



# The Agent and Broker Companion (ABC)

Your guide to underwriting impairments.



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## Introduction

You work hard to prospect and sell new cases. At John Hancock, we work just as hard to underwrite your business and provide you with competitive offers as quickly as possible. Take a look at some of the underwriting strengths we offer that can expand your sales:

### **Progressive Decisions:**

- Competitive evaluations for many conditions including CAD, diabetes, cancer, mild impairments and older ages
- Generous Temporary Insurance Agreement limits

### **Innovative Approaches:**

- *Proprietary underwriting manual* — regularly revised based on the findings of our dedicated medical research staff
- *HealthStyles program* — a proprietary crediting program that allows our underwriters to apply a proposed life insured's favorable health and lifestyle factors to improve the underwriting offer

### **Flexible Process:**

- Ongoing focus on simplifying the underwriting process, e.g., streamlined financial verification process and generous time limitations on underwriting evidence requirements

This Agent and Broker Companion (ABC) Guide is designed to provide you with a comprehensive reference tool to underwriting at John Hancock. The Guide is organized into two sections:

- **Part I — Underwriting Guidelines:** an overview of our underwriting criteria as well as additional details about specific approaches that can improve our underwriting offers
- **Part II — Impairment Guide:** information your John Hancock underwriter will need up front to assess specific conditions as well as factors that will impact the decision

Bring your next life insurance case to John Hancock. A dedicated team of experienced and accessible underwriters will drill down to understand the details of your case and make the best possible offer for you and your clients.

If you have any questions, please call 1-800-505-9427, option 2 to speak to a John Hancock underwriter.

# Part I — Underwriting Guidelines

# Preferred and Super Preferred Underwriting Criteria, Ages 18 – 70<sup>1</sup>

## Preferred Criteria

### Tobacco Use

Preferred Non-Smoker  
Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following:

**Limited Cigar Use:** An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine

Preferred Smoker  
Meets the Preferred criteria but has used cigarettes within the last 12 months

### Blood Pressure (Treated and Untreated)

Up to 140/85      Age 18–50                      Up to 145/90      Age 51–70

### Cholesterol (Treated and Untreated)

Up to 250 mg/dl      Age 18–50                      Up to 270 mg/dl      Age 51–70

\*Total cholesterol up to 300 is OK for Preferred if CHL/HDL ratio is 1 less than the published limit

### Chol/HDL ratio (Treated and Untreated)

Up to 5.0              Age 18–50                      Up to 5.5              Age 51–70

\*Total Cholesterol up to 300 is OK for Preferred if CHL/HDL ratio is 1 less than the published limit

### Personal History

No history of Cancer,\* Coronary Artery Disease, Cerebrovascular Disease or Diabetes.\* No current rateable impairment

\*Some cases may qualify for Preferred

### Family History

No more than one death of a parent or sibling prior to age 60 from Coronary Artery Disease or Cancer

### Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

### DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 5 years and no more than one conviction ever

### MVR

Maximum of 2 moving violations within the last 2 years

### Aviation

Only available to private pilots with more than 300 hours of experience who fly 25–200 hours yearly and have IFR or pilots and crew on regularly scheduled airline flights. Preferred with a flat extra or aviation exclusion may be available

### Hazardous Sports

No participation in a rateable sport. Preferred with a flat extra may be available

## Super Preferred Criteria

### Tobacco Use

Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following:

**Limited Cigar Use:** An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine

### Blood Pressure (Treated and Untreated)

Up to 135/85      Age 18–50                      Up to 140/90      Age 51–70

### Cholesterol (Treated and Untreated)

Up to 230 mg/dl      Age 18–50                      Up to 250 mg/dl      Age 51–70

\*Total cholesterol up to 300 is OK for Super Preferred if CHL/HDL ratio is 1 less than the published limit

### Chol/HDL ratio (Treated and Untreated)

Up to 4.5              Age 18–50                      Up to 5.0              Age 51–70

\*Total Cholesterol up to 300 is OK for Super Preferred if CHL/HDL ratio is 1 less than the published limit

### Personal History

No history of Cancer, Coronary Artery Disease, Cerebrovascular Disease or Diabetes

### Family History

No death of a parent or sibling prior to age 60 from Coronary Artery Disease or Cancer

### Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

### DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 10 years and no more than one conviction ever

### MVR

Maximum of 1 moving violation within the last 2 years

### Aviation

No participation within the past 12 months

### Hazardous Sports

No participation within the past 12 months

### PREFERRED BUILD CHART AGES 18–70

HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
WEIGHT	142	147	152	158	164	170	176	182	186	192	197	203	208	214	219	225	231	237	243	249	255	261	268

### SUPER PREFERRED BUILD CHART AGES 18–70

HEIGHT	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"
WEIGHT	145	149	153	157	162	166	170	176	182	187	193	199	205	210	216	220	223	227	231	235

1. Refer to the specific product technical guide to determine the availability of Preferred and/or Super Preferred and for the ages where Preferred and Super Preferred rates are available.

# Preferred and Super Preferred Underwriting Criteria, Ages 71 and Older<sup>1</sup>

## Preferred Criteria

### Tobacco Use

Preferred Non-Smoker  
Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following:

**Limited Cigar Use:** An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microanalysis is free of nicotine

Preferred Smoker  
Meets the Preferred criteria but has used cigarettes within the last 12 months

### Blood Pressure (Treated and Untreated)

Up to 145/90

### Cholesterol (Treated and Untreated)

Over 159 mg/dl, but less than 300 mg/dl

### HDL Cholesterol

Must exceed 35 mg/dl

### Serum Albumin

Must exceed 3.6 g/dl

### Functional

Must have the ability to independently perform all the activities of daily living

### Cognitive

No evidence of cognitive impairment

### Personal History

No history of Cancer,\* Coronary Artery Disease, Cerebrovascular Disease or Diabetes.\* No current rateable impairment

\*Some cases may qualify for Preferred

### Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

### DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 5 years and no more than one conviction ever

### MVR

Maximum of 1 moving violation within the last 2 years

### Aviation

No participation in the last 12 months

### Hazardous Sports

No participation in the last 12 months

## Super Preferred Criteria

### Tobacco Use

Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following:

**Limited Cigar Use:** An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microanalysis is free of nicotine

### Blood Pressure (Treated and Untreated)

Up to 140/90 Pulse pressure should be less than or equal to 65

### Cholesterol (Treated and Untreated)

Over 175 mg/dl but less than 280 mg/dl

### HDL Cholesterol (Treated and Untreated)

Must exceed 40 mg/dl

### Serum Albumin

Must be equal to or greater than 4.0 g/dl

### Creatinine

Must be within normal limits

### Functional

Must have the ability to independently perform all the activities of daily living

### Cognitive

No evidence of cognitive impairment

### Personal History

No history of Cancer, Cardiovascular disease, Cerebrovascular disease or Diabetes. No current impairment

### Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

### DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 10 years and no more than one conviction ever

### MVR

No moving violations within the past 2 years

### Aviation

No participation within the past 12 months

### Hazardous Sports

No participation within the past 12 months

PREFERRED BUILD CHART AGES 71 AND OLDER																							
HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
WEIGHT (Max.)	142	147	152	158	164	170	176	182	186	192	197	203	208	214	219	225	231	237	243	249	255	261	268
WEIGHT (Min.)	97	99	102	104	106	109	111	114	118	121	124	127	130	134	138	141	145	148	152	156	161	165	170
SUPER PREFERRED BUILD CHART AGES 71 AND OLDER (DEMONSTRATED STABLE WEIGHT FOR AT LEAST THE PAST 3 YEARS)																							
HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
WEIGHT (Max.)	132	137	142	148	154	160	166	172	176	182	187	193	198	204	209	215	221	227	233	239	245	251	258
WEIGHT (Min.)	97	99	102	104	106	109	111	114	118	121	124	127	130	134	138	141	145	148	152	156	161	165	170

1. Refer to the specific product technical guide to determine the availability of Preferred and/or Super Preferred and for the ages where Preferred and Super Preferred rates are available.



# Smoking Definition

## Best Class Available

Super Preferred Non-Smoker	<p>Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following:</p> <p><b>Limited Cigar Use:</b> An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microunalysis is free of nicotine</p>
Preferred Non-Smoker	<p>Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following:</p> <p><b>Limited Cigar Use:</b> An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microunalysis is free of nicotine</p>
Standard Plus Non-Smoker <sup>1</sup>	<p>No tobacco or nicotine products in the past 12 months with the exception of the following:</p> <p><b>Limited Cigar Use:</b> An occasional cigar smoker may qualify for Standard Plus Non-Smoker rates if he/she smokes 24 cigars or less per year and microunalysis is free of nicotine</p>
Standard Non-Smoker	<p>No cigarette use within the last 12 months and either:</p> <ol style="list-style-type: none"> <li>1. Does not meet all Preferred criteria or,</li> <li>2. Uses other tobacco or nicotine products</li> </ol>
Preferred Smoker	Meets the Preferred criteria but has used cigarettes within the last 12 months
Standard Smoker	Does not meet the Preferred criteria and has used cigarettes within the last 12 months

1. Refer to the specific product technical guide to determine the availability of Standard Plus and for the ages where Standard Plus rates are available.

# Build Chart

## Best Class Rating

Use this chart to find the rating required for height and weight. It is shown in the horizontal line across the top of the chart.

Each cell of the chart is the maximum weight allowed for each rating. For build up to 125%, Standard Plus will be offered if all other Standard Plus criteria are met.

Refer to page 4 and 5 for Preferred and Super Preferred build requirements.

Height	125%	150%	175%	200%	225%	250%	300%	350%	400%	450%	500%
4' 8"	189	200	208	215	220	227	238	247	256	265	274
4' 9"	193	204	212	218	225	231	242	251	260	269	278
4' 10"	197	208	216	223	229	235	247	256	265	274	283
4' 11"	201	212	220	226	233	239	257	260	269	278	287
5' 0"	205	216	224	232	238	243	255	264	273	282	291
5' 1"	210	221	229	237	242	247	259	268	277	286	295
5' 2"	214	225	232	240	246	252	258	271	280	289	299
5' 3"	219	230	238	246	252	258	271	280	289	298	307
5' 4"	225	236	244	252	259	265	278	288	297	306	315
5' 5"	231	242	250	258	265	272	285	295	304	313	322
5' 6"	237	248	256	264	271	278	292	302	311	320	329
5' 7"	243	254	263	271	279	286	300	310	319	328	337
5' 8"	250	262	271	279	287	294	308	318	327	336	354
5' 9"	257	270	279	288	295	302	317	327	336	345	354
5' 10"	264	277	286	295	302	309	324	335	345	355	365
5' 11"	271	284	293	303	310	317	332	343	353	363	373
6' 0"	279	292	301	311	318	325	340	351	361	371	381
6' 1"	287	300	309	319	326	333	348	360	370	380	390
6' 2"	295	308	317	328	334	341	356	369	379	389	399
6' 3"	303	316	325	335	342	350	365	378	388	398	408
6' 4"	311	324	333	343	351	358	374	387	397	407	412
6' 5"	319	332	341	351	359	367	383	396	406	416	426
6' 6"	326	340	349	359	367	375	392	405	415	425	435
6' 7"	334	348	357	367	375	384	401	414	424	434	444
6' 8"	342	356	366	375	384	393	410	423	433	443	453
6' 9"	350	364	374	384	393	401	419	432	442	452	462
6' 10"	358	372	382	392	401	410	428	441	451	461	471
6' 11"	366	380	390	400	409	418	436	450	460	470	480

When assessing a new life insurance application, John Hancock's underwriters apply financial underwriting to ensure there is insurable interest between the proposed life insured and the owner. We also assess current and projected wealth to make sure that the amount issued is appropriate and justified given the purpose of the sale. Financial underwriting ultimately protects the interests of the proposed insured. Early claims, particularly those related to violent deaths, have been strongly linked to poor financial underwriting lacking legitimate insurable interest.

At John Hancock, we take a "purpose-driven" approach to financial underwriting. We recognize that life insurance may be purchased to cover many different purposes. These purposes can be broadly separated into personal (income replacement, estate planning, charitable giving, etc.) and business related (buy-sell, key person, etc.). Taking the purpose of the insurance into consideration, we look at the total amount of insurance requested plus the amounts already in force in order to financially justify the total line. We also consider the ongoing ability to pay premiums based on the source of funding and the overall financial data provided.

## Financial Underwriting Requirements

Our underwriters access the following tools — among others — during the underwriting process to consider the purpose of the coverage and assess the presence or absence of insurable interest. In all instances, our underwriters have the discretion to order additional financial requirements as they deem necessary.

### 1. Telephone Interview

*What is it?* An interview by telephone of the life insurance proposed insured in which questions relevant to the purchase of life insurance, such as occupation, health history and avocations, will be asked.

*When is it required?*

TELEPHONE INTERVIEW	
Age	Face Amount
18–70	\$10,000,001 and up
71–79	\$5,000,000 and up
80–90	\$1,000,000 and up

A team of dedicated John Hancock underwriting specialists schedule and perform the telephone interview with the applicant. Our underwriters are experienced in handling the sensitive and confidential nature of large and older age risks in a professional, respectful and courteous manner.

