

# Underwriting Guide for LivingCare



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Changes made in June 2008 are marked in **yellow**.

## About this Guide

When medically underwriting long term care insurance, the underwriter is focused on your client's medical history, current functional independence and current cognitive capacity. Age, severity of conditions, and multiple health impairments influence the risk. For further information, see the Medical Underwriting section of this guide.

Our "whole person" approach to underwriting places great emphasis on a client's ability to maintain independence, particularly their ability to perform Activities of Daily Living (ADLs) and their cognitive function. We also look at their ability to perform certain routine daily activities such as housekeeping and laundry, since these are predictors of the eventual need for long term care services. They may be assessed in consideration of the length or chronicity of the underlying illness. For instance, a person who has been blind since childhood but has successfully adapted with limited functional impairment is insurable, while a person who loses their eyesight later in life will not be insurable until or /if they establish a successful period of adaptation. Home environment and lifestyle factors also influence the risk.

With this in mind, it is imperative that you do initial pre-screening to determine this criteria and the appropriateness of coverage for your client. Our *Pre-Underwriting Checklist for LivingCare* helps make this simple – see Resource, under Insurance > Living Benefits > LivingCare > Product Info.

When in doubt, submit a pre-screening inquiry to: **LB-prelim\_underwriting\_inquiry@manulife.com**. Please include as much information as possible:

- Age
- Gender
- Height/weight
- Medications
- Medical conditions
- Recent hospitalizations or surgeries
- Amount of Insurance and Benefit Option desired

## Pre-Screening

**Your client is NOT eligible for coverage if he or she:**

- Is under the age of 18 or over the age of 80
- Is not a Canadian citizen or permanent resident/landed immigrant
- Has been living in Canada for less than 12 months
- Is unable to speak English or French
- Requires assistance with **any** Activity of Daily Living (ADL):
  - Bathing
  - Dressing
  - Eating
  - Toileting
  - Transferring
  - Maintaining continence
- Requires assistance with **more than one** of the following routine daily activities. Individual consideration will be given if unable to perform **one** of these activities.
  - Laundry

- Cooking / meal preparation
- Housekeeping
- Arranging transportation
- Shopping
- Handling personal finances
- Taking medication
- Using the telephone
- Demonstrates one of the following cognitive difficulties:
  - Is disoriented
  - Shows signs of confusion
  - Reports loss of memory
  - Exhibits lack of judgment.
  - Is unable to participate in the application process
  - Is unable to recall his/her own medical history
- Currently uses an assistive device (such as a wheelchair, walker, multi-prong cane or motorized scooter) to help walk (individual consideration if using a single point cane or braces)
- Within the past 24 months, has:
  - Received Meals on Wheels
  - Received disability benefits (individual consideration for clients who are receiving partial workers' compensation benefits)
  - Used adult day care services or home care services
  - Lived in a nursing home, board and care facility, or assisted living facility
- Currently is on a respirator/oxygen or dialysis
- Currently uses tobacco **and** has a history of diabetes, cardiac, lung or vascular disease
- Has medical tests, referrals, investigation or surgery pending (can apply once completed with full recovery and with normal results)
- Is age 50 or over, and has not had a physician visit within the last 3 years (can be considered for coverage once this requirement has been met)

## Underwriting Tools

It is important to let your client know what to expect. The following is a list of the underwriting tools used throughout the underwriting process. Please familiarize your applicant with all of these. While not every application may require all of these, there are times, regardless of age or health history provided, when the underwriter may require any one of them to determine insurability.

### Telephone Interview

For clients up to and including age 70, we will arrange for a telephone interview. Typically the interview will take 30-40 minutes.

The purpose of this is to obtain key underwriting information as quickly and directly as possible. The interviewer may repeat some of the questions that are on the application and will ask for further details regarding the client's health history. The interviewer will also inquire about the client's ability to: care for themselves, administer medication, handle basic finances, use medical appliances and participate in activities or hobbies, as well as asking about any Power of Attorney arrangements. In addition, the client will be asked some basic questions designed to ascertain cognitive ability. It is critical that your client arranges a time and location for the interview that allows them to focus on the interview and hear the questions clearly. No one else should be in the room to assist with the interview.

### Face-to-Face Interview

For clients age 71 to 80, we will arrange for a face-to-face interview. In some cases, we may also require a face-to-face interview for younger clients because of their medical history. This interview may take up to one hour. In addition to being asked for the same information as in a telephone interview, the client will also be observed to gauge their mobility and other functional independence markers.

Preparing will help the interview go quickly.

Your client will be asked to provide:

- Names of all physicians consulted in past five years
- Dates and details about any illness, tests, investigations, treatment and hospitalizations, especially within the last five years
- Details of medications (type, dosage, prescribing physician, reason for medication, date first prescribed)
- The medical history of parents and siblings if diagnosed with a significant condition such as heart disease, Alzheimer's Disease or Parkinson's Disease prior to age 65
- Height and weight
- Current day-to-day activities

We will also be performing some simple cognitive screening tests similar to the ones in the telephone interview.

### Attending Physician's Statement (APS)

The underwriting department will routinely require an APS for clients age 71 and older and on a discretionary basis for clients age 70 and younger. Advisors are not permitted to pick up records.

