

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

**LTC BY DESIGN<sup>SM</sup>**  
**UNDERWRITING GUIDE**

# LONGTERM CARE

I N S U R A N C E S U C C E S S B Y D E S I G N



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## Introduction

The purpose of this manual is to assist you in evaluating the potential impact on underwriting of diagnoses and conditions which you may encounter as you assist an applicant in completing an application for Long Term Care (LTC) Insurance. This manual is by no means intended to be all-inclusive. If you encounter a condition or situation that is not addressed in the manual, please call the LTC Underwriting Hotline at (800) 800-8542 (9:00 a.m.–5:00 p.m. EST) prior to writing the Application.

The impairments in the Medical Conditions Guidelines are presented as single diagnoses or conditions followed by the Stability Indicator (Minimum Stability/Waiting Period), presented in months. Complicating factors or multiple diagnoses should be considered as they may necessitate lengthening the Stability Period or may be Uninsurable.

If your CLIENT HAS NOT MET THE STABILITY INDICATOR for a given condition listed in the Medical Conditions Guide, DO NOT WRITE AN APPLICATION.

If your client has one of the UNINSURABLE CONDITIONS OR UNINSURABLE SITUATIONS, DO NOT WRITE AN APPLICATION.

## Prudential's Underwriting Philosophy and Primary Underwriting Requirements

We conduct thorough underwriting at the time of application. We believe this serves to improve our risk pool, enable favorable financial results, and contribute to greater equity for our agents, applicants, and policyholders. Most importantly, thorough underwriting at the time of application helps assure that rescission activity will be greatly minimized.

Prudential obtains medical records (which we refer to as an Attending Physician's Statement or APS) for all applicants aged 65 and older. For applicants aged 64 and younger, medical records will be ordered at the underwriter's discretion. Experience has shown that medical records provide the best evidence of an applicant's state of health.

An APS is required from the Primary Care Physician if seen within the last two years. If there is more than one Primary Care Physician, an APS may be ordered from each. An APS is also required from any specialist seen in the past two years for a significant medical condition (e.g. cardiac, diabetes, pulmonary, cancer, etc.). APSs are not generally required for dentists, optometrists, chiropractors, ophthalmologists, dermatologists, podiatrists, or allergists.

Additionally, based on the age of the applicant, we obtain an in-person Health Interview to gather information regarding current functionality and cognition.

### PRIMARY UNDERWRITING REQUIREMENTS\*

Age	Application	Health Interview	Medical Records
<72	YES	NO	YES
72+	YES	YES	YES

*\* The table above represents the requirements ordered routinely for applicants. The underwriter may, at his/her discretion, order additional requirements in a specific case.*

Prudential's issue ages are 18 to 84; however, to be eligible to apply, ALL APPLICANTS, AGES 72 AND OLDER, MUST HAVE BEEN SEEN BY A PHYSICIAN IN THE PAST TWO YEARS. If they have not seen a physician within two years, do not take the application. Once the applicant has had a complete examination (at their own expense) by a physician, an application can be taken. Applicants ages <72 who have not seen a physician in the past two years will be subject to a Health Interview (ages 55–71) or Paramedical Exam (<55 years of age) which may be ordered at the underwriter's discretion.

## Unique Factors in Long Term Care Underwriting

The underwriting of Long Term Care Insurance differs from the underwriting of other products (such as life insurance) in that one must consider many things, for which another type of insurance might not seem important. A few of these unique factors are listed below.

- Cognitive status
- Functional capacity
- The ability to perform the Activities of Daily Living (ADLs) (e.g. dressing, transferring)
- The ability to perform the Instrumental Activities of Daily Living (IADLs) (e.g. shopping, meal preparation)
- Medical histories that may result in a loss of independence or need for care (e.g. osteoporosis, falls, and fractures)
- Multiple medical problems (comorbidities) which, in combination, are more significant than each problem alone (e.g. diabetes is a comorbid of heart disease)
- Multiple medications which may have adverse or cumulative effects
- Treatment modalities (e.g. current physical therapy)
- Chronological age vs. physiological age – There may be a significant difference between the applicant's chronological age and physiological age (e.g. the applicant may appear much younger or older than his/her actual age)
- Frailty - Serious disabilities can result from relatively minor accidents and illnesses
- Factors that play an important role in maintaining an applicant's personal independence are:
  - Working, either full or part-time
  - A spouse in good health
  - Family or friend(s) living in the household
  - Participating in hobbies and outside activities
  - The current ability to drive
  - The ability to travel and visit independently.

## Applicant Independence Factors

In addition to evaluating the Applicant's medical conditions according to the Stability Indicators in the Medical Conditions Guidelines, it is also important to evaluate their functionality and cognitive status to be certain they are fully independent. The following Independence Factors should assist you with that process:

- The Applicant should not have any functional limits, meaning they are independent in all Instrumental Activities of Daily Living and Activities of Daily Living. They should not need assistance from another person or any supervision or prompting to perform the following tasks:

<b>IADLs</b>	<b>ADLs</b>
Using the Telephone	Bathing
Managing Finances	Dressing
Taking Transportation	Transferring
Shopping	Control of Bowel/Bladder (Continence)
Laundry	Using the Toilet
Housework	Eating
Taking All Medications	
Preparing Meals/Cooking	

- The Applicant should be cognitively intact without any evidence of cognitive impairment, including Alzheimer's Disease, dementia, or other problems that interfere with the ability to think clearly and care for oneself independently. Applicants requiring prompting or cuing to perform IADLs or ADLs are not considered cognitively intact.
- The Applicant should be able to walk around, both inside and outside, without physical or supervisory assistance of another person. The Applicant should not wander or get lost.
- Because of the concern that any surgery might leave one dependent for a period of time post-operatively, there should be no surgery or diagnostic testing that is planned or has been recommended for the Applicant. If there is any surgery pending, postpone taking the Application for at least three months after recovery from surgery. If diagnostic testing is planned, postpone taking the Application until testing is completed and the diagnosis is made.



## Uninsurable Medical Conditions

These represent the most common uninsurable conditions you will encounter in taking an Application. There are additional, less common, uninsurable conditions that are included in the Medical Conditions Guidelines.

- Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex
- ADL/IADL Limitation - Needing Assistance or Supervision in performing any of the following: Bathing, Bowel or Bladder Control, Dressing, Eating, Transferring, Taking Medication, Toileting
- Alzheimer's Disease, Chronic Memory Loss, Frequent or Persistent Forgetfulness, Senility, Dementia, or Organic Brain Syndrome
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
- Ataxia (any form)
- Autonomic Neuropathy
- Autonomic Insufficiency (Shy-Drager Syndrome)
- Cancer with Metastasis (Cancer that spread from the original site or location)
- Chronic Obstructive Pulmonary Disease (COPD) **in combination with:** current smoking; Congestive Heart Failure (CHF); Asthma; or Chronic Bronchitis
- Cirrhosis of the Liver
- Congestive Heart Failure (CHF) **in combination with:** Angina or Heart Attack; Angioplasty or Heart Surgery; Asthma or Chronic Bronchitis; Diabetes; Emphysema or Chronic Obstructive Pulmonary Disease; or Tuberculosis (TB)
- Congestive Heart Failure, diagnosed or symptomatic, within the past 12 months
- Diabetes treated with Insulin over 50 units
- Dialysis (Hemodialysis or Peritoneal)
- Emphysema **in combination with:** current smoking; Congestive Heart Failure (CHF); Asthma; or Chronic Bronchitis
- Giant Cell Arteritis (active)
- Hepatitis (chronic, active)
- HIV Positive
- Hospitalization (currently or anticipated)

- Huntington's Chorea
- Hydrocephalus
- Immune System Disorder
- Kaposi's Sarcoma
- Memory Loss
- Multiple Myeloma
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Pancreatitis (chronic)
- Paralysis (Hemiplegia, Paraplegia, Quadriplegia)
- Parkinson's Disease
- Phobias, Psychoneurosis (Treated with antipsychotic medication)
- Pulmonary Fibrosis
- Schizophrenia
- Scleroderma (active)
- Stroke or Cerebrovascular Accident (CVA)
- Transient Ischemic Attack (TIA) within the past five years; TIA in combination with Diabetes or any Heart Surgery; or multiple TIAs
- **Within the past 6 months:** Open Heart Surgery; Back or Spine Surgery
- **Within the past 12 months:** used Home Health Care or Adult Day Care; been medically advised to enter or has been confined to a Nursing Home, Assisted Living Facility, or other Long Term Care Facility
- **Within the past 48 months:** Cancer of the Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas, Stomach, or Testes

## Uninsurable Situations

The following situations, although sometimes difficult to discern at time of Application, will preclude the Applicant from being issued Long Term Care Insurance. These situations include, but are not limited to the following:

**ADL Deficits** - Anyone who requires the help of another person, for either physical or cognitive reasons, to perform any *one* of the following *Activities of Daily Living (ADLs)*:

- Bathing
- Dressing
- Control of Bowel/Bladder (Continence)
- Using the Toilet
- Transferring out of Bed/Chair
- Eating

**IADL Deficits** - Anyone who requires the help of another person, for either physical or cognitive reasons, to perform *two* or more of the following *Instrumental Activities of Daily Living (IADLs)*:

- Using the Telephone
- Managing Finances
- Taking Transportation
- Shopping
- Laundry
- Housework
- Taking all Medications\*
- Preparing Meals/Cooking

**Currently using or used in past 12 months any Long Term Care Services:**

- Home Health Care
- Nursing Home Care
- Adult Day Care
- Assisted Living Facility Care

**Medical Appliance Use (Durable Medical Equipment - DME)**

- Hospital Bed
- Respirator/Oxygen Equipment
- Walker
- Wheelchair
- Four-Pronged Cane
- Hoyer Lift
- Stairlift
- Motorized Cart

*\* If an individual needs assistance in taking medications they are uninsurable, even if they are independent in all other ADLs and IADLs.*

## Rating/Classifications Categories

Prudential offers two underwriting rating/classification categories: Select Class I and Select Class II.