# Financial Underwriting at John Hancock

(Continued from page 9)

## 2. Financial Verification

*What is it?* Your clients complete our *Financial Supplement for Personal Insurance* (NB5125) — or *Financial Supplement for Business Insurance* (NB5124) — and submit it with the application. Select and submit a *Financial Supplement* that is applicable to the sale. John Hancock's underwriters will handle the rest of the financial verification process.<sup>1</sup>

*When is it required?*

FINANCIAL SUPPLEMENT			
Personal		Business	
Age	Face Amount	Age	Face Amount
Up to 65	\$7,500,001 and up	All Ages	\$1,000,000 and up
66–79	\$5,000,000 and up		
80–90	\$1,000,000 and up		

- Please note that the *Financial Supplement* requires a detailed breakdown of assets and liabilities
- For any asset type representing more than 25% of total assets, copies of latest statements of values are required, for example, copies of insurance policies for jewelry or art
- The *Financial Supplement* must be signed by both proposed insured and agent

## 3. Trust Review Process

*What is it?* A review of Trust documents to assist us in determining the presence of insurable interest

*When is it required?* A review of a Trust Certification form and/or actual Trust document is required on any policy where a Trust has been identified as the Owner/Beneficiary

*What is required?*

- For any case where a Trust is identified as being the Owner/Beneficiary, we need a completed *Trust Certification* form (PS5101US 04/2008), regardless of whether a properly executed Trust agreement has been submitted or not
- In addition, for all applications on proposed insureds age 70 and older,\* a copy of the executed Trust document is required for our review
  - Please note that on cases age 70 or older where the funding is to be accomplished via a 1035 Absolute Assignment or the Trust has been executed prior to January 1, 2005, we will not require a copy of the executed trust but do require a completed Trust Certification form

\* Please note that John Hancock reserves the right to request a fully executed copy of the Trust regardless of the proposed insured's age.

1. In some scenarios, additional information to support the representation of assets and income may be required, such as brokerage statements or tax returns.

- Our underwriters also review documents on certain policies including but not limited to Trust, Family Partnership and LLC agreements prior to policy issue

#### 4. Inforce and Settled Policies

Understanding a complete picture of a client's current inforce and applied for coverage is an important part of the financial underwriting process. Inforce coverage disclosed on the application must include any settled or sold policies. Our underwriters include settled policies in determining justification of the total amount of insurance in force as well as the Jumbo Limit for reinsurance requirements. Providing incorrect or incomplete information in an application for life insurance, even if it is unintentional, is misrepresentation.

Our underwriters consider several factors when determining new coverage on these types of policies:

- The overall financial status of the proposed insured
- Whether a history of settlement activity exists
- The duration of the policies that have been settled or sold, or are currently being settled. John Hancock will not participate in new applications for life insurance associated with concurrent early duration settlements, or where a history of early duration settlement exists. For these purposes, "early duration" is defined as less than five years old

#### 5. Financial Underwriting Guidelines and Case Positioning Tips

Since you — as the agent — know your clients best, you are a key source of their financial information. A cover letter is recommended with all applications; it is your chance to explain the background of the sale, including:

- The purpose of coverage and how that amount was determined relative to the proposed insured's finances
- Clarification of any points that may not be obvious in the application
- Details that will help the underwriter understand the purpose for the coverage, the amount applied for and premium-paying ability

For additional information on John Hancock's approach to financial underwriting, the following chart provides an outline of some of the financial purposes and methods used by our underwriters in arriving at acceptable amounts of insurance. The information is presented as follows:

- **Underwriting Formula** — how the underwriter calculates the amount of coverage that can be approved according to the type of insurance and need
- **Important Notes** — check here to see if there are any specific details about your case that you should include in your cover letter. The underwriter uses this information to justify the amount of coverage requested, and to make the most competitive decision right from the outset. Providing this information up front can streamline the underwriting process by reducing the need for additional information about the sale

# Financial Underwriting at John Hancock

(Continued from page 11)

## Guidelines for Amount — Personal Life Insurance

Purpose of Insurance	Underwriting Formula	Important Notes
<b>Income Replacement</b>	Age Factor x Earned Income 18–30: 30x 31–40: 25x 41–50: 20x 51–60: 15x 61–65: 10x 66–74: 5x 75+: individual consideration	For individuals whose personal income is low but future earnings potential is high, it may be possible to consider higher amounts
<b>Estate Conservation</b>	Usually based on Projected Net Worth x Estate Tax Rate (55%) Maximum Projections Based on a growth rate of 5–7% based on historical growth — higher or lower growth rates subject to individual consideration General Guidelines Individual: <ul style="list-style-type: none"> <li>Up to 75% of life expectancy to a maximum of 20 years</li> </ul> Survivorship: <ul style="list-style-type: none"> <li>Based on the younger or healthier life</li> <li>Up to 75% of life expectancy up to a maximum of 20 years</li> </ul>	For policies with increasing face amount riders that are issued by John Hancock's approved financing programs, the rider portion of the coverage will be justified based on 100% life expectancy
<b>Bequest to Charity (Charitable Contribution)</b>	Face Amount = present value of future contributions to $\frac{3}{4}$ of life expectancy	Provide contribution record to establish pattern of support and involvement in the charity. Also, include details of any volunteer work with the charity to demonstrate the strength of the relationship
<b>Charitable Remainder Trust with Wealth (asset) Replacement Trust</b>	Value of donated assets	Confirmation of actual value of assets is required
<b>Employee Benefits — Deferred Compensation</b>	Insurable value = amount required to fund the benefits for each executive	Provide rules for participation, formulas used to determine individual amounts of coverage
<b>Dependent Spouse</b>	<ul style="list-style-type: none"> <li>75–100% of the insurance in force on employed spouse subject to overall family financial situation and ability to fund policy</li> <li>If face amount exceeds 100%, we require a cover letter with explanation</li> </ul>	Require details of amount in force on employed spouse and income, net worth
<b>Juvenile Insurance</b>	<ul style="list-style-type: none"> <li>Coverage should not usually exceed 50% of amount on parents</li> <li>Amount requested should be reasonable relative to insurance on parents and siblings (similar coverage)</li> <li>For face amounts related to estate planning needs, gifting, or inheritance, approval will be on individual consideration basis taking into account all financial details</li> </ul>	In New York: <ul style="list-style-type: none"> <li>New York has legal restrictions on the amount of life insurance allowed on juveniles</li> <li>Please contact your underwriter for other special rules</li> </ul>

## Guidelines for Amount — Personal Insurance, continued

Purpose of Insurance	Underwriting Formula	Important Notes
<b>Estate Equalization</b>	<ul style="list-style-type: none"> <li>Insurable value = up to 100% of the transferred asset subject to ability to pay</li> <li>For retroactive cases, insurable value = asset value at time of transfer indexed at a growth rate of 5% per year</li> </ul>	<ul style="list-style-type: none"> <li>Value of total estate and value of asset transferred is required</li> <li>For retroactive cases, proof of asset transfer and current value is required</li> </ul>
<b>Personal loan</b>	100% of outstanding loan balance to creditor with remainder to life insured's estate subject to collateral assignment	Require details of loan which include source, amount, purpose, repayment schedule and interest rate
<b>Annuity Maximization</b>	Coverage should not significantly exceed income and estate conservation guidelines	
<b>Future Inheritance (Adult)</b>	Value of inheritance including a growth rate of up to 5% per year for a maximum of 10 years	Cover letter is required with complete details

## Guidelines for Amount — Business

Purpose of Insurance	Underwriting Formula	Important Notes
<b>Key Person</b>	5–10 x Income (depending on circumstances)	<ul style="list-style-type: none"> <li>Following information may be required: income, role in organization, specialized skills, experience</li> <li>For the state of New York, please contact your underwriter for special requirements</li> </ul>
<b>Buy-Sell</b>	Percentage Ownership x Fair Market Value of the business plus a modest growth factor	Require percent ownership, fair market value of business, information as to whether other partners are insured
<b>Sole Proprietor</b>	Fair market value of the business plus a modest growth factor	Require confirmation of ownership, fair market value of business, copy of buy out agreement for some cases
<b>Creditor — Business</b>	Usually cover a percentage of outstanding debt equal to non-collateralized portion of debt up to 70%	<ul style="list-style-type: none"> <li>Insured must be a key person</li> <li>Require loan details: source, amount, purpose, duration, repayment terms</li> </ul>
<b>Line of Credit Coverage</b>	May be considered up to 70% of documented line of credit	Require role of insured, source of LOC, details of LOC including amount, average amount utilized, purpose, repayment terms, interest rate
<b>Venture Capital and Start Up Companies</b>	Face amount should not exceed key person limits when key person is the primary purpose. If loan, use creditor guidelines	May require capital needed, profitability projections, product/service descriptions, product cost/pricing, salability, and experience/skills of management team

# HealthStyles Program

HealthStyles is a proprietary crediting program that allows John Hancock to apply a proposed life insureds' favorable health and lifestyle factors to improve underwriting offers. Specifically, we can credit up to three tables. Here are a few of the types of credits our underwriters use:

- Favorable heart studies, such as EBCT, Perfusion studies, ECHOs
- Favorable lipid and blood tests for the past three years
- Annual check-ups
- Family history of longevity
- Regular screening studies, e.g. mammograms and colonoscopies

## How does it work?

Our underwriters follow a three-step process on all cases:

1. Make usual progressive, competitive assessment of the case
2. If case is still substandard and meets the parameters of HealthStyles, credits are applied
3. Adjust credits based on a formula to determine improvement to the original assessment

## What cases are eligible?

Cases must meet all of the following criteria to be eligible for HealthStyles:

- Proposed insureds up to and including age 70
- Cases assessed up to and including 175%
- Universal life, variable life and whole life products, both Individual and Survivorship
- Maximum face amounts of \$5 million for both Individual and Survivorship products

## What cases are NOT eligible?

- Term products
- Policies with Return of Premium rider,<sup>1</sup> Long-Term Care rider<sup>1,2</sup> and increasing features, such as increasing Additional Sum Insured and Premium Cost Recovery Benefit
- Volatile risks (i.e., drug and alcohol habits) and permanent and temporary extras
- Cases that are backdated to save age to age 70

1. The Long-Term Care rider is an accelerated death benefit rider and may not be available in all states. Maximum face amount: \$5 million with the Long-Term Care rider. The Long-Term Care rider is not considered long-term care insurance in all states.

2. When the death benefit is accelerated for long-term care expenses, the death benefit is reduced dollar for dollar, and the cash value is reduced proportionally. The policy account value is also reduced proportionally. There are additional costs associated with this rider. **For prospective policyholders in New York, this product is a life insurance policy that accelerates the death benefit for qualified long-term care services and is not a health insurance policy providing long-term care insurance subject to the minimum requirements of New York Law; it does not qualify for the New York State Partnership for Long-Term Care program and is not a Medicare supplement policy.**

This rider has exclusions and limitations, reductions of benefits, and terms under which the rider may be continued in force or discontinued. Consult the state specific Outline of Coverage for additional details.

## Part II – Impairment Guide

Whether you are submitting a formal or informal application, we know you want the best possible offer as quickly as possible. Use the following pages as a reference on what information the underwriter needs up front to assess specific conditions as well as factors that will impact the decision.

The following pages are organized into four sections:

1. Medical Impairments
2. Non-Medical Risks:
  - Aviation
  - Avocations
  - Professional Athletes
  - Foreign Travel
  - Foreign Residents
3. Long-Term Care Riders
4. LifeCare Agent and Broker Companion

### **Condition and Description**

The name of the impairment, including a short description. Conditions are listed alphabetically (types of cancer categories listed alphabetically under Cancer).

### **Factors Affecting the Decision**

The criteria the underwriter uses to classify the risk.

### **Requirements**

Medical requirements the underwriter is likely to request in addition to the routine age and amount medical requirements.

### **Fast Track the App.**

These are the specific details to include in your application package to enable the underwriter to award the maximum possible credits available and make the most competitive decision right from the outset. Use this information to help focus APS requests, ensuring the correct information is requested from the doctor up front. This will streamline the underwriting process by significantly reducing the need for subsequent reports, or other requirements.

### **Likely Underwriting Decision**

The classification or rating necessary for the impairment based on the factors and requirements presented. Most conditions have a sample decision for a best-case scenario, typical case, and worst-case rating.

Keep in mind this tool provides an overview of the factors the underwriter considers and the likely decisions. It is not a complete underwriting manual.

