The Medical Impairments Guide

JANUARY 2017

Field Guide to Medical Risks

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Introduction

Field Guide to Underwriting Medical Impairments

This guide highlights mortality and morbidity concerns for each of the conditions listed. Life insurance underwriters consider mortality factors, which are health conditions that could impact the client’s likelihood of dying. Conversely, morbidity factors are important as they are health conditions that have an impact on a client’s likelihood of suffering a disabling illness or injury.

The ratings for the impairments in this guide reflect the latest medical underwriting guidelines in the Brighthouse Financial Underwriting Manual (BFUM), as well as the suggested basic ratings for the impairments covered. Please note the guide will not guarantee an issue at the ratings shown—all factors must be considered when determining insurability. In certain cases, the underwriter may present alternative offers not shown here after reviewing the full application.

We’ve also provided guidelines for use when considering applying for optional living benefit riders available on life insurance products. These include our disability waivers as well as the Enhanced Care Benefit (ECB).

Unless noted otherwise within this guide, these riders are generally available for proposed insured with a history of the covered impairments, subject to the eligibility rules provided in the respective product’s producer guide. All optional riders are subject to evidence of insurability and approval by an underwriter.

We thank you for the important role you play in field underwriting. We expect the time you spend collecting medical and financial information when completing the application will pay off as time saved during the underwriting and issue process. Comprehensive information could mean that your underwriter will be able to issue the policy without requesting additional details from your or your client, enhancing your clients’ experience with Brighthouse Financial. Your diligence will also will help make certain our first offer to your client is our best offer. As always, please ensure you are following all applicable company policies on privacy and information security when gathering and handling personal customer information.
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Generalized anxiety disorder is characterized by a state of continuous apprehension regarding more than one life issue. This state of worry must persist for more than six months to garner the diagnosis.

**Hospitalization less than one year ago is uninsurable.**

**Key Questions:**
- What diagnosis was given?
- Number of episodes and date of last episode?
- Type of treatment?
- Names of all medications, current and past?
- How often is medication taken? Date last used?
- Any hospitalizations (if yes, details)?
- How much time lost from work or school?
- Any referrals to a specialist for counseling or psychiatric treatment?
- Name and address of health care provider that will have most complete records?

### Action Individual Life

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Minimal symptoms well controlled with little, if any, interference with normal work or social activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Mild to moderate symptoms controlled with minimal impact on work or social activities; no other serious mental disorders or history of substance abuse</td>
</tr>
<tr>
<td></td>
<td>More severe forms of anxiety may qualify for Standard after symptoms have been resolved or controlled for several years</td>
</tr>
<tr>
<td>Substandard</td>
<td>Several medications required to control symptoms, symptoms may be only recently controlled; some effect on work or social function: Table B-D, depending upon how long symptoms have been controlled</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>

**Mortality Concerns:**
May lead to early death due to an increase in the rate of suicide. Depression and substance abuse may co-exist.

**Morbidity Concerns:**
Interference with work or social function. Substance abuse or other psychiatric disorders may co-exist.
# Arthritis

A painful inflammation of the joints that is frequently chronic. The two main types are **osteoarthritis** (a/k/a degenerative joint disease, DJD) and **rheumatoid arthritis**. Both can range from mild to severe. While osteoarthritis limits the inflammatory response to the joints and does not affect any other organs, rheumatoid arthritis is a chronic systemic inflammatory disease that can cause damage to many other organ systems.

**Key Questions:**
- Occupation?
- Date of diagnosis?
- Type of arthritis?
- Any swelling or deformity of joints (please specify)?
- Which joints are involved?
- What other body systems are involved, if any?
- Treatment (include names of medications, if any)?
- Date of last flare-up requiring medication?
- Any use of crutches, cane or wheelchair?
- Name and address of the health care provider with the most complete records?
- Is the client able to work regular hours, perform regular job duties and regular daily activities?

<table>
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<th>Action</th>
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</thead>
<tbody>
<tr>
<td><strong>Preferred Classes</strong></td>
<td>Osteoarthritis generally qualifies for best class</td>
</tr>
<tr>
<td></td>
<td>Very mild rheumatoid arthritis may qualify if diagnosed a number of years ago and no impact on activities of daily living</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Mild rheumatoid arthritis: Very few joints affected, no more than mildly impaired ability to perform activities of daily living (ADLs)</td>
</tr>
<tr>
<td><strong>Substandard</strong></td>
<td>Moderate to severe rheumatoid arthritis: Several joints affected; may require minimal assistance to perform ADLs: Table B-D depending upon degree of limitation</td>
</tr>
<tr>
<td></td>
<td>Very severe rheumatoid arthritis: Many joints affected; may require multiple medications; moderate to severely impaired ability to perform ADLs: Table H and higher; may be uninsurable depending upon degree of limitation, treatment and non-joint complications</td>
</tr>
<tr>
<td><strong>Optional Living Benefits/Riders</strong></td>
<td>Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis</td>
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**Mortality Concerns for Rheumatoid Arthritis:**
Coronary artery disease, some increased risk of heart failure and stroke, renal disease and some cancers, among others. Adverse effects of medications also contribute to the mortality risk.

**Morbidity Concerns:**
Pain and limitations in range of motion. Associated weakness and generalized fatigue. Adverse effects of medications. Cardiovascular disease may co-exist.
Asthma

A chronic inflammation of the bronchial tubes that causes swelling and narrowing of the airways. This results in difficulty breathing. The narrowing may be totally or at least partially reversible with treatments. Asthma is classified as mild, moderate or severe, and rated accordingly. Young children may be uninsurable.

*If smoker rates apply, the ratings reflected below will increase; severe asthma will be uninsurable for life and disability insurance.*

**Key Questions:**
- Is client a current or former smoker? Type(s) of tobacco and date last used?
- What are the symptoms? How long do they last?
- Frequency of symptoms (Daily/Weekly/Less than once per week)?
- Last episode?
- Is sleep affected? How frequently?
- Has a cause been established (allergies, exercise, etc.)?
- Any hospitalizations? Give dates.
- Any emergency room visits? How often? Date of most recent visit?
- How much time was lost from work or school?
- Names of medications taken? How often? Details of any steroid use?
- What testing has been performed (chest x-rays, pulmonary function tests, etc.)?
- Name and address of the health care provider with the most complete records?

**Action Individual Life**

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<th>Preferred Classes</th>
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</thead>
<tbody>
<tr>
<td>Nonsmoker over age 20; mild, infrequent daytime symptoms with minimal medication</td>
<td></td>
</tr>
</tbody>
</table>

| Standard | Mild daytime symptoms with little impact on sleep or activity, no time lost from work or school |

| Substandard | Frequent daytime symptoms; occasional urgent care or emergency room visits; limited time lost from work or school: Table B-D, depending upon current age, with most favorable ratings age 50 or older |
| Frequent day and nighttime symptoms with need for urgent care and emergency room visits or hospitalizations; greater impact on work or school: Table F and higher, may be uninsurable: Limited to age 21 and older (uninsurable under age 21) |

| Optional Living Benefits/Riders | Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis |

**Mortality Concerns:**
Excess mortality is related to smoking, need for oral steroids, recurrent hospitalizations and need for ventilatory assistance.

**Morbidity Concerns:**
Limited activity due to symptoms of shortness of breath, sleeplessness, tightness in chest, deterioration of lung function.
Atrial Fibrillation

Atrial fibrillation/flutter is a heart rhythm disorder (arrhythmia). It usually involves a rapid heart rate that is not regular. Arrhythmias can be caused by problems with the heart's normal electrical conduction system, as well as coronary artery disease, abnormal heart valves, high blood pressure and many other disorders. AF may also occur without any underlying disease. AF is described as paroxysmal (PAF) — occurring in bursts that last for minutes or a few hours, several times a year; or chronic, with episodes more frequent and long-lasting. Ratings depend on age, on the cause of AF, the presence or absence of underlying heart disease and the type of treatment. With underlying heart disease, ratings for AF are added to the cardiac cause, resulting in a two to five table additional rating.

Certain complications may cause a risk to be uninsurable, while certain positive aspects may result in credits that can improve ratings by one or two tables. Newly identified AF on current insurance examination is uninsurable.

