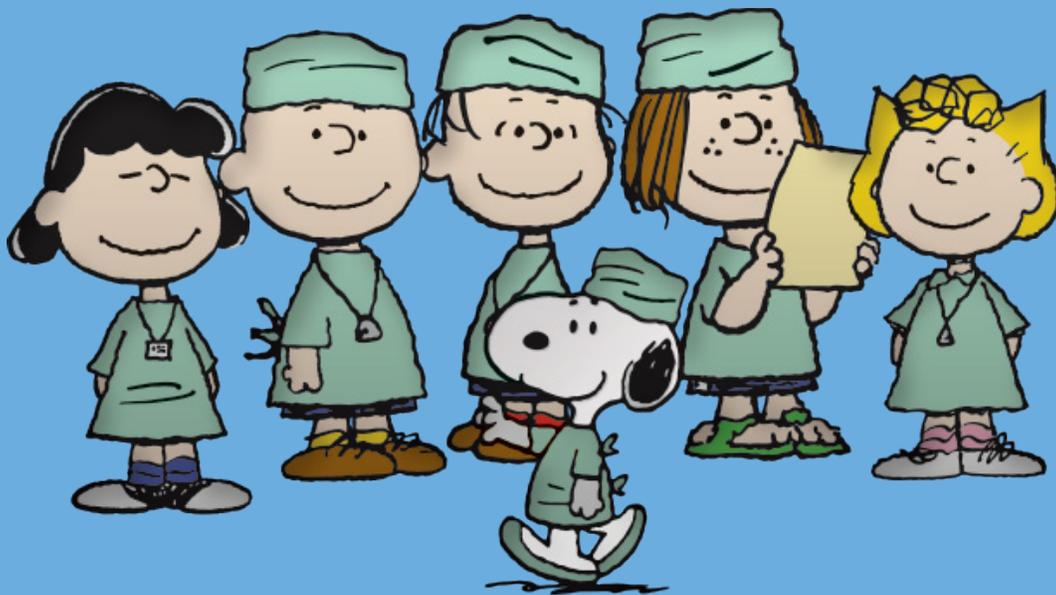


Field Guide to Medical Risks

MetLife

December 2015



The Medical Impairments Guide

INTRODUCTION

Field Guide to Underwriting Medical Impairments

We're pleased to introduce the first edition of The Medical Impairments Guide to feature ratings for life insurance and individual disability insurance for your convenience.

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

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

We've also provided guidelines for use when considering applying for optional living benefit riders available on life and disability insurance products. For life products, these include our disability waivers as well as the Enhanced Care Benefit (ECB) and the Long Term Care Acceleration Rider. For disability, this includes all available optional riders.

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

We thank you for the important role you play in field underwriting. We expect the time you spend collecting medical and financial information when completing the application will pay off as time saved during the underwriting and issue process. Comprehensive information could mean that your underwriter will be able to issue the policy without requesting additional details from your or your client, enhancing your clients' experience with MetLife. Your diligence will also help make certain our first offer to your client is our best offer. As always, please ensure you are following all applicable company policies on privacy and information security when gathering and handling personal customer information.

UNDERWRITING in SYNC | *Moving business forward together*



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(GENERALIZED) ANXIETY DISORDER

Generalized anxiety disorder is characterized by a state of continuous apprehension regarding more than one life issue. This state of worry must persist for more than six months to garner the diagnosis.

Hospitalization less than one year ago is uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Minimal symptoms well controlled with little, if any, interference with normal work or social activities	
Standard	Mild to moderate symptoms controlled with minimal impact on work or social activities; no other serious mental disorders or history of substance abuse More severe forms of anxiety may qualify for Standard after symptoms have been resolved or controlled for several years	Symptoms well controlled and all medication has been discontinued for a number of years
Substandard	Several medications required to control symptoms, symptoms may be only recently controlled; some effect on work or social function: Table B-D , depending upon how long symptoms have been controlled	Minimal to mild symptoms, well controlled on minimal medication for several years, no effect on work: Exclusion Rider: Yes Benefit Period: Long term to limited, depending upon how long symptoms have been well controlled Ratings: None to minimal, depending upon how long symptoms have been well controlled <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

ARTHRITIS

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

Mortality Concerns for Rheumatoid Arthritis: Coronary artery disease, some increased risk of heart failure and stroke, renal disease and some cancers, among others. Adverse effects of medications also contribute to the mortality risk.

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Osteoarthritis generally qualifies for best class Very mild rheumatoid arthritis may qualify if diagnosed a number of years ago and no impact on activities of daily living	
Standard	Mild rheumatoid arthritis: Very few joints affected, no more than mildly impaired ability to perform activities of daily living (ADLs)	Osteoarthritis: Minimal osteoarthritis noted on an x-ray; asymptomatic or occasional mild symptoms; infrequent, short courses of non-steroidal anti-inflammatory drug treatment Rheumatoid Arthritis: Not Available
Substandard	Moderate to severe rheumatoid arthritis: Several joints affected; may require minimal assistance to perform ADLs: Table B-D depending upon degree of limitation Very severe rheumatoid arthritis: Many joints affected; may require multiple medications; moderate to severely impaired ability to perform ADLs: Table H and higher; may be uninsurable depending upon degree of limitation, treatment and non-joint complications	Osteoarthritis: Mild to moderate symptoms, occupational activities are not affected, non-steroidal anti-inflammatory drug treatment, no use of ambulatory devices, standard build Exclusion Rider: Yes Benefit Period: Long term to limited, depending upon severity and age. More favorable benefit period applies to older applicants Ratings: None to minimal, depending upon severity and age. More favorable ratings apply to older applicants Rheumatoid Arthritis: Over one year since diagnosis, no inflammation, no physical impairment, depending upon treatment regimen Exclusion: Yes Benefit Period: Long term to limited, depending upon severity Ratings: None to moderate, depending upon severity <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

