

The Underwriting Process

During the underwriting process, the underwriter evaluates each individual's medical history and takes appropriate action based on the severity and prognosis of the condition(s).

To expedite the underwriting process the enrollment application should be completed accurately and all medical disclosures should include the specific diagnosis, dates of treatment, medications prescribed and the results of treatment. Underwriting outcome will also vary in accordance with state requirements.

In an effort to provide better up-front risk selection, an underwriter may request medical records or a paramedical exam on an applicant. This will enable us to determine at the time of application, if the applicant has a pre-existing condition or any other medical condition that will require exclusions and/or rated premium.

Medical Records/ Attending Physician Statement/ Paramedical Exams

The underwriter will initiate the request for medical records and exams when applicable. These requirements may be requested for conditions noted as "IC", when no prior coverage has been in force or at underwriters discretion. We will handle costs associated for obtaining these requests up to a predetermined amount. You will be notified of this request through the application status on the website.

MIB/Rx Profile may be obtained as determined by Underwriting Department.

Driving Records

Driving records may be obtained as determined by the underwriter.

Telephone Interview

We use an interview Process to confirm the health information contained on an application. An interviewer may attempt to contact an applicant by phone within 24-48 hours of when the application is received at the home office. The call will take approximately 10 to 20 minutes per applicant. The interviewer will confirm the accuracy of the application, obtain any additional details that are needed and clarify any incomplete information. Important: Make sure you explain this process to your client and provide a copy of the application for your client to refer to during the verification call.

Tobacco Use

An applicant must not have used tobacco in any form within one year of the application date to qualify for Non-Tobacco User Rates. A certificate/policy issued with Tobacco User rates will not be considered for modification to Non-Tobacco User rates until the insured has gone one year without using any form of tobacco, or six months have elapsed from the certificate/policy effective date, whichever is longer. In other words, a certificate/policy issued with tobacco user rates must be in force at least six months before the Non-Tobacco User Rates will be considered. This rule also will apply to specific conditions/impairments adjusted because of tobacco use, such as bronchitis or emphysema.

Declinations

There are any number of reasons why an applicant may be declined for coverage.

- 1. If there is an existing condition/medical history identified as uninsurable, designated by RNA in the Health Underwriting Guidelines.
- 2. If any pending or recommended diagnostic workup, including tests, has not been completed and a final diagnosis has not been provided.
- 3. If any individual applicant requires a substandard rating exceeding 100%. This may vary according to state of residence.
- 4. If the applicant is disabled, receiving disability benefits or eligible for or on Medicare.
- Any applicant that has pending or scheduled surgery or hospitalization.
- 6. If the number of actions needed on an applicant exceed 3-4 (depending on conditions)

Michigan Guidelines

For this state, and any others added later that do not allow condition riders/waivers, or allow them for only a short period of time, the agent will need to consider most decisions to rider or waive the applicant as a DECLINE. Some conditions indicate if a rating can be used instead of a rider/waiver, and the agent can use a pre-underwriting call or review if they feel individual consideration is warranted.

Indiana Guidelines

Indiana waivers are mandated for a period of no more than 10 years. Other special handling also applies.



Removal or Modification of an Elimination Rider/Rating

All Elimination Riders can be reviewed after 2 years. However, the insured must send a written request for waiver or rating reconsideration. The insured will be responsible for the cost and procurement of any evidence of insurability deemed necessary by the underwriting department. This would include examinations, special medical tests and attending physician statements.

It is recognized that many health conditions can and do improve significantly with the passage of time and administration of proper care. Therefore, we will consider removal or modification of substandard ratings/riders for impairments of a less severe or non-chronic nature.

Impairments of a more chronic and serious nature generally will not qualify for rating modification or removal except under special circumstances. Such impairments as hypertension, cardiovascular disease, emphysema, arthritis and epilepsy fall into this category. A special underwriting review should be requested to determine the possibility of such rating reconsideration.

Underwriting Actions Guide

The Underwriting Guide contains two columns of information:

Column One — Shows the Impairment/Condition involved as well as a brief outline of the underwriting criteria pertaining to the length of treatment and severity of the condition. (An applicant who has not used tobacco in any form for at least two years is considered a "Non-Tobacco User".)

Column Two — Indicates the probable underwriting action to be taken.

SYMBOLS GUIDE

STD — Standard: The impairment/condition may be accepted on a standard basis.

ER — Elimination Rider: The condition or disorder must be eliminated from coverage

IC — Individual Consideration: The potential seriousness of the condition/impairment is such that consideration can be given only after all pertinent facts have been accumulated and evaluated. *The agent should make every effort to provide medical documentation with the application.*

PP — Postpone: The risk will be considered only after the recovery period indicated.

RFC — Rate for Cause: The stated condition may be a symptom or result of a health condition that will require the underwriter to fully investigate to determine the underlying cause and rate accordingly, if possible.

RNA — Risk Not Acceptable: The person who has the stated health condition is not insurable. *An application is not to be submitted on any applicant with this condition/impairment.*

RMD—Refer to Medical Director.

Preferred Underwriting Guidelines

To qualify for Preferred rating consideration, an applicant must be an adult (between the ages of 18-60) and meet the parameters outlined in the Preferred Rating Questionnaire. The Questionnaire is considered part of the application for insurance, and must be included with the submitted application if the applicant is requesting Preferred status.

Build Chart for Preferred Risks

Guidelines – To be eligible for Preferred Rates, the proposed insured and/or proposed insured spouse:

- 1. Must be between the ages of 18 and 60;
- 2. Must not have an added health exclusion rider or health rate-up;
- 3. Must fall within the applicable height/weight table; and
- 4. Must answer "no" to all questions on preferred questionnaire;

<u>M</u> :	ale	<u>Fen</u>	<u>1ale</u>
Height	Weight	Height	Weight
5'0"	98-152	4'10"	90-138
5'1"	101-155	4'11"	92-140
5'2"	103-159	5'0"	94-143
5'3"	105-162	5'1"	96-146
5'4"	107-166	5'2"	98-150
5'5"	110-171	5'3"	101-153
5'6"	112-175	5'4"	104-158
5'7"	115-181	5'5"	107-163
5'8"	118-186	5'6"	109-168
5'9"	121-191	5'7"	112-173
5'10"	124-197	5'8"	115-178
5'11"	126-203	5'9"	117-185
6'0"	129-208	5'10"	119-192
6'1"	132-215	5'11"	122-197
6'2"	135-220	6'0"	123-202
6'3"	139-226	6'1"	126-207
6'4"	143-232	6'2"	130-213
6'5"	146-240	6'3"	134-219



Health Insurance Build Charts

- 1. If there has been weight loss of more than 20 pounds within one year, divide the loss in half and add it to current weight before entering into the table.
- 2. A reduction in rating due to build will be considered once an insured loses enough to qualify for the lower rating and maintains the reduced weight for at least 6-12 months.
- 3. Underweight can be more serious than overweight. Keep in mind that in certain people, because of small physical stature, an underweight condition is normal and perfectly healthy.
- 4. Sudden weight loss without voluntary dieting is an ominous sign.
- 5. Certain conditions require an additional rating because of the enhanced morbidity risk, e.g., hypertension and overweight build.
- 6. The weight is in pounds.

Hei	ght			MALE	E			He	ight			FEMA	LE		
F	Ι	20% for		Percer	tage Incre	ase in Pre	mium	F	I	20% for		Percei	ntage Incre	ease in Pre	mium
Е	N	Weights						Е	N	Weights					
Е	C	less	Avg.			80%		Е	C	less	Avg.			80%	
T	Н	than	Weight	20%	40%	+ ER	Decline	T	Н	than	Weight	20%	40%	+ ER	Decline
5	0	90	129	167-183	184-195	196-208	209+	4	8	75	107	148-163	164-173	174-184	185+
5	1	93	133	173-189	190-201	202-214	215+	4	9	77	110	153-168	169-178	179-189	190+
5	2	97	138	180-196	197-209	210-223	224+	4	10	79	113	157-172	173-182	183-194	195+
5	3	100	143	186-203	204-216	217-231	232+	4	11	81	115	160-175	176-185	186-198	199+
5	4	103	147	192-209	210-222	223-237	238+	5	0	83	118	164-180	181-191	192-203	204+
5	5	106	151	197-215	216-229	230-244	245+	5	1	85	121	169-185	186-196	197-208	209+
5	6	109	156	204-222	223-236	237-252	253+	5	2	87	124	173-189	190-201	202-214	215+
5	7	112	160	210-228	229-242	243-258	259+	5	3	90	128	179-196	197-207	208-220	221+
5	8	116	165	216-235	236-250	251-266	267+	5	4	92	131	183-200	201-212	213-226	227+
5	9	119	170	223-243	244-258	259-274	275+	5	5	94	134	188-205	206-217	218-231	232+
5	10	122	174	229-248	249-264	265-281	282+	5	6	96	137	192-210	211-222	223-236	237+
5	11	125	179	235-256	257-272	273-289	290+	5	7	99	141	198-216	217-229	230-243	244+
6	0	128	184	242-263	264-279	280-297	298+	5	8	102	145	204-222	223-235	236-250	251+
6	1	131	190	250-272	273-289	290-307	308+	5	9	105	150	211-230	231-244	245-259	260+
6	2	134	195	257-279	280-296	297-315	316+	5	10	107	153	215-235	236-248	249-264	265+
6	3	138	201	265-287	288-306	307-325	326+	5	11	111	159	224-244	245-258	259-274	275+
6	4	142	206	272-295	296-313	314-333	334+	6	0	115	164	231-252	253-267	268-283	284+
6	5	145	211	279-302	303-321	322-341	342+	6	1	118	168	237-258	259-273	274-290	291+
6	6	150	217	287-311	312-330	331-351	352+	6	2	120	172	243-264	265-280	281-297	298+
6	7	152	223	295-319	320-339	340-360	361+	6	3	123	176	249-271	272-286	287-303	304+
6	8	158	228	302-327	328-347	348-368	369+	6	4	127	181	256-278	279-295	296-312	313+

The Health Insurance Build Chart is a guide to the rating action World Insurance Company will take regarding weight The percentage increases assume that there are no other impairments present. If other impairments are found, the judgment of the underwriter will determine what action will be taken. Weights greater than those in the chart will render an applicant uninsurable for health coverage.