Due to the unique nature of the LTC risk, we require a full copy of all clinical notes with copies of referrals and investigations in lieu of summary narratives.

## Financial Underwriting Guidelines

Your client will receive long term care benefits on a tax-free basis and can use the money for any purpose – it is not directly related to reimbursable expenses. It is therefore essential to develop some relationship between the individual's standard of living at the time they apply and the amount they are eligible to receive on a tax-free basis in the event of a claim.

Individuals can purchase the following amounts without any financial underwriting requirements:

- a) a non-facility Care Benefit of up to \$1,500 per month (\$3,000 per month for facility care), or
- b) an Amount of Insurance of up to \$150,000 (Single Life), or
- c) an Amount of Insurance of up to \$300,000 (Shared Coverage).

To qualify for **more** than this amount, the client must state their household income\* on the application. If their household income is less than \$200,000, we will allow an Amount of Insurance of up to:

- 2.5 times household income (Single Life), or
- 5 times household income (Shared Coverage).

If their household income is \$200,000 or more, we will allow an Amount of Insurance of up to \$1,000,000 (Single Life) or \$2,000,000 (Shared Coverage).

\* Household income refers to the income declared on Line 150 of the most recent tax return (also shown on the Notice of Assessment). We will also take into account the Line 150 income for the client's spouse, and this must also be stated on the application. We will not routinely require a copy of the T1 or the Notice of Assessment at the time of underwriting, however we do retain the right to request it.

### Example:

Client is applying for Single Life coverage.

Client's Line 150 income is \$60,000. Spouse's Line 150 income is \$40,000.

Household income is \$100,000.

Maximum Amount of Insurance = \$100,000 x 2.5 = \$250,000

Therefore, the client could purchase up to \$250,000 of LivingCare with the 2% or 1% Benefit Option. With the .5% Benefit Option, the client could purchase up to \$300,000 of LivingCare (which would provide a non-facility Care Benefit of \$1,500 per month or \$3000 per month for facility care)

### Special Notes

1. The limits described above apply to the amount we will issue. If the client's income decreases after issue, this would not affect claim benefits. Also, if the client chooses the Inflation Protection Rider, the benefit amounts could increase above the maximum issue limits.
2. The Amount of Insurance we will issue is also subject to the Care Benefit issue limit of \$5,000 per month (non-facility care) / \$10,000 per month (facility care).
3. For clients with considerable net worth, we may be able to issue higher amounts based on their household net worth. In these cases, the underwriter will request completion of a Net Worth Supplement.
4. When a close family member is paying for the LivingCare coverage, individual consideration will be given when determining the Amount of Insurance. Please enclose a detailed covering letter.
5. When a client is retaining profit in their corporation, individual consideration will be given when determining the Amount of Insurance. Please enclose a detailed covering letter.
6. When other long term care insurance is in force, we will take that coverage into account when determining the Amount of Insurance.

## Medical Underwriting

The medical conditions that follow provide the most probable underwriting decision for a single impairment.

Many clients applying for long term care may have more than one condition, which can affect the underwriting decision. While every attempt is made to make an offer to each applicant, there are some conditions or combinations of conditions that are uninsurable.

Please keep in mind that this is only a guide. The underwriter will evaluate each case based on the severity, stability and control of the condition, as well as any other existing health history or activity level that may impact the applicant's insurability.

### Build Chart (for men and women)

The following table is a guideline only. Some clients outside the maximum limits indicated below may be considered for coverage if there are no complications and no loss of functional abilities. If a client is outside of these maximum limits, it is best to contact the underwriting department before submitting the application.

Height	Weight Minimum (lbs)	Weight Maximum (lbs)
4'7"	65	185
4'8"	70	190
4'9"	75	195
4'10"	80	200
4'11"	85	205
5'0"	90	210
5'1"	95	215
5'2"	97	220
5'3"	99	225
5'4"	102	230
5'5"	105	235
5'6"	108	240
5'7"	112	245
5'8"	115	250
5'9"	118	255
5'10"	120	260
5'11"	123	265
6'0"	126	270
6'1"	129	275
6'2"	133	280
6'3"	137	285
6'4"	140	290
6'5"	144	295
6'6"	147	300
6'7"	150	305

**Medical Conditions**

**Legend**

Short form	Means ...
ACC	Accept
DEC	Decline
PP	Postpone
IC	Individual Consideration*

**\* Individual Consideration**

Individual Consideration means conditions will be reviewed on a case-by-case basis to determine insurability. The underwriter will evaluate each case based on the severity, stability and control of the condition, as well as any other existing health history and activity level that may impact insurability.