ASTHMA

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Nonsmoker over age 20; mild, infrequent daytime symptoms with minimal medication	
Standard	Mild daytime symptoms with little impact on sleep or activity, no time lost from work or school	Minimal daytime symptoms with limited impact on sleep or activity, rare urgent care visits, no ER visits or hospitalizations, no time lost from work, no history of life-threatening episodes
Substandard	Frequent daytime symptoms; occasional urgent care or emergency room visits; limited time lost from work or school: Table B-D , depending upon current age, with most favorable ratings age 50 or older Frequent day and nighttime symptoms with need for urgent care and emergency room visits or hospitalizations; greater impact on work or school: Table F and higher, may be uninsurable: Limited to age 21 and older (uninsurable under age 21)	Frequent mild to moderate daytime symptoms, infrequent nighttime symptoms, rare use of corticosteroid drug treatment, rare ER visits, no hospitalization, minimal time lost from work, no history of life-threatening episodes Exclusion Rider: Yes Benefit Period: Long term Ratings: Minimal <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

ATRIAL FIBRILLATION

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	No underlying heart disease; no current medication for AF; single episode some years ago with normal cardiac testing	
Standard	No underlying heart disease; single episode several years ago	No underlying heart disease, normal cardiac testing, single episode over two years ago
Substandard	No underlying heart disease, cause unknown: PAF: Table B-C depending upon current age Chronic AF: Table B-E depending upon current age, with more favorable ratings at older ages Some cases may qualify for Standard with credits	Depending upon time since last episode, cause, test results, severity, number of episodes per year: Exclusion: No Benefit Period: Limited to long term Ratings: Minimal to moderate <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for those rated Standard. Others may be considered on an individual basis

CANCER: BREAST

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Noninvasive, low grade tumors may qualify depending upon nature of lesion, type of treatment and time elapsed since treatment. Limited to ages 65 and older	
Standard	Noninvasive tumors: May qualify for Standard depending upon nature of the lesion and type of treatment Invasive tumors: Low grade tumors may be considered for Standard after completion of treatment. Limited to ages 65 and older	Not Available
Substandard	Lower grade invasive tumors under age 65, and higher grade tumors, larger tumors, and those with spread of cancer at any age: Flat extra premiums can range from \$5.00- \$20.00/ thousand for a period of years, depending upon the stage and grade of the tumor, as well as any spread of cancer Certain advanced cancers, if insurable, will require a Table B-D rating in addition to a flat extra, which will continue after the flat extra expires	Low grade, no spread to lymph nodes: Exclusion Rider: Yes Benefit Period: Long term to limited. More favorable benefit periods apply to lower grade tumors and greater time elapsed since treatment Ratings: None to high extra premium. More favorable ratings apply to lower grade tumors and greater time elapsed since treatment <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for those rated Standard. Others may be considered on an individual basis

CANCER: COLON (ADENOCARCINOMA)

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Tis (tumor in situ, Stage 0) only, older ages, tumor removed many years ago	
Standard	Tis (tumor in situ, Stage 0) tumors Early stage, low grade tumors, with no spread of cancer can be Standard after three years; some higher risk tumors may qualify for Standard after five to seven years or longer	Depending upon treatment, symptoms and history, Stage 0 grade tumors may qualify for Standard after five years
Substandard	Early stage, low grade tumors: Flat extra premiums ranging from \$5.00-\$7.50/thousand for a period of years, depending upon time elapsed since completion of treatment Higher risk, higher grade and later stage tumors: Flat extra premiums ranging from \$5.00-20.00/thousand for a period of years depending upon time elapsed since treatment. Some advanced tumors may require a Table B-C rating in addition to the flat extra premium	Depending upon treatment, symptoms and history, some low grade tumors after two years may qualify for: Exclusion: Yes Benefit Period: Long term to limited Ratings: None to minimal <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for those rated Standard. Others may be considered on an individual basis

CANCER: LEUKEMIA

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

All types must be in remission to be considered, with a current normal CBC (Complete Blood Count). Certain risks may be uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not available	
Standard	Acute Lymphocytic Leukemia (ALL) and Acute Myelogenous Leukemia (AML): Possible Standard after 25 years Chronic Lymphocytic Leukemia (CLL), Monoclonal B-Cell Lymphocytosis (MBL), Chronic Myelogenous Leukemia (CML): Generally not available	Not Available
Substandard	For all types of leukemia: Waiting periods vary from one to five years, with ratings ranging from Table B-D and flat extra/thousand ranging from \$7.50 to \$20.00 depending upon nature of tumor, type of treatment, current age, age at diagnosis	Acute Lymphocytic Leukemia (ALL) or Acute Myelogenous Leukemia (AML) only, under age 30 at time of diagnosis , depending upon nature of tumor, time elapsed since treatment, years since full remission and age at diagnosis: Exclusion: Yes Benefit Period: Limited Ratings: Moderate to high, more favorable ratings apply to longer periods of remission and younger ages at diagnosis <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

CANCER: LUNG

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

Current smokers are uninsurable.

Guidelines for Individual Disability Insurance are currently being revised. Please call the Resource Line at 1-800-929-1492 for preliminary inquiries.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not available	Guidelines for Individual Disability Insurance are currently being revised. Please call the Resource Line at 1-800-929-1492 for preliminary inquiries
Standard	Available for the most favorable risks after seven to nine years (include older ages, good follow-up care, longer time in remission etc.)	
Substandard	Stage 1 and 2 tumors may be considered after three to five years, with Flat extras/thousand ranging from \$7.50 to \$20.00 based upon time since completion of treatment. Possible Standard to Table B after seven to nine years More advanced tumors may be eligible for consideration on an individual basis after five years	
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

CANCER: HODGKIN LYMPHOMA

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

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

Persons under age 18 are uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not Available	
Standard	Limited to ages 55 and older. Diagnosed under age 50, may be considered for Standard after three to nine years, depending upon the stage of the cancer and current age (best cases only)	Not Available
Substandard	Temporary Flat Extra Premium ranging from \$5.00 to \$20.00/thousand depending upon stage and characteristics of the cancer, age at diagnosis, current age and treatment. A combination of Table B plus a FEP may be required for the less favorable risks	Depending upon the nature of the low grade tumor and time elapsed since treatment: Exclusion: Yes Benefit Period: Long term to limited Ratings: Minimal to high, depending upon nature of tumor <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

CANCER: NON-HODGKIN LYMPHOMA

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

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

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

Guidelines are currently under revision for Individual Disability Insurance. Please call the Resource Line at 1-800-929-1492 for a preliminary inquiry.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not Available	Guidelines for Individual Disability Insurance are currently being revised. Please call the Resource Line at 1-800-929-1492 for preliminary inquiries
Standard	Available only rarely to the very best risks, 7 to 15 years post curative treatment	
Substandard	Many risks are covered with a combination of Table B-D plus FEP ranging from \$7.50 to \$20.00/thousand , depending upon stage and characteristics of the cancer and number of recurrences. Certain risks are covered with table ratings only, ranging from Table B-H, depending upon age at diagnosis and time since treatment	
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

