



TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE[®]

Individual Long Term Care Insurance

II

We Make It Easy.

UNDERWRITING FIELD GUIDE

For Agent information only. Not for public distribution.

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 **TRANSAMERICA**
LIFE INSURANCE COMPANY

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WELCOME TO TRANSAMERICA

Dear Agent/Producer:

We are pleased to supply this Underwriting Field Guide as part of our commitment to making your job as easy as possible. Here you will find helpful information about our Long Term Care insurance policy features and procedures, along with the reference tables you need to evaluate your clients' insurability.

We invite you to use this guide alongside the other tools and services we proudly make available to you, such as the TransQuote® Illustration system, TransQuote® Mobile, the Agent Resource Center, and live agent support on the phone.

When you recommend Transamerica Long Term Care insurance, your clients are protected by the resources of one of the largest and most experienced financial services companies in existence today, serving the Long Term Care insurance market for more than 25 years. Today we serve more than 300,000* policyholders. In 2010, we paid over \$1 million a day in benefits to our policyholders.

Before, during and after your sale of a Transamerica Long Term Care insurance policy, we look forward to working with you, your clients and their families in building your business together.

Transamerica Long Term Care

Underwritten by Transamerica Life Insurance Company

Agent Resource Center: www.taltc.com

COUPLES DISCOUNT

Discounts are provided for couples who maintain a shared residence.

A Spouse/Partner discount of approximately 30% is applied when both spouses apply* for and are issued identical benefits.

A discount for Spouse/Partner Individuals Applying Alone of approximately 15% is applied when only one spouse applies for coverage, spouses apply for different coverage or whenever both apply and one is declined.

The term "spouse/partner" and "couple" may include married persons, domestic partners and/or civil union partners. Requirements may vary in your state.

COMPLETING THE APPLICATION

HELPFUL HINTS

The Helpful Hints on the front of the application package provide a quick reference to those pages requiring signature as well as the number of signatures required.

APPLICANT INFORMATION

Fully complete the personal information on the applicant. Note: We need the client's telephone number to enable us to conduct a Phone Interview or arrange for a Face-to-Face Assessment, depending upon age. (See typical underwriting requirements page 7.)

HEALTH AND PERSONAL HISTORY

Please note that a "YES" answer to any of these questions requires that additional details be provided. Space is available to provide that information, but an additional sheet may be attached if more space is needed. Any additional sheets must also be signed and dated by the applicant.

Please advise all applicants through age 69 to expect a telephone interview and, depending on their past/current health history, certain health issues will also require medical records. All applicants ages 70 and up (and those with a history of stroke, TIA, amnesia, memory problems, brain surgery, hearing or mobility concerns, or at the underwriter's discretion) will receive a Face-to-Face Assessment in addition to getting their medical records.

PLAN SELECTION

Complete this section in its entirety, as appropriate. This section should reflect only those coverages available in the state of issuance.

SUPPLEMENT TO APPLICATION

To ensure the agent has fully explained any limitations in coverage that the applicant may have selected, this section contains statements of understanding for the applicant to initial/sign. These items include, subject to state availability, Rejection of Benefit Increase Option and Rejection of Nonforfeiture Option.

This section also contains space for the applicant to specify an individual to be notified under the Third Party Notice Protection Against Unintended Lapse.

AGENT'S REPORT

The information you provide here gives our underwriters a more complete picture of the applicant. We ask that you answer these questions to the best of your ability and knowledge. The additional

*Changes in benefit levels due to underwriting may result in the discount being reduced to 15% for one or both members of the couple.

questions regarding Long Term Care insurance policies you've sold the applicant is mandated by state laws. Note that regardless of any replacement, all such prior policies must be listed even if they have long since lapsed.

Notice About Insurance Fraud

Transamerica Life Insurance Company (Transamerica Life) is committed to reducing fraud. You should make applicants aware that any person who facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

SIGNATURES AND EFFECTIVE DATES

1. The applicant must sign and date the application in all requested areas. We do not accept Power of Attorney signatures on any application.
2. All applications must be received in the Home Office within 30 days of the signed date.
3. Please print, as well as sign, your name on the application.
4. You must include your Agent number (please consult your local agency or MA for assistance). If we cannot identify the writing agent, and cannot determine that his/her license and continuing education credits are current, the case will not be issued and paid. Furthermore, the application and deposit will be returned directly to the applicant.
5. *Effective Date: Policies will be effective and bear a policy date which is the date the application is signed (not the approval date) and initial premium is paid, unless alternate dating is requested on the application. However, if either date is the 29th, 30th or the 31st of the month, the effective date will be the first of the following month.*

An advanced date may be requested, but only at time of application and not to exceed 90 days. If a specific advanced date is requested there will be no conditional coverage and the applicant's premium will be based upon the age as of the effective date of the policy.

Backdating is allowed to accommodate recent age changes. We will permit such requests, to a maximum of 30 days, unless the premium payment mode is single pay. Single pay cases cannot be backdated. In all cases, where backdating is allowed, back premiums must be paid upon placement.

Please refer to the Conditional Receipt for all conditions governing when insurance becomes effective. Answers to questions on the application must be as of the date the application is completed.

CONDITIONAL RECEIPT

You must collect premium with each application for Long Term Care insurance in order for Transamerica Life to initiate the processing. When you do, be sure to provide the applicant with a copy of our Conditional Receipt. The Amount Received should equal the modal premium. In lieu of a full modal premium, the applicant may submit two months' premium (California and New Hampshire are limited to collection of premium amounting to one month's coverage).

UNDERWRITING CONSIDERATIONS

The underwriting of Long Term Care insurance involves consideration of medical evidence, functional performance, and cognition.

Each of these factors is critical in the risk selection process for Long Term Care insurance. The sources for this information may include the application, Medical Records, a Phone Interview, a Face-to-Face Assessment and/or any other evidence required by the Underwriter, depending on age and health history. (See Underwriting Requirements.)

- **Medical evidence** is simply any findings, current or by history, that relate to the physical or mental health of the proposed insured.
- **Functional performance** includes such things as independence in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and other indicators that the applicant is active and functionally unimpaired. (See Definitions & Abbreviations.)
- **Cognition** relates to one’s awareness and perception, as well as the ability to understand and reason. While early stages of cognitive impairment may be difficult to detect, it is a critical element in the underwriting for Long Term Care insurance. Such impairments tend to be progressive and *may* be indicative of Alzheimer’s or other types of dementia.

UNDERWRITING REQUIREMENTS

MEDICAL RECORDS

We routinely request copies of the medical records on those applicants ages 66 and older. We currently use Attending Physician Statements “(APS) for cause” on those applicants under age 66. Medical conditions requiring an APS are indicated with an “*” in the medical conditions section of this guide.

We have been assured of expeditious handling by each of our approved vendors, and we offer our 24/7 Agent Resource Center (www.taltc.com) for status information. We also have a toll free number for status information during normal business hours.

FACE-TO-FACE ASSESSMENT (F2F)

For applicants age 70 and older (and those with a history of stroke / TIA / amnesia / memory problems / brain surgery / hearing or mobility limitations, or other issues triggering underwriting concerns), we will conduct a special Face-to-Face Assessment completed by an approved vendor.

A Face-to-Face Assessment is an evaluation where a trained assessor visits with the applicant at his/her residence. The Assessment includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic Activities of Daily Living. Physical observations are made, and additional mobility and cognitive testing are included as well. On occasion we may require such an assessment below age 69, at our discretion. (We will inform you of such requests.)

PHONE INTERVIEW

An interview is usually performed for all applicants through age 69 to verify the accuracy of the information on the application, and to help determine additional information/clarification regarding the applicant’s health, functional performance and cognition. Your client should be advised to expect our call; the application provides space to indicate the best time for us to contact them and the phone number to be used.