The Health Insurance Build Chart is for use only with insureds and dependents age 15 or over. Cases involving overweight dependents under age 15 will be considered individually by the underwriter in consultation with the Medical Director.

Premium increases because of weight will be reconsidered in accordance with the following guidelines:

- 1. If the increase is 20% or less, the certificate/policy must be in force at least six months.
- 2. If the increase is more than 20%, the certificate/policy must be in force at least one year.
- 3. In either case the weight loss must be maintained for more than six months. World must be furnished, at the expense of the insured, a statement from a physician or testing facility showing the insured's current height and weight.



Juvenile Build Charts

	AGES 0 - 2			AGES 3 - 9		A	GES 10 - 1	4
HT. (In.)	MIN.	MAX.	HT. (In.)	MIN.	MAX.	HT. (In.)	MIN.	MAX.
24	8	23	30	18	40	46"	44	92
26	10	26	34	22	44	48"	54	108
28	13	31	38	26	54	54"	63	126
30	15	36	42	32	64	56"	74	144
32	18	40	46	38	78	58"	87	166
34	21	48	50	46	94	60"	100	186
36	23	45	54	56	111	64"	113	206
38	26	48	58	66	128	66"	126	228
40	29							



Occupations Not Eligible for Health Insurance

Note: We will give individual consideration for health insurance coverage to people whose occupational duties include limited involvement in one of the occupations listed below.

- Asbestos/Toxic Chemical Workers
- Athletes Professional
- Boxers, Prize Fighters
- Circus or Carnival Workers
- Drivers Participating in racing, speed or endurance tests
- Enameling Factories (Dusters, Mixers, Grinders, Laborers)
- Explorers
- Explosives Workers or those handling, using or transporting explosives, including contractors
- Fireworks Manufacturers

- Fishermen Offshore
- Horse Racing Personnel
- Livestock Breakers or Trainers
- Logging /Mill Workers
- Missionaries (Outside U.S.)
- Mining Underground Workers
- Oil/Natural Gas, roughnecks, deck hands, including off-shore operations
- · Pyrotechnists
- Rodeo Riders
- Structural Steel Workers
- Unemployed**

^{*}World Insurance Company's Health Underwriting Department reserves the right to decline other avocations or occupations not listed above.

^{**}Unemployed – We do not offer major medical coverage to applicants that are unemployed. The term "unemployed" includes those that are in between jobs and actually seeking employment. This would <u>not</u> include those noted as students, homemakers, retirees or those that are independently wealthy. Coverage is available through our Short-Term Major Medical product, since their unemployment may only be a temporary situation.



Non-Medical Guidelines

Impairment/Condition	Underwriting Action	Impairment/Condition Underwrit	ing Action
Aviation		Felony Conviction	
a) Crop-dusters or Stunt Flyingb) Pilots, including Student Pilots and In participating in non-hazardous person	structors	a) One conviction within 3 yearsb) still imprisoned, jailed or on parolec) Not imprisoned, jailed or on parole	RNA RNA IC
professional activities		d) Multiple convictions	RNA
Driving Record		bombing, counterfeiting, extortion, murder, fraud, na	
Driving while under the influence, intoxica a) Single episode	ated or impaired	organized crime, and sexual assault will not be constregardless of time frame.	idered,
Within 1 year	PP		
• 1-2 years:		Foreign Nationals	
- > age 25	IC	a) Without permanent visa or citizenshipb) Permanent visa	RNA
- < age 25		• In US less than 1 year	RNA
• Over 2 years	RNA STD	• Over 1 year, insurable in all other aspects c) If no permanent visa, in the US at least 2 years	STD
b) Two or more episodes	D374	with Social Security card and drivers license	IC
• Last within 3 years		Esseries Through	
Over 3 years	IC	Foreign Travel a) Vacation or business travel, no establishment	
Drug Use		of residency in foreign country up to 5 times	CTD
Anabolic Steroids (Androgens)	DATA	per year	STD
Muscle Building "Steroids"	RNA	b) Vacation or business travel greater than 5 times per year	IC
Marijuanaa) Admitted short-term experimental usa	ge, no	b) Residency in foreign country, dependent on country's living conditions and political situ-	
evidence of continued use, over 1 year	r ago,	ation	
no criticism of habits, good work reco		• less than 5 months	STD
driving record and health historyb) Others		• Over 5 months	RNA
		*Hazardous Avocations or hobbies will require Elim	
Prescription Drug Abuse		Riders. Such activities include, but are not limited to	
Excessive, abusive or habitual use of pre-		gliding, kayaking, scuba diving (below 100 ft.), mot	
 Within 5 years Over 5 years		racing, auto racing, hazardous rodeo events, bungee mountain or rock climbing and competitive snowbos skiing.	
Use of Other Drugs of Abuse			
Within 7 yearsOver 7 years	RNA IC	Typically, any form of motorized racing will require Elimination Rider.	an



Declinations

Applicants with any of these conditions will not qualify for coverage. This list is by no means complete since it would be impossible to list every condition. The ultimate decision regarding eligibility will be made by the underwriter.

Acromegaly Addison's Disease Adrenal Insufficiency

AIDS

Alzheimer's Disease

Amyotrophic Lateral Sclerosis (Lou Gehrigs Disease)

Angina Pectoris

Angioplasty (Coronary)

Ankylosing Rheumatoid Spondylitis

Aplastic Anemia

Ascites

Ataxia, Locomotor Atherosclerosis

Autism (except where mandated by state)

Bipolar Disorder Buerger's Disease Bypass, Coronary

Carotid Artery Occlusion

 $Cerebral\ Hemorrhage\ /\ Embolism\ /\ Thrombosis$

Charcot-Marie Tooth Disease

Cirrhosis

Claudication, Intermittent Chronic Fatigue Syndrome Congestive Heart Failure Coronary Artery Disease Coronary Insufficiency

Cushing's Disease or Syndrome

CVA

Cystic Fibrosis

Diabetes (except Gestational, see Pregnancy)

Dwarfism

Esophageal Varices

Factor Deficiencies (i.e. Factor VIII, IX, XI Deficiencies, etc.)

Fibrocystic Disease of the Pancreas

Heart Attack Heart Disease Heart Stent

Heart Valve Replacement Hemochromatosis

Hemophilia A or B

Hepatitis C

Human Immunodeficiency Virus (HIV)

Hydrocephalus

Hyperpituitarism Hypoparathyroidism

Leukemia

Lupus, Systemic Manic Depression

Marie-Strumpell Spondylitis

Multiple Sclerosis Muscular Dystrophy Myasthenia Gravis Nephrotic Syndrome Neurogenic Bladder Neuromyositis Organ Transplant

Osteitis Fibrosa Cystica; Cystica Disseminata

Paget's Disease of the Bone Pancreatic Calcifications or Stones

Paralysis Paranoia

Parkinson's Disease Periarteritis Nodosa Peripheral Neuritis

Peripheral Vascular Disease Polycystic Kidney Disease

Polycythemia
Polyneuritis
Psoriatic Arthritis
Regional Enteritis
Reiter's Syndrome
Renal Dialysis
Renal Failure
Renal Insufficiency
Rheumatoid Arthritis
Schizophrenia

Scleroderma, all types Sickle Cell Anemia Sjorgen's Syndrome Still's Disease

Stroke

Tourette's Syndrome

Transient Ischemic Attack (TIA)

Turner's Syndrome Ulcerative Colitis



Declinable Medications

Applicants with any of these medications will not qualify for coverage. This list is by no means complete since it would be impossible to list every medication. The ultimate decision regarding eligibility will be made by the underwriter.

Medication	Indication
Actos	Diabetes Mellitus
Amaryl	Diabetes Mellitus
Antabase	Drug/Alcohol
Aricept	Dementia/Alzheimers
Artane	
Asacol	Ulcerative Colitis
Avandia	Diabetes Mellitus
Azulfidine	Ulcerative Colitis
AZT	HIV/AIDS
Blood Thinner	Blood Clots
Cogentin	Parkinson's
Coumadin	Blood Thinner
Cytoxan	Cancer
Enbrel	Rheumatoid Arthritis
Gleevec	Cancer
Glipizide	Diabetes Mellitus
Glucophage	Diabetes Mellitus
Glucotrol	Diabetes Mellitus
Glucovance	Diabetes Mullitus
Glyburide	Diabetes Mellitus
Glyburide/Metformin	Diabetes Mellitus
Heparin	Blood Thinner
Humalog	Diabetes Mellitus

Medication	<u> Indication</u>
Humulin	Diabetes Mellitus
Insulin	Diabetes Mellitus
Lantus	Diabetes Mellitus
Leukeran	Cancer
Lithium	Psychosis
Metformin	Diabetes Melliltus
Methadone (ongoing use)	Drug Abuse
Methotrexate	Cancer/Rheumatoid Arthritis
Methylprednisolone (ongoing use)	Steroid
Morphine (ongoing use)	Severe Pain
Nitro-Bid	Chest Pain
Nitroglycerin	
Nitroquick	
Oxycontin (ongoing use)	Severe Pain
Plaquenil	
Plavix	Anti Thrombotic
Prednisone (ongoing use)	Immune Disorder
Razadyne	Alzheimers
Risperdal	
Seroquel	
Tamoxifen	Cancer
Vicodin (ongoing use)	Severe Pain
Warfarin	Blood Thinner



Common Medications/Therapeutic Use Reference

The following is a list of prescription drugs and common therapeutic use. These prescription drugs are not limited to the treatment of the therapeutic use indicated. This list is by no means complete since it would be impossible to list every medication.

