



Agent Resource Guide

Rules, Processes & Underwriting for Long Term Care Insurance

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Exhibit A: Initial Insurability “Knock-out” Questions:..... X1-X2

Searchable PDF Instructions

Note: These instructions may vary based on which version of Adobe Acrobat you have, so we have included possible variations that you might encounter.

- Open the PDF file.
- On the toolbar, click on the binoculars or magnifying glass icon (i.e., the word “Find” or “Search” will appear when you place your cursor over the icon, depending on your version). If your toolbar is not enabled, you may need to select EDIT and SEARCH from your menu bar. You can also hold the CTRL + F to search and find.
- Type in a key word or phrase. For example, enter the name of a disease/illness for which you are searching.
- You will be taken to areas of the guide that match your search criteria. In newer versions, a search results window might appear on the search bar that provides all links to each instance of the key word.

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Section 1: Introduction

We know that your time is valuable, so we want to make the underwriting process as quick and easy as possible for you and your clients. The primary purpose of this guide is to assist you in evaluating applicants for long term care insurance coverage. It is best to prepare your clients for a likely underwriting decision based on their circumstances, so they will not be disappointed. Properly used, this guide will help you do that.

Not every health condition that you encounter will be listed here. When using this guide, please keep in mind that there are certain health conditions that, when combined with other health conditions, are not insurable.

After submission of an application, an Underwriter may require additional information. This guide describes the types of information we may request and the conditions which will prompt us to obtain this information. Often, the information provided may result in an underwriting decision that differs from what you might conclude using only this guide and the information provided to you when completing the application. Therefore, this guide is not a guarantee of the final underwriting decision for any specific application. The final approval and acceptance of a long term care application is the responsibility of the LifeSecure Underwriter.

An additional purpose of this guide is to provide information about key elements of the application process and associated administrative processes. Being familiar with these elements will again help you set your clients' expectations and make the process run smoothly.

Licensing/Appointment Changes or Updates

Do you have changes or updates to make to your appointment? The LifeSecure Agent Licensing team is happy to assist with any licensing/appointment changes, updates or questions.

We can be reached, as follows:

Email: agentlicensing@yourlifefsecure.com
Phone: 866-582-7701
Fax: 810-220-4693
LiveChat: [YourLifeSecure.com](https://www.yourlifefsecure.com) – Login to your Agent/Agency portal to get started

Some types of changes you can make include, but are not limited to:

- Add a state or product to your appointment
- Update your contact information
- Provide an updated copy of your LTC training or license
- Provide an updated copy of your E&O insurance

Please ensure that LifeSecure has your current mailing address on file by sending an email to agentlicensing@yourlifefsecure.com.

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Section 2: Medical Pre-qualification

Pre-qualifying your applicant is the best way to ensure that their expectations will be met and also to use your time most efficiently. The first and most important step is to review the information they provide and compare it to these guidelines.

At times, you will want to consult an Underwriter to discuss your client's medical history.

For a Medical pre-qualification, our email service is agentinquiry@yourlifefsecure.com. When communicating by email you must remember that email is not a secure method of transmission. Please make sure that you do not include names, addresses, social security numbers, or any combination of information that could identify the applicant, in the body of the email or in any attachments. Do **not** send any attachments as these will not be opened due to security concerns.

We make every attempt to respond to email medical pre-qualifications no later than the next business day.

The medical pre-qualification process is most effective in asking whether an applicant may be insurable, and the more information you can provide, the better the answer that underwriting can provide. However, please be aware that frequently, medical records or other underwriting protocols may provide information that is not available to you and the Underwriter when you initiate the prequalification inquiry. As a result any response which suggests that the application should be submitted is **not** a guarantee that the policy will be issued.

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Section 3: Suitability

Purpose of Long Term Care Insurance

Long term care insurance protects the assets (home, savings, investments, etc.) of the insured while providing for the payment of long term care, such as extended nursing home stays and skilled or custodial care at home. As this coverage can be expensive, it may not be appropriate for everyone.

Required Documents for Applicant

To assist the client in making an informed decision with respect to the purchase of long term care insurance, the writing agent **must** provide the applicant with copies of the following documents:

- National Association of Insurance Commissioners (NAIC) “A Shopper’s Guide to Long Term Care Insurance” (In MA: “Long-Term Care and Your Options for Financing It: A Massachusetts Guide”)
- Things You Should Know Before You Buy Long Term Care Insurance
- Outline of Coverage
- Personal Worksheet
- Potential Rate Increase Disclosure Form
- Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance (if applicable – see Section 4 for more on replacement requirements)
- The Medicare handbook published by the Centers for Medicare & Medicaid Services (if eligible for Medicare).

Note: Document names may vary by state.

PDFs of these items are available in the online application and can be emailed to the applicant. You may also download files from the PDF Library of your Agent Portal.