**A. Review the Uninsurable Medical Conditions and the Stability Indicators to determine if a given medical condition is insurable. If the Applicant meets the Stability Indicator\* for their condition, they can qualify for a Select Class I rate.**

*Examples:*

1. If an Applicant admits to having had an angioplasty three or more months ago and is otherwise in good health, they could qualify for a Select Class I rate.
2. If an Applicant admits to having had surgery for Stage 1 breast cancer 12 or more months ago, has had no recurrence, and is otherwise in good health, they could qualify for a Select Class I rate.

The Following Conditions Are Exceptions Which Should Result In A Select Class II rate:

1. Congestive Heart Failure (CHF) requiring daily prescription medication
2. Hodgkin's Disease
3. Leukemia
4. Lymphoma
5. Diabetes requiring daily, oral, or injectable prescription medication would result in a Select Class II rate, and Diabetes controlled by diet and exercise only would be a Select Class I rate.
6. Chronic Obstructive Pulmonary Disease (COPD) requiring daily prescription medication
7. Emphysema requiring daily prescription medication

*\* The minimum length of time that is required from completion of any/all treatment for a condition, or to get it successfully controlled if chronic, to the time an Application can be submitted.*

**B. Review the Weight and Height Guidelines.**

The Applicant's weight and height must be within the acceptable ranges to qualify for a Select Class I rate. The acceptable ranges are shown in the Weight and Height Guidelines (page 12) chart in this manual.

**C. Smoking**

If an Applicant smokes, be sure to indicate so on the Application. An Applicant can qualify for a Select Class I rate even if they admit to smoking providing they smoke less than one package of cigarettes (or a similar equivalent of other tobacco products) daily and have no cardiac, respiratory, or vascular/circulatory conditions.

Medical conditions should be evaluated in accordance with the Stability Indicators in the Medical Conditions Guidelines (page 38). Applicants who do not qualify for a Select Class I rating/classification as outlined above, but are otherwise insurable according to the Medical Conditions Guidelines, should be quoted a Select Class II premium rate.

**ISSUE AGE / RATING AGE**

Issue ages are 18–84. The Applicant's age as of the date the Application is signed is what is utilized for rating and issue purposes.

**Do not back date the Application, under any circumstances. However, you may request backdating to save age up to 30 days prior to the Application date. We will not be able to save age 84 if the Applicant has turned 85 by the date of the Application.**

## Weight And Height Guidelines

Below is a weight and height table that applies to both men and women. Obesity can introduce problems when treating other conditions such as functional or mobility deficiencies, diabetes, cardiac insufficiencies, etc. Any Applicant possessing a functional or physical impairment complicated with the build configuration listed below is considered a high risk. This applies to overweight as well as underweight.

HEIGHT	LOWEST ACCEPTABLE	HIGHEST ACCEPTABLE
4' 11"	85 LBS	175 LBS
5' 0"	90 LBS	190 LBS
5' 1"	93 LBS	194 LBS
5' 2"	97 LBS	204 LBS
5' 3"	99 LBS	213 LBS
5' 4"	102 LBS	218 LBS
5' 5"	105 LBS	222 LBS
5' 6"	107 LBS	227 LBS
5' 7"	110 LBS	232 LBS
5' 8"	114 LBS	238 LBS
5' 9"	118 LBS	242 LBS
5' 10"	121 LBS	253 LBS
5' 11"	124 LBS	266 LBS
6' 0"	128 LBS	275 LBS
6' 1"	131 LBS	286 LBS
6' 2"	136 LBS	291 LBS
6' 3"	139 LBS	297 LBS
6' 4"	142 LBS	300 LBS
6' 5"	146 LBS	305 LBS

## Effective Dates

The effective date of the Policy is established by Prudential. It will be the date of approval by underwriting; however, because of systems administration issues, it cannot be the 29th, 30th, or 31st of the month. In this situation, the effective date will be the 1st day of the following month.

### **SPOUSAL/QUALIFIED ADULT APPLICATIONS - CONCURRENT APPLICATIONS FOR HUSBAND AND WIFE OR QUALIFIED ADULTS**

Occasionally, an Application is approved for one spouse or Qualified Adult while the other spouse or Qualified Adult is still pending an underwriting decision. A decision on both Applications is needed to determine the appropriate Spousal/Qualified Adult discount. The approved Spouse's/Qualified Adult's policy will not be issued until there is an underwriting decision regarding the pending Spouse's/Qualified Adult's Application; however, policy issue will not be delayed more than 30 days. Once a decision is reached on both, the effective date will be the date of approval.

### **SPOUSAL DISCOUNT**

In most states, married individuals may qualify for one of the two following spousal discounts:

#### **JOINT SPOUSAL DISCOUNT**

If both spouses apply at the same time and both are issued, each qualifies for the "Joint" spousal discount of 20%.

*Example:*

Spouse "A" Rate -  $\$2240 \times .8 = \$1792$

Spouse "B" Rate -  $\$2400 \times .8 = \$1920$

#### **SINGLE SPOUSAL DISCOUNT:**

If an Applicant is married and applies without their spouse; or both spouses apply, but only one is issued a policy, the issued spouse qualifies for the "Single" spousal discount of 10%.

*Example:*

Single Spouse Rate -  $\$2000 \times .9 = \$1800$



**N.J. SPOUSAL DISCOUNT:**

In the state of New Jersey, an applicant who is married is eligible for a discount of 20% if they are determined to be a healthy spouse. A question on the New Jersey Application determines if the spouse meets our criteria as “Healthy.”

APPLICANT DATA	DISCOUNT
Married - Healthy Spouse	20%
Married - Non-healthy Spouse	10%

**QUALIFIED ADULT DISCOUNT\***

In most states, two unmarried individuals who meet the definition of Qualified Adults and are both issued policies may qualify for a 15% discount.

The following requirements must be met in order to be eligible for the Qualified Adult Discount:\*

1. Both Individuals must be over the age of 18
2. Both Individuals must have lived together for at least one year
3. Both Individuals must have a serious and committed relationship
4. Both Individuals must not be legally married, a dependent of, or a domestic partner to anyone else
5. Both Individuals must be “financially interdependent.” Financially Interdependent means that the Qualified Adults must share the cost of food and housing. While they do not have to contribute equally or jointly for each of these expenses, each must be responsible for these costs.

*\* This discount is not available in some states.*

**POLICY DELIVERY**

When the policy is issued, it is sent to the agent for delivery to the policyholder. Included with the policy are: a “welcome” letter, any amendments, a copy of the Application, a schedule page, a policy delivery receipt with prepaid return envelope, and any state required forms. The policy and accompanying material should be delivered to the policyholder as soon as possible. **The policy delivery receipt must be signed by the policyholder and returned to Prudential within two weeks of the effective date.**

## Preferred Health Discount Guidelines

Good habits and good lifestyles should be rewarded. Prudential wants your client to receive that reward in the form of a special 15% Preferred Health Discount available to those whose physical and health profiles are better than average.

While all decisions regarding the applicability of the discount must be made by underwriting after a full review of the Applicant's medical records, we have provided these guidelines to help agents estimate whether their client might be qualified. Simply ask the questions below. If the answers are as indicated, your clients could be eligible for the premium they deserve.

Client Must Answer **"Yes"** To All Of The Following Questions:

1. Is the Applicant within the attached height and weight guidelines? (See page 17)
2. Does the Applicant maintain a high level of activity outside the home?  
This may include, but is not limited to: full- or part-time employment, regular exercise, regular social activities, or volunteer activities?
3. Is the Applicant's blood pressure controlled to 140/90 or better as an average?
4. Has the Applicant refrained from smoking or using tobacco products within the past 36 months (three years)?

Client Must Answer **"No"** To All Of The Following Questions:

5. No prior history of:
  - Any cardiac condition requiring medication
  - Diabetes
  - Leukemia
  - Memory Loss
  - Rheumatoid Arthritis
  - Congestive Heart Failure
  - Hodgkin's Disease
  - Lymphoma
  - Osteoporosis
  - TIA (Transient Ischemic Attack)

- Cancer (except skin cancer other than melanoma)
- Joint Replacement
- Chronic Pulmonary Disease (any respiratory condition that requires regular medication)
- The use of multiple medications. *This includes but is not limited to multiple medications used to control hypertension, multiple anxiety or depression medications and cholesterol lowering drugs or other circulatory medications.*
- Circulatory Disease (Cardiovascular Disease, Coronary Artery Disease or Peripheral Vascular Disease)
- Any chronic condition that is progressing in severity with age
- Comorbidities or combination of conditions will be individually considered

**All answers to the above questions must be as noted for discount consideration.**

## Preferred Health Discount Weight And Height Guidelines

Below is a weight and height table that applies to both men and women. Obesity can introduce problems when treating other conditions such as functional or mobility deficiencies, diabetes, cardiac insufficiencies, etc. Any Applicant possessing a functional or physical impairment complicated with the build configuration listed below is considered a high risk. This applies to overweight as well as underweight.

HEIGHT	LOWEST ACCEPTABLE	HIGHEST ACCEPTABLE
4' 11"	95 LBS	135 LBS
5' 0"	100 LBS	140 LBS
5' 1"	103 LBS	145 LBS
5' 2"	107 LBS	150 LBS
5' 3"	109 LBS	155 LBS
5' 4"	112 LBS	160 LBS
5' 5"	115 LBS	165 LBS
5' 6"	117 LBS	170 LBS
5' 7"	120 LBS	175 LBS
5' 8"	124 LBS	180 LBS
5' 9"	128 LBS	185 LBS
5' 10"	131 LBS	190 LBS
5' 11"	134 LBS	195 LBS
6' 0"	138 LBS	200 LBS
6' 1"	141 LBS	205 LBS
6' 2"	146 LBS	210 LBS
6' 3"	149 LBS	220 LBS
6' 4"	152 LBS	225 LBS
6' 5"	156 LBS	230 LBS

## Underwriting Decision Terminology

The following terms and definitions may be helpful in understanding underwriting decisions:

1. **Approved:** Coverage is approved as applied for.
2. **Approved With Modifications:** Coverage is approved with reduced benefits due to the significance of the risk. Modifications may include one or more of the following:
  - a) Reduced Daily Maximum
  - b) Reduced Lifetime Maximum
  - c) Increased Benefit Waiting Period
  - d) Elimination of the Cash Benefit Rider
  - e) Change in the Rating Category.