MEDICAL INFORMATION BUREAU (MIB) and Prescription Drug Information

On all applicants, we may check the Medical Information Bureau (MIB) and a Prescription Drug Database. Please remember to give every applicant a copy of the Disclosure Notices: MIB and Fair Credit Reporting.

UNDERWRITING EVIDENCE

AGE	EVIDENCE TYPE
≤ 65	MIB, Prescription History, Telephone Interview, Face-to-Face “For Cause”, Medical Records “For Cause”
66 - 69	MIB, Prescription History, Telephone Interview, Medical Records, Face-to-Face Assessment “For Cause”
70 - 79	MIB, Prescription History, Face-to-Face Assessment, Medical Records

**Underwriting reserves the right to request additional evidence (i.e. Paramedical exams, Motor Vehicle Reports, Blood Work, etc.) in unique circumstances where our normal evidence does not provide enough detail to complete accurate risk selection.

RATINGS AND OTHER MODIFICATIONS

Every effort will be made to place the applicant in the best rating classification, regardless of what has been applied for. When the underwriting evidence indicates that a policy cannot be issued as applied for, we will not simply decline, but will instead give consideration to providing an alternate offer. In addition to Standard premium rates, we may be able to offer coverage on a Class 1 through Class 4 basis with increases in premium.

When additional premium may not be the best option for underwriting, other alternatives may be offered, e.g. a longer Elimination Period, a shorter Maximum Benefit Period and/or a Reduced Daily Benefit amount. We will decline only where an alternate offer is not reasonably prudent.

RATED CLASS	ADDITIONAL PREMIUM	DAILY BENEFIT*	MAX BENEFIT POOL	MIN EP
1	25%	\$150	\$275,000	90
2	50%	\$150	\$275,000	90
3	75%	\$100	\$125,000	90
4	100%	\$100	\$125,000	90

* There may be State or State Partnership variations

UNDERWRITING PROCEDURES

1. Send the application and the modal premium payment, as well as all state-required Suitability and Disclosure forms through your agency. These must be received in the Home Office within 30 days of the signed date. HIPAA and MIB Authorization must be signed and dated reflecting the date the application is signed before Underwriting processing can begin.
2. Upon receipt in our Administrative Office, the agent/broker license, compliance with the continuing education requirements and appointment status are verified.
3. The file is reviewed in the underwriting area and any necessary medical information will be requested.
4. All requirements, medical records and other forms and information must be received within 60 days of application date. If not, the file will be closed as incomplete and the premium will be refunded directly to the applicant. If you wish to reopen an applicant's case once incompleted, we require a new fully completed application with a current signed date.
5. In the event an application is declined or issued other than as applied for, we will give you the reason for that action, to the extent permitted by law. In some cases, the LTCi underwriter will notify you that reconsideration may be possible with the passage of time. A letter with a detailed explanation of the adverse underwriting decision will be sent to the applicant along with any refund due.
6. Unless otherwise prohibited, copies of all correspondence will be sent to the writing agent via the appropriate agency or office, as they will assist in the underwriting process from application through policy issue.

REINSTATEMENT

The following reinstatement is generic in nature:

If a renewal premium is not paid on or before the premium due date, we will accept full payment during the 31-day period following the due date (the grace period) without requiring formal reinstatement. For those clients selecting a Third Party for notification against unintended lapse, we will allow an additional 35 days in which we must receive a payment. When premium due is not received during these periods, the policy will terminate or lapse. Under no circumstance is any money to be accepted following the maximum 65-day grace period, without fully complying with the reinstatement requirements that follow.

For lapsed/terminated policies we will consider applications for reinstatement for up to a maximum of 90 days from the paid-to/due date. Reinstatement requires full completion of a currently dated application and regular underwriting requirements. We will notify you of all past due premium amounts. Additional evidence may be required at our discretion to establish insurability. Coverage is not then in effect and benefit changes will not be considered until such time the reinstatement has been approved by the Home Office and all past due premiums are received. (Premium is not to be collected at time of applying for reinstatement.)

Reinstatement is not available for policies that have been lapsed or terminated for more than 90 days from the paid-to/due date. Such persons may submit an application for current programs available and any coverage applied for will be fully underwritten and premium will be based upon attained age. Policies which are cancelled by the policyholder are not eligible for reinstatement.

An exception to this reinstatement procedure is if the insured, at time of lapse/termination, has a severe Cognitive Impairment or inability to perform two or more Activities of Daily Living (as defined in the policy). In such a case, if the request for reinstatement is received within 180 days of the date of termination/lapsing, the policy will be reinstated subject to satisfactory proof of the Severe Cognitive Impairment or ADL deficiency, as well as collection of all past due premium. This provision is set forth in further detail in the policy.

POLICY CHANGES: INCREASES AND DECREASES OF BENEFITS

INCREASES

We will not accept increases in risk to an existing policy, which would include increasing Maximum Daily Benefit, Policy Maximum Amount, Benefit Period or additional policy features as determined by the Home Office. An individual would be required to apply for a new policy to replace the existing coverage at the attained age rates.

DECREASES

Requests for benefit decreases include such things as

- Cancellation of optional riders;
- Decrease of the Maximum Daily Benefit;
- Decrease of the Benefit Period (Policy Maximum); and
- An increase in the Elimination Period.

All such benefit decreases require a signed written request along with the applicant's signature and date. No evidence of insurability is required for such changes. Decreases will be effective on the next monthly policy due date after the changed application, with a pro-rata return on any excess premium paid in advance. Core benefits (i.e., Nursing Home, Assisted Living Facility and Home Health Care) can be reduced but not removed completely from the policy.

If a couple, both applicants must apply for an identical change in coverage. Failure to do so could result in removal of the discount(s) and or certain riders.

MAXIMUM APPLICATION AGE AND REOPENING OF AN APPLICATION

Applications will be closed as incomplete if we do not have all necessary evidence sixty (60) days from the application date. If you wish to reopen an applicant's case once incompleting, we require a new fully completed application with a current signed date.

UNDERWRITING IMPAIRMENTS IN GENERAL

While the impairments included here are primarily medical, additional factors related to ADLs/IADLs and cognitive functioning have also been incorporated. Although the list of impairments is extensive, it does not include all possible conditions you may encounter. In addition, the underwriting determinations that

are provided in these guides are based on individual impairment, while in the field; you may encounter multiple impairments. Whenever you have questions we encourage you to contact your local agency or MA.

The most favorable offers will be in those situations where:

- Married Couples both apply together
- Those with an active, healthy lifestyle (work, active, exercise, non-smoker, etc.)
- Regular physician visits for health maintenance & monitoring control of current conditions
- Frequent Social activities outside the home with volunteering and hobbies/clubs, etc.

Those applicants/cases normally resulting in **less favorable** decisions include:

- Applications already rated or declined from other LTCi carriers
- Incomplete health histories (many times indicates poor control)
- Severe medical concerns likely to cause long term periods of disability
- Medical conditions with partial recovery or poor control/response to treatment
- Poor functional or cognitive capacity
- Recent health condition detection or surgery (will consider minor out-patient surgery once completed and with a full recovery)
- Comorbidity (i.e. health conditions that tend to aggravate each other)

******We will not accept applications or underwrite any individual or couple currently residing in or considering a Continuing Care Retirement Community (CCRC)******

DEFINITIONS & ABBREVIATIONS

ADLs (Activities of Daily Living) refer to those basic daily tasks necessary to maintain a person's well-being. These include:

- Bathing
- Contenance
- Eating
- Dressing
- Toileting
- Transferring (i.e., the ability and the reverse of abilities to move in and out of a chair or bed and ability to walk with or without the aid of equipment such as a cane, braces, crutches, walker, or wheelchair).

Limitations in the ability to perform ADLs are usually a strong predictor of subsequent long term care needs.

