Long-Term Care Insurance

Field Underwriting Manual

For producer/broker education only; not for use with the public.



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Introduction to Underwriting

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. Your role as a field underwriter is to conduct an informed dialogue with your client and record all information so that the underwriting department can make an appropriate decision.

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 prior to writing the application:

LTC Underwriting Hotline (800) 800-8542, prompt #3 9:00 a.m. – 6:00 p.m. EST

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

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 5 years?

Have you undergone any surgery recently, or is any surgery planned for the near future?

When was the last time you saw your physician?

If your CLIENT HAS NOT MET THE STABILITY INDICATOR (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) 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.

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 (comorbids) 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 his/her functionality and cognitive status to be certain he/she is fully independent. The following Independence Factors should assist you with that process:

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

IADLsADLsUsing the TelephoneBathingManaging FinancesDressing

Taking Transportation Transferring out of Bed/Chair

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 a person 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.

Prudential's Underwriting Medical Requirements

Primary Underwriting Requirements*

Age	Face-to-Face Interview	APS (Attending Physicians Statement)	Phone Health Interview
55 – 59	NO	NO	YES
60 – 71	NO	YES	YES
72+	YES	YES	NO
Unlimited Lifetime Benefit	NO	YES	YES

or Cash Benefit

Florida Residents Only

>50	Medical Records
50 – 54 (have not seen a physician past 2 years)	Phone Health Interview
55+ (have not seen a physician past 2 years)	In-Person Health Interview

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

Medical Requirements and Interview Process

Attending Physician's Statement (APS) Ages 60 – 71

Prudential obtains pertinent medical records for all Applicants aged 60 and older. For Applicants aged 59 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 (PCP) if seen within the last two years.
- If there is more than one PCP, an APS may be ordered from each.
- An APS may also be requested from any specialist seen in the past two years for a significant medical condition (e.g., cardiac, diabetes, pulmonary, cancer, etc.).
- The underwriter will obtain the PCP records; however, based upon review of the medical history as obtained in the application, the underwriter may, at his or her discretion, opt to obtain another physician's records rather than the PCP.
- APSs are not generally required for dentists, optometrists, chiropractors, ophthalmologists, dermatologists, podiatrists, or allergists.

Phone Health Interview (Ages 55 – 71)

- Call will take approximately 20 25 minutes and the Applicant will be asked to complete memory exercises
- Call will be conducted by a licensed health care professional
- Physician Information: name, address, and telephone number of the primary care physician(s) that Applicant has seen in the past 5 years
- Hospital Information: name, address, and telephone number of any hospital or health-related facility that Applicant has stayed in within the past 5 years
- Medications: name, dosage, and reason for any prescribed medications. An easy step is to have the Applicant place the containers within reach

Face-To-Face Interview (Ages 72+)

If taking an Application by mail or phone (i.e., the Agent has not met with the Applicant in person) Prudential will generally require a Face-to-Face Interview.

- Interview will be conducted by a licensed health care professional
- Applicant will be asked to complete memory exercises
- Applicant can choose convenient time for interview
- Interview to take place at either Applicant's home, place of business, a Prudential office, or any other place the Applicant finds convenient
- Physician Information: name, address and telephone number of the primary care physician(s) that Applicant has seen in past 5 years
- Hospital Information: name, address and telephone number of any hospital or health-related facility that Applicant has stayed in within the past 5 years
- Medications: name, dosage and reason for any prescribed medications. An easy step is to have the Applicant place the containers within reach
- Prudential's issue ages are 18 to 79; 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 Applicant has not seen a physician within two years, do not take the application. Once the Applicant has had a complete examination (at his/her own expense) by a physician, an application can be taken (except in Missouri). 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.

Rating/Classifications Categories

Prudential offers four underwriting rating/classification categories: Preferred, Standard I, Standard II, and Standard III.

Preferred Rate Class:

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

Client Must Answer "Yes" to all of the Following Questions:

- Is the Applicant within the weight and height guidelines?
- Is the Applicant's blood pressure controlled to 140/90 or better as an average?
- Has the Applicant refrained from smoking or using tobacco products within the past 36 months (3 years)?
- 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.)

Client Must Answer "No" to all of the Following Questions:

- Does the Applicant have a 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)
- > Circulatory Disease (Carotid Artery Disease, Coronary Artery Disease, or Peripheral Vascular Disease)
- > Any chronic condition that is progressing in severity with age
- > Comorbids or combination of conditions will be individually considered
- Is the Applicant taking multiple medications? (This may include but is not limited to multiple medications used to control hypertension, multiple anxiety or depression medications, and cholesterol lowering drugs or other circulatory medications.)

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

Preferred Rating Class Weight And Height Guidelines

There are separate height/weight charts for men and women. Both are shown below. 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 Female	Minimum Preferred	Maximum Preferred	Height Male	Minimum Preferred	Maximum Preferred
4'11"	99	128	4'11"	99	138
5'0"	102	133	5'0"	102	143
5'1"	106	137	5'1"	106	148
5'2"	109	142	5'2"	109	153
5'3"	113	146	5'3"	113	158
5'4"	116	151	5'4"	116	163
5'5"	120	156	5'5"	120	168
5'6"	124	161	5'6"	124	173
5'7"	127	166	5'7"	127	178
5'8"	131	171	5'8"	131	184
5'9"	135	176	5'9"	135	189
5'10"	139	181	5'10"	139	195
5'11"	143	186	5'11"	143	200
6'0"	147	191	6'0"	147	206
6'1"	151	197	6'1"	151	212
6'2"	155	202	6'2"	155	218
6'3"	160	208	6'3"	160	224
6'4"	164	213	6'4"	164	230
6'5"	168	217	6'5"	168	235

Standard I Rate Class:

If the Applicant meets the Stability Indicator* for his/her condition, he/she can qualify for a Standard I rate.