Note: Standard Plus is available depending on product selection

## Acronyms and Short Forms Used in the Guide

<b>AAA</b>	abdominal aortic aneurysm	<b>GI</b>	gastrointestinal
<b>ABI</b>	ankle-brachial index	<b>GXT</b>	graded exercise test
<b>ADLs</b>	activities of daily living (e.g., feeding, bathing, dressing)	<b>HTN</b>	hypertension
<b>APS</b>	attending physician's statement	<b>IADLs</b>	instrumental activities of daily living (e.g., banking, shopping)
<b>ASD</b>	atrial septal defect (congenital heart disorder)	<b>IC</b>	individual consideration
<b>ATP</b>	airline transportation pilot certificate	<b>IDDM</b>	insulin dependent diabetes mellitus
<b>BP</b>	blood pressure	<b>IFR</b>	instrument flight rating
<b>CABG</b>	coronary artery bypass graft	<b>LFT</b>	liver function test
<b>CAD</b>	coronary artery disease	<b>LIPIDS</b>	fats in the blood (e.g., cholesterol)
<b>CFS</b>	chronic fatigue syndrome	<b>LTC</b>	Long-Term Care rider
<b>CHOL</b>	cholesterol	<b>MRI</b>	magnetic resonance imaging
<b>CKD</b>	chronic kidney disease	<b>MVR</b>	motor vehicle report
<b>CLL</b>	chronic lymphocytic leukemia	<b>NIDDM</b>	non-insulin dependent diabetes mellitus
<b>COPD</b>	chronic obstructive pulmonary disease	<b>OSA</b>	obstructive sleep apnea
<b>CTA</b>	computed tomography angiogram	<b>PFT</b>	pulmonary function test
<b>CVD</b>	cerebrovascular disease	<b>PP</b>	postpone
<b>CXR</b>	chest x-ray	<b>PAF</b>	paroxysmal atrial fibrillation
<b>DUI</b>	driving under the influence	<b>PSA</b>	prostate specific antigen
<b>DVT</b>	deep vein thrombosis	<b>PTCA</b>	percutaneous transluminal coronary angioplasty
<b>EBCT</b>	electron-beam computed tomography	<b>PVD</b>	peripheral vascular disease
<b>ECHO</b>	echocardiogram	<b>Rx</b>	medication
<b>EEG</b>	electroencephalogram	<b>TEEG</b>	transesophageal echocardiography
<b>EF</b>	ejection fraction	<b>TIA</b>	transient ischemic attack
<b>EKG</b>	electrocardiogram	<b>TST</b>	treadmill stress test
<b>ER</b>	emergency room	<b>VSD</b>	ventral septal defect (congenital heart disorder)
<b>FH</b>	family history		

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Alcohol Excess</b> Alcohol consumption considered as alcohol abuse, dependence, at risk, and heavy use.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Amount of alcohol declared</li> <li>• Any diagnosis of abuse or dependence</li> <li>• How long abstinent or consuming in moderation</li> <li>• Any relapses</li> <li>• Member of a self-help group</li> <li>• Treatment with medication</li> <li>• Any co-morbid conditions</li> <li>• Any medical complications</li> <li>• Driving history</li> </ul>	<p><b>Requirements:</b> APS, medical exam, MVR, blood test</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Provide details of medical treatment and any psychiatric/psychological report</li> <li>• Document any residential care, including dates and length of treatment</li> <li>• Clearly outline any favorable aspects such as continued employment, attendance at self-help groups, etc.</li> <li>• Alcohol Questionnaire</li> </ul>	<p>Ratings depend primarily on applicant's age, time since last use, and any co-morbid factors</p> <p><b>Best Case:</b> (over age 30 and &gt; 5 years since last consumption): <b>Standard Plus</b> possible</p> <p><b>Typical Case:</b> 150–200%</p> <p><b>Worst Case:</b> decline</p>
<p><b>Alzheimer's Disease</b> A dementia due to a degeneration of the brain resulting in severe loss of cognitive function. Two to four percent of the population over age 65 is estimated to have Alzheimer's disease. Prevalence increases with age, especially after age 75.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Age at onset of symptoms</li> <li>• Activities of daily living</li> <li>• Living independently</li> <li>• Type of assistance, if required</li> <li>• Judgment intact</li> <li>• Stable course</li> </ul>	<p><b>Requirements:</b> APS, Cognitive and Mobility Assessment (such as a Nation's CareLink face-to-face interview) may be requested</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Any neuropsychiatric testing (such as cognitive or memory testing)</li> <li>• Activity levels</li> <li>• ADLs affected</li> <li>• IADLs affected</li> </ul>	<p>Coverage is not offered for clients with diagnoses prior to age 75</p> <p><b>Best Case:</b> 150–200% if mild symptoms (retains independent living etc.) and current age 81–90. Older age may allow a better rating</p> <p><b>Typical Case:</b> 300% if mild symptoms, current age 76–80</p> <p><b>Worst Case:</b> decline if symptoms are moderate to severe</p>
<p><b>Anemia</b> A reduction in the number of red blood cells due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of the cells.</p>	<ul style="list-style-type: none"> <li>• Type of anemia</li> <li>• Cause of anemia, if known</li> <li>• Treatment</li> <li>• Details of testing done and referrals to specialists (include dates, names of tests and doctors seen)</li> <li>• Blood test results</li> <li>• Medications</li> <li>• Any concurrent impairment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Details of investigation and testing</li> <li>• Details of ongoing surveillance of the condition (including blood tests, electrophoresis)</li> </ul>	<p>Ratings depend on type of anemia. Decisions can range from Preferred to decline</p> <p><b>Iron deficiency anemia:</b> Preferred possible when fully investigated and no underlying condition identified</p> <p><b>Aplastic anemia:</b> usually decline</p> <p><b>Hemolytic anemia:</b> Standard–200%, but rating could be higher depending on type and severity</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Aneurysm</b> Abnormal dilation of an artery.</p>	<ul style="list-style-type: none"> <li>Type or location of aneurysm</li> <li>Date of diagnosis</li> <li>Cause of aneurysm</li> <li>Size and stability of aneurysm</li> <li>Currently present</li> <li>Treatment</li> <li>Smoking history</li> <li>Blood pressure control</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>All tests and details of ongoing surveillance</li> <li>Details of any lifestyle modifications</li> <li>Details of BP and lipid control</li> <li>Smoking history</li> <li>Any residuals (good level of activity)</li> </ul>	<p>Can consider on a rated basis 6–12 months post-op depending on the type of aneurysm</p> <p><b>Abdominal:</b> UNOPERATED: Small, stable x 2 years: 150–200%. Better rating if stable for longer periods. Large (&gt; 5 cm): decline</p> <p>OPERATED: Typical rating: 150%</p> <p><b>Cerebral:</b> UNOPERATED: Small, stable, no complications: 150%. Better rating if stable for longer periods. Large: PP</p> <p>OPERATED: Typical rating, if no complications, may be Standard after 2 years</p> <p><b>Thoracic:</b> Considered more severe and is often declined</p>
<p><b>Angina Pectoris</b> Chest pain caused by reduced blood flow to the heart due to coronary artery disease.</p>	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
<b>Angioplasty</b>	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
<p><b>Apnea/Sleep Apnea</b> Breathing stops for a short period during sleep.</p>	<ul style="list-style-type: none"> <li>Current age</li> <li>Type of apnea (obstructive, central or mixed)</li> <li>Severity</li> <li>Treatment (CPAP or surgery)</li> <li>Compliant with treatment</li> <li>Date of last sleep study</li> <li>Current height/weight</li> <li>Concurrent impairments such as CAD, arrhythmia, PVD, hypertension</li> <li>Smoking history</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>Sleep studies, details of treatment and compliance</li> <li>Details of risk factor control (e.g., build, medications) and lifestyle modification (smoking, tranquilizers)</li> </ul>	<p><b>Mild disease</b> and no complications: Standard</p> <p><b>Compliance with prescribed therapy could be Preferred</b></p> <p><b>Moderate disease</b> untreated and no complications: 150–200%</p> <p><b>Moderate disease</b> treated and compliant with therapy: Standard</p> <p><b>Severe disease</b> untreated and no complications: 200% – decline</p> <p><b>Severe disease</b> treated and compliant with therapy: Standard to 150%</p> <p>Use higher ratings if applicant &lt; age 50</p>
<b>Arteriosclerosis</b>	Refer to Coronary Artery Disease		