IADLs (Instrumental Activities of Daily Living) refer to those activities that require higher levels of functional ability than ADLs. These include:

- Ability to handle one's finances
- Ability to use the telephone
- Food preparation
- Housekeeping
- Laundry
- Taking one's medications
- Shopping

Limitations with one or more IADLs may be leading indicators of a higher utilization of Long Term Care insurance claims/services.

Individual Consideration: It is not always possible to include all the variations of a given impairment that the underwriter must consider, to determine the most appropriate risk classification. Those variables may include additional factors from the Phone Interview and/or an LTC Assessment. Where "Individual Consideration" is indicated, a review of all underwriting evidence is required before a final determination can be made.

In Long Term Care insurance underwriting, certain combinations of impairments are more significant than others. Thus, we look at the relationship between the different conditions in determining the ultimate

risk classification. In addition, findings on the phone interview or long term care assessment (i.e., how active the applicant is, whether or not activities are restricted, observations regarding cognitive function, mobility, etc.) are also of considerable importance.

For example, several otherwise “Standard” class impairments may warrant no better than a substandard rate offer. Where two impairments could exacerbate each other, such as Diabetes and Coronary Artery Disease, the risk may be uninsurable. Thus, the appropriate final action involving multiple impairments will require the underwriter to evaluate all the facts in combination, and exercise informed judgment accordingly. Where questions remain, consult freely with your local agency or MGA.

FIRST APPLICATION RULE

In the event that two applications are submitted for the same individual from two different producers, we will process the first application received in house and will return the subsequent application to the submitting agent.

DELIVERY RECEIPT

A delivery receipt will be included with each issued policy. The delivery receipt must be signed, returned and received in the administrative office within 30 days or the new policy will be mailed directly to the policy owner for signature. This procedure will ensure compliance with requirements under the IRS code which mandates that tax-qualified Long Term Care policies are delivered to the policyholder within 30 days of approval.

SOME MEDICATIONS ASSOCIATED WITH UNINSURABLE HEALTH CONDITIONS

Drug Name	Condition	Drug Name	Condition
3TC	AIDS	Memantine	Alzheimer's Disease
Adriamycin	Malignant Tumors	Mestinon	Myasthenia Gravis
Alkeran	Cancer	Methadone	Chronic Pain
Amantadine	Parkinson's Disease	Metrifonate	Dementia
Aranesp	Anemia	Mirapex	Parkinson's Disease
Aricept	Dementia	Morphine	Chronic Pain
Artane	Dementia	MS Contin	Chronic Pain
Avinza	Chronic Pain	Myleran	Cancer
Avonex	Multiple Sclerosis	Namenda	Alzheimer's Disease
AZT	AIDS	Narcotics	Chronic Pain
Baclofen	Multiple Sclerosis	Narvane	Psychosis
Betaseron	Multiple Sclerosis	Nelfinavir	AIDS
Carbidopa	Parkinson's Disease	Neoral	Severe Arthritis, Immunosuppression
Cogentin	Parkinson's Disease	Neulasta	Anemia
Cognex	Dementia	Norvir	AIDS
Combivir	AIDS	Oxycontin	Chronic Pain
Copaxone	Multiple Sclerosis	Paraplatin	Cancer
Cycloserine	Alzheimer's Disease	Parlodel	Parkinson's Disease
Cytosan	Cancer, Immunosuppression	Parsidol	Parkinson's Disease
D4T	AIDS	Permax	Parkinson's Disease
DDC	AIDS	PhosLo	Kidney Failure
DDI	AIDS	Plenaxis	Advanced Prostate Cancer
Depo-Provera	Cancer	Procrit	Kidney Failure, AIDS
DES	Cancer	Prolixin	Psychosis
D-Pencillamine	Rheumatoid Arthritis	Purinthenol	Progressive Ulcerative Colitis
Duragesic Patch	Chronic Pain	Razadyne	Alzheimer's Disease
Edzicom	AIDS	Rebif	Multiple Sclerosis
Eldepryl	Parkinson's Disease	Remicade	Rheumatoid Arthritis, Crohn's Disease
Epogen	Kidney Failure, AIDS	Reminyl	Dementia
Ergoloid	Dementia	Renagel	Kidney Failure
Estinyl	Cancer	Requip	Parkinson's Disease
Exelon	Dementia	Retrovir	AIDS
Fetanyl Patch	Chronic Pain	Reyataz	AIDS
Geodon	Schizophrenia	Ridura	Rheumatoid Arthritis
Gleevic	Cancer	Riluzole	ALS
Haldol	Psychosis	Risperdal	Psychosis
Herceptin	Cancer	Ritonavir	AIDS
Hydergine	Dementia	Sandimmune	Immunosuppression, Severe Arthritis
Hydrea	Cancer	Seroquel	Psychosis
Imuran	Severe Arthritis, Immunosuppression	Stelazine	Psychosis
Indinavir	AIDS	Sustiva	AIDS
Interferon	AIDS, Cancer, Hepatitis, Multiple Sclerosis	Symbyax	Psychosis
Invirase	AIDS	Symmetrel	Parkinson's Disease
Kadian	Chronic Pain	Teslac	Cancer
Kemadrin	AIDS	Thiotepa	Cancer
Kineret	Parkinson's Disease	Thorazine	Psychosis
Larodopa	Parkinson's Disease	Trillifon	Psychosis
L-Dopa	Parkinson's Disease	Truvada	AIDS
Leukeran	Cancer, Immunosuppression	Tumor Necrosis Factor	Rheumatoid Arthritis
Levodopa	Parkinson's Disease	Tysabri	Multiple Sclerosis
Lexiva	AIDS	VePesid	Cancer
Lioresal	Multiple Sclerosis	Vincristine	Cancer
Lomustine	Cancer	Virmune	AIDS
Megace	Cancer	Xyrem	Narcolepsy
Mellaril	Psychosis	Zanosar	Cancer
Melphalan	Cancer	Zolodex	Cancer

MEDICAL CONDITIONS / UNDERWRITING ACTIONS

Preferred Criteria (in addition to Build)

• No Tobacco Use in past 36 months	• No medical confinements within past six months
• No Cardiovascular/Cerebrovascular Events (AFib, CVA, TIA, MI, HTN...) or conditions	• No mobility risk factors (i.e. falls, osteoporosis, significant arthritis, etc.)
• No use of assistive Devices	• Regular medical follow up (minimum once every two years)
• No history of Diabetes	• Demonstrated control of medical conditions

*Note – All applicants should be quoted using standard rates.

BUILD CHART

The weights under the Preferred heading represent the minimum and maximum for Preferred at the given height. The weights noted Standard, Individual Consideration and Class rated are the maximum acceptable weights for those rate classes respectively. Any weight less than the minimum for Preferred or exceeding the maximum for class rating will usually be declined.

1. Medical Records will be required on those weights that are either under the Preferred weight or over the **Standard** range, marked with a star “*”.
2. Individual Consideration: Applicants who are fully functional with no complications or comorbidities (such as diabetes, stroke, arthritis, hip or knee replacements, etc.) that will increase the risk of disabilities will usually be issued at standard. Applicants with complications or comorbidities will be issued with class ratings and some will be declined.
3. Applicants with complications or comorbidities in addition to a weight above Individual Consideration or below the Minimum in the Build Chart will typically be declined.