If a policy is Approved With Modifications no additional Benefit Increases should be requested for at least two years.

3. **Declined:** Coverage is denied. The risk is too great to approve, even with modifications. If an Application is declined, a letter is sent to the Applicant with a copy to the agent. The reason for decline will be briefly explained, provided the medical condition is not of a sensitive nature. If we are unable to give the reason for decline (because it was of a sensitive nature) and the Applicant desires additional information regarding the reason for decline, they must write a letter to the underwriting department authorizing disclosure of the information to a physician of their choice. The letter must include the physician's name and address, as well as the Applicant's signature and social security number.
4. **Reconsideration Offer:** An offer to review another Application at some specified later date/time. Reconsideration Offers will be made, when appropriate, to Applicants age <72. Applicants ages 72–79 will seldom be offered reconsideration because of greater possibility of rapid changes and deterioration of health. Applicants ages 80+ will not be offered reconsideration. The Reconsideration Offer will be communicated in the decline letter to the Applicant and agent and will include the condition(s) of concern and the time frame.

5. No Reconsideration: This message is communicated to the agent only. There will not be an offer to review another Application at a later date because the risk is ongoing or cannot be predicted. “No Reconsideration” will be indicated for progressive medical conditions, medical conditions with an unfavorable prognosis, multiple medical conditions that combine poorly, and for Applicants ages 80+.
6. Approved As Applied For - No Increases Permitted: This message is communicated to the agent only. Coverage is issued with the maximum benefits acceptable for this risk. If a policy is Approved As Applied For – No Increases Permitted, no requests for additional Benefit Increases should be submitted for at least two years.
7. Appeals Process: There may be instances where the Applicant and/or their physician have additional information that they believe may affect our decision. If so, the decision can be appealed by providing the additional information accompanied with appropriate supportive documentation such as tests results and other clinical findings. Underwriting will review and consider the information and respond accordingly. Appeals should be mailed to the following address:

**The Prudential Insurance Company of America**

Underwriting Department  
250 Gibraltar Road  
Horsham, PA 19044-0931

## Completing the Application

The information you gather and observations you note during the visit with your client are critical in helping the underwriter make a sound judgment. You are, in essence, “the eyes and ears” of the underwriter.

As a matter of practice it is expected the agent will meet with their clients to take the Long Term Care Insurance Application in person and witness their signature. This enables the agent to carry out good Field Underwriting by observing the prospective insured in their home and surroundings.

Completing the Application accurately and thoroughly is essential, as it becomes a part of the contract when a policy is issued. Failure to complete all portions of the Application may result in unnecessary delays while the missing information is being obtained.

### GENERAL INSTRUCTIONS:

- Please read all questions carefully.
- Use black ink to record complete responses.
- Print all information and be certain that all required signatures are obtained.
- Indicate if this Application is for a new policy, upgrade, inflation increase, or reinstatement.
- Please be certain to mail completed Applications and all required forms to Prudential as soon as possible to expedite processing.

The following is a guide for completing each part of the Application:

#### 1. APPLICANT INFORMATION

Using the form approved for use in the Applicant's **state of residence**, print complete name and title as they should appear on the policy. This section is important for identification and statistical purposes, as well as conveyance of when and where to contact the Applicant. If applicable, information regarding the spouse or Qualified Adult should also be included.

#### 2. AGENT INFORMATION

Please identify your agent license and appointments as well as the distribution channel that appointed you. This information is essential to validate your license and process the Application.

**3. INSURANCE HISTORY**

Provide details regarding any other insurance coverage and replacement intentions. This information is required to meet company and state mandates. In those states where Prudential has been approved to sell Partnership policies, any conversion from a regular Long Term Care policy to a Partnership approved policy is considered to be a replacement.

**4. MEDICAL HISTORY****Part I - Insurability Profile**

This section is critical to determine whether the Applicant is eligible to be considered for issuance of coverage. Please be sure each question is carefully reviewed.

**IF ANY OF THESE QUESTIONS ARE ANSWERED “YES,” DO NOT SUBMIT THE APPLICATION.\***

*\* State Exceptions: Kansas and Virginia require submission of the Application, regardless of response.*

**5. MEDICAL HISTORY****Part II - Personal Profile**

Non-medical information and information regarding activity are important adjuncts to the medical history. The Primary Care Physician's name, address, phone number, and the date and reason last seen are necessary to request medical records, as is verification that a doctor has been seen in the past two years.

**6. MEDICAL HISTORY****Part III - Health Profile**

This section serves to outline the Applicant's medical history. Every question should be answered either “Yes” or “No.” Any “Yes” answers require complete details, dates, physicians' names, addresses, and phone numbers. If more space is needed, please use an additional 8 1/2" x 11" sheet of paper. When using an additional sheet of paper include the Applicant's name, social security number, and signature on the paper, as well as your own name, signature, and the date.



**7. MEDICAL HISTORY****Part IV - Medications List**

This section lists all medications the Applicant is taking, why the medication is being taken, the dose and frequency, and how long the medication has been taken. Indicate if the Primary Care Physician prescribes the medication, or if not the prescriber, give the name, address, and phone number of the prescribing physician. If the Applicant is taking more than seven medications, an Additional Medical Information Page is provided for your convenience.

**8. NOTIFICATION OF UNINTENDED LAPSE**

The ability for Applicants to designate a third party for notification in the event of unintentional lapse is required on all Applications. This section must be completed even if the Applicant does not wish to name a designee.

**9. APPLICANT AGREEMENTS**

This section requires the Applicant's signature, the agent's signature as witness, and the date. As a matter of practice, it is expected that the agent review in person these important statements to be certain the client understands them and to witness their signature.

**10. MEDICAL AUTHORIZATION (INFORMATION RELEASE AUTHORIZATION)**

This section requires the Applicant's signature and date and gives Prudential the authority to obtain the necessary medical information to evaluate the Application.

**11. PLAN DESIGN SELECTION**

To assure the desired coverage is issued, please make the plan selections carefully. Failure to complete this section may result in policy delays or rejection of the Application.

A) Indicate the dollar amount for the Maximum Daily Benefit

B) For Home and Community-Based Care, indicate the desired "Factor" choice by checking either 50%, 75%, or 100%. For example, if the Maximum Daily Benefit is \$100 and the factor is 50%, the Home and Community-Based Care Maximum Daily Benefit would be \$50.

- C) Choose the Lifetime Maximum benefit.
- D) Two choices need to be made regarding the Elimination Period. First, select either the Service Day Elimination Period (standard) or the Calendar Day Elimination Period Rider. Next, choose the actual Elimination Period desired in days.
- E) Choose the appropriate Inflation Protection Option Rider desired. If no Inflation Protection is desired, indicate by "None."

*Note: If the Applicant does not select the 5% Automatic Compound Inflation Rider - No Maximum, their rejection of this inflation offering must be confirmed by checking the appropriate box.*

- F) Select either "Yes" or "No" to indicate the Applicant's preference regarding the Non-Forfeiture Benefit Rider.
- G) Select the HCBC Payment option by electing either the Daily Benefit (standard), the Monthly Benefit Rider, or the Cash Benefit Rider. If the Cash Benefit Rider is selected, the Calendar Day Elimination Period is automatically included.
- H) Select the appropriate Waiver of Premium option by checking Standard, Joint Waiver of Premium, or Survivor Benefit. It is permitted to select both the Joint Waiver of Premium and the Survivor Benefit.
- I) If the Restoration of Benefits Rider is desired, it must be selected at policy inception. It cannot be selected later. Indicate this selection by checking the Restoration of Benefits Rider. If the Restoration of Benefits Rider is not desired, check none.
- J) Select the Premium Payment Mode by checking the appropriate box. Only one option can be selected. After the Premium Payment Mode is selected, indicate the full modal Premium and the amount of cash submitted with the Application.

K) Indicate the applicable discount by checking “Yes” or “No” for Spousal, Qualified Adult, or Affiliation. In order to qualify for an Affiliation Discount, prior approval is required by calling the Affiliation Sales Desk at 973-548-6631. Upon approval, the agent will be provided an Affiliation Code which must be included on the Plan Design for administrative purposes. The name of the Affiliation should also be indicated.

#### **12. AGENT’S STATEMENT**

Although not physically a part of the Application, the Agent’s Statement is a very important document. As a matter of practice, it is expected that the agent will meet personally with his/her client(s) to take the Long Term Care Insurance Application(s) and witness their signature(s). This enables the agent to carry out good Field Underwriting by observing the potential insured in their home and surroundings. The Agent’s Statement is an affirmation of many aspects of Field Underwriting, and it should be completed factually and thoroughly.

This information is not shared with the Applicant. On the back of the Agent’s Statement, for your convenience, we’ve included guidelines to assist you with the premium classification. Our Height and Weight Guide is also included.

#### **13. USE OF PREMIUM RECEIPT**

You are required to complete the Premium Receipt whenever money is accepted in consideration of an Application for insurance. The Premium Receipt must be signed by you and left with the Applicant. State variations may apply.

## Qualifying the Applicant Prior to Appointment

Your evaluation of a client's ability to meet the company's criteria for insurability is an important part of the underwriting process. Qualifying for health during the initial phone contact is key in helping conserve valuable time and expense. The following general questions are suggested for an overview of the client's health.

Based on the responses, additional information should be obtained as appropriate. A review of the Uninsurable Medical Conditions and Uninsurable Situations should be made to determine that none apply to the client.

- In general, how has your health been?
- Do you take any prescription medication?
- Do you have any history of heart, lung, or circulatory problems?
- Do you have any history of cancer, diabetes, stroke, Parkinson's disease, or other significant medical conditions?
- Do you require any assistance with daily activities?
- Have you been hospitalized, been confined to a nursing home, or needed home health care in the past five years?
- Have you undergone any surgery recently, or is any surgery planned for the near future?

