMIC LUPUS ERYTHEMATOSIS	
All cases	Decline
THALASSEMIA MAJOR	
All cases	Decline
THALASSEMIA MINOR	
All cases	Standard
THROMBOANGIITIS OBLITERANS / BUERGER'S DISEASE	
Smoker	Decline
***Nonsmoker**	
Fully resolved and smoking ceased, >2 years ago, no residuals	Usually Standard
Otherwise	Decline
***THROMBOPHLEBITIS** (medical records required if within 2 years)	
No surgery or walking aids, no functional limitations	Standard
Cause known, no ongoing anticoagulant use	Underwrite for Cause
With ongoing anticoagulant use	Usually Decline
Cause unknown	Postpone
THYROIDITIS	See HYPERTHYROIDISM
***TRANSIENT GLOBAL AMNESIA (Cognitive assessment required)**	
One episode only, >24 months ago, well investigated, no underlying pathology evident, full recovery, no residuals	Usually Standard
Otherwise	Decline
***TRANSIENT ISCHEMIC ATTACK / TIA (Cognitive assessment required)**	
One episode only, >24 months ago, confirmed or unconfirmed, no residuals, no comorbidities	Usually Standard
Multiple episodes or with Diabetes	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
***TRANSPLANT**	
Heart	
Within 2 years	Decline
After 2 years	Usually Decline
Kidney/Lung	
Best cases (normal function testing), >2 years ago	Individual Consideration
Otherwise	Decline
Liver	
All cases	Decline
TRANSVERSE MYELITIS	
Full recovery with no residuals, >12 months ago	Standard
Otherwise	Decline
***TREMORS**	
Essential, Familial, or Senile only; other CNS disorder and Parkinson's ruled out	Standard
Otherwise	Decline
TUBERCULOSIS (medical records required if within 2 years)	
Active	Decline
***Inactive**, no residual impairment, >6 months ago	Standard
With residual impairment	Handle as COPD
TUMORS - BENIGN	
Asymptomatic, proven benign, no surgery anticipated	Standard
Symptomatic, not proven benign, or surgery anticipated	Postpone
***Brain**—no residuals—cognitive assessment required—after surgery — >2 years ago	Table A
Otherwise	Usually Decline
***UNDERWEIGHT**	
See BUILD CHART	Individual Consideration
***VALVE REPLACEMENT (HEART)**	
Single valve, >6 months ago, fully functional, no comorbidities or complications	Usually Standard
Double valve, >6 months ago, fully functional, no comorbidities or complications	Individual Consideration
***VENOUS INSUFFICIENCY**	
UNOPERATED, below knee, no stasis ulcer or dermatitis	Standard
OPERATED, with or without prior stasis ulcer, full recovery with no residuals, >12 months ago	Standard
Otherwise	Table B – Decline
VERTEBROBASILAR INSUFFICIENCY	
All cases	Decline
VON WILLEBRAND'S DISEASE	
All Cases	Decline
VON RECKLINGHAUSEN'S DISEASE	
All Cases	Decline

*Medical Records will be ordered

UNDERWRITING GUIDE

IMPAIRMENT	UNDERWRITING ACTION
WALDENSTROM'S DISEASE	
All Cases	Decline
WEGENER'S DISEASE	
All Cases	Decline
WEIGHT LOSS (weight must be stable for at least 6 months)	
Planned, due to diet and exercise	See BUILD CHART
Secondary to known disorder	Underwrite for Cause
Lap Band / Bypass > 6 months with no complications	Usually Standard
*Cause unknown (≥ 15 lbs) within 1 year	Postpone
WHEELCHAIR	
Currently confined to or use of	Decline
*History of, recovered, no residuals, 6 months up	Possible Standard
Otherwise	Usually Decline
WILSON'S DISEASE	
All cases	Decline

* Medical Records will be ordered

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