<b><i>AIDS, ARC, HIV Positive</i></b>	DEC
<b><i>ALCOHOLISM/ ALCOHOL/DRUG ABUSE - APS</i></b>	
▪ Abstinence, less than 3 years	DEC
▪ Abstinence, > 3 years or more with normal liver function tests, no complications	IC
<b><i>ALZHEIMER'S DISEASE</i></b>	DEC
<b><i>AMPUTATION – APS</i></b>	
▪ One limb, due to trauma, > 6 months, fully adapted, no assistance required	ACC
▪ Due to disease or multiple limbs	DEC
<b><i>AMYOTROPHIC LATERAL SCLEROSIS (ALS)</i></b> (Lou Gehrig's Disease)	DEC
<b><i>ANEMIA – APS</i></b>	
▪ Iron Deficiency or Pernicious Anemia, controlled, asymptomatic stable > 6 months	ACC
▪ Abnormal blood studies or cause unknown or workup in progress	PP 6 months
▪ Chronic or severe	DEC
<b><i>ANEURYSM – APS</i></b>	
▪ Cerebral, surgically corrected, no residuals > 12 months	ACC
▪ Cerebral, not surgically corrected, size stable for > 48 months	DEC
▪ Abdominal, not surgically corrected, less than 5 cm, stable > 6 months	ACC
▪ Abdominal, surgically corrected, full recovery > 6 months ago	ACC
▪ Aneurysm, any type, with current smoking or > 5 cm, or multiple aneurysms	DEC
<b><i>ANGIOPLASTY</i></b> <b><i>See Coronary Artery Disease</i></b>	
<b><i>ANGINA</i></b>	<b><i>See Coronary Artery Disease</i></b>



### **ANKYLOSING SPONDYLITIS – APS**

No limitations, no steroid use, stable for > 6 months ACC

### **ANXIETY- APS**

- Mild, controlled with or without medication ( no more than 3 medications ) > 6 months ACC
- Well-controlled, no limitations, treated with more than 3 medications > 6 months ACC
- Severe or uncontrolled, or ER visit in past 36 months or history of hospitalization within 4 years DEC

### **ARRHYTHMIA- APS**

- Atrial Fibrillation: stable, non-smoker, no underlying cardiac disease controlled > 6 months ACC
- Bradycardia (slow heart rate), stable ACC
- Tachycardia (fast heart rate), stable ACC
- Pacemaker greater than 3 months ago, stable, symptomatic ACC
- Atrial Fibrillation: currently smoking or quit less than 24 months ago DEC
- Any type which is unstable or difficult to control, with complications, or requiring cardiac defibrillator DEC

### **ARTERITIS – APS**

- Asymptomatic, stable, treatment-free, no limitations, non-smoker within the past 24 months > 24 months ACC
- Others DEC

### **ARTHRITIS:**

*All types must have no limitations on ability to perform ADLs and routine daily activities (see pre-screening section)*

- **Osteoarthritis or Degenerative:** mild, use of over the counter medications ACC
- **Osteoarthritis or Degenerative:** mild, well controlled with prescription medications **APS** ACC
- **Rheumatoid:** asymptomatic, up to 6 mg of steroids and/or Immunosuppressants **APS** IC
- **Rheumatoid:** use of steroids greater than 6 mg, severe, multiple joint deformities, 2 or more joint replacements, or Juvenile DEC

**ASBESTOSIS or COAL MINERS DISEASE refer to Chronic Obstructive Pulmonary Disease**

### **ASSISTIVE DEVICES: (reason they require the device must be insurable) - APS**

- **Braces** IC
- **Cane (single point):** occasional use outside IC
- **Cane (single point):** permanent use IC
- **Cane (Quad or Tripod)** DEC
- **Colostomy,** fully adapted, self maintenance, > 24 months IC
- **Colostomy,** not fully adapted, difficulty with maintenance DEC
- **Crutches:** current use PP
- **Feeding Tube** DEC
- **Ileostomy:** fully adapted, self maintenance, > 24 months IC
- **Insulin Pump** IC
- **Respirator/Oxygen:** fully recovered from condition IC
- **Respirator/Oxygen:** current use DEC
- **Stair lift** DEC

- **Urinary Catheter:** indwelling, current use DEC
- **Urinary Catheter:** intermittent, self-catheterization, stable > 24 months IC
- **Wheelchair/Walker:** current use DEC

### **ASTHMA**

- Seasonal: mild, controlled with medication, occasional short term use of steroids ACC
- Chronic treatment, well controlled with no limitations and stable baseline Pulmonary Function Tests > 6 months – **APS** ACC
- Severe, poorly controlled, frequent hospitalizations, chronic oral steroid use, oxygen use or tobacco use within past 24 months DEC

### **ATAXIA**

DEC

### **ATRIAL FIBRILLATION      See Arrhythmia**

### **BACK DISORDERS – APS**

**Degenerative Disc Disease:** (controlled means fully functional and no limitations on activities)

- Mild, controlled with over the counter or prescription medication ACC
- Moderate, successful completion of physical therapy, asymptomatic > 3 months ACC
- Operated, (fusion) fully recovered for 6 months; operated (other than a fusion) fully recovered for 6 months ACC
- Ongoing use of 6 or more mg of steroids, chronic pain, neurological deficit, or surgery recommended DEC

**Herniated Disc:**

- Fully recovered for 6 months, no limitations on activities ACC
- Unoperated, fully functional and no limitations on activities ACC

**Pinched Nerve or Sciatica:**

- Asymptomatic, normal range of motion, treatment-free > 12 months ACC

**Scoliosis:**

- Minor to moderate, no functional limitations, asymptomatic > 6 months ACC
- Severe, or with osteoporosis or neurological impairment DEC

**Spinal Stenosis:**

- Operated, (fusion) fully recovered for 12 months, no limitations on activities ACC
- Unoperated, fully functional, no limitations on activities ACC
- Multiple back surgeries, **currently receiving physical therapy, current disability or surgery anticipated** DEC