Key Questions:

- Date of onset?
- Cause of AF (if determined)?
- Any history of heart disease (If yes, details)?
- Current symptoms (chest pain, shortness of breath, light-headedness, etc.)?
- Number of episodes per year?
- Type of treatment?
- Procedure performed? Type and date of procedure?
- Any episodes of AF since procedure?
- Name and address of the health care provider with the most complete records?

**Mortality Concerns:**
A marker for underlying heart disease, predisposition to embolic events (e.g., stroke) and congestive heart failure.

**Morbidity Concerns:**
Increased risk of stroke, palpitations, shortness of breath, chest pain, fatigue, bleeding or bruising and light-headedness.

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<tbody>
<tr>
<td><strong>Preferred Classes</strong></td>
<td>No underlying heart disease; no current medication for AF; single episode some years ago with normal cardiac testing</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>No underlying heart disease; single episode several years ago</td>
</tr>
</tbody>
</table>
| **Substandard** | No underlying heart disease, cause unknown:  
**PAF:** Table B-C depending upon current age  
**Chronic AF:** Table B-E depending upon current age, with more favorable ratings at older ages  
Some cases may qualify for Standard with credits |
| **Optional Living Benefits/Riders** | Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis |
Cancer: Breast

Action will vary according to the stage (size) and grade (degree of cell abnormality) as well as metastasis (spread) of the cancer. This information is available from the pathology report.

The time frames given are measured from the point at which all curative treatment (surgery, chemotherapy, radiation therapy) is completed. Continued use of endocrine therapy (e.g., tamoxifen, arimidex, aromasis, femara, etc.) is acceptable. Depending upon the stage of the tumor, a waiting period from one to ten years may be required prior to consideration. In some very favorable situations, tumors may be considered at Standard for Individual Life after completion of successful treatment. More favorable ratings in general are reserved for the older ages.

Key Questions:
• Stage of tumor, if known?
• Grade of tumor, if known?
• Any spread to lymph nodes?
• If yes, how many nodes involved?
• Type of treatment?
• Date and type of surgery, if any?
• Date all treatment completed?
• Date of most recent follow-up?
• Name and address of health care provider with most complete records?

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</tr>
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<tbody>
<tr>
<td>Preferred Classes</td>
<td>Noninvasive, low grade tumors may qualify depending upon nature of lesion, type of treatment and time elapsed since treatment. Limited to ages 65 and older</td>
</tr>
</tbody>
</table>
| Standard | Noninvasive tumors: May qualify for Standard depending upon nature of the lesion and type of treatment  
Invasive tumors: Low grade tumors may be considered for Standard after completion of treatment. Limited to ages 65 and older |
| Substandard | Lower grade invasive tumors under age 65, and higher grade tumors, larger tumors, and those with spread of cancer at any age:  
Flat extra premiums can range from $5.00 to $20.00/thousand for a period of years, depending upon the stage and grade of the tumor, as well as any spread of cancer  
Certain advanced cancers, if insurable, will require a Table B-D rating in addition to a flat extra, which will continue after the flat extra expires |
| Optional Living Benefits/Riders | Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis |

Mortality Concerns:
Patients die from the effects of the spread of the cancer to other organs; the side effects of treatment can also affect the final outcome.

Morbidity Concerns:
Cancer may be associated with anxiety and depression. Treatments, including chemotherapy, surgery and radiation can impact morbidity by causing significant muscle and lymph drainage issues on the affected side, as well as affecting the immune system.
Cancer: Colon (Adenocarcinoma)

Action will vary according to the stage (size) and grade (degree of cell abnormality), as well as metastasis (spread of cancer) to lymph nodes or other organs. This information is available from the pathology report. The best cases are those with early stage, low grade tumors, no spread of the cancer and no rectal involvement.

The time frames given are measured from the point at which all curative treatment (surgery, chemotherapy and radiation therapy) is completed. Waiting periods beyond that vary from none to ten years. Some higher risk tumors with spread of cancer to lymph nodes and/or other organs may not be insurable for the first ten years following treatment, while others may not be insurable on any basis.

Key Questions:
- Stage, if known?
- Grade, if known?
- Any spread to lymph nodes or other organs? Where did it spread?
- Date(s) of surgery?
- Any other treatment (If yes, please describe)?
- Dates of treatment, including recurrences?
- Dates all treatments were completed?
- Date of most recent follow-up?
- Name and address of the health care provider with the most complete records?

## Action Individual Life

### Preferred Classes

| Tis (tumor in situ, Stage 0) only, older ages, tumor removed many years ago |

### Standard

| Tis (tumor in situ, Stage 0) tumors |
| Early stage, low grade tumors, with no spread of cancer can be Standard after three years; some higher risk tumors may qualify for Standard after five to seven years or longer |

### Substandard

| Early stage, low grade tumors: Flat extra premiums ranging from $5.00 to $7.50/thousand for a period of years, depending upon time elapsed since completion of treatment |
| Higher risk, higher grade and later stage tumors: Flat extra premiums ranging from $5.00 to 20.00/thousand for a period of years depending upon time elapsed since treatment. Some advanced tumors may require a Table B-C rating in addition to the flat extra premium |

### Optional Living Benefits/Riders

Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis

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**Mortality Concerns:**
Death from the effects of metastases on other organs and the side effects of chemotherapy.

**Morbidity Concerns:**
Morbidity comes not only from the disease itself, but also from the treatment and possible late effects of the treatment.
Cancer: Leukemia

Leukemia is a form of cancer in which abnormal blood cells circulate in the blood and grow in the bone marrow. There are different types of leukemia. The type depends upon which types of blood cells are affected.

All types must be in remission to be considered, with a current normal complete blood count (CBC). Certain risks may be uninsurable.

**Key Questions:**

- Specific diagnosis?
- Date of diagnosis?
- Type of treatment?
- Date treatment was completed?
- Date of most recent follow-up?
- Name and address of the health care provider with the most complete records?

**Action Individual Life**

**Preferred Classes**
Not available

**Standard**
Acute Lymphocytic Leukemia (ALL) and Acute Myelogenous Leukemia (AML): Possible Standard after 25 years
Chronic Lymphocytic Leukemia (CLL), Monoclonal B-Cell Lymphocytosis (MBL), Chronic Myelogenous Leukemia (CML): Generally not available

**Substandard**
For all types of leukemia: Waiting periods vary from one to five years, with ratings ranging from Table B-D and flat extra/thousand ranging from $7.50 to $20.00 depending upon nature of tumor, type of treatment, current age, age at diagnosis

**Optional Living Benefits/Riders**
Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis

**Mortality & Morbidity Concerns:**
Loss of normal immunity, blood clotting and anemia; potential occlusion of circulation to other vital organs; increased risk of other types of cancer as a long-term complication of treatment.
Cancer: Lung

Action will vary according to the stage (size) and grade (degree of cell abnormality), as well as any spread of the cancer. This information is available from the pathology report. The time frames given are measured from the point at which all curative treatment (surgery, chemotherapy and radiation therapy) is completed. Waiting periods vary from three to five years prior to consideration.

Current smokers are uninsurable.

Key Questions:

- Type of tumor, if known?
- Any spread of cancer to other organs?
- Date of diagnosis?
- Type of treatment?
- Any recurrence?
- Date treatment was completed?
- Date of most recent follow-up?
- Name and address of the health care provider with the most complete records?

Mortality Concerns:
Deaths as a result of the disease itself as well as the treatment and possible late effects of treatment.

Morbidity Concerns:
Morbidity from lung cancer comes not only from the disease itself, but from the treatment and possible late effects of the treatment.

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Preferred Classes</td>
<td>Not available</td>
</tr>
<tr>
<td>Standard</td>
<td>Available for the most favorable risks after seven to nine years (include older ages, good follow-up care, longer time in remission, etc.)</td>
</tr>
<tr>
<td>Substandard</td>
<td>Stage 1 and 2 tumors may be considered after three to five years, with flat extras/thousand ranging from $7.50 to $20.00 based upon time since completion of treatment. Possible Standard to Table B after seven to nine years. More advanced tumors may be eligible for consideration on an individual basis after five years</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>
Cancer: Hodgkin’s Lymphoma

This is a form of cancer that originates in the lymphatic system, most often arising in the lymph nodes. Lymphoma is divided into Hodgkin's Lymphoma (HL) and all other types of lymphoma, sometimes referred to as Non-Hodgkin's Lymphoma (NHL). Action will vary according to the stage of the disease, which is measured by the number and location of lymph node regions or other sites involved, in addition to the presence or absence of symptoms.

