



# Underwriting Guide

JANUARY 2020



**Columbus Life  
Insurance Company**

A member of Western & Southern Financial Group



### General Guidelines:

1. Columbus Life requires producers to complete applications in person during a meeting with the proposed insured(s) and policy owner/applicant. Requests for exceptions must be directed to the producer's Regional Vice President.
2. All proposed insureds must be a U.S. citizen or have a Green Card.
3. All applications and related forms must be signed in English.
4. Columbus Life does not accept premiums paid by money order.

### Columbus Life Does Not Accept Nor Participate in the Following:

1. Investor-owned life insurance (IOLI).
2. Stranger-owned life insurance (SOLI).
3. Premium financing or other similar strategies.
4. Any new business delivered with the intent to be sold to a third party at a later date.

### Expanded Standard Program (ESP)

Any individual life Universal Life plan we underwrite using traditional underwriting manual guidelines that is rated through Table "3" or "C" will be issued standard.

This program will include the following guidelines and/or restrictions:

1. The applicant must be age 20–70.
2. All individual UL life insurance plans currently issued by Columbus Life are eligible.
3. Flat extra "dollar" ratings are not included in this program.
4. The maximum face amount is \$1 million; minimum face is \$25,000.
5. Cases shopped facultatively with our reinsurers must be excluded from the program.
6. This program is for NEW BUSINESS ONLY. We cannot reconsider cases previously issued.

No need to request ESP, we will automatically make the adjustment during the underwriting process.

### Accelerated Underwriting Program

For agencies that have opted in to the Accelerated Underwriting Program, clients who meet certain criteria may be eligible for accelerated underwriting and could be offered coverage without the need for a medical exam or laboratory testing.

### Client Parameters

- Available on Indexed Explorer *Plus*®.
- Issue ages 20-55.

- Face amounts of \$100,000 - \$1,000,000 (Base & Supplemental Coverage Rider).
  - Waiver and ADBR Plus will be available where offered and when qualified.
  - Total line of coverage with Columbus Life cannot exceed \$1,000,000.

### Process

- IUL application completed through section J and submitted to the home office.
- Home Office receives application and sends out for a predictive analytic score.
- Applications without passing scores will go through full underwriting.
- Applications with passing scores proceed in the accelerated process where the Home Office orders the following requirements:
  - Phone Interview.
  - MIB/IAI.
  - MVR.
  - Pharmacy History.
  - Criminal History.
- Underwriter reviews all requirements to determine eligibility for acceleration.
  - Clients who meet the qualifications for acceleration will be approved and an offer will be sent to the agent.
  - Clients who do not meet the qualifications for acceleration must complete full underwriting (exam, blood and urine).

### Preferred Qualification

- Clients eligible for acceleration may be issued from Standard to Super Preferred ratings.
- Rated clients will not be eligible for acceleration.

### Foreign Travel and Residence Guidelines

There are a number of countries where any potential travel may necessitate a declination. With the current unrest throughout the world, the list of countries that may require an adverse underwriting decision is constantly changing, as are state regulations regarding underwriting future foreign travel plans. We encourage producers to contact a home office underwriter if you are submitting an application that involves foreign travel or residence.

### Underwriting Guidelines for Non-U.S. Citizens

Columbus Life offers competitive life insurance coverage for clients with ties to the United States. We have updated our requirements for non-U.S residents who apply for life insurance consideration.

### **Visa Requirements for Non-U.S. Citizens**

Columbus Life will now permit applicants with select visa types to be considered for life insurance coverage.

- Applicants with visa types H-1B, H-1B2, TN and DV(x) will now be automatically considered, and can be submitted through the normal application process.
- Applicants with other visa types may be submitted, however, these applicants will receive additional review by reinsurance before they are considered for coverage.

### **General Guidelines**

To obtain life insurance coverage from Columbus Life, your applicant:

- Must have an Alien Registration Card (“Green Card”) or an acceptable visa type as noted above.
- Must have physically resided in the United States for at least nine of the prior 12 consecutive months.
- Must have a residential street address in the United States. No P.O. boxes or business addresses are permitted.
- Must have a valid U.S. Tax ID or Social Security number.
- Must be able to pay premiums in U.S. dollars.

### **General Case Parameters:**

Before submitting an application, please check to ensure your case falls within the following parameters:

<b>Issue Ages</b>	18 – 70
<b>Available Products</b>	Fully underwritten permanent and level term products only.
<b>Available Riders</b>	Premium waiver and accidental death benefit riders available for A countries only. No other riders will be considered.

### **Additional Documentation**

Applicants who meet all requirements listed above must complete the Columbus Life Citizenship Questionnaire, which is available within all paperwork kits in the Forms directory on the Producer Extranet. Please submit this form to ensure your paperwork is in good order. The form may be uploaded to be included with iGO® submissions.

### **Underwriting Considerations for LifePlus® Accelerated Death Benefit Rider**

Clients with certain medical histories will not qualify for the LifePlus® Accelerated Death Benefit Rider, and may be offered an alternative accelerated death benefit for terminal illness only. In general, the rider will not be offered for recurrent or progressive impairments with associated limitations in daily functioning, cases rated Table D or higher, or to clients with the following medical histories:

- Overweight-BMI 40 or greater.
- Underweight BMI < 16.5.
- Chronic Pain treatment.
- Multiple Sclerosis.
- Surgery Pending.

- Parkinson’s Disease.
- Lymphoma/Leukemia.
- Thrombocytopenia.
- Crohn’s Colitis.
- Untreated Sleep Apnea.

If you have questions regarding LifePlus® and other accelerated death benefit riders, or the above medical histories, please contact the underwriting department.

### **Columbus Life External Term Exchange Program**

#### **Program Highlights**

- Face amount \$100,000-1,000,000.
- Issue ages 18-65.
- Term policy rated standard or better and issued between 6 and 60 months of application date.
- Existing term policy in its contractual convertible period.
- Preferred or standard existing policy issued within the last five years.
- Exchange to any permanent Columbus Life plan.

#### **Application Requirements**

- Complete, signed state-specific life application package including health questionnaire.
- State-specific replacement forms.
- Signed sales illustration.
- The existing term policy or full duplicate policy, including a copy of the application, must accompany the new application with a completed Client Services form CL 70.57. Originating carrier may require use of their form.

#### **Program Guidelines**

- The full amount or a lesser amount may be exchanged, no increases will be considered.
- Partial term exchanges will not be considered.
- Not available for applicants residing in New York.
- Policies issued on a simplified basis, guaranteed issue or as part of any special underwriting or table shave program are not eligible.
- Term policy currently on disability waiver not eligible.
- Term riders on permanent policies are not eligible.
- Modified permanent plans with term “features” will not be considered.
- Policies that are currently collaterally assigned will not be considered.
- Supplemental benefits and riders are not subject to exchange.
- Any policy issued “Standard” with a table rating or flat extra or exclusion rider will not be considered.
- Insured must be US citizen or Green Card Holder.

**Issuing the New Columbus Life Policy**

- An MIB report, pharmacy check and MVR will be ordered. Any recent activity could nullify the program and require full underwriting.
- The new policy must have the same owner and insured as the existing term policy.
- The Columbus Life policy will be issued according to the rate class of the term policy. The only Columbus Life classes available are standard and preferred. The super preferred class is not available for exchange.
- If the insured has applied to Columbus Life for insurance, the Columbus Life underwriting will be used rather than the term policy.
- The maximum is \$1 million total for all Columbus Life policies applied for and in force, but in no case exceeding the existing term policy face amount.
- The new policy will not be eligible for any conversion credit.

**Eligible Carriers**

Most North American carriers and their subsidiaries may be considered, contact your underwriter for eligibility details.

## Financial Underwriting Requirements\*

*\*In addition to published guidelines regarding Commercial Inspection Reports.*

Note: Marketing Manual Online also has information about Financial Underwriting. These are provided as a quick overview.

Underwriting Overview Financial Underwriting Guidelines for Columbus Life, based upon the Swiss Re Underwriting Manual.

Third-party verification of financials should be requested for applications that exceed \$5 million, and for sales with an applied for amount, plus in force total line in all companies that exceeds \$10 million.

## Purpose: Income Replacement

### Quick Guideline

Age	Income Factor
20–30	30
31–40	25
41–50	20
51–60	15
61–65	10
66+	5

*For spouses who do not work outside the home/are not employed in the work force, we will consider an amount of coverage equal to the amount on the working spouse up to \$1 million. Amounts above \$1 million will typically be capped at 50% of the amount in force on the working spouse.*

## Factors Used to Determine Appropriate Amounts of Coverage:

The Income Factors above are based on earned and unearned income.

- Bonuses and/or commissions – can be included using an averaging approach of recent year’s figures.
- Can consider customary fringe benefits.

Underwriting will take into account the total premium cost for life insurance, and the maximum face amount to be in force in all companies will typically be limited to that which can be purchased with no more than 20% of the proposed insured’s current annual income (earned and unearned).

**Example 1:** 30 year-old male earning a salary of \$50,000 per year, and receiving \$30,000 per year from stock dividends, seeks coverage to protect his wife and children. He can be considered for a total line of personal coverage in all

companies of  $\$80,000 \times (\text{Income Factor of } 30) = \$2,400,000$  for income replacement purposes, keeping in mind the guideline regarding percentage of income spent on life insurance.