### **BELL'S PALSY**

- Fully recovered, no limitation, no active treatment > 6 months ACC

### **BLINDNESS – APS**

- Fully compensated, completely independent > 24 months ACC
- Others DEC

### **BLOOD DISORDERS - APS**

IC

### **BLOOD PRESSURE (Hypertension)**

- Average reading below 160/90, well controlled and stable for 6 months ACC
- Poorly controlled ( average reading greater than 160/90 )or with multiple complications (i.e., kidney disease, diabetes, cardiomyopathy, peripheral vascular disease, atrial DEC

fibrillation

**BRAIN DISEASE OR DISORDER, ORGANIC BRAIN SYNDROME (OBS)** DEC

**BREAST DISORDER**

Fibrocystic Breast Disease ACC

**BRONCHIECTASIS – see Chronic Obstructive Pulmonary Disease**

**BRONCHITIS (Chronic)**

- Mild to moderate, asymptomatic, on-smoker > 24 months ACC
- Moderate with multiple medications, asymptomatic, stable > 24 months IC
- Smoker within past 24 months DEC

**BYPASS See Coronary Artery disease**

**CANCER**

**APS for All Cancers except Basal Cell Carcinoma and Squamous Cell Carcinoma of Skin**

- Any Cancer with evidence of Metastasis DEC

**Not prostate:**

- Stage 0 or In-Situ, treatment free, complete recovery, no complications ACC
- Stage I, surgery and treatment free (chemo, radiation), complete recovery, no complications, **no recurrence**, > 12 months ACC
- Stage II, surgery and treatment free (chemo, radiation), complete recovery, no complications, **no recurrence**, > 24 months ACC
- Stage III, surgery and treatment free (chemo, radiation), complete recovery, no complications, **no recurrence**, > 36 months ACC
- Stage IV, metastatic, recurrent, positive lymph nodes, or multiple (2 or more cancers) DEC

**Prostate:**

- Stage I & II, surgery and treatment free (chemo, radiation), or stable with hormone manipulation therapy, PSA level <1.0, no complications, >12 months ACC
- Stage III, surgery and treatment free (chemo, radiation), or stable with hormone manipulation therapy, PSA level <1.0, no complications, >24 months ACC
- Recurrent, surgery and treatment free (chemo, radiation), full recovery, or stable with hormone manipulation therapy, PSA level <1.0, no complications, >24 months ACC
- Stage IV, metastatic, >3 positive lymph nodes, untreated, or multiple cancers DEC

**CARDIAC DEFIBRILLATOR** DEC

**CARDIOMYOPATHY – APS**

- Asymptomatic, well controlled, no complications, stable for > 12 months ACC
- Symptomatic, or with multiple co-morbidities (i.e.: atrial fibrillation, coronary artery disease, diabetes, heart valve replacement or peripheral vascular disease) DEC

**CAROTID ARTERY DISEASE – APS**

- Asymptomatic, stable, no complications, non-smoker X 24 months, fully recovered > 6 months ACC

### **CARPAL TUNNEL SYNDROME**

- Operated, recovered; or no surgery planned, no functional impairment ACC

### **CATARACT**

- Operated: fully recovered, no complications or restrictions ACC
- Unoperated: no surgery recommended or anticipated, no complications or restrictions ACC
- Visual impairments causing significant complications or restrictions – see Blindness

### **CEREBRAL PALSY**

DEC

### **CEREBRAL VASCULAR ACCIDENT**      *See Stroke*

### **CIRRHOSIS OF THE LIVER**

DEC

### **COLITIS or CROHN'S DISEASE**

Irritable Bowel Syndrome or Spastic Colitis

ACC

Crohn's Disease, Regional Ileitis or Ulcerative Colitis: **APS**

- Active within 6 months PP
- Stable, well controlled, steroid use < 5 mg, no complications, no flare for 6 months ACC
- Related surgery, no active disease, fully recovered for 12 months IC
- With complications, multiple flares, or steroid use 6 or more mg day or more DEC

### **CONFUSION** *See Memory Loss*

### **CONGESTIVE HEART FAILURE – APS**

- Single episode, , no complications, nonsmoker, fully recovered for 6 months ACC
- With multiple co-morbidities (i.e., atrial fibrillation, carotoid artery disease, coronary artery disease, diabetes, heart valve replacement, peripheral vascular disease) or smoker within past 24 months DEC

### **COPD (Chronic Obstructive Pulmonary Disease) /EMPHYSEMA – APS**

- Mild, asymptomatic, treatment-free, nonsmoker X 24 months ACC
- Moderate, asymptomatic, intermittent steroid use, nonsmoker X 24 months IC
- Severe, symptomatic, difficulty walking, ongoing steroid use or smoker within past 24 months DEC