The time frames given for ratings are measured from the point at which all curative treatment (chemotherapy and radiation therapy) is completed and disease is in remission.

Persons under age 18 are uninsurable.

Key Questions:

• Specific diagnosis?
• Date of diagnosis?
• Stage of tumor, if known?
• How many lymph node sites are involved?
• Are any other organs involved?
• One or both sides of the diaphragm?
• History of night sweats, fever, weight loss due to Hodgkin’s?
• Dates of treatment, including recurrences?
• Types of treatment? Dates all treatments were completed?
• Date of most recent follow-up?
• Name and address of the health care provider with the most complete records?

Mortality Concerns:
Deaths directly attributable to the disease and the deaths that result from late toxic effects of treatment.

Morbidity Concerns:
Fever, fatigue, pain and effects of radiation and chemotherapy, as well as issues that result from late toxic effects of treatment such as increased susceptibility to heart disease, cancer and diabetes.

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</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>Not available</td>
</tr>
<tr>
<td>Standard</td>
<td>Limited to ages 55 and older. Diagnosed under age 50, may be considered for Standard after three to nine years, depending upon the stage of the cancer and current age (best cases only)</td>
</tr>
<tr>
<td>Substandard</td>
<td>Temporary Flat Extra Premium ranging from $5.00 to $20.00/thousand depending upon stage and characteristics of the cancer, age at diagnosis, current age and treatment. A combination of Table B plus a FEP may be required for the less favorable risks</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>
Cancer: Non-Hodgkin’s Lymphoma

A form of cancer that originates in the lymphatic system, most often arising in the lymph nodes. Lymphoma is divided into Hodgkin's Lymphoma (HL) and all other types of Lymphoma, sometimes referred to as Non-Hodgkin's Lymphoma (NHL). There are a very large number of sub-types of NHL and the guidelines are necessarily very general. Action will vary according to the type and stage of the disease, type of treatment, number of recurrences and for certain tumors the age of diagnosis.

The time frames given are measured from the point at which all curative treatment is completed and the disease is in remission.

Consideration for Non-Hodgkin's Lymphoma is postponed for a period of three to ten years from completion of treatment, depending upon the sub-type of lymphoma. Persons under 18 are uninsurable.

Key Questions:
- Specific diagnosis? Date of diagnosis?
- Stage, if known? Types of treatment?
- Dates of treatment, including recurrences? Date all treatments were completed?
- Date of most recent follow up?
- Name and address of the health care provider with the most complete records?

Action
Individual Life

Preferred Classes
Not available

Standard
Available only rarely to the very best risks, 7 to 15 years post curative treatment

Substandard
Many risks are covered with a combination of Table B-D plus FEP ranging from $7.50 to $20.00/ thousand, depending upon stage and characteristics of the cancer and number of recurrences. Certain risks are covered with table ratings only, ranging from Table B-H, depending upon age at diagnosis and time since treatment

Optional Living Benefits/Riders
Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis

Mortality Concerns:
Mortality from lymphoma may be due to the disease itself, associated conditions and complications of the disease, or the early or late side effects of treatment.

Morbidity Concerns:
Disability from lymphoma may result from the disease itself, associated conditions and complications of the disease, or the early or late side effects of treatment.
Cancer: Melanoma

Malignant melanoma is the most lethal form of skin cancer. It can develop on any part of the body and is much more likely to spread than other skin cancers. Melanoma-in-situ refers to an early lesion that is limited to the epidermis, has not spread, and is considered Stage 0.

Action will vary according to the stage (depth of invasion, any ulceration, any metastasis or spread of the cancer, expressed as TNM) and whether there is any history of atypical moles in addition to the melanoma. The time frames given are measured from the point at which all curative treatment (surgery, chemotherapy and radiation therapy) is completed.

Some melanomas will require a waiting period before we can consider them, generally one to five years. Other tumors are uninsurable for a longer period of time and considered on an individual basis thereafter. Clients must have regular skin exams.

Key Questions:

- Stage of tumor, if known (TNM)?
- History of atypical or dysplastic moles? If yes, how many?
- Any family history of Familial Dysplastic Nevus Syndrome (FAMM)?
- Date of diagnosis?
- Date of surgery?
- Any other treatment?
- Date all treatment was completed?
- Any recurrence or more than one melanoma? Dates?
- Most recent follow up?
- Name and address of the health care provider with the most complete records?

**Mortality Concerns:**
Death occurs from effects of the spread of cancer to other organs, with complications from chemotherapy sometimes involved as well.

**Morbidity Concerns:**
Spread of cancer to other organs such as the brain, liver or bone. Adverse effects of various forms of treatment. Increased likelihood of additional primary melanomas in the future.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Classes</strong></td>
<td>Over age 40: limited to a single melanoma-in-situ, surgically excised a number of years ago; up-to-date on cancer screenings with no atypical or dysplastic moles present</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Tumors limited in size, including melanoma-in-situ without any spread of the cancer Many risks that initially require waiting periods and ratings will be eligible for Standard after a period of years has passed since completion of treatment, generally five or more</td>
</tr>
<tr>
<td><strong>Substandard</strong></td>
<td>Flat Extra Premiums ranging from $5.00 to $20.00/thousand with a duration of four to nine years, depending upon the nature of the tumor and time elapsed since treatment</td>
</tr>
<tr>
<td><strong>Optional Living Benefits/Riders</strong></td>
<td>Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis</td>
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</table>
Cancer: Prostate (Adenocarcinoma)

Action will vary based on stage (size), grade (degree of cell abnormality, also known as Gleason Score), metastasis (spread of cancer), age, type of treatment and PSA levels before and after treatment. Radical prostatectomy and radiation therapy are the traditional forms of treatment with curative attempt for prostate cancer.

The time frames given are measured from the point at which curative treatment (surgery, radiation therapy) has been completed. The waiting period for life insurance—typically one to three years—and the amount of the flat extra premium depend on the size and grade of the tumor, as well as the type of treatment.

For disability insurance, most risks require a waiting period of five to ten years.

Key Questions:
• Stage, if known?
• Gleason Score, if known?
• Date of diagnosis?
• Types of treatment?
• Date of completion of all treatment (including recurrences)?
• Date of the most recent follow-up?
• Pre-treatment and the most recent PSA level (with date)?
• Name and address of the health care provider with the most complete records?

Mortality Concerns:
The primary risk is death due to the spread of the disease to other organs.

Morbidity Concerns:
Symptoms as a result of various forms of treatment: bowel and bladder incontinence, fatigue, osteoporosis, bone pain, neurologic symptoms, among others. Depression, emotional problems, cognitive impairments especially relating to concentration, learning and memory may occur.

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<tbody>
<tr>
<td>Preferred Classes</td>
<td>Preferred classes are generally reserved for those 55 years and older after a significant waiting period with early stage, lower grade tumors, and favorable, regular and recent follow-up</td>
</tr>
<tr>
<td>Standard</td>
<td>Early stage, low grade tumors may be considered within a year of definitive treatment. Higher stage/grade tumors can be eligible for Standard after a period of years (see below)</td>
</tr>
<tr>
<td>Substandard</td>
<td>Flat extra premiums can range from $5.00 to $40.00/thousand, for periods of two to nine years, with the lower flat extras reserved for older ages with earlier stage, lower grade tumors and more time elapsed since treatment</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated with a $5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis</td>
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</tbody>
</table>
Cancer: Other

We cannot consider any case until all curative treatment (surgery, chemotherapy and radiation therapy) has been completed.

Key Questions:

• Specific diagnosis?
• Date of diagnosis?
• Location of cancer?
• Stage/Grade, if known?
• Treatment?
• Dates of recurrence, if any?
• Date all treatment completed?
• Date of most recent follow-up?
• Name and address of the health care provider with the most complete records?

Action Individual Life

Preferred Classes

Standard

Substandard

Action will vary based on the location in the body as well as the stage (size), grade (degree of cell abnormality) and metastasis (spread of cancer).

This information is found in the pathology report.
Cholesterol is a fat that circulates in the bloodstream. It’s manufactured by the liver and is also obtained in the foods we eat. Cholesterol and other fats are necessary for the proper functioning of the body. Too much cholesterol, however, is a risk for coronary artery disease. LDL, sometimes referred to as “bad cholesterol,” is the largest component of total cholesterol and is closely related to cardiac risk. HDL, the “good cholesterol,” is protective against cardiac risk.