Long Term Care Insurance Personal Worksheet

To further assist the applicant in determining whether the long term care coverage is affordable, the writing agent will ask the client to complete a Long Term Care Insurance Personal Worksheet. The completion of this worksheet identifies the cost of the coverage and establishes a relationship between this cost and the client’s income and assets.

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Financial Suitability

In general, people who are still some years away from retirement may not have significant assets beyond a home and care, but may anticipate accumulating more in the future. It would be reasonable for them to seek long term care insurance, in order to lock in their insurability status and take advantage of the lower premiums at their current age. For these people, a minimum amount of assets is not critical, but the cost of the insurance should be reasonable in relation to their income.

People applying for LifeSecure's current LTC product offering with assets (*not including house and car*) that are \$50,000 and greater may be candidates to purchase some form of long term care insurance to protect these assets. In purchasing coverage, a rule of thumb is that no more than 7% of an applicant's fixed, post-retirement income (pension/annuity payments, Social Security, rental or interest income, etc.) should go towards the premium for long term care insurance. As each situation is uniquely different, an individual's financial situation may not permit as much as 7% of income, or conversely may provide for paying more than 7% for long term care insurance.

The agent must be prepared to assist the applicant in determining a premium that will not substantially alter the applicant's current standard of living. With this in mind, it is the agent's responsibility to be familiar with the approximate daily cost of a stay in a long term care facility and the typical cost of home health care in the area that he/she is working. This knowledge, along with the applicant's individual circumstances, will allow the agent to properly assist the applicant in choosing the most appropriate and suitable plan.

Suitability General Guidelines

To assist the New Business Processor in making the determination of whether a long term care insurance policy is a financially suitable purchase for the applicant, we have developed the following guidelines:

Individual Household Assets / Percentage of Income to be Applied Towards Premium

Applicant is over age 60

Assets less than \$50,000: Review income and/or potential need for long term care, as a long term care insurance purchase may not appear to be appropriate.

Assets = \$50,000 to \$100,000: Premiums should be no more than 7%–10% of yearly income; the greater the assets the higher percentage of income.

Assets greater than \$100,000: Premiums should be no more than 10%-15% of yearly income.

Applicant is under age 60

The minimum level of assets may be relaxed. However, premiums should still be no more than 7% of yearly income.

The Underwriter may relax the % of income guidelines if the applicant indicates that a family member will pay the premiums.

It is important to remember that while the decision to provide financial information on the Personal Worksheet, and/or a decision to apply for long term care insurance is the responsibility of the applicant, it is the responsibility of the Company to ensure the application meets the Company Suitability Standards. Please see the **Disclosure Statement Section** below for more information on the requirements.

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Guidelines for Completing the Long Term Care Insurance Personal Worksheet

All states require that suitability be discussed with an applicant for long term care policies. Here are some guidelines to be used when completing the Personal Worksheet.

Premium Section requires you to indicate the anticipated premium in the first line.

Company's Right to Increase Premiums and Rate Increase History Sections requires you to communicate the insurance company's right to increase premiums in the future, as well as the company's rate increase history.

Questions Related to Your Income Section requires you to determine the applicant's source of premium payments. The annual income of the applicant must also be indicated and the expectation for a change in income needs to be noted. Finally, this section requires you to assist the applicant in determining his ability to afford the premiums based on income. Multiply the applicant's income by 7% (0.07). If this result is less than the annual premium, then either family members must be paying a portion of the premium or savings must be intended to be used as the premium source. Otherwise, the proposed sale does not meet our suitability standards.

Questions Related to Your Savings and Investments Section requires you to check a box indicating the value of the applicant's assets (excluding the applicant's home) and the applicant needs to indicate any expected change in assets. If the applicant is over age 60, and assets are less than \$50,000, the sale does not appear to meet suitability standards.

Disclosure Statement Section requires the applicant to indicate that the answers in this worksheet are accurate, or that the applicant does not wish to supply the answers, but still wants the company to consider the application. If the answers are not supplied, the agent must indicate that he has explained the importance of providing these answers. If the answers are provided, but the agent believes that the proposed purchase does not meet the suitability standards, then the agent must explain to the applicant why the agent believes the purchase is unsuitable. If the applicant still wishes to continue, they must acknowledge that the agent has so explained, and that they want the company to consider their application.

The company will review all personal worksheets. If all answers were supplied and the agent did not suggest the proposed purchase was unsuitable and obtain the applicant's acknowledgement, but the company still believes that the proposed purchase may not be suitable, a letter will be sent to the applicant. In the states of Colorado, Pennsylvania, Virginia and Wisconsin, LifeSecure is required to send a letter to the applicant if he/she chooses not to disclose their financial history. The applicant will have 60 days to advise us of their intent to pursue the proposed purchase. If no response is received, the application will not be underwritten and the file closed with premium refunded.

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Section 4: Policy Replacement Guidelines

Note: Changes in coverage requested within the initial 90 days following the application signed date do not constitute a replacement policy.