### **CORONARY ARTERY DISEASE (Angina, ASHD, Bypass, Heart Attack) – APS**

- Asymptomatic, < 75% stenosis, > 3 months, up to 2 medications ACC
- Bypass surgery, < 75% stenosis, 65 yrs old or younger, fully recovered for 3 months ACC
- Bypass surgery, < 75% stenosis, 66 yrs or older, fully recovered for 6 months ACC
- Angina, < 75% stenosis in any artery, up to 2 medications and no symptoms for at least 3 months, if age 65 or under, or at least 6 months if age 66 and over ACC
- History of a condition listed above along with any of the following: has smoked within the past 24 months; has a history of Transient Ischemic Attack (TIA); or has other co-morbidities such as Diabetes, atrial fibrillation, Cardiomyopathy, Carotid Artery Disease, or Peripheral Artery Disease. DEC
- Angina - symptomatic or unstable DEC
- Bypass or other surgery recommended DEC

### **CUSHING'S SYNDROME/ CUSHING'S DISEASE**

▪ Firm diagnosis, asymptomatic and stable > 12 months	ACC
<b>CYSTIC FIBROSIS</b>	DEC
<b>DEMENTIA</b>	DEC
<b>DEPRESSION – APS</b>	
Minor: stable, no limitations, no more than 2 non-antipsychotic medication, well controlled > 6 months	ACC
Major, Bi-polar or Manic-Depression:	
▪ Controlled with up to 3 medications, fully functional, > 12 months	ACC
▪ Poorly controlled or with single hospitalization within 4 years, or history of electro-shock therapy, multiple hospitalizations, treated with an anti-psychotic medication or more than 3 non-anti-psychotic medications	DEC
<b>DIABETES MELLITUS (Well Controlled means for 6 months) – APS</b>	
▪ Well controlled: diet or oral medications, no complications, controlled > 6 months	ACC
▪ Well controlled: less than 50 units of insulin, no complications,	ACC
▪ Poorly controlled or complications such as kidney disease (Nephropathy), retinopathy, diabetic ulcers, TIA, atrial fibrillation, peripheral vascular disease, cardiomyopathy, diagnosed as Juvenile or Brittle, or tobacco use within 24 months	DEC
<b>DIALYSIS</b>	DEC
<b>DIVERTICULITIS / DIVERTICULOSIS</b>	
▪ Single episode, asymptomatic > 3 months ago	ACC
▪ Steroid use < 6mg day, or up to 2 surgeries, fully recovered > 6 months	ACC
▪ Complicated: recurrent bowel obstructions or bleeding, disabling or with anticipated surgery	DEC
<b>DIZZINESS/ VERTIGO (Refer to cause below) – APS</b>	
▪ Acute Viral Labyrinthitis: single episode, no symptoms > 3 months	ACC
▪ Benign Positional Vertigo: controlled, no symptoms > 3 3 months	ACC
▪ Meniere’s Disease: controlled, no symptoms > 6 months	ACC
▪ Cause unknown, no neurological deficit, asymptomatic > 12 months	IC
▪ Recurrent, severe or with multiple falls	DEC
<b>DRUG ABUSE/ DRUG DEPENDENCY – APS – See Alcoholism/Alcohol/Drug Abuse</b>	
<b>EATING DISORDERS</b>	
▪ Anorexia, bulimia or assistance needed with food preparation or receiving Meals on Wheels	DEC
<b>EMPHYSEMA See COPD</b>	
<b>ENCEPHALITIS – APS</b>	
▪ Complete recovery for 24 months, no residuals, no Organic Brain Syndrome	ACC
▪ With residuals or not fully recovered	DEC

**ENDARTERECTOMY see Carotid Artery Disease – APS**

**EPILEPSY/CONVULSIVE DISORDERS/SEIZURES – APS**

- Newly diagnosed or seizure(s) within 12 months PP
- Well controlled, no more than 2 medications, normal EEG/MRI, seizure free > 12 months ACC

**ESOPHAGEAL VARICES**

DEC

**ESOPHAGITIS**

- Reflux: controlled ACC

**FAINTING See Syncope**

**FIBROMYALGIA/Chronic Fatigue Syndrome– APS**

- Mild, controlled on minimal medications, no complications, no limitations, asymptomatic > 6 months ACC
- Symptomatic, progressive, disabling, with complications, or with ongoing steroid use DEC

**FRACTURES – APS**

- Single fracture, non-weight bearing, fully recovered, no residuals or limitations, no history of osteoporosis ACC
- Single fracture, weight bearing, fully recovered, no residuals or limitations, no history of osteoporosis > 3 months ACC
- Skull, no impairment > 12 months ACC
- Associated with fall(s), dizziness or vertigo, non-healing, chronic pain, treated with narcotic pain relief, or history of osteoporosis DEC

**GLAUCOMA**

- No vision impairment, capable of self care ACC
- Significant vision impairment or unstable – see Blindness

**GOUT**

- Well controlled, on diet or up to 2 medications, asymptomatic > 24 months ACC
- Symptomatic, severe, recurrent flare-ups, joint deformities or 3 or more medications DEC

**GOUTY ARTHRITIS See Arthritis**

**GULLIAN-BARRE SYNDROME – APS**

- Single episode, greater than 24 months ago, no residuals or limitations ACC
- Chronic or recurrent or with residuals or limitations DEC

**HEADACHES / MIGRAINES**

- Controlled by Aspirin or over the counter medication ACC
- Controlled by prescription medication, or occasional narcotic use - **APS** IC
- Not fully investigated or symptoms disabling PP