MAXIMUM ACCEPTABLE WEIGHTS (BUILD ALONE)

Height	Minimum	Preferred	Standard	Individual * Consideration	Class Rated *
4'8"	< 85	156	189	200	214
4'9"	< 88	162	193	204	218
4'10"	< 91	167	197	208	222
4'11"	< 94	173	201	212	227
5'0"	< 97	179	205	216	232
5'1"	< 100	185	210	221	237
5'2"	< 104	191	214	225	243
5'3"	< 107	197	219	232	250
5'4"	< 110	204	225	237	256
5'5"	< 114	210	231	243	263
5'6"	< 118	216	237	250	270
5'7"	< 121	223	243	257	277
5'8"	< 125	230	250	262	284
5'9"	< 128	236	257	269	291
5'10"	< 132	243	264	278	300
5'11"	< 136	250	271	287	310
6'0"	< 140	258	279	292	322
6'1"	< 144	265	287	299	330
6'2"	< 148	272	295	308	338
6'3"	< 152	279	303	317	345
6'4"	< 156	287	311	325	351
6'5"	< 160	295	319	334	360
6'6"	< 164	303	326	345	371

INDIVIDUAL IMPAIRMENTS

*ACOUSTIC NEUROMA

Face-to-Face cognitive assessment required

1 year after surgery – no residuals

Usually Standard

Otherwise

Decline

ADL DEFICIENT

All cases

Decline

ADULT DAY CARE

Decline

*ADULT RESPIRATORY DISTRESS SYNDROME / ARDS

History of ARDS, resolved, fibrosis moderate at worst, no restricted activity, no oxygen use, >12 months ago

Individual Consideration

Otherwise

Decline

AIDS / ACQUIRED IMMUNE DEFICIENCY SYNDROME

All cases

Decline

ALCOHOLISM / ALCOHOL ABUSE

Reform/abstinent within 3 years, and no prior relapse

Decline

***Abstinence** over 3 years, no residuals

Usually Standard

With residuals

Decline

With one prior relapse

add 2 years to the above times

With two or more prior relapses

Usually Decline

ALZHEIMER'S DISEASE

All cases

Decline

*AMNESIA

See TRANSIENT GLOBAL AMNESIA

*AMAUROSIS FUGAX

Handle same as TIA/Stroke/CVA/Brain Attack

AMPUTATION (Please call underwriting for pre-qualification)

Fully functional with no assistance or mechanical aids required

*Due to trauma, (medical records required if within 12 months single limb only)

Usually Standard

Otherwise, due to Diabetes or other disease

Decline

AMYOTROPHIC LATERAL SCLEROSIS / ALS (LOU GEHRIG'S DISEASE)

All cases

Decline

ANEMIA

***Cause unknown** (medical records required only if within 12 months)

Hemoglobin 12 or more, no further treatment/studies indicated

Possible Standard

Aplastic (lacking in cell production)

Cause known, fully resolved, no further exposure to causal agent, 6 months ago

Underwrite for Cause

Otherwise

Decline

ANEMIA – Continued

Hemoglobin 12 or more, bilirubin not over 2.0, stable >6 months ago	Underwrite for Cause
Hemoglobin 10 to 12, bilirubin 2.0 or less, stable >6 months ago	Class 1 + Underwrite for Cause
Otherwise	Decline
Iron Deficiency	
Hemoglobin 10.5 up, no transfusions, no chronic blood loss, stable, >6 months ago	Standard
*Hemolytic (reduced red cell survival time)	
**Pernicious (medical records required only if within 12 months)	
CBC normal, no neurological complications, stable on periodic B12 injections, >6 months ago	Standard
Otherwise	Individual Consideration
Other	
Sickle cell disease	Decline
Sickle cell trait	Standard

*ANEURYSM

Abdominal (AAA)

Operated, stable, no residual >6 months ago	Standard
Unoperated, stable, 3.0 cm or smaller	Usually Standard
Stable, 3.1 to 4.0 cm	Class 2
Stable, 4.1 to 5.0 cm	Usually Class 3 - Class 4
5.1 cm or larger or unstable growth	Decline
Thoracic – all	Decline
Cerebral, >2 years ago – (Cognitive assessment required)	Individual Consideration

*ANGINA PECTORIS/CORONARY ARTERY DISEASE / HEART ATTACK

Functional Class I – Patients with cardiac disease but without limitations on physical activity. They do not experience undue fatigue, palpitation, dyspnea, or angina.

Functional Class II – Patients with cardiac disease resulting in slight limitation of physical activity. Comfortable at rest, though ordinary physical activity may result in fatigue, palpitations, dyspnea, or anginal pain.

Functional Class III – Patients with cardiac disease which results in marked limitation of physical activity. Comfortable at rest, but less than ordinary physical activity causes fatigue, palpitation, dyspnea, or angina.

Functional Class IV – Patients with cardiac disease that results in an inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency, or of angina, may be present even at rest. Discomfort is increased with any physical activity.

Within 3 months	Postpone
>3 months ago – Stable, no Complications*	
Functional Class I	Usually Standard
Functional Class II	Usually Standard
Functional Class III	Possibly Class 3 - Class 4
Otherwise:	
Functional Class IV	Decline

*Complications may include but are not limited to Diabetes, Stroke (CVA/TIA), Emphysema (COPD), High Blood Pressure, Kidney Disease, Peripheral Vascular Disease (PVD), Neuropathy, Nephropathy or Retinopathy.

*ANGIOPLASTY	(See ANGINA)
Within 3 months	Postpone
<i>Asymptomatic – 3 months up, no complications (see ANGINA Section for details)</i>	
Functional Class I	Usually Standard
Functional Class II	Usually Standard
Functional Class III	Possibly Class 3 - Class 4
Otherwise:	
Functional Class IV	Decline
*ANKYLOSING SPONDYLITIS / MARIE STRUMPELL ARTHRITIS	
Inactive, with or without rigid spine, no other residuals	Standard
Otherwise	Individual Consideration
ANTICIPATED SURGERY (not listed elsewhere)	
Minor, non-diagnostic procedures which are done on an outpatient basis	Underwrite for Cause
Otherwise	Postpone until full recovery
*AORTIC INSUFFICIENCY / AORTIC STENOSIS	
Operated , full recovery, >3 months ago:	
Asymptomatic, stable, no complications	Usually Standard
Otherwise	Decline
Unoperated , >12 months ago:	
<u>Mild</u> , no dizziness or syncope, asymptomatic	Usually Standard
Otherwise	Decline
*APHASIA	
Cause known	Underwrite for Cause
Cause unknown	Usually Decline
*APRAXIA	
Present	Decline
History of, resolved, >6 months ago:	
Cause known	Underwrite for Cause
Cause unknown	Usually Decline
*ARRHYTHMIA	
<i>Atrial fibrillation (includes PAT, PAC, SVT)</i>	
<u>One episode</u> only, no known Coronary Artery Disease / Congestive Heart Failure / Heart Attack / Myocardial Infarct / Cerebral Vascular Accident / Transient Ischemic Attack	
>6 months ago	Usually Standard
<u>Recurrent/Chronic episodes</u> – infrequent, short duration, no complications, under treatment usually with anticoagulation Rx – >12 months ago	Usually Standard
<u>age 69 and under</u> – asymptomatic	
Otherwise or symptomatic	Decline

*ARRHYTHMIA – Continued

Recurrent/Chronic episodes – infrequent, short duration, no complications, under treatment usually with anticoagulation Rx – >12 months ago age 70 and up – asymptomatic	Usually Class 1, limited plan
Otherwise or symptomatic	Decline
Ectopic beats (includes PVC and VT)	
PVC – Mild to moderate, stable with or without medication	Usually Standard
Otherwise or VT	Decline
Sick Sinus Syndrome	
<u>Operated</u> , pacemaker, Asymptomatic	See PACEMAKER
<u>Unoperated</u> , minor dysrhythmia	Usually Decline
Asymptomatic	Usually Standard
Otherwise or symptomatic	Usually Decline

*ARTERITIS

Cranial, giant cell or temporal	
Present, less than 6 months	Postpone
>6 months ago, well controlled	Usually Class 1
Otherwise	Individual Consideration

ARTHRITIS

Mild , no limiting disability, treated with aspirin or nonsteroidal anti-inflammatory drugs, occasional pain	Usually Standard
* Moderate , occasional mild limitations, chronic pain, AM stiffness, occasional corticosteroids not to exceed 10 mgm	Usually Class I
Severe , treatment with 10+ mgm corticosteroids or Gold or Methotrexate, functional limitations or assistive devices	Decline