CANCER: MELANOMA

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

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Over age 40: limited to a single melanoma-in-situ, surgically excised a number of years ago; up-to-date on cancer screenings with no atypical or dysplastic moles present	
Standard	Tumors limited in size, including melanoma-in-situ without any spread of the cancer Many risks that initially require waiting periods and ratings will be eligible for Standard after a period of years has passed since completion of treatment, generally five or more	Most favorable Stage 0, melanoma-in-situ, low risk tumors which may qualify for Standard after one year
Substandard	Flat Extra Premiums ranging from \$5.00 to \$20.00/ thousand with a duration of four to nine years, depending upon the nature of the tumor and time elapsed since treatment	Low to moderate risk tumors with no spread of cancer to lymph nodes or beyond: Exclusion: Yes Benefit Period: Long term to limited Ratings: Minimal to high, More favorable ratings apply with low risk tumors and longer duration since treatment completed <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for those rated Standard. Others may be considered on an individual basis

CANCER: PROSTATE (ADENOCARCINOMA)

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

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Preferred classes are generally reserved for those 55 years and older after a significant waiting period with early stage, lower grade tumors, and favorable, regular and recent follow-up	
Standard	Early stage, low-grade tumors may be considered within a year of definitive treatment. Higher stage/grade tumors can be eligible for Standard after a period of years (see below)	Not Available
Substandard	Flat extra premiums can range from \$5.00-\$40.00/thousand, for periods of two to nine years , with the lower flat extras reserved for older ages with earlier stage, lower grade tumors and more time elapsed since treatment	Low grade tumors, at least 5 to 10 years since treatment has been completed: Exclusion: Yes Benefit Period: Limited Ratings: Minimal to high. More favorable ratings apply to lower grade tumors with more time elapsed since treatment <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated with a \$5 flat extra or less, or Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

CANCER: OTHER

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	<p>Action will vary based on the location in the body as well as the stage (size), grade (degree of cell abnormality) and metastasis (spread of cancer). This information is found in the pathology report.</p>	
Standard		
Substandard		

(HIGH) CHOLESTEROL

Cholesterol is a fat that circulates in the bloodstream. It's manufactured by the liver and is also obtained in the foods we eat. Cholesterol and other fats are necessary for the proper functioning of the body. Too much cholesterol, however, is a risk for coronary artery disease.

LDL, sometimes referred to as "bad cholesterol," is the largest component of total cholesterol and is closely related to cardiac risk. HDL, the "good cholesterol," is protective against cardiac risk.

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

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

Mortality and Morbidity Concern: Risk factor for coronary artery disease

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	See Condensed Underwriting Guide for Preferred criteria	
Standard	Age 65 or less: Total cholesterol up to 400 with a ratio of 8.0 or less Age 66 and older: Total cholesterol up to 425 with a ratio of 9.6 or less	Total cholesterol up to 300 with a ratio up to 11.0 depending upon elimination period
Substandard	Total cholesterol or ratios higher than the above may be rated Table B-F	Total cholesterol 301-350 with a ratio of 8.0 or less: Exclusion: No Benefit Period: Long term Ratings: Minimal to moderate, depending upon elimination period Total cholesterol 351-400 with a ratio 8.0 or less: Exclusion: No Benefit Period: Limited Ratings: Minimal to moderate, depending upon elimination period Total cholesterol 301-350 with a ratio of 8.01-11: Exclusion: No Benefit Period: Limited Ratings: Minimal to high, depending upon elimination period <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for those rated Standard. Others may be considered on an individual basis

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): CHRONIC BRONCHITIS, EMPHYSEMA

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

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

Severe disease, including those experiencing symptoms with little exertion, persons with very abnormal pulmonary function tests and those requiring oxygen therapy, will be uninsurable.

Persons less than age 45 are considered on an individual basis for life insurance. Persons less than age 40 are uninsurable for disability insurance.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not available	
Standard	Over age 45, nonsmoker, minimal severity, only mildly abnormal Pulmonary Function Tests	Not available
Substandard	Over age 45, ratings may range from Table B-H , with the most favorable ratings reserved for nonsmokers at ages over 70 with mild to moderate symptoms and negative stress tests	Minimal or mild symptoms, age 40 or above, nonsmoker for at least the past two years: Exclusion: Yes Benefit Period: Limited Ratings: Minimal to high. More favorable ratings apply to older applicants <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

CORONARY ARTERY DISEASE

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

Surgical options include coronary artery bypass graft (CABG) and angioplasty (PTCA)/stents.

Ratings depend on a number of factors, including current age, the number of vessels involved, the degree and location of obstruction, and how well the heart is able to pump blood through the body. Ratings are higher at the younger ages/earlier onset of disease. Where available, credits may permit a one to two table risk class improvement.

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Nonsmokers generally age 60 or older with very minor disease, normal heart function with no history of heart attack may be considered	
Standard	Nonsmokers age 40 or older with very minor disease, normal heart function and negative cardiac testing may be considered	Nonsmoker, over age 50, minimal severity, minimal obstruction and minimal plaque
Substandard	Ratings ranging from Table B for mild disease at the older ages to Table J for severe disease at the younger ages. Some risks may be uninsurable	Minimal or mild severity, minimal obstruction, single vessel, age 40 or above: Exclusion: Yes Benefit Period: Limited Ratings: Minimal to high. More favorable ratings apply to minimal severity and older ages <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

DEPRESSION

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

Psychiatric hospitalization within a year of application is uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	May be considered with well-controlled/resolved symptoms with minimal medication; little if any effect on work or school; no history of psychiatric hospitalizations or any other mental illness except mild anxiety	
Standard	Described as mild; symptoms resolved/controlled on no more than one anti-depressant; minor effect on work or school; no history of psychiatric hospitalization or ratable substance abuse Other more severe forms of depression may qualify for Standard once symptoms have been controlled for a number of years	Depression, other than major depressive disorder, more than three years since minimal symptoms have been well controlled, treatment has been discontinued, no hospitalization, no history of suicide attempts or ideation, no treatment by a psychiatrist, no loss of time from work, no history of substance abuse
Substandard	Described as moderate to severe: ratings will vary based on severity, treatment and length of time symptoms have been controlled: Table B-H, or may be uninsurable	Depression, other than major depressive disorder, minimal to mild symptoms, no loss of work due to the condition, no hospitalizations, no psychosis, no suicide attempt or ideation, well controlled on medication for a number of years Exclusion: Yes Benefit Period: Long term to limited, depending upon duration since symptoms have been well controlled Ratings: None to minimal, depending upon duration since symptoms have been well controlled <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

DIABETES (MELLITUS)

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

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

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

Persons under age 20 are considered individually.