## Application Processing Time

It generally takes 30–60 days to process an Application from the date of application until the Policy is issued. The bulk of the time is spent awaiting medical records from the applicant's physician(s). It is important to establish realistic time frame expectations with the Applicant. Help them understand the importance of underwriting and the value of the medical records in the process. Additionally, please ask the Applicant to contact their doctor to advise them that medical records will be requested and to ask that they expedite fulfilling the request. When the Applicant calls their physician with this information, the time it takes to retrieve the medical records is greatly reduced. Information has been prepared for you to give to your client which explain the underwriting process as it applies to specific Applicants.

It includes the following:

- Applicants under age 72
- Applicants under age 72 in a C.O.D. state
- Applicants ages 72 and older
- Applicants ages 72 and older in a C.O.D. state

## The Interview Process

A Telephone Interview is not routinely required, but may be done to gather missing information and/or clarify unclear information.

The Health Interview takes approximately 45 minutes to complete; it may be longer or shorter depending upon the complexity of the Applicant's medical history. The Interviewer is a health care professional (Registered Nurse or Licensed Social Worker). The Health Interview is comprised of the following categories:

### **INTRODUCTION:**

The Applicant is informed that the purpose of the interview is to gather information for the insurer. The Applicant is advised that the Interviewer is unable to answer any questions regarding the policy. If they have such questions, they are advised to call their agent.

### **GENERAL INFORMATION:**

Basic questions are asked to gain a general understanding of the Applicant. Questions asked refer to topics like: employment, hobbies, activities, and living arrangements.

### **MEDICAL INFORMATION:**

The Applicant will be asked to supply names and addresses of any physicians they have seen within the past five years (10 for cancer). Additionally, they are asked about hospitals or rehabilitation facilities that they have been in. The Interviewer will read a preestablished list of medical diagnoses, similar to those found on the Application. The Applicant will be asked to respond negatively or positively to each. If the Applicant answers "Yes" to any of the questions, they will be asked to supply additional information regarding treatment and current status. Height, weight, and blood pressure readings are generally recorded.

### **MEDICATIONS:**

The Interviewer will ask about medications that the Applicant takes, both prescription and over the counter.

**EQUIPMENT:**

The Applicant will be asked if they use any medical equipment.

**COGNITIVE EXERCISES:**

The Applicant will be asked to participate in two brief memory exercises. One is a recall of words (Delayed Word Recall - DWR), and the other requires answering questions related to facts that the Applicant comes across on a daily basis (Short Portable Mental Status Questionnaire - SPMSQ).

**FUNCTIONAL STATUS:**

The remainder of the interview deals with questions related to basic activities that are performed on a daily basis (Activities of Daily Living – ADLs and Instrumental Activities of Daily Living - IADLs). Most of these questions are basic, and Applicants find them easy to answer. Some of the activities asked about are: using the telephone, performance of household chores, and transportation. There are, however, some questions that may seem personal to the Applicant, but are important to help determine the Applicant's level of functional independence. These questions involve activities such as bathing, use of the toilet, and continence. Additionally, the Interviewer asks the Applicant to get up from their sitting position and walk across the room in an attempt to capture the most accurate picture of the client's mobility as possible. The same questions must be asked of all Applicants, regardless of age or geographic location. The Interviewers are sensitive professionals, trained to ask the questions according to a standard format, in a manner that the Applicant should hopefully not find overly personal or offensive.

**VERIFICATION OF IDENTITY:**

At the end of the interview the Applicant will be asked to sign and date the Health Interview form. At this time, the Interviewer also asks to see a form of pictured identification, such as a driver's license or passport, to verify the Applicant's identity and signature.

## Preparing Your Client for the Health Interview

The more your clients know and understand about the Health Interview, the more comfortable they'll be. The following information will help you prepare your client for the Health Interview:

- Advise all clients that a Health Interview may be required and give them a copy of the Health Interview brochure. For Applicants ages 72 and older, a Health Interview is required.
- Communicate the importance of the Health Interview to your clients. Information from the interview, along with the Application and medical records, will be used to determine their insurability.
- Let them know that the Health Interview is conducted by a health care professional (generally a Registered Nurse). Additional information about the Health Interview is contained in the brochure.
- The Interviewer will call the client to schedule a convenient time for the interview. The interview can take place wherever the client chooses such as their home, place of business, the health care professional's local office, or other location that is convenient for the client.
- The Interviewer will have an Identification Card and will be dressed in regular business clothes, not a white uniform or lab coat.
- The interview takes less than an hour to complete. It is best to schedule it at a time and place where the interview can be conducted privately and without fear of distraction. Family or friends should not be present in the same room during the interview so that the client can devote all their attention to the interview.
- The interview is not a physical exam. No disrobing, blood, or other specimens are required.
- The interview includes general health questions similar to those on the Application. It also includes questions about daily activities and the ability to do these activities independently. Some questions may seem as if the answers should be obvious to the Interviewer. Explain to the client, however, that all questions must be asked of each Applicant to insure consistency.



- Ask the client to have available the names, addresses, and phone numbers of their Primary Care Physician and any other physicians they've seen in the past five years. The Interviewer will also need to know the names, dosage, and reason for all prescription medication.
- There are two cognitive exercises in the interview. The client should be advised to pay attention during these exercises and take them seriously. One exercise is called The Delayed Word Recall (DWR). During this exercise the client is shown 10 words and asked to use each of them in a sentence. This activity helps "code" the words into short term memory. Later in the interview, the client will be asked to recall the words. It's important that the client try and recall as many words as possible. The other exercise is called the Short Portable Mental Status Questionnaire (SPMSQ). It is comprised of basic questions related to orientation. An example of the type of question in the SPMSQ is "What state are we in?"
- At the end of the interview the client will be asked to sign and date the interview form. The client will also be asked to provide a form of pictured identification, such as a driver's license or passport, to verify the signature.
- Lastly, please advise your client that the Interviewer will not provide information or answer questions about our products. If such questions arise during the interview, the Interviewer is instructed to tell the client to call their agent.

## Glossary of Terms and Abbreviations Relating to Long Term Care Insurance Guidelines and/or Functionality

ADL	Activity of Daily Living
IADL	Instrumental Activity of Daily Living
DME	Durable Medical Equipment (e.g. walker, cane, wheelchair, oxygen, etc.)
Delayed Word Recall (DWR)	A memory exercise that was specifically designed to be used as a screening instrument for short-term memory or primary memory loss. It was designed to maximize the likelihood of poor performance in people with Alzheimer's Disease and minimize the likelihood of poor performance in normal elderly subjects.
The Short Portable Mental Status Questionnaire (SPMSQ)	The SPMSQ reviews long-term memory skills, including practical survival skills, and mathematical ability.
Comorbid	A secondary condition that affects the primary diagnosis (e.g. heart disease is a comorbid of diabetes)
Stability In Months	The specific, minimum length of time that is required from completion of any/all treatment of a condition until the time an Application can be submitted. If the disease is a chronic one, this refers to the number of months that the condition must be successfully controlled to the extent that the disease poses no threat to the Applicant's general health or need for Long Term Care services.
Uninsurable	The condition is considered a high risk for Long Term Care service use, and therefore an Applicant should not take the Application.
Rule Out	The illness or injury of concern must be ruled out, or not found to be present, before the Application is taken.
Underwrite For Cause	Identify the specific illness or injury causing the impairment, and use the guidelines for that condition to evaluate the risk.

## Medical Abbreviations

The following is a list of the some commonly used abbreviations for medical conditions:

ABBREVIATION	MEDICAL CONDITION
AAA	Abdominal Aortic Aneurysm
Afib	Atrial Fibrillation
AIDS	Acquired Immune Deficiency Syndrome
ALS	Amyotrophic Lateral Sclerosis
ARC	AIDS Related Complex
ASHD	Arteriosclerotic Heart Disease
BCC	Basal Cell Carcinoma
BPH	Benign Prostatic Hypertrophy
BUN	Lab Value - Blood Urea Nitrogen
CABG	Coronary Artery Bypass Graft
CAD	Coronary Artery Disease
CHF	Congestive Heart Failure
CLL	Chronic Lymphocytic Leukemia
CML	Chronic Myelogenous Leukemia
CNS	Central Nervous System
COLD	Chronic Obstructive Lung Disease
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Air Pressure
CTS	Carpal Tunnel Syndrome
CVA	Cerebral Vascular Accident (Stroke)
DDD	Degenerative Disc Disease
DJD	Degenerative Joint Disease
DM	Diabetes Mellitus
DVT	Deep Vein Thrombosis
HBP	High Blood Pressure
HTN	Hypertension

IBS	Irritable Bowel Syndrome
IDDM	Insulin-Dependent Diabetes Mellitus
IMF	Idiopathic Myelofibrosis Syndrome
MD	Muscular Dystrophy
MI	Myocardial Infarction
MS	Multiple Sclerosis
MVP	Mitral Valve Prolapse
NIDDM	Non-Insulin Dependent Diabetes Mellitus
NHL	Non-Hodgkins Lymphoma
OA	Osteoarthritis
OBS	Organic Brain Syndrome
OCD	Obsessive-Compulsive Disorder
PUD	Peptic Ulcer Disease
PTCA	Percutaneous Transluminal Angioplasty
PVD	Peripheral Vascular Disease
PMR	Polymyalgia Rheumatica
RA	Rheumatoid Arthritis
SCC	Squamous Cell Carcinoma
SLE	Systemic Lupus Erythematosus
TB	Tuberculosis
THR	Total Hip Replacement
TIA	Transient Ischemic Attack (mini stroke)
TKR	Total Knee Replacement
TMJ	Temporomandibular Joint Syndrome
UC	Ulcerative Colitis

## Medications List

Any medication taken by an Applicant is significant, and should be reported on the Application. This guide provides you with names and descriptions of some of the medications that most often result in poor risk selection. The following medications, if currently taken, indicate fairly significant health problems, which are typically declined.