ASSISTED LIVING FACILITY

Decline

ASTHMA

Nonsmoker	
Mild , less than 6 attacks per year, occasional medication required, no steroids, no COPD	Usually Standard
* Moderate 6 – 10 attacks per year, use of bronchodilators, steroid use for acute episodes only, no COPD or hospitalization	Usually Class 1
* Severe (other than above) regular steroids, functionally limited	Decline
Smoker	
* Mild (same criteria as Mild above)	Class 1
* Moderate (same criteria as Moderate above)	Usually Class 3 or Class 4
Otherwise	Decline

ATAXIA

All cases	Usually Decline
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*ATRIAL FIBRILLATION

See ARRHYTHMIA

*BALANCE DISORDER	See FAINTING
BELL'S PALSY	
All cases	Usually Standard
*BLACKOUT SPELLS (medical records required if within 2 years)	
Within 6 months, cause unknown	Decline
All others	Individual Consideration
*BLINDNESS (medical records if onset within 24 months, may require F2F)	
Congenital, traumatic, or Macular Degeneration, fully functional within 12 months	Decline
Over 12 months	Usually Standard
Functionally impaired	Decline
BRACES	
*Back brace (not if only employment requirement)	
Removable, no disability, fully functional in ADLs and IADLs	Individual Consideration
Otherwise	Decline
*Leg brace	
One leg, no disability, fully functional in ADLs and IADLs	Individual Consideration
Otherwise	Decline
BRAIN DISORDER	
Organic Brain Syndrome (OBS), Chronic Brain Syndrome, unoperated aneurysm or tumor, Hydrocephalus	Decline
*Surgically corrected aneurysm or tumor without residuals after 2 years	Individual Consideration
BLOOD PRESSURE	See HYPERTENSION
BI-POLAR DISEASE	See MANIC DEPRESSION
*BRONCHIECTASIS	
Nonsmoker , no COPD, no associated disability, >1 year ago	Usually Class 1
Otherwise	Decline
BRONCHITIS	Standard
BRONZE DIABETES (Hemochromatosis)	
All cases	Decline
BURSITIS	
History of, or present, no other evidence of rheumatoid arthritis	Usually Standard
Otherwise	Underwrite for Cause
*BY-PASS, CORONARY / CABG	
Within 3 months	Postpone
<i>3 months up, asymptomatic, no complications (see ANGINA Section for details)</i>	
Functional Class I or II (mild & moderate)	Usually Standard
Functional Class III	Possibly Class 3 - Class 4
Functional Class IV (severe, symptomatic)	Decline

*CANCER (medical records required within 3 years)	
Brain Tumor (benign or malignant)	
Date successful treatment within 2 years	Decline
*Date successful treatment over 2 years (usually requires F2F)	Usually Standard
Skin Cancer (basal cell, squamous cell, not melanoma)	
	Standard
*Internal cancer (and melanoma)	
Date of last treatment within 6 months	Decline
Date of last treatment over 6 months, no residuals, no metastasis or recurrence	Usually Standard
Recurrence greater than 2 years, treatment free, no residuals	Class 3 - Decline
All others	Individual Consideration

CANE

Quad or three prong cane	Decline
*Single cane, occasional use (Requires F2F Assessment)	Usually Standard

*CARDIOMYOPATHY

Within 1 year	Decline
>1 year ago, no evidence of congestive heart failure, stable with good follow-up* and Functional Class I & II (see ANGINA)	Individual Consideration
Otherwise	Decline
*If secondary to other condition and that underlying cause removed with reversal of the cardiomyopathy	

*CAROTID ARTERY DISEASE / STENOSIS / BRUIT

Asymptomatic , no prior stroke or transient ischemic attack (TIA), no Diabetes or Heart Disease	
Operated (endarterectomy) >3 months ago	Standard - Class 1
Unoperated, stenosis 60% or less, no symptoms	Individual Consideration
Symptomatic or Otherwise	Decline

CARPAL TUNNEL SYNDROME

No lasting disability	Standard
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CATHETER

Indwelling	Decline
*Intermittent	Usually Standard

*CEREBRAL ATROPHY

Individual Consideration

CEREBRAL PALSY

All Cases	Decline
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*CEREBRAL VASCULAR ACCIDENT / CVA / STROKE

F2F Assessment required

Within 24 months	Decline
One episode only, >24 months ago, full recovery, no residuals, no chronic atrial fibrillation, nonsmoker, good BP control	Usually Standard
Otherwise or with Diabetes or other severe circulatory disease (CAD, PVD, etc.)	Decline

CHARCOT – MARIE – TOOTH DISEASE	
All cases	Decline
CHAIR LIFT	Decline
*CHEST PAIN	See ANGINA
*CHRONIC FATIGUE SYNDROME (medical records within 2 years) Functional in ADLs/IADLs – >1 year ago	Usually Standard
*CHRONIC LYMPHOCYTIC LEUKEMIA / CLL 1 year up, limited plan, stage 0 or 1 Otherwise	Standard Often Decline
*CHRONIC OBSTRUCTIVE PULMONARY DISEASE / COPD <i>Nonsmoker</i> Mild , non-progressive, no steroid required, no limitations Moderate , may require occasional steroid use, no limitations, no oxygen used Otherwise <i>Smoker</i> Mild , non-progressive, no steroids required, no limitations, Stable 2 years or more Moderate, may require occasional steroid use, no limitations, no oxygen used Otherwise	Standard Usually Standard Decline Individual Consideration/ Usually Class 2 Individual Consideration/ Usually Class 3 - Class 4 Decline
CIRRHOSIS OF LIVER All cases	Decline
COLITIS <i>Irritable or spastic bowel, functional</i> All cases Well controlled, stable, with onset greater than 6 months ago * Crohn's, Ileitis or Ulcerative Colitis (medical records if within 2 years) Operated, >6 months ago, well controlled Unoperated, >6 months ago, well controlled Otherwise	Usually Standard Usually Standard Usually Standard Standard Usually Decline
*COLOSTOMY / ILEOSTOMY Temporary , reversed and fully healed, 6 months up Permanent , fully adapted to use without need for assistance, >6 months ago Otherwise	Individual Consideration Underwrite for Cause Decline
*COMPRESSION FRACTURE Single without osteoporosis Multiple or with osteoporosis	Individual Consideration Decline
CONFUSION	Decline

CONGESTIVE HEART FAILURE	
Within 6 months	Decline
*Over 6 months, single episode, stable (class I or II)	Individual Consideration
Otherwise (includes unstable, Functional Class III or IV)	Decline
*CORONARY ARTERY/HEART DISEASE	
(Bypass, angina, etc. without complications – See ANGINA for Functional Classification)	
Within 3 months	Postpone
>3 months ago – Stable	
Functional Class I or II (mild to moderate)	Usually Standard
Functional Class III	Possibly Class 3 or Class 4
Functional Class IV (severe) or unstable	Decline
CREST SYNDROME	
(Calcinosis, Raynaud's phenomenon, Esophageal dysfunction, Sclerodactyly Telangiectasia)	Decline
*CROHN'S DISEASE	
	See COLITIS
*DEFIBRILLATOR	
All cases – >6 months ago	Individual Consideration/ Usually Class 1
DEGENERATIVE DISC DISEASE (DDD, DJD)	
	See ARTHRITIS
DEMENTIA	
All Cases	Decline
DEMYELINATING DISEASE	
All cases	Decline
DEPRESSION (medical records may be required for mild, if treated within 12 months)	
Mild includes generalized anxiety disorder, requiring minimal medication or psychotherapy, no related periods of confinement or disability, >6 months ago	Usually Standard
* Moderate , single episode only, may include short period of confinement, well adjusted with no ECT, no further treatment required other than maintenance medication – >1 year ago	Individual Consideration
Otherwise	Decline
*DIABETES MELLITUS	
Type I or insulin dependent (IDDM) , onset 12 months ago, well controlled with no complications*	
Onset age 45 or above, good control with current Glyco/A1C at or less than 8.0	Usually Class 1 - Class 2
Otherwise or with Complications*	Decline
Type II or non-insulin dependent (NIDDM) , onset 12 months ago, well controlled by diet or oral medication, no complications*	
Onset age 31 or above, good control with current Glyco/A1C at or less than 8.0	Usually Standard
Otherwise or with Complications*	Decline
*Complications include, but are not limited to: Coronary Artery Disease (CAD, Heart Attack, Angina), Cerebral Vascular Disease (Stroke / CVA / TIA), Peripheral Vascular Disease (PVD), Kidney Disease, Nephropathy, Neuropathy, and Retinopathy.	