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

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

Mortality Concerns: Increased risk for cardiovascular and cerebrovascular disease, kidney failure, blindness and arterial disease leading to amputation

Morbidity Concerns: Increased risk for cardiovascular and cerebrovascular disease, kidney failure, blindness and arterial disease leading to amputation

Key Questions:

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

DIABETES (MELLITUS)

(CONTINUED)

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	<ul style="list-style-type: none"> • Gestational: No current evidence of impaired glucose tolerance, only episode at least 10 years ago • Type 1: Not available • Type 2: Very limited to current age 70 or older with good control, no complications 	
Standard	<ul style="list-style-type: none"> • Gestational: After delivery, impaired glucose tolerance resolved, not currently pregnant • Type 1: Depending upon duration of the disease, nonsmokers ages 60 and older with optimal control and no significant complications may qualify. Generally unavailable under age 60 • Type 2: Nonsmokers age 60 and older with good control and no significant complications. Nonsmokers ages 40-59 with optimal control and no significant complications. Standard generally not available under age 40 	<ul style="list-style-type: none"> • Gestational: After delivery, no current evidence of diabetes and age 50 and older • Type 1: Not available • Type 2: Not available
Substandard	<ul style="list-style-type: none"> • Gestational: Currently pregnant, Table B • Type 1: No significant complications: Depending upon current age and duration of the disease, ratings can range from Table B-J or higher. More favorable ratings apply to older applicants with disease of lesser duration • Type 2: No significant complications: Depending upon current age and duration of the disease, ratings may range from Table B-J. More favorable ratings apply to older applicants with disease of lesser duration 	<ul style="list-style-type: none"> • Gestational: After delivery, under age 50 Exclusion Rider: Yes Benefit Period: Long term Ratings: None to moderate extra premium. More favorable ratings apply to older applicants and longer duration since diagnosis • Type 1: No complications, more than one year since diagnosis, age 25 and older Exclusion Rider: No Benefit Period: Limited Ratings: Minimal to high extra premium. More favorable ratings apply to older applicants • Type 2: No complications, more than six months since diagnosis, age 25 and older Exclusion Rider: No Benefit Period: Limited Ratings: Minimal to high extra premium. More favorable ratings apply to older applicants <p><i>Alternative offers may be available</i></p>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

HEART MURMURS

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

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

Morbidity Concerns: Chest pain, development of atrial arrhythmias, congestive heart failure, stroke resulting from a blood clot, shortness of breath, fatigue or dyspnea or decreased exercise capacity

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Innocent or functional murmurs	
Standard	Varies by underlying condition: <ul style="list-style-type: none"> • Murmur caused by abnormal heart valve, see Valvular Heart Disease • Murmur caused by atrial or ventricular septal defect, possible Standard for small, asymptomatic defects and those successfully surgically repaired, with favorable cardiac testing 	Varies by underlying condition: <ul style="list-style-type: none"> • Murmur caused by abnormal heart valve, see Valvular Heart Disease • Murmur caused by atrial septal defect (ASD), surgically repaired before the age of 20, over 4 years since surgery, favorable cardiac testing, no prior history of TIA or stroke • Murmur caused by ventricular septal defect (VSD), surgically repaired before the age of 15 and favorable cardiac testing
Substandard	Varies by underlying condition: <ul style="list-style-type: none"> • Murmur caused by abnormal heart valve, see Valvular Heart Disease • Murmur caused by atrial or ventricular septal defect: Large, symptomatic defects not surgically repaired are generally uninsurable 	Varies by underlying condition: <ul style="list-style-type: none"> • Murmur caused by abnormal heart valve, see Valvular Heart Disease • Murmur caused by atrial septal defect (ASD): Small ASD, without surgery, asymptomatic, depending upon cardiac test results: Exclusion: No Benefit Period: Limited Rating: Moderate • Murmur caused by ventricular septal defect (VSD): Small VSD, without surgery, asymptomatic, depending upon cardiac test results: Exclusion: No Benefit Period: Limited Rating: Minimal to moderate <p><i>Alternative offers may be available</i></p>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

HEIGHT/WEIGHT CHART: INDIVIDUAL LIFE INSURANCE

We are often asked to provide a tentative rating for overweight. The following tables should help you in deciding what to quote your client. The heights/weights given below apply to males and females, ages 16 and over. The weights shown are the highest weights for the indicated Table rating.

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

Height	Class and Table Ratings									
	Std	B	C	D	E	F	H	J	L	P
4'10"	185	195	200	204	209	219	224	228	272	282
4'11"	192	202	207	212	217	227	231	236	277	287
5'0"	198	209	214	219	224	234	239	245	282	292
5'1"	205	216	221	226	231	242	248	253	286	296
5'2"	212	223	228	234	239	250	256	261	290	300
5'3"	219	230	236	242	247	258	264	270	298	308
5'4"	226	238	243	249	255	267	273	278	306	316
5'5"	233	245	251	257	263	275	281	287	313	323
5'6"	240	253	259	265	271	284	290	296	320	330
5'7"	248	261	267	273	280	293	299	305	328	338
5'8"	255	268	275	282	288	301	308	315	336	347
5'9"	263	276	283	290	297	310	317	324	345	355
5'10"	271	285	292	299	306	319	326	333	354	364
5'11"	278	293	300	307	314	329	336	343	362	372
6'0"	286	301	309	316	323	338	345	353	370	380
6'1"	294	310	317	325	332	348	355	364	379	389
6'2"	303	318	326	334	342	357	365	373	388	398
6'3"	311	327	335	343	351	367	375	383	398	408
6'4"	319	336	344	352	360	377	385	393	406	416
6'5"	328	345	353	370	387	395	395	403	415	425
6'6"	336	354	362	371	380	397	406	414	424	434
6'7"	345	363	372	381	390	407	416	425	433	443
6'8"	354	372	381	390	399	418	427	436	442	452
6'9"	363	382	391	400	410	428	438	447	457	467
6'10"	372	392	400	411	420	439	448	458	467	477
6'11"	381	400	410	421	430	450	459	469	472	482

HEIGHT/WEIGHT CHART: INDIVIDUAL DISABILITY INSURANCE

We are often asked to provide a tentative rating for overweight. The following tables should help you decide what to quote your client. The weights shown are the highest weights for the indicated table rating.