DRUG	DESCRIPTION
Adriamycin	Cancer
Akineton	Parkinson's Disease
Aldesleukin	Cancer
Alkeran	Cancer
Antabuse	Alcoholism
Aricept	Cognitive Impairment
Artane	Parkinson's Disease
Asparaginase	Leukemia
A.Z.T.	HIV, AIDS
Baclofen	Multiple Sclerosis
Bethanechol	Neurogenic Bladder
BiCNU	Cancer
Blenoxane	Cancer
Busulfan	Leukemia
CeeNU	Hodgkin's Disease
Cellcept	Hepatitis
Cerubidine	Leukemia
Clozaril	Antipsychotic
Cogentin	Parkinson's Disease
Cognex	Memory Loss
Cyloserine	Alzheimer's Disease
Cytosar-U	Leukemia
Cytosan	Cancer
Dacarbazine	Cancer
Dantrium	Multiple Sclerosis
Depo-Provera	Cancer
DES	Cancer

Ditropan	Neurogenic Bladder
Dopar	Parkinson's Disease
Doxorubicin	Cancer
Eldepryl	Parkinson's Disease
Emcyt	Prostate Cancer
Ergamisol	Cancer
Ergoloid Mesylate	Memory Loss
Estinyl	Cancer
Estrace	Cancer
Etoposide	Testicular Cancer
Eulexin	Cancer
Exelon	Alzheimer's Disease
Floxuridine	GI Cancer
Foscavir	HIV
Ganite	Cancer
Gold Therapy	Rheumatoid Arthritis
Hexalen	Cancer
Hydergine	Memory Loss
Hydrea	Cancer
Idalycin	Leukemia
Ifex	Testicular Cancer
Interferon	Leukemia
Kemadrin	Parkinson's Disease
L-Dopa	Parkinson's Disease
Lanvis	Leukemia
Laradopa	Parkinson's Disease
Leukeran	Cancer
Leukine	Cancer
Levadopa	Parkinson's Disease
Levsin	Parkinson's Disease
Loxitane	Antipsychotic
Lupron	Cancer
Lysodren	Cancer
Matulane	Hodgkin's Disease

Megace	Cancer
Mercaptopurine	Leukemia
Mestinon	Myasthenia Gravis
Methotrexate	Cancer (other reasons require further investigation)
Moban	Antipsychotic
Moditen	Antipsychotic
Mutamycin	Cancer
Myleran	Cancer
Myochrysine	Arthritis
Navane	Antipsychotic
Neosar	Cancer
Neupogen	Cancer
Niloric	Memory Loss
Nilutamide	Metastatic Prostate Cancer
Nipent	Hairy Cell Leukemia
Novantrone	Leukemia
Oncovin	Cancer
Paraplatin	Cancer
Parlodel	Parkinson's Disease
Pentam300	HIV
Permax	Parkinson's Disease
Platinol	Cancer
Priftin	Tuberculosis
Primazine	Antipsychotic
Proleukin	Cancer
Prolixin	Antipsychotic
Prostigmin	Myasthenia Gravis
Reminyl	Alzheimer's Disease
Retrovir	HIV
Ridaura	Arthritis
Rifapentine	Tuberculosis
Risperdal	Antipsychotic
Sandostatin	Cancer
Serentil	Antipsychotic

Seroquel	Antipsychotic
Sinemet	Parkinson's Disease
Solganal	Arthritis
Sparine	Antipsychotic
Stelazine	Antipsychotic
Symmetrel	Parkinson's Disease
Tace	Cancer
Tacrine	Memory Loss
Tensilon	Myasthenia Gravis
Teslac	Cancer
Thioplex	Cancer
Thorazine	Antipsychotic
Velban	Cancer
Videx	HIV
Wellcovorin	Cancer
Zanosar	Cancer
Zofran	Cancer
Zolafex	Cancer
Zyprexa	Antipsychotic



## Medical Conditions Guidelines

The following chart lists most of the medical conditions you will encounter in taking an Application for Long Term Care Insurance. In addition to the medical condition, a time frame (Stability Indicator) is indicated to convey the specific, minimum length of time that is required from completion of any/all treatment for that condition to the time an Application can be submitted. If the disease is a chronic one, then the Stability Indicator refers to the number of months that the condition must be successfully controlled to the extent that the disease poses no threat to the Applicant's general health or need for Long Term Care services.

MEDICAL CONDITION	STABILITY INDICATOR	MINIMUM STABILITY/WAITING PERIOD
Acoustic Neuroma	<ul style="list-style-type: none"> <li>Post-surgical or radiation treatment, now resolved ..... 6 months</li> <li>Surgery anticipated ..... Postpone</li> </ul>	
Acute Transverse Myelitis	.....	Uninsurable
Acquired Immune Deficiency Syndrome (AIDS)	.....	Uninsurable
Acromegaly	.....	Uninsurable
ADL Deficits	Anyone who requires the help of another person, for either physical or cognitive reasons, to perform any one of the following Activities of Daily Living (ADLs): Bathing, Dressing, Control of Bowel/Bladder (Continence), Using the Toilet, Transferring out of Bed/Chair, Eating, Ambulation/Mobility (inside and outside) .....	Uninsurable
AIDS Related Complex (ARC)	.....	Uninsurable

Alcohol and Other Chemical Dependency, Including Drug/Chemical Dependency	<ul style="list-style-type: none"> <li>• Current Use ..... Uninsurable</li> <li>• Treated with abstinence ..... 36 months</li> </ul>
Alzheimer's Disease	..... Uninsurable
Amputation	<ul style="list-style-type: none"> <li>• Due to accident <ul style="list-style-type: none"> <li>- independent in ADLs, IADLs ..... 6 months</li> </ul> </li> <li>• Due to disease (such as diabetes or PVD) ..... Uninsurable</li> </ul>
Amyotrophic Lateral Sclerosis (ALS)	..... Uninsurable
Anemia	<ul style="list-style-type: none"> <li>• Cause Unknown ..... Uninsurable</li> <li>• Hemolytic <ul style="list-style-type: none"> <li>- Cause unknown, but recovered/stable</li> <li>- No splenectomy ..... 12 months</li> </ul> </li> <li>• Iron deficiency, corrected ..... 6 months</li> <li>• Pernicious, with B 12 injections <ul style="list-style-type: none"> <li>- No neurological impairment ..... 6 months</li> </ul> </li> <li>• Splenectomy ..... 60 months</li> </ul>
Aneurysm	<ul style="list-style-type: none"> <li>• Abdominal, Thoracic, Aortic <ul style="list-style-type: none"> <li>- Unoperated ..... 6 months</li> <li>- Operated, complete recovery ..... 3 months</li> </ul> </li> <li>• Cerebral <ul style="list-style-type: none"> <li>- Unoperated ..... Uninsurable</li> <li>- Operated, complete recovery .... 12 months</li> </ul> </li> </ul>
Angina	<ul style="list-style-type: none"> <li>• Asymptomatic, controlled with meds ..... 6 months</li> <li>• With history of Heart Attack or Diabetes ..... 12 months</li> <li>• Intestinal ..... Uninsurable</li> <li>• In combination with CHF ..... Uninsurable</li> <li>• Work-up in progress ..... Uninsurable</li> </ul>
Angioplasty, Cardiac (Balloon Angioplasty)	<ul style="list-style-type: none"> <li>• No Heart Attack ..... 3 months</li> <li>• History of Heart Attack <ul style="list-style-type: none"> <li>- Asymptomatic ..... 6 months</li> <li>- Symptoms continue ..... Uninsurable</li> <li>- Treatment for Congestive Heart Failure ..... Uninsurable</li> </ul> </li> </ul>

Ankylosing Spondylitis	<ul style="list-style-type: none"> <li>• No pulmonary compromise ..... 6 months</li> </ul>
Anxiety	<ul style="list-style-type: none"> <li>• Controlled with meds               <ul style="list-style-type: none"> <li>- No interference with activities ..... 6 months</li> </ul> </li> <li>• Panic Attacks               <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No cognitive impairment ..... 12 months</li> </ul> </li> <li>• Chronic, severe anxiety disorder ..... Uninsurable</li> </ul>
Aortic Stenosis/ Aortic Insufficiency	(See Heart Valve Disease)
Arrhythmia	<ul style="list-style-type: none"> <li>• Mild               <ul style="list-style-type: none"> <li>- Controlled with meds ..... 3 months</li> </ul> </li> <li>• Atrial fibrillation/flutter               <ul style="list-style-type: none"> <li>- Single episode</li> <li>- Controlled with meds</li> </ul> </li> </ul> <p>No Transient Ischemic Attack (TIA)          No Cerebrovascular Accident (Stroke) ..... 6 months</p> <ul style="list-style-type: none"> <li>- Chronic Atrial Fibrillation</li> </ul> <p>Asymptomatic,          - Controlled with meds ..... 12 months.</p> <p>History of CHF or syncope ..... 24 months.</p> <p>Defibrillator,          implanted ..... Individual Consideration</p>
Arteritis	<p>(Thromboangitis Obliterans, Buerger's Disease, Temporal, Giant Cell)</p> <ul style="list-style-type: none"> <li>• No ADL or IADL limitations               <ul style="list-style-type: none"> <li>- No active disease ..... 12 months</li> </ul> </li> </ul>
Arteriosclerotic Heart Disease	<p>(ASHD)          (See Coronary Heart Disease)</p>
Arthritis	<ul style="list-style-type: none"> <li>• Mild osteoarthritis               <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No joint deformities</li> <li>- No joint replacement ..... 0 months</li> </ul> </li> <li>• Moderate Osteoarthritis or Mild-Moderate Rheumatoid Arthritis               <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No joint deformities</li> <li>- History of Joint Replacement</li> <li>- History of cortisone injections ..... 6 months</li> </ul> </li> <li>• Severe, Osteoarthritis or Rheumatoid</li> </ul>