**Example 2:** 75 year-old woman, retired, receiving \$60,000 per year in pension and social security income, seeks coverage for the benefit of her husband. She can be considered for a total line of personal coverage in all companies of  $\$60,000 \times (\text{Income Factor of } 5) = \$300,000$ , keeping in mind the guideline regarding percentage of income spent on life insurance.

Historically our **Final Expense** coverage limit for cases not involving income replacement, estate planning or property transfer has been \$50,000 of coverage in all companies. We are pleased to announce that this limit is being increased to \$100,000, keeping in mind that coverage is limited to that which can be purchased with no more than 20% of the proposed insured’s current annual income (earned and unearned). This may provide opportunities for additional sales to insured’s who were limited to \$50,000 under prior guidelines.

## Purpose: Estate Planning

We will consider an amount equal to the client’s current net worth provided the total premium does not exceed 20% of their annual income.

### Key Considerations

- Cover letter from producer explaining how amount was determined.
- Any relevant estate planning documents.
- Income and net worth (for applied for amounts with us over \$5 million, or applied for plus in force total lines over \$10 million need third-party verification.)

## Purpose: Keyperson

### Quick Guideline

10 X annual compensation (salary and bonus and hidden benefits like deferred comp or stock options). Individual consideration above 10 X when producer can demonstrate greater loss to the business.

### Key Information to Develop

- Expertise and skills.
- Revenue producing ability.
- Reputation to the business.
- Extent to which future earnings may be jeopardized.
- Extent to which investments may be at risk.
- Costs to replace keyperson.
- Annual compensation.
- Cover letter outlining need for coverage.

## **Purpose: Buy/Sell, Entity Purchase, Partnership Insurance, Cross Purchase, Stock Purchase, Stock Redemption**

### **Quick Guideline**

Percent of ownership X business value. Number of shares owned X value per share.

### **Key Considerations**

- Verification all owners are being appropriately covered.
- Value of business and method of valuation.
- A copy of the buy/sell or purchase agreement.
- Balance sheets and income statements (for amounts over \$5 million).
- Cover letter describing need for coverage and details of the business.

## **Purpose: Charitable Giving**

### **Quick Guideline**

(Average of third party verified contribution record for past 3 years) X 10 or X life expectancy, whichever is less.

### **Key Considerations**

- Details of volunteering and/or donation history to charity.
- Third party verified contribution record for past 3 years.
- Is charity an irrevocable beneficiary?
- Owner of policy? Premium payer?
- Does adequate personal and estate planning coverage already exist?
- Verification via tax documents that organization is an incorporated charitable entity.

## **Purpose: Creditor, Debt Repayment**

### **Quick Guideline**

75 to 95% of loan amount (term of loan at least 5 years). Individual consideration depending on circumstances of loan, and whether or not loan is collateralized.

### **Key Considerations**

- Duration.
- Source of the loan.
- Insured's ownership interest in the business.
- Interest rate – closer to prime = better chance of repayment.
- Collateralization.
- Replacement – beware of recurring replacements – more than 2 in past 3 years or 3 in past 5 years would be excessive.
- Is total line in force for all purposes reasonable?
- When was loan arranged?

## **Purpose: Juvenile Insurance**

### **Quick Guideline**

Up to 50% of coverage in force on parent or legal guardian.

### **Key Considerations**

- Amount of coverage on parents or guardian.
- Are all children being insured equally?
- If grandparent(s) is/are applicant(s), does beneficiary make sense?
- If stepparent(s) involved, have they adopted the child? Are they financially responsible for the child?

If owner is other than natural or adoptive parent or guardian, obtain completed Authorization for Application and Policy Issue, Form CL 45.427.

## **Purpose: Deferred Compensation**

On individually written life insurance cases, face amounts can be financially underwritten from the standpoint of individual personal insurance and normal personal insurance guidelines apply. There may be some latitude in applying these guidelines in view of the decreased antiselection factors. The following can apply:

- Premium amounts paid toward deferred compensation coverage can be considered part of income when determining amounts for income replacement.
- The normal multiples of income can be exceeded slightly in view of the nature of the product.

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Alcohol Excess</b> Alcohol consumption considered as alcohol abuse, dependence, at risk, and heavy use.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Amount of alcohol declared</li> <li>• Any diagnosis of abuse or dependence</li> <li>• How long abstinent or consuming in moderation</li> <li>• Any relapses</li> <li>• Member of a self-help group</li> <li>• Treatment with medication</li> <li>• Any co-morbid conditions</li> <li>• Any medical complications</li> </ul>	<p><b>Requirements:</b> APS, medical exam, MVR, Alcohol Questionnaire, Alcohol Marker Blood test (CDT/HAA)</p> <p><b>Key Considerations</b></p> <ul style="list-style-type: none"> <li>• Provide details of medical treatment and any psychiatric/psychological report</li> <li>• Document any residential care, including dates and length of treatment</li> <li>• Clearly outline any favorable aspects such as continued employment, attendance at self-help groups, etc.</li> </ul>	<p><b>Social Use</b> (3 or less drinks per day): Standard</p> <p><b>Moderate Use</b> (4-6 drinks per day, no DUI in the past 3 years): Table B</p> <p><b>Marked Use</b> (6-8 drinks per day, no more than 1 DUI in the past 3 years): Table F</p>
<p><b>Alzheimer’s Disease</b> A dementia due to a degeneration of the brain resulting in severe loss of cognitive function. Prevalence increases with age, especially after age 75.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Age at onset of symptoms</li> <li>• Activities of daily living</li> <li>• Living independently</li> <li>• Type of assistance, if required</li> <li>• Judgment intact</li> <li>• Stable course</li> </ul>	<p><b>Requirements:</b> APS, Cognitive and Mobility Assessment</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Any neuropsychiatric testing (such as cognitive or memory testing)</li> <li>• Activity levels</li> <li>• ADLs affected</li> <li>• IADLs affected</li> </ul>	<p>Usually, coverage is not offered with this diagnosis.</p> <p><b>Note:</b> May be eligible for uninsurable, but includable on Survivor Plan – Individual Consideration</p>
<p><b>Anemia</b> A reduction in the number of red blood cells due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of the cells.</p>	<ul style="list-style-type: none"> <li>• Type of anemia</li> <li>• Cause of anemia, if known</li> <li>• Treatment</li> <li>• Details of testing done and referrals to specialists (include dates, names of tests and doctors seen)</li> <li>• Blood test results</li> <li>• Medications</li> <li>• Any concurrent impairment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Details of investigation and testing</li> <li>• Details of ongoing surveillance of the condition (including blood tests, electrophoresis, upper and lower G.I. exam with physicians names and address where we can get test results)</li> </ul>	<p><b>Iron Deficiency Anemia:</b> Possible Standard to Preferred if mild, 1 episode, cause identified and treated, normal CBC Cause known-Rate for cause Cause Unknown-Postpone to Table B</p> <p><b>Aplastic Anemia:</b> Current – Decline</p> <p>History of Recovery 0 to 1 year – Postpone 1 to 2 years – Table D 2 to 3 years – Table C 3 to 4 years – Table B &gt; 4 years – Standard to Table B</p> <p><b>Hemolytic anemia:</b> Cause known – rate for cause Cause unknown – RMD, usually Table H and up</p>



Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Aneurysm</b> Abnormal dilation of an artery.</p>	<ul style="list-style-type: none"> <li>• Type or location of aneurysm</li> <li>• Date of diagnosis</li> <li>• Cause</li> <li>• Size and stability of aneurysm</li> <li>• Currently present</li> <li>• Treatment</li> <li>• Smoking history</li> <li>• Blood pressure control</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• All tests and details of ongoing surveillance</li> <li>• Details of any lifestyle modifications</li> <li>• Details of BP and lipid control</li> <li>• Smoking history</li> <li>• Any residuals (good level of activity)</li> </ul>	<p><b>Abdominal:</b> UNOPERATED Size &lt; 4 cm: Less than 6 months – Postpone Thereafter – Table D</p> <p>Size &gt; 4-6 cm: 0 to 1 year – Postpone Thereafter – Table H to decline</p> <p>OPERATED 0 to 6 months – postpone 6 months to 2 years – Table H 2 to 3 years – Table F 3 to 5 years – Table D Thereafter –Table C</p> <p><b>Cerebral:</b> UNOPERATED: With hemorrhage 0-6 mos. Postpone 6 mos.-1 yr. Table B plus \$10M x 5 years 1-2 yrs Table B Plus \$10/M x 4 yrs 2-3 yrs Table B plus \$10/M x 3 yrs 3-4 yrs. Table B plus \$7/M x 2 yrs. 4-5 yrs. Table B plus \$5/M x 1 yr. Thereafter- Standard. Preferred not available</p> <p>Single , no symptoms, &lt; 1 cm – Standard</p> <p>Large (1-2.5 cm) – Table D minimum Giant (&gt; 2.5) – Decline OPERATED: 0 to 6 months – Postpone 6 months to 2 yrs. - \$5 per thousand for 2 yrs. Thereafter – Standard</p> <p><b>Thoracic:</b> UNOPERATED: 0 to 1 year – Postpone Thereafter: 4.0 to 4.5 cm – RMD, Table D &amp; up 4.6 cm or larger - Decline Operated: 0-1 year Postpone then RMD to Table D and up</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Angina Pectoris</b> Chest pain caused by reduced blood flow to the heart due to Coronary Artery Disease.</p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>	<p>Unstable – Postpone</p> <p>Ischemia ruled-out by Cardiac studies – Standard</p> <p>Stable Angina Minimal Exertion-Decline Moderate Exertion-Table B to Table D Heavy Exertion-Table B to Table C</p>
<p><b>Angioplasty</b></p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>
<p><b>Apnea/Sleep Apnea</b> Breathing stops for a short period during sleep.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Type of apnea (obstructive, central, or mixed)</li> <li>• Severity</li> <li>• Treatment (CPAP or surgery)</li> <li>• Compliant with treatment</li> <li>• Date of last sleep study</li> <li>• Current height/weight</li> <li>• Concurrent impairments such as CAD, arrhythmia, PVD, hypertension</li> <li>• Smoking history</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Sleep studies, details of treatment and compliance</li> <li>• Details or risk factor control (i.e., build, medications) and lifestyle modification (smoking, tranquilizers)</li> </ul>	<p><b>No Sleep Study</b>, history of snoring, daytime sleepiness, witnessed cessation of breathing: 1 symptom – Standard 2 symptoms - Standard 3 symptoms – Table B</p> <p><b>Sleep study</b>, Apnea Index &lt; 20, Apnea Hypopnea Index &lt; 30, Oxygen saturation: ≥ 80% - Standard 60 to 79% - Standard &lt; 60% - RMD</p> <p>Apnea Index 20-39, Apnea Hypopnea Index 30-59, Oxygen saturation: ≥ 80% - Table B 60 to 79% - Table C &lt; 60% - Decline</p> <p>If Severe and Treated, Rate as Moderate</p> <p>Additional debits for build, hypertension, and heart disease.</p>
<p><b>Arteriosclerosis (coronary)</b></p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Asthma</b> Chronic inflammatory condition of the airways causing shortness of breath that is triggered by allergies, irritants, cold air, or exercise.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Severity of symptoms</li> <li>• Frequency of attacks</li> <li>• Timing of attacks (day or night)</li> <li>• Type of medication and frequency of use</li> <li>• Compliant with medications and Dr. visits</li> <li>• Medication side effects</li> <li>• Hospitalizations or ER visits</li> <li>• Limitations to activities</li> <li>• Smoking history</li> <li>• Concurrent impairments such as COPD</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pulmonary function tests, hospital reports</li> <li>• Details of lifestyle modification (such as non-smoking)</li> <li>• Level of activity</li> </ul>	<p><b>Mild and intermittent</b> – Standard</p> <p><b>Mild and persistent</b> – Standard</p> <p><b>Moderate</b> – Table B</p> <p><b>Severe</b> – Table F to decline</p> <p>Usually, no APS is needed for allergic or seasonal asthma.</p> <p>Smoker: additional 50 debits</p> <p>Additional debits for steroid use.</p>
<p><b>Atrial Fibrillation</b> Arrhythmia of the aorta where it contracts chaotically.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis and age at onset</li> <li>• Age of applicant</li> <li>• Frequency of attacks</li> <li>• Fully investigated</li> <li>• Paroxysmal vs. Chronic</li> <li>• Treatment</li> <li>• Complications from treatment (i.e., drug toxicity or hemorrhage from anticoagulant)</li> <li>• Any underlying heart disease</li> <li>• Complications (i.e., stroke or Congestive Heart Failure)</li> <li>• Any concurrent impairment (i.e., history of alcohol abuse, CAD, valvular disease, TIA, or stroke)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Copies of all cardiac investigations</li> <li>• Details of any prophylactic medication (i.e., blood thinners)</li> <li>• Outline any lifestyle modifications</li> <li>• Current level of activity</li> </ul>	<p>New diagnosis or new finding on insurance exam must be postponed for cardiac workup.</p> <p><b>Paroxysmal Atrial Fibrillation (PAF)</b> with less than 4 attacks per year:</p> <p>1 episode: 0 to 1 year since last episode – Table B; thereafter Standard</p> <p>2 or more episodes: 0 to 2 years since last episode – Table C, 2 to 3 years since last episode – Table B, then Standard</p> <p><b>Chronic Atrial Fibrillation</b></p> <p>Age ≤ 50: 0 to 3 years – Table F 3 to 5 years – Table E 5 to 10 years – Table D Thereafter – Table B</p> <p>Age &gt; 50: 0 to 3 years – Table D 3 to 5 years – Table C 5 to 10 years – Table B Thereafter – Table B</p> <p>Any cardiac disease with AF: additional rating to decline</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Bariatric Surgery</b> Surgery for morbid obesity, most commonly known as “stomach stapling.”</p>	<ul style="list-style-type: none"> <li>• Pre-operative weight</li> <li>• Any co-morbid conditions (such as diabetes, hypertension, coronary disease)</li> <li>• Date of surgery</li> <li>• Type of surgery</li> <li>• Any surgical complications</li> <li>• Outcome of surgery (weight loss, improvement or risk factors)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Supply all medical reports relating to the surgical procedure and follow-up</li> <li>• Illustrate positive improvements in lifestyle</li> </ul>	<p><b>Surgical Treatment</b> Pre-Operative BMI &gt; 50: 3 months to 2 years post-operation, rate for average of current and Pre-treatment weight.</p> <p>Thereafter, rate for current weight.</p> <p>Pre-Operative BMI &lt; 50: rate for current weight</p> <p>History of Surgical Complications-Add +25 debits.</p>
<p><b>Barrett’s Esophagus</b> Disorder in which the cells normally lining the lower esophagus are replaced by cells normally found lining the stomach. May occur due to esophageal injury caused by reflux. Barrett’s esophagus may be pre-malignant condition for esophageal cancer.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Ongoing risk factors</li> <li>• Type of testing done and results (endoscopy, biopsy)</li> <li>• Stable course</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Complications (i.e., hemorrhage, perforation)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Details of ongoing follow-up (i.e., endoscopy)</li> <li>• Details of lifestyle modification (stop smoking and alcohol use)</li> </ul>	<p><b>No dysplasia:</b> Age &lt; 50 – Table F Age &gt; 50 at onset – Table B</p> <p><b>Low grade dysplasia:</b> Age &lt; 50 – Decline Age &gt; 50 – Table D</p> <p>Long term treatment and periodic endoscopy, credit 50.</p>
<p><b>By-pass surgery</b></p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>
<p><b>Cancer:</b> <b>Basal Cell Carcinoma</b> A type of skin cancer that rarely spreads.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Type of treatment</li> <li>• Confirmation that tumor has been removed completely</li> <li>• Any recurrence or spread</li> <li>• Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report including post-operative</li> <li>• Details of ongoing follow-up</li> <li>• Details of lifestyle modification (sun screen, stop smoking)</li> </ul>	<p>Standard if Stage 0 to Stage 2 and tumor size ≤ 5 cm. Proposed Insured may qualify for Preferred if meets the balance of our criteria.</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Cancer: Breast</b> Breast cancer is the most frequently diagnosed cancer in American women and the second most frequent cause of cancer death. The lifetime risk of developing breast cancer is 1 in 8 women (12.2%).</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Type and stage of cancer</li> <li>• Size of tumor</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or spread</li> <li>• Reduced/eliminated risk factors (i.e., smoking)</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirements:</b> APS</p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Details and date(s) of treatment, including any adjunct therapy (i.e., Tamoxifen)</li> <li>• Hospital reports</li> <li>• Details of follow-up (mammograms, bone scan, etc.)</li> </ul>	<p>Possible offer based on type of carcinoma in situ (Ductal), low grade – Standard to \$5 per thousand extra for 3 years.</p> <p>Other cases depend on tumor grade. Low grade; postpone 3 months to 1 year, then \$7 per thousand for 4-5 years.</p> <p>Higher grade, postpone 1-3 years, then \$7-10 per thousand extra.</p>
<p><b>Cancer: Colon</b> Colorectal cancer is the third most common type of cancer in the world. The risk begins to increase after age 40 and rises sharply at ages 50-55.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Stage and grade of the tumor</li> <li>• Any hereditary syndrome that may be associated with other types of cancers</li> <li>• What treatment</li> <li>• Length of remission</li> <li>• Ongoing follow-up</li> <li>• Any recurrence</li> <li>• Any complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Details and date(s) of treatment</li> <li>• Hospital reports</li> <li>• Details of follow-up (colonoscopy and tumor markers)</li> </ul>	<p><b>Best Case:</b> Colon cancer in situ treated with partial colectomy – Standard</p> <p><b>Typical Case:</b> Stage B1/B2 – postpone 1 to 3 years, then \$7-10 per thousand for 5 years.</p> <p>Stage A2 – Postpone 1 year, then \$7 per thousand for 5 years.</p> <p>Stage D – Postpone 5 years, then \$15 per thousand for 5 years.</p>
<p><b>Cancer: Leukemia</b> A progressive, malignant disease of the blood cells and blood forming organs (i.e., bone marrow and spleen).</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of leukemia and stage of cancer</li> <li>• Treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or secondary cancer</li> </ul>	<p><b>Requirements:</b> APS, blood testing if current results are not available</p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Evidence of regular follow-up</li> <li>• Hospital treatment reports</li> </ul>	<p>Preferred is not available.</p> <p>The most common type of leukemia seen in underwriting is Chronic Lymphocytic Leukemia (CLL). With no progression of the disease for <math>\geq 2</math> years and Total WBC &lt; 50,000:</p> <p>Stage 0: Age at onset Age &lt; 50 – Decline Age &gt; 50 – Table F</p> <p>Stage I: Age &lt; 50 – Decline Age &gt; 50 – Table H</p> <p>Stage II to IV - Decline</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Cancer: Lung</b> The most common type of cancer death for both men and women. The 2 main types of lung cancer are small cell and non-small cell.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of cell and stage of cancer</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or spread</li> <li>• Reduced/eliminated risk factors (i.e., smoking)</li> <li>• Any concurrent impairment (i.e., emphysema or chronic bronchitis)</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Treatment and hospital report</li> <li>• Evidence of regular follow-up (CT scans, etc.)</li> </ul>	<p><b>Stage 1:</b> Postpone 2-3 years, then \$7-10 per thousand for 5 years.</p> <p><b>Stage II/IV:</b> Postpone 5 years, then \$15 per thousand for 5 years.</p>
<p><b>Cancer: Prostate</b> This is the most common internal malignancy found in American males.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Stage and Gleason grade</li> <li>• Any recurrence or spread</li> <li>• Current PSA reading</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS, blood profile to include PSA if current results are not available</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Type of treatment</li> <li>• Evidence of regular follow-up and PSA testing</li> <li>• Copies of PSA tests</li> </ul>	<p><b>Localized tumor, treated with surgery, Gleason score 2-6:</b></p> <p>Stage 1: Age 50 to 59 – Table C Age ≥ 60 – Standard</p> <p>Stage 2: Age 50 to 59 – Table D Age 60 to 69 – Table B Age ≥ 70 – Standard</p> <p>For higher grade tumors, postpone for 3 years, then : Age 50 to 59 – Table D Age 60 to 69 – Table C</p> <p><b>Prostate Cancer</b> in ages &lt; 50, postpone 5 years, then individual consideration.</p> <p>Gleason scores 7-8 depending on stage, postpone 2-5 years, then Table C to D.</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Cancer:</b> <b>Skin</b> <b>Borderline malignancy</b> Bowen's disease (not genital), dysplastic nevus, Lentigo Maligna, Hutchinson's melanotic freckle.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Pathology (confirmation of basal cell carcinoma)</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Confirmation that tumor has been removed completely</li> <li>• Any recurrence or spread</li> <li>• Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report including post-operative</li> <li>• Details of ongoing follow-up</li> <li>• Details of lifestyle modification (sun screen, stop smoking)</li> </ul>	<p><b>Incomplete excision:</b> postpone</p> <p><b>Completely excised:</b> Standard immediately on removal; may qualify for Preferred</p> <p><b>Dysplastic Nevi Syndrome:</b> Without personal or family history of melanoma, well followed, possible standard. Preferred is not available.</p> <p>With personal or family history of melanoma, Table B plus melanoma rate.</p>
<p><b>Cancer:</b> <b>Skin</b> <b>Malignant</b> Malignant changes in the skin become more common with increasing age. Exposure to sunlight is an important predisposing factor in fair-skinned people.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Type of cancer/tumor</li> <li>• Depth and thickness of tumor</li> <li>• Type of treatment</li> <li>• Date of treatment completed</li> <li>• Any recurrence or spread</li> <li>• Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Evidence of regular dermatology follow-up</li> <li>• Hospital treatment reports</li> </ul>	<p><b>Malignant melanoma:</b> If in-situ, possible Standard; Preferred consideration is not available.</p> <p>Deeper lesions must be postponed for 2-5 years. After treatment, then possible \$7-10 per thousand for up to 5 years.</p> <p>Melanoma lesions greater than 2.01 mm thick with ulcerations may be postponed 3-5 years, then Table B to D plus a temporary flat extra of \$10-15 per thousand for 5 years.</p>
<p><b>Cancer:</b> <b>Thyroid</b> The most common malignancy of the endocrine system, generally more common in women.</p>	<ul style="list-style-type: none"> <li>• Type of thyroid cancer (papillary, follicular, anaplastic, etc.)</li> <li>• Pathology</li> <li>• Age of applicant</li> <li>• Type of treatment and date(s) performed</li> <li>• Any remission and for how long</li> <li>• Any recurrence</li> <li>• Any complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Treatment and hospital report</li> <li>• Evidence of regular follow-up</li> </ul>	<p><b>Best Case:</b> Size &lt; 1 cm, uni-focal, node negative – Standard</p> <p>Size 1-3 cm, age ≤ 45, single focus – Standard</p> <p><b>Typical Case:</b> Postpone 3 months, then \$7 per thousand for 4 years for moderate grade papillary tumor</p> <p><b>Metastatic Papillary Thyroid Cancer:</b> Postpone 1 year after treatment, then \$7 per thousand for 5 years</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Carotid Artery Disease (Stenosis or narrowing)</b> A narrowing of the carotid artery by atheroma.</p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Duration since diagnosis or surgery</li> <li>• Severity of underlying disease, usually atherosclerosis</li> <li>• Presence of symptoms, CAD, co-morbidities and risk factors</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• History of TIA, Stroke, or Heart Disease</li> <li>• Any other co-morbid condition, such as diabetes, hypertension, or smoking</li> <li>• Results of angiograms</li> </ul>	<p><b>Asymptomatic Internal Carotid Stenosis</b></p> <p><b>&lt; 50% Stenosis</b> Age &lt; 50 – Table C Ages 50-59 – Table B Ages 60+ – Standard</p> <p><b>50-69% Stenosis:</b> Age &lt; 50 – Decline Ages 50 to 59 – Table C Ages 60+ – Table B</p> <p>Operated &lt;3 months since recovery- Postpone &gt;6 months since recovery Age &lt; 50 Single Stenosis- Individual Consideration Age &gt;50 Table B-C</p> <p><b>&gt; 70% stenosis:</b> No surgery – Decline</p> <p><b>Bilateral stenosis</b> Rate for more severe lesion</p> <p><b>Progressive stenosis</b> Add additional debits</p>
<p><b>Chronic Obstructive Pulmonary Disease (COPD)</b> A variety of diseases that cause chronic progressive irreversible airway obstruction.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Smoking history and current tobacco use</li> <li>• Build, any current weight loss</li> <li>• Severity of symptoms</li> <li>• Speed of disease progression</li> <li>• Alpha-1 antitrypsin deficiency or other biochemical abnormality</li> <li>• Any concurrent impairment (i.e., CAD, cancer, malnutrition)</li> <li>• Any hospitalization</li> <li>• Any treatment with oxygen is a decline</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pulmonary function tests (PFT), serial PFTs</li> <li>• Details of lifestyle modification</li> <li>• Level of activity</li> </ul>	<p><b>Mild (FEV1 65-79%):</b> Smoker – Table C Non smoker – Standard</p> <p><b>Moderate (FEV1 50-64%):</b> Smoker – Table F Non smoker – Table C</p> <p><b>Severe (FEV1 40-49%):</b> Smoker – Decline Non smoker – Table H to decline.</p> <p><b>Very severe (FEV1 &lt;40%):</b> decline</p>



Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Chronic Pain</b> Chronic nonmalignant pain</p>	<ul style="list-style-type: none"> <li>• Specific diagnosis associated with chronic pain</li> <li>• Location, intensity, and duration of pain</li> <li>• Functional abilities including mobility, occupation, social support, and activities</li> <li>• Associated medical or psychiatric impairments</li> <li>• Stability of pain symptoms</li> </ul>	<p><b>Requirement:</b> APS, possible Drug and Alcohol Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• History of drug and alcohol misuse</li> <li>• Details of treatment and treating physicians</li> <li>• Details of medication use including number of medications, types, doses, frequency, and any recent change in medication</li> </ul>	<p>Fully functional – Table B</p> <p>Functional Impairment – Table B to Table D</p> <p>Unstable dose and less structured care – Decline</p> <p>Concomitant antidepressant use add additional debits</p> <p>Daily or ratable alcohol use – Decline</p>
<p><b>Congenital Heart Disease</b> A variety of malformations of the heart that vary significantly in severity.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Specific congenital abnormality</li> <li>• Treatment including date(s) of any surgery</li> <li>• Medications</li> <li>• Smoking history</li> <li>• Any concurrent serious impairment</li> <li>• Any underlying CAD</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Family history</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Include any operative/hospital reports</li> <li>• Follow-up and investigations post-op (i.e., serial echos, EKGs)</li> <li>• Details of lifestyle modification</li> <li>• Activity level</li> </ul>	<p>Depending on the type of congenital abnormality, some cannot be considered until they have been surgically corrected. For the more serious abnormalities, coverage cannot be considered until 6 months after surgery.</p> <p>Less serious abnormalities such as trivial ASD, VSD, Patent Foramen Ovale, may be Standard</p> <p>Ratings for more serious conditions must be evaluated through review of medical records.</p>
<p><b>Coronary Artery Disease (CAD)</b> The coronary arteries are unable to supply sufficient blood to the heart due to progressive narrowing of the arteries, thrombosis, or vascular spasm.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Severity of the disease (how many vessels and which ones)</li> <li>• Current symptoms</li> <li>• Treatment</li> <li>• Medications</li> <li>• Smoking history</li> <li>• Any concurrent serious impairment</li> <li>• Any history of congestive heart failure or arrhythmia</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Family history</li> </ul>	<p><b>Requirements:</b> APS, EKG (or TST) if current test is not available</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Cardiac test results (i.e., angiogram, recent stress tests, perfusion)</li> <li>• Detailed list of medication</li> <li>• Copies of lipid testing</li> <li>• Details of any lifestyle change</li> </ul> <p>Best ratings possible with testing including perfusion and stress echocardiograms within the past 12 months.</p>	<p>Rating range from Standard to Decline depending upon severity of disease, number of vessels involved, treatment protocol and age.</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Crohn’s Disease</b> A chronic inflammatory disease affecting any part of the GI tract. It has an unpredictable course and while complete remission can occur, the disease is generally chronic and relapsing and often requires surgery.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Severity of the disease</li> <li>• Frequency of flare ups</li> <li>• Severity of symptoms</li> <li>• Medication – ongoing oral steroid therapy</li> <li>• Hospitalization</li> <li>• Surgery</li> <li>• Weight stable or loss?</li> <li>• Testing and follow-up</li> <li>• Complications/concurrent impairments such as rheumatoid arthritis or other inflammatory disease</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Evidence of regular GI surveillance (colonoscopy)</li> <li>• Details of hospitalization and hospital reports</li> <li>• Stable weight</li> <li>• Active lifestyle</li> </ul>	<p><b>Acute:</b> During attack – Postpone</p> <p>Recovery from acute attack to 3 years – Table B</p> <p>Thereafter, in remission with no treatment – Standard</p> <p>Additional debits may be accessed for weight-loss, immuno-suppressive treatment, steroid treatment, fistula formation, and colon or upper G.I. tract involvement.</p>
<p><b>Dementia (non-Alzheimer’s)</b> <b>Benign Mild Cognitive Impairment</b> A chronic progressive disorder characterized by losses of cognition, personality, and behavior that are severe enough to interfere with the quality of daily life.</p>		<p><b>Requirements:</b> APS, Cognitive and Mobility Assessment may be requested</p>	<p>Usually, coverage is not offered with this diagnosis.</p> <p><b>Note:</b> May be eligible for uninsurable, but includable on Survivorship Plan – Individual Consideration</p>
<p><b>Diabetes</b> A group of metabolic disorders caused by inadequate production or use of insulin. It is a common disease affecting approximately 30 million people worldwide. Diabetes is usually irreversible, although controllable by diet, medication, and exercise. Late complications such as accelerated CAD or stroke, and kidney disease result in reduced life expectancy.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Type of diabetes</li> <li>• Treatment</li> <li>• Medication</li> <li>• Degree of control – blood sugar readings</li> <li>• Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease</li> <li>• Current height and weight</li> <li>• Blood pressure</li> </ul>	<p><b>Requirements:</b> APS, blood (if not already required or current results not available)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Type of diabetes including age at onset</li> <li>• Copies of specialist reports (neurologist, nephrologist, endocrinologist)</li> <li>• History of blood sugar control (i.e., copies of blood tests including Hemoglobin A1c where possible)</li> <li>• Details of risk factor modification</li> <li>• Active lifestyle</li> </ul>	<p>Preferred consideration not available.</p> <p>Gestational diabetes prior to application, Standard. If current, rate as diabetes.</p> <p><b>Type 1:</b> Insulin Dependent Diabetes (IDDM):</p> <p><b>Best Case:</b> Age 20 to 29 – Table C to F Age 30 to 50 – Table B to D</p> <p>Credits or additional debits can be given for good or poor control</p> <p><b>Type 2:</b> Non-Insulin Dependent Diabetes (NIDDM) or Adult Onset Diabetes:</p> <p><b>Best Case:</b> Age ≥ 40 with excellent control – Standard to Table B</p> <p><b>Worst Case:</b> high substandard to decline if present with concurrent vascular disease</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Emphysema</b></p>	<p>Refer to COPD</p>	<p>Refer to COPD</p>	<p>Refer to COPD</p>
<p><b>Epilepsy/Seizure Disorder</b> This is an event of altered brain function due to an abnormality of excessive electrical discharges from the brain cells. There are many different types of seizures and forms of epilepsy.</p>	<ul style="list-style-type: none"> <li>• Age of onset</li> <li>• Compliance with medication</li> <li>• Control of seizures</li> <li>• Reason for the seizure activity</li> <li>• Any alcohol use</li> <li>• Any other significant medical conditions</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Application information needed:</b></p> <ul style="list-style-type: none"> <li>• Type of epilepsy</li> <li>• Age diagnosed</li> <li>• Duration of history</li> <li>• Date of last seizure and number of seizures per year</li> </ul>	<p><b>Absence (petit mal):</b> Standard for any frequency</p> <p><b>Tonic-clonic (grand mal):</b> Cause unknown, episode within the last 6 months – Postpone. Thereafter, complete investigation showing: Good control: Standard Satisfactory control: Table B Poor control: RMD, possible decline</p> <p>Incomplete investigation: Age &gt; 29: Good control – Table D Satisfactory – Table F</p>
<p><b>Frailty</b> A clinical concept describing a condition most commonly found in the elderly; it is associated with a high risk of mortality and morbidity.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Evidence of cognitive decline or depression</li> <li>• Problems with Activities of Daily Living</li> <li>• Any involuntary weight loss</li> <li>• History of falling, fractures secondary to osteoporosis, frequent car accidents</li> <li>• Confinement to a nursing home or hospitalization within the past year</li> <li>• Number of medications</li> </ul>	<p><b>Requirements:</b> APS, Cognitive and Mobility Assessment may be requested</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Clearly outline the positive aspects of your client's independent and active lifestyle</li> </ul>	<p>Usually declined</p>
<p><b>Gall Bladder Disease</b> The gallbladder stores and concentrates bile produced in the liver. The most common disorders of the gall bladder are generally benign.</p>	<ul style="list-style-type: none"> <li>• Nature of the disease</li> <li>• Any serious complications (i.e., pancreatitis or jaundice)</li> <li>• Treated surgically</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Full records to include diagnosis, all investigations and test results</li> </ul>	<p>Single episode – Standard</p> <p>Recurrent episodes within the past year, \$5 per thousand for 1 year. Thereafter, Standard.</p> <p>Other types of Gall Bladder disease will be referred to the Medical Director.</p>
<p><b>Heart Attack</b></p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>	<p>Refer to Coronary Artery Disease</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Heart Rhythm Disorder (Premature Atrial Contractions or PACs)</b> Impulses originating from the atria or the A.V. node which arise prematurely in the cardiac cycle.</p>	<ul style="list-style-type: none"> <li>• Underlying cause</li> <li>• Cardiac evaluation</li> </ul>	<p><b>Requirement:</b> APS Current EKG if possible</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Treatment required</li> <li>• EKG findings</li> <li>• Effectiveness of any treatment modalities</li> </ul>	<p>With no known Heart Disease, Examiner is certain extra beats are Premature Atrial Contractions – Standard</p> <p>Examiner uncertain if extra beats are Premature Atrial Contractions or they are assumed to be Premature Ventricular Contractions (PVC’s) – Rate as Premature Ventricular Contractions</p> <p>Sinus Arrhythmia – Standard</p> <p>History of known cardiovascular disorder – Rate for cause</p>
<p><b>Heart Rhythm Disorder (Paroxysmal Supraventricular Contractions or PSVTs)</b> A single supraventricular focus gives rise to a rapid succession of regular heart impulses in the 160 to 240 range per minute and it starts and ends abruptly.</p>	<ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Frequency of attacks</li> <li>• Ventricular rate and degree block if present</li> <li>• Associated symptoms and complications</li> <li>• Underlying disease</li> <li>• Treatment</li> <li>• Cardiac evaluation</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Type of cardiac testing done</li> <li>• Evidence of valvular heart disease</li> <li>• Syncope episodes</li> </ul>	<p>Supraventricular Tachycardia – Standard to Table B</p>
<p><b>Heart Rhythm Disorder (Premature Ventricular Contractions or PVCs)</b> Isolated or intermittent heartbeats that occur prematurely and originate from ectopic areas located within the walls of the ventricle.</p>	<ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Frequency and complexity</li> <li>• Associated symptoms and complications</li> <li>• Underlying disease</li> <li>• Treatment</li> <li>• Cardiac evaluation</li> </ul>	<p><b>Requirement:</b> APS Current EKG if possible</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Signs of discomfort in neck or chest</li> <li>• Angina symptoms present</li> <li>• Form: simple or complex, sustained or non-sustained, unifocal or multifocal, Bigeminy or Trigeminy</li> </ul>	<p>Unifocal PVCs, EKG, Holter Monitor, and Rhythm Strip: &lt; 100 per hour – Standard &gt; 100 per hour Table B</p> <p>Complex PVCs (multiform, couplets, bigeminy, trigeminy, non-sustained ventricular tachycardia less than 30 seconds), asymptomatic or mild. EKG alone for evaluations – Table C</p> <p>Comprehensive Evaluation Negative – Standard</p> <p>Occur with exercise only – Standard</p> <p>More severe symptoms (syncope, chest pain, or Stokes-Adams attack) 0 to 1 year – Postpone Thereafter with arrhythmia controlled – Table D and up</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Hepatitis B</b> Hepatitis B is a disease caused by the Hepatitis B virus (HBV)</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Is this acute or chronic infection</li> <li>• Laboratory results (liver function)</li> <li>• If chronic, was a biopsy done</li> <li>• Any alcohol usage or other medical conditions</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Laboratory results</li> <li>• Sonograms, CTs, biopsy results</li> </ul>	<p><b>Best Case:</b> Acute infection, over 6 months, HBsAg negative and liver functions normal: Standard or better</p> <p><b>Typical Case:</b> Depends on age at onset and active infection:</p> <p>Age &lt; 30 – Decline Age 30-49 – Table F Age &gt; 50 – Table D</p> <p>Additional +50 debits if HBeAg is positive. Additional debits for biopsy results showing fibrosis.</p> <p><b>Worst Case:</b> Decline if having more than one alcoholic drink per day, HCV co-infection, any finding of cirrhosis.</p>
<p><b>Hepatitis C</b> Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV)</p>	<ul style="list-style-type: none"> <li>• Duration of disease</li> <li>• Laboratory results</li> <li>• Has a biopsy been done</li> <li>• Does the client use alcohol and if so, amount per day</li> </ul>	<p><b>Requirement:</b> APS</p> <ul style="list-style-type: none"> <li>• Laboratory results</li> <li>• Biopsy results</li> <li>• Sonogram and/or CT scan results</li> </ul>	<p><b>Best Case:</b> Acute infection, rate as Chronic Hepatitis C Age &lt; 50 – Table F Age ≥ 50 – Decline</p> <p><b>Worst Case:</b> Decline if &gt; 1 drink of alcohol, HBV co-infection, any finding of cirrhosis, biopsy done in the last 5 years showing severe fibrosis, treated or untreated, if liver function &gt; 3x normal.</p> <p>Resolved infection, no biopsy, duration of disease less than 2 years – Decline.</p> <p>Duration of disease greater than 2 years or unknown – Table F</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Hypertension</b>                      Primary or essential hypertension is the most common type affecting 95% of people with hypertension. The cause is unknown, but is thought to be the result of a complex interplay of factors that include demographic, genetic, and environmental factors. Secondary hypertension results from disorders of the kidney, endocrine, or nervous system.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of hypertension (essential or secondary to another impairment)</li> <li>• Medication/treatment</li> <li>• Response to medication/treatment</li> <li>• Current BP readings and history of readings for the 1 past year (demonstrate stable course)</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Any concurrent impairment (i.e., CAD, stroke, kidney disease, build)</li> </ul>	<p><b>Requirements:</b>                      APS, paramedical or MD exam - selectively</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Record of blood pressure readings</li> <li>• Copies of any cardiac investigation</li> <li>• Details of risk factor modification</li> <li>• Active lifestyle</li> </ul>	<p>Rating depends on severity of Hypertension</p> <p>May qualify for Preferred if well-controlled and compliant with medication for 12 months as evidenced by the APS.</p>
<p><b>Impaired Fasting Glucose and Glucose Intolerance</b>                      Intermediate stage between normal glucose metabolism and diabetes.</p>	<ul style="list-style-type: none"> <li>• Any cardiovascular risk factors including low HDL, elevated triglycerides, obesity, BMI &gt; 30, sedentary lifestyle, and hypertension</li> <li>• Any cardiovascular risk factors that may worsen mortality when combined with pre-diabetes such as smoking, elevated cholesterol, and elevated LDL</li> <li>• Microalbuminuria or evidence of renal insufficiency</li> <li>• Any evidence of angina prior strokes, carotid bruits, abnormal EKG's, Ultrafast CAT scans of the heart, echocardiograms</li> </ul>	<p><b>Requirements:</b>                      APS                      Blood profile to include a Hemoglobin A1C and lipid profile</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular risk factors</li> <li>• Family history of heart disease before age 55 in males and 65 in females</li> <li>• Tobacco use</li> <li>• Inactivity</li> <li>• Hypertension</li> <li>• Elevate cholesterol or triglycerides</li> <li>• Age</li> <li>• Gender</li> </ul>	<p>Hemoglobin A1C ≤ 6.5 and Age &lt; 30 to 50 and up-Standard</p> <p>Hemoglobin A1C 6.6 - 8.0:                      Age &lt; 30 – Postpone                      Age 30 to 39 – Table B to Table D                      Age 40 to 49 – Table B to Table C                      Age 50+ – Table B</p> <p>Any history of vascular Disease – Postpone for Evaluation</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Liver Function Test</b>                      Blood tests are done with a liver panel to determine how well the liver is functioning and when results are out of normal range, it can indicate the possibility of a disease process.</p>	<ul style="list-style-type: none"> <li>• How many liver functions are outside the normal lab range</li> <li>• Is client taking any medications or using alcohol</li> <li>• Is there a medical condition that is causing the elevation in liver function</li> <li>• How long has this finding been monitored by the attending physician</li> <li>• Is this a new finding which has not been fully evaluated with additional testing</li> </ul>	<p><b>Requirements:</b>                      APS                      Hepatitis screens, all markers selectively</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• All laboratory tests</li> <li>• Any sonograms</li> <li>• Details of medications being taken</li> <li>• Amount of alcohol used</li> <li>• Results of any investigations for elevated liver functions</li> </ul>	<p>Considers all related factors including non-liver causes of elevation.</p> <p><b>Typical Case:</b>                      SGOT and SGPT &lt; 60 – Standard</p> <p>SGOT and SGPT 60 to 149 – Standard to Table B; Preferred is not available</p> <p>SGOT and SGPT 150 to 249 – Table B to D</p> <p>GGTP &lt; 80 – Standard</p> <p>GGTP 80 to 149 – Standard to Table B; Preferred is not available</p> <p>GGTP 150 to 249 – Table B to D</p> <p>SGOT, SGPT, GGTP ≥ 250 – Individual Consideration</p> <p>Ratings include no suspicion of liver disorder or alcohol misuse.</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Mood Disorders</b>  <b>Depression/Anxiety</b>                      The presence of specific groupings of symptoms over specific periods of time. They may be a reaction to events or be a part of emotional disorders.</p>	<ul style="list-style-type: none"> <li>• Specific diagnosis</li> <li>• Number of episodes and date of last occurrence</li> <li>• Details of treatment, compliance, and recovery</li> <li>• Presence and severity of any medical condition</li> <li>• Any history of suicide attempt</li> <li>• Any history of substance abuse</li> <li>• Any evidence of risk taking behaviors or an adverse MVR</li> <li>• Details of missed work or school</li> <li>• Details of interpersonal and occupational function and social support</li> </ul>	<p><b>Requirements:</b>                      APS                      Possible MVR, Drug and Alcohol Questionnaire if deemed necessary</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Number of episodes</li> <li>• Response to treatment</li> <li>• Level of functioning</li> <li>• Stability of mood with treatment</li> <li>• Level of medication dosage</li> <li>• Date of last episode</li> <li>• Regular follow-up with doctor</li> </ul>	<p><b>Depression</b></p> <p>Minor Depression or seasonal-single episode or continuing treatment:</p> <p>Mild – Standard                      Others depend on response to treatment</p> <p>Major Depression (includes postpartum depression):</p> <p>Present on treatment                      0 to 1 year – Decline                      1 to 2 years – Table D                      2 to 3 years – Table B</p> <p><b>Bipolar Disorder</b> including Bipolar disorder I and II</p> <p>0 to 1 year – Decline                      1 to 2 years – Table D                      2 to 3 years – Table B                      &gt; 3 years – Standard</p> <p><b>Anxiety</b> (including panic disorder, OCD, Phobia), present, and under treatment:</p> <p>Mild – Standard                      Severe – Table D and up</p> <p>*** History of substance abuse or suicide attempt(s), minimum of additional rating to decline</p>
<p><b>Multiple Sclerosis</b>                      An inflammatory demyelinating disease of the central nervous system generally beginning in the 20 to 40 age group characterized by multifocal loss of myelin and damage to axons.</p>	<ul style="list-style-type: none"> <li>• Definite diagnosis</li> <li>• Type (Progressive or Relapsing/Remitting)</li> <li>• Age at diagnosis</li> <li>• Current symptoms</li> <li>• Date of last attack</li> <li>• Frequency of attacks</li> <li>• Complications</li> <li>• Degree of disability</li> <li>• Progression</li> </ul>	<p><b>Requirements:</b>                      APS (from personal MD and neurologist)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Classification of disease</li> <li>• Extent of any disability</li> <li>• Gender</li> <li>• Time between attacks</li> <li>• Other body systems involved</li> <li>• Course of disease</li> </ul>	<p>Diagnosis certain</p> <p>Mild (Relapsing Remitting) – Table B                      Moderate – Table D to H                      Severe – Decline</p> <p>Primary progressive, Secondary progressive, and Progressive Relapsing types – Decline</p> <p>Definite MS 0-1 year with documented remission – Table F and up</p>



Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Parkinson’s Disease</b> A syndrome characterized by involuntary tremor, rigidity of the muscles and slowness of body movements.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Severity of disease</li> <li>• History of falling or indications of dementia</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Any concurrent impairment (i.e., depression)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Details of type of Parkinson’s</li> <li>• Type of treatment</li> <li>• Compliance and response to medication</li> <li>• Severity of the disease</li> <li>• Active and independent lifestyle (outline Activities of Daily Living)</li> </ul>	<p>Age ≥ 50: Mild – Table B More progressive – Table D and up Rapidly progressive – Decline</p>
<p><b>Peripheral Artery Disease (PAD)/ Peripheral Vascular Disease</b> A disease resulting from the presence of systemic atherosclerosis mainly in the abdominal and lower extremity arteries.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Smoking status – if currently smoking this will have a greater impact on disease progression</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Any concurrent impairment (i.e., CAD, CVD, diabetes, hypertension, build)</li> </ul>	<p><b>Requirements:</b> APS, medical exam, insurance blood profile, EKG – selectively</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Copies of any vascular and cardiac investigation</li> <li>• Details of any ongoing symptoms</li> <li>• Ankle-brachial index (ABI) score</li> <li>• Details of risk factor modification</li> <li>• Active lifestyle</li> </ul>	<p>No known Coronary Artery Disease and age ≥ 40: 0 to 2 years – Table D 2 to 5 years – Table C Thereafter – Table B</p> <p>Smoker: additional 50 debits if rating is over Table C</p>
<p><b>Polycystic Kidney Disease (PKD)</b> Polycystic kidney disease affects more than 12 million people worldwide. It is a condition where multiple fluid-filled cysts develop in both kidneys and gradually increase; all functioning tissue is replaced by cysts.</p>	<ul style="list-style-type: none"> <li>• Definitive diagnosis</li> <li>• Type of PKD</li> <li>• Severity and degree of progression</li> <li>• Family history – age of death of family member with PKD or treatment by dialysis or transplant</li> <li>• Treatment discussions include dialysis or transplant</li> <li>• Current kidney function</li> <li>• Cysts causing bleeding in the kidney, liver, pancreas, or spleen</li> <li>• Any associated conditions (i.e., berry aneurysm, cardiac valve disease or aortic aneurysm)</li> <li>• Any other co-morbidities (i.e., diabetes, coronary disease)</li> </ul>	<p><b>Requirements:</b> APS, blood profile, urinalysis</p> <ul style="list-style-type: none"> <li>• With history of PKD in family, provide copies of all investigations confirming or denying diagnosis</li> <li>• Copies of all test results, specifically kidney function testing</li> </ul>	<p>Preferred is not available.</p> <p><b>Typical Case:</b> Age 18 to 45 – Table H Age ≥ 46 – Table D</p> <p>Additional debits may be assessed for a history of hypertension, hematuria, abnormal kidney filtration rate</p> <p><b>Worst Case:</b> abnormal renal function: decline</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Pulmonary Nodule</b> A small shadow found on chest x-ray that may be caused by a benign cyst, infection or abscess, or granuloma.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Any treatment</li> <li>• Date treatment completed</li> <li>• Benign pathology</li> <li>• Reduced/eliminated risk factors (i.e., smoking)</li> <li>• Any concurrent impairment (i.e., emphysema or chronic bronchitis)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Copies of tests</li> <li>• Details of follow-up</li> <li>• Demonstrated stability of lesion</li> </ul>	<p>If any malignancy, refer to Lung Cancer</p> <p><b>Pulmonary Nodule:</b> can be due to a benign cause. The underwriter must investigate thoroughly.</p> <p><b>Low risk</b> (nodule in cluster of nodules, nodule calcified, nodule interlobar fissure) and age &lt; 35: Standard</p> <p><b>Intermediate risk</b>, age ≥ 35, no smoking within 10 years, no family history of lung cancer:</p> <p>Size of nodule &lt; 5 mm: Standard possible with no postpone</p> <p>Size of nodule 5 to 6 mm: Lower lobe – Standard Other – Postpone 12 months</p> <p>Size of nodule 6 to 8 mm: Postpone 12 months</p> <p><b>High risk</b> (all others) Size of nodule &lt; 5 mm: Standard if lower lobe; Preferred is not available. Otherwise, postpone 12 months for follow-up study.</p> <p>Size of nodule 5 to 6 mm: Postpone 12 months for follow-up study.</p> <p>Size of nodule &gt; 6 mm: Postpone 24 months for follow-up study.</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Rheumatoid Arthritis</b> This is an auto-immune disease which can affect not only the joints but also skin, eyes, lung, heart, blood or nerves. This disease can affect everyone differently.</p>	<ul style="list-style-type: none"> <li>• Severity of symptoms</li> <li>• What medications are being taken</li> <li>• Any limitations of daily activities</li> <li>• No other significant medical condition(s)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Laboratory results</li> </ul>	<p><b>Best Case:</b> morning stiffness &lt; 1 hour, joint count &lt; 10, no limited activity, minimal erosion, no deformity – Table B</p> <p><b>Typical Case:</b> joint count ≥ 10, morning stiffness more than 1 hour, minor flare-up, progressive erosion – Table C. If deformity is involve, Table D.</p> <p><b>Worst Case:</b> Client has limited mobility and/or has other significant medical conditions: decline</p>
<p><b>Stroke</b> Permanent (&gt; 24 hours) damage to the brain caused by a vascular event, thrombosis, or hemorrhage resulting in permanent neurological deficit.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Current symptoms/extent of neurological deficit</li> <li>• Cause of stroke</li> <li>• Treatment</li> <li>• Medications</li> <li>• Number of strokes</li> <li>• Smoking history</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Any concurrent serious impairment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Neurology workup (carotid duplex, MRI)</li> <li>• Current function (how active)</li> <li>• Lifestyle modifications</li> </ul>	<p>Preferred is not available</p> <p>Unable to consider until a certain time has elapsed since the stroke:</p> <p>Age 40 to 49 – Postpone 1 year Age 50 to 69 – Postpone 6 months Age ≥ 70 – Postpone 6 months</p> <p><b>Typical Case:</b> Age 40 to 49 – Table F plus \$10 per thousand for 5 years  Age 50 to 69 – Table F  Age ≥ 70 – Table F</p> <p>Lacunar infarct findings: Age 50 to 59 – Table D Age ≥ 70 – Table C</p> <p>Note: RMD if stroke occurred before age 40</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Transient Ischemic Attack (TIA)</b> An episode of neurological dysfunction lasting less than 24 hours and no permanent neurological deficit.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Any neurological deficit</li> <li>• Number of episodes</li> <li>• Treatment</li> <li>• Medications</li> <li>• Smoking history</li> <li>• Test results</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Any concurrent serious impairment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Neurology workup (carotid duplex, MRI)</li> <li>• Current function (how active)</li> <li>• Lifestyle modifications</li> </ul>	<p>Single TIA, Postpone 3 months, then: Age 40 to 49 – Table E Age ≥ 50 – Table C</p> <p>Multiple TIA history, rate as a Stroke.</p>
<p><b>Ulcerative Colitis</b> Chronic inflammatory ulceration of the colon (relapsing-remitting type disorder).</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Severity of the disease</li> <li>• Frequency of flare-ups</li> <li>• Severity of symptoms</li> <li>• Medication (ongoing oral steroid therapy)</li> <li>• Hospitalization</li> <li>• Surgery</li> <li>• Weight stable or loss</li> <li>• Testing and follow-up</li> <li>• Complications or concurrent impairments (i.e., rheumatoid arthritis or other inflammatory disease)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Evidence of regular G.I. surveillance (colonoscopy)</li> <li>• Details of hospitalization and hospital reports</li> <li>• Stable weight</li> <li>• Active lifestyle</li> </ul>	<p><b>Single acute episode</b>, in remission, less than 8 years, Table B; possibly Standard thereafter.</p> <p><b>Chronic Disease</b> Time since diagnosis: &lt; 8 years – Table B 8 to 20 years – Table C &gt; 20 years – Table D</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Valvular Heart Disease-Aortic Insufficiency (Regurgitation)</b> Retrograde flow of blood from the aorta into the left ventricle through incompetent aortic cusps.</p>	<ul style="list-style-type: none"> <li>• Results of investigations</li> <li>• Medical history including any indications of past or present symptoms</li> <li>• Treatment</li> <li>• Reports from specialists</li> <li>• Exercise tolerance</li> <li>• Any history of complications</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Severity of disease</li> <li>• Other concurrent arrhythmia's</li> <li>• Regular check-ups with ongoing echocardiograms</li> <li>• Any history of a Stroke or TIA</li> <li>• Degree of control and effective disease management</li> </ul>	<p>UNOPERATED</p> <p>Ages 0 to 15: Grade 1 – Table D Grades 2 to 4 – Decline</p> <p>Ages 16 to 30: Grade 1 – Table C Grade 2 – Table F Grades 3 to 4 – Decline</p> <p>Ages 31 to 45: Grade 1 – Table B Grade 2 – Table D Grades 3 to 4 – Decline</p> <p>Ages 46 to 69: Grade 1 – Standard Grade 2 – Table B Grade 3 – Table H Grade 4 – Decline</p> <p>Ages ≥ 70: Grade 1 – Standard Grade 2 – Table B Grades 3 to 4 – Decline</p>
<p><b>Valvular Heart Disease-Aortic Stenosis (narrowing of valve)</b> Scarring or another pathological process that narrows or obstructs the flow of blood through the aortic valve.</p>	<ul style="list-style-type: none"> <li>• EKG results</li> <li>• Echocardiogram results</li> <li>• Type of treatment</li> <li>• Functional status and ADL/IADL profile of applicants over age 70</li> </ul>	<p><b>Requirement:</b> APS, including all cardiac records and test results</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Severity of disease</li> <li>• Other concurrent arrhythmia's</li> <li>• Regular check-ups with ongoing echocardiograms</li> <li>• Any history of a Stroke or TIA</li> <li>• Degree of control and effective disease management</li> </ul>	<p>UNOPERATED</p> <p>Ages 0 to 15: Grade 1 – Table D Grades 2 to 4 – Decline</p> <p>Ages 16 to 30: Grade 1 – Table C Grade 2 – Table F Grades 3 to 4 – Decline</p> <p>Ages 31 to 45: Grade 1 – Table B Grade 2 – Table D Grades 3 to 4 – Decline</p> <p>Ages 46 to 69: Grade 1 – Standard Grade 2 – Table B Grade 3 – Table H Grade 4 – Decline</p> <p>Ages ≥ 70: Grade 1 – Standard Grade 2 – Table B Grades 3 to 4 – Decline</p>

Medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Valvular Heart Disease-Mitral Insufficiency (Regurgitation)</b>                      Inadequate closure of mitral valve leaflets that allows retrograde or backward blood flow into the left atrium.</p>	<ul style="list-style-type: none"> <li>• Murmur present and intensity of that murmur</li> <li>• Results of investigations including Doppler Echocardiography</li> <li>• Current or past symptoms</li> <li>• Details of treatment</li> <li>• Any hospital reports</li> </ul>	<p><b>Requirement:</b>                      APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Evidence of any progression on test results</li> <li>• Doppler Echocardiogram results</li> <li>• Any history of arrhythmias</li> <li>• Any history of Stroke or TIA</li> <li>• Presence of other serious co-morbidities such as heart disease, hypertension, or diabetes</li> </ul>	<p>UNOPERATED</p> <p>Ages 0 to 15:                      Grade 1 – Table D                      Grades 2 to 4 – Decline</p> <p>Ages 16 to 30:                      Grade 1 – Table C                      Grade 2 – Table F                      Grades 3 to 4 – Decline</p> <p>Ages 31 to 45:                      Grade 1 – Table B                      Grade 2 – Table D                      Grades 3 to 4 – Decline</p> <p>Ages 46 to 69:                      Grade 1 – Standard                      Grade 2 – Table B                      Grade 3 – Table H                      Grade 4 – Decline</p> <p>Ages ≥ 70:                      Grade 1 – Standard                      Grade 2 – Table B                      Grades 3 to 4 – Decline</p>
<p><b>Valvular Heart Disease-Mitral Stenosis (narrowing of valve)</b>                      Narrowing of the mitral valve orifice due to scarring or another pathological process causing impaired blood flow from the left atrium to the left ventricle.</p>	<ul style="list-style-type: none"> <li>• Results of investigations</li> <li>• Any indications or past or present symptoms</li> <li>• Treatment</li> <li>• Hospital reports</li> </ul>	<p><b>Requirement:</b>                      APS</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Severity of disease</li> <li>• Any history of arrhythmias</li> <li>• Any history of Stroke or TIA</li> <li>• Regular echocardiograms</li> <li>• Presence of other serious co-morbidities such as heart disease, hypertension, or diabetes</li> </ul>	<p>UNOPERATED</p> <p>Ages 0 to 15:                      Grade 1 – Table D                      Grades 2 to 4 – Decline</p> <p>Ages 16 to 30:                      Grade 1 – Table C                      Grade 2 – Table F                      Grades 3 to 4 – Decline</p> <p>Ages 31 to 45:                      Grade 1 – Table B                      Grade 2 – Table D                      Grades 3 to 4 – Decline</p> <p>Ages 46 to 69:                      Grade 1 – Standard                      Grade 2 – Table B                      Grade 3 – Table H                      Grade 4 – Decline</p> <p>Ages ≥ 70:                      Grade 1 – Standard                      Grade 2 – Table B                      Grades 3 to 4 – Decline</p>