Heights appear in the first column. Weights appear in rows below the Overweight Ratings.

Notes:

- Rating at 50% and over, limited benefit period will only be available
- Individuals who exceed the overweight ratings or weigh less than the lowest weight in the underweight column cannot be considered for coverage

Build Table								
Height		Ratings by Weight (Pounds)						
		Underweight		Average Weight	Overweight			
		50%	25%	Standard	25%	50%	75%	100%
56"	4' 8"	72-76	77-82	83-151	152-165	166-174	175-183	184-187
57"	4' 9"	74-78	79-85	86-156	157-171	172-180	181-189	190-194
58"	4' 10"	77-81	82-88	89-162	163-177	178-186	187-196	197-201
59"	4' 11"	79-84	85-91	92-168	169-183	184-193	194-203	204-208
60"	5' 0"	82-87	88-94	95-173	174-189	190-199	200-210	211-215
61"	5' 1"	85-90	91-97	98-179	180-196	197-206	207-217	218-222
62"	5' 2"	88-93	94-100	101-185	186-202	203-213	214-224	225-229
63"	5' 3"	91-96	97-104	105-191	192-209	210-220	221-231	232-237
64"	5' 4"	93-99	100-107	108-197	198-215	216-227	228-239	240-244
65"	5' 5"	96-102	103-110	111-204	205-222	223-234	235-246	247-252
66"	5' 6"	99-105	106-114	115-210	211-229	230-241	242-254	255-260
67"	5' 7"	102-108	109-117	118-216	217-236	237-249	250-262	263-268
68"	5' 8"	105-112	113-121	122-223	224-243	244-256	257-269	270-276
69"	5' 9"	109-115	116-124	125-229	230-250	251-264	265-277	278-284
70"	5' 10"	112-118	119-128	129-236	237-258	259-272	273-286	287-293
71"	5' 11"	115-122	123-132	133-243	244-265	266-279	280-294	295-301
72"	6' 0"	118-125	126-136	137-250	251-273	274-287	288-302	303-310
73"	6' 1"	121-129	130-139	140-257	258-280	281-295	296-311	312-318
74"	6' 2"	125-132	133-143	144-264	265-288	289-304	305-319	320-327
75"	6' 3"	128-136	137-147	148-271	272-296	297-312	313-328	329-336
76"	6' 4"	132-140	141-151	152-278	279-304	305-320	321-337	338-345
77"	6' 5"	135-143	144-155	156-286	287-312	313-329	330-346	347-354
78"	6' 6"	139-147	148-159	160-293	294-320	321-337	338-355	356-363
79"	6' 7"	142-151	152-163	164-301	302-328	329-346	347-364	365-373
80"	6' 8"	146-155	156-167	168-309	310-337	338-355	356-373	374-382
81"	6' 9"	149-159	160-172	173-316	317-345	346-364	365-383	384-392

HEPATITIS

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

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

Certain complications may be uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Hepatitis A, B and C: Acute infection, fully resolved without treatment, favorable lab results. May also be available on a limited basis for chronic infection age 70 and older	
Standard	Hepatitis B: Acute infection, fully resolved, favorable lab results. Chronic infection: Age 40 and older, fully resolved, favorable lab results Hepatitis C: Acute infection, several months since diagnosis, fully resolved without treatment and with favorable lab results. Chronic infection: Age 40 and older, successfully treated, favorable lab results and favorable liver biopsy (if done), depending upon time elapsed since treatment	Hepatitis A: Fully recovered, over three months since complete resolution of symptoms and normal lab and test results Hepatitis B and C: Acute infection, fully recovered, over one year since complete resolution of symptoms and normal lab and test results
Substandard	Hepatitis B: Chronic infection, asymptomatic, ratings vary from Table B-H, depending upon a number of variables, including treatment if any, lab results, current age and age at infection Hepatitis C: Chronic infection: Ratings can vary from Table B at the older ages to Table J at the younger ages , depending upon duration of infection, lab results and treatment history	Hepatitis B: Chronic infection, over five years since treatment completed, asymptomatic, fully resolved for over one year, normal lab and test results, low grade diagnosis on liver biopsy Exclusion: Yes Benefit Period: Long term Rating: None Hepatitis C: Chronic infection, more than six months since treatment completed, fully recovered, normal lab results, low grade diagnosis on liver biopsy, if performed Exclusion: Yes Benefit Period: Long term to limited, depending upon duration since treatment completed Rating: Minimal to high, depending upon duration since treatment completed <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

INFLAMMATORY BOWEL DISEASE: CROHN'S DISEASE

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

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

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

Morbidity Concerns: Extra-intestinal manifestations, colorectal cancer, abdominal pain, bleeding, weight loss, anemia, rectal urgency, incontinence, bowel obstruction, fistulas, abscesses, surgical complications

Key Questions:

- Date of diagnosis?
- Age at diagnosis?
- Description of symptoms?
- Names of medications?
- Dates of hospitalizations, if any?
- Dates of surgery, if any?
- Date of last attack?
- Name and address of the healthcare provider with the most complete records?

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Diagnosed at age over 60, in full remission with no treatment for many years	
Standard	Age 20 and over, and more than five years from date of diagnosis for stable disease or more than five years since last major attack for more severe disease	Not Available
Substandard	Age 20 and over, Table B-H , with more favorable ratings the longer the disease has been stable and at ages 35 and older	More than two to five years since last attack depending upon treatment, time since recovery from last attack, symptoms, complications and number of attacks: Exclusion: Yes Benefit Period: Long term to limited. More favorable benefit period applies to longer duration since last attack. Ratings: Minimal to high. More favorable ratings apply to longer durations since last attack <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

INFLAMMATORY BOWEL DISEASE: ULCERATIVE COLITIS/ULCERATIVE PROCTITIS

Ulcerative colitis is a chronic inflammatory disease of the colon. The severity of the disease generally correlates with the amount of colon involved. Ulcerative proctitis is a mild form of the disease that only involves the rectum.