Accupril	High Blood Pressure
Accutane	Acne
Acetaminophen/Codeine	
Aciphex	Ulcer Disease
Actonel	Osteoporosis
Actos	Diabetes
Adderall	Attention Deficit Disorder
Advair Diskus	
Allegra	Allergies
Allopurinol	Gout
Alphagan	
Alprazolam	
Altace	•
Amaryl	
Ambien	
Amitriptyline	
Amoxicillin	
Amoxil	
Amphetamine Salts	
Apri	
Aricept	-
Atacand	
Atenolol	
Ativan	_
Atrovent	-
Augmentin	
Avalide	
Avandian	
Avapro	
Avelox	
Aviane	
AZT	•
Bactroban	Infection
Beconase AQ	
Benazepril	
Betamethasone	
BextraN	
Biaxin	•
Bisoprolol	
Bupropion	
Cardizem	
Carisoprodol	
Cursopro u cri	

Cartia	High Dland Dunggung
Cartia	
Catapres	
CefzilNon	
	-
Celexa	
Cephalexin	
Cipro	
Ciprofloxacin	
Clarinex	•
Clonazepam	
Clotrimazole	
Combivent	
Concerta	
Coreg	Cardiovascular
Coumadin	
Cozaar	High Blood Pressure
Crestor	Cholesterol
Cyclobenzaprine	Pain
Darvocet	Severe Pain
Depakote	
Detrol LA	
Dexedrine	Stimulant/Diet Pill
Diazepam	Anxiety
Diflucan	
Digitek	_
Digoxin	
Dilantin	
Diltiazem	
Diovan	
Ditropan XL	
Doxazosin	_
Doxycycline Hyclate	
Duragesic	
Effexor	
Elavil	
Elidel	
Enalapril	
Estradiol	
Evista	
Fentanyl	
Finasteride	
Flomax	Protate/Urinary Disorder

Health Underwriting Guide

El	A 11
	Allergies
	Asthma
	Fungal Infection
	Depression
	Osteoporosis
	High Blood Pressure
	Diuretic
	Cholesterol
	Cancer
	Diabetes Mellitus
	Diabetes Mellitus
	Diabetes Mellitus
Glucovance	Diabetes Mellitus
Glyburide	Diabetes Mellitus
	Diabetes Mellitus
Heparin	Blood Thinner
Humalog	Diabetes Mellitus
Humulin	Diabetes Mellitus
Hydrochlorothiazide	Diuretic
Hydrocodone	Severe Pain
Hyzaar	High Blood Pressure
	Nonsteroidal Anti-inflammatory
	Depression
•	
	•
Inderal	Blood Pressure/Migraines
Indocin	.Nonsteroidal Anti-inflammatory
Indocin Insulin	Nonsteroidal Anti-inflammatory
Indocin	.Nonsteroidal Anti-inflammatoryAsthma
Indocin	AsthmaContraceptive
Indocin	.Nonsteroidal Anti-inflammatory
Indocin	
Indocin	
Indocin Insulin Ipratropium Kariva Klonopin Klor-Con Lamictal Lanoxin	
Indocin Insulin Ipratropium Kariva Klonopin Klor-Con Lamictal Lanoxin Lantus	
Indocin Insulin Ipratropium Kariva Klonopin Klor-Con Lamictal Lanoxin Lantus Lasix	
Indocin Insulin Ipratropium Kariva Klonopin Klor-Con Lamictal Lanoxin Lantus Lasix Lescol	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix. Lescol Leukeran	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva Klonopin Klor-Con Lamictal Lanoxin Lantus Lasix Lescol Leukeran Levaquin	
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix. Lescol Leukeran Levaquin Levothroid	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix Lescol Leukeran Levaquin Levothroid Levothyroxine	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva Klonopin Klor-Con Lamictal Lanoxin Latus Lescol Leukeran Levaquin Levothroid Levothyroxine Levoxyl	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix. Lescol Leukeran Levaquin Levothroid Levothyroxine Levoxyl Lexapro	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lescol Leukeran Levaquin Levothroid Levothyroxine Levapro Lipitor	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix. Lescol Leukeran Levaquin Levothroid Levothyroxine Levapro Lipitor Lisinopril	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix Lescol Leukeran Levaquin Levothroid Levothyroxine Levapro Lipitor Lisinopril Lithium	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix Lescol. Leukeran Levaquin Levothroid Levothyroxine Levoxyl Lexapro Lipitor Lisinopril Lithium Lopid	.Nonsteroidal Anti-inflammatory
Indocin Insulin Ipratropium Kariva. Klonopin Klor-Con Lamictal Lanoxin Lantus. Lasix Lescol Leukeran Levaquin Levothroid Levothyroxine Levoxyl Lexapro Lipitor Lisinopril Lithium Lopid Lopressor.	.Nonsteroidal Anti-inflammatory

Lotensin	High Blood Pressure
	High Blood Pressure
	Contraceptive
	Infection
	High Blood Pressure
	Diabetes
	Attention Deficit Disorder
* *	High Blood Pressure
	Cholesterol
	Osteoporosis
	Contraceptive
•	Depression
_	Pain
	High Blood Pressure
<u>-</u>	High Blood Pressure
	.Nonsteroidal Anti-inflammatory
	Allergies
	Allergies
	Esophagitis/GERD
	Cholesterol
	High Blood Pressure
	High Blood Pressure
	Depression
	High Blood Pressure
	Ulcer Disease
	Infection
	Contraceptive
	Contraceptive
	Contraceptive
	Severe Pain
•	Severe Pain
	Depression
	Depression
	Eye Inflammation
	Depression
	Infection
	Severe Pain
	Seizures
	High Blood Pressure
	Potassium Deficiency
	Cholesterol
	Hormonal Supplement
	Hormonal Supplement
	Ulcer Disease
Prilosec	Ulcer Disease

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Procardia	Arrhythmia's
Promethazine	Allergies
Propoxyphene	Severe Pain
Proscar	Prostate/Urinary Disorder
Protonix	
Proventil	Asthma
Prozac	Depression
Pulmicort	Asthma
Ranitidine	Ulcer Disease
Remeron	Depression
Restoril	Insomnia
Rhinocort Aqua	Allergies
Ritalin	. Attention Deficit Disorder
Roxicet	Severe Pain
Seroquel	Psychosis
Singulair	Asthma
Skelaxin	Pain and Inflammation
Spironolactone	Diuretic
Strattera	. Attention Deficit Disorder
Sulfamethoxazole	Infection
Synthroid	Thyroid
Tegretol	Convulsions
Temazepam	Insomnia
Terazosin	High Blood Pressure
Timolol	Glaucoma
Timoptic	Glaucoma
Tobradex	Eye Disorder
Topamax	Seizures/Pain
Toprol	

Tramadol	Severe Pain
Trazodone	Depression
Triamterene/HCTZ	High Blood Pressure
Tricor	_
Trimox	
Trivora-28	
Tussionex	•
Ultracet	Severe Pain
Valacyclovir	
Valium	
Valtrex	Viral Infection
Ventolin	Asthma
Verapamil	
Viagra	
Wellbutrin	
Xalatan	Glaucoma
2Xa1ata11	Glaucoilla
Xanax	
	Anxiety
Xanax	AnxietyContraceptive
Xanax	AnxietyContraceptiveUlcer Disorder
Xanax	AnxietyContraceptiveUlcer DisorderHigh Blood Pressure
Xanax	AnxietyContraceptiveUlcer DisorderHigh Blood PressureCholesterol
Xanax	AnxietyContraceptiveUlcer DisorderHigh Blood PressureCholesterolInfection
Xanax	
Xanax	
Xanax	
Xanax Yasmin 28 Zantac Zestril Zetia Zithromax Zocor Zoloft Zovirax	Anxiety Contraceptive Ulcer Disorder High Blood Pressure Cholesterol Infection Cholesterol Depression Skin Infection Gout



Medical Underwriting Guidelines

Impairment/Condition Un	derwriting Action	Impairment/Condition Underwri	ting Action
Abdominal Complaints of Unknown Etiolo	ogv	Amnesia — Loss of memory	
a) Single episode within 1 year		a) Cause known	RFC
Over 1 year, resolved		b) Cause unknown	RNA
Over 1 year, resorved		b) Cause unknown	KNA
Abscess		Amputation	
a) Brain, liver, lung, pancreas, other vital or	rgans	a) Major limbs	ER
• Present, or within 6 mo		b) Others	IC
 History of, complete recovery, over 6 i 	no IC		
b) Skin or subcutaneous structures		Amyotrophic Lateral Sclerosis (Lou Gehrig's	
Recovered	STD	Disease)	RNA
• Others		Anal Fissure (see 'Hemorrhoids')	
A and Inflammation of the oil accusting also	da	And Pissure (see Tiemorrhous)	
Acne — Inflammation of the oil-secreting gla		Anemia — Deficiency of hemoglobin or of red block	od cells
Mild, uncomplicated, no RX medication		a) Aplastic, Sickle Cell	RNA
Others, or medically treated	ER*	b) Pernicious, no complicating factors	
*if not a policy exclusion		• Within 2 years	60%
Addison's Disease	RNA	• 2-5 years	20%
Addison s Disease	KINA	• > 5 years	STD
Adhesions		c) Iron deficiency, confirmed diagnosis, present	512
a) Present, symptomatic	ER	or treated	
b) Surgically corrected, within 3 years		• Mild	STD
Over 3 years		Moderate	20%
d) Multiple surgeries			
d) Willipic surgeries	LIX	• Severe	RNA
Adoption (see 'Pregnancy' for handling)		d) Other anemias	IC
	D3.1.4	e) Sickle Cell Trait, definite diagnosis	STD
AIDS, or HIV Positive Test Results	RNA	Aneurysm — Abnormal dilation of artery or vein	
Alcoholism (Including participation in AA)		a) Present	RNA
a) Total abstinence less than 5 years	RNA	b) All kinds, treated 0-1 years	RNA
b) 5-8 years of sobriety		c) 1-3 years	IC/60%
c) 8-10 years of sobriety		d) > 3 years	STD
d) over 10 years of sobriety		<i>-,</i> - <i>,</i>	~
d) over 10 years of soonery	31D	Angina Pectoris	RNA
Allergies (without asthma)		Ancionlaste	DNIA
a) Seasonal, no more than six months per ye		Angioplasty	RNA
or asthma component including inhaler u	ise STD	Ankylosing Spondylitis	RNA
b) Daily use of prescription drugs or with			
asthmatic component		Anorexia Nervosa (see 'Eating Disorders')	
	20%*	Anxiety (see 'Mental-Emotional Disorders')	
c) Undergoing desensitization treatment with		Timitely (see Triental Emotional Ensembles)	
past two years	ER or	Aortic Stenosis, Insufficiency, Regurgitation	
	20%*	(see 'Heart Murmur')	
*STD with \$2,500 deductible with no Rx bei	nefit		
or generic-only benefit.	-	Appendicitis	
		a) Un-operated	
Alzheimer's Disease or Syndrome	RNA	• Within 2 years	ER
Amenorrhea — Absence of menstruation (se	o Htarina	• Over 2 years	STD
	e Oleithe	b) Operated, recovered	STD
Disorders')			