The ratio of total cholesterol to HDL is a simple way to compare the risk presented by the good and bad cholesterol.

Although it’s a good idea for the client to fast for eight hours before a blood test, the cholesterol result will not be affected if the client has not fasted.

**Key Questions:**
- Most recent cholesterol reading?
- Most recent HDL, or total cholesterol/HDL ratio?
- Name of medication?
- Date started?
- Is personal physician satisfied with the results of treatment?
- Name and address of the health care provider with the most complete records?

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
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</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>See Condensed Underwriting Guide for Preferred Criteria</td>
</tr>
<tr>
<td>Standard</td>
<td>Age 65 or less: Total cholesterol up to 400 with a ratio of 8.0 or less Age 66 and older: Total cholesterol up to 425 with a ratio of 9.6 or less</td>
</tr>
<tr>
<td>Substandard</td>
<td>Total cholesterol or ratios higher than the above may be rated Table B-F</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>

**Mortality and Morbidity Concerns:**
Risk factor for coronary artery disease.
Chronic Obstructive Pulmonary Disease (COPD): Chronic Bronchitis, Emphysema

COPD is a persistent obstruction of the airways caused by inflammation (chronic bronchitis) or destruction of lung tissue (emphysema). Almost all COPD is caused by smoking. If a person stops smoking, the inflammation will go away but the damage of emphysema cannot be reversed. With continued smoking, the disease progresses more rapidly.

At the older ages, negative cardiac stress testing may permit a one to two table risk class improvement.

Severe disease, including those experiencing symptoms with little exertion, persons with very abnormal pulmonary function tests and those requiring oxygen therapy, will be uninsurable. Persons less than age 45 are considered on an individual basis for life insurance.

Key Questions:

- Specific diagnosis?
- Date of diagnosis? Any heart problems?
- Medications? How often?
- Any hospitalizations for COPD?
- Results of most recent pulmonary function tests (PFTs), if known?
- Symptoms? e.g., shortness of breath at rest or minimal exertion, moderate exertion? Frequent respiratory infections?
- Name and address of the health care provider with the most complete records?

### Action

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<tr>
<th>Individual Life</th>
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</table>

### Preferred Classes

| Not available |

### Standard

| Over age 45, nonsmoker, minimal severity, only mildly abnormal Pulmonary Function Tests |

### Substandard

| Over age 45, ratings may range from Table B-H, with the most favorable ratings reserved for nonsmokers at ages over 70 with mild to moderate symptoms and negative stress tests |

### Optional Living Benefits/Riders

| Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis |

### Mortality Concerns:

Death is due to respiratory and heart failure, associated cardiovascular or cerebrovascular disease, lung cancer and respiratory infections.

### Morbidity Concerns:

Short-term incapacity with increasing severity of COPD, due to shortness of breath, fatigue, decreased strength, endurance and mobility; depression and anxiety; cognitive impairments in advanced disease.
Coronary Artery Disease

Coronary Artery Disease (CAD) is the process by which the coronary arteries become blocked. Disease develops when a combination of fatty material, calcium and scar tissue (plaque) builds up in the arteries that supply the heart with blood. Through these arteries, called the coronary arteries, the heart muscle (myocardium) gets the oxygen and other nutrients it needs to pump blood. The plaque often narrows the artery or arteries so that the heart does not get enough blood. This slowing of blood flow causes chest pain, or angina. If plaque completely blocks blood flow, it may cause a heart attack (myocardial infarction) or a fatal rhythm disturbance (sudden cardiac arrest).

Surgical options include coronary artery bypass graft (CABG) and angioplasty (PTCA)/stents. Ratings depend on a number of factors, including current age, the number of vessels involved, the degree and location of obstruction, and how well the heart is able to pump blood through the body. Ratings are higher at the younger ages/earlier onset of disease. Where available, credits may permit a one to two table risk class improvement.

Individual consideration is given if under age 40, generally uninsurable. CABG and PTCA are uninsurable for three months following surgery. Heart attacks are uninsurable for six months following the event.

Key Questions:

- Age CAD was diagnosed?
- Nature of CAD (Heart attack? Angina?) and dates of events?
- Number of blocked vessels, if known?
- Names of medications?
- Dates and type of surgery, if any?
- Name and address of the health care provider with the most complete records?

**Mortality Concerns:**
Younger age onset, compromised heart function, abnormal heart rhythms, evidence of disease progression, associated diseases, lack of modification of risk factors, low compliance with treatment and regular follow-up.

**Morbidity Concerns:**
Prolonged work absence due to hospitalization and rehabilitation, potential physical work restrictions, limited exercise tolerance.

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<th>Action</th>
<th>Individual Life</th>
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<tbody>
<tr>
<td><strong>Preferred Classes</strong></td>
<td>Nonsmokers generally age 60 or older with very minor disease, normal heart function with no history of heart attack may be considered</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Nonsmokers age 40 or older with very minor disease, normal heart function and negative cardiac testing may be considered</td>
</tr>
<tr>
<td><strong>Substandard</strong></td>
<td>Ratings ranging from Table B for mild disease at the older ages to Table J for severe disease at the younger ages. Some risks may be uninsurable</td>
</tr>
<tr>
<td><strong>Optional Living Benefits/Riders</strong></td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>
# Depression

A common mental disorder with symptoms such as sad mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration.

Psychiatric hospitalization within a year of application is uninsurable.

**Key Questions:**
- Date of onset?
- What diagnosis was given?
- Number of episodes and date of last episode?
- Was depression described as bipolar or manic?
- Was depression related to a specific event?
- Dates of hospitalizations, if any?
- Type of treatment?
- Date medication last used?
- Names of medications (indicate all current and past medications)?
- How much time lost from work or not able to perform regular daily activities?
- Seeing a psychiatrist or counselor? How often?
- Name and address of the health care provider with the most complete records?

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<tr>
<th>Action</th>
<th>Individual Life</th>
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</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>May be considered with well-controlled/resolved symptoms with minimal medication; little if any effect on work or school; no history of psychiatric hospitalizations or any other mental illness except mild anxiety</td>
</tr>
<tr>
<td>Standard</td>
<td>Described as mild; symptoms resolved/controlled on no more than one anti-depressant; minor effect on work or school; no history of psychiatric hospitalization or ratable substance abuse Other more severe forms of depression may qualify for Standard once symptoms have been controlled for a number of years</td>
</tr>
<tr>
<td>Substandard</td>
<td>Described as moderate to severe: ratings will vary based on severity, treatment and length of time symptoms have been controlled: Table B-H, or may be uninsurable</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>

**Mortality Concerns:**
With major depression, there's a risk of suicide. Some anti-depressant medications may have potentially fatal side effects.

**Morbidity Concerns:**
Fatigue, significant weight loss or gain, inability to sleep or too much sleeping, problems with concentration, recurrent thoughts of death or suicide. Those who have one episode of major depression are at substantial risk for having additional episodes.
# Diabetes (Mellitus)

Diabetes is a chronic disorder that interferes with the body's ability to use sugars and starches; associated with an abnormal amount of sugar in the blood and urine. Diabetes is a risk factor for coronary artery disease.

**Type 1:** usually occurs in younger age groups. In these cases, the body does not produce any insulin.

**Type 2:** generally occurs later in life, but is now being diagnosed at younger ages due to rising obesity levels in the U.S. The body produces insulin but cannot use it properly (insulin resistance).

Persons under age 20 are considered individually.

**Gestational:** occurs in pregnancy and can disappear after pregnancy, only to develop later in life in about half the cases.

Ratings are based on age at onset, duration of the disease, complications if any (including circulatory, kidney, retinal and nerve disease). The ratings offered are basic ratings and can be influenced favorably or unfavorably by complications or lack thereof. If smoker rates apply, ratings will increase. Some risks may be uninsurable, including those with inadequate control of their disease or significant complications such as nephropathy (kidney disease), amputations, etc.

### Key Questions:

- Current age? Type of diabetes? What medications are taken?
- Age of onset? Most recent Hemoglobin A1c reading?
- Any complications (e.g., protein in the urine or kidney disease, heart disease, stroke/transient ischemic attack, circulation problems, diabetic eye disease (retinopathy) or nerve disease (neuropathy))? If yes, give date.
- Name and address of the health care provider with the most complete records?