- Generally ALL medical conditions that meet stability indicators
- Diabetes controlled by diet and exercise only
- Height to weight within guidelines
- Smoking less than one pack per day and have no associated cardiac, respiratory, or vascular/circulatory conditions

Standard II Rate Class:

The following are the ONLY conditions that should be rated Standard II:

- Congestive Heart Failure (CHF) requiring daily prescription medication
- Hodgkin's Disease
- Leukemia
- Lymphoma
- Diabetes requiring daily, oral, or injectable prescription medication would result in a Standard II rate, and Diabetes controlled by diet and exercise only would be a Standard I rate.
- Chronic Obstructive Pulmonary Disease (COPD) requiring daily prescription medication
- Emphysema requiring daily prescription medication

Standard III Rate Class:

To help preserve "spouse/partner" business when one is declined, the underwriter may make an alternate offer to the declined "spouse/partner" at the Standard III rates. You do NOT have to request this as the underwriters make this determination when the cases are being underwritten. If an alternate offer is NOT made, the case does NOT qualify for the Standard III rates.

^{*}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.

Standard I and Standard II Weight And Height Guidelines

There are separate height/weight charts for men and women. Both are shown below. 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 Female	Min Standard 1 & 2	Max Standard 1	Max Standard 2	Height Male	Min Standard 1 & 2	Max Standard 1	Max Standard 2
4'11"	94	172	187	4'11"	94	178	193
5'0"	97	178	193	5'0"	97	184	199
5'1"	100	184	200	5'1"	100	190	206
5'2"	104	190	206	5'2"	104	196	213
5'3"	107	196	213	5'3"	107	203	220
5'4"	110	203	220	5'4"	110	209	227
5'5"	114	209	227	5'5"	114	216	234
5'6"	118	215	234	5'6"	118	223	241
5'7"	121	222	241	5'7"	121	230	249
5'8"	125	229	248	5'8"	125	236	256
5'9"	128	235	256	5'9"	128	243	263
5'10"	132	242	263	5'10"	132	250	271
5'11"	136	249	271	5'11"	136	257	279
6'0"	140	257	278	6'0"	140	265	287
6'1"	144	264	287	6'1"	144	272	295
6'2"	148	271	294	6'2"	148	280	303
6'3"	152	278	302	6'3"	152	287	311
6'4"	156	286	311	6'4"	156	295	320
6'5"	160	295	320	6'5"	160	303	328

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
- Current use of narcotics for any pain management
- Diabetes Mellitus treated with Insulin over 50 units, or Diabetes Mellitus with Peripheral Vascular Disease
- 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 or Huntington's Disease
- 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
- Rheumatoid Arthritis in combination with major joint replacement
- Schizophrenia
- Scleroderma (active)
- Stroke or Cerebrovascular Accident (CVA)
- Transient Ischemic Attack (TIA) within the past 5 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 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

^{*}If an individual needs assistance in taking medications, he/she is uninsurable, even if the Applicant is independent in all other ADLs and IADLs.

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

Medical Condition Stability Indicator Minimum Stability/Calendar Day Elimination Period

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Acoustic Neuroma	Benign tumor of the auditory nerve	
	 Post-surgical or radiation treatment, now resolved 	6 months
	Surgery anticipated	Postpone
Acute Transverse Myeli	ris	12 months
Acquired Immune Deficiency Syndrome (AIDS)		Uninsurable
Acromegaly	A chronic metabolic disorder that results in gradual enlargement of bones of face, jaw, hands, feet, and skull	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 (ADL Bathing, Dressing, Control of Bowel/Bladder (Continence), Using the Toilet, Transferring of Bed/Chair, Eating, Ambulation/Mobility (inside and outside)	gg s): ut