A Replacement Policy is defined as:

- Replacement of another carrier's policy with a LifeSecure policy
- Replacement of a LifeSecure policy with another carrier's policy
- Replacement of a LifeSecure policy with a new LifeSecure policy (Internal Replacement)

In the above, renewal rate level commissions apply most of the time.

If the applicant intends to replace their current Long Term Care coverage with a LifeSecure Long Term Care policy and the new policy is an agent sold policy, the Notice to Applicant Regarding Replacement for Individual Accident and Sickness or Long Term Care Insurance needs to be signed, dated and submitted along with the LifeSecure application. This is true even if it is an Internal Replacement. A copy of this form should be left with the applicant. It can be downloaded for e-mailing or printing if you are using our e-application process.

The replacement form appears in the LifeSecure Agent Portal under Resources (choose "Download Materials from PDF Library"). The completed form should be faxed to **855-351-6500**.

Certain individual state regulations require commission limitations. If you have replaced another carrier's policy with a LifeSecure policy and you believe it may meet the requirements to pay first year commissions, it is your responsibility to notify LifeSecure and provide a copy of the replaced policy's schedule of benefits. LifeSecure will make the determination of whether the policy satisfies the requirements to pay first year commissions.

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Section 5: Discounts

The following discounts are available:

- **Spouse Discount:** If the employee and the spouse/partner both apply for coverage at the same time, a 10% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy form series (LS-LTC-0006).
- **Employer Contribution Discount:** If the employer pays all or part of the long term care insurance premium, an additional 5% discount is available.

How discounts are applied:

Each discount is additive and applied against the policyholder's rate.

Example:

Jane is a member of a worksite group which has qualified for the Employer Contribution discount. The monthly premium for the benefit plan she has elected is \$100 before discounts. Her spouse also applies for coverage within 10 days of Jane's application.

Monthly Premium:	\$100
Spouse/Partner Discount (10%):	- \$10
Employer Contribution Discount (5%):	- \$5
Jane's actual monthly premium, with discounts:	\$85

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Section 6: Application Process

The LifeSecure application process is fast and easy, with multiple methods for submission and signature. Applications can be submitted online with the assistance of an agent, or employees of worksite groups may use the optional “self-serve” online application. Paper applications with wet signatures are no longer accepted.

After reviewing the Outline of Coverage with your client, use the Quote Calculator to provide various long term care quotes to your client, as appropriate. Then, access the electronic application through the Agent Web Portal at www.YourLifeSecure.com.

Note: While LifeSecure requires a street address for every applicant, we can send correspondence to a P.O. Box. Simply enter the P.O. Box in the “Street Address” field of the application, then provide the street address in the “Agent Remarks” section of the application.

Agent Application Submission Options

Data enter online applications within the agent web portal at www.YourLifeSecure.com. Below are options for submitting signatures within the LTC e-application:

o **Signature methods:**

1. **Sign via text or email:** Complete the online application for your client, then send a link via email or text which allows him or her to review, sign and submit the application on their computer or mobile device

OR

2. **Type or draw signatures:** Using a computer keyboard or mouse in the presence of your client or when using a computer screen sharing tool.



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If the applicant is with you at your computer, or if you are using screen-sharing with a remote applicant, you can complete the “type it” or “draw it” signature method by simply providing the applicant with access to view your computer screen and switching presenter control.

The applicant will type or draw their name as a signature. In order to incorporate the elements of a legal electronic signature, it is important that the applicant complete this process themselves. See screenshots below.

LTC Application		Previous	Next
Time to Sign - Applicant			
<ul style="list-style-type: none"> ✓ Acknowledgements ✓ HIPAA Form ✓ Personal Worksheet ✓ Application 	<p>HIPAA Form</p> <p>Applicant's Acknowledgement and Signature</p> <p>My signature represents my acknowledgement, acceptance and authorization for all statements.</p> <p>Please provide your signature.</p> <p>Type It Draw It</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">Janet Jones</div>  <p>Date: 08/17/2018 </p> <p><input checked="" type="checkbox"/> I also authorize LifeSecure to disclose my Personal Health Information (PHI), with exception of information obtained from MIB, in connection with my application and the underwriting decision to my agent.</p> <p>Previous Item to Sign Next Item to Sign</p>		

LTC Application		Previous	Next
Time to Sign - Applicant			
<ul style="list-style-type: none"> ✓ Acknowledgements ✓ HIPAA Form ✓ Personal Worksheet ✓ Application 	<p>HIPAA Form</p> <p>Applicant's Acknowledgement and Signature</p> <p>My signature represents my acknowledgement, acceptance and authorization for all statements.</p> <p>Please provide your signature.</p> <p>Type It Draw It Clear</p>  <p>Date: 08/17/2018 </p> <p><input checked="" type="checkbox"/> I also authorize LifeSecure to disclose my Personal Health Information (PHI), with exception of information obtained from MIB, in connection with my application and the underwriting decision to my agent.</p> <p>Previous Item to Sign Next Item to Sign</p>		

Once application is submitted, monitor your agent portal to see the progress of the application and whether additional underwriting requirements may be needed.