Non-medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Aviation: Commercial</b> Certified air carriers and commuter airlines that are strictly regulated and have very good experience. Pilots who have a commercial license and fly smaller aircraft for a variety of purposes.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Commercial carrier</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Pilot of certified air carrier may qualify for Preferred. Other types of aircraft or flying require ratings ranging from Standard to \$2.40 per thousand.</p> <p>FOR EXAMPLE: Crop dusting and bush pilots: \$5-7.50 per thousand</p> <p>Air ambulance, power line inspection, traffic control: \$2.50-3.50 per thousand depending on occupation</p>
<p><b>Aviation: Military</b> Military pilots are exposed to different risks than civilian pilots. In addition to the risk of combat, they generally fly more hours than private pilots to maintain proficiency, and this flying can simulate combat conditions.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Which branch service (Air Force, Navy, Marine, Coast Guard)</li> <li>• Shore or carrier based</li> <li>• Instructor</li> <li>• Type of carrier</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Preferred is not available</p> <p>Most military aviation ratings range from \$2.75-5.50 per thousand</p> <p><b>Please Note:</b> If posted to war zone, coverage is typically unavailable</p>
<p><b>Aviation: Private</b> Private pilots are those who are licensed as private pilots (whether they have IFR or not) and fly for recreational and business reasons. Business flying in this category refers to non-professional pilots (not flying for pay) but flying for business purpose.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Pilot experience including rating</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Risk is based on annual hours flown, 100 plus solo hours, flying 25 hours per year or less: \$2.40 per thousand. Flying 26-150 hours per year with IFR: Standard. Without IFR, \$2.50 per thousand.</p> <p>Aviation history with medical rating Table D and up is usually only accepted with aviation exclusion rider. Lesser ratings may require the aviation exclusion rider.</p> <p><b>Aviation Exclusion Rider may be added on Individual policies but not on Survivorship Plans.</b></p>