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Alcohol and Other Chemical Dependency, Including Drug/Chemical Dependency	 Current Use Dependency Treated with abstinence For alcohol only: Any Antabuse treatment 	36 months
Alzheimer's Disease		
Amputation	 Due to accident Independent in ADLs, IADLs Due to disease 	6 months
	(such as diabetes or PVD)	Uninsurable
Amyotrophic Lateral Sclerosis (ALS)		Uninsurable
Anemia	A blood disorder in which there is a decreased ability of the red blood cells to provide adequate oxygen supplies to body tissues • The average Hematocrit readin	_
	must be >33, or Hemoglobin >Hospitalization or transfusions for anemia	
	 Epogen or Procrit Cause Unknown Hemolytic	
	 Cause unknown, but recovered/stable Iron deficiency, corrected Pernicious, with B12 injections No neurological impairment 	6 months
	Splenectomy	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Aneurysm	Abnormal dilation of a blood vessel—Abdominal, Thoracic, Aortic - Unoperated	y3 monthsUninsurable
	- Operated, complete recovery	y12 months
Angina	Chest pain that results when not enough oxygen reaches the heart muscle • Asymptomatic, controlled with meds • With history of Heart Attack or Diabetes • Intestinal • In combination with CHF • Work-up in progress	12 monthsUninsurableUninsurable
Angioplasty, Cardiac	Dilating of a blood vessel with a (Balloon Angioplasty) balloon or surgical procedure • Any history of Diabetes in the past • Any residual stenosis >75% major vessel • No Heart Attack • History of Heart Attack - Asymptomatic Symptoms continue Treatment for Congestive Heart Failure	Uninsurable 3 months 6 months Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Ankylosing Spondylitis	Chronic inflammatory arthritis affecting the spine and large joints; joints fuse together	
	Any history of falls	12 months
	• Narcotics used for pain	Uninsurable
	• Functional limitations	Uninsurable
	• Physical Therapy in past 6 months	Uninsurable
	 No pulmonary compromise 	6 months
	• Major joint replacement	12 months
Anxiety	Controlled with meds No interference with activities	s6 months
	Panic Attacks	
	- No ADL or IADL limitations	
	- No cognitive impairment	12 months
	Chronic, severe anxiety disorder	
Aortic Stenosis/ Aortic Insufficiency	(See Heart Valve Disease)	
Arrhythmia	Variation in the normal rhythm of the heartbeat	
	Hospitalized in the past 6 months for arrhythmia	Uninsurable
	• Pacemaker inserted within past 3 months	Uninsurable
	• Defibrillator implanted in the past 12 months	Uninsurable
	• Treatment for shortness of breath, swelling in feet/ankles in the past 12 months	Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period		
	• Mild			
	- Controlled with meds	3 months		
	 Atrial fibrillation/flutter 			
	- Single episode			
	- Controlled with meds			
	 No Transient Ischemic Attack (TIA) 			
	- No Cerebrovascular Accident (Stroke)	6 months		
Arteritis	(Thromboangitis Obliterans, Buerger's Disease, Temporal, Giant Cell) Inflammation of an artery			
	 No ADL or IADL limitations 			
	• No active disease	12 months		
Arteriosclerotic Heart (ASHD) Disease	(See Coronary Heart Disease)			
Arthritis	Inflammation of joints with degeneration of joint cartilage	12 months w/		
	• Remicade, Humira, Arava, Enbrel	Indiv. Consideration		
	Narcotics used for pain managementUninsurable			
	 Mild osteoarthritis 			
	- No ADL or IADL limitations			
	- No joint deformities			
	- No joint replacement months			

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period			
	 Moderate Osteoarthritis or Mild – Moderate Rheumatoid Arthritis 				
	- No ADL or IADL limitations	S			
	- No joint deformities				
	- History of Joint Replacemen	t			
	- History of cortisone injections	6 months			
	• Severe, Osteoarthritis or Rheu	matoid			
	- Requires Durable Medical Ed	quipment			
	- ADL or IADL limitations				
	- Continual steroidal use				
	- Surgery recommended	Uninsurable			
Asthma	Reversible obstructive lung disease with narrowing of airways when in spasm				
	• Use of >3 pulmonary mediations per day	Indiv. Consideration			
	• Mild				
	- Controlled with meds				
	- No ADL or IADL limitations	S			
	- Stable weight				
	- No home oxygen				
	- No hospitalization within six months				
	 No evidence of Congestive Heart Failure 	12 months			
	 Moderate 				
	- Same as above				
	- Steroids at a dose less than 5 mg/day	Uninsurable			
	• Severe	Uninsurable			
	Currently smoking	Uninsurable			

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Ataxia (Unstable Gait)		Uninsurable
Atrioventricular	• Complete Block (A-V) Heart Block	
	- Pacemaker inserted	3 months
	- History Transient Ischemic Attack	60 months
Autonomic Neuropathy		Uninsurable
Avascular Necrosis	Temporary or permanent loss of blood supply to the bones	
	 No ADL or IADL limitation No pending surgery, No chronic pain 	
Azotemia	(See Renal Disease)	
Back or Spine Surgery	Daily use of narcotics for pain managementAny limitations to functiona	
	Post Surgery, completely recovered	·
Bell's Palsy	Unilateral paralysis of the muscles of the face	
	 Any routine use of steroids or immunosuppressive medicat 	tionsUninsurable
	 No ADL or IADL limitation 	s3 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period	
Benign Prostatic	 If work-up in progress Unoperated Asymptomatic Surgical repair	Most recent PSA >4 – 10Indiv. Consideration work-up in progressUninsurable Unoperated Asymptomatic	
Berger's Disease		Uninsurable	
Blindness	 Due to diabetes or with ADL loss Successful adaptation to visual loss 		
Bone Marrow Transplant	(See Transplant, Organ)		
Bronchiectasis	(See Emphysema)		
Bronchitis	(See Asthma)		
Cancer	 Any continuing therapy (exception for breast cancer) With Metastasis (spread from original site) Recurrent Cancer (same organ or site) Cancer of the bone, brain, esophagus, liver, lung, ovary, pancreas, stomach, esophagus, or testes Cancer of other internal organs - Breast: stages 0 & I stages III & IV 	UninsurableIndiv. Consideration48 months6 months12 months	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
	- Colon and Rectum: stage A stage B stage C stage D	12 months60 months
	 Recurrent Cancer Non-metastatic multiple Cancer Chronic Lymphocytic Leukemia (CLL) stage 0 	rsIndiv. Consideration
	stage Istage IIstage III, IVstage IIIstage IIstage II	36 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Cardiomyopathy	 Disease of heart muscle Hospitalized in past 12 monthsUninsurable History of CHF	
Carotid Artery Disease	A circulatory disease characterized by narrowing or stenosis of the carotid artery in the neck Operated, Endarterectomy Endarterectomy in combo with Diabetes Mellitus Unoperated ->75% Stenosis	3 months12 monthsUninsurable
Carpal Tunnel Syndrome	• No ADL or IADL limitations	3 months
Cerebral Palsy*	Paralysis from developmental brain defects or trauma at birth • Any decrease in muscle strength or functioning	
Cerebral Vascular Accident (CVA)	(See Stroke)	
Chromosomal Abnormalities	(including XXY, XXXY, XXXX, Trisomy 21)	Uninsurable