Arthritis <i>cont'd.</i>	<ul style="list-style-type: none"> <li>- Requires Durable Medical Equipment</li> <li>- ADL or IADL limitations</li> <li>- Continual steroidal use</li> <li>- Surgery recommended ..... Uninsurable</li> </ul>
Asthma	<ul style="list-style-type: none"> <li>• Mild <ul style="list-style-type: none"> <li>- Controlled with meds</li> <li>- No ADL or IADL limitations</li> <li>- Stable weight</li> <li>- No home oxygen</li> <li>- No hospitalization within six months</li> <li>- No evidence of Congestive Heart Failure ..... 6 months</li> </ul> </li> <li>• Moderate <ul style="list-style-type: none"> <li>- Same as above</li> <li>- Steroids at a dose less than 10 mg/day ..... 9 months</li> </ul> </li> <li>• Severe ..... Uninsurable</li> <li>• Currently smoking ..... Uninsurable</li> </ul>
Ataxia (Unstable Gait)	..... Uninsurable
Atrioventricular (A-V) Heart Block	<ul style="list-style-type: none"> <li>• Complete Block <ul style="list-style-type: none"> <li>- Pacemaker inserted ..... 3 months</li> <li>- History Transient Ischemic Attack ..... Uninsurable</li> </ul> </li> </ul>
Autonomic Neuropathy	..... Uninsurable
Autonomic Insufficiency	(Shy-Drager syndrome) ..... Uninsurable
Avascular Necrosis	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>- No pending surgery</li> <li>- No chronic pain ..... 12 months</li> </ul>
Azotemia	(See Renal Disease)
Back or Spine Surgery	..... 6 months
Bell's Palsy	• No ADL or IADL limitations ..... 3 months
Benign Prostatic Hypertrophy	<ul style="list-style-type: none"> <li>• Unoperated <ul style="list-style-type: none"> <li>- Asymptomatic ..... 0 months</li> </ul> </li> <li>• Surgical repair <ul style="list-style-type: none"> <li>- No urinary catheter ..... 3 months</li> </ul> </li> </ul>
Berger's Disease	..... Uninsurable
Binswanger's Disease	..... Uninsurable

Blastomycosis	Uninsurable
Blindness	<ul style="list-style-type: none"> <li>• Due to diabetes or with ADL loss ..... Uninsurable</li> <li>• Successful adaptation to visual loss ..... 12 months</li> </ul>
Bone Marrow Transplant	(See Transplant, Organ)
Bronchiectasis	(See Emphysema)
Bronchitis	(See Asthma)
Cancer	<ul style="list-style-type: none"> <li>• Any continuing therapy ..... Uninsurable</li> <li>• With Metastasis (spread from original site) ..... Uninsurable</li> <li>• Recurrent Cancer (same organ or site) ..... Uninsurable</li> <li>• Cancer of the bone, brain, esophagus, liver, lung, ovary, pancreas, stomach, esophagus or testes ..... 48 months</li> <li>• Cancer of other internal organs <ul style="list-style-type: none"> <li>- Breast: <ul style="list-style-type: none"> <li>stages 0 &amp; I ..... 12 months</li> <li>stage II ..... 36 months</li> <li>stages III &amp; IV ..... Uninsurable</li> </ul> </li> <li>- Colon and Rectum: <ul style="list-style-type: none"> <li>stage A ..... 12 months</li> <li>stage B ..... 18 months</li> <li>stages C or D ..... Uninsurable</li> </ul> </li> <li>- Head and Neck <ul style="list-style-type: none"> <li>stage I ..... 12 months</li> <li>stage II ..... 36 months</li> <li>stages III &amp; IV ..... Uninsurable</li> </ul> </li> <li>- Kidney <ul style="list-style-type: none"> <li>stages I &amp; II ..... 12 months</li> <li>stages III &amp; IV ..... Uninsurable</li> </ul> </li> <li>- Lung ..... 48 Months</li> <li>- Prostate <ul style="list-style-type: none"> <li>stages A &amp; B ..... 12 months</li> <li>stage C ..... 36 Months</li> <li>stage D ..... Uninsurable</li> </ul> </li> <li>- Bladder <ul style="list-style-type: none"> <li>stage A ..... 12 months</li> <li>stage B ..... 48 months</li> <li>stages C &amp; D ..... Uninsurable</li> </ul> </li> <li>- Thyroid ..... 24 months</li> </ul> </li> </ul>

Cancer <i>cont'd.</i>	<ul style="list-style-type: none"> <li>- Skin           <ul style="list-style-type: none"> <li>Basal Cell ..... 0 months</li> <li>Squamous Cell ..... 0 months</li> <li>Melanoma in Situ, superficial, early stage ..... 12 months</li> <li>deeper or higher stage ..... 48 months</li> </ul> </li> </ul>
Cardiomyopathy	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations           <ul style="list-style-type: none"> <li>- No Congestive Heart Failure ..... 12 months</li> </ul> </li> <li>• Symptomatic or Progressive ..... Uninsurable</li> </ul>
Carotid Artery Disease	<ul style="list-style-type: none"> <li>• Operated, endarterectomy ..... 3 months</li> <li>• Unoperated           <ul style="list-style-type: none"> <li>- 70% Stenosis or greater ..... Uninsurable</li> <li>- No history of TIA ..... 12 months</li> <li>- History of TIA ..... Uninsurable</li> </ul> </li> </ul>
Carpal Tunnel Syndrome	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations ..... 3 months</li> </ul>
Cerebral Palsy	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations ..... 12 months</li> </ul>
Cerebral Vascular Accident (CVA)	(See Stroke)
Chagas' Disease (Steatorrhea)	..... Uninsurable
Chromosomal Abnormalities	(including XXY, XXYX, XXXX, Trisomy 21) ..... Uninsurable
Chronic Organic Brain Syndrome (OBS)	..... Uninsurable
Chronic Obstructive Lung Disease (COLD)	(See Emphysema)
Chronic Obstructive Pulmonary Disease (COPD)	(See Emphysema)
Cirrhosis of the Liver	..... Uninsurable
Claudication	(See Peripheral Vascular Disease)
Colitis	<ul style="list-style-type: none"> <li>• Irritable bowel syndrome, diverticulitis ..... 3 months</li> <li>• Crohn's or Ulcerative           <ul style="list-style-type: none"> <li>- Unoperated ..... 12 months</li> <li>- Independent with ostomy ..... 6 months</li> </ul> </li> </ul>

Colostomy or Ileostomy	<ul style="list-style-type: none"> <li>• Independent in management ..... Underwrite Cause</li> </ul>
Concussion	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>- No cognitive impairment ..... 6 months</li> </ul>
Confusion	..... Uninsurable
Congestive Heart Failure	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>- Controlled with meds ..... 12 months</li> <li>• Multiple episodes ..... Uninsurable</li> <li>• In combination with: Angina or Heart Attack; Angioplasty or Heart Surgery; Asthma or Chronic Bronchitis; Diabetes; Emphysema or Chronic Obstructive Pulmonary Disease; or Tuberculosis (TB) ..... Uninsurable</li> </ul>
COPD	(See Emphysema)
Coronary Bypass Grafts	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 6 months</li> <li>• With history of Heart Attack, during or after surgery or with diabetes ..... 12 months</li> <li>• History of CHF post-operative ..... Uninsurable</li> </ul>
Coronary Heart Disease (CAD, ASHD)	<ul style="list-style-type: none"> <li>• With or without Heart Attack</li> <li>- No ADL or IADL limitations ..... 6 months</li> <li>• With Congestive Heart Failure ..... Uninsurable</li> <li>• With Unstable Angina ..... Uninsurable</li> </ul>
Cor Pulmonale	..... Uninsurable
Crohn's Disease	(See Colitis)
Cystic Fibrosis	..... Uninsurable
Decubitus Ulcers	..... Uninsurable
Dementia	..... Uninsurable
Demyelinating Disease	..... Uninsurable

Depression	<ul style="list-style-type: none"> <li>• Situational <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No cognitive impairment ..... 6 months</li> </ul> </li> <li>• Chronic History <ul style="list-style-type: none"> <li>- Stable medication dose</li> <li>- No ADL or IADL limitations ..... 12 months</li> <li>- Any hospitalization ..... 24 months</li> </ul> </li> </ul>
Diabetes Mellitus	<ul style="list-style-type: none"> <li>• Non-insulin dependent <ul style="list-style-type: none"> <li>- No circulatory, neurological, eye, or renal disease</li> <li>- No steroidal therapy ..... 6 months</li> </ul> </li> <li>• With circulatory, neurological, eye, or renal disease complications ..... Uninsurable</li> <li>• Insulin dependent 50 units or less daily ..... 12 months</li> </ul>
Dialysis - Hemodialysis or Peritoneal	..... Uninsurable
Diverticulitis	(See Colitis)
Dizziness/Vertigo	<ul style="list-style-type: none"> <li>• Acute viral labyrinthitis ..... 3 months</li> <li>• Meniere's Disease <ul style="list-style-type: none"> <li>- Controlled with meds ..... 6 months</li> </ul> </li> <li>• Cause unknown <ul style="list-style-type: none"> <li>- No neurological impairment ..... 12 months</li> </ul> </li> <li>• Ongoing problem ..... Uninsurable</li> </ul>
Drug/Chemical Dependency (including Drugs, Alcohol and Other Chemical Dependency)	<ul style="list-style-type: none"> <li>• Treated with current abstinence .... 36 months</li> <li>• Current Use ..... Uninsurable</li> </ul>
Edema (Swelling)	..... Underwrite Cause
Endarterectomy (Carotid or Femoral)	..... 3 months
Endocarditis, Infectious	<ul style="list-style-type: none"> <li>• Single Episode – Resolved, stable ..... 6 months</li> <li>• More than one episode ..... Uninsurable</li> </ul>
Emphysema	<ul style="list-style-type: none"> <li>• Mild <ul style="list-style-type: none"> <li>- Controlled with meds</li> <li>- No ADL or IADL limitations</li> <li>- Stable weight</li> </ul> </li> </ul>