Impairment/Condition Un	nderwriting Action	Impairment/Condition Underwri	ting Action
Arteriosclerosis — Hardening or degeneral	tion of the	Bartholin Gland Cyst	
arteries	v	a) Present	ER
a) Aortic, incidental finding, asymptomatic	: IC	STD with \$1,000 or higher deductible	
b) Symptomatic or peripheral		b) Operated, recovered	STD
Atherosclerosis	RNA	Bell's Palsy — Paralysis of the muscles on one side	e of the
Arthritis - Osteoarthritis, degenerative join	t disease	face due to compression of the facial nerve	ED
a) Asymptomatic, incidental x-ray findings		a) Present	ER
characterized as mild, no treatment	, 0111),	b) With residuals	ER
administered	STD	c) Single episode, complete recovery, no	
		residuals	STD
b) Generalized symptoms, multiple minor		d) Multiple episodes	IC
or more extensive treatment			
c.) Major joint involvement		Bipolar Disorder	RNA
d) Operated (joint replacement)		Blindness	
e) Rheumatoid arthritis			
f.) Ankylosing spondylitis	RNA	Traumatic or idiopathic, either or both eyes, well	
g) Psoriatic arthritis		adjusted, self-sufficient, no active or progressive	
•		disease process, no surgery anticipated	IC
Asbestosis (see 'Pneumoconiosis')		Blood Pressure, Elevated (see 'Hypertension')	
Asthma, Bronchial Asthma – Respiratory of		Pone Snurg Panion automouth of hone	
a) Mild, no medications or treatment, 2 year		Bone Spurs — Benign outgrowth of bone	CTD
b) Mild, exercise induced, occasional medi	ication ER or	a) Asymptomatic, non-weight bearing joint	STD
	20%*	b) Operated, recovered	STD
c) Moderate, on daily medication		c) Others	ER
·),,,	40%*	Descin Communication	
d) Severe, multiple hospitalizations or ER		Brain Concussion	
NOTE: The above ratings apply to tobac		a) No surgery, no residuals, fully recovered	
applicants only. Tobacco users will be ra		• within 6 months	PP
	teu III	• Over 6 months	STD
the next higher category.	C .	b) Others, nervous system residuals	RMD
*STD at \$5,000 deductible with no Rx bene	efit or		
generic-only benefit.		Breast Disease (not including cancer)*	
A4-2-1-C4-1-DC4	IC	a) Fibrocystic breast disease (Cystic Mastitis)	
Atrial Septal Defect	IC	 Mild — Asymptomatic, small cysts, diag- 	
Attention Deficit Disorder (see 'Hyperactiv	vity')	nosis confirmed by mammogram and	
Attention Benefit Disorder (see Hyperaeu	ily)	biopsy or aspiration	STD
Autism	RNA	 Moderate and Severe — Symptomatic, 	
(except for state mandates)		multiple cysts, requiring medication and	
		occasional biopsies. Diagnosis confirmed	
Back Sprain or Strain, including Whiplas	h	by mammogram and biopsy or aspiration	ER
a) Single episode, mild, not hospitalized, s	hort	b) Acute mastitis, single episode	LIC
duration within 6 months			CTD
	20%	• Fully recovered	STD
STD with \$5/10,000 deductible	2070	• Recurrent	ER
• Over 6 months	STD	*Except for state mandated benefits	
	31D	Projet Implants	STD
b) More severe, recurring, hospitalized,	ED	Breast Implants	SID
• Last episode within 4 years		Bright's Disease —(see 'Nephritis')	
Over 4 years	STD		
Barrett's Esophagus	IC		



Impairment/Condition [Inderwriting Action	Impairment/Condition Underwrit	ing Action
Bronchitis — Inflammation of the bronchic		c) Carcinoma In Situ	
a) Acute, one or two mild episodes per ye	ar associated	Within 1 year	RNA
with URI, recovered	STD	• Over 1 year	IC
b) Chronic, multiple attacks per year		d) Hodgkin's or Non-Hodgkin's Lymphoma	
Mild, non smoker	ER or	• 1-10 years	RNA
,	40%	• > 10 years	RMD
c) Moderate or severe	RNA	e) Leukemia	RNA
NOTE: Tobacco users will be rated in the			
category.		Cardiac Arrhythmia	
		All kinds	ER
Bulimia Nervosa (see 'Eating Disorders')		Council Transcil Coundress Communication of made	
Down's and A. H.		Carpal Tunnel Syndrome — Compression of medi	an nerve
Bunions (also Hammertoe)	ED	of the wrist	ED
a) Un-operated		a) Present	ER
b) Surgically corrected, full recovery	STD	b) Recovered, 0-2 years	ER
Burns		Thereafter, no residuals	STD
a) 1st and 2nd degree	STD	Cataract — Opacity of the lens in the eye	
			ER
b) 3rd degree	ER	a) Un-operated, or only one eye corrected	
Bursitis — <i>Inflammation of the bursa</i>		b) Both eyes operated, recovered	STD
a) Single episode, recovered		c) With lens implant	STD
• Within 1 year	ER	Celiac Sprue	RNA
STD with \$5/10,000 deductible	בונ	a) Present	RNA
• Over 1 year	STD	b) Recovered	101111
b) Multiple episodes	51D	• Under age 3	RNA
Within 2 years	ER	Overage age 3 0-2years	RNA
• Over 2 years	STD	• Over age 3 > 2 years	40%
		• Over age 3 > 2 years	40/0
c) Chronic	EK	Cerebral Hemorrhage	
Cancer		a) 0-5 years	RNA
Skin (basal cell or squamous cell)		b) 5 years	RMD
a) Present	RNA		
b) Operated, less than 5 mm		Cerebral Palsy — Loss of voluntary muscle movem	ient
Within 2 years	ER	a) 0-20 years old	RNA
• Over 2 years	STD	b) 20 and over, single limb affected, capable of	
c) Others		self-support, no mental impairment	40%
c) others	10	c) All others	RNA
Melanoma			D3.7.4
a) Present	RNA	Cerebral Vascular Accident	RNA
b) Operated, Clarks Level III or less		Cervical Polyps	
• Within 5 years	RNA	a) Present	ER
• Over 5 years		b) Operated, recovered	LIX
c) Melanoma in-situ 0-2 years			STD
• 2-5 years		Pathology report benign, single episode Multiple episodes	
• > 5 years		Multiple episodes	ER
d) Clarks Level IV or V		Cervicitis or Cervical Erosion — Inflammation of	the cervix
G CIGIRO DOVOLLY OF Y	INIA	a) Single episode, within 6 months	ER
Internal		b) Single episode, no residuals, over 6 months	STD
a) Treated within 9 years	RNA	c) Present or recurrent	ER
b) Over 9 years		d) No treatment or recurrence over 2 years	STD
-, -, -, -, , -, - , -, -, -, -, -, -, -, -, -, -, -, -, -,		a) No meannem of recurrence over 2 years	שוט



Impairment/Condition	Underwriting Action	Impairment/Condition Underwrit	ing Action
Cesarean Section — Surgical proce of a baby a) History of one or more C-section		c) Ulcerative Colitis, Crohn's Disease> 5 years since last treatment or symptoms .	RMD
under age 45b) Age 45 and older, or after norma or sterilization procedure	ER ER	Collagen Disease Systemic Lupus Erythematosus, Periarteritis Nodosa, Scleroderma	RNA
Chiropractic Manipulation – Route	ne chiropractic	Colostomy	
alignment, adjustment or manipulati		a) Open	RFC/ IC
or reference to back or spine disorde a) 12 visits or less within past year b) 13 or more visits within past year	STD	b) Closed, no complications	RFC RNA
• 12-20 visits		Condyloma (see 'Sexually Transmitted Diseases')	
• > 20 visits	IC/	Congenital Cardiac Defects	IC
c) Over 1 year since last visit* * Will consider standard with \$2,50		Congenital Kidney Absence a) Incidental discovery, no history of kidney or urinary tract disorders	STD
Charcot-Marie-Tooth Disease	RNA	b) Recurring kidney or urinary tract disorders	RNA IC
Cholesterol (see 'Hyperlipidemia')		Congestive Heart Failure	RNA
Chronic Fatigue Syndrome	RNA		MNA
Chronic Obstructive Lung Disease	(see 'Emphysema')	Corneal Ulcer a) Present or within 1 year	ER
Ongoing use of prescription pain me period longer than 6 months		b) Recovered, no visual impairment > 1 year Coronary Artery Disease Heart attack, angina pectoris, coronary insuf-	STD
Cirrhosis	RNA	ficiency, myocardial infarction, myocardial ischemia, bypass or angioplasty	RNA
Cleft Palate — Congenital abnormal mouth	ality of the roof of the	Coronary By-Pass Surgery	RNA
a) Un-operated or under age 12b) Operated, recovered, no addition		Coronary Insufficiency	RNA
planned or recommended, over		Coronary Occlusion	RNA
Club Foot — Congenital deformity	of the foot	Crohn's Disease (Regional Heitis) (see 'Colitis-Ul	cerative')
a) Un-operated or operated with re		Crossed Eyes	
b) Operated, no residuals, no further planned or recommended		a) Without correction b) With successful correction and recovery	ER
Coarctation of Aorta.		• 0-1year • > 1 year	IC STD
Colitis — <i>Inflammation of the large</i> a) Irritable bowel syndrome, spasti		Cystic Fibrosis	RNA
mucous colitis.	ED	Cystitis (see 'Urinary Tract Infection')	
Presentfully recovered	ER	Cystocele (Including 'Rectocele') — Hernia of uring	arv
- 0-3 years	ER	bladder into the vagina or rectum	nı y
- Over 3 yearsb) Ulcerative or Ischemic colitis, C		a) Present	ER
Disease 0-5 years		b) With surgical correction and recovery	STD