### Action Individual Life

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Gestational: No current evidence of impaired glucose tolerance, only episode at least 10 years ago</th>
<th>Type 1: Not available</th>
<th>Type 2: Very limited to current age 70 or older with good control, no complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Gestational: After delivery, impaired glucose tolerance resolved, not currently pregnant</td>
<td>Type 1: Depending upon duration of the disease, nonsmokers ages 60 and older with optimal control and no significant complications may qualify. Generally unavailable under age 60</td>
<td>Type 2: Nonsmokers age 60 and older with good control and no significant complications. Nonsmokers ages 40-59 with optimal control and no significant complications. Standard generally not available under age 40</td>
</tr>
<tr>
<td>Substandard</td>
<td>Gestational: Currently pregnant, Table B</td>
<td>Type 1: No significant complications: Depending upon current age and duration of the disease, ratings can range from Table B-J or higher. More favorable ratings apply to older applicants with disease of lesser duration</td>
<td>Type 2: No significant complications: Depending upon current age and duration of the disease, ratings may range from Table B-J. More favorable ratings apply to older applicants with disease of lesser duration</td>
</tr>
</tbody>
</table>

### Optional Living Benefits/Riders

Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis.

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**Mortality Concerns:**

- Increased risk for cardiovascular and cerebrovascular disease, kidney failure, blindness and arterial disease leading to amputation.

**Morbidity Concerns:**

- Increased risk for cardiovascular and cerebrovascular disease, kidney failure, blindness and arterial disease leading to amputation.
Heart Murmurs

A heart murmur is the sound of blood flowing through an abnormal valve or through a hole in the wall between the chambers of the heart (atrial or ventricular septal defect). It is not the murmur itself that is significant, but the underlying condition. There are no ratings for functional or innocent murmurs. Other murmurs may call for a moderate to a highly rated substandard or even a decline. With a diagnosis of aortic regurgitation (insufficiency), aortic stenosis, or mitral regurgitation (insufficiency), see *Valvular Heart Disease*.

**Key Questions:**
- Specific diagnosis?
- Date of diagnosis?
- Type of treatment?
- Date of surgery, if any?
- If valve was replaced, type of valve used for replacement?
- Any heart enlargement?
- Any symptoms—e.g., chest pain, shortness of breath, palpitations, fatigue, weakness?
- Antibiotics taken before dental work?
- Name and address of the health care provider with the most complete records?

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<th>Action</th>
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<td><strong>Preferred Classes</strong></td>
<td>Innocent or functional murmurs</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Varies by underlying condition:</td>
</tr>
<tr>
<td></td>
<td>• Murmur caused by abnormal heart valve, see <em>Valvular Heart Disease</em></td>
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<td></td>
<td>• Murmur caused by atrial or ventricular septal defect, possible Standard for small, asymptomatic defects and those successfully surgically repaired, with favorable cardiac testing</td>
</tr>
<tr>
<td><strong>Substandard</strong></td>
<td>Varies by underlying condition:</td>
</tr>
<tr>
<td></td>
<td>• Murmur caused by abnormal heart valve, see <em>Valvular Heart Disease</em></td>
</tr>
<tr>
<td></td>
<td>• Murmur caused by atrial or ventricular septal defect: Large, symptomatic defects not surgically repaired are generally uninsurable</td>
</tr>
<tr>
<td><strong>Optional Living Benefits/Riders</strong></td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>

**Mortality Concerns:**
Heart failure; surgery to repair or replace an abnormal valve or close the wall defect.

**Morbidity Concerns:**
Chest pain, development of atrial arrhythmias, congestive heart failure, stroke resulting from a blood clot, shortness of breath, fatigue or dyspnea or decreased exercise capacity.
We are often asked to provide a tentative rating for overweight. The following tables should help you in deciding what to quote your client. The heights/weights given below apply to males and females, ages 16 and over. The weights shown are the highest weights for the indicated Table rating.

Heights appear in the first column. Weights go across the page, underneath the Class and Table Ratings.

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<tr>
<th>Height</th>
<th>Std</th>
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<th>C</th>
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</table>

* IC means individual consideration - contact underwriting
Hepatitis

Hepatitis is an inflammation of the liver. There are several types of hepatitis, including hepatitis A, B and C. The disease is considered acute if it lasted for six months or less and the insured is considered fully recovered. The disease is chronic if it persisted more than six months.

A liver biopsy may be performed with results reported as a histologic activity index (HAI) score. Certain complications may be uninsurable.

**Key Questions:**
- Type of hepatitis?
- Date of diagnosis?
- Date of liver biopsy, if any?
- Type of treatment?
- Date treatment started?
- Date treatment ended?
- Results of biopsy, if known (HAI score or description)?
- Viral load detectable?
- Name and address of the health care provider with the most complete records?

**Mortality Concerns:**
Acute hepatitis B can be a severe and occasionally life-threatening illness; it can also progress to chronic hepatitis B. Chronic hepatitis B is associated with the risk of cirrhosis and cancer. With hepatitis C, deaths are due to liver failure, liver cancer, drug and alcohol overdose, suicide and accidents.

**Morbidity Concerns:**
Fatigue, nausea, pain, dermatologic conditions, peripheral neuropathy, arthritis, kidney failure, cancer, cirrhosis and liver failure.

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Classes</strong></td>
<td><strong>Hepatitis A, B and C:</strong> Acute infection, fully resolved without treatment, favorable lab results. May also be available on a limited basis for chronic infection age 70 and older</td>
</tr>
</tbody>
</table>
| **Standard** | **Hepatitis B:** Acute infection, fully resolved, favorable lab results. Chronic infection: Age 40 and older, fully resolved, favorable lab results  
**Hepatitis C:** Acute infection, several months since diagnosis, fully resolved without treatment and with favorable lab results. Chronic infection: Age 40 and older, successfully treated, favorable lab results and favorable liver biopsy (if done), depending upon time elapsed since treatment |
| **Substandard** | **Hepatitis B:** Chronic infection, asymptomatic, ratings vary from Table B-H, depending upon a number of variables, including treatment if any, lab results, current age and age at infection  
**Hepatitis C:** Chronic infection. Ratings can vary from Table B at the older ages to Table J at the younger ages, depending upon duration of infection, lab results and treatment history |
| **Optional Living Benefits/Riders** | Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis |
Inflammatory Bowel Disease: Crohn’s Disease

An autoimmune disorder, Crohn’s disease is an inflammatory disease of the intestines that may affect any part of the gastrointestinal tract from the mouth to anus, causing a wide variety of symptoms, and may cause complications outside of the gastrointestinal tract.

Some risks will be uninsurable for life insurance, including those with a recent diagnosis or major attack, those who have had surgery within a year or contemplate surgery, and all persons under age 20.

Key Questions:
• Date of diagnosis?
• Age at diagnosis?
• Description of symptoms?
• Names of medications?
• Dates of hospitalizations, if any?
• Dates of surgery, if any?
• Date of last attack?
• Name and address of the health care provider with the most complete records?

Action Individual Life

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Diagnosed at age over 60, in full remission with no treatment for many years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Age 20 and over, and more than five years from date of diagnosis for stable disease or more than five years since last major attack for more severe disease</td>
</tr>
<tr>
<td>Substandard</td>
<td>Age 20 and over, Table B-H, with more favorable ratings the longer the disease has been stable and at ages 35 and older</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>

Mortality Concerns:
Largely due to complications, which include abscesses, fistulas, surgery-related complications, intestinal obstructions and perforations and possibly colorectal cancer.

Morbidity Concerns:
Extra-intestinal manifestations, colorectal cancer, abdominal pain, bleeding, weight loss, anemia, rectal urgency, incontinence, bowel obstruction, fistulas, abscesses, surgical complications.
Ulcerative colitis is a chronic inflammatory disease of the colon. The severity of the disease generally correlates with the amount of colon involved. Ulcerative proctitis is a mild form of the disease that only involves the rectum.

Certain risks are uninsurable, including those with surgery pending, those with liver abnormalities, and disease that is not well-followed, among others. Individual consideration under age 20.

Key Questions:
- Diagnosis?
- Age at diagnosis? Date of onset?
- Date of last attack?
- Description of symptoms, e.g., abdominal pain, diarrhea, bleeding?
- Treatment? Names of medications, if any?
- Dates of hospitalizations, if any?
- Dates and type of surgery, if any? Symptoms resolved after surgery?
- Name and address of the health care provider with the most complete medical records?