- IBS, diverticulitis	Minimum Stability/ Calendar Day Elimination Period	
Lung Disease (COLD) (See Emphysema) Chronic Obstructive Pulmonary Disease (COPD) (See Emphysema) Cirrhosis of the Liver	Uninsurable	
Pulmonary Disease (COPD) (See Emphysema) Cirrhosis of the Liver Claudication (See Peripheral Vascular Disease) Colitis Inflammation of the colon - Any abnormal weight loss - IBS, diverticulitis - Any use of Remicade - Any use of enzyme supplement - Any use of steroids (oral or enema) in past 12 months - Any hospitalization in the past 12 months • Ischemic Colitis • Crohn's Disease - Unoperated		
Claudication (See Peripheral Vascular Disease) Inflammation of the colon - Any abnormal weight loss - IBS, diverticulitis - Any use of Remicade - Any use of enzyme supplement - Any use of steroids (oral or enema) in past 12 months - Any hospitalization in the past 12 months • Ischemic Colitis • Crohn's Disease - Unoperated - Independent with ostomy		
Colitis Inflammation of the colon - Any abnormal weight loss - IBS, diverticulitis - Any use of Remicade - Any use of enzyme supplement - Any use of steroids (oral or enema) in past 12 months - Any hospitalization in the past 12 months • Ischemic Colitis • Crohn's Disease - Unoperated	Uninsurable	
- Any abnormal weight loss - IBS, diverticulitis		
Colostomy or Ileostomy • Independent in management	Inflammation of the colon - Any abnormal weight loss	
	Underwrite Cause	
Concussion • No ADL or IADL limitations - No cognitive impairment	6 months	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Congestive Heart Failure		
- Requiring daily medication submit Standard II	Failure of the heart to pump causing increased fluid retention in lungs and lower parts of body	
	• If ejection fraction <40%	Uninsurable
	• If using Furosemide (Lasix) >80 mg a day	
	• If abnormal renal function studies BUN >30 and Creatinine >2.5	Uninsurable
	• No ADL or IADL limitations, Controlled with meds	12 months
	Multiple episodes	Uninsurable
	• In combination with: Angina or Heart Attack; Angioplasty o Heart Surgery; Asthma or Chro Bronchitis; Diabetes; Emphyser or Chronic Obstructive Pulmor Disease; or Tuberculosis	onic na nary
COPD	(See Emphysema)	
Coronary Bypass Grafts	Taking section of vein to bypass an area of obstruction • Any history of TIA • If ejection faction <40% • If coronary stenosis >75% • Asymptomatic • With history of Heart Attack, during or after surgery or with diabetes	Uninsurable6 months12 months
	• History of CHF post-operative.	Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Coronary Heart Disease (CAD, ASHD)	Narrowing of coronary arteries	
	• If CABG or PTCA anticipated	Uninsurable
	 With or without Heart Attack, No ADL or IADL limitations 	6 months
	• With Congestive Heart Failure	Uninsurable
	• With Unstable Angina	Uninsurable
Cor Pulmonale		Uninsurable
Crohn's Disease	(See Colitis)	
Cystic Fibrosis	An inherited disease of the endocrine glands affecting the gastrointestinal and respiratory systems	Uninsurable
Decubitus Ulcer	Pressure sore	Uninsurable
Dementia		Uninsurable
Demyelinating Disease	An inflammation process of nerves that destroys normal healthy myelin seen in neurological diseases	Uninsurable
Depression	• Use of anti-psychotic drugs	
	• History of ECT	36 months
	• Situational	
	- No ADL or IADL limitations	
	- No cognitive impairment	6 months
	Chronic History	
	- Stable medication dose	
	- No ADL or IADL limitations	
	- Any hospitalization	36 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Diabetes Mellitus		
- On oral medication or insulin submit		
Standard II	Chronic disease of high blood sugar caused by too little insulin	
	 Non-insulin dependent 	
	- Frequent medication adjustments	12 months
	- Average A1c >8%	Uninsurable
	- Average fasting blood sugar >200	Uninsurable
	 With circulatory or neurological complications 	Uninsurable
	 Eye or renal disease complications 	Indiv. Consideration
	- History of hemochromotosis.	Uninsurable
	 History of persistent problem with skin breakdown 	
	- Regular use of corticosteroids for other diseases	
	- History of CHF or cardiomyopathy	Uninsurable
	• Insulin dependent 50 units or less daily	12 months
	Dialysis - Hemodialysis or Peritoneal	Uninsurable
Diverticulitis	(See Colitis)	
Dizziness/Vertigo	 Acute viral labrynthitis Meniere's Disease Controlled with meds Cause unknown No neurological impairment. Ongoing problem 	6 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Drug/Chemical Dependency (including Drugs, Alcohol and Other Chemical Dependency)	Treated with current abstinence Current Use	
Edema (Swelling)		Underwrite Cause
Endarterectomy (Carotid or Femoral)	Removal of intra-arterial obstruction of artery • History of Diabetes	
Endocarditis	 Infection of the inner lining of the Any history of hospitalization for CHF Single Episode— Resolved, stable More than one episode 	6 months
Emphysema		
- Requiring daily medication submit Standard II	Chronic irreversible obstruction to airflow • Mild - Controlled with meds - No ADL or IADL limitations - Stable weight - No home oxygen - No hospitalization within six months • Moderate - Same as above • Severe	Uninsurable Uninsurable Indiv. Consideration