Notes:

- In order to incorporate the elements of a legal electronic signature, it is important that the applicant complete this process themselves.
- If you have any questions during the application process, please contact our Agent Support Care Line between 8am-7pm, Monday – Friday (ET) by calling at [1.866.582.7701](tel:1.866.582.7701), or via instant message by clicking on the Live Chat. You may also email us at agentsupport@yourlifefsecure.com.

HIPAA AUTHORIZATION FORM

Regardless of whether you choose the Electronic Signature or Voice Authorization Signature method, to ensure the fastest underwriting service, we recommend you ask your client to sign a paper “Applicant Authorization to Obtain and Disclose Information” found in the Agent Portal under Resources (choose “Download Materials from PDF Library”). FAX the signed form to **855-351-6500**. Although it is not needed in all cases, some medical records providers require a wet signature. If the form is submitted at the time of application, Underwriting will have the signed form available and can continue processing your client’s application without interruption.

***Note:** Current and former **Kaiser Permanente members** must also complete the Kaiser Authorization form. Applicants who are **residents of MN** should also complete the Minnesota Standard Consent Form to Release Health Information (HIPAA Compliant Form). Both Kaiser Permanente and Minnesota forms are available in the Resources section (choose “Download Materials from PDF Library”) of your Agent Portal.*

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Customer Application Submission Process

There is one way for an applicant from a worksite group to submit an application without agent assistance: **Note: an agent should never use this process to submit an agent-assisted application through the worksite portal, as this form does not include the agent attestations necessary to have a valid signature. This process is only for an applicant who is a member of a worksite group, working alone on their application.**

SELF-SERVE APPLICATION PROCESS

Review the following steps to assist your clients:

- Applicants access the electronic application through the Worksites portal at www.YourLifeSecure.com using the Group Number provided by their worksite administrator.
- The applicant will be asked to create a User ID and Password, ensuring their application is retained and available for submission.
- The applicant completes all application sections and submits the completed application for underwriting review.

Self-serve applicants who are required to provide additional data to complete the underwriting process will be contacted by LifeSecure to schedule of a Phone Health Interview (PHI), if necessary. If an Attending Physician's Statement (APS) is required, the applicant's signature on a paper copy of the Applicant Authorization to Obtain and Disclose Information (HIPAA) form must be faxed to **855-351-6500**.*

It is important to note that both the agent-assisted and self-serve online applications have built-in pop-up messages designed to assist with the application process. For instance, if question responses meet particular underwriting criteria, instructions are presented to obtain the customer's signature on the "Applicant Authorization to Obtain and Disclose Information" form with instructions to fax it to **855-351-6500** to allow an Attending Physician Statement (APS) to be obtained in a timely manner.

* *Current and former **Kaiser Permanente members** must also complete the Kaiser Authorization form. Applicants who are **residents of MN** should also complete the Minnesota Standard Consent Form to Release Health Information (HIPAA Compliant Form). Both Kaiser Permanente and Minnesota forms are available in the Resources section (choose "Download Materials from PDF Library") of your Agent Portal.*

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Turnaround Times

The LifeSecure automated application and underwriting processes allow for the fastest turnaround times in the industry. In general, if all requirements from you and the applicant have been received, you can expect turnaround time in the following ranges:

PROTOCOL REQUIREMENTS	TYPICAL TURNAROUND
Only Standard MIB and RX Database Screens (Includes Simplified Issue)	1 - 4 business days
Phone Health Interview	4 - 10 business days
Attending Physician Statement (Medical Records)	15 – 25 business days

You can help speed the process by monitoring the application status in your agent portal, and encouraging your client to respond to interview scheduling calls. Generally, we do not have difficulty obtaining medical records, although receipt may take up to 30 days. Routinely, our vendor contacts the doctor office daily until confirmation of our request is received. Thereafter, a status call is made every 3 business days to ensure timely receipt of the medical records. On occasion, we may ask you or your applicant to help us by contacting a doctor's office if we cannot get a timely response.

Policy Delivery & Amendments

Approved applicants will receive a Welcome Kit containing a Welcome Letter, the Policy, Schedule of Benefits, copy of the submitted application, and Notice of Privacy Practices. The following documents are also included in the kit, when applicable: Notice to Applicant Regarding Replacement, Partnership forms, Policy Delivery Receipt (if required by the applicant's state), the Life & Health Guaranty Disclosure, and other endorsements and/or disclosures, as required.

If there were changes to the application or plan of benefits during the underwriting process, an amendment may also be included with the welcome kit. Some amendments require the applicant's signature, while others do not. Typically, a signature is required if there has been a material change in benefits or a significant increase from the quoted to the issued premium. If a signature is required but not returned, LifeSecure will have no choice but to refund any premium and mark the policy as not taken. Please monitor your agent portal and e-mail communications from LifeSecure to assist with returning signed amendments.