DIALYSIS	Decline
*DISABILITY (on LTD or Social Security Disability)	Individual Consideration
DIZZINESS / VERTIGO	
Cause known	Underwrite for Cause
*Cause unknown, within 6 months	Usually Postpone
*Cause unknown, 6-36 months ago, well investigated, no residuals, no recurring	Individual Consideration
Over 36 months	Usually Standard
DISORIENTATION	Decline
DRUG ABUSE	
Within 3 years	Decline
*Over 3 years, no residual, no relapse	Usually Standard
EMPHYSEMA	See CHRONIC OBSTRUCTIVE PULMONARY DISEASE / COPD
ENDARTERECTOMY	See CAROTID ARTERY DISEASE
*EPILEPSY	
Absence, Jacksonian, Petit mal or Simple partial	
12 months since last attack	Usually Standard
Grand mal, well controlled	
12 months to 3 years since last attack	Usually Class 1
Fully controlled, last attack over 3 years	Standard
ESOPHAGEAL VARICES	
All cases	Decline
*FALLS (medical records if within 2 year)	
One fall , >6 months ago, risk otherwise favorable	Standard
Frequent falls (three or more within 24 months)	Decline
Otherwise	Individual Consideration
*FAINTING (medical records required if within 12 months)	
Fainting spell, blackout, vertigo, dizziness, balance disorder, or mobility deficit (one episode) after 6 months	Individual Consideration
Chronic	Decline
*FIBROMYALGIA / MYALGIA (medical records required if within 2 years)	See ARTHRITIS
FRACTURE / NOT HIP OR SPINE / NO OSTEOPOROSIS	
Single fracture	
3 months up, full recovery, no residuals, accidental	Usually Standard
*With complications or further treatment required, 6 months up	Individual Consideration
Otherwise or with history of osteoporosis or osteogenesis imperfecta	Decline
*Multiple fractures traumatic in nature	Individual Consideration

GALL BLADDER DISORDERS	
Due to stones, operated or unoperated >3 months ago	Standard
GLAUCOMA	
Minimal vision loss, stable, fully functional	Standard
*Otherwise	Individual Consideration
*GLOMERULONEPHRITIS	See NEPHRITIS
GOITER	See HYPERTHYROIDISM and HYPOTHYROIDISM
GOUT	
Well controlled with minimal symptoms	Standard
GREENFIELD FILTER	Decline
GUILLAIN-BARRE SYNDROME	
Full recovery with no residuals, >6 months ago	Usually Standard
*Otherwise	Individual Consideration
*HANDICAP STICKER / PLACARD / LICENSE PLATE	
All cases	Underwrite for Cause
HEMOCHROMATOSIS (Bronze Diabetes)	
All cases	Decline
HEART ATTACK	See ANGINA
HEART VALVE REPLACEMENT	See VALVE REPLACEMENT
HEPATITIS (if type unknown, medical records required)	
Type A only	
Acute episode, fully resolved, >3 months ago	Usually Standard
*Type B	
Chronic persistent (proven by biopsy), >12 months ago	Usually Standard
Resolved, 12 months up	Usually Standard
Chronic Active	Decline
Type C, D, E, active or chronic	Decline
HERNIATED DISC	
Operated , full recovery, no residuals, >6 months ago	Standard
Unoperated , fully functional, >6 months ago	Standard
*Otherwise, some residual or disability	Individual Consideration
*HIP FRACTURE/DISORDERS	
Fracture (with Osteoporosis)	Decline
Replacement without complications, >6 months ago, no further treatment, fully functional	Usually Standard
With complications and/or symptomatic.	Decline

***HODGKIN'S DISEASE / LYMPHOMA**

Rate from date of completion of chemotherapy or radiotherapy	See CANCER
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HOME HEALTH CARE (See cause for medical record ordering)

Current	Postpone
History of, >6 months ago, full recovery, no residuals	Individual Consideration/ Underwrite for Cause

HUMAN IMMUNODEFICIENCY VIRUS / HIV

All cases	Decline
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HUNTINGTON'S CHOREA

All cases	Decline
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HYDROCEPHALUS

	Decline
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HYPERTHYROID / HYPOTHYROID / THYROID REPLACEMENT

Hyperactive , with or without goiter, nodular or multi-nodular, well controlled and stable, >6 months ago	Standard
Control not established	Postpone
Hypoactive , no history of myxedema, with or without goiter or nodules, well controlled, >3 mos. ago	Standard
With history of myxedema, fully resolved, no history of coma or psychosis, on replacement therapy, >6 months ago	Standard
Otherwise	Individual Consideration

HYPERTHYPARATHYROIDISM

With surgical cure, full recovery, no hypoparathyroidism, >6 months ago	Standard
Residual hypoparathyroidism	See HYPOPARATHYROIDISM
Otherwise	Usually Decline

*Note: also rate for any associated secondary disorders

HYPERTENSION / HIGH BLOOD PRESSURE (if blood pressure readings known)

Mild , stage 1 (140-159 / 90-99)	Usually Standard
* Moderate , stage 2 (160-179 / 100-109)	Individual Consideration
Severe , stage 3 (>180 / >110)	Decline

Medical records are required for mild if treatment began or was changed within last 6 months

HYPOPARATHYROIDISM

Asymptomatic on medication with regular medical follow-up, >6 months ago	Standard
Otherwise	Individual Consideration

***IDIOPATHIC THROMBOCYTOPENIC PURPURA / ITP** (THROMBOCYTOPENIA)

With splenectomy	
12 months up, full recovery, no residuals and no ongoing corticosteroid use	Possible Standard
With continued corticosteroid use – limited plan	Class 1 - Class 2
Without surgery	
One episode only, >12 months ago, full recovery	Possible Standard
Two or more episodes – limited plan	Class 1 - Class 2
Two or more episodes with occasional corticosteroid use – limited plan	Possibly Class 3 - Class 4

IN-DWELLING CATHETER	Usually Decline
*INCONTINENCE	
BOWEL	
Present	Decline
History of, >12 months ago, fully resolved	Individual Consideration
Stress incontinence or urgency only, history of minimal leakage on exertion, >12 months ago	Usually Standard
URINARY	
Partial , not neurological, rare urinary tract infections, no assistance or aids required, >12 months ago	Individual Consideration
Otherwise	Decline
*INTERMITTENT CLAUDICATION	See PERIPHERAL ARTERIAL DISEASE
*INTESTINAL OBSTRUCTION (medical records required if within 6 months)	
Full recovery	Underwrite for Cause
IRITIS / UVEITIS	
Cause known	Underwrite for Cause
Cause unknown, resolved	Standard
IRON DEFICIENCY ANEMIA	See ANEMIA
IRRITABLE BOWEL SYNDROME	See COLITIS
KIDNEY STONE	See RENAL INSUFFICIENCY
KNEE DISORDERS (medical records only if within 12 months)	
Fracture	See FRACTURE
>3 months ago, full recovery, no residuals	Usually Standard
With complications and/or symptomatic	Individual Consideration
*KYPHOSIS	See OSTEOPOROSIS
LABYRINTHITIS	See MENIERE'S DISEASE
LEUKEMIA	See CANCER
LOW BACK PAIN / LUMBAGO	
Cause known	Underwrite for Cause
Cause unknown – stable, no interference with daily activities or IADLs, mild analgesics only, >6 months ago	Standard
Otherwise	Individual Consideration
*LUPUS ERYTHEMATOSUS	
Discoid , diagnosis certain, no evidence of systemic involvement, onset 12 months up	Individual Consideration
Otherwise – Systemic , or Disseminated	Decline
MACULAR DEGENERATION / MYXEDEMA	See BLINDNESS