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Asthma</b> Chronic inflammatory condition of the airways causing shortness of breath that is triggered by allergens, irritants, cold air, or exercise.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Severity of symptoms</li> <li>• Frequency of attacks</li> <li>• Timing of attacks (day or night)</li> <li>• Type of medication and frequency of use</li> <li>• Compliant with medications</li> <li>• Medication side effects</li> <li>• Hospitalizations or ER visits</li> <li>• Limitations to activities</li> <li>• Smoking history</li> <li>• Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pulmonary function tests, hospital reports</li> <li>• Details of lifestyle modification (such as non-smoking)</li> <li>• Level of activity</li> <li>• Type of medication and frequency of use</li> </ul>	<p><b>Minimal or mild asthma:</b> Preferred to Standard Plus</p> <p><b>Moderate:</b> 150–250%</p> <p><b>Severe:</b> 250%–decline</p>
<p><b>Atrial Fibrillation</b> Arrhythmia of the aorta where it contracts chaotically.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis and age at onset</li> <li>• Age of applicant</li> <li>• Frequency of attacks</li> <li>• Fully investigated</li> <li>• Paroxysmal vs Chronic</li> <li>• Treatment</li> <li>• Complications from treatment (e.g., drug toxicity or hemorrhage from anticoagulant)</li> <li>• Any underlying heart disease</li> <li>• Complications (e.g., stroke or congestive heart failure)</li> <li>• Any concurrent impairment (e.g., history of alcohol abuse, CAD, valvular disease, TIA, or stroke)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Copies of all cardiac investigations</li> <li>• Details of any prophylactic medication (e.g., blood thinners)</li> <li>• Outline any lifestyle modification</li> <li>• Current level of activity</li> </ul>	<p>New diagnosis or new finding on insurance exam must be declined. If heart disorder, it will be rated according to the cause</p> <p>Well controlled, PAF with minimal attacks: Standard</p> <p>If there is no CAD or other underlying heart disease, average rating is 150–175%</p>
<p><b>Bariatric Surgery</b> Surgery for morbid obesity, most commonly known as “stomach stapling.”</p>	<ul style="list-style-type: none"> <li>• Pre-operative weight</li> <li>• Any co-morbid conditions (such as diabetes, hypertension, coronary disease)</li> <li>• Date of surgery</li> <li>• Type of surgery</li> <li>• Any surgical complications</li> <li>• Outcome of surgery (weight loss, improvement of risk factors)</li> </ul>	<p><b>Requirements:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Supply all medical reports relating to the surgical procedure and follow-up</li> <li>• Illustrate positive improvements in lifestyle</li> </ul>	<p>Unable to consider until 3–6 months after surgery</p> <p>Assuming no complications: <b>up to 12 months:</b> rating based on pre-operative weight minus any weight loss</p> <p><b>&gt; 1 year:</b> rating based on current weight</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Barrett’s Esophagus</b> Disorder in which the cells normally lining the lower esophagus are replaced by cells normally found lining the stomach. May occur due to esophageal injury caused by reflux. Barrett’s esophagus may be a pre-malignant condition for esophageal cancer.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Ongoing risk factors</li> <li>• Type of testing done and results (endoscopy, biopsy)</li> <li>• Stable course</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Complications (e.g., hemorrhage, perforation)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Details of ongoing follow-up (e.g., endoscopy)</li> <li>• Details of lifestyle modification (stop smoking and alcohol use)</li> <li>• Medication/treatment</li> </ul>	<p><b>Best Case:</b> Preferred if no dysplasia and good follow-up done on a regular basis</p> <p><b>Typical Case:</b> 150%</p> <p><b>Worst Case:</b> decline (if history of high-grade dysplasia and treated with medication only)</p>
<b>Blood Pressure</b>	Refer to Hypertension		
<b>By-pass surgery</b>	Refer to Coronary Artery Disease		Unable to consider until 6 months after treatment
<b>Cancer</b>	Refer to specific organ or type of cancer		
<p><b>Cancer: Basal Cell Carcinoma</b> A type of skin cancer that rarely spreads.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Pathology (confirmation of basal cell carcinoma)</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Confirmation that tumor has been removed completely</li> <li>• Any recurrence or spread</li> <li>• Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report including post-operative report</li> <li>• Details of ongoing follow-up</li> <li>• Details of lifestyle modification (sun screen, stop smoking)</li> </ul>	<p><b>Complete excision:</b> Standard or better immediately on removal; may qualify for Preferred</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Cancer: Breast</b> Breast cancer is the most frequently diagnosed cancer in American women and the second most frequent cause of cancer death. The lifetime risk of developing breast cancer is 1 in 8 women (12.2%).</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Type and stage of cancer</li> <li>• Size of tumor</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or spread</li> <li>• Reduced/eliminated risk factors (e.g., smoking)</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen)</li> <li>• Hospital reports</li> <li>• Details of follow-up (mammograms, bone scan, etc.)</li> </ul>	<p>Underwriting can only be done once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider &gt; 10 years after last treatment. Ratings often are a combination of both table and reducing flat extras</p> <p>Preferred may be available on very remote histories (i.e. &gt; 25 years)</p> <p><b>Best Case:</b> Standard can be considered after the client's first post-operative checkup or completion of other therapies for certain types of breast cancer if the client is age 40 or older, with localized, low grade disease and depending on the pathology report, therapy and follow-up</p> <p><b>Typical Case:</b> unable to consider until 2 years after completion of treatment (chemo or radiation), postpone x 2 years then \$12/1000 x 4 years</p>
<p><b>Cancer: Colon</b> Colorectal cancer is the third most common type of cancer in the world. The risk begins to increase after age 40 and rises sharply at ages 50–55.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Stage and grade of the tumor</li> <li>• Any hereditary syndrome that may be associated with other types of cancer</li> <li>• What treatment</li> <li>• Date treatment was completed</li> <li>• Ongoing follow-up</li> <li>• Any recurrence</li> <li>• Any complications from treatment</li> </ul>	<p><b>Requirements:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Details and date(s) of treatment</li> <li>• Hospital reports</li> <li>• Details of follow-up (colonoscopy and tumor markers)</li> </ul>	<p>Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider &gt; 10 years after last treatment. Preferred possible if meets criteria for Standard for at least 10 years. Standard Plus possible if history qualifies for Standard for the past 5 years</p> <p><b>Best Case:</b> Stage 0 tumor – Standard or better</p> <p><b>Typical Case:</b> Stage 1 tumor, 2 full years after treatment; \$12/1000 x 4 years</p> <p><b>Worst Case:</b> Stage 3 tumor – decline</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Cancer:</b> <b>Leukemia</b> A progressive, malignant disease of the blood cells and blood forming organs (i.e., bone marrow and spleen).</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of leukemia and stage of cancer</li> <li>• Treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or secondary cancer</li> </ul>	<p><b>Requirements:</b> APS, special blood testing if current results are not provided in the APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Evidence of regular follow-up</li> <li>• Hospital reports</li> <li>• Details and dates(s) of treatment</li> </ul>	<p>Preferred is not available. Standard Plus possible after 10 years of qualifying for Standard rate</p> <p>The most common type of leukemia seen in underwriting is CLL, which is insurable, if stable, low-stage disease</p> <p>For other types of leukemia, depending on the type, coverage may not be available for 5 or more years following diagnosis. Very few cases can be offered coverage</p> <p><b>Best Case:</b> (CLL cases) 150–200% 5–10 years post treatment</p>
<p><b>Cancer:</b> <b>Lung</b> The most common type of cancer death for both men and women. The 2 main types of lung cancer are small cell and non-small cell.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type and stage of cancer</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or spread</li> <li>• Reduced/eliminated risk factors (e.g., smoking)</li> <li>• Any concurrent impairment (e.g., emphysema or chronic bronchitis)</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Hospital reports</li> <li>• Details and dates(s) of treatment</li> <li>• Evidence of regular follow-up (CT scans etc.)</li> </ul>	<p>Lung cancer can only be considered if treatment completed, not smoking, stable course, and no recurrence</p> <p><b>Stage I:</b> Class 5–7* <b>Stage II/III/IV:</b> decline</p> <p>* Class 5: postpone x 3 years then \$15/1000 x 5 years * Class 6: postpone x 4 years then \$20/1000 x 5 years * Class 7: postpone x 5 years then \$25/1000 x 5 years</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Cancer: Prostate</b> This is the most common internal malignancy found in American males.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Stage and Gleason Grade</li> <li>• Any recurrence or spread</li> <li>• Current PSA reading</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirements:</b> APS, blood profile to include PSA if current results are not available</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Type of treatment</li> <li>• Evidence of regular follow-up and PSA testing</li> <li>• Copies of PSA tests</li> </ul>	<p>&lt; Age 70: availability of coverage will depend on the stage and Gleason Grade of the tumor</p> <p>Standard Plus is possible 5 years after qualifying for Standard rates. Preferred is possible 10 years after qualifying for Standard rates</p> <p><b>Best Case:</b></p> <ul style="list-style-type: none"> <li>• Ages 50–59: if localized tumor (stage T1 or T2 with the Gleason Grade 2–4), surgical treatment, PSA undetectable post-op then consider Standard</li> <li>• Ages 60–90: if localized tumor (stage T1 or T2 with Gleason Grade 2–6), surgical treatment, PSA undetectable postop then consider Standard</li> <li>• Ages 70–90: if localized tumor (stage T1 or T2 with Gleason Grade 2–5), treated by radiotherapy, PSA is undetectable then consider Standard</li> </ul> <p><b>Typical Case:</b> (watchful waiting) Age 70–90: PSA &lt; 10, then consider 200% – Standard depending on the age</p>
<p><b>Cancer: Skin Borderline Malignancy</b> Paget’s disease, Bowen’s disease (not genital), dysplastic nevus, Lentigo Maligna, Hutchinson’s melanotic freckle.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Pathology (confirmation of basal cell carcinoma)</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Confirmation that tumor has been removed completely</li> <li>• Any recurrence or spread</li> <li>• Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report including post-operative</li> <li>• Details of ongoing follow-up</li> <li>• Details of lifestyle modification (sun screen, stop smoking)</li> </ul>	<p><b>Incomplete excision:</b> postpone</p> <p><b>Completely excised:</b> Standard immediately on removal; may qualify for Preferred</p>
<p><b>Cancer: Skin Malignant</b> Malignant change in the skin becomes more common with increasing age. Exposure to sunlight is an important predisposing factor in fair-skinned people.</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Type of cancer/tumor</li> <li>• Depth and thickness of tumor</li> <li>• Type of treatment</li> <li>• Date treatment completed</li> <li>• Any recurrence or spread</li> <li>• Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers</li> <li>• Any serious complications from treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology report</li> <li>• Evidence of regular dermatology follow-up</li> <li>• Hospital treatment reports</li> </ul>	<p><b>Malignant melanoma:</b> if melanoma in-situ: Preferred</p> <p>Many are offered at \$5–7/1000 x 3 years immediately following excision. Deeper lesions must be declined for a minimum of 2–5 years following treatment</p> <p>Standard Plus is possible 10 years after qualifying for Standard rates</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Cancer: Thyroid</b> The most common malignancy of the endocrine system, generally more common in women.</p>	<ul style="list-style-type: none"> <li>Type of thyroid cancer (papillary, follicular, anaplastic, etc.)</li> <li>Pathology</li> <li>Age of applicant</li> <li>Type of treatment and date(s) performed</li> <li>Any remission and for how long</li> <li>Any recurrence</li> <li>Any complications from treatment</li> </ul>	<p><b>Requirements:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>Pathology report</li> <li>Treatment and hospital report</li> <li>Evidence of regular follow-up</li> </ul>	<p>Preferred may be available once Standard for 10 years. Standard Plus possible if history qualifies for Standard for the past 5 years</p> <p><b>Best Case:</b> lowest grade papillary tumor, can consider at Standard 3 years after treatment</p> <p><b>Typical Case:</b> low to moderate grade papillary tumor, can consider Standard 5–6 years following treatment</p> <p><b>Worst Case:</b> decline if anaplastic tumor</p> <p>Reconsideration may be possible for cases initially postponed for uninvestigated thyroid nodule that has subsequently been investigated and proven benign</p>
<p><b>Chronic Obstructive Pulmonary Disease (COPD)</b> A variety of diseases that cause chronic progressive irreversible airway obstruction.</p>	<ul style="list-style-type: none"> <li>Current age</li> <li>Smoking history and current tobacco use</li> <li>Build, any recent weight loss</li> <li>Severity of symptoms</li> <li>Speed of disease progression</li> <li>Alpha-1 antitrypsin deficiency or other biochemical abnormality</li> <li>Any concurrent impairment (e.g., CAD, cancer, malnutrition)</li> <li>Any hospitalization</li> <li>Any treatment with oxygen is a decline</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>PFT, serial PFTs</li> <li>Details of lifestyle modification</li> <li>Level of activity</li> </ul>	<p>The younger the applicant, the higher the rating</p> <p>Preferred Non-Smoker possible on best cases</p> <p><b>Chronic Bronchitis or Emphysema: Mild</b> (FEV1 60–69): Standard–150%  <b>Moderate</b> (FEV1 50–59): 200%–decline  <b>Severe</b> (FEV1 40–49): 250%–decline  <b>Very severe</b> (FEV1 &lt; 40): decline</p>
<p><b>Congenital Heart Disease</b> A variety of malformations of the heart that vary significantly in severity.</p>	<ul style="list-style-type: none"> <li>Current age</li> <li>Specific congenital abnormality</li> <li>Treatment including date(s) of any surgery</li> <li>Medications</li> <li>Smoking history</li> <li>Any concurrent serious impairment</li> <li>Any underlying coronary artery disease</li> <li>Active lifestyle</li> <li>Blood pressure and cholesterol readings</li> <li>Family history</li> </ul>	<p><b>Requirements:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>Include any operative/hospital reports</li> <li>Follow-up and investigations post-op (e.g., serial Echos, EKGs)</li> <li>Details of lifestyle modification</li> <li>Activity level</li> </ul>	<p>Depending on the type of congenital abnormality, some cannot be considered until they have been surgically corrected. For the more serious abnormalities, coverage cannot be considered until 2 years after surgery</p> <p>Less serious abnormalities such as small ASD, VSD, Patent Foramen Ovale, may be Standard or better</p> <p>Ratings for more serious abnormalities (such as large ASD, VSD, coarctation of aorta, tetralogy of fallot, transposition of great vessels): 200%-decline</p>

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<p><b>Coronary Artery Disease</b> The coronary arteries are unable to supply sufficient blood to the heart due to progressive narrowing of the arteries, thrombosis, or vascular spasm.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Severity of the disease (how many vessels and which ones)</li> <li>• Current symptoms</li> <li>• Treatment</li> <li>• Medications</li> <li>• Smoking history</li> <li>• Any concurrent serious impairment</li> <li>• Any history of congestive heart failure or arrhythmia</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Family history</li> </ul>	<p><b>Requirements:</b> APS, EKG (or TST) if current test is not available</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Cardiac test results (e.g., angiogram, recent stress tests, nuclear stress test)</li> <li>• Detailed list of medications</li> <li>• Copies of lipid testing</li> <li>• Details of any lifestyle change</li> </ul> <p>Best ratings possible with testing including nuclear stress test and stress echocardiograms within the past 12 months</p>	<p>Unable to consider until 3–6 months post-treatment (by-pass surgery, PTCA, etc.)</p> <p>Decline if age at application is less than 35</p> <p>Decline if Class 4 (heart failure, ejection fraction &lt; 40%)</p> <p><b>Best possible ratings</b> <b>Class 1 CAD: (e.g., 1 vessel disease and ejection fraction &gt;55%)</b> Age: &lt; 50: 175% 50–59: 150% 60–70: Standard 71–90: Preferred Standard Plus and Preferred for ages 71+ Class 1 CAD best cases only. Face amount may be limited</p> <p><b>Best possible ratings</b> <b>Class 2 CAD: (e.g., 2 vessel disease and an ejection fraction of 50–55%)</b> Age: &lt; 50: 225% 50–70: 150–175% 71–90: Standard</p> <p><b>Average ratings Class 2 CAD:</b> Age: &lt; 50: 250–300% 50–69: 200% 70–90: 150%</p> <p><b>Average ratings for</b> <b>Class 3 CAD: (e.g., more serious CAD, 3 vessel disease and ejection fraction &lt; 50%)</b> Age: &lt; 50: 300%-decline 50–69: 225% 70–90: 200%–150%</p>

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<p><b>Crohn’s Disease</b> A chronic inflammatory disease affecting any part of the GI tract. It has an unpredictable course and while complete remission can occur, the disease is generally chronic and relapsing and often requires surgery.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Severity of the disease</li> <li>• Frequency of flare ups</li> <li>• Severity of symptoms</li> <li>• Medication – ongoing oral steroid therapy</li> <li>• Hospitalization</li> <li>• Surgery</li> <li>• Weight stable or loss</li> <li>• Testing and follow-up</li> <li>• Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Evidence of regular GI surveillance (colonoscopy)</li> <li>• Details of hospitalization and hospital reports</li> <li>• Stable weight</li> <li>• Active lifestyle</li> </ul>	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings. Severe symptoms currently may not be insurable until stabilized for 1 year</p> <p><b>Mild disease:</b> Preferred is possible if stable course for 2+ years over age 45</p> <p><b>Moderate disease</b> (incl. steroid treatment): 200%</p> <p><b>Severe disease:</b> 300% if symptoms stable for over 1 year</p>
<p><b>Dementia (non-Alzheimer’s) Benign Mild Cognitive Impairment</b> A chronic progressive disorder characterized by losses of cognition, personality, and behavior that are severe enough to interfere with the quality of daily life.</p>	<ul style="list-style-type: none"> <li>• Type of dementia</li> <li>• Age of applicant</li> <li>• Date of onset</li> <li>• Severity</li> <li>• Type of treatment</li> <li>• Cause, if known</li> <li>• History of accident, falls, hallucinations etc.</li> <li>• Confinement in a nursing home</li> </ul>	<p><b>Requirements:</b> APS, Cognitive and Mobility Assessment (such as Nation’s CareLink assessment) may be requested</p> <p><b>Fast Track:</b> Clearly outline the positive aspects of your client’s independent and active lifestyle</p>	<p>Rating will depend on the type of dementia</p> <p>Benign Cognitive Impairment Stable for &gt;2 years: Standard–150%</p> <p><b>Alzheimer’s:</b> refer to the Alzheimer’s section</p> <p><b>Vascular Dementia, Pick’s Disease, Lewy Body Dementia and Creutzfeldt-Jakob Disease:</b> decline</p>