Non-medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Aviation: Student</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> <li>• Pilot experience including any ratings</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Student pilot: \$3.50 per thousand extra</p> <p>Aviation history with medical rating Table D and up is usually only accepted with aviation exclusion rider. Lesser ratings may also require the aviation exclusion rider.</p>
<p><b>Aviation: Sport</b> This covers a number of types of recreational flight activities, which include the use of non-conventional aircraft, competition, or performances.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Pilot experience including rating</li> <li>• Amateur or professional</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Risk is based on the base aviation risk, where applicable, as well as the type of special risk.</p> <p>Ratings range from \$3.50 per thousand to individual consideration</p> <p>EXAMPLES: Ballooning may be Standard to \$3.50 per thousand</p> <p>Low altitude (50 feet): Standard, otherwise \$2.40 per thousand</p> <p>Paragliding - \$3.50 per thousand</p>
<p><b>Climbing: Cliffs</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Height of cliffs</li> <li>• Location: local area or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirement:</b> Avocation Questionnaire</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	<p>North America – Standard, otherwise \$2.50-5 per thousand</p>
<p><b>Climbing: Ice and/or Snow</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Type of terrain: established trails</li> <li>• Altitude</li> <li>• Location: North America/Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	<p>Individual Consideration-Contact the Underwriting Department</p>



Non-medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Climbing: Mountain</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Type of terrain: established trails</li> <li>• Altitude</li> <li>• Location: North America/Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	<p>North America – Standard, otherwise \$2.50-5 per thousand</p>
<p><b>Climbing: Rock</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Height of climbs</li> <li>• Climbing indoors only</li> <li>• Location if outdoor climbing: North America/Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• In/outdoor</li> <li>• Difficulty of climbs</li> </ul>	<p>Indoor wall climbing-Standard</p> <p>North America – Standard, otherwise \$2.50-5 per thousand</p>
<p><b>Driving</b> Motor vehicle accidents are the primary cause of death at younger ages and overall, the 6<sup>th</sup> leading cause of death. Contributing factors to fatal accidents include alcohol and excessive speed. At older ages (&gt; 65), it can be a flag for underlying cognitive degeneration.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Type of infractions</li> <li>• Frequency of infractions</li> <li>• DWI (Multiple)</li> <li>• Other suspensions and number of suspensions</li> <li>• Accident (at fault)</li> <li>• Risk-taking avocations</li> </ul>	<p><b>Requirement:</b> MVR</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Number and types of violations</li> <li>• Date of last violation</li> <li>• Date of last suspension, length of, and reason for suspension</li> </ul>	<p>Standard if few minor infractions.</p> <p><b>Typical Case:</b> \$3-5 per thousand extra for multiple speeding tickets or other infractions.</p> <p>Decline if ratable for alcohol, drug use, or arrested for DUI</p>
<p><b>Motor Vehicle Racing</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Type of vehicle/size of engine</li> <li>• Type of fuel</li> <li>• Frequency</li> <li>• Speeds attained (average, highest)</li> <li>• Type of course</li> <li>• Location (outside U.S. or Canada)</li> <li>• Concurrent avocations</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Type of racing and frequency</li> <li>• Speeds attained</li> </ul>	<p><b>Best case:</b> Standard</p> <p><b>Typical case:</b> \$3.50-\$5.00 per thousand extra</p> <p><b>Worst case:</b> \$7.50 per thousand extra</p>

Non-medical History	Key Underwriting Factors	Producer Assistance	Potential Underwriting Decision
<p><b>Scuba Diving</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Experience including certification</li> <li>• Depths and frequency of dives</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Dive location (i.e., lake, open ocean, beaches)</li> <li>• Dive sites (i.e., wreck, salvage)</li> <li>• Diving activities (i.e., search and rescue, caves, ice)</li> <li>• Commercial diving</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Type of diving (location, site, activities)</li> <li>• Experience</li> <li>• Frequency</li> </ul>	<p>Scuba diving (formal certification or instructor) diving with a buddy at depths: ≤ 75 feet – Standard 76 to 100 feet - \$2.50 per thousand 101 to 150 feet - \$7.50 per thousand</p> <p>Rating is based on Diving Certification</p>
<p><b>Trail climbing Trekking</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Type of terrain: established trails</li> <li>• Altitude</li> <li>• Location: North America/Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Key Considerations:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	<p>Trail climbing usually is Standard or better if done in North America or Europe.</p>



These guidelines are subject to change. Given that the severity of medical conditions varies among individuals, we generally base formal underwriting evaluations and pricing on the individual characteristics of each case. Subject to applicable law, we reserve the right to waive particular requirements and to underwrite based on requirements not listed.

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