As part of the application process, the applicant can select any of three choices for Welcome Kit delivery:

1. US Mail delivery directly to the applicant's address
2. An e-mail notification to the applicant describing how to download the kit from the policyholder portal
3. US Mail delivery to you (the agent)

If the applicant chooses method 3, please deliver the kit as soon as possible. Many states require the policy to be delivered within 30 days of the issue date. Timely delivery ensures that the applicant has the kit by the time bank or credit card charges begin or bills are received, and helps with prompt return of delivery receipts and amendments requiring signature. **(Note:** If you deliver the policy in person, the states of LA, NE, PA, SD, and WV require delivery receipts. Therefore, if the applicant requests we mail the kit to you, but you cannot deliver it in person, we strongly recommend that you forward the kit using a method that provides proof of mailing (certified mail, FedEx, etc.)

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Applicants not Approved & Appeal Process

If an applicant cannot be approved, they will receive a letter stating the decision and referencing the source of the key information on which the decision was based and information on how to request additional information or appeal the decision.

We understand the importance of an appeal process and have established an avenue for discussing declined cases when there is additional information to consider. Our goal is to make the most informed decision for the Company and your prospects. If you are considering a formal, written appeal of an underwriting decision, the checklist below can help you determine if that appeal is appropriate:

- The adverse decision letter will contain the specific reasons for the adverse decision. You should review the letter with the applicant and compare the specified reasons to the Underwriting Guide
- If the applicant disagrees with the information contained in the letter, he/she should send a letter specifically addressing all lifestyle, build and/or medical impairments contained in our letter as well as supporting documentation. If the applicant is disputing a medical impairment a supporting letter from the applicant's physician is necessary.
- If the applicant's letter states that the decision was based on medical records and the physician disagrees with the contents of the letter, the physician should provide a letter specifically addressing all lifestyle, build and/or medical impairments contained in the applicant's letter. Supporting documentation outlining the discrepancies and explaining any incorrect notations in the medical records supplied by that physician should also be included.

Written appeals should be faxed to Underwriting at **855-351-6500** within 45 days of the Underwriting adverse decision date. You will be notified of a final decision within 10 business days of the applicant's appeal unless medical records are required. We will notify you if medical records are required to complete the underwriting. You will also be notified if a new application must be submitted based on the original signature date. Any appeal resulting in a new decision where the originally adverse decision is overturned, will be effective as of the issued date based on the appeal and will not be retroactive to the original adverse decision date.

If the adverse decision is based on information in the prescription database screen and that information is not confirmed through interviews or other medical records, the applicant will also receive information on contacting the prescription database screen provider, to obtain a copy of the information and/or to request corrections to any records that the applicant feels may be in error.

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Section 7: Build Chart

Height (in Feet & Inches)	Weight (in Pounds)	
	Minimum	Maximum
4'6"	77	162
4'7"	80	168
4'8"	83	174
4'9"	86	180
4'10"	89	187
4'11"	92	193
5'0"	95	200
5'1"	98	206
5'2"	101	213
5'3"	104	220
5'4"	108	227
5'5"	111	234
5'6"	115	242
5'7"	118	249
5'8"	122	257
5'9"	125	264
5'10"	129	272
5'11"	133	280
6'0"	136	288
6'1"	140	296
6'2"	144	304
6'3"	148	312
6'4"	152	320
6'5"	156	329
6'6"	160	338
6'7"	164	346
6'8"	168	355
6'9"	173	364
6'10"	177	373
6'11"	181	382

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Section 8: Product Offering & Underwriting Guidelines

Important: LifeSecure must approve and pre-qualify all groups prior to offering.

Long Term Care WORKSITE	
Issue Ages	18 - 69
Coverage Types	Self <i>Note: Spouse/Partner is eligible to apply No coverage for other family members or retirees</i>
Renewability	Guaranteed renewable for life
Rate Structure	Age-banded: 18 - 30 Individual Ages: 31 through 69 Unisex
Minimum Group Size, Employer Contribution & Participation Requirements	<p><u>Minimum Group Size:</u> 10 Eligible Employees</p> <p><u>Simplified Issue Underwriting</u> For ALL groups, minimum number of submitted applications = 10*</p> <ul style="list-style-type: none"> • Groups with 10-99 eligible employees: Employer contribution is required • Groups with 100+ eligible employees: Offering may be voluntary <p><u>Full Underwriting</u></p> <ul style="list-style-type: none"> • Minimum number of submitted applications = 5* • Offering may be voluntary - no employer contribution requirement <p><i>* Application count includes spouses/partners</i></p>
<p>Discounts <i>Each discount is additive and applied against the policyholder's premium rate.</i></p> <ul style="list-style-type: none"> • Spouse Discount: If the employee and the spouse/partner both apply for coverage at the same time, a 10% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy form series (LS-LTC-0006). • Employer Contribution Discount: If the employer pays all or part of the long term care insurance premium, an additional 5% discount is available. See above for contribution requirements. 	