# Medical Impairments

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<p><b>Diabetes</b> A group of metabolic disorders caused by inadequate production or use of insulin. It is a common disease affecting approximately 30 million people worldwide. Diabetes is usually irreversible, although controllable by diet, medication, and exercise. Late complications such as accelerated CAD or stroke, and kidney disease result in reduced life expectancy.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Type of diabetes</li> <li>• Treatment</li> <li>• Medication</li> <li>• Degree of control – blood sugar readings including Hemoglobin A1c</li> <li>• Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease</li> <li>• Current height and weight</li> <li>• Blood pressure</li> </ul>	<p><b>Requirements:</b> APS, blood (if not already required or current results not available)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Type of diabetes including age at onset</li> <li>• Copies of specialist reports (neurologist, nephrologist, endocrinologist)</li> <li>• History of blood sugar control – copies of blood and urine tests (incl. Hemoglobin A1c and microalbumin where possible)</li> <li>• Details of risk factor modification</li> <li>• Active lifestyle</li> <li>• Medications</li> </ul>	<p>Preferred may be available &gt; age 60 and Type 2 diabetes</p> <p>Gestational diabetes may be Preferred if insulin is not required and pregnancy has no complications</p> <p><b>Type 1:</b> Also known as IDDM: <b>Best Case:</b> (excellent control, no complications) 150% depending on the age</p> <p><b>Typical Case:</b> 200% depending on the age</p> <p><b>Worst Case:</b> (complications, poor or uncontrolled) decline</p> <p><b>Type 2:</b> Also known as NIDDM or Adult Onset Diabetes: <b>Best Case:</b> Standard Plus if age 50 and over. Preferred if age 60 and over, excellent control, no complications, and treated by diet or oral medication only</p> <p><b>Typical Case:</b> Standard–150%</p> <p><b>Worst Case:</b> decline</p>
<p><b>Emphysema</b></p>	<p>Refer to COPD</p>		
<p><b>Epilepsy/Seizure Disorder</b> This is an event of altered brain function due to an abnormality of excessive electrical discharges from the brain cells. There are many different types of seizures and forms of epilepsy.</p>	<ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Compliance with medication</li> <li>• Control of seizures</li> <li>• Reason for the seizure activity</li> <li>• Any alcohol use</li> <li>• Any other significant medical conditions</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Type of epilepsy</li> <li>• Age diagnosed</li> <li>• Duration of history</li> <li>• Date of last seizure and number of seizures per year</li> <li>• Medications</li> </ul>	<p><b>Best Case:</b> Generalized or partial, cause unknown, over 3 years since diagnosis, with a past history of 3 seizures or less per year and no seizure in the last year: Preferred</p> <p><b>Typical Case:</b> Generalized or partial, cause unknown, 1–3 years since diagnosis, 3 or less seizures per year: Standard–150%</p> <p><b>Worst Case:</b> Decline if poor compliance with medication, history of alcohol abuse, frequent accidents, seizures cannot be controlled with medication</p>

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<p><b>Frailty</b> A clinical concept describing a condition most commonly found in the elderly; it is associated with a high risk of mortality and morbidity.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Evidence of cognitive decline or depression</li> <li>• Problems with the Activities of Daily Living</li> <li>• Any involuntary weight loss</li> <li>• History of falling, fractures secondary to osteoporosis, frequent car accidents</li> <li>• Confinement to a nursing home or hospitalization within the past year</li> <li>• Number of medications</li> <li>• Any other significant health history</li> </ul>	<p><b>Requirement:</b> APS, Cognitive and Mobility Assessment (such as Nation’s CareLink assessment) may be necessary</p> <p><b>Fast Track:</b> Clearly outline the positive aspects of your client’s independent and active lifestyle</p>	<p>Most cases of frailty require individual assessment and ratings/offers are made following consultation with a Medical Director</p>
<p><b>Gall Bladder Disease</b> The gall bladder stores and concentrates bile produced in the liver. The most common disorders of the gall bladder are generally benign.</p>	<ul style="list-style-type: none"> <li>• Any other significant health history</li> <li>• Nature of the disease</li> <li>• Any serious complications (e.g., pancreatitis or jaundice)</li> <li>• Treated surgically</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b> Full records to include diagnosis, all investigations and test results</p>	<p>This is generally a benign condition and can qualify for Best Class if criteria met. However, large, solitary gall bladder polyps in older individuals must be fully investigated before an underwriting offer can be considered</p> <p><b>Typical Case:</b> Gallstones or multiple gall bladder polyps – Standard</p>
<p><b>Heart Attack</b></p>	<p>Refer to Coronary Artery Disease</p>		
<p><b>Hepatitis B</b> Hepatitis B is a disease caused by the Hepatitis B virus (HBV)</p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Acute or chronic infection</li> <li>• Laboratory results (liver function)</li> <li>• If chronic, was a biopsy done</li> <li>• Any alcohol usage or other medical conditions</li> <li>• Treatment and date(s) of treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Laboratory results (including LFTs and hepatitis panel)</li> <li>• Sonograms, CTs, biopsy results</li> </ul>	<p><b>Best Case:</b> Acute infection, over 6 months, HBsAg negative and liver functions normal: Standard or better</p> <p><b>Typical Case:</b> Chronic infection (HBeAg+) with or without liver biopsy, untreated, depending on laboratory results and how long infection has been present: Possible 150–250%</p> <p>For chronic infection, treated, biopsy results (within the last 5 years) mild to moderate: 150–250%</p> <p><b>Worst Case:</b> Decline if having more than one alcohol drink per day, HCV co-infection, any finding of cirrhosis, biopsy done in the last 5 years shows severe inflammation and untreated</p>

# Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Hepatitis C</b> Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV)</p>	<ul style="list-style-type: none"> <li>• Duration of the disease</li> <li>• Laboratory results</li> <li>• Has a biopsy been done</li> <li>• Does the client use alcohol and if so, amount per day</li> <li>• Treatment and date(s) of treatment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Laboratory results (including LFTs and hepatitis panel)</li> <li>• Biopsy results</li> <li>• Sonogram and/or CT scan results</li> </ul>	<p><b>Best Case:</b> Age 70 or older with normal liver function tests for the last 3 years: Standard. If favorable biopsy: Standard Plus or Preferred possible</p> <p><b>Typical Case:</b> Current age 40–69, chronic infection, biopsy unavailable, untreated, age onset unknown and liver function tests not higher than 1.5 times normal range: 175–250% depending on age</p> <p><b>Worst Case:</b> Decline if more than one alcohol drink per day, HBV co-infection, any finding of cirrhosis, currently undergoing treatment, or biopsy done in the last 5 years showing severe fibrosis, treated or untreated</p>
<p><b>Hereditary Polycystic Kidney Disease (HPKD)</b> Polycystic kidney disease affects more than 12 million people worldwide. It is a condition where multiple fluid-filled cysts develop in both kidneys and gradually increase in size and number until all functioning tissue is replaced by cysts.</p>	<ul style="list-style-type: none"> <li>• Definitive diagnosis</li> <li>• Type of HPKD</li> <li>• Severity and degree of progression</li> <li>• Family history – age of death of family member with HPKD or treatment by dialysis or transplant</li> <li>• Treatment discussions include dialysis or transplant</li> <li>• Current kidney function</li> <li>• Cysts causing bleeding in the kidney, liver, pancreas or spleen</li> <li>• Any associated conditions (e.g., berry aneurysm, cardiac valve disease or aortic aneurysm)</li> <li>• Any other co-morbidities (e.g., diabetes, coronary disease)</li> </ul>	<p><b>Requirements:</b> APS, blood profile and urinalysis</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• With history of HPKD in family, provide copies of all investigations confirming or denying diagnosis</li> <li>• Copies of all test results, specifically kidney function testing, CT Scans, ultrasounds</li> <li>• Blood pressure readings</li> </ul>	<p><b>Best Case:</b> Type 2 HPKD (autosomal dominant) age 70 and over with normal kidney function – Preferred</p> <p><b>Typical Case:</b> Autosomal dominant, diagnosis made or suspected, normal kidney function, 250–300% depending on type and age</p> <p><b>Worst Case:</b> Autosomal Recessive Disease usually declined</p>

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<p><b>Hypertension</b> Primary, or essential hypertension is the most common type affecting 95% of people with hypertension. The cause is unknown, but is thought to be the result of a complex interplay of factors that include demographic, genetic, and environmental factors. Secondary hypertension results from disorders of the kidney, endocrine, or nervous system.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Type of hypertension (essential or secondary to another impairment)</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Current BP readings and history of readings for past 2 years (demonstrate stable course)</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Any concurrent impairment (e.g., CAD, stroke, kidney disease, build)</li> </ul>	<p><b>Requirements:</b> APS, para or medical exam – selectively</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Record of blood pressure readings</li> <li>• Copies of any cardiac investigation</li> <li>• Details of risk factor modification</li> <li>• Active lifestyle</li> </ul>	<p>Rating depends on severity of hypertension</p> <p>May qualify for Best Class if well-controlled and compliant with medication</p>
<p><b>Liver Function Test</b> Blood tests are done with a liver panel to determine how well the liver is functioning and when results are out of normal range, it can indicate the possibility of a disease process.</p>	<ul style="list-style-type: none"> <li>• How many liver functions are outside the normal lab range?</li> <li>• Is client taking any medications or using alcohol?</li> <li>• Is there a medical condition that is causing the elevation in liver function?</li> <li>• How long has this finding been monitored by the attending physician?</li> <li>• Is this a new finding which has not been fully evaluated with additional testing?</li> </ul>	<p><b>Requirement:</b> APS, Hepatitis screens, all markers selectively</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• All laboratory tests</li> <li>• Any sonograms</li> <li>• Details of medications being taken</li> <li>• Amount of alcohol used</li> <li>• Results of any investigations for elevated liver functions</li> </ul>	<p>Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, any diagnosis for the elevated liver function finding</p> <p><b>Best Case:</b> One liver function elevation, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Super Preferred</p> <p><b>Typical Case:</b> Elevation of 2 liver functions, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Standard Plus</p> <p><b>Worst Case:</b> Elevation of 3 liver functions, cause unknown up to 4 times or more over normal range: decline</p>
<p><b>Myocardial Infarction</b></p>	<p>Refer to Coronary Artery Disease</p>		
<p><b>Parkinson’s Disease</b> A syndrome characterized by involuntary tremor, rigidity of the muscles and slowness of body movements.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Severity of the disease</li> <li>• History of falling or indications of dementia</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Any concurrent impairment (e.g., depression)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Details of type of Parkinson’s</li> <li>• Type of treatment</li> <li>• Compliance and response to medication</li> <li>• Severity of the disease</li> <li>• Active and independent lifestyle (outline Activities of Daily Living)</li> </ul>	<p><b>Best Case:</b> Over age 80 with mild symptoms, fully active and living independently, compliant on medication can be considered Standard Plus</p> <p><b>Typical Case:</b> Mild or moderate disease, over age 60, fully active and living independently, no complications – 200%</p> <p><b>Worst Case:</b> Severe disease – decline</p>

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<p><b>Peripheral Artery Disease (PAD)/Peripheral Vascular Disease (PVD)</b> A disease resulting from the presence of systemic atherosclerosis mainly in the abdominal and lower extremity arteries.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Medication/treatment</li> <li>• Response to medication treatment</li> <li>• Smoking status – if currently smoking this will have a greater impact on disease progression</li> <li>• Compliant with medical treatment and follow-up</li> <li>• Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build)</li> </ul>	<p><b>Requirements:</b> APS, medical exam, insurance blood profile, EKG – selectively</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Copies of any vascular and cardiac investigation</li> <li>• Details of any ongoing symptoms</li> <li>• ABI score</li> <li>• Details of risk factor modification</li> <li>• Active lifestyle</li> </ul>	<p><b>Best Case:</b> Standard Plus with a normal ABI score. Preferred is possible over age 60 with a normal ABI score, Non-Smoker and favorable risk factors</p> <p><b>Typical Case:</b> Clinical diagnosis of PAD, asymptomatic, no cardiac investigation, ongoing treatment, no ABI Age 50–69: 200% Age 70–79: 175% Age 80+: 150%</p> <p><b>Worst Case:</b> Severe ABI – decline or moderate ABI and age under 40: decline Smoker: decline</p>
<p><b>Pulmonary Nodule</b> A small shadow found on chest x-ray that may be caused by a benign cyst, infection or abscess, or granuloma.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis</li> <li>• Any treatment</li> <li>• Date treatment completed</li> <li>• Benign pathology</li> <li>• Reduced/eliminated risk factors (e.g., smoking)</li> <li>• Any concurrent impairment (e.g., emphysema or chronic bronchitis)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Copies of tests</li> <li>• Details of follow-up</li> <li>• Demonstrated stability of lesion</li> </ul>	<p>If any malignancy, refer to Lung Cancer</p> <p><b>Pulmonary Nodule:</b> can be due to a benign cause. The underwriter must investigate thoroughly</p> <ul style="list-style-type: none"> <li>• Size of nodule less than or equal to 4 mm: Standard possible with no postpone; Preferred possible after 1 year of stability</li> <li>• Size of nodule &gt; than 4 mm: Postpone 1–2 years with CT scan follow up reports</li> </ul>
<p><b>Rheumatoid Arthritis</b> This is an auto-immune disease which can affect not only the joints but also skin, eyes, lung, heart, blood or nerves. This disease can affect everyone differently.</p>	<ul style="list-style-type: none"> <li>• Severity of symptoms</li> <li>• What medications are being taken</li> <li>• Any limitations of daily activities</li> <li>• No other significant medical condition(s)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b> Laboratory results</p>	<p><b>Best Case:</b> Mild disease, under regular care of a physician, no other medical conditions and diagnosis 2+ years, well controlled on non-steroidal medications or immunosuppressants: Preferred possible</p> <p><b>Typical Case:</b> 150–250% depending on whether moderate or severe, medications, duration and age</p> <p><b>Worst Case:</b> Client has limited mobility and/or has other significant medical conditions: decline</p>