*MANIC DEPRESSION / BIPOLAR DISORDER	
Within 3 years	Decline
Otherwise, stable, controlled, fully functional	Individual Consideration/ Usually modified
MARFAN'S SYNDROME	
All cases	Decline
*MEMORY LOSS / RECENT MEMORY LOSS	
Within 2 years	Usually Decline
Greater than 2 years, with cognitive impairment ruled out and with no recent history of head trauma or CVA/Stroke/TIA within the past 2 years, requires F2F	Individual Consideration
MENIERE'S DISEASE	
Mild, fully functional, >6 months ago	Standard
*Otherwise	Individual Consideration
MENTAL RETARDATION	
All cases	Decline
MITRAL VALVE PROLAPSE	
	Usually Standard
MULTIPLE SCLEROSIS	
All cases	Decline
*MURMUR (heart)	
Asymptomatic , considered functional or benign, non-progressive	Standard
Symptomatic , mild, single valve only, no arrhythmia, non-progressive	Individual Consideration
Otherwise	Usually Decline
MUSCULAR DYSTROPHY	
	Decline
MYALGIA	
	See ARTHRITIS
*MYASTHENIA GRAVIS (medical records Ocular type only if over 12 months since stable)	
Ocular only , stable, >12 months ago, steroids not to exceed 10 mgm	Individual Consideration
Otherwise	Decline
*MYOCARDIAL INFARCTION / HEART ATTACK	
	See ANGINA
NARCOLEPSY	
Within 12 months	Postpone
>12 months ago, well controlled, non-progressive	Usually Standard
NEPHRECTOMY	
Due to cancer	See CANCER
*Unilateral, not due to cancer, remaining renal function within normal limits, >12 months ago	Possible Standard
Otherwise	Decline

*NEPHRITIS (medical records only if within 3 years)	
All cases – depends on cause	Usually Standard
Over 12 months ago, resolved, normal function	Individual Consideration
6 - 12 months	Postpone
Within 6 months	
*NEPHROTIC SYNDROME / NEPHROSIS	
All cases	Underwrite for Cause
NEURALGIA / NEURITIS / NEUROPATHY	
Alcoholic	Decline
Diabetic	Decline
Herniated disc	See HERNIATED DISC
*All others	Individual Consideration
NEUROGENIC BLADDER	
All cases	Decline
NURSING HOME CONFINEMENT	
Current or within 6 months	Decline
*Otherwise	Individual Consideration
*OPTIC NEURITIS / RETROBULBAR NEURITIS	
Cause known	Underwrite for Cause
Cause unknown:	
One attack , full recovery, >6 months ago	Standard
Two or more attacks , full recovery, no other evidence of demyelinating disease:	
1 to 3 years	Class 1
Thereafter	Standard
Otherwise	Decline
ORGANIC BRAIN SYNDROME	
All cases	Decline
OSTEOARTHRITIS	See ARTHRITIS
OSTEOMALACIA	
All cases	Usually Decline
OSTEOMYELITIS	
Present or chronic	Decline
*Acute, due to vascular insufficiency, fully recovered	Individual Consideration
*Otherwise, >6 months ago	Usually Standard
OSTEOPENIA (If bone density not known, medical records required)	
Bone density (T-score better than < -1.9)	Standard
*Bone density (T-score -2.0 or worse)	Usually Standard

OSTEOPOROSIS*(Bone Mineral Density/T-Score values required)**

Mild, asymptomatic, no fractures, T-score of -2.5 or better	Possible Standard
Moderate, asymptomatic, no fractures or kyphosis, T-Score of -2.6 thru -3.5	Individual Consideration
Otherwise or with fracture	Decline

OXYGEN

Current or use within 6 months	Decline
*Use over 6 months ago	Individual Consideration

***PACEMAKER**

Within 3 months	Decline
>3 months ago, normal cardiac output, no related complications	Usually Standard
Otherwise	Individual Consideration

***PAGET'S DISEASE / OSTEITIS DEFORMANS**

All cases, >2 years ago	Individual Consideration
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PANCREATIC CYST / PSEUDOCYST

Present or within 6 months	Decline
*Fully resolved surgically, >6 months ago	Handle as PANCREATITIS

***PANCREATITIS**

<u>Acute</u> , full recovery with no residuals, no secondary Diabetes or alcohol abuse – >6 months ago	Usually Standard
Otherwise	Usually Decline

PARALYSIS

All cases	Decline
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PARAPLEGIA

All cases	Decline
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***PARESIS**

Depends on cause, extent, degree of limitation	Individual Consideration
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PARKINSON'S DISEASE / SYNDROME OR PARKINSONISM

All cases	Decline
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PERIARTERITIS

All cases	Decline
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***PERICARDITIS (medical records only required if within 2 years)**

Full recovery, no residuals, 6 months up	Usually Standard
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PERIPHERAL ARTERIAL DISEASE (PAD) / PERIPHERAL VASCULAR DISEASE (PVD)

Mild, nonsmoker, stable	Standard
Moderate or Severe, smoker, with Diabetes, or claudication	Decline

PERIPHERAL NEUROPATHY (<u>not</u> a complication of Diabetes)	
*Asymptomatic, no limitations in activity, no other disease, no medications, non-smoker	Individual Consideration
Otherwise or smoker	Decline
*PHLEBITIS	See THROMBOPHLEBITIS
*PITUITARY INSUFFICIENCY	
Well controlled on hormonal therapy, >2 years ago	Class 1
Otherwise	Usually Decline
*PNEUMOTHORAX / COLLAPSED LUNG	
Cause known, fully resolved with no residuals	Underwrite for Cause
Otherwise	Individual Consideration
*POLIO / POLIOMYELITIS / POST POLIO SYNDROME	
Depends on severity/residuals – limited plan	Individual Consideration
POLYARTERITIS NODOSA	
All cases	Decline
POLYCYSTIC KIDNEY DISEASE	Decline
*POLYCYTHEMIA	
Primary	Class 2
Secondary	Underwrite for Cause
Well controlled, asymptomatic, diagnosed greater than 12 months ago	Usually Standard
POLYMYALGIA RHEUMATICA	
*Present over 12 months, well controlled and stable, no functional limitations	See ARTHRITIS
Otherwise	Usually Decline
POLYMYOSITIS	
All cases	Decline
POLYPS	
Proven benign	Standard
PREGNANCY	Postpone until 3 mos. after delivery
*PRESSURE SORES	
Present	Decline
History of, fully healed, 3 months up	Underwrite for Cause
*PRIMARY BILLIARY CIRRHOSIS	
3 years up – limited plan	Individual Consideration