* Minimum defined dollar amount = \$25/month

See "Underwriting Protocols" on next page for information on Simplified Issue and Full Underwriting.

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Underwriting Protocols

A. Simplified Issue Underwriting:

Applicant eligibility requirements for Simplified Issue:

- Simplified Issue is only offered one time to eligible participants during the initial offer period (as defined by the employer), or for newly hired employees, within 90 days of their benefits eligibility date
- Employees who are Actively-at-work on a full-time basis*
- Spouses/Domestic Partners of eligible Employees who are Actively-at-work on a full-time basis. * The related Employee must also apply for coverage in order for the Spouse/Domestic Partner to be eligible for Simplified Issue
- LifeSecure will also recognize Business Owners as employees. They must meet the definition of Actively-at-work on a full-time basis*

Simplified Issue underwriting includes the following processes:

- Completion of Worksite Application and Personal Worksheet
- The applicant must answer “No” to ALL questions in the application Section 1. The online application submission process will not allow entry of an application if there are “YES” responses in Section 1.
- MIB screen
- Drug database review**
- Height and Weight**
- Uninsurable Medications
- Possible clarifying phone interview if the drug database or MIB screen indicate a discrepancy in the responses to the health questions, or if the drug database screen indicates a medication that could be used for multiple conditions including one that is uninsurable.

Applicants not eligible for Simplified Issue include:

- Employees actively-at-work over age 64
- Spouses not actively-at-work* ages 18 through 49
- Spouses/partners over age 49
- Anyone applying outside of the initial enrollment period, or after the first 90 days from hire date

NOTE: Employees who are not actively-at-work* are not eligible to apply. The spouse/partner is eligible to apply only if the employee is eligible and has submitted an application. If the spouse/partner attempts to apply and the employee’s application has not been submitted, the spouse/partner will not be able to complete the application process. If the employee is not eligible to apply, the spouse/partner is also not eligible to apply.

If the applicant is not eligible for Simplified Issue Underwriting, Full Underwriting will be required.

See 20 page for footnotes

Directions are provided on the application to ensure all appropriate sections are completed, depending on the type of underwriting required.

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Failure to meet minimum participation requirements

For Simplified Issue Underwriting, groups with fewer than 100 eligible require Employer Contribution and at least 10 submitted applications, which may include spouses and partners; Groups greater than 100 can be voluntary, but with the same requirement of 10 submitted applications.

B. Full Underwriting:

Applicant eligibility requirement for Full Underwriting:

- The allowable issue ages are 18-69
- The applicant meets the height and weight requirements**
- The applicant must answer “No” to ALL questions in Section 1 of the application. The online application submission process will not allow entry of an application if there is a “Yes” response in Section 1.

Full underwriting includes the following processes

- MIB screen;
- Height and Weight**
- Drug database screen**
- Phone Health Interview (PHI)
- Completion of additional underwriting protocols as listed in the table on page 21.
- Review of their medical history and the LifeSecure Underwriting Impairment Guidelines table beginning on page 23.
 - For fully underwritten applicants, in view of the legalization of marijuana and hashish in certain states for medical and recreational use, the following two drug-related questions will be asked in addition to the standard application questions:
 - Within the past 5 years have you used hashish or marijuana (medically or recreationally)? Yes/No

If “Yes”: Date of last use: _____
Amount: _____ Frequency: _____
Medically prescribed? Yes/No
 - Within the past 5 years have you used street drugs, narcotics, stimulants, sedatives or hallucinogens that were not prescribed by a physician? Yes/No

If “Yes”: Date of last use: _____

See page 20 for footnotes

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Footnotes

* Actively-at-work on a full-time basis means that the applicant:

- is age 18 through 64, and
- is a W-2 employee (i.e., not a contractor) receiving a regular wage or salary, and
- is regularly scheduled to work 20 or more hours per week, and
- was working at his/her usual place of employment on the last regularly scheduled work day before signing the application, and
- has not been absent from work due to illness or injury for more than 5 days during the 30 days prior to signing the application or during the time he/she has been employed by his/her employer, if less than 30 days.

** Applicants will be declined if taking an uninsurable medication as referenced in Section 9 of this guide, even if they are able to answer “NO” to all “Initial Insurability Questions” in Section 1 of the application and their medical history is negative for uninsurable medication. **Note:** *The “Uninsurable Medications” referenced in Section 9 does not include all declinable medications.*

The applicant will also be declined if their weight is outside the acceptable range at time of application or was anytime within the 12 months preceding application.