Emphysema <i>cont'd.</i>	<ul style="list-style-type: none"> <li>- No home oxygen</li> <li>- No hospitalization within six months</li> <li>- No evidence of Congestive Heart Failure ..... 6 months</li> <li>• Moderate <ul style="list-style-type: none"> <li>- Same as above</li> <li>- Steroids at a dose less than 10 mg/day ..... 9 months</li> </ul> </li> <li>• Severe ..... Uninsurable</li> <li>• Actively Smoking ..... Uninsurable</li> <li>• With Congestive Heart Failure, Asthma, or Chronic Bronchitis ..... Uninsurable</li> </ul>
Encephalitis	• No cognitive impairment ..... 12 months
Enteritis	(See Colitis)
Epilepsy, Seizure Disorder	<ul style="list-style-type: none"> <li>• Controlled with meds <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No cognitive impairment ..... 12 months.</li> </ul> </li> <li>• Uncontrolled, unknown reason ..... Uninsurable</li> </ul>
Esophageal Varices	..... Uninsurable
Esophageal Stricture	..... 6 months
Falls	.....Underwrite Cause
Fibromyalgia	<ul style="list-style-type: none"> <li>• With pulmonary compromise ..... 6 months</li> <li>• Fatigue that limits daily function ..... Uninsurable</li> </ul>
Fractures	<ul style="list-style-type: none"> <li>• Arms <ul style="list-style-type: none"> <li>- No ADL or IADL limitations ..... 3 months</li> </ul> </li> <li>• Compression ..... (See Osteoporosis)</li> <li>• Legs <ul style="list-style-type: none"> <li>- No ADL or IADL limitations ..... 6 months</li> </ul> </li> <li>• Skull <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No cognitive impairment ..... 12 months</li> </ul> </li> <li>• Vertebral <ul style="list-style-type: none"> <li>- Due to Osteoporosis or Paget's Disease</li> </ul> </li> </ul> No ADL or IADL limitations No respiratory compromise ..... 24 months - Due to accident No ADL or IADL limitations ..... 6 months

Friedreich's Ataxia	..... Uninsurable
Gastric Balloon	..... Uninsurable
Gaucher's Disease	..... Uninsurable
Giant Cell Arteritis (Active)	..... Uninsurable
Glaucoma	<ul style="list-style-type: none"> <li>• No visual loss in last two years               <ul style="list-style-type: none"> <li>- Successful adaptation to visual loss ..... 0 months</li> </ul> </li> <li>• Visual loss over last year               <ul style="list-style-type: none"> <li>- Successful adaptation to visual loss ..... 12 months</li> </ul> </li> </ul>
Gout	<ul style="list-style-type: none"> <li>• Gouty Arthritis               <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No joint deformities ..... 3 months</li> </ul> </li> </ul>
Guillian Barre	<ul style="list-style-type: none"> <li>• No residual neurological impairment ..... 6 months</li> </ul>
Head Injury	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations               <ul style="list-style-type: none"> <li>- Resolved ..... 24 months</li> </ul> </li> <li>• With residual impairment ..... Uninsurable</li> </ul>
Hearing Loss	<ul style="list-style-type: none"> <li>• Successful adaptation to hearing loss ..... 3 months</li> </ul>
Heart Attack (Myocardial Infarction)	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations               <ul style="list-style-type: none"> <li>- No Angina ..... 3 months</li> </ul> </li> <li>• Angina               <ul style="list-style-type: none"> <li>- Controlled with meds ..... 6 months</li> </ul> </li> <li>• In combination with CHF ..... Uninsurable</li> </ul>
Heart Valve Disease	<ul style="list-style-type: none"> <li>• Aortic stenosis/aortic insufficiency, unoperated               <ul style="list-style-type: none"> <li>- No Congestive Heart Failure</li> <li>- Stable ..... 6 months</li> </ul> </li> <li>• Mitral valve prolapse, Mitral stenosis/insufficiency, unoperated               <ul style="list-style-type: none"> <li>- No Congestive Heart Failure</li> <li>- Stable ..... 6 months</li> </ul> </li> </ul>
Heart Valve Replacement	<ul style="list-style-type: none"> <li>• Single valve replacement ..... 6 months</li> <li>• Double valve replacement ..... Uninsurable</li> </ul>
Hemochromatosis (Bronze Diabetes)	..... Individual Consideration

Hepatitis	<ul style="list-style-type: none"> <li>• Resolved ..... 6 months</li> <li>• Chronic, active ..... Uninsurable</li> </ul>
Herniated Intervertebral Disc	<ul style="list-style-type: none"> <li>• Operated <ul style="list-style-type: none"> <li>- No ADL or IADL limitations ..... 3 months</li> </ul> </li> <li>• Unoperated <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No chronic pain ..... 6 months</li> </ul> </li> </ul>
Herpes Zoster	<ul style="list-style-type: none"> <li>• Post-acute episode <ul style="list-style-type: none"> <li>- Rehabilitation complete, no pain or neuralgia ..... 3 months</li> </ul> </li> <li>• Neurological work-up ..... 12 months</li> </ul>
Hiatal Hernia	..... 0 months
High Blood Pressure (Hypertension)	<ul style="list-style-type: none"> <li>• Controlled with meds ..... 6 months</li> <li>• Uncontrolled readings &gt;175/100 ..... Uninsurable</li> </ul>
Hip Replacement	(See Joint Replacement)
HIV Positive Status	..... Uninsurable
Hodgkin's Disease	<ul style="list-style-type: none"> <li>• Disease free, treatment free ..... 60 months</li> </ul>
Hospitalization	<ul style="list-style-type: none"> <li>• Released fully recovered ..... Underwrite Cause</li> <li>• Currently in hospital or anticipated admission ..... Uninsurable</li> </ul>
Hunter's Syndrome	..... Uninsurable
Huntington's Chorea	..... Uninsurable
Hurler's Syndrome	..... Uninsurable
Hydrocephalus	..... Uninsurable
Hypertension	(See High Blood Pressure)
IADL Deficits	Anyone who requires the help of another person, for either physical or cognitive reasons, to perform two or more of the following Instrumental Activities of Daily Living (IADLs): Using the Telephone, Managing Finances, Taking Transportation, Shopping, Laundry, Housework,

IADL Deficits <i>cont'd.</i>	Taking all Medications, Preparing Meals/Cooking ..... Uninsurable
Idiopathic Pulmonary Fibrosis, Active	..... Uninsurable
Ileitis, Regional, end-stage	..... Uninsurable
Immune System Disorders	..... Uninsurable
Irritable Bowel Syndrome	(See Colitis)
Joint Replacement (Hip, Knee, Shoulder)	<ul style="list-style-type: none"> <li>• Physical Therapy completed</li> <li>• No ADL or IADL limitations ..... 3 months</li> </ul>
Kaposi's Sarcoma	..... Uninsurable
Korsakoff's Psychosis	..... Uninsurable
Knee Disorder	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>• No surgery recommended ..... 3 months</li> </ul>
Knee Replacement	(See Joint Replacement)
Lesch–Nyhan Syndrome	..... Uninsurable
Leukemias	<ul style="list-style-type: none"> <li>• Acute, any type ..... Uninsurable</li> <li>• Chronic, non-lymphocytic (CML) ..... Uninsurable</li> </ul>
	<ul style="list-style-type: none"> <li>• Chronic Lymphocytic (CLL) <ul style="list-style-type: none"> <li>- stable and treatment free ..... 36 months</li> <li>- stages III or IV ..... Uninsurable</li> </ul> </li> <li>• Hairy Cell <ul style="list-style-type: none"> <li>- stable and treatment free ..... 24 months</li> </ul> </li> </ul>
Lues (Stage IV Syphilis/ Tabes Dorsalis)	..... Uninsurable
Lupus	<ul style="list-style-type: none"> <li>• Discoid, inactive ..... 12 months</li> <li>• Systemic Lupus ..... Uninsurable</li> </ul>
Lyme Disease	<ul style="list-style-type: none"> <li>• Resolved ..... 6 months</li> <li>• Hospitalization for complications ..... 12 months</li> </ul>
Lymphoid Interstitial Pneumonia	..... Uninsurable
Lymphoma, Non-Hodgkin's	• Disease and treatment free ..... 60 months

Macular Degeneration	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>- Stable with no further visual loss ..... Underwrite Cause</li> </ul>
Manic Depression	<ul style="list-style-type: none"> <li>• No psychiatric hospitalization in five years</li> <li>- Controlled with medication ..... 24 months</li> </ul>
Marfan's Syndrome	..... Uninsurable
Melanoma	(See Cancer)
Mental Retardation	..... Uninsurable
Memory Loss	..... Uninsurable
Mitral Valve Prolapse, Stenosis, Insufficiency	(See Heart Valve Disease)
Mixed Connective Tissue Disease	..... Uninsurable
Mobility	<ul style="list-style-type: none"> <li>• With ADL or IADL Limitations ..... Uninsurable</li> </ul>
Multiple Myeloma	..... Uninsurable
Multiple Sclerosis	..... Uninsurable
Muscular Dystrophy	..... Uninsurable
Myasthenia Gravis	<ul style="list-style-type: none"> <li>• Without symptoms or complications ..... 60 months</li> <li>• Post-surgery with full recovery and rehab complete ..... 36 months</li> <li>• Disease process unresponsive to treatment ..... Uninsurable</li> </ul>
Myelofibrosis	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 6 months</li> <li>• Abnormal Bone Marrow Exam ..... 24 months</li> <li>• Splenectomy ..... 60 months</li> </ul>
Myocardial Infarction	(See Heart Attack)
Narcolepsy	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 12 months</li> <li>• Recent onset or hospitalization ..... 24 months</li> </ul>
Nephrectomy, Unilateral	(Loss of one kidney) ..... 12 months
Nephritis, Glomerulonephritis	..... 12 months
Nephrolithiasis	<ul style="list-style-type: none"> <li>• Post-Lithotripsy ..... 3 months</li> </ul>