Impairment/Condition	Underwriting Action	Impairment/Condition Underwrit	ting Action
Cysts – Sebaceous, Ganglion, Pilonidal a) Single Episode • Present • Removed b) Recurrent Episodes	STD	b) Operated, no residual diverticulosis, recovered, no colostomy or ileostomy 0-3 years	ER or 40%
Over 2 years Will consider standard with \$2,500 ded **Will consider standard with \$2,500 ded	STD	• > 3 years Down's Syndrome – Refer to Mentally Challenged	
Deafness — Total or partial, depending of a) Slight or moderate	STD ER &	Duodenal Ulcer — Peptic ulcer located in the stome esophagus or intestine (see 'Ulcer Disease') Dupuytren's Contracture (No associated condition	ns)
Degenerative Joint Disease (see 'Arthriti	RFC is')	a) Un-operated	ER ER STD
Depression (see 'Mental-Emotional Diso	orders')	Dysmenorrhea (see 'Uterine Disorders')	
Dermatitis (see 'Skin Disorders')		Eczema (see 'Skin Disorders')	
Deviated Nasal Septum			
a) Un-operated b) With surgical correction and recovery		Eating Disorders a) Present or multiple episodes b) Currently < age 20	RNA RNA
Diabetes Insipidus	RNA	b) Recovered, normal weight maintained,	
Diabetes Mellitus	RNA	psycho-therapy discontinued • Within 3 years	RNA
Diabetes, Gestational — Deficiency of in of the pancreas during pregnancy. No histoevidence of diabetes, current Glucose normal Within 6 mo. after pregnancy	ory or current mal PP 40%	• 3-5 years • 5 years and up c) Others Electrocardiogram Abnormal	60% STD RNA
Dilation and Curettage (see 'Uterine Dis	sorders')	Emphysema (COPD) —Airway obstruction resulting	ng from
Disc (Spinal) Herniated or Slipped a) Single episode, recovered, no residual • Within 3 years	ER STD ce of	destruction of alveoli and bronchioles a) Incidental finding, asymptomatic, non-tobacco user b) Mild non- smoker c) moderate-severe or smoker *If hypertension, diabetes or other chronic disease is also present - RNA	IC IC* RNA
Dislocations a) Hip (congenital) • Present	ER	Encephalitis —Infectious or inflammatory disease of brain a) Post infectious or viral, duration under 3 weeks	
operated 0-3 years > 3 years last within 1 years Over 1 years Diverticulosis	ER STD ER	 a) Post infectious or viral, duration under 3 weeks recovered, no residuals • 0-6 mo • > 6 mo b) Other types 	PP STD IC
a) Incidental findingb) Symptomatic			



Impairment/Condition	Underwriting Acti	on Impairment/Condition Underwr	iting Action
Endocarditis —Inflammation of the	he lining of the heart	Esophageal Stricture	
a) Infectious, acute, no residual l		a) Present or requiring periodic dilation	ER
complete recovery	1	b) Recovered, no further dilation	
• Within 1 year	RNA	Within 2 years	ER
• 1- 3 years		• Over 2 years	
• > 3 years		O (of 2 years	512
b) With residuals		Esophagitis, Esophageal Reflux (GERD) —	
b) With residuals	10171	Inflammation of the esophagus	
Endometriosis —Endometrial tiss	ue outside of the inner li	a) Mild attacks treated by non prescription	
ing of the uterus	•	medication	STD
a) Present	ER	b) Frequent or chronic attacks or treated with	
b) Total Hysterectomy, symptom		prescription medication	
• 0-6 months since treatment.		• Within 1 year	ER or
• > 6 months		···	20%*
c) Partial Hysterectomy		No attacks or treatment over 1 year	
• 0-2 years	ER	Hiatal Hernia	SID
• > 2 years		- Unoperated, symptomatic	ER or
		- Onoperated, symptomatic	Rate 20%
d) No hysterectomy, symptom ar		On anotal Caller na carred in a Carthan	Kate 207
• 0-10 years		- Operated, fully recovered, no further	CTD
• > 10 year	STD	attacks or GERD	STD
Endometritis — Infection of the li	ning of the uterus	- Fully recovered, continuing attacks of	
a) Present	0 0	GERD	ER*
b) 0-6 mo		*STD with \$5,000 deductible with no Rx benefit	
		or generic-only benefit.	
c) Over 6 mo, recovered	STD		
		Esotronia & Exotronia (see 'Crossed Eves')	
Epicondylitis (see 'Tendonitis')		Esotropia & Exotropia (see 'Crossed Eyes')	DEC
Epicondylitis (see 'Tendonitis') Epididymitis (see 'Testicular Disc	orders')	Esotropia & Exotropia (see 'Crossed Eyes') Fatty Liver	RFC
Epididymitis (see 'Testicular Disc	orders')		RFC
Epididymitis <i>(see 'Testicular Disc</i> Epilepsy	orders')	Fatty LiverFibrillation (see 'Cardiac Arrhythmia')	
Epididymitis (see 'Testicular Disc Epilepsy a) Jacksonian, partial seizure		Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b	
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year	RNA	Fatty LiverFibrillation (see 'Cardiac Arrhythmia')	
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year	RNA 40%	Fatty LiverFibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia	
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years	RNA 40% STD	Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease')	
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no	RNA 40% STD	Fatty LiverFibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia	reast
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment		Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present	reast
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16		Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered,	reast IC
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16	RNA 40% STD residual	Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present	reast IC 40% o
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 - Last seizure within 2 year		Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years	reast IC 40% or ER
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 - Last seizure within 2 year - 2-5 years	RNA 40% STD residual RMD RNA 40% RNA 40%	Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years	reast IC 40% or ER
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 - Last seizure within 2 year - 2-5 years - Over 5 years	RNA 40% STD residual RMD RNA 40% RNA 40%	Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years - Over 2 years b) Others	reast IC 40% or ER STD
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 - Last seizure within 2 year - 2-5 years - Over 5 years c) Petit Mal (Absence Type)	RNA 40% STD residual RMD RNA 40% 20%	Fatty Liver Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years - Over 2 years b) Others • Present	reast IC 40% or ER
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years	RNA 40% STD residual RMD RNA 40% 20% RNA	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered,	IC 40% or ER STD RNA
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 - Last seizure within 2 year - 2-5 years - Over 5 years c) Petit Mal (Absence Type)	RNA 40% STD residual RMD RNA 40% 20% RNA	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered, - Within 3 years	IC 40% or ER STD RNA PP
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years	RNA 40% STD residual RMD RNA 40% 20% RNA 20%	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered,	IC 40% or ER STD RNA PP
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years	RNA 40% STD residual RMD RNA 40% 20% RNA 20%	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered, - Within 3 years	IC 40% or ER STD RNA PP
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years	RNA 40% STD residual RMD RS RNA 40% 20% RNA 20% STD	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered, - Within 3 years - Over 3 years - Over 3 years	IC 40% of ER STD RNA PP
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 • Last seizure within 2 year - 2-5 years c) Petit Mal (Absence Type) • Last seizure within 1 year • Over 5 years since last seizure • Over 5 years Febrile Seizures a) One attack within 0-1 year	RNA 40% STD residual RMD RNA 40% 20% RNA 20% STD	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered, - Within 3 years - Over 3 years - Over 3 years	IC 40% of ER STD RNA PP
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years	RNA 40% STD residual RMD S RNA 40% 20% RNA 20% STD PP STD	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered, - Within 3 years - Over 3 years - Over 3 years	reast IC 40% o ER STD RNA PP
Epididymitis (see 'Testicular Dise Epilepsy a) Jacksonian, partial seizure • Last attack 0-1 year • 1-5 years • > 5 years b) Grand Mal, (Tonic-clonic), no impairment • Age 0-16 • Over 16 • Last seizure within 2 year - 2-5 years c) Petit Mal (Absence Type) • Last seizure within 1 year • Over 5 years since last seizure • Over 5 years Febrile Seizures a) One attack within 0-1 year	RNA 40% STD residual RMD S RNA 40% 20% RNA 20% STD PP STD PP STD	Fatty Liver. Fibrillation (see 'Cardiac Arrhythmia') Fibrocystic Breast Disease — Benign abnormal b tissue (see 'Breast Disease') Fibromyalgia a) Mild • Present • Recovered, - Within 2 years b) Others • Present • Recovered, - Within 3 years - Over 3 years - Over 3 years	IC 40% of ER STD RNA PP