### Action Individual Life

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th><strong>Ulcerative proctitis:</strong> Age 20 and older, diagnosed several years ago may be considered</th>
<th><strong>Ulcerative colitis:</strong> Uncomplicated, asymptomatic with total proctocolectomy at least two years ago may be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td><strong>Ulcerative proctitis:</strong> Age 20 and older, mild symptoms, no treatment with higher risk medications</td>
<td><strong>Ulcerative colitis:</strong> Limited disease with infrequent flares, easily controlled with lower risk medications, diagnosed over four years ago</td>
</tr>
<tr>
<td>Substandard</td>
<td><strong>Ulcerative colitis:</strong> More extensive disease, more frequent flares, hospitalization may be required, treatment with higher risk drugs: Table B-J depending upon age, duration of disease and recency of attacks</td>
<td></td>
</tr>
<tr>
<td>Optional Living</td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
<td></td>
</tr>
</tbody>
</table>

**Morbidity Concerns:**
- Bleeding, abdominal pain, weight loss, colonic perforation, hemorrhage, complications of surgery and treatment, colorectal cancer.
# Inflammatory Bowel Disease: (Spastic Colitis, Mucous Colitis)

A very common condition, often related to stress, characterized by abdominal pain and change in bowel habits. Many IBS patients have other functional disorders, and there is a recognized overlap between IBS and psychiatric disorders that involves a large number of IBS patients. However, the majority of cases will qualify for best classes for life insurance.

**Key Questions:**
- What are the symptoms?
- Date of last attack?
- Treatment?
- Name of medications, if any?
- Any associated weight loss? If stabilized, for how long?
- Any associated psychiatric disorders?

### Action

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild, non-incapacitating symptoms</td>
<td></td>
</tr>
<tr>
<td>More severe symptoms</td>
<td></td>
</tr>
<tr>
<td>Generally not applicable</td>
<td></td>
</tr>
</tbody>
</table>

### Mortality Concerns:

None, however, there may be underlying psychological issues that warrant investigation by the underwriter.

### Morbidity Concerns:

Chronic pain, fatigue and other intestinal symptoms.
Multiple Sclerosis

A progressive neurological disorder that affects motor and sensory functions which may lead to significant disability. The disease generally worsens over time, but there are usually periods of remission with good health that alternate with flare-ups that may be debilitating. MS can affect vision, speech, sensation, coordination, movement, bladder and bowel control.

There are several subtypes of MS: relapsing/remitting, secondary progressive (originally relapsing/remitting, but symptoms worsen over time) and primary progressive (constant and progressive symptoms). The rating for MS depends on the subtype, current age and the degree of disability.

Certain risks will be uninsurable for Life, including those under age 18, those who are bed/chair-bound, and those requiring assistance with activities of daily living (ADLs).

Key Questions:
- Is the diagnosis definite?
- Date of diagnosis?
- Frequency of episodes?
- Date of last episode?
- Degree of disability?
- Is there complete recovery between episodes?
- Symptoms (e.g., visual loss, weakness or numbness in limbs, loss of mobility, incontinence, cognitive or other neurological impairment)?
- Is assistance required with activities of daily living (ADLs) (walking, dressing, transferring, toileting, eating)?
- Is assistive device (cane, brace, crutch, wheelchair) required for mobility?
- Name and address of the health care provider with the most complete records?

### Mortality Concerns:
Increased mortality due to infections, particularly the lungs, skin and urinary tract, as well as depression and suicide risk.

### Morbidity Concerns:
Increased risk for optic neuritis, loss of mobility, fatigue, malaise, decreased ability to fight infection.

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>Not Available</td>
</tr>
<tr>
<td>Standard</td>
<td>Generally not available: If diagnosis suspected but not definite, Standard may be possible for ages 18 and over several years out from a single episode</td>
</tr>
<tr>
<td>Substandard</td>
<td>Over age 40, mild disease: Can ambulate without any aids, self-sufficient, able to work a full day, onset more than one year, possible Table C</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally not available</td>
</tr>
</tbody>
</table>

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Panic Disorder

Panic Disorder is characterized by recurrent panic attacks (periods of intense fear and discomfort) on an unpredictable basis. If these attacks are persistent, the individual often begins to avoid situations in which it may be inconvenient or dangerous to have an attack, such as while driving or while at work.

Hospitalization less than one year ago is uninsurable.

**Key Questions:**
- What diagnosis was given?
- Number of episodes and date of last episode?
- Type of treatment?
- Names of all medications, current and past?
- How often is medication taken? Date last used?
- Any hospitalizations (if yes, details)?
- How much time lost from work or school?
- Any referrals to a specialist for counseling or psychiatric treatment?
- Name and address of health care provider that will have most complete records?

**Action Individual Life**

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Good control of symptoms for a number of years; minimal to no effect on work or social function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Panic attacks are infrequent and resolve quickly; mild to minimal effect on work or social function</td>
</tr>
<tr>
<td>Substandard</td>
<td>Moderate to severe disorder, symptoms may require multiple medications; effect on work or social function may be mild to marked. <strong>Table B-D, with higher ratings reserved for more severe symptoms requiring multiple medications</strong></td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>

**Mortality Concerns:**
May lead to early death due to an increase in the rate of suicide. Depression and substance abuse may co-exist.

**Morbidity Concerns:**
Interference with work or social function. Substance abuse or other psychiatric disorders may co-exist.
# Parkinson's Disease (Primary Parkinsonism)

This disease is a progressive disorder of the nervous system that affects movement. The four primary symptoms are tremor, stiffness of the limbs and trunk, slowness of movement and impaired balance and coordination.

Persons under age 40 are uninsurable for Individual Life. Severe disease is uninsurable at any age, including those with moderate to severe gait disturbances, multiple falls, those requiring assistance with activities of daily living (ADLs) or walking, or confined to a wheelchair, known or suspected dementia or mild cognitive impairment, hallucinations or psychosis, history of aspiration/aspiration pneumonia.

**Key Questions:**
- Symptoms?
- Medications taken?
- Able to walk unassisted?
- Any history of other disorders related to PD (e.g., urinary tract infections, respiratory infections, depression, etc.)?
- Name and address of the health care provider with the most complete records?

### Action Individual Life

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Minimal disease, age 60 and older:</strong> Unilateral resting tremor only, no other physical manifestation of Parkinson's; no effect on ambulation or movement, normal social and occupational functioning</td>
</tr>
</tbody>
</table>

| Substandard | **Minimal disease, age 40-59:** Unilateral resting tremor only, no other physical manifestation of Parkinson's; no effect on ambulation or movement, normal social and occupational functioning; **Table B-F**, with more favorable ratings at older ages with disease of longer duration |
|-------------|**Mild disease, age 40 and older:** Bilateral resting tremor; normal social and occupational functioning; may have minimal impact on ambulation or movement; **Table B-H**, with more favorable ratings at the older ages |
|             | **Moderate disease, only age 50 and older:** Bilateral resting tremor; some impact on ADLs but no reliance on others; greater impact on ambulation or movement; **Table D-H**, with more favorable ratings at the older ages |

| Optional Living Benefits/Riders | Optional riders and benefits are generally not available |

### Mortality Concerns:
Deaths are due to pneumonia, accidents, myocardial infarction and cerebrovascular accidents.

### Morbidity Concerns:
Tremor, muscle rigidity, limited ambulation, neurodegenerative disorders.
Peripheral Arterial Disease

Peripheral vascular disease (PVD) refers to diseases of the blood vessels outside the heart and brain. Peripheral arterial disease (PAD) is a type of PVD, a chronic disorder as a result of plaque build-up in the arteries, particularly the legs, that causes claudication (pain and numbness) and other symptoms of decreased blood flow. Treatment may include lifestyle changes, medications and/or surgery. Ratings depend on the degree of PAD, type of treatment, the presence or absence of coronary or carotid artery disease, diabetes and smoking history (ratings noted for PAD will be increased by two tables in the presence of diabetes or smoking; with recent favorable carotid or coronary artery disease testing, a one to two table credit may be available).

There is a six-month waiting period after surgery before we can consider.

Severe disease, including resting pain, leg ulceration and gangrene, is uninsurable.