Nervous Breakdown	<ul style="list-style-type: none"> <li>• No psychiatric hospitalizations in two years</li> <li>- No antipsychotic medications ..... 24 months</li> </ul>
Neurofibromatosis	..... Uninsurable
Neurogenic Arthropathy	<ul style="list-style-type: none"> <li>• Post joint replacement ..... 6 months</li> <li>• History of compression fractures ..... 12 months</li> </ul>
Neurogenic Bladder	..... Uninsurable
Neuropathy	<ul style="list-style-type: none"> <li>• Non-progressive, mild ..... 6 months</li> <li>• Autonomic Neuropathy ..... Uninsurable</li> </ul>
Organ Transplant	(See Transplant, Organ)
Organic Brain Syndrome	..... Uninsurable
Osler-Weber-Rendu Disease (Telangiectasis)	..... Uninsurable
Osteomyelitis (Bone Infection)	<ul style="list-style-type: none"> <li>• Resolved ..... 12 months</li> <li>• Chronic, active ..... Uninsurable</li> </ul>
Osteoporosis	<ul style="list-style-type: none"> <li>• No history of fractures ..... 0 months</li> <li>• History of compression fractures (less than three) <ul style="list-style-type: none"> <li>- No ADL or IADL limitations ..... 24 months</li> </ul> </li> <li>• Three or more compression fractures ..... Uninsurable</li> </ul>
Oxygen Use	..... Uninsurable
Pacemaker	(See Atrioventricular Block)
Paget's Disease (Osteitis Deformans)	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 0 months</li> <li>• Moderate disease <ul style="list-style-type: none"> <li>- No ADL or IADL limitations ..... 24 months</li> </ul> </li> <li>• Severe disease ..... Uninsurable</li> </ul>
Pancreatitis	<ul style="list-style-type: none"> <li>• Acute <ul style="list-style-type: none"> <li>- No alcohol abuse in the past 36 months ..... 12 months</li> </ul> </li> <li>• Chronic ..... Uninsurable</li> </ul>
Paralysis/Paresis	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations ..... Underwrite Cause</li> <li>• Hemiplegia ..... Uninsurable</li> <li>• Paraplegia ..... Uninsurable</li> <li>• Quadriplegia ..... Uninsurable</li> </ul>

Parkinson's Disease	.....	Uninsurable
Peptic Ulcer Disease	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 0 months</li> <li>• History of gastrointestinal bleed ..... 6 months</li> </ul>	
Pericarditis	<ul style="list-style-type: none"> <li>• Resolved ..... 6 months</li> </ul>	
Peripheral Vascular Disease	<ul style="list-style-type: none"> <li>• No leg pain <ul style="list-style-type: none"> <li>- Nonsmoker</li> <li>- No ADL or IADL limitations ..... 6 months</li> </ul> </li> <li>• Occasional leg pain <ul style="list-style-type: none"> <li>- Nonsmoker</li> <li>- No ADL or IADL limitations ..... 6 months</li> </ul> </li> <li>• Weekly leg pain <ul style="list-style-type: none"> <li>- Continued smoking</li> <li>- ADL or IADL limitations ..... Uninsurable</li> </ul> </li> </ul>	
Phobias, Psychoneurosis	<ul style="list-style-type: none"> <li>• Treated with antipsychotic medication ..... Uninsurable</li> </ul>	
Polyarteritis Nodosa	.....	Uninsurable
Polycystic Kidney Disease	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 6 months</li> <li>• Hospitalizations for renal failure or surgery ..... 24 months</li> <li>• Transplant ..... 60 months</li> </ul>	
Polymyalgia Rheumatica	<ul style="list-style-type: none"> <li>• Resolved <ul style="list-style-type: none"> <li>- No more than 5 mg Prednisone per day ..... 6 months</li> </ul> </li> <li>• Unresolved or &gt; 5 mg Prednisone per day ..... Uninsurable</li> </ul>	
Polyyps - Benign	.....	3 months
Portal Hypertension	.....	Underwrite Cause
Post Polio Syndrome	<ul style="list-style-type: none"> <li>• No history of paralysis ..... 0 months</li> <li>• History of paralysis <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- No walker or wheelchair usage ..... 24 months</li> </ul> </li> <li>• Any equipment usage or ADL/IADL limitations ..... Uninsurable</li> </ul>	
Postereo-Lateral Sclerosis	.....	Uninsurable
Progressive Muscular Atrophy	.....	Uninsurable

Progressive Systemic Sclerosis	..... Uninsurable
Prostatic Hypertrophy, Benign (BPH)	<ul style="list-style-type: none"> <li>• Unoperated <ul style="list-style-type: none"> <li>- Asymptomatic ..... 0 months</li> </ul> </li> <li>• Surgical repair <ul style="list-style-type: none"> <li>- No urinary catheter ..... 3 months</li> </ul> </li> </ul>
Pulmonary Emboli	<ul style="list-style-type: none"> <li>• Resolved <ul style="list-style-type: none"> <li>- No breathing difficulty ..... 12 months</li> </ul> </li> </ul>
Pulmonary Fibrosis	..... Uninsurable
Renal Disease	<ul style="list-style-type: none"> <li>• Mild renal insufficiency ..... 3 months</li> <li>• Moderate to severe ..... Uninsurable</li> </ul>
Retinal Detachment and/or Hemorrhage	<ul style="list-style-type: none"> <li>• Asymptomatic, stable ..... 3 months</li> <li>• With diabetes ..... Uninsurable</li> </ul>
Sarcoidosis	• Asymptomatic ..... 36 months
Schizophrenia	..... Uninsurable
Sciatica	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations <ul style="list-style-type: none"> <li>- Asymptomatic ..... 6 months</li> </ul> </li> </ul>
Scleroderma, active	..... Uninsurable
Sclerosing Cholangitis	..... Uninsurable
Scoliosis	• No ADL or IADL limitations ..... 0 months
Seizure Disorder	(See Epilepsy)
Senility, All Forms	..... Uninsurable
Shy-Drager Syndrome	..... Uninsurable
Sleep Apnea	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 3 months</li> <li>• CPAP machine without bottled oxygen ..... 6 months</li> <li>• Hospitalization ..... 12 months</li> </ul>
Spinal Muscle Atrophy	..... Uninsurable
Spinal Stenosis	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations <ul style="list-style-type: none"> <li>- No chronic pain</li> <li>- No narcotic medications ..... 6 months</li> </ul> </li> </ul>
Stroke (Cerebrovascular Accident- CVA)	..... Uninsurable



Surgery	If surgery is recommended, planned, or has been recently performed, do not take the Application until the surgery. Refer to the specific medical condition and Stability Indicator for time frames.
Thrombocytopenia	<ul style="list-style-type: none"> <li>• Unoperated, asymptomatic ..... 12 months</li> <li>• Post-Splenectomy, asymptomatic, stable ..... 24 months</li> <li>• Reactive Thrombocytopenia ..... Underwrite Cause</li> </ul>
Thrombophlebitis, Superficial	..... 0 months
Thrombosis, Deep Vein	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>- Resolved ..... 6 months</li> </ul>
Transient Ischemic Attack (TIA or “mini-stroke”)	<ul style="list-style-type: none"> <li>• Single episode <ul style="list-style-type: none"> <li>- No ADL or IADL limitations</li> <li>- Nonsmoker ..... 60 months</li> </ul> </li> <li>• More than one TIA ..... Uninsurable</li> <li>• In combination with diabetes or heart surgery ..... Uninsurable</li> </ul>
Transplant, Organ	<ul style="list-style-type: none"> <li>• Corneal ..... 3 months</li> <li>• Kidney ..... 60 months</li> <li>• All others ..... Uninsurable</li> </ul>
Transverse Myelitis	..... Uninsurable
Tremors	<ul style="list-style-type: none"> <li>• Benign, essential, or familial <ul style="list-style-type: none"> <li>- No ADL or IADL limitations ..... 6 months</li> </ul> </li> <li>• Work-up in progress ..... Uninsurable</li> <li>• Due to Parkinson’s Disease ..... Uninsurable</li> </ul>
Tuberculosis	<ul style="list-style-type: none"> <li>• Resolved ..... 12 months</li> <li>• Active ..... Uninsurable</li> </ul>
Tumors, Benign	<ul style="list-style-type: none"> <li>• Brain, Spinal cord <ul style="list-style-type: none"> <li>- No paralysis</li> <li>- No ADL or IADL limitations</li> <li>- No seizure disorder ..... 60 months</li> </ul> </li> <li>• Other sites ..... 6 months</li> </ul>

Ulcers of Skin	<ul style="list-style-type: none"> <li>• Resolved ..... 24 months</li> <li>• Active or chronic ..... Uninsurable</li> <li>• Resulting in Amputation ..... Uninsurable</li> </ul>
Ulcers, Duodenal	<ul style="list-style-type: none"> <li>• Asymptomatic ..... 0 months</li> <li>• History of Gastrointestinal Bleed ..... 6 months</li> </ul>
Urinary Incontinence	<ul style="list-style-type: none"> <li>• Independent in care ..... 0 months</li> <li>• Complete incontinence, dependent in ADLs ..... Uninsurable</li> <li>• Use of catheter ..... Uninsurable</li> </ul>
Urolithiasis/Renal Calculus	• Hospitalization or surgery ..... 6 months
Varices, Esophageal	..... Uninsurable
Varicose Veins (Legs)	• No ADL or IADL limitations ..... 0 months
Vasculitis, All forms	..... Uninsurable
Vertebral or Spinal Disorder, Not Otherwise Classified	<ul style="list-style-type: none"> <li>• No ADL or IADL limitations</li> <li>- No chronic pain or narcotic medications</li> <li>- No active ongoing therapy or recommendations for therapy</li> <li>- No walker or wheelchair usage ..... 12 months</li> </ul>
Vertigo	(See Dizziness)
Vision Loss	(See Blindness)
Von-Hippel-Lindau	..... Uninsurable
Von Recklinghausen's	..... Uninsurable
Waldenstrom's	..... Uninsurable
Walker Use	..... Uninsurable
Wegener's Granulomatosis	..... Uninsurable
Whipple's Disease	..... Uninsurable
Wilson's Disease	..... Uninsurable
Wiskott-Aldrich Syndrome	..... Uninsurable
Xeroderma Pigmentosa	..... Uninsurable

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