Impairment/Condition	Underwriting Action	Impairment/Condition Underwr	iting Action
Fractures (other than skull) a) 0-6 months	ER are	Gout — A metabolic disorder which usually affect involves an elevation of uric acid which can result arthritis and kidney disorders, including kidney stota) Infrequent attacks, symptomatic, on meds, uncomplicated build and blood pressure not ratable, no other CVR impairments	es males, in ines ER 20- 60%* RNA STD
•	KWID	• > 1 year	STD
Fungus (see 'Skin Disorders')		Gynecomastia – male	
a) Un-operatedb) Operated, complete recovery	ER	a) Present, un-operated	STD
Gastric or Ileal Bypass & Gastric Stapli treatment of obesity a) Within 5 years	RNA weight tIC ulcer ruled outSTD	Hammertoes — Displacement of toes (see 'Bunio Headaches a) Mild, occasional attacks, no Rx	STD ER or 0%*-40% STD
 b) Frequent, chronic, no evidence of alc abuse, no other complicating factors Cause known Cause unknown, functional GERD (see 'Esophagitis') 	RFC	Last episode, within 5 years Last episode, over 5 years	ER or 40%* STD PP
Glaucoma — Disease of the eyes Present	ER	Heart Attack	RNA
Glomerulonephritis (see 'Nephritis')		Heart Disease	RNA
Goiter — Enlarged thyroid (see 'Hyperth	yroidism')	Heart Murmur	IC
		Heart Stent	RNA
		Heart Valve Replacement	RNA
		Hemophilia	RNA



Impairment/Condition	Underwriting Action	Impairment/Condition Underwri	ting Action
Hemorrhoids, Anal Fissure, Fistula		b) Cholesterol/HDL Ratio	
a) Mild, with minimal symptoms	STD	• Ratio < 5.1 and Chol < 300	STD
b) Frequent medical attention required	ER	• Ratio > 5.1 and Chol > 300	IC
c) With successful injection treatment or		c) Triglycerides – Fasting	
surgically corrected, with full recovery	, no	• < 300	STD
recurrence		• 301-500	20%
T 44 T 6		• 501-750	40% +
Hepatitis — Inflammation of liver	•	• > 750	RNA
a) Type A and E — Single episode, reco		d) Co-Morbidity Factors – Any combination of 3	
duration less than 2 months, normal liv		or more risk factors: Ratable Build; Tobacco	
• Present or within 6 months		User; Hypertension; Elevated Lipids	RNA
• Over 6 months		e) With other Cardiovascular impairments	RNA
b) Hepatitis B 0-1 year			
• > 1 year		Hypertension — (Essential) High Blood Pressure	
c) All others	RNA	Under certain combinations of blood pressure contr	ol,
Hernia (Inguinal, femoral, scrotal, umbi	lical, incisional	treatment and deductible level of \$5,000, coverage	
niatal) — Protrusion of an organ or body s		could be issued STD.	
veakness or defect in the wall of its normal		a) Controlled readings:	DD
a) Present		• Diagnosed within 6 months	PP
b) With successful repair, no reoccurrence		• Diagnosed over 6 months ago	20%
o) with successial repair, no recealitene	·	b) Average of readings exceeds 150/90	IC
Iydrocele — Collection of fluid in serous i	sac (see	c) Uncontrolled or evidence of therapy	DATA
Testicular Disorders')		abandonment	RNA
T	DNIA	d) Additional Considerations	
lydrocephalus	RNA	On medication for hyperlipidemia, or	
Hydronephrosis		hyperlipidemia ratable, weight not ratable,	
a) Present	RNA	non-tobacco user su	m ratıngs
b) Unilateral, cause corrected, full recove		• Ratable build of 80% - no treatment for	T.C.
normal urinalysis	3 ,	hyperlipidemia - non-tobacco user	IC
• 0-3 months	PP	Pulmonary or renal hypertension	RNA
• 3 months- 2 years		e) diagnosed < age 30	RMD
c) Bilateral, or congenital recovered > 2 y		f) Any combination of 3 or more risk factors	RNA
e, and and an engineer root view a) • • • • • • • • • • • • • • • • • • •	 ratable build • tobacco use 	
Hyperactivity, ADHD, ADD		 hypertension hyperlipidemia 	
a) Controlled on medication, no behavior		Hyperthyroidism	
problems, no psychotherapy	STD	a) Goiter	
	to 40%	• Toxic, 0-1 year	RNA
b) With psychotherapy, multiple drugs or		• Non-toxic, adequately treated > 1 year	ER
behavioral problems	DEC	b) All forms, operated, recovered, no further	LIC
Impulinidamia* Dating magailla for to	th condition	symptoms	STD
Iyperlipidemia* – Rating possible for body		5, mpwms	UID
depending on control) and medication (wh	ieiner prescribea	Hypoglycemia (No Diabetes) – Low blood sugar	
or recommended)	nnlied if annlieers	a) Functional, stabilized	STD
Additional rating of 20% will also be a		b) More severe, symptomatic and medical	
s on medication for hyperlipidemia. Rid	iei is aiso available	management	
nstead of rating for medication.		Within 1 year	PP
a) Cholesterol Reading Only – Fasting	OTE	• Over 1 year	STD
• < 250		•	
• 250-275			
• 276-299 • > 300			
A > 21111	14 '		



Impairment/Condition U	Inderwriting Action	Impairment/Condition Under	writing Action
Hypospadias – Epispadias a) Present	l full ER	Kidney Stone a) Single episode • Within 2 years • Over 2 years, normal HOS	ER STD
• > 1 year Hypothyroidism	STD	b) Recurrent, chronic, 2 or more episodes • Within 5 years	
a) Myxedema or cretinism b) Others, adequate medical control		Over 5 years since last episode Knee Disorders – cartilage or ligament tears	STD
Ileitis (see 'Colitis')		a) Single occurrence, recovered • Present or within 2 years	ER
Ileostomy (see 'Colostomy')		• > 2 yearsb) Multiple occurrences	STD
Infertility – Male or Female a) After female menopause, or with histor		c) Repaired with screws or hardware	ER
sterilization	PP ER	Sprain or strain – single occurrence recovereda) 6 monthsb) Recovered > 6 months	ER
• > 3 years	male and female)STD	Kyphosis (see 'Spinal Deformity')	
(Treatment includes the following: Infe drugs, IVF, artificial insemination or en implants.)	ertility	Labyrinthitis — Inflammation of inner ear a) Present b) Single episode, treated, recovered	PP
Insomnia	IC	• 0-4 years	
Irritable Bowel (see 'Colitis')		• > 4 years	
ITP - Idiopathic Thrombocytopenic Purp	oura (see	Legg-Calve-Perthes Disease (see 'Osteochonda	ritis')
'Thrombocytopenia')		Lipids (see 'Hyperlipidemia')	
Keloids - Scar Tissuea) Presentb) With successful removal and recovery.		Lipoma (see 'Tumor')	
•	31D	Liver Enlargement	RFC
Keratosis, other benign skin lesionsa) Presentb) With successful removal and recovery.		Liver Functions Tests Abnormal	IC
Kidney Cyst		Lordosis (see 'Spinal Deformity')	
a) Simple cyst		Lupus, Systemic	RNA
 Unoperated 1- 5 cysts > 5 cysts Operated, complete recovery 		Lyme's Disease — Infectious disease spread by a) Present b) Others	PP
- Urinalysis normal		Macular or Retinal Degeneration	IC
b) All others	IC	Major Depression	IC
c) Polycystic Kidneys or Medullary cystic disease		Manic Depression	RNA
		Mastitis, Cystic or Simple (see 'Breast Disease	·')
		Melanoma (see 'Cancer')	



Impairment/Condition Underwrit Meniere's Disease — Internal ear disturbance	_=	Impairment/Condition Underwrit Myocardial Ischemia	RNA
Confirmed diagnosis, no evidence of central		·	KINA
nervous or vascular system disorders,		Myositis (see 'Fibromyalgia')	
a) Present	ER	Narcolepsy — Uncontrollable tendency to deep slee	ep for
b) History of		short durations	1 0
• Within 2 years	ER	a) Last episode within 2 years or uncontrolled	RNA
• 2-5 years	ER or	b) 2- 5 years, mild attacks	40%
. > 5	60%	• > 5 years	20%
• > 5 years*With \$5,000 deductible.	STD*	Nephrectomy — Kidney removal	
		a) Removed due to trauma, benign tumor,	
Meningitis — Inflammation of brain/spinal membra	ines	congenital condition	
a) Present	RNA	• Within 1 year	PP
b) Acute bacterial or viral types, recovered and		• Over 1 year	STD
return to normal activity, no residuals	STD	b) Kidney Donor	
c) Others	IC	• < 1 year	RMD
Menorrhagia (see 'Uterine Disorders')		• > 1 year	STD
		c) Removed due to cancer, see 'Cancer'	
Mentally Challenged	D) (D	d) With cardiovascular disorders, CAD, hyper-	D. 7.4
a) Ages 0-9	RMD	tension	RNA
b) Ages 9 and up	IC	e) Removed due to polycystic kidney disease	RNA
Mental-Emotional Disorders		f) Urinalysis abnormal	RNA
a) Mild or situational anxiety disorders or depres-		Nephritis — <i>Inflammation of kidney</i>	
sion, no hospitalization, not under care of		a) Acute, one attack, complete recovery, urin-	
psychiatrist within 1 year	STD	alysis and blood pressure normal	
b) Severe anxiety disorders or depression,		Within 1 year	PP
including bipolar disorder, manic depressive,		• 1-3 years	ER or
and schizophrenia or hospitalizations	RNA		40%
Metrorrhagia —Dysfunctional uterine bleeding (se	oe Ilter-	• Over 3 years	STD
ine Disorders')	c Oici-	b) Two attacks, recovered, urinalysis and blood	
,		pressure normal	DD
Migraines (see 'Headaches')		Last episode within 2 years2-5 years	PP ER or
Mitral Valve Prolapse — Deformed heart valve tha	at fails to	2-3 years	60%
close properly		• Over 5 years	STD
a) Asymptomatic, no medication, incidental		c) Three or more attacks or chronic	RNA
findings, confirmed by echo	STD	,	
b) Symptomatic, no other cardiovascular		Neuritis-Neuralgia	
impairment, not confirmed by echo	20%	a) Present	RNA
c) All others	IC	b) Single episode, mild, complete recovery	DD
Moles (Benign) (see Keratosis)		0-6 months> 6 months	PP IC
Moles (Bellgii) (see Reviitosis)		c) More severe, recurring or chronic	IC
Mucous Colitis (see 'Colitis')		Last within 1 year	PP
Multiple Sclerosis	RNA	• 1-2 years	20%
Withtiple Scierosis	KINA	Over 2 years	STD
Muscular Atrophy	RNA	d) Polyneuritis, multiple peripheral neuritis	RNA
Muscular Dystrophy	RNA	Obesity — Overweight (Consult Health Insurance I	Build
Myasthenia Gravis	RNA	Chart for appropriate rate increases.)	
Myocardial Infarction	RNA		