Key Questions:
- Date of diagnosis?
- How many blocks can client walk without pain, or how long on a treadmill?
- Any surgery? Provide date and whether surgery was considered successful.
- Tobacco use within the last year?
- History of diabetes?
- History of leg ulcers?
- What kind of cardiovascular testing has been done? Results?
- Name and address of the health care provider with the most complete records?

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>Very mild, asymptomatic disease, without surgery, nonsmokers over age 70 may be considered</td>
</tr>
<tr>
<td>Standard</td>
<td>Minimal, asymptomatic disease, without surgery, nonsmokers over age 70 may be considered</td>
</tr>
<tr>
<td>Substandard</td>
<td>Mild or moderate disease, no tobacco use or diabetes: Possible Table B-D, with the more favorable ratings at the older ages (50+)</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits may be considered on an individual basis</td>
</tr>
</tbody>
</table>

Mortality Concerns:
Primarily the result of coexistent disease with death due to heart attacks, strokes and renal failure. There are also mortality risks associated with surgery.

Morbidity Concerns:
Heart attacks, congestive heart failure, stroke and chronic renal insufficiency.
Seizures

A seizure is a sudden, unexpected event that lasts up to a few minutes and is caused by abnormal activity of brain cells. These events can take various forms, including abnormal movements, sensations and behaviors, with or without alterations in consciousness. Most begin in early childhood or in late adulthood. Seizures can be idiopathic (cause unknown) or related to an underlying known cause (tumor, infection, alcohol abuse, etc.). Epilepsy is a term used to refer to the condition in which a person has recurrent seizures due to a chronic, underlying brain disorder. Status Epilepticus is a life-threatening disorder in which the brain is in a state of persistent seizure.

New or recent onset of seizures generally require a 6- to 12-month waiting period prior to consideration. Poorly investigated seizures may require a significant waiting period. Seizures are generally rated by client's age, the cause if known, type of seizure, onset and frequency of seizures. Multiple medications, difficulty with control and other variables may affect the ratings quoted below and our ability to offer.

Key Questions:
- Type of seizure, if known? (e.g., grand mal, petit mal, tonic-clonic, atonic, myoclonic, partial, febrile (due to high fever), generalized, alcohol-related)?
- Cause?
- Date of onset?
- What tests were performed? What were the results?
- Number of seizures per year?
- Date of last seizure?
- Type of treatment? Names of medications, if any?
- Name and address of the health care provider with the most complete records?

Mortality Concerns:
Due primarily to the underlying cause of the seizures, such as tumors, cerebrovascular disease, toxins, trauma, or infections, but also risk due to accidents, pneumonia, complications of treatment, non-brain tumors and suicide.

Morbidity Concerns:
Increased risk for physical harm, neurological impairments. Psychiatric disorders may co-exist.

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>May be possible if either no or limited medication and free from seizures for many years</td>
</tr>
<tr>
<td>Standard</td>
<td>Petit mal may qualify for standard more than six months after onset and Generalized seizures more than three years after onset if fully investigated and no underlying cause identified</td>
</tr>
<tr>
<td>Substandard</td>
<td>Ratings generally range from Table B-H, with the higher ratings at younger ages, more frequent seizures and more severe forms of the disease Secondary epilepsy is rated for the underlying disorder in addition to the above</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits may be considered on an individual basis</td>
</tr>
</tbody>
</table>
Sleep Apnea

This condition is described as difficulty breathing during sleep. In obstructive sleep apnea (OSA), the most common type, the difficulty is caused by a collapsed or significantly narrowed airway. In central sleep apnea, rare and generally uninsurable, this difficulty is caused by a lack of respiratory effort. Generally diagnosed by a sleep study reflecting an Apnea Index (AI) or Respiratory Distress Index (RDI) indicative of the severity of the disease, sleep apnea is most commonly treated with Continuous Positive Airway Pressure (CPAP), delivered by a tight mask that fits over the nose and mouth. Surgical alternatives exist as well.

Some severe cases may be uninsurable.

Key Questions:
• Date of diagnosis?
• Sleep study performed?
• AI or RDI, if known?
• Type of treatment (e.g., weight loss, CPAP etc.)?
• If CPAP prescribed, how often is it used?
• Name and address of the health care provider with the most complete records?

Mortality Concerns:
Increased mortality through effects on the heart and an increased rate of drowsiness-related motor vehicle accidents.

Morbidity Concerns:
Excessive daytime sleepiness, morning headaches, memory impairment, hypertension, stroke, heart attack and abnormal heart rhythms chronic renal insufficiency.

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>Nonsmoker, very mild OSA with good compliance with CPAP (if prescribed) may be considered</td>
</tr>
<tr>
<td>Standard</td>
<td>Mild OSA: treated or untreated</td>
</tr>
<tr>
<td></td>
<td>Moderate OSA: age 60 and older (under age 60 may be eligible after one or two years with symptom resolution, depending upon treatment)</td>
</tr>
<tr>
<td>Substandard</td>
<td>Ratings range from Table B-H, depending upon the severity of the disease, the type and length of treatment and resolution of symptoms</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
</tbody>
</table>
**Stroke: Cerebrovascular Accident (CVA)**

CVA is a sudden interruption of the circulation of blood to specific areas of the brain, causing the death of brain cells in those areas. Strokes are most commonly due to obstruction by a blood clot (thrombotic or embolic stroke) but can also be due to bleeding within the brain (hemorrhagic stroke).

Consideration is subject to a six-month to one-year waiting period from the event, depending upon the type of stroke. Multiple strokes are generally uninsurable, as are any cases resulting in a significant neurological deficit that impacts daily living (cognitive impairment, require wheelchair, inability to live independently requiring assistance with activities of daily living (ADLs). Individuals under age 40 will be considered on an individual basis.

Smoking will increase the ratings quoted below, as may other co-morbid diseases such as diabetes and hypertension. Some credits may be available at the older ages, including a possible two table credit for recent favorable cardiac testing.

**Key Questions:**
- Type of event? CVA? TIA (Transient Ischemic Attack)? Both?
- If CVA, cause (blood clot, hemorrhage)?
- Number of events?
- Dates of events?
- Any residuals, e.g., paralysis, slurring of speech, unsteady gait, double vision?
- Any history of elevated blood pressure? Is it under control with or without medication?
- Is cholesterol under control (with or without medication)?
- Name and address of the health care provider with the most complete records?

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Classes</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Generally not available; mild strokes due to contraceptive use or migraines may qualify</td>
</tr>
<tr>
<td><strong>Substandard</strong></td>
<td><strong>Mild to moderate:</strong> For the most common type of stroke, ratings range from Table C-D at the older ages, and Table D-H plus $5.00/thousand for a number of years under age 75</td>
</tr>
<tr>
<td><strong>Optional Living Benefits/Riders</strong></td>
<td>Optional riders and benefits may be considered on an individual basis</td>
</tr>
</tbody>
</table>

**Mortality Concerns:**
Death due to massive infarction of the brain. At greater risk of having a stroke at a later time, which may prove fatal.

**Morbidity Concerns:**
Decreased mobility, communicative impairments and cognitive disorders.
# Systemic Lupus Erythematosus (SLE)

This condition is defined as a chronic autoimmune disease that can cause inflammation and damage to various body organs. Involvement of the brain, heart, kidneys and lungs are serious complications. There is no cure, but medications can control the inflammation that leads to organ damage.

Generally uninsurable if there is brain, heart, kidney or lung involvement. Only milder forms of the disease may be considered and must be regularly followed with an evaluation by a physician within a year. Clients under age 20 are considered on an individual basis.

**Key Questions:**
- Date of diagnosis?
- Description of symptoms?
- Medications used?
- Date medication was last used?
- Brain, heart, kidney, or lung problems?
- Name and address of the health care provider with the most complete records?

**Mortality Concerns:**
Inflammation of the heart and brain, infections, residual damage to various organs, coronary events and certain cancers.