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

Mortality Concerns: Complications from a severe flare; risk of colon cancer in long-term ulcerative colitis (minimal cancer risk in ulcerative proctitis)

Morbidity Concerns: Bleeding, abdominal pain, weight loss, colonic perforation, hemorrhage, complications of surgery and treatment, colorectal cancer

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Ulcerative proctitis: Age 20 and older, diagnosed several years ago may be considered Ulcerative colitis: Uncomplicated, asymptomatic with total proctocolectomy at least two years ago may be considered.	
Standard	Ulcerative proctitis: Age 20 and older, mild symptoms, no treatment with higher risk medications Ulcerative colitis: Limited disease with infrequent flares, easily controlled with lower risk medications, diagnosed over four years ago	Not Available
Substandard	Ulcerative colitis: More extensive disease, more frequent flares, hospitalization may be required, treatment with higher risk drugs: Table B-J depending upon age, duration of disease and recency of attacks	Ulcerative proctitis/colitis: Depending upon number of attacks, length of time since the last attack, treatment, symptoms and complications Exclusion: Yes Benefit Period: Limited Rating: Minimal to high <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

IRRITABLE BOWEL DISEASE (SPASTIC COLITIS, MUCOUS COLITIS)

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

Mortality Concerns: None, however, there may be underlying psychological issues that warrant investigation by the underwriter

Morbidity Concerns: Chronic pain, fatigue and other intestinal symptoms

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Mild, non-incapacitating symptoms	
Standard	More severe symptoms	Over three years since full recovery, no current treatment
Substandard	Generally not applicable	Depending upon severity of symptoms, current treatment and time since onset or recovery: Exclusion: Yes Benefit Period: Long term Ratings: Minimal to moderate <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

MUSCULOSKELETAL CONDITIONS: BACK DISORDERS (Individual Disability Insurance only)

Sprains/Strains: May be caused by major or minor trauma. Back pain of this type is often accompanied by spasm of the surrounding muscles, leading to intense pain with simple movements and marked limitation of range of motion. Recurrences are quite often.

Intervertebral Disc Disease: Herniation of the disc simply means that the substance of the disc is pushed or squeezed through the firmer outer skin of the disc, called the annulus. This can occur at any spinal level where there is a disc, most commonly in the lumbar region.

Morbidity Concerns: Chronic pain, resistance to treatment, restrictions in bending, lifting or prolonged sitting, limited range of motion.

Key Questions:

- Diagnosis?
- What was the cause of the injury/condition?
- When did the injury/condition occur?
- What were the symptoms? When was the last symptom?
- Were any tests performed? If so, type of test and results?
- Treatment? Number of occurrences? Dates of occurrences?
- Was there any disc involvement?
- Are there any special devices that need to be worn (such as a brace)?
- Name and address of the healthcare provider with the most complete records?

Back Disorders	Action	Individual Disability
Lumbosacral/ Cervical Spine Sprains/Strains	Standard	Single episode of minimal duration, more than one to two years since fully recovered, currently asymptomatic, minimal past treatment, no ongoing treatment; no time lost from work
	Substandard	Mild to moderate severity, depending upon effect on daily activities, occupational duties, treatment, symptoms, time since recovery: Exclusion: Yes Benefit Period: Long term Rating: None <i>Alternative offers may be available</i>
	Optional Living Benefits/Riders	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis
Lumbosacral/ Cervical Disc Disease	Standard	Single episode, single disc herniation, over three years since minimal symptoms resolved, no surgical treatment, no current treatment; no effect on occupational duties
	Substandard	Mild to moderate severity, depending upon effect on daily activities, occupational duties, treatment, symptoms, time since recovery: Exclusion: Yes Benefit Period: Long term to limited Rating: Low to moderate <i>Alternative offers may be available</i>
	Optional Living Benefits/Riders	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis
Chiropractic Maintenance	Standard	Possible standard, if minimal diagnosis, asymptomatic, depending upon occupational duties, treatment, symptoms, time since recovery and number of chiropractic visits per month
	Substandard	Mild to moderate severity, depending upon effect on daily activities, occupational duties, treatment, symptoms, time since recovery: Exclusion: Yes Benefit Period: Long term to limited Rating: None to minimal <i>Alternative offers may be available</i>
	Optional Living Benefits/Riders	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

MUSCULOSKELETAL CONDITIONS: KNEE DISORDERS (Individual Disability Insurance only)

Ligament Tear/Sprain: Ligamentous injuries are termed sprains, which distinguishes them from muscular injuries or strains. In the knee, a sprain is defined as a stretch, partial tear or complete tear of one of the knee’s four ligaments.

Meniscal tear: Meniscal tears are fairly common injuries, and they may occur with sports or routine activity.

Total Knee Replacement: Joint replacement is a form of treatment for joint diseases including arthritis.

Morbidity Concerns: Inability to walk or stand for long periods of time, lack of mobility and length of rehabilitation.

Key Questions:

- Diagnosis?
- Which knee is affected? Right/left/both?
- What was the treatment?
- Were tests performed? What tests and what were the results?
- Are there any limitations on range of motion?
- Any interference with normal activities?
- Number of occurrences? Last occurrence?
- Name and address of the healthcare provider with the most complete records?

Knee Disorders	Action	Individual Disability
Ligament Tear/ Sprain	Standard	Over two years since symptoms resolved. ACL rupture, minimal strain, surgically treated, fully recovered, asymptomatic
	Substandard	Mild to moderate severity, depending upon the effect on daily activities, occupational duties, treatment, symptoms, time since recovery: Exclusion: Yes Benefit Period: Long term Rating: No <i>Alternative offers may be available</i>
	Optional Living Benefits/Riders	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis
Meniscal Tear	Standard	Over one year since symptoms resolved, single episode, currently asymptomatic
	Substandard	Depending upon number of episodes, current symptoms, effect on daily activities and occupational duties and treatment: Exclusion: Yes Benefit Period: Long term Rating: None to minimal <i>Alternative offers may be available</i>
	Optional Living Benefits/Riders	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis
Total Knee Replacement	Standard	Not available
	Substandard	Depending upon time lapsed since full recovery, no residual symptoms: Exclusion: Yes Benefit Period: Long term to limited Rating: No <i>Alternative offers may be available</i>
	Optional Living Benefits/Riders	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

MULTIPLE SCLEROSIS

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

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

Individual Disability Insurance is not available.