Impairment/Condition	Underwriting Action	Impairment/Condition Underwr	iting Action
Obsessive Compulsion Disorder (see Disorders')	'Mental-Emotional	Otosclerosis — Formation of bony tissue within the resulting in progressive hearing impairment	
Oophoritis (see 'Pelvic Inflammatory	Disease')	a) Unoperatedb) Operated, hearing successfully restored	ER
Orchitis (see 'Testicular Disorders')		Within 1 year Over 1 year	ER STD
Osgood-Schlatter's Disease (see 'Ost	eochondritis')	Ovarian Cyst (Benign)	
Osteochondritis		a) Present, unoperated, benign	ER
a) Present	ER	b) History of complete recovery, no residuals,	DIC
b) With full recovery, no deformity		spontaneous disappearance	STD
Within 2 years	ER	c) Operated, benign, with oopherectomy or	
• Over 2 years		removal of cyst only	STD
c) With residual deformity or crippling	ng ER	d) Polycystic Ovarian Disease	ER
Osteomyelitis — Bone infection usual		Pacemaker Recipients	RFC
a) Presentb) Single episode, one bone, recovered	ed	Paget's Disease	IC
• Within 2 years		Pancreatitis — Inflammation of the pancreas	
• Over 2 years	STD	a) Acute, single episode, no evidence of alcohol	
c) Recurrent Attacks		abuse, full recovery	
Single bone involved, recoveredWithin 3 years since last attack.	FP+ 20%	• Within 1 year	
• 3-5 years		• 1-3 years	ER or
• > 5 years		0 4	40%
Multiple bones involved, recovered	d	• Over 3 years	STD
• Within 5 years since last attack.		b) Recurrent, chronic or due to alcohol abuse	RNA
Over 5 years		Panic Attacks (see 'Mental-Emotional Disorders')
Osteoporosis/Osteopenia — Bone ma		Pap Smear (see 'Uterine Disorders')	
which is not adequate for mechanical sa. Osteopenia		Paralysis	RNA
No medication, asymptomaticOn medication		Paranoia	RNA
	20%	Parkinson's Disease	RNA
b) Osteoporosis	ER or 20%	Patent Ductus Arteriosus	IC
c) Severe, with crippling or history of		Pelvic Inflammatory Disease	
Otitis Media — Infection of the middl	'e ear	a) Acute, single episode, unoperated	DD
a) Acute, no more than 3 episodes pe		• 0-6 months	
recovery within 1 month	STD	• 6 months-2 years	ER
b) Recurrent, 3 or more episodes with		Over 2 years b) Multiple episodes, chronic, unoperated	STD
chronic or with tubes 0-2 years		Present	PP
• > 2 years		Within 3 years, recovered	ER
c) Tubes removed, no further attacks		Over 3 years	STD
• Within 1 year			
• Over 1 year	STD	Periarteritis Nodosa	RNA



Impairment/Condition Unde	erwriting Action	Impairment/Condition Underwrit	ting Action
Pericarditis —Benign viral pericarditis a) Single episode, no other cardiovascular		Polycythemia Vera	RNA
impairment		Polyneuritis	RNA
Present or within 6 months	PP	Polyp, Papilloma (Larynx, Rectal, Nasal, Colon,	
• 7 months-2 years	20%	Stomach, Urethra, Urinary, Bladder)	
Over 2 years	STD	a) Present on Routine exam/asymptomatic, or	
b) Constrictive or chronic	RNA	benign and follow-up recommended > 1 year.	STD
Peripheral Vascular Disease		b) Symptomatic, or follow-up recommended in less than 1 year	ER
Phlebitis, Thrombophlebitis — Inflammation	of a vein	c) Multiple occurrences	ER
a) Present, or currently on medication		•) 113214P14 0443114140	211
b) Single episode, short duration, no other		Pregnancy	
complicating factors, no current medication	n	When the applicant or any member of the family is	
Within 2 years		pregnant or in the process of adopting, hospital or m	najor
STD with \$5/10,000 deductible	LIX	medical coverage will be postponed until the end of	the
• Over 2 years	STD	pregnancy. A child only policy may be written, if the	e parents
c) Multiple episodes, more severe		are expecting.	•
		Premature Heart Beats	IC
Pleurisy – <i>Infection of pleura, the covering melung and the lining membrane of the chest cavitation and the lining membrane of the chest cavitation.</i>			10
acute, due to virus.	iy. Oshaliy	Proctitis, ulcerative	DATA
a) Acute, recovered, over 1 month	STD	a) Present or within 5 years	RNA
b) recurrent; due to T.B. or other infection, wi		b) Single episode, 5-10 years	
results of chest x-ray		• > 10 years	STD
results of chest x-ray	IC	c) Recurrent, 2 or more episodes	
PMS		• Within 7 years	RNA
a) Mild, non-disabling, no medications	STD	• 8-12 years	
b) Others		• > 12 years	STD
,		d) Operated, treated within 2 years	RNA
Pneumoconiosis (Silicosis, Asbestosis)	RNA	• 2-5 years	40%
Pneumonia		• > 5 years	20%
a) Present	PP	Prostate Disorders	
b) Recovered single episode, no underlying	11	a) Prostatitis, unoperated, single episode,	
disease or disorder		recovered, normal urinalysis	STD
• 0-3 months	IC	• 2 or more episodes, chronic,	SID
• > 3 months		- Last episode within 2 years	ER
		- Last episode within 2 years	STD
c) Others		b) Prostate enlargement, benign, no urinary	SID
Pneumothorax — Presence of air in the pleuro	al cavity –		STD
impairs the vacuum needed and may cause a co		symptoms	
a) Present		• With symptoms or medications	ER
b) Traumatic or spontaneous, recovered		c) PSA test results greater than 4.0	IC
c) Recurrent		Psoriasis (see 'Skin Disorders')	
• 0-3 years	ER or		
0 5 y cu rs	40%	Psoriatic Arthritis	RNA
Over 3 years		Psychoneurosis (see 'Mental-Emotional Disorders	s')
Poliomyelitis		Psychosis (see 'Mental-Emotional Disorders')	-
a) Present	RNA	1 Sychosis (see Wieniai-Emolional Disorders)	
b) Recovered with mild to moderate residuals		Pulmonary Embolism	
c) Severe residuals		a) Present	RNA



Impairment/Condition Under	writing Action	Impairment/Condition Underwri	ting Actio
Pulmonic Stenosis	IC	a) Current chest x-ray negative, no steroid treat-	
Dvolitia/Dvolononhuitia		ment within one year, normal lung fields	
Pyelitis/Pyelonephritis		Within 1 year since diagnosis	RNA
a) Acute, single episode, normal urinalysis	ED	• 1-2 years	40%
• Within 1 year		• > 2 years	STD
• > 1year		b) Current chest x-ray positive, no steroid	
b) More than one attack		treatment, within one year, normal lung fields	
c) Chronic or urinalysis abnormal	RNA	Symptomatic or lesion not stabilized	RNA
N 1		Asymptomatic, lesion stabilized	14111
Pyloric Stenosis	C.E.D.	- Within 1 year since diagnosis	RNA
a) Operated, recovered		- 2-5 years	40%
b) Unoperated	IC	•	
Pulanasmasm (saa (Castritis))		- Over 5 years	STD
Pylorospasm (see 'Gastritis')		c) Hypercalcemia present	RNA
Raynaud's Disease		d) With systemic involvment	RNA
a) Mild, not progressive or disabling, no atroph	nic.	Non Dulmonam	
	iic	Non-Pulmonary	DNIA
changes,	IC	a) Present or within 1 year	RNA
Present or within 1 year		b) History of, recovered, no current medication	
• > 1 year		• Within 5 years	40%
b) With frequent consults or symptoms	ER	• Over 5 years	STD
Danis and la Dhan an an an	DEC	c) Others	RNA
Raynaud's Phenomenon	RFC	Schizophrenia	RNA
Rectocele (see 'Cystocele')		•	
Regional Heitis (Crohn's Disease) (see 'Colitis	-Ulcerative')	Sciatica — Low back or leg pain caused by compre nerve	ssion of a
	10 1 "		
Repetitive Motion Syndrome (see 'Carpal Tunne	el Syndrome')	a) Unoperated	ED
Retinal Degeneration (see 'Macular Degeneration')		0-5 years Over 5 years	ER STD
Actinui Degeneration (See Macatar Degeneral		•	310
Retinal Detachment		b) Operated	ED
a) Unoperated	ER	• 0-3 years	ER
b) Operated		• > 3 years	STD
Within 2 years	ER	Calaradarma	DNIA
• > 2 years		Scleroderma	RNA
- 2 years	51D	Scoliosis — Abnormal curvature of the spine (see 'S	Spinal
Rheumatic Fever		Deformities')	pinai
a) Present	DEC	Dejormules j	
b) Single episode, recovered, no residuals	DEC	Seborrhea (see 'Skin Disorders')	
	DD	Sebolinea (see Simi Districts)	
• Within 6 months		Seizure Disorders (see 'Epilepsy')	
• Over 6 months	STD		
c) Multiple episodes, recovered, no residuals		Septal Heart Defects.	IC
Within 1 year			
• 1-5 years since last episode	40%	Sexually Transmitted Diseases (No known infecti	on with
• Over 5 years		HIV)	
d) With Cardiac involvement	IC	Multiple Diseases	RNA
Rheumatoid Arthritis	RNA		
Salpingitis (see 'Pelvic Inflammatory Disease')			
, o (Jan 1 and J and and)			
Sarcoidosis — A disease of unknown etiology the	at may		
occur in any part of the body			