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Underwriting Protocols

DURING OPEN ENROLLMENT OR WITHIN 90 DAYS OF HIRE DATE OR BENEFITS ELIGIBILITY DATE (IF AVAILABLE)			OUTSIDE OPEN ENROLLMENT, AFTER 90 DAYS OF HIRE DATE OR BENEFITS ELIGIBILITY DATE (IF AVAILABLE)
EMPLOYEE	SPOUSE ACTIVELY-AT-WORK	SPOUSE NOT ACTIVELY-AT-WORK	EMPLOYEE AND/OR SPOUSE
AGE RANGE			
18 TO 49	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> Focused Interview (Discretionary) to Supplement Yes answers on the application or RX Database results	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> Focused Interview (Discretionary) to Supplement Yes answers on the application or RX Database results	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PHI † (Cognitive Screening Discretionary) <input type="checkbox"/> APS † (Discretionary)
50-64	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> Focused Interview (discretionary) to Supplement Yes answers on the application or RX Database results	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PHI † (Cognitive Screening Discretionary) <input type="checkbox"/> APS † (Discretionary)	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PHI † (Cognitive Screening Discretionary) <input type="checkbox"/> APS † (Discretionary)
65-69	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PHI † (with Cognitive Screening) <input type="checkbox"/> APS † (Discretionary) <i>See Note 1. Below</i>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PHI † (with Cognitive Screening) <input type="checkbox"/> APS † (Discretionary) <i>See Note 1. Below</i>	<input type="checkbox"/> MIB <input type="checkbox"/> RX Database <input type="checkbox"/> PHI † (with Cognitive Screening) <input type="checkbox"/> APS † (Discretionary) <i>See Note 1. Below</i>

NOTE:

1. Applicants in these categories who have not seen their physician in the previous two years are required to see their physician prior to application for a complete physical exam, to include a complete blood count (CBC) and basic metabolic panel (BMP).

† PHI = Phone Health Interview; APS = Attending Physician’s Statement (Medical Records)

Agents must fax the “Applicant Authorization to Obtain and Disclose Information” document signed by the applicant (in addition to the electronic version) to the LifeSecure Underwriting to expedite the APS process. Applicants should be made aware of the additional time required to receive statements from their physicians; agents should check their web portal frequently to determine status and to facilitate the process, when applicable. Typically, it may take up to 30 days for LifeSecure to receive the Attending Physician Statement (medical records) from their Physician.

Note: Current and former **Kaiser Permanente members** must also complete the Kaiser Authorization form. Applicants who are **residents of MN** should also complete the Minnesota Standard Consent Form to Release Health Information (HIPAA Compliant Form). Both Kaiser Permanente and Minnesota forms are available in the Resources section (choose “Download Materials from PDF library”) of your Agent Portal.

Additional Underwriting Information

While the standard protocols are described above, please note that LifeSecure reserves the right to request additional information or protocols from an applicant regardless of underwriting type at any time prior to completion of the underwriting process. In particular, some applicants’ history will not appear on our prescription (Rx) database depending on the source of their prescription drug medical coverage. If the applicant is not on the database, the Underwriter will likely request a phone interview and/or APS that might not otherwise be needed.

LifeSecure reserves the right to decline an applicant if they have not seen a United States based doctor or there are no medical records available from a U.S. based doctor. Re-consideration may be given if an applicant completes a physical examination with a U.S. based doctor within 90-days of the application signed date, so that medical records may be obtained if necessary. LifeSecure will not accept a new application from any individual who has already been declined by LifeSecure for long term care insurance within the prior six months.

Foreign Nationals

We cannot offer coverage to anyone who does not have both a United States address and either a social security number or tax identification number. Additionally, applicants must have seen a U.S. based doctor, as noted above.

Rate Classifications

There is only one underwriting rate classification for long term care insurance. This is true whether or not the applicant qualifies for Simplified Issue underwriting. All applicants will be approved or declined based on the information obtained in the application and any applicable underwriting protocols.

If the applicant qualifies for Simplified Issue underwriting, an approval or declined decision will be based on application responses, MIB review, and drug database findings. An applicant may be contacted to clarify any discrepancy between the application and the MIB or drug database screen.

If the applicant does not qualify for Simplified Issue underwriting, decisions will be based on the application, MIB review, drug database findings, and any other information obtained through the underwriting protocols required for that application.

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Underwriting Impairment Guidelines