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not Available	
Standard	Generally not available: If diagnosis suspected but not definite, Standard may be possible for ages 18 and over several years out from a single episode	Not Available
Substandard	Over age 40, mild disease: Can ambulate without any aids, self-sufficient, able to work a full day, onset more than one year, possible Table C At younger ages and with more severe forms of the disease, ratings may range from Table D-J to uninsurable depending upon current age, recency of onset, MS subtype and severity of the disease	
Optional Living Benefits/Riders	Optional riders and benefits are generally not available	

PANIC DISORDER

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

Hospitalization less than one year ago is uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Good control of symptoms for a number of years; minimal to no effect on work or social function	
Standard	Panic attacks are infrequent and resolve quickly; mild to minimal effect on work or social function	Not Available
Substandard	Moderate to severe disorder, symptoms may require multiple medications; effect on work or social function may be mild to marked. Table B-D, with higher ratings reserved for more severe symptoms requiring multiple medications	Minimal to mild symptoms, minimal medications, no effect on work: Exclusion Rider: Yes Benefit Period: Long term to limited, depending upon severity of symptoms and how long they have been well controlled. Rating: None to moderate extra premium, depending upon severity of symptoms and how long they have been well controlled <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Standard or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

PARKINSON’S DISEASE (PRIMARY PARKINSONISM)

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

Individual Disability Insurance is not available.

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

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

Morbidity Concerns: Tremor, muscle rigidity, limited ambulation, neurodegenerative disorders

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not Available	Not Available
Standard	Minimal disease, age 60 and older: Unilateral resting tremor only, no other physical manifestation of Parkinson’s; no effect on ambulation or movement, normal social and occupational functioning	
Substandard	Minimal disease, age 40-59: Unilateral resting tremor only, no other physical manifestation of Parkinson’s; no effect on ambulation or movement, normal social and occupational functioning; Table B-E, with more favorable ratings at older ages with disease of longer duration	
	Mild disease, age 40 and older: Bilateral resting tremor; normal social and occupational functioning; may have minimal impact on ambulation or movement; Table B-H, with more favorable ratings at the older ages	
	Moderate disease, only age 50 and older: Bilateral resting tremor; some impact on ADLs but no reliance on others; greater impact on ambulation or movement; Table D-H, with more favorable ratings at the older ages	
Optional Living Benefits/Riders	Optional riders and benefits are generally not available	

PERIPHERAL ARTERIAL DISEASE

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

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Very mild, asymptomatic disease, without surgery, nonsmokers over age 70 may be considered	
Standard	Minimal, asymptomatic disease, without surgery, nonsmokers over age 70 may be considered	Minimal disease, completely asymptomatic at all times, over age 45, all tests normal, diagnosis based on incidental findings
Substandard	Mild or moderate disease, no tobacco use or diabetes: Possible Table B-D , with the more favorable ratings at the older ages (50+)	Over age 40, mild disease, completely asymptomatic: Exclusion: No Benefit Period: Limited Rating: Moderate <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits may be considered on an individual basis	Optional benefits may be considered on an individual basis

SEIZURES

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

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

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	May be possible if either no or limited medication and free from seizures for many years	
Standard	Petit mal may qualify for standard more than six months after onset and Generalized seizures more than three years after onset if fully investigated and no underlying cause identified	Idiopathic epilepsy: more than five years since onset, minimal number of seizures per year, minimal to no treatment required
Substandard	Ratings generally range from Table B-H , with the higher ratings at younger ages, more frequent seizures and more severe forms of the disease Secondary epilepsy is rated for the underlying disorder in addition to the above	Idiopathic epilepsy: two to five years since onset, minimal treatment, minimal number of seizures per year: Exclusion: No Benefit Period: Long term to limited Rating: Minimal to moderate, depending upon number of seizures per year <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

SLEEP APNEA

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

Some severe cases may be uninsurable.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Nonsmoker, very mild OSA with good compliance with CPAP (if prescribed) may be considered	
Standard	<p>Mild OSA: treated or untreated</p> <p>Moderate OSA: age 60 and older (under age 60 may be eligible after one or two years with symptom resolution, depending upon treatment)</p>	<p>Suspected OSA: minimal symptoms, no significant current daytime sleepiness, diagnosis based on symptoms only</p> <p>Mild OSA: more than one year since treatment began, normal testing results, compliant with therapy, symptoms resolved</p> <p>Moderate OSA: more than two years since treatment began, normal testing results, compliant with therapy, symptoms resolved</p>
Substandard	Ratings range from Table B-H , depending upon the severity of the disease, the type and length of treatment and resolution of symptoms	<p>Depending on type of sleep apnea, treatment, lab results and symptoms:</p> <p>Exclusion: No</p> <p>Benefit Period: Limited</p> <p>Rating: Minimal to high</p> <p><i>Alternative offers may be available</i></p>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits may be considered on an individual basis

STROKE: CEREBROVASCULAR ACCIDENT (CVA)

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

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

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

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

Morbidity Concerns: Decreased mobility, communicative impairments and cognitive disorders

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Not Available	
Standard	Generally not available; mild strokes due to contraceptive use or migraines may qualify	Due to oral contraceptive use, fully recovered, more than one year since event, no residual neurological deficit; oral contraceptives discontinued
Substandard	Mild to moderate: For the most common type of stroke, ratings range from Table C-D at the older ages, and Table D-H plus \$5.00/thousand for a number of years under age 75	Substandard offer may be available if: Single thrombotic stroke, lacunar stroke or stroke of unknown cause, age 50 or older, over five years since event, full recovery with symptoms resolved and no residuals: Exclusion: Yes Benefit Period: Limited Rating: Moderate to high <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits may be considered on an individual basis	Optional benefits may be considered on an individual basis

SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

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

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

Individual Disability Insurance not available.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Generally not available	
Standard	Minimal symptoms, current age 20 and older, no treatment in more than three years may qualify	Not Available
Substandard	Mild symptoms, current age 20 and older, treated with minimal medications including prednisone: Possible Table B-H after a one year waiting period, with the more favorable ratings at the older ages with disease of longer duration	
Optional Living Benefits/Riders	Optional riders and benefits may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

TRANSIENT ISCHEMIC ATTACK (TIA)

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

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

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

Morbidity Concerns: Decreased mobility, communicative impairments and cognitive disorders

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Exceptional cases under age 60 where presumed cause of the stroke is migraine or oral contraceptives (now discontinued) may be considered	
Standard	Single TIA may be Standard after three years. Credits may allow a Standard offer at the older ages for multiple TIAs after five years	Due to oral contraceptive use, more than one year since TIA, oral contraceptives discontinued
Substandard	Ratings range from Table B-D and may include a flat extra of \$5.00/thousand for an initial period of years, depending upon number of events and years since occurrence	Substandard offer may be available if single TIA, fully recovered, depending upon duration since TIA, age of applicant, cause, residuals, medical and family history: Exclusion: Yes Benefit Period: Long term to limited Rating: None to high <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

VALVULAR HEART DISEASE

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

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

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

Severe valve disease is generally uninsurable.

Mitral stenosis is uninsurable for Individual Disability Insurance.

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

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

Key Questions:

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

Action	Individual Life	Individual Disability
Preferred Classes (Life only)	Described as trivial, stable, normal valve, may be considered, may be age-restricted depending upon type	
Standard	Described as trivial, may be considered, may be age-restricted depending upon type Described as mild, consideration generally limited to the older ages	Aortic Insufficiency and Mitral Insufficiency: Minimal severity, no symptoms, favorable cardiac testing Aortic Stenosis and Mitral Stenosis: Not Available
Substandard	Ratings vary from Table B-J depending upon severity and current age, with more favorable ratings at the older ages Severe disease is considered on an individual basis and may be uninsurable	Mitral Stenosis: Not available Aortic Insufficiency, Aortic Stenosis, Mitral Insufficiency: Mild to moderate, depending upon severity, age of applicant, years since diagnosis, symptoms, cardiac results Exclusion: Yes Benefit Period: Long term to limited Rating: Minimal to high <i>Alternative offers may be available</i>
Optional Living Benefits/Riders	Optional riders and benefits are generally acceptable for those rated Table D or better. Otherwise, riders may be considered on an individual basis	Optional benefits are generally acceptable for mild symptoms. Clients with moderate or more severe symptoms may be considered on an individual basis

OTHER IMPAIRMENTS

It's not possible to list every impairment known to medicine; however, some general concepts apply.

Ask your client for the following information. Record as many details as your client can give you.

- Name of condition?
- Diagnosis?
- Date of diagnosis?
- Tests performed?
- Dates of tests
- Results of tests?
- Type of treatment?
- Medications prescribed?
- Date treatment was completed?
- Any limitations in regular activities due to impairment?
- Current condition?
- Name and address of the healthcare provider with the most complete records?

LIFE UNDERWRITING CREDITS MAY GET YOUR CLIENTS TO STANDARD

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

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

Impairment	Credits may be available for:	Impairment	Credits may be available for:
Alcohol Abuse	<ul style="list-style-type: none"> Active participation in Alcoholics Anonymous or a similar organization for two years or more 	Diabetes	<ul style="list-style-type: none"> Optimal blood sugar control Optimal blood pressure control Optimal cholesterol control
Atrial Fibrillation	<ul style="list-style-type: none"> Normal echocardiogram within the past year For ages 50 and older, favorable cardiac catheterization or CT angiogram within the past four years or a normal treadmill electrocardiogram and/or favorable Electron Beam Computerized Tomography (EBCT) within the past two years Anticoagulation therapy Stability over several years 	EKG abnormalities	<ul style="list-style-type: none"> A normal echocardiogram within the past year For ages 50 and older, favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years Stability over several years
Carotid Artery Disease	<ul style="list-style-type: none"> For ages 55 and older, favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years 	Elevated Liver Enzymes	<ul style="list-style-type: none"> Favorable results of liver evaluation done by personal physician
Build (height and weight)	<ul style="list-style-type: none"> Favorable cardiac catheterization or CT angiogram within the past four years, or normal treadmill EKG and/or favorable EBCT within the past two years 	Hypertension	<ul style="list-style-type: none"> A normal EKG or echocardiogram within the past year An optimal cholesterol ratio
Cholesterol	<ul style="list-style-type: none"> Favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years 	Valvular Heart Disease	<ul style="list-style-type: none"> Stable echocardiograms over several years
Coronary Artery Disease	<ul style="list-style-type: none"> A normal treadmill EKG within the past two years Medications 		

UNINSURABLE CONDITIONS: INDIVIDUAL LIFE AND DISABILITY

The following relatively commonly encountered conditions are generally uninsurable for both Individual Life and Disability Insurance. This is not a complete list of uninsurable conditions. Uninsurable conditions that rarely occur are not included. Also, as noted on the previous pages, conditions that are eventually insurable may be uninsurable for a period of time after diagnosis and treatment.

- Acquired immune deficiency syndrome (AIDS)
- Alzheimer's disease, senile dementia
- Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease
- Cystic fibrosis, except for very mild disease diagnosed in adulthood with limited symptoms
- Dialysis (current)
- Huntington's disease (personal history)
- Muscular dystrophy, duchenne type
- Organ transplants (with the exception of certain kidney transplants)

Individual Disability Insurance: Additional Uninsurable Conditions

Other conditions, while possibly insurable for individual life insurance, are not eligible for individual disability insurance. Some of these conditions include:

- Bipolar disorder
- Multiple sclerosis
- Parkinson's disease
- Systemic lupus erythematosus

Please call the Resource Line at 1-800-929-1492 to inquire about particular conditions for Individual Disability Insurance.

Disability insurance is issued by Metropolitan Life Insurance Company, New York, NY 10166. All policies, riders and provisions may not be available in all states, at all issue ages and to all occupational classes.

Life insurance products are issued by MetLife Insurance Company USA, Charlotte, NC 28277, and Metropolitan Life Insurance Company, New York, NY 10166. All guarantees are subject to the claims-paying ability and financial strength of the issuing insurance company.

Life and Disability Insurance Products:

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

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