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Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Stroke</b> Permanent (&gt; 24 hours) damage to the brain caused by a vascular event, thrombosis, or hemorrhage resulting in permanent neurological deficit.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Current symptoms/extent of neurological deficit</li> <li>• Cause of stroke</li> <li>• Treatment</li> <li>• Medications</li> <li>• Number of strokes</li> <li>• Smoking history</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Any concurrent serious impairment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Neurology workup (carotid duplex, MRI)</li> <li>• Current function (how active)</li> <li>• Lifestyle modifications</li> </ul>	<p>Preferred is not available</p> <p>Unable to consider until 12 months after the stroke</p> <p>If multiple strokes, usually decline</p> <p>The typical rating for a well worked up stroke, with minimal residuals, 150–200%. The younger the applicant and the more recent the stroke, the higher the rating. Age 75 and over, incidental MRI finding of Lacunar infarct: Preferred may be possible</p>
<p><b>Transient Ischemic Attack (TIA)</b> An episode of neurological dysfunction lasting less than 24 hours and no permanent neurological deficit.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Date of diagnosis and age at onset</li> <li>• Any neurological deficit</li> <li>• Number of episodes</li> <li>• Treatment</li> <li>• Medications</li> <li>• Smoking history</li> <li>• Test results</li> <li>• Active lifestyle</li> <li>• Blood pressure and cholesterol readings</li> <li>• Any concurrent serious impairment</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Neurology workup (carotid duplex, MRI)</li> <li>• Current function (how active)</li> <li>• Lifestyle modifications</li> </ul>	<p>For age 70 and over: Preferred possible if remote history of TIA with equivocal findings at the time of medical work-up</p> <p>Unable to consider until 6 months after the episode</p> <p>Average rating is Standard to 150% depending on the age</p>
<p><b>Ulcerative Colitis</b> Chronic inflammatory ulceration of the colon (relapsing-remitting type disorder).</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Severity of the disease</li> <li>• Frequency of flare-ups</li> <li>• Severity of symptoms</li> <li>• Medication (ongoing oral steroid therapy)</li> <li>• Hospitalization</li> <li>• Surgery</li> <li>• Weight stable or loss</li> <li>• Testing and follow-up</li> <li>• Complications or concurrent impairments (e.g., rheumatoid arthritis or other inflammatory disease)</li> </ul>	<p><b>Requirement:</b> APS</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Pathology reports</li> <li>• Evidence of regular GI surveillance (colonoscopy)</li> <li>• Details of hospitalization and hospital reports</li> <li>• Stable weight</li> <li>• Active lifestyle</li> </ul>	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings</p> <p><b>Mild:</b> Best cases, i.e. well-controlled on non-steroidal medication or immunosuppressants: Preferred is possible</p> <p><b>Moderate:</b> (incl. steroid treatment): 150–200%</p> <p><b>Severe:</b> may not be insurable until stabilized for 1 year</p>

# Non-Medical Risks: Aviation

## General Guidelines

- Retention and reinsurance are reduced for aviation without an exclusion rider
- Verification needed as to whether the spouse flies as a passenger with the aviator
- Maximum age: 80
- Maximum rating considered insurable with aviation: 200%
- Aviation exclusion will apply when maximum mortality or age is exceeded on Single life policies
- **Aviation exclusion does not apply** on Survivorship policies (if the aviator exceeds the maximum age or rating, he/she can only be issued as uninsurable)
- **Aviation exclusion does not apply** if aviation is the means of the insured's livelihood

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Aviation: Commercial</b> Certified air carriers and commuter airlines that are strictly regulated and have very good experience. Pilots who have a commercial license and fly smaller aircraft for a variety of purposes.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Commercial carrier</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Pilot or crew of certified air carrier may qualify for Preferred. Other types of aircraft or flying require ratings ranging from \$2.50–\$10/1000</p> <p>FOR EXAMPLE: Crop dusting and bush pilots \$5/1000</p> <p>Air ambulance, power line inspection, traffic control \$3.50/1000</p> <p><b>Aviation exclusion not offered when the insured's livelihood is from aviation, or Survivorship is applied for</b></p>
<p><b>Aviation: Military</b> Military pilots are exposed to different risks than civilian pilots. In addition to the risk of combat, they generally fly more hours than private pilots to maintain proficiency, and this flying can simulate combat conditions.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Which branch service (Air Force, Navy, Marine, Coast Guard)</li> <li>• Shore or carrier based</li> <li>• Instructor</li> <li>• Type of aircraft</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Preferred is not available</p> <p>Most military aviation ratings range from \$2.50–\$10/1000</p> <p>Higher extras used for younger ages and carrier based</p> <p>Aircrew rated the same as pilot</p> <p>Aviation exclusion generally only offered to those in ROTC and service academies who have aviation duties</p> <p>Please Note: If posted to war zone, we would decline coverage</p> <p><b>Aviation exclusion not offered when the insured's livelihood is from aviation or Survivorship is applied for</b></p>

# Non-Medical Risks: Aviation

(continued from page 33)

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Aviation: Private</b> Private pilots are those who are licensed as private pilots (whether they have IFR or not) and fly for recreational and business reasons. Business flying in this category refers to non-professional pilots (not flying for pay) but flying for business purposes.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Pilot experience including ratings</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Risk is based on annual hours flown 300 hours/year: Standard Plus</p> <p>IFR or ATP certification and at least 300 hours experience, and fly 25–200 hours/year: Preferred</p> <p><b>Aviation exclusion may be offered but only on individual policies, not Survivorship</b></p> <p>Aviation history combined with medical ratings &gt; 200% due to CAD, cerebrovascular disease, obesity, respiratory disease, and psychiatric illness are usually declined</p>
<p><b>Aviation: Student</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> <li>• Pilot experience including any ratings</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Standard to Standard Plus</p> <p>If warranted, a flat extra or aviation exclusion will be applied</p> <p>Aviation history combined with medical ratings &gt; 200% due to CAD, cerebrovascular disease, obesity, respiratory disease, and psychiatric illness are usually declined</p>
<p><b>Aviation: Sport</b> This covers a number of types of recreational flight activities, which include the use of non-conventional aircraft, competition, or performances.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Pilot experience including ratings</li> <li>• Amateur or professional</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Where they fly</li> <li>• Type of aircraft flown</li> <li>• Type of flying</li> </ul>	<p><b>Requirement:</b> Aviation Questionnaire</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Hours/year</li> <li>• Flight ratings</li> <li>• Aircraft</li> <li>• Details of specialized flying</li> </ul>	<p>Risk is based on the base aviation risk, where applicable, as well as the type of special risk</p> <p>Ratings range from \$2.50/1000–decline</p> <p>EXAMPLES: Ballooning may be Standard Plus</p> <p>Hang gliding may be \$5/1000</p> <p>Paragliding \$2.50/1000</p> <p><b>Aviation exclusion may be offered, but only on individual policies, not Survivorship</b></p>

# Non-Medical Risks: Avocations

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<b>Climbing: Cliffs</b>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Height of cliffs</li> <li>• Location: local area or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirement:</b> Avocation Questionnaire</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	Depending on the height of cliffs and location, generally can offer Standard Plus coverage; otherwise \$3.50/1000
<b>Climbing: Ice and/or Snow</b>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Type of terrain: established trails</li> <li>• Altitude</li> <li>• Location: North America/ Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	<p>Climbing in the Himalayas is uninsurable</p> <p>Generally \$5/1000 if activities within North America or Europe; otherwise \$7.50/1000 in addition to the foreign travel assessment</p>
<b>Climbing: Mountain</b>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Type of terrain: established trails</li> <li>• Altitude</li> <li>• Location: North America/ Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	If local, trail climbing can be considered Standard Plus; otherwise rate as ice and/or snow climbing
<b>Climbing: Rock</b>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Heights of climbs</li> <li>• Climbing indoors only</li> <li>• Location if outdoor climbing: North America/Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Indoor/outdoor</li> <li>• Difficulty of climbs</li> </ul>	<p>Indoor wall climbing: Standard to \$3.50/1000</p> <p>Generally \$2.50/1000 if activities within North America or Europe. Otherwise \$5/1000 in addition to the foreign travel assessment</p>
<b>Trail Climbing: Trekking</b>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Frequency</li> <li>• Type of terrain: established trails</li> <li>• Altitude</li> <li>• Location: North America/ Europe or elsewhere</li> <li>• Medical history</li> <li>• Lifestyle</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Overall experience</li> <li>• Frequency</li> <li>• Type of terrain</li> </ul>	Generally Standard or better if activities within North America or Europe. Otherwise \$2.50/1000 in addition to the foreign travel assessment

# Non-Medical Risks: Avocations/Driving

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
<p><b>Scuba Diving</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Experience including certification</li> <li>• Depths and frequency of dives</li> <li>• Medical history</li> <li>• Lifestyle</li> <li>• Dive location (e.g., lake, open ocean, beaches)</li> <li>• Dive sites (e.g., wreck, salvage)</li> <li>• Diving activities (e.g., search and rescue, caves, ice)</li> <li>• Commercial diving</li> </ul>	<p><b>Requirement:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Type of diving (location, site, activities)</li> <li>• Experience</li> <li>• Frequency</li> </ul>	<p>Most average, recreational divers are Standard or better risks</p> <p>Rating \$2.50/1000: decline depending on the combination of depth (&gt; 120 feet), experience and technical diving</p> <p>Scuba history combined with medical ratings &gt; 200% due to CAD, cerebrovascular disease, obesity, respiratory disease, and psychiatric illness are usually declined</p>
<p><b>Driving</b> Motor vehicle accidents are the primary cause of death at younger ages and overall, the 6th leading cause of death. Contributing factors to fatal accidents include alcohol and excessive speed. At older ages (&gt; 65), it can be a flag for underlying cognitive degeneration.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Types of infractions</li> <li>• Frequency of infractions</li> <li>• DWI (Multiple)</li> <li>• Other suspensions and number of suspensions</li> <li>• Accident (at fault)</li> <li>• Risk-taking avocations</li> </ul>	<p><b>Requirement:</b> MVR</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Number and types of violations</li> <li>• Date of last violation</li> <li>• Date of last suspension, length of, and reason for suspension</li> </ul>	<p>DWI cannot be considered for a minimum of 6 months following completion of the suspension. If there are other infractions, cannot consider for 12 months</p> <p><b>Best Case:</b> Standard or Standard Plus if few, minor infractions</p> <p><b>Typical Case:</b> \$2.50–\$5/1000 x 3 years</p> <p><b>Worst Case:</b> decline (multiple DWI) <b>Best Case:</b> Standard</p>
<p><b>Motor Vehicle Racing</b></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Type of vehicle/size of engine</li> <li>• Type of fuel</li> <li>• Frequency</li> <li>• Speeds attained (average, highest)</li> <li>• Type of course</li> <li>• Location (outside U.S. or Canada)</li> <li>• Concurrent avocations</li> </ul>	<p><b>Requirements:</b> Avocation Questionnaire, Foreign Travel Questionnaire (if applicable)</p> <p><b>Fast Track:</b></p> <ul style="list-style-type: none"> <li>• Type of racing and frequency</li> <li>• Speeds attained</li> </ul>	<p><b>Typical Case:</b> \$5/1000</p> <p><b>Worst Case:</b> \$10–\$15/1000 decline</p>

# Non-Medical Risks: Professional Athletes

## Activity

### Professional Athletes

#### Capacity for Professional Athletes on Sports Teams (includes coaches and General Managers)

Automatic binding limit <sup>1,2,3</sup>	\$25,000,000
Jumbo limit	\$65,000,000
Retention <sup>1,2,3</sup>	\$10,000,000 per player
Team Cap	\$45,000,000

#### Capacity for Professional Athletes Not on Sports Teams

Automatic binding limit <sup>3</sup>	\$35,000,000
Jumbo limit	\$65,000,000
Retention <sup>3</sup>	\$20,000,000

#### General Guidelines

- Permanent products only
- Maximum exposure per sports team is \$45,000,000; once the team cap is reached, additional players, coaches and General Managers cannot be considered
- Keyman coverage is subject to documented confirmation of a contract with 5 remaining years
- General manager(s) of sports teams will be considered for term insurance if the coverage is personal for a maximum of \$20,000,000 unless it can be demonstrated that they do not travel with the team

1. Assumes no inforce, within team cap and within the jumbo limit.

2. No capacity available for the New York Yankees.

3. Retention and reinsurance grade down at higher ages and ratings.

## Underwriting Guidelines for Foreign Travel

These guidelines apply to U.S. residents including, residents of Puerto Rico, Guam and the U.S. Virgin Islands traveling for less than six months per year. Travel for six months per year or longer is considered Foreign Residence.

For states with foreign travel underwriting regulations in place, no adverse action is taken if so specified by state law.