**HEART ATTACK See Coronary Artery Disease**

**HEMOCHROMATOSIS – APS**

- Firm diagnosis, no organ damage, or liver disease, phlebotomy no more than every 4 months, stable > 6 months APP

**HEMIPLEGIA**

DEC

**HEPATITIS – APS**

- Hepatitis A or B, Acute, fully recovered, treatment free > 3months ACC
- Hepatitis C: Acute, with normal LFTs, fully recovered for 18 months ACC
- Other, including Alcoholic Hepatitis DEC

**HERNIA**

- Minimal symptoms, surgery not indicated or fully recovered from surgery ACC
- Surgery anticipated DEC

**HIP DISORDERS - APS**

- Hip Replacement: fully recovered and no use of devices for 3 months, no limitations ACC
- Hip Replacement: recommended or scheduled DEC

**HODGKIN'S DISEASE**

**(Fully recovered means surgery and treatments completed) – APS**

- Stage I or II: complete remission, stable, normal blood studies, asymptomatic, treatment free > 24 months ACC
- Stage III: complete remission, stable, normal blood studies, asymptomatic, treatment free > 48 months ACC
- Stage IV DEC

**HUNTINGTON'S CHOREA**

DEC

**HYDROCEPHALUS**

DEC

**HYPERTENSION See Blood Pressure**

**INCONTINENCE (URINARY) – APS**

- Stress, urinary, well-controlled, with exercise or medication or operated: fully recovered, no symptoms of incontinence or social or functional limitations ACC
- Requiring use of pads IC
- Urge, bowel or fecal DEC

**IRREGULAR HEARTBEAT See Arrhythmia**

**JOINT REPLACEMENT Refer to Specific Joint**

**KIDNEY (RENAL) FAILURE, INSUFFICIENCY OR DIALYSIS**

DEC

**KIDNEY STONES**

- Present: no symptoms or surgery anticipated or surgically treated, fully recovered ACC
- Causing symptoms or with surgery anticipated PP

**KIDNEY TRANSPLANT – APS**

- fully recovered, no complications, and greater than 48 months ago ACC
- symptomatic, abnormal kidney function tests, or renal failure DEC

**KNEE DISORDERS (APS for knee replacement history)**

- Arthroscopic surgery: fully recovered, no limitations > 3 months ACC
- Knee Replacement: fully recovered and no use of devices, no limitations > 3 months ACC
- Knee Replacement: > 75 yrs old, fully recovered > 6 months IC
- Knee Replacement: recommended or scheduled DEC

**LIVER TRANSPLANT**

DEC

**LUPUS – APS**

- System Erythematosus: DEC
- Discoid, well controlled, > 12 months ACC

**LYME DISEASE – APS**

- Fully recovered, no residuals, no medications > 6 months ACC
- With residuals or ongoing use of medication DEC

**MACULAR DEGENERATION – APS**

- No vision loss ACC
- With significant visual impairment – see Blindness

**MEMORY LOSS**

DEC

**MENINGITIS – APS**

- Fully recovered, no residuals, no treatment > 12 months ACC
- Active, chronic, current treatment or with residuals DEC

**MENTAL/NERVOUS DISORDER See Depression**

**MITRAL VALVE PROLAPSE (MVP)**

- Asymptomatic, no surgery anticipated, treated with prophylactic medication only ACC
- Symptomatic or with surgery anticipated/recommended DEC

**MIXED CONNECTIVE TISSUE DISEASE**

DEC

**MULTIPLE MYELOMA**

DEC

**MULTIPLE SCLEROSIS**

DEC

**MUSCULAR DYSTROPHY**

DEC

**MYASTHENIA GRAVIS**

- Ocular form only, asymptomatic, treatment free > 24 months ACC
- Generalized DEC

**MYELODYSPLASIA**

DEC



<b>MYELOYDYSPLASTIC SYNDROME</b>	DEC
<b>MYELOFIBROSIS</b>	DEC
<b>MYOSITIS</b> <i>See Polymyositis</i>	
<b>NARCOLEPSY – APS</b>	
▪ Asymptomatic, no complications, well controlled: with or without medication > 6 months	ACC
▪ Recent, unresponsive to treatment or functional limitations	DEC
<b>NEUROGENIC BLADDER</b>	
▪ Completely independent, no complications, stable >12 months	ACC
▪ Requiring intermittent catheterization, independent, no limits,> 12 months	IC
▪ > 2 urinary tract infections within 12 months, chronic antibiotics or narcotic pain treatment	DEC
<b>NEUROPATHY, NEURITIS, NEURALGIA – APS</b>	
▪ Herniated disc or other back disorder: mild and no limitations	ACC
▪ Mild, non-limiting, non-progressive, fully investigated, no limitations, treatment-free > 6 months	ACC
▪ Mild, non-limiting, non-progressive, on medication> 24 months	ACC
▪ Moderate to severe, progressive, use of adaptive devices, balance problems, falls, or with history of diabetes, anemia, or alcohol abuse	DEC
<b>OBESITY</b> <i>See build chart</i>	
▪ With complications, associated with other diseases, or assistance required	DEC
<b>ORGAN TRANSPLANTS (See Kidney Transplant; Note: Heart, Liver and Lung Transplants are not insurable)</b>	
<b>OSTEOMYELITIS – APS</b>	
▪ Asymptomatic, no limitations, fully recovered > 6 months	ACC
▪ Symptomatic, or residual complications	DEC
<b>OSTEOPOROSIS or OSTEOPENIA – APS</b>	
▪ Mild to moderate bone loss: treated, no limitations, stable and no falls or fractures	ACC
▪ Moderate to severe bone loss, or associated with fractures	DEC
<b>PACEMAKER – APS</b>	
▪ Asymptomatic, no limitations, stable, fully recovered, non-smoker X 24 months, > 3 months	ACC
▪ Current Smoker, or quit less than 24 months ago, or with history of heart attack, congestive heart failure, or TIA within 48 months	DEC
<b>PAGET’S DISEASE OF BONE – APS</b>	
▪ Asymptomatic, normal Alkaline Phosphate level > 12 months	ACC
▪ Symptomatic, with history of multiple fractures or elevated Alkaline Phosphate level	DEC