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Encephalitis	Acute inflammatory disease of the brain due to a virus	
	• No cognitive impairment	12 months
Enteritis	(See Colitis)	
Epilepsy, Seizure Disorder	 No seizure activity	
Esophageal Varices		Uninsurable
Esophageal Stricture	3 months	
Falls	Underwrite Cause	
Fibromyalgia	Disorder characterized by chronic pain, tenderness, and stiffness of muscles	
	• With pulmonary compromiseUninsurable	
	• Fatigue that limits daily functionUninsurable	
	• Disease in remission12 months	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Fractures	• Arms	
	- No ADL or IADL limitations3 months	
	• Compression (See Osteoporosis)	
	• Legs	
	- No ADL or IADL limitations6 months	
	• Skull	
	- No ADL or IADL limitations	
	- No cognitive impairment12 months	
	• Vertabal	
	- Due to Osteoporosis or Paget's Disease; No ADL or IADL limitations, no respiratory compromise	12 months
	• Due to accident, No ADL or IADL limitations	6 months
	• Pelvic Fracture12 months	
	• Daily use of narcotics	Uninsurable
Gastric Balloon Surgery		12 months
Gaucher's Disease		Uninsurable
Giant Cell Arteritis (Active)		Uninsurable
Glaucoma	Progressive loss of peripheral vision	
	No visual loss in last two years	
	- Successful adaptation to visual loss0 months	
	Visual loss over last year	
	- Successful adaptation to visual loss12 months	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Gout	Painful inflammation of first great toe or elsewhere in the foot from uric acid deposits • Gouty Arthritis - No ADL or IADL limitations - No joint deformities	
Guillian Barre	Rapidly progressive disorder involving muscle weakness or paralysis • No residual neurological impairment6 months	
Head Injury	 No ADL or IADL limitations Significant Trauma (i.e., fracture)	
Hearing Loss	• Successful adaptation to hearing loss	
Heart Attack (Myocardial Infarction)	 No ADL or IADL limitations No Angina	
Heart Valve Disease	 Aortic stenosis/aortic insufficiency, unoperated No Congestive Heart Failure Stable	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Heart Valve Replacement	ment • Single valve replacement6 months	
	• Double valve replacement	Indiv. Consideration
Hemochromatosis (Bronze Diabetes)	A genetic disease that results in excess iron throughout the body	y
	• No present need for phlebotomy or maintenance phlebotomy (≤6 per year)	
	• History of CHF	Uninsurable
	• In combination with Diabetes	Uninsurable
Hepatitis	Inflammation of the liver	
	• Resolved	6 months
	• Hepatitis A & B with normal liver function tests	6 months
	• Hepatitis C with normal liver function tests	12 months
	• Chronic, active	Uninsurable
	• Liver function Tests > than 2.5 the normal	Uninsurable
	• HCV-RNA >600	Uninsurable
Herniated		
Intervertebral Disc	• Daily narcotic use	Uninsurable
	• Operated	
	- No ADL or IADL limitations	3 months
	• Unoperated	
	- No ADL or IADL limitations with normal range of motion	
	- No chronic pain	6 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Herpes Zoster	Acute infection characterized by vesicles and associated neuralgic pain	ı
	• Post-acute episode	
	 Rehabilitation complete, no pain or neuralgia 	3 months
	• Neurological work-up	12 months
Hiatal Hernia	Stable post-repair	3 months
High Blood Pressure (Hypertension)	• Controlled with meds • Uncontrolled readings >175/100	
Hip Replacement	(See Joint Replacement)	
HIV Positive Status		Uninsurable
Hodgkin's Disease • Standard II	Malignancy found in the lymph nodes, spleen, liver, and bone marrow	
	• Disease free, treatment free	36 months
Hospitalization	Released fully recoveredCurrently in hospital or anticipated admission	
Huntington's Chorea		Uninsurable
Hydrocephalus		Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
IADL Deficits:	Anyone who requires the help of a person, for either physical or cogn reasons, to perform two or more of following Instrumental Activities of Living (IADLs): Using the Telepho Managing Finances, Taking Transf Shopping, Laundry, Housework, Taking all Medications, Preparing Meals/Cooking	itive f the of Daily one, portation,
Idiopathic Pulmonary Fibrosis, Active	 Localized Widespread Currently in hospital or anticipated admission 	Uninsurable
Ileitis, Regional, end-stage		Uninsurable
Immune System Disorders		Indiv. Consideration
Irritable Bowel Syndrome	(See Colitis)	
Joint Replacement (Hip, Knee, Shoulder)	Physical Therapy completedNo ADL or IADL limitations	3 months
Kaposi's Sarcoma	Malignant increase in cells involving the skin associated with AIDS	Uninsurable
Knee Disorder	No ADL or IADL limitationsNo surgery recommended	3 months
Knee Replacement	(See Joint Replacement)	