PROSTATE DISORDERS (Prostatic hypertrophy, benign)	
PSA level unknown	
Operated, full recovery, no residuals, >3 months ago	Standard
Otherwise	Individual Consideration
PSA level known*	
0 - 4	Standard
*5 - 10	Individual Consideration
*Over 10, if well investigated, including negative biopsy, no further workup recommended	Individual Consideration
Otherwise	Postpone
Prostate cancer*	See CANCER
*Note: Where there is a known history of surgically treated prostate cancer, there should be no detectable level of PSA. Thus, any measurable PSA suggests the continued presence or recurrence of prostate cancer	
PROSTATITIS	Standard
PSEUDODEMENTIA	
All cases	Decline
PSYCHOSIS / PSYCHOTIC DISORDER	Decline
PSYCHONEUROSIS	(Medical records required if within one year and/or requiring treatments for more than one year)
Mild , (reactive or situational for period of one year or less) includes anxiety or depression requiring minimal ongoing medication or treatment, with no related periods of confinement or disability, stable 6+ months	Usually Standard
* Moderate , depends on diagnosis, duration, frequency, treatment, whether or not activities curtailed	Individual Consideration
Severe , or chronic, such as panic disorders, with recurrent episodes or periods of confinement – or limiting activity	Decline
*PULMONARY EMBOLISM	
Cause known	Underwrite for Cause
Cause unknown, no residuals, >6 months ago	Usually Standard
*PULMONARY FIBROSIS	
All cases	Individual Consideration
PYELITIS	See NEPHRITIS
QUADRIPLEGIA	
All cases	Decline
*RAYNAUD'S DISEASE	
Onset 2+ years ago, condition stable, full use of extremities, non-progressive, nonsmoker , no Diabetes	Usually Standard
Otherwise	Decline
*RAYNAUD'S PHENOMENON	
Onset within 2 years	Usually Postpone
>2 years ago	Handle as RAYNAUD'S DISEASE

*RENAL FAILURE	
Acute, 12 months up, full recovery, no residuals	Underwrite for Cause
Otherwise	Decline
*RENAL INSUFFICIENCY	
Chronic	Decline
>1 year ago, stable	Individual Consideration
With Diabetes or Hypertension	Usually Decline
RETINAL DETACHMENT (medical records required if within one year)	
Recovered, not due to disease	Standard
Otherwise	Decline
RETINAL HEMORRHAGE	
Due to Diabetes	Decline
*Due to trauma, resolved, vision restored	Standard
*Otherwise	Underwrite for Cause
RETINITIS PIGMENTOSA	
Not yet blind or blind less than 12 months	Decline
After blind 12 months, fully functional	See BLINDNESS
*RHEUMATOID ARTHRITIS	
	See ARTHRITIS
SARCOIDOSIS	
Active	Decline
*Inactive, no residuals, >6 months ago	Individual Consideration
SCHIZOPHRENIA	
All cases	Decline
SCIATICA	
Cause known	Underwrite for Cause
Cause unknown, fully functional, >3 months ago	Usually Standard
SCLERODERMA	
Systemic sclerosis / CREST	Decline
SCLEROSING CHOLANGITIS	
	Decline
SCOLIOSIS	
Mild to Moderate no functional impairment, no further progression, no limitations in ADL's or IADLs and no secondary impairments	Possible Standard
*Otherwise, depends on limitations and related impairments	Individual Consideration
*SEIZURES	
See also EPILEPSY	
Cause known, single occurrence	Underwrite for Cause
Cause unknown, within first year	Postpone
>1 year ago, no recurrence	Individual Consideration

SHY-DRAGER SYNDROME	
All cases	Decline
SICK SINUS SYNDROME	
	See ARRHYTHMIA
SICKLE CELL DISEASE	
All cases	Decline
SICKLE CELL TRAIT	
All cases	Standard
*SJOGREN'S SYNDROME	
	See ARTHRITIS
SLEEP APNEA	
Mild to Moderate , no medical intervention or surgery recommended	Usually Standard
*Severe , depends upon duration and medical management required (includes CPAP, surgery)	Individual Consideration
*SPINAL STENOSIS	
	Handle as moderate ARTHRITIS
*SPONDYLITIS	
	See ANKYLOSING SPONDYLITIS
*STROKE	
	See CEREBRAL VASCULAR ACCIDENT / CVA
*SYNCOPE	
	See FAINTING
SYNOVITIS	
Cause known	Underwrite for Cause
Cause unknown, resolved, no functional impairment	Standard
SYSTEMIC LUPUS ERYTHEMATOSIS	
All cases	Decline
THALASSEMIA MAJOR	
All cases	Decline
THALASSEMIA MINOR	
All cases	Standard
THROMBOANGIITIS OBLITERANS / BUERGER'S DISEASE	
Smoker	Decline
*Nonsmoker	
Fully resolved and smoking ceased, >2 years ago, no residuals	Usually Standard
Otherwise	Decline
*THROMBOPHLEBITIS (medical records required if within 2 years)	
No surgery or walking aids, no functional limitations	Standard
Cause known, no ongoing anticoagulant use	Underwrite for Cause
With ongoing anticoagulant use	Usually Decline
Cause unknown	Postpone

THYROIDITIS	See HYPERTHYROIDISM
*TRANSIENT GLOBAL AMNESIA (Cognitive assessment required)	
One episode only, >24 months ago, well investigated, no underlying pathology evident, full recovery, no residuals	Usually Standard
Otherwise	Decline
*TRANSIENT ISCHEMIC ATTACK / TIA (Cognitive assessment required)	
One episode only, >24 months ago, confirmed or unconfirmed, no residuals no comorbidities	Usually Standard
Multiple episodes or with Diabetes	Decline
*TRANSPLANT	
Heart	
Within 2 years	Decline
After 2 years	Usually Decline
Kidney/Lung	
Best cases (normal function testing), >2 years ago	Individual Consideration
Otherwise	Decline
Liver	
All cases	Decline
TRANSVERSE MYELITIS	
Full recovery with no residuals, >12 months ago	Standard
Otherwise	Decline
*TREMORS	
Essential, Familial, or Senile only; other CNS disorder and Parkinson's ruled out	Standard
Otherwise	Decline
TUBERCULOSIS (medical records required if within 2 years)	
Active	Decline
*Inactive , no residual impairment, >6 months ago	Standard
With residual impairment	Handle as COPD
TUMORS – BENIGN	
<u>Asymptomatic</u> , proven benign, no surgery anticipated	Standard
<u>Symptomatic</u> , not proven benign, or surgery anticipated	Postpone
*Brain – no residuals – cognitive assessment required – after surgery – >2 years ago	Class 1
Otherwise	Usually Decline
*UNDERWEIGHT	
See BUILD CHART	Individual Consideration

*VALVE REPLACEMENT (HEART)	
Single valve, >6 months ago, fully functional, no comorbidities or complications	Usually Standard
Double valve, >6 months ago, fully functional, no comorbidities or complications	Individual Consideration
*VENOUS INSUFFICIENCY	
UNOPERATED, below knee, no stasis ulcer or dermatitis	Standard
OPERATED, with or without prior stasis ulcer, full recovery with no residuals, >12 months ago	Standard
Otherwise	Class 2 - Decline
VERTABROBASILAR INSUFFICIENCY	
All Cases	Decline
VON WILLEBRAND'S DISEASE	
All Cases	Decline
VON RECKLINGHAUSEN'S DISEASE	
All Cases	Decline
WALDENSTROM'S DISEASE	
All Cases	Decline
WEGENER'S DISEASE	
All Cases	Decline
WEIGHT LOSS (weight must be stable for at least 6 months)	
Planned, due to diet and exercise	See BUILD CHART
Secondary to known disorder	Underwrite for Cause
Lap Band / Bypass > 6 months with no complications	Usually Standard
*Cause unknown (≥ 15 lbs) within 1 year	Usually Postpone
WHEELCHAIR	
Currently confined to or use of	Decline
*History of, recovered, no residuals, 6 months up	Possible Standard
Otherwise	Usually Decline
WILSON'S DISEASE	
All cases	Decline

ABOUT TRANSAMERICA LIFE INSURANCE COMPANY
AND
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In today's ever-changing environment, you need someone you can trust. TransCare® II Long Term Care insurance underwritten by Transamerica Life Insurance Company can help provide your clients with the protection they need for life's unexpected events. TransCare® II can help protect their hard-earned savings from the high cost of long term care services. With TransCare® II, they can benefit from the resources of one of the largest financial services companies and the experience that only a company with over 300,000* policyholders can provide.

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II

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