**PANCREATITIS / PANCREATIC DISORDERS – APS**

- Single acute episode, no alcohol abuse, full recovery, asymptomatic > 6 months ACC
- Chronic, active, recurrent episodes, history of alcohol abuse or abnormal blood studies DEC

**PARALYSIS / PARAPLEGIA**

DEC

**PARKINSON'S DISEASE**

DEC

**PERIPHERAL NEUROPATHY**      *See Neuropathy*

**PERIPHERAL VASCULAR DISEASE – APS**

- Mild, asymptomatic, no complications, no limitations, no surgery anticipated, non-smoker for more than 12 months, > 3 months ACC
- Symptomatic or treated with more than 2 medications, or multiple co-morbidities (i.e.: claudication, ulcerations, absent pulses, or history of amputation, diabetes, atrial fibrillation, cardiomyopathy, coronary artery disease) or smoker within past 24 months DEC

**PNEUMONIA**

ACC

- Fully recovered, no hospitalization required, no complications

**POLYCYTHEMIA VERA – APS**

- Stable blood studies, successfully treated, stable > 12 months ACC

**POLYMYALGIA RHEUMATICA – APS**

- Asymptomatic, using less than 5 mg of steroids per day, in remission, > 6 months, ACC
- Symptomatic, daily narcotic use or residual impairment DEC

**PROSTATE (Enlarged) – APS**

- Prostatic Hypertrophy/ Benign Prostatic Hypertrophy (BPH)/ Prostatitis, PSA < 6.0: ACC
- Surgery or biopsy recommended, workup in progress PP

**PSYCHOSIS**

DEC

**PULMONARY EMBOLISM – APS**

- Single episode: fully recovered, no complications > 6 months ACC
- 2 events, fully recovered, no complications > 12 months ACC

**PULMONARY HYPERTENSION**

- Incidental finding by echocardiogram, asymptomatic, and treatment-free, tobacco free 24 months ACC
- Symptomatic, under treatment, tobacco within 24 months, or steroid use DEC

**QUADRIPLEGIA**

DEC

**RAYNAUD'S DISEASE / PHENOMENON – APS**

- Not associated with any connective tissue disease, stable, firm diagnosis, treated with < 3 medications > 12 months ACC
- Associated with connective tissue disease, or 3 or more medications DEC

<b>REFLEX SYMPATHETIC DYSTROPHY</b>	DEC
<b>RENAL FAILURE</b> <i>See Kidney Failure</i>	
<b>RESTLESS LEG SYNDROME – APS</b>	
▪ Well documented, no mention of possible Parkinson’s disease, well controlled on one medication or controlled on 2 medications and stable > 12 months	ACC
▪ 3 or more medications	DEC
<b>RETINAL DETACHMENT</b>	
▪ Surgically corrected, no limitations	ACC
<b>SARCOIDOSIS – APS</b>	
▪ Asymptomatic, no complications, acceptable PFTs, treatment free > 12 months	ACC
▪ Active, multiple sites, under treatment, symptomatic or with limitations	DEC
<b>SCHIZOPHRENIA</b>	DEC
<b>SCIATICA</b>	
▪ Asymptomatic, normal range of motion, treatment free > 12 months	ACC
<b>SCLERODERMA – APS</b>	
▪ Morphea, localized to skin only, diagnosis well established, no steroid use	ACC
▪ Affecting internal organs	DEC
<b>SEIZURE DISORDER</b> <i>See Epilepsy</i>	
<b>SHINGLES</b>	
▪ Resolved, no residual impairment or ongoing daily narcotic use	ACC
<b>SHUNT – Cerebral</b>	DEC
<b>SJOGREN’S SYNDROME – APS</b>	
▪ Asymptomatic, treatment-free or well controlled with < 3 medications, no complications	ACC
▪ If Connective Tissue Disease suggested or diagnosed, or steroid use	DEC
<b>SLEEP APNEA – APS</b>	
▪ Mild or moderate, treatment compliant, stable PFTs, no complications, no tobacco use within 24 months	ACC
▪ Severe symptoms, unresponsive to treatment, not compliant, or tobacco use within 24 months	DEC
<b>SPINAL STENOSIS</b> <i>See Back Disorders</i>	
<b>STROKE/ CVA</b>	DEC
<b>SYNCOPE</b>	
▪ Single episode, benign, vasovagal, asymptomatic > 3 months	ACC
▪ Multiple episodes or unknown etiology	DEC