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Leukemia - Standard II	 CML Acute, any type Chronic Lymphocytic (CLL) stages 0-I stage II stages III and IV Hairy Cell 	12 months36 monthsUninsurable
Lues (Stage IV Syphilis)		
Lupus	 Chronic inflammatory disease of the connective tissues Systemic Lupus Insurable Condition if free of medication for 12 months History of 3+ compression fractures Use of Imuran, Cytoxan, Leukeran, Cyclosporin, narcotics Discoid, inactive 	UninsurableUninsurable
Lyme Disease	An inflammatory disease transmitted by deer ticks Residual symptoms, decreased muscular strength, or limiting joint pain Chronic continuous steroid use Resolved Hospitalization for complications	Uninsurable6 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Lymphoma, Non-Hodgkir - Standard II	o's • Disease and treatment free	60 months
Macular Degeneration	 No ADL or IADL limitations Stable with no further visual loss 	Underwrite Cause
Manic Depression	 No psychiatric hospitalization in five years Controlled with medication History of electroconvulsive therapy 	
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	• With ADL or IADL Limitations	Uninsurable
Multiple Myeloma	Malignant disease of plasma cells generally found in the pelvis, spine, ribs, and skull	Uninsurable
Multiple Sclerosis	Demyelinating illness, cause unknown, affecting the central nervous system with eventual cognitive impairment	Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Muscular Dystrophy	Atrophy of the muscle, spasms, inability to control and coordin voluntary muscles	nate
Myasthenia Gravis	Progressive muscular weakness	;
	Ocular Myasthenia	Indiv. Consideration
	• Use of Prednisone > than 20 mg per day	Uninsurable
	• Use of Imuran or Mestinon	Indiv. Consideration
	• Disease process unresponsive to treatment	Uninsurable
Myelofibrosis	Asymptomatic	6 months
	 Abnormal Bone Marrow Exam24 months 	
	• Splenectomy	60 months
Myocardial Infarction	(See Heart Attack)	
Narcolepsy	Recurrent and unpredictable attacks of sleep	
	Asymptomatic	12 months
	• Recent onset or hospitalization	on24 months
Nephrectomy,		
Unilateral	Surgical removal of a kidney	
	Stable renal function	18 months
Nephritis, Glomerulonephritis		12 months
Nephrolithiasis	Kidney stones	
	Post-Lithotripsy	3 months
Nervous Breakdown	No psychiatric hospitalization past 36 months	ns
	- No antipsychotic medications	24 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Neurofibromatosis	Inherited disorder characterized by pigmented skin lesions and tumors affecting multiple organ systems, "café-au-lait" spots	Uninsurable
Neurogenic Bladder	Ability to self catheterize	18 months
	Normal and stable renal function	6 months
Neuropathy	Compression or entrapment of a nerve with varying amounts of pain, weakness, and paresthesic	1
	Narcotic-containing pain management	
	Multiple changes in medsUninsurableNon-progressive, mild6 months	
	Autonomic Neuropathy	
Organ Transplant	(See Transplant, Organ)	
Organic Brain Syndrome		Uninsurable
Osler-Weber-Rendu Disease (Telangiectasis)		Uninsurable
Osteomyelitis	Infection of the bone	
	• Resolved	12 months
	• Chronic, active	Uninsurable
Osteoporosis	Generalized, progressive loss of be and thinning of bone tissue	one density
	• If T score exceeds -3.5Uninsurable	
	• Daily use of narcotics	Uninsurable
	• Three or more compression fractures	Uninsurable
	 Scoliosis or kyphosis with pulmonary compromise 	Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Oxygen Use		Uninsurable
Pacemaker	(See Atrioventricular Heart F	Block)
Paget's Disease (Osteitis Deformans)	Chronic disorder of bones or carcinoma of the nipple	r
	- No ADL or IADL limitat	ions24 months
	- stage 0, I	6 months
	- stage II	12 months
	- stage III, IV	Uninsurable
Pancreatitis	Acute inflammation of the pa	ancreas
	• Acute episode, now resolve	ed12 months
	• Alcohol use in the past 36 months	Uninsurable
	• Current use of enzymatic supplements Vionase, Cotazym, or Pancrease	Unincurable
	• Chronic	
Paralysis/Paresis	• No ADL or IADL limitatio	onsUnderwrite Cause
	Hemiplegia	Uninsurable
	• Paraplegia	Uninsurable
	• Quadriplegia	Uninsurable
Parkinson's Disease	Slowly progressive degenerate neurological disorder character by resting tremor, muscular rigidity, gait impairment, and postural instability	terized