Pulmonary



Impairment/Condition U	nderwriting Action	Impairment/Condition Underwrit	ting Action
Chlamydia			
a) Single Episode		Spastic Colitis (see 'Colitis')	
• Within 6 months		Spermatocele (see 'Testicular Disorders')	
 Over 6 months, no other STD, reco b) Multiple Episodes 	overed STD	•	
Last episode within 3 years	PP	Spina Bifida, Spina Bifida Occulta	
Last episode within 3 years Last episode over 3 years		a) Symptomatic or with myelocele, meningocele,	DNIA
•		meningomyelocele, or syringomyelocele b) Others	RNA IC
Genital Herpes		b) Others	ic
a) Single EpisodeWithin 5 years	ER or	Spinal Deformities — Abnormal Curvature of the S	Spine
within 5 years	20%	a) Mild, unoperated, asymptomatic	ED
• Over 5 years, no outbreak/treatme		• Ages 0-15	ER
b) Multiple Episodes		15 and up b) Moderate, unoperated or with use of back	STD
,		bracebrace	ER
Gonorrhea		c) Severe	RNA
a) Single Episode	DNIA	d) Surgery (stabilizing rods or fusion), recovered,	101111
Present or within 1 yearOver 1 year, no residuals		no residuals	ER
b) Multiple Episodes	SID		
• Within 5 years since last episode	RNA	Spondylolisthesis	ED
Over 5 years, no residuals		a) Unoperated 0-5 years	ER STD
•		• > 5 yearb) Operated, recovered, no residuals	SID
Venereal Warts, Condyloma		• 0-3 years	ER
a) Single Episode	DNIA	• > 3 years	STD
Present or within 1 year		c) Others	IC
Over 1 year, treated, no residualsb) Multiple Episodes	SID		
Within 1 year	PP	Strabismus (see 'Crossed Eyes')	
• Over 1 year		Stroke	
•		a) Most cases	RNA
Syphilis	DATA	b) Due to Birth Control Pills	IC
a) Present or under treatment		Subaraahnaid Hamarrhaga	DNIA
b) Others	IC	Subarachnoid Hemorrhage,	RNA
Silicosis (see 'Pneumoconiosis')		Suicide Attempts	
Simusitia Information of a sinus composi-	~11. m ~~ ~~ ~~ ~1	a) One attempt, stable, no continuing medication	
Sinusitis — <i>Inflammation of a sinus, especia</i> <i>sinus</i>	iliy paranasal	or psychotherapy, no evidence of drugs or	
a) Acute, no more than 3 episodes per year	r STD	alcohol abuse	DNIA
b) Chronic, or more than 3 episodes per year		• Within 6 years	RNA
by children, or more than 5 episodes per ye	20%	• > 6 years	IC RNA
c) Surgery recommended		b) multiple attempts	MNA
Siller Com I'll and		Symptoms of Undetermined Etiology	RNA
Skin Condition		Sympona Fainting smalls	
a) Mild, infrequent episodes, no current	STD	Syncope — Fainting spells a) Single episode, cause unknown, adequate	
Medicationsb) Severe, frequent episodes		workup 1-3 episodes in 2 years	
*May be STD with \$5000 or greater deduc		Within 1 year	RMD
-		•	
Sleep Apnea	ED		
a) Controlled, no cardiac disorders	ER		
b) More severe and/or associated with obesity (80% rating)	RNA		
3005ity (00/01umg)	IUIA		



Impairment/Condition U	nderwriting Action	Impairment/Condition Underwrit	ing Action
• 1-2 years • Over 2 years	STD	Thrombophlebitis — Inflammation of a vein associate formation (see 'Phlebitis')	
b) Cause knownc) Multiple episodes or indefinite diagnost		Tic Douloureux (see 'Trigeminal Neuralgia')	
studies, more than 3 episodes in 2 years		Thyroiditis	
Syphilis (see 'Sexually Transmitted Diseas	es')	a) Hashimoto's	
	•	Present, untreated	RNA
Tachycardia — Rapid pulse	IC	History of adequately treated	STD
Temporomandibular Joint Dysfunction (Tonsil Disorders	
— Improper function of the lower jaw and s		a) Single episode of tonsillitis, no ongoing	CED.
a) Present		enlargement of tonsils or adenoids	STD
b) Operated, with successful surgery and r		b) More than one episode of tonsillitis in one year	ED
• Within 5 years		and/or enlargement of tonsils or adenoids	ER
• Over 5 years	STD	Tourette's Syndrome	RNA
*Except for state Mandated Benefits		•	
Tendonitis - Tenosynovitis, Plantar Fascii	tis	Toxemia of Pregnancy	ER
a) Single episode, short duration		Transient Ischemic Attack	RNA
• Within 1 year		T 1 4	
• Over 1 year	STD	Transplant	DNIA
b) Multiple episodes	ED	a) All cases except corneal b) Corneal transplant	RNA
• Within 2 years		Within 6 months	PP
• Over 2 years		Over 6 months	ER
c) Chronic* *STD with \$5000 or > deductible possible		Over 6 months	LK
51D with \$5000 or > deductible possible	5	Trigeminal Neuralgia - Tic Douloureux —	
Tennis Elbow (see 'Tendonitis')		Burst of pain along the trigeminal nerve	
Tostionlan Discordans		a) Present, unoperated	ER
Testicular Disorders		b) History of, operated, recovered	
Orchitis, epididymitis a) Present	ER	• 0- 1 year	ER
b) Acute single episode, recovered		• > 1 year	STD
c) Recurring	31D	Triglycerides (see 'Hyperlipidemia')	
• Last episode within 2 years	ER	Trigiyeerides (see Tryperupuumu)	
Over 2 years		Tuberculosis - Non-Pulmonary	IC
·		Tuberculosis - Pulmonary	
Hydrocele, spermatocele, varicocele, und		a) Positive test reaction, no disease present	STD
a) Present		b) All others	IC
b) Operated, completely recovered	STD		
Thrombocytopenia — Abnormal decrease	in number of	Tumor	
blood platelets		a) Cancerous – see 'Cancer'	
a) Thrombocytopenia	IC	b) Fatty Tumor/Lipoma	ED
b) ITP-Idiopathic Thrombocytopenia Purp		• Present	ER
Adult,unoperated	RNA	• Removed	STD
• Childhood, acute 0-3 years		Ulcer Disease (Gastric, Peptic or Duodenal)	
- > 3 years		a) Unoperated, benign, acute, single episode,	
 Operated, splenectomy, platelet coun 		without complications	
- 0-1 year	RNA	• Within 2 years	ER
- 1-5 years		Over 2 years	STD
- Over 5 years	STD		



Impairment/Condition U	Inderwriting Action	Impairment/Condition Underwri	ting Action
b) Recurrent, chronic without complicatio • 0-5 years		• 0-2 years • > 2 years	ER STD
• > 5 years		Uterine Prolapse	
c) Operated, benign (Gastrectomy, Vagoto Gastroenterostomy) recovered, no		a) Presentb) Operated, no residuals	ER STD
complications	IC	Pap Smear	
Undescended Testicle (see 'Testicular Disc	orders')	a) Class 1 or 2b) ASCUS or CIN 1	STD ER
Urethral/Ureteral Stricture or Stenosis —		After 1 normal pap	STD
narrowing of the urethra, the canal for exten	rnal discharge of	c) Class 3	ER
urine from the bladder		After 2 normal paps	STD
a) Single episode, normal urinalysisWithin 2 years	ER	Vaginitis (Candidiasis, Moniliasis,	
• Over 2 years		Trichomoniasis)	
b) Recurring, normal urinalysis, last episo		History of, recovered	
Within 3 years		One or two acute episodes	STD
• Over 3 years		Chronic or persistent	
c) Abnormal urinalysis		- Last episode within 1 year	ER or 40%
Urethritis — <i>Inflammation of the urethra</i>	4 .	- Over 1 year	STD
a) Single episode, normal urinalysis, comprecovery 0-1 year	ER	Varicocele (see 'Testicular Disorders')	
• > 1 year	STD	Varicose Veins — Enlarged or swollen veins	
b) Multiple episodes, normal urinalysis	ED	Lower extremities	
0-2 years> 2 years		a) Present, no edema or ulcer, asymptomaticb) Present no edema or uler requiring treatment	STD ER
Urinary Tract Infection		c) With ulcer or edema	RNA
a) Acute, single episode of short duration,		d) History of edema or ulcer Complete recovery	DD
b) Chronic, 3 or more episodes per year	SID	 0-6 months 6 months – 2 years 	PP ER
• 0-2 years	ER	• > 2 years	ER
• > 2 years			
		Chronic venous insufficiency	IC
Uterine Disorders Dysmenorrhea (Painful Menstruation)		Abdomen, thorax or esophagus	RNA
a) Last treatment within 1 yearb) Over 2 years since last treatment		Venereal Warts (see 'Sexually Transmitted Diseas	es')
Amenorrhea, menorrhagia, metrorrhagia (abnormal, excessive or irregular bleedin	a	Vertigo — Sensation of moving in space or objects revolving about oneself, sometimes referred to as di or light headedness	zziness
a) Within 2 years, no hysterectomy perfor	med ER	a) Cause known	RFC
b) Over 2 years	STD	b) Cause unknown	RMD
Dilation and curettage (for any reason of than pregnancy termination)		Whiplash (see 'Back Strain or Sprain')	
Uterine Fibroids			
a) Present, no menstrual problems			
• With problems or growing in size			
b) With hysterectomy fully recoveredc) Surgery, myomectomy or other, no hyst			