**THROMBOPHLEBITIS**      *See Phlebitis*

**THYROID DISORDERS**

Hypothyroid /Hyperthyroid:

- well controlled with or without medication ACC

**TRANSIENT ISCHEMIC ATTACK (TIA)**

- Single event, asymptomatic, no residuals, non-smoker X 24 months, no underlying hypertension, no residuals > 18 months ACC
- 2 episodes or single episode with physical or cognitive impairment, or with co-morbidities (i.e. diabetes, CHF, CVA, MI, valvular disease or atrial fibrillation) DEC

**TRANSIENT GLOBAL AMNESIA – APS**

- Single episode, asymptomatic, no cognitive or physical impairment, > 18 months ACC

**TREMOR - APS**

- Fully investigated and diagnosed as benign, essential, intentional or familial type, no restrictions or limitations, non-progressive > 12 months ACC

**TUMORS**      *See Cancer for Cancerous*

**ULCER (Peptic, Gastric, Duodenal)**

- Fully recovered, no complications, no history of bleeding ACC
- History of hospitalization or bleeding, with complete recovery, asymptomatic, no limitations > 6 months ACC

**ULCERATIVE COLITIS**      *See Colitis*

**VISION IMPAIRMENT**

- Vision stable and well adapted ACC
- Vision impairment progressing, restrictions or limitations, or not fully adapted – see Blindness

**VARICOSE VEINS**

- No underlying vascular disease or ulcerations or vein stripping with full recovery > 3 months ACC
- Non healing ulcers, recurrent ulcers, claudication, or esophageal varices DEC

**WALDENSTROM'S MACROGLOBULINEMIA**

DEC

**WALDENSTROM'S DISEASE OR SYNDROME**

DEC

**WHIPPLE'S DISEASE**

DEC

### Uninsurable Medications

The following medications indicate a serious underlying condition that will result in a declined application. This list is not all inclusive.

Drug	Condition/Details	Drug	Condition/Details
<b>Abilify</b>	Antipsychotic	<b>Mestinon</b>	Myasthenia Gravis
<b>Adriamycin</b>	Malignant Tumors	<b>Methadone</b>	Severe pain
<b>Alkerna</b>	Multiple Myeloma	<b>Mirapex</b>	Parkinson's Disease
<b>Aranesp</b>	Anemia	<b>Morphine</b>	Severe pain
<b>Aricept</b>	Alzheimer's Disease	<b>MS Contin</b>	Severe pain
<b>Artane</b>	Parkinson's Disease	<b>Namenda</b>	Alzheimer's Disease
<b>Avonex</b>	MS	<b>Narvane</b>	Antipsychotic
<b>A.Z.T</b>	HIV, AIDS	<b>Oxycontin</b>	Severe pain
<b>Cogentin</b>	Parkinson's Disease	<b>Parlodel</b>	Parkinson's Disease
<b>Cognex</b>	Alzheimer's Disease	<b>Parsidol</b>	Parkinson's Disease
<b>Cyloserine</b>	Alzheimer's Disease	<b>Permax</b>	Parkinson's Disease
<b>Cytosan</b>	Malignant Tumors	<b>Plenaxis</b>	Advanced Prostate Cancer
<b>D.D.I</b>	HIV, AIDS	<b>Procrit</b>	Anemia
<b>Depo-Provera</b>	Recurrent, and Metastatic, Endometrial and Renal Carcinoma	<b>Purinthenol</b>	Severe Progressive Ulcerative Colitis
<b>Eldepryl</b>	Parkinson's Disease	<b>Remicade</b>	Rheumatoid Arthritis/Crohn's Disease
<b>Epogen</b>	Anemia	<b>Reminyl</b>	Alzheimer's Disease
<b>Estinyl</b>	Cancer	<b>Rezulin</b>	Diabetes
<b>Ergoloid</b>	Decline in Mental Capacity	<b>Ridura</b>	Rheumatoid Arthritis
<b>Exelon</b>	Alzheimers Disease/Dementia	<b>Risperdal</b>	Antipsychotic
<b>Geodon</b>	Schizophrenia	<b>Seroquel</b>	Antipsychotic
<b>Gleevic</b>	Cancer, Leukemia	<b>Sinemet</b>	Parkinson's Disease
<b>Gold Therapy</b>	Arthritis	<b>Stelazine</b>	Antipsychotic
<b>Haldol</b>	Antipsychotic	<b>Steroid Use</b>	>10 mg daily
<b>Hydergine</b>	Decline in Mental Capacity	<b>Symmetrel</b>	Parkinson's Disease
<b>Imuran</b>	Immunosuppressant	<b>Thiothixene</b>	Antipsychotic
<b>Interferon</b>	Immunosuppressant	<b>Thorazine</b>	Antipsychotic
<b>L-Dopa</b>	Parkinson's Disease	<b>Trilifon</b>	Antipsychotic
<b>Larodopa</b>	Parkinson's Disease	<b>Zyprexa</b>	Antipsychotic
<b>Leukeran</b>	Malignant Tumors	<b>Xyrem</b>	Narcolepsy
<b>Kineret</b>	Rheumatoid Arthritis		