For states without foreign travel underwriting regulations, the following guidelines apply:

- All products are available
- Applications should not be submitted with any travel planned outside of North America within the next 30 days, until the applicant's return
- Coverage is not available to individuals traveling to any country where a U.S. State Department travel warning, advisory or alert has been issued
- Occupations such as foreign correspondent, diplomat, missionary and foreign aid worker will not be considered

### Condition and Description

### Factors Affecting the Decision

### Fast Track the App

### Likely Underwriting Decision

### Foreign Travel

- Which countries and destinations in each country
- Frequency and duration of visit (total number of days/year in each country)
- Purpose of travel
- Age of applicant
- Health of applicant
- U.S. citizen or permanent resident

**Requirements:**  
Foreign Travel Questionnaire

**Fast Track:**  
Travel questionnaire outlining destination(s), frequency and duration of visits must be submitted with the initial documents

**Best case:** Super Preferred available for travel to A, B and C countries for up to 6 months, to D countries for up to 3 months and to most E countries for travel up to 2 weeks

**Standard** available for travel to D country for more than 3 months up to 6 months

**Decline** – any travel to Afghanistan, Angola, Iraq, Ivory Coast or Haiti and to any other E country for more than 4 weeks

**Definition of a Foreign Resident:** A Foreign Resident is defined as any proposed insured who resides outside of the U.S. for more than six months (183 days). This includes:

- U.S. citizens who are residing outside the U.S.
- Foreign Nationals — non-U.S. individuals who are living outside the U.S. but have a need for a U.S. life insurance product

## **General Guidelines**

**All solicitation must take place in the U.S, regardless of the country of residence.**

Solicitation is defined as the entire new business process from illustration, application, to completion of underwriting requirements including examinations and policy delivery

## **Eligibility Criteria (applicable to all country classes):**

- Minimum issue age: 20
- Maximum issue age is country or country code specific
- Minimum face amount: \$1 million
- Minimum net worth: \$5 million (verifiable U.S. assets and foreign assets)
- A reasonable, demonstrable insurable loss must exist. There should be some economic tie with the U.S. or U.S. tax liability for a foreign resident to qualify for coverage
- Up to a maximum of 50% of foreign assets may be used to justify the amount applied for
- The owner must have a U.S. tax ID, SSN or must complete W-8BEN ([www.irs.gov/pub/irs-pdf/fw8ben.pdf](http://www.irs.gov/pub/irs-pdf/fw8ben.pdf)). Offshore trusts or other type of foreign ownership are not allowed
- Premium must be paid from a pre-existing U.S. bank account and billing address. The account and address must exist for more than just this insurance
- **U.S. citizens residing outside the U.S. for up to 5 years do not need to meet the minimum net worth or minimum face amount guidelines (\$1 million) for other foreign residents. Regular country of residence classification will still apply**

## **Limitations to Coverage (all countries A-D)**

- **Permanent products** — All John Hancock permanent fully underwritten life insurance products are available. The same retention is used for both individual and survivorship policies
- **Term products** — These are available for U. S. business purposes, for example, a U.S. Corporation insuring a keyman in a foreign subsidiary. U.S. citizens residing in class A countries for up to 5 years may also qualify for term insurance
- **Occupations** — Certain occupations are uninsurable, for example, government or military personnel, missionaries, journalists
- **Aviation** — Coverage will not be offered on aviation risks (except in Canada)
- **Riders** — Underwritten riders are not available, e.g., Waiver of Monthly Deductions, Disability Payment of Specified Premium, Return of Premium, Increasing Supplemental Face Amount and Long-Term Care

# Underwriting Guidelines for Foreign Residents

(Continued from page 39)

- **Travel advisory** — Coverage is not available in any country with a travel warning or alert in effect
- **C and D countries** — Coverage available only for individuals residing in major cities<sup>1</sup>

## Underwriting Requirements

The following requirements are in addition to the usual routine age/amount requirements:

- Minimum 5-year medical history required on the APS for proposed insureds age 70 or older
- Minimum 3-year medical history records for all applicants less than age 70
- *Foreign Travel Questionnaire* (NB5016)
- *Insurance Activities and Residency Questionnaire* (NB4797). (For U.S. citizens who are permanent residents and planning to migrate in the future — but are still currently in the U.S. — this questionnaire is not required)
- The APS must be provided in English. John Hancock does not cover translation fees and the translator should be at arm's length to the sale. An *Affidavit of Interpreter* (NB3081) is required when translation has been done

## Additional Requirements for Foreign Nationals

Life New Business requires a cover letter with the application that includes the following details:

- Amount of time spent in the U.S.
- Where the proposed insured resides when in the U.S.
- Proposed insured's occupation
- Purpose of the insurance
- Outline of the U.S. and foreign-held assets
- **For face amounts over \$1 million, financial information (income and net worth) must be verified through a letter from the proposed insured's banker, accountant or tax attorney**

## High-Net-Worth Upgrade for Foreign Residents

John Hancock offers a country classification upgrade for high-net-worth clients, which means they may qualify for better rates:

- Individuals with a net worth of minimum \$5,000,000 U.S. are eligible for a one country classification upgrade for classes B through D, with a few exceptions<sup>2</sup>
- Upgraded individuals qualify for the retention and risk classes available to the upgraded class. (For example, if an individual in a B country is upgraded to an A, retention could be up to \$10 million and Super Preferred would be considered.)

1. A major city is defined as the capital city of the country, or a city with a population of 500,000 or more. The city must have an international airport and well developed infrastructure (roads, public transit, power, water, sewerage, education and health facilities).
2. The best country class for residents of South Africa is "C" and for India is "D." Residents must still satisfy major city and high-net-worth requirements. Cities in China on John Hancock's "B" list are not eligible for upgrade to the A list.

# Underwriting Guidelines for Foreign Residents

## Country-Specific Underwriting Guidelines

Country Classification <sup>1</sup>	Foreign Residents
A	<ul style="list-style-type: none"> <li>• Maximum issue age: 80 for residents of Canada, United Kingdom and Western Europe</li> <li>• Maximum issue age: 75 all other A countries, and any B country qualifying for high-net-worth upgrade</li> <li>• Maximum mortality rating: 200% (500% in Canada)</li> <li>• Best class available: Super Preferred</li> <li>• Maximum available retention: \$10 million<sup>2</sup></li> </ul>
B	<ul style="list-style-type: none"> <li>• Maximum issue age: 75 and any C country qualifying for high-net-worth upgrade</li> <li>• Maximum mortality rating: 200%</li> <li>• Best class available: Standard Plus</li> <li>• Maximum available retention: \$6 million<sup>2</sup></li> </ul>
C	<p>Residency rating of \$2.50/1000. Residents of major cities only<sup>3</sup></p> <ul style="list-style-type: none"> <li>• Maximum issue age: 70</li> <li>• Maximum mortality rating: Standard</li> <li>• Best class available: Standard medically, residency extra of \$2.50/1000</li> <li>• Maximum available retention: \$6 million<sup>2</sup></li> </ul>
D	<p>Residency rating of \$5.00/1000. Residents of major cities only<sup>3</sup></p> <ul style="list-style-type: none"> <li>• Maximum issue age: 70</li> <li>• Maximum mortality rating: Standard</li> <li>• Best class available: Standard medically, residency extra of \$5.00/1000</li> <li>• Maximum available retention: \$6 million<sup>2</sup></li> </ul>
E	<ul style="list-style-type: none"> <li>• Coverage is not available</li> <li>• Upgrade not available, all cases declined</li> </ul>

1. Country Classifications and rates are subject to change at any time. For confirmation, please contact a John Hancock Underwriter.

2. Additional amount potentially available through facultative reinsurance.

3. A major city is defined as the capital city of the country, or a city with a population of 500,000 or more. The city must have an international airport and well developed infrastructure (roads, public transit, power, water, sewerage, education and health facilities).

# Country Classification for Foreign Travel and Foreign Residents<sup>1</sup>

## A Countries

Andorra	Cayman Islands	Hungary	Liechtenstein	Singapore
Argentina	Chile	Iceland	Luxembourg	Slovak Republic (Slovakia)
Australia	Croatia	Ireland	Macau	Slovenia
Austria	Cyprus	Israel – excluding West Bank, Gaza and Golan Heights	Malta	South Korea
Bahamas	Czech Republic		Monaco	Spain
Bahrain	Denmark		Netherlands	Sweden
Barbados	Finland	Italy	New Zealand	Switzerland
Belgium	France	Japan – not eligible for coverage due to restrictions by the Japanese Govt.	Norway	Taiwan
Bermuda	French Polynesia		Poland	United Arab Emirates
British Virgin Islands	Germany		Portugal	United Kingdom
Brunei	Greece		Qatar	Uruguay
Canada	Hong Kong (China)	Kuwait	San Marino	

## B Countries

Anguilla	Shenyang, Tianjin, Chongqing, Shenzhen only – not eligible for upgrade)	Guadeloupe	Netherlands Antilles	St. Kitts & Nevis
Antigua & Barbuda		Latvia	Antilles	Tunisia
Brazil		Lithuania	Oman	Turks and Caicos
Bulgaria		Malaysia	Panama	
Canary Islands	Costa Rica	Martinique	Romania	
China cities (Beijing, Shanghai, Guangzhou,	Dominica	Mauritius	Saudi Arabia	
	Estonia	Mexico	Seychelles	

## C Countries

Albania	Ecuador	Morocco	to high-net-worth residents of major cities – not eligible for upgrade)	Tonga
Armenia	Egypt	New Caledonia		Trinidad & Tobago
Belize	El Salvador	Northern Mariana Islands (Saipan, Rotai, Tinan)		Turkey
Bosnia and Herzegovina	Fiji	Paraguay		Venezuela
Cape Verde Islands	Grenada	Peru	St. Lucia	Vietnam
China (other than 7 cities listed – see above)	Jamaica	Samoa, (formerly Western Samoa)	St. Vincent & The Grenadines	
Cook Islands	Jordan	South Africa (only applies	Suriname	
Dominican Republic	Macedonia		Thailand	
	Maldives			

## D Countries

Belarus	Honduras	net-worth residents of major cities – not eligible for upgrade)	Libya	Russia
French Guyana	Indonesia		Nicaragua	Ukraine
Guatemala	India (includes only high-		Philippines	

## E Countries

Afghanistan	Congo (Republic of the – formerly Zaire)	Iraq	Myanmar	Sri Lanka
Algeria		Kazakhstan	Namibia	Sudan
Angola	Côte d'Ivoire (Ivory Coast)	Kenya	Nauru	Swaziland
Azerbaijan	Cuba	Kiribati	Nepal	Syria
Bangladesh	Djibouti	Kyrgyzstan	Niger	Tajikistan
Benin	Equatorial Guinea	Laos	Nigeria	Tanzania
Bhutan	Eritrea	Lebanon	Niue	Tibet
Bolivia	Ethiopia	Lesotho	North Korea	Timor-Leste
Botswana	Gabon	Liberia	Pakistan	Togo
Burkina Faso	Gaza	Madagascar	Palestine	Turkmenistan
Burundi	Gambia	Malawi	Palau	Tuvalu
Cambodia	Georgia	Mali	Papua New Guinea	Uganda
Cameroon	Ghana	Marshall Islands	Rwanda	Uzbekistan
Central African Republic	Golan Heights	Mauritania	Sao Tome & Principe	Vanuatu
Chad	Guinea	Micronesia	Senegal	West Bank
Colombia	Guinea Bissau	Moldova	Serbia	Western Sahara
Comoros	Guyana	Mongolia	Sierra Leone	Yemen
Congo	Haiti	Montenegro	Solomon Islands	Zambia
	Iran	Mozambique	Somalia	Zimbabwe

1. Country Classifications and rates are subject to change at any time. For confirmation, please contact a John Hancock Underwriter

# Underwriting the Long-Term Care (LTC) and LTC Continuation Riders<sup>1,2</sup>

The Long-Term Care and Long-Term Care Continuation riders are only available if the life coverage is approved. It is NOT available:

- When the mortality rating on the base policy is >175%
- If John Hancock's HealthStyles program is applied during underwriting to lower the rating
- With a flat or permanent extra
- To residents of foreign countries and also U.S. citizens traveling outside the U.S. for greater than 6 months per year
- With any increasing rider (Return of Premium, Increasing Supplemental Face Amount)
- To any insured that has a LifeCare policy with John Hancock

The Long-Term Care and Long-Term Care Continuation riders are underwritten based on morbidity risk rather than mortality risk and as a result, some proposed life insureds may not qualify for these riders even if they are Standard or better mortality risks. Also, some combinations of Standard impairments may require these riders to be declined.

Condition and Description	Likely Underwriting Decision
Alzheimer's Disease	Decline
Ankylosing Spondylitis	Life ratings over 150%: decline
Anorexia Nervosa/Bulemia	Within 3 years: decline After 3 years: will be considered based on life rating if no current symptoms or treatment; otherwise decline
Aortic Disorders	<b>Aortic Regurgitation:</b> under age 50 or severe: decline <b>Aortic Sclerosis:</b> under age 30: decline; over age 30 will be considered based on life ratings <b>Aortic Stenosis:</b> under age 50 or severe: decline <b>Aortic Valve Replacement:</b> decline <b>Bicuspid Aortic Valve:</b> will be considered based on life ratings

For prospective policyholders in New York, this product is a life insurance policy that accelerates the death benefit for qualified long-term care services and is not a health insurance policy providing long term care insurance subject to the minimum requirements of New York Law; it does not qualify for the New York State Partnership for Long-Term Care program and is not a Medicare supplement policy.