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Peptic Ulcer Disease	 Asymptomatic History of gastrointestinal bleed History of perforation 	6 months
Pericarditis	Inflammation of the lining that covers the heart muscle	6 months
Peripheral Vascular Disease	Occlusion of the blood supply to the extremities	
	No leg painNonsmoker	
	 No ADL or IADL limitations Hospitalization History of leg pain at rest or walking few blocks Continued smoking 	12 monthsUninsurable
Phobias, Psychoneurosis	Treated with antipsychotic medication	Uninsurable
Polyarteritis Nodosa	Inflammation and necrosis of small and medium-sized muscular arteries	Uninsurable
Polycystic Kidney Disease	Disorder which creates multiple cysts on and enlarges the kidneys, thus interfering with their functio	
	 Any history of or recommendation for kidney dialysis 	Uninsurable
	 Asymptomatic Hospitalizations for renal failure or surgery 	24 months
	• Transplant	60 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Polymyalgia Rheumatica	Severe pain and stiffness of the proximal muscle groups without weakness or atrophy	
	Asymptomatic	12 months
	• History of 3 or more compression fractures	Uninsurable
	Daily or regular use of narcotics for pain	Uninsurable
	• Unresolved or > 20 mg Prednisone per day	Uninsurable
Polyps—Benign		3 months
Portal Hypertension		Underwrite Cause
Post Polio* Syndrome	Progressive paralysis and atrophy of leg muscles occurring years after onset of disease	
	 Any change in muscle strength or evidence of increased fatigue. 	Uninsurable
	• Any history of falls in the past 24 months	Uninsurable
	• No history of paralysis	0 months
	Any equipment usage or ADL/IADL limitations	Uninsurable
	* A face-to-face interview will be obtained for any history of polio regardless of ag	
Progressive Muscular Atrophy		Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Pulmonary Emboli	Sudden blockage of pulmonary by a blood clot with resulting of blood to lung tissue	
	• Resolved	6 months
	• Recurrent PE	12 months
	• CHF	Uninsurable
Pulmonary Fibrosis	Scarring and thickening of deep lung tissue	Uninsurable
Renal Disease	Decline in the ability of the kidneys to function properly	
	Hospitalization for complications	24 months
	 Any history or recommendation for dialysis 	Uninsurable
	• Mild renal insufficiency	12 months
	• BUN >30, Creatinine >2.5	Uninsurable
	• Moderate to severe	Uninsurable
Retinal Detachment and/or Hemorrhage	 Asymptomatic, stable level of sight loss, independent With diabetes Evidence of progressive 	
	sight-loss, unarrested	Uninsurable
Sarcoidosis	A disease of unknown cause in inflammation occurs in the lyn lungs, liver, eyes, skin, or other	uph nodes,
	• Stage 1	12 months
	• Stage 2	36 months
	• Stage 3	Uninsurable
	Asymptomatic	36 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Schizophrenia	Psychotic disorder characterized by disturbances in thought, perception, affect, behavior	
Sciatica	Pain radiating along the sciatic nerve; most often in the buttock and posterior aspects of the leg caused by compression of the sciatic nerve from a protruding of	
	 Any history of surgery within the past 6 months 	Uninsurable
	• Any daily narcotic use	Uninsurable
	Asymptomatic, no ADL or IADL limitations	6 months
Scleroderma, Active	A diffuse corrective tissue diseas characterized by changes in the blood vessels, skeletal muscles, a internal organs	skin,
	 Any history of crest syndrome 	Indiv. Consideration
	• In remission, no limitations	12 months
	• Chronic continuous steroid us	eUninsurable
	• History of compression fracture	resDecline
	• History of plasmapheresis	24 months
Scoliolis	Abnormal spinal curvature	
	• No ADL or IADL limitations .	0 months
Seizure Disorder	(See Epilepsy)	
Senility, All Forms		Uninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Sleep Apnea	Sleep related breathing disorder with pauses in respiration lasting 10 seconds or longer	
	More than 100 pounds over ideal weight	Uninsurable
	Asymptomatic	3 months
	 CPAP machine without bottled oxygen 	6 months
	Hospitalization	12 months
Spinal Muscle Atrophy		Uninsurable
Spinal Stenosis	No ADL or IADL limitations	
	 No chronic pain, No narcotic medications 	6 months
	- Post surgery	6 months
	- History of a compression fracture	12 months
Stroke (Cerebrovascular Accident—CVA)		Uninsurable
Surgery	If surgery is recommended, planned or has been recently performed, do not take the application until after the surgery with full recovery. Refet to the specific medical condition and Stability Indicator for time from	o r Ger

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Thrombocytopenia	A decrease in the number of platelets in the blood; can result in spontaneous bruising or bleed. • Platelets <60K not on NSAIDS • Any current steroid use	ding SUninsurable
	 Unoperated, asymptomatic Post-Splenectomy, asymptomatic, stable Reactive Thrombocytopenia 	24 months
Thrombophlebitis, Superficial	Inflammation of a veinAny history of anticoagulant uSuperficial phlebitis	
Thrombosis, Deep Vein	 Blood clot within a vein No ADL or IADL limitations, Resolved Recurrent, 2 or more 	
Transient Ischemic Attack	Episode of temporary cerebral dysfunction (TIA or "mini-strok that has an onset within minutes usually clearing within 15 minut but always resolving without permanent neurological impairm within 24 hours • Single Episode - No ADL or IADL limitations - Nonsmoker • More than one TIA	s, tes, ment s60 monthsUninsurable

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Transplant, Organ	Corneal Kidney All others	60 months
Transverse Myelitis		Uninsurable
Tremors	 Involuntary movement disorde Benign, essential, or familial No ADL or IADL limitatio Work-up in progress Due to Parkinson's Disease 	ns6 months Uninsurable
Tuberculosis	• Resolved	
Tumors, Benign	 Brain, Spinal cord No paralysis No ADL or IADL limitatio No seizure disorder Other sites 	48 months
Ulcers of Skin	ResolvedActive or chronicResulting in Amputation	Uninsurable
Ulcers, Duodenal	Asymptomatic History of Gastrointestinal F	
Urinary Incontinence	 Independent in care Use of catheter if independent in use Complete incontinence, dependent in ADLs 	18 months