**Morbidity Concerns:**
Inflammation of the brain, heart, kidneys and lungs.

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>Generally not available</td>
</tr>
<tr>
<td>Standard</td>
<td>Minimal symptoms, current age 20 and older, no treatment in more than three years may qualify</td>
</tr>
<tr>
<td>Substandard</td>
<td>Mild symptoms, current age 20 and older, treated with minimal medications including prednisone: Possible Table B-H after a one year waiting period, with the more favorable ratings at the older ages with disease of longer duration</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits may be considered on an individual basis</td>
</tr>
</tbody>
</table>
Transient Ischemic Attack (TIA)

Transient Ischemic Attack (TIA) refers to a temporary episode of abnormal neurologic function caused by insufficient blood supply to parts of the brain. Brain function returns to normal within 24 hours. TIA can be caused by an existing disease such as carotid artery disease, abnormal heart rhythm, congenital heart disease and others, or it may be of unknown cause. When caused by a known existing disease, one to several tables will be added to the rating for the primary disease, including a small flat extra in certain circumstances.

Consideration is subject to a six-month waiting period from a single event and a one-year waiting period with a history of multiple TIAs. Individuals under age 40 will be considered on an individual basis. Smoking will increase the ratings by two tables, as may other co-morbid diseases such as diabetes and hypertension. Some credits may be available at the older ages.

Key Questions:

• Type of event? CVA (Cerebrovascular Accident)? TIA? Both?
• If CVA, cause (blood clot, hemorrhage)?
• Number of events?
• Dates of events?
• Any residuals, e.g., paralysis, slurring of speech, unsteady gait, double vision?
• Any history of elevated blood pressure? Is it under control with or without medication?
• Is cholesterol under control (with or without medication)?
• Name and address of the health care provider with the most complete records?

Mortality Concerns:
Death due to massive infarction of the brain; at greater risk of having a stroke at a later time, which may prove fatal.

Morbidity Concerns:
Decreased mobility, communicative impairments and cognitive disorders.

Action Individual Life

<table>
<thead>
<tr>
<th>Preferred Classes</th>
<th>Exceptional cases under age 60 where presumed cause of the stroke is migraine or oral contraceptives (now discontinued) may be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Single TIA may be Standard after three years. Credits may allow a Standard offer at the older ages for multiple TIAs after five years</td>
</tr>
<tr>
<td>Substandard</td>
<td>Ratings range from Table B-D and may include a flat extra of $5.00/thousand for an initial period of years, depending upon number of events and years since occurrence</td>
</tr>
<tr>
<td>Optional Living Benefits/Riders</td>
<td>Optional riders and benefits may be considered on an individual basis</td>
</tr>
</tbody>
</table>
Valvular Heart Disease

Disease of the heart valves can result in either a failure to open normally, impeding the flow of blood (stenosis); or failure to close normally, resulting in blood leaking backward through the valve (regurgitation or insufficiency). Aortic stenosis and aortic insufficiency (or regurgitation) are the terms used when the aortic valve is affected. Mitral stenosis and mitral insufficiency (or regurgitation) are the terms used when the mitral valve is affected. Ratings depend on severity and current age.

The ratings below apply when these conditions have not been surgically treated. Any individual history may be subject to additional credits and debits that will vary from the quoted rates.

For life insurance, ages under 25 with aortic insufficiency or stenosis are individually considered, ages under 30 with mitral stenosis are individually considered and ages under 15 with mitral insufficiency are uninsurable.

Severe valve disease is generally uninsurable.

Key Questions:
• Diagnosis?
• Severity?
• Symptoms?
• Type of treatment?
• Name and address of health care provider that would have the most complete records?

<table>
<thead>
<tr>
<th>Action</th>
<th>Individual Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Classes</td>
<td>Described as trivial, stable, normal valve, may be considered, may be age-restricted depending upon type</td>
</tr>
<tr>
<td>Standard</td>
<td>Described as trivial, may be considered, may be age-restricted depending upon type</td>
</tr>
<tr>
<td></td>
<td>Described as mild, consideration generally limited to the older ages</td>
</tr>
<tr>
<td>Substandard</td>
<td>Ratings vary from Table B-J depending upon severity and current age, with more favorable ratings at the older ages</td>
</tr>
<tr>
<td></td>
<td>Severe disease is considered on an individual basis and may be uninsurable</td>
</tr>
<tr>
<td>Optional Living</td>
<td>Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis</td>
</tr>
<tr>
<td>Benefits/Riders</td>
<td></td>
</tr>
</tbody>
</table>

Mortality Concerns:
Those with severe or rapidly progressive disease will frequently require surgery in the not-too-distant future.

Morbidity Concerns:
Heart failure, chest pain, shortness of breath, decreased exercise capacity and possible lifelong anticoagulation treatment.
Other Impairments

It’s not possible to list every impairment known to medicine; however, some general concepts apply. Ask your client for the following information. Record as many details as your client can give you.

- Name of condition?
- Diagnosis?
- Date of diagnosis?
- Tests performed?
- Dates of tests
- Results of tests?
- Type of treatment?
- Medications prescribed?
- Date treatment was completed?
- Any limitations in regular activities due to impairment?
- Current condition?
- Name and address of the health care provider with the most complete records?
Life Underwriting Credits May Get Your Clients to Standard

Brighthouse Financial understands that not all your clients enjoy perfect health and, like you, we want them all to have the best possible life insurance coverage at the best possible price. For this reason, your clients with a history of certain impairments may qualify for Brighthouse Financial’s underwriting credits, regardless of face amount, product, age, or table rating—even smokers may be eligible.

Take a look at the following list to see some of the impairments that may be eligible for credits. These credits may help get your client’s application to Standard.

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Credits may be available for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
<td>• Active participation in Alcoholics Anonymous or a similar organization for two years or more</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>• Normal echocardiogram within the past year&lt;br&gt; • For ages 50 and older, favorable cardiac catheterization or CT angiogram within the past four years or a normal treadmill electrocardiogram and/or favorable Electron Beam Computerized Tomography (EBCT) within the past two years&lt;br&gt; • Anticoagulation therapy&lt;br&gt; • Stability over several years</td>
</tr>
<tr>
<td>Carotid Artery Disease</td>
<td>• For ages 55 and older, favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years</td>
</tr>
<tr>
<td>Build (height and weight)</td>
<td>• Nonsmokers only with build debits less than +250. Over age 50, favorable cardiac catheterization or CT angiogram within the past four years, or normal treadmill EKG and/or favorable EBCT within the past two years. Both BP 130/85 or lower (measurement done within past 6 months) and Chol/HDL 5.0 or lower (testing done within past 6 months)</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>• Favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>• A normal treadmill EKG within the past two years&lt;br&gt; • Medications</td>
</tr>
<tr>
<td>Diabetes</td>
<td>• Optimal blood sugar control&lt;br&gt; • Optimal blood pressure control&lt;br&gt; • Optimal cholesterol control</td>
</tr>
<tr>
<td>EKG Abnormalities</td>
<td>• A normal echocardiogram within the past year&lt;br&gt; • For ages 50 and older, favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years&lt;br&gt; • Stability over several years</td>
</tr>
<tr>
<td>Elevated Liver Enzymes</td>
<td>• Favorable results of liver evaluation done by personal physician</td>
</tr>
<tr>
<td>Hypertension</td>
<td>• A normal EKG or echocardiogram within the past year&lt;br&gt; • An optimal cholesterol ratio</td>
</tr>
<tr>
<td>Valvular Heart Disease</td>
<td>• Stable echocardiograms over several years</td>
</tr>
</tbody>
</table>
Uninsurable Conditions: Individual Life

The following relatively commonly encountered conditions are generally uninsurable for Individual Life. This is not a complete list of uninsurable conditions. Uninsurable conditions that rarely occur are not included.

Also, as noted on the previous pages, conditions that are eventually insurable may be uninsurable for a period of time after diagnosis and treatment.

- Acquired Immune Deficiency Syndrome (AIDS)
- Alzheimer’s disease, senile dementia
- Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig’s disease
- Cystic Fibrosis, except for very mild disease diagnosed in adulthood with limited symptoms
- Dialysis (current)
- Huntington’s disease (personal history)
- Muscular Dystrophy, Duchenne type
- Organ transplants (with the exception of certain kidney transplants)
Notes:
Life insurance products are issued by Brighthouse Life Insurance Company, Charlotte, NC 28277, and Brighthouse Life Insurance Company of NY, New York, NY 10017. All guarantees are subject to the claims-paying ability and financial strength of the issuing insurance company.

**Life Insurance Products:**

- Not A Deposit
- Not FDIC Insured
- Not Insured By Any Federal Government Agency
- Not Guaranteed By Any Bank Or Credit Union
- May Go Down In Value