1. The Long-Term Care rider can be purchased in addition to a life insurance contract. This benefit allows an accelerated payout of a specific proportion of the proceeds of the life insurance as a reimbursement of long term care costs. Refer to the Long-Term Care Rider Technical Guide for additional information
2. The Long-Term Care Continuation Rider will allow continuation of long-term care payments started by the Long-Term Care rider after the base policy has been fully accelerated. In addition, it will provide a "residual death benefit" equal to the lesser of \$25,000 or 10% of the total Face Amount. The death benefit payable will be greater of this residual death benefit amount or the actual death benefit provided by the base policy both reduced by any outstanding loans

The Long-Term Care and Long-Term Care Continuation riders are accelerated death benefits and may not be available in all states. Maximum face amount: \$5 million with the Long-Term Care rider; \$1 million with Long-Term Care Continuation rider. The Long-Term Care riders are not considered long-term care insurance in some states. When the policy death benefit is accelerated for long-term care expenses, the death benefit is reduced dollar for dollar, and the cash value is reduced proportionately. There may be additional costs associated with this rider. The Long-Term Care Continuation rider is not available in all states including New York.

# Underwriting the Long-Term Care (LTC) and LTC Continuation Riders

(Continued from page 43)

Condition and Description	Likely Underwriting Decision
<b>Assistive Devices</b>	Usually decline
<b>Asthma</b>	Asthma classified as moderate or severe disease, or asthma in combination with smoking: decline
<b>Benign Cognitive Impairment</b>	Decline
<b>Bipolar Disorder</b> (also known as Bipolar Affective Disorder or Bipolar Depression)	Disease diagnosed as severe: decline Mild or moderate disease stable can be considered based on life ratings
<b>Bronchiectasis</b> A type of chronic obstructive pulmonary disease.	Moderate or severe, or in combination with smoking: decline
<b>Cancer</b>	If any rating is required, including flat extras that are waived over age 60: decline
<b>Carotid Bruit</b> An abnormal noise in the carotid artery generally caused by fatty build up (or atherosclerosis). It is a sign of a higher risk for stroke.	If any life rating is required: decline
<b>Chronic Bronchitis</b> A type of chronic obstructive pulmonary disease.	Age 40 and under: decline Over age 40 and Non-Smoker – may be insurable based on life ratings Over age 40 and continued smoking: decline
<b>Chronic Fatigue Syndrome</b> Severe fatigue generally lasting 6 months or longer where all other causes have been eliminated.	Diagnosed within the past 6 months, receiving disability payments, with limited activity or treated with steroids or narcotics: decline Diagnosed over 6 months ago, not disabled, treated, asymptomatic, without limitations – will be considered Standard for Long-Term Care rider
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	Age 40 and under: decline Over age 40 and Non-Smoker – may be insurable based on life ratings Over age 40 and continued smoking: decline
<b>Chronic Pain</b>	If activities are restricted due to pain and treated with narcotic pain killers: decline
<b>Coronary Artery Disease (CAD)</b>	Age 45 and under: decline Over age 45: Long-Term Care rider considered based on life ratings
<b>Crohn's Disease</b>	Disease diagnosed as severe: decline Mild or moderate stable disease can be considered based on life ratings
<b>Degenerative Disc Disease</b>	Fully active, no assistive devices, asymptomatic, no physio or occupational therapy within the past 6 months and no ongoing treatment with narcotic pain killers: Long-Term Care rider considered on a Standard basis
<b>Dementia</b>	Decline
<b>Depression</b>	Mild and moderate stable depression: Long-Term Care rider considered New onset or severe: decline

# Underwriting the Long-Term Care (LTC) and LTC Continuation Riders

Condition and Description	Likely Underwriting Decision
<b>Diabetes</b>	Blood sugars are well controlled and no complications: Type 1 at age 50 and older – Long-Term Care rider considered Type 2 at ages 40 and older – Long-Term Care rider considered Otherwise, must decline
<b>Emphysema</b>	Refer to COPD
<b>Fibromyalgia</b> This is widespread pain in the muscles, ligaments and tendons.	Diagnosed within the past 6 months: decline Diagnosed over 6 months ago, asymptomatic, active lifestyle, treated only with non-steroidal anti-inflammatory medication: consider Long-Term Care rider
<b>Frailty</b>	Decline
<b>Kyphoscoliosis</b> A disorder characterized by progressive deformity of the spine.	Mild or moderate deformity, no osteoporosis and asymptomatic for at least 6 months: consider Long-Term Care rider on a Standard basis
<b>Mental Retardation</b>	Decline
<b>Mitral Valve Disorders</b>	Mitral Regurgitation: under age 50, decline Mitral Stenosis: decline Mitral Valve Surgery (valvuloplasty or mechanical replacement): decline
<b>Mobility Aids</b>	Usually decline
<b>Multiple Sclerosis</b>	Decline
<b>Musculoskeletal Impairment</b> Includes Degenerative Disc Disease (DDD), Joint Replacement, Radiculopathy, Spinal Stenosis	Fully active, no assistive devices, no ongoing treatment with narcotic pain medication: Long-Term Care rider considered on a Standard basis
<b>Optic Neuritis</b>	Unknown cause (i.e., idiopathic), fully recovered, only one episode over 2 years ago: Long-Term Care rider considered on a Standard basis
<b>Osteoarthritis</b>	Diagnosed over 6 months ago, asymptomatic, active lifestyle, treated only with non-steroidal anti-inflammatory medication: Long-Term Care rider considered on a Standard basis
<b>Paraplegia</b>	Decline
<b>Pneumonia</b>	Proposed life insured is over age 70 with one episode of pneumonia within the past 3 years: may result in a decline
<b>Rheumatoid Arthritis (including Psoriatic Arthritis)</b>	Mild, stable for over 2 years, no assistive devices, no limitations to any activities of daily living: Long-Term Care rider considered on a Standard basis Moderate or severe: decline
<b>Schizophrenia</b>	Decline
<b>Stroke</b>	Lacunar infarct under age 60: decline Over age 60: consider based on life ratings Others: decline

# LifeCare Agent and Broker Companion (ABC)

## A guide to underwriting impairments for LifeCare — a combination of whole life insurance and long-term care insurance

With proposed life insureds applying for LifeCare, John Hancock’s underwriters will be looking for risk factors that will impact both life insurance and long-term care coverage. The following provides a quick overview of the likely underwriting decision for some common impairments.

Impairments that may be insurable for LifeCare*			
<ul style="list-style-type: none"> <li>Abdominal Aneurysm – stable</li> <li>Alcoholism, recovered for 5 years and abstinent</li> <li>Anemia – iron-deficient or pernicious</li> <li>Asthma – mild, Non-Smoker</li> <li>Barrett’s Esophagus</li> <li>Basal Cell, Squamous Cell cancer of the skin, non-invasive – removed</li> <li>COPD (chronic obstructive pulmonary disease) – mild, non-smoker, age 40 and up</li> </ul>	<ul style="list-style-type: none"> <li>Coronary Artery Disease (angina, myocardial infarction, bypass or angioplasty) – age 60 and up, asymptomatic, favorable risk factors, healthy lifestyle</li> <li>Diabetes – age 40 and up, well-controlled with diet and/or oral meds, favorable risk factors</li> <li>Fibromyalgia – mild, no co-existing depression or chronic fatigue</li> <li>Epilepsy – seizure free for one year</li> <li>Heart Valve Disease (Aortic or Mitral Insufficiency) – age 50 and up, mild, asymptomatic, no treatment</li> </ul>	<ul style="list-style-type: none"> <li>Hyperlipidemia – well-controlled and stable</li> <li>Hypertension – controlled, treated or untreated</li> <li>Incontinence – urinary, self-managed, well-controlled</li> <li>Inflammatory Bowel Disease (Crohn’s Disease, Ulcerative Colitis) – mild or remote history, no limitations, normal weight, no complications</li> <li>Mitral Valve Prolapse – asymptomatic, stable</li> <li>Nervous Disorders (anxiety, depression, bipolar disorder) – mild, stable</li> </ul>	<ul style="list-style-type: none"> <li>Osteoporosis – mild, treated, active lifestyle, Non-Smoker</li> <li>Pacemaker – inserted more than 3 months ago, stable, no coronary artery disease</li> <li>Rheumatoid Arthritis – age 50 and up, asymptomatic, treated with NSAIDs, no joint replacement</li> <li>Sleep Apnea – mild, normal weight, no other impairments</li> <li>TIA – single episode, no residuals</li> </ul>

\* Combinations of certain impairments and/or co-morbidities may not be insurable.

Cancer Approach	
<p>Coverage may be considered one year after completion of all treatment (surgery, radiation, chemotherapy). In order to consider, we must be supplied with the stage, grade and size of the tumor, any lymph node involvement, treatment and the proposed insured must be regularly followed by a physician. Cancer history will be considered only for localized disease without lymph node involvement and no recurrence.</p>	
<p><b>Breast Cancer</b> Must be followed with yearly mammograms</p>	<p><b>Prostate Cancer</b> Must be treated with radiation or prostatectomy; current PSA must be undetectable</p>

Impairments that will result in a decline			
<ul style="list-style-type: none"> <li>ADL Deficits (activities of daily living)</li> <li>AIDs (Acquired Immune Deficiency Syndrome)</li> <li>Alcoholism – current or treated in past 5 years</li> <li>ALS, Lou Gehrig’s Disease (amyotrophic lateral sclerosis)</li> <li>Assistive Devices (cane, walker, wheelchair)</li> <li>Alzheimer’s Disease/Dementia</li> <li>Balance disorders</li> <li>Brain Tumor, benign or malignant</li> <li>Cardiomyopathy</li> <li>Cirrhosis</li> </ul>	<ul style="list-style-type: none"> <li>Chronic Atrial Fibrillation</li> <li>CHF (Congestive Heart Failure)</li> <li>COPD, Emphysema – severe or currently smoking (Chronic Obstructive Pulmonary Disease)</li> <li>Depression – severe or hospitalized within the past 5 years</li> <li>Diabetes – under age 40, insulin dependent, poor control or complications</li> <li>Drug abuse – current or treated within past 10 years</li> <li>Falls – more than 1 in past year</li> <li>Gait impairments</li> <li>Glomerulonephritis, Kidney Failure</li> <li>Heart Valve Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis B or C</li> <li>Hodgkin’s Disease</li> <li>Hydrocephalus</li> <li>Implantable Defibrillator</li> <li>Leukemia</li> <li>Lupus, Systemic</li> <li>Lymphoma</li> <li>Macular Degeneration – bilateral</li> <li>Memory Loss</li> <li>Mental Retardation</li> <li>Multiple Sclerosis</li> <li>Myasthenia Gravis, Generalized</li> <li>Neurogenic Bladder</li> <li>Osteoporosis – compression fractures, currently smoking, untreated</li> </ul>	<ul style="list-style-type: none"> <li>Oxygen Use</li> <li>Paralysis</li> <li>Paraplegia</li> <li>Peripheral Vascular Disease</li> <li>Quadriplegia</li> <li>Parkinson’s Disease</li> <li>Polycystic Kidney Disease</li> <li>Scleroderma</li> <li>Stroke</li> <li>Transplant, internal organs</li> <li>Residence in Assisted Living Facility</li> <li>Receiving disability benefits or eligible for Medicaid</li> </ul>

## Impairments that will be postponed

The following histories will require a six-month postpone period:

- Angina
- Angioplasty
- Back Surgery
- Carotid Endarterectomy
- Coronary Artery Bypass Surgery
- Heart Attack
- Neck Surgery
- TIA (Transient Ischemic Attack)\*

\* TIA under age 60 will not be considered for several years

The following histories will require a three-month postpone period:

- Joint replacement – fully recovered and active
- Physiotherapy and occupational therapy – completed 3 months ago or more and fully recovered, active
- Fractures – weight-bearing joints, recovered for minimum 3 months, no limitations

## Surgery

Proposed life insureds who have pending surgery or surgery recommended that has not yet been completed will not be considered for LifeCare until the surgery is successfully performed and the proposed life insured is fully recovered.

## Medications that will result in a decline

ALZHEIMER'S, MEMORY LOSS		PARKINSON'S DISEASE		NARCOTICS	DIABETES	RHEUMATOID ARTHRITIS	
Aricept	Galantamine	Artane	Parlodel	Methadone	Insulin	Abatacept	Remicade
Cognex	Hydergine	Cogentin	Parsidol	Morphine		Arava	Ridura
Cyloserine	Namenda	Eldepryl	Permax	MS Contin		Azathiorpine	
Ebixa	Razadyne	L-Dopa	Sinemet	Opana		Enbrel	
Ergoloid	Reminyl	Larodopa	Symmetrel	Oxycontin		Kineret	
Exelon		Mirapex				Orencia	

LifeCare, the Acceleration rider, and the Continuation rider may not all be available in some states. The Acceleration rider is automatically included with every LifeCare policy, and the Continuation rider is optional. There are additional costs associated with these riders that are included in the single premium. LifeCare with the Acceleration and/or Continuation rider is not considered long-term care insurance in some states. When the death benefit is accelerated for long-term care expenses, the death benefit is reduced dollar for dollar, and the policy cash value is reduced proportionally. Replacement of LifeCare for a different John Hancock insurance product will require full underwriting.

**For prospective policyholders in New York, this product is a life insurance policy that accelerates the death benefit for qualified long-term care services and is not a health insurance policy providing long-term care insurance subject to the minimum requirements of New York law; it does not qualify for the New York State Partnership for Long-Term Care program and is not a Medicare supplement policy.**

The Acceleration rider has exclusions and limitations, reductions of benefits, and terms under which it may be continued in force or discontinued. Consult the state specific Outline of Coverage for additional details.





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Insurance policies and/or associated riders and features may not be available in all states. Some riders may have additional fees and expenses associated with them.

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