Medical Condition	Stability Indicator	Minimum Stability/ Calendar Day Elimination Period
Urolithiasis/Renal Calculus	Hospitalization or surgery	6 months
Varices, Esophageal		Uninsurable
Varicose Veins (Legs)	 No ADL or IADL limitations. History of vein stripping surgery 	
Vasculitis	Inflammation of aorta which more result in weakness of the aorta was Asymptomatic, well controlled hypertension	vall
	Any claudication (pain, cramping in legs while walking)	
Vertebral or Spinal Disorder, Not Otherwise Classified	 No ADL or IADL limitations. No chronic pain or narcotic medications No active ongoing therapy or recommendations for 	
No. of the last of	therapy or surgery	3 months
Vertigo Vision Loss	(See Dizziness)	
VISIOII LOSS	(See Blindness)	
Von Recklinghausen's	Genetic disorder	Uninsurable
Waldenstrom's	Malignant disease of the B cells similar to Lymphoma	Uninsurable
Walker/Wheelchair Use		Uninsurable
Wegener's Granulomatosis	A systemic form of vasculitis	Uninsurable

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)
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 of 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 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
ВРН	Benign Prostatic Hyperplasia
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
НВР	High Blood Pressure
HTN	Hypertension
IBS	Irritable Bowel Syndrome
IDDM	Insulin-Dependent Diabetes Mellitus
IMF	Idiopathic Myelofibrosis
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 Coronary Angioplasty
PVD	Peripheral Vascular Disease
PMR	Polymyalgia Rheumatica
RA	Rheumatoid Arthritis
SCC	Squamous Cell Carcinoma
SLE	Systemic Lupus Erythematosus
ТВ	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
Abilify	Schizophrenia
Akineton	Parkinson's Disease
Aldesleukin	Cancer
Alkeran	Cancer
Antabuse	Alcoholism
Aricept	Cognitive Impairment
Artane	Parkinson's Disease
Asparaginase	Leukemia
Eldepryl	Parkinson's Disease
Azathioprine	Lupus/Scleroderma/Rheumatoid Arthritis
Baclofen	Multiple Sclerosis
Benztropine Mesylate	Parkinson's Disease/Tremor
Bethanechol	Neurogenic Bladder
BiCNU	Cancer
Blenoxane	Cancer
Bromocriptine Mesylate	Parkinson's Disease/Tremor
Busulfan	Leukemia
Carbidipa-levadopa	Parkinson's Disease
CeeNU	Hodgkin's Disease
Cellcept	Hepatitis
Cerubidine	Leukemia
Clozaril	Antipsychotic
Cogentin	Parkinson's Disease
Cognex	Memory Loss
Cyloserine	Alzheimer's Disease

Cytosar-U	Leukemia
Cytoxan	Cancer
Dacarbazine	Cancer
Dantrium	Multiple Sclerosis
Depo-Provera	Cancer
DES	Cancer
Destinex	Parkinson's Disease
Dilaudid	Pain
Ditropan	Neurogenic Bladder
Donepezil	Alzheimer's Disease
Dopar	Parkinson's Disease
Doxorubicin	Cancer
Eldepryl	Parkinson's Disease
Emcyt	Prostate Cancer
Epogen	Severe Anemia
Ergamisol	Cancer
Ergoloid	Memory Loss
Mesylate Eskalith	Bipolar Disorder
Estinyl	Cancer
Estrace	Cancer
Etoposide	Testicular Cancer
Eulexin	Cancer
Exelon	Alzheimer's Disease
Floxuridine	GI Cancer
Foscavir	HIV
Ganite	Cancer
Gold Therapy	Rheumatoid Arthritis
Haldol	Mental Disorder
Haloperidol	Mental Disorder
Hexalen	Cancer
Hycamtin	Ovarian Cancer
Hydergine	Memory Loss
Hydrea	Cancer

Hydrocodone	Pain
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
Lithium	Bipolar Disorder
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
Morphine	Pain
Mutamycin	Cancer
Myleran	Cancer
Myochrysine	Arthritis
Myotrophin	ALS
Namenda	Alzheimer's Disease
Navane	Antipsychotic
Neosar	Cancer
Neupogen	Cancer

Niloric	Memory Loss
Nilutamide	Metastatic Prostate Cancer
Nipent	Hairy Cell Leukemia
Novantrone	Leukemia
Oncovin	Cancer
Oxycodone	Pain
Oxycontin	Pain
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
Razadyne	Alzheimer's Disease
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
Vicodin	Pain
Videx	HIV
Wellcovorin	Cancer
Zanosar	Cancer
Zofran	Cancer
Zoladex	Cancer
Zyprexa	Antipsychotic

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 Policy Lifetime Maximum
 - c) Increased Benefit Calendar Day Elimination 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 producer. The reason for decline will be briefly explained if the medical history is provided on the application. If we are unable to give the reason for decline (because it was of a sensitive nature or the medical history was not provided) and the Applicant desires additional information regarding the reason for decline, he/she must write a letter to the underwriting department authorizing disclosure of the information to himself/herself, a physician of his/her choice, or to another third party. The letter must include the name and address of the person to whom this information should go, 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.
- 5. No Reconsideration: This message is communicated to the producer 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, and multiple medical conditions that combine poorly.
- 6. Approved As Applied For—No Increases Permitted: 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 his/ her 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:

Prudential

Attn: LTC Underwriting—Appeals 2101 Welsh Road Dresher, PA 19025 The Prudential Insurance Company of America

Long-Term Care Insurance

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