Abnormal Lab Values	
<ul style="list-style-type: none"> LFTs > 2x normal, per lab reference range 	Decline
<ul style="list-style-type: none"> KFTs (BUN <30 Creatinine <1.8 and GFR >60) 	Decline
<ul style="list-style-type: none"> Platelets, abnormal per lab reference range 	Decline
<ul style="list-style-type: none"> CBC HCT <30% Hgb <10mg RBC<3.5 	Decline
<ul style="list-style-type: none"> Other labs not otherwise specified in a particular disease 	Individual Consideration
<ul style="list-style-type: none"> PSA – see Prostate 	
<ul style="list-style-type: none"> HgA1C, FBS – see Diabetes 	
Abscess, skin	Approve
Achalasia	Decline
ADL / IADL deficiency	Decline
Acoustic Neuroma	
<ul style="list-style-type: none"> Surgically removed, no residuals other than hearing loss, > 1 year 	Approve
<ul style="list-style-type: none"> Untreated, with balance disturbance, falls, or current seizures 	Decline
Addison’s Disease (Adrenal Gland disease)	Decline
Agent Orange	Decline
AIDS/ARC/ HIV positive	Decline
Alcohol Abuse	
<ul style="list-style-type: none"> Currently consuming alcohol / DUI within 1 year/current medication 	Decline
<ul style="list-style-type: none"> Alcohol free > 5 years, active in support group, normal LFT’s ($\leq 2 \times$ normal) 	Approve
<ul style="list-style-type: none"> History of alcohol abuse with liver, pancreatic disease, or related neuropathy 	Decline
Allergies	Approve
Alpha 1 Antitrypsin Deficiency	Decline
ALS (Refer to Lou Gehrig’s Disease)	Decline
Alzheimer’s Disease	Decline
Amaurosis Fugax (Refer to TIA)	

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Amputation	
• Due to disease	Decline
• Due to trauma or congenital, single limb, (including lower extremity) no limitations, > 1 year	Approve
• Due to trauma or congenital, 2 or more limbs (Use of prosthetics, fully functional is OK)	Decline
Anemia	
• Iron or B12 deficiency controlled with no complications > 1 yr. normal labs	Approve
• Sickle cell trait	Approve
• Aplastic, Sickle cell, Thalessemia Major, chronic hemolytic	Decline
• Severe, not investigated /diagnosed, chronically abnormal CBC HCT <30% Hgb <10mg RBC<3.5	Decline
Aneurysm (Non-Smoker > 2 years)	
<i>Cerebral</i>	
• Surgically repaired, over 5 years, no deficits or smoking/tobacco/nicotine use	Approve
• With history of TIA/CVA or Polycystic Kidney Disease	Decline
<i>Abdominal aortic</i>	
• Surgically repaired, > 2 years	Approve
• Surgically repaired, smoking/tobacco/nicotine use in last 2 years	Decline
• Present, well followed, < 4cm, no growth for 1 year, non-smoker	Approve
• Present ≥ 4 cm with regular follow-ups	Decline
• Present, surgery recommended/smoking/tobacco/nicotine use within 2 years/with history of PVD/DM/TIA/CVA	Decline
<i>Thoracic</i>	
• Surgically repaired, > 2 years	Approve
• Surgically repaired, smoking/tobacco/nicotine use in last 2 years	Decline
• Present, well followed, <4cm, no growth for 1 year, non-smoker	Approve
• Present, ≥ 4cm, with regular follow-ups	Decline
• Present, surgery recommended /smoking/ tobacco/nicotine use in last 2 years / unfavorable or inoperable location	Decline
<i>Multiple aneurysms</i>	
• Regardless of surgery	Decline
Angina (Refer to Coronary Artery Disease)	
Ankylosing Spondylitis	Decline
Anorexia Nervosa	
• Present	Decline

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<ul style="list-style-type: none"> Remote, fully resolved, acceptable weight, no active symptoms > 5 years ago 	Individual consideration
Antiphospholipid Syndrome (Refer to Deep Vein Thrombosis)	
Anxiety APS Discretionary	
<ul style="list-style-type: none"> Situational, no medications, treated with <3 medications, > 3 months 	Approve
<ul style="list-style-type: none"> Severe or symptomatic, poorly controlled 	Decline
<ul style="list-style-type: none"> History of hospitalization within 4 years 	Decline
Appliances/Adaptive Devices *The cause for use must be insurable*	
<ul style="list-style-type: none"> Cane, single point-occasional use outside 	Approve
<ul style="list-style-type: none"> Cane, single point, permanent use 	Individual Consideration
<ul style="list-style-type: none"> Cane, quad or tripod 	Decline
<ul style="list-style-type: none"> Colostomy, adapted with self-maintenance > 1 year 	Approve
<ul style="list-style-type: none"> Insulin pump 	Decline
<ul style="list-style-type: none"> Motorized scooters, Chairlift/stair lift (scooter use in malls only – individual consideration) 	Decline
<ul style="list-style-type: none"> Oxygen, current or use within one year 	Decline
<ul style="list-style-type: none"> Urinary Catheter, intermittent or permanent, current use 	Decline
<ul style="list-style-type: none"> Wheelchair / Walker, current or use within 1 year 	Decline
Arrhythmia (Refer to Cardiac Arrhythmia)	
Arteriovenous Malformation	Decline
Arteritis	
<ul style="list-style-type: none"> Stable, treatment free for >24 months 	Approve
<ul style="list-style-type: none"> Present, well controlled, less than 10 mg of steroids 	Approve
<ul style="list-style-type: none"> Unstable 	Decline
<ul style="list-style-type: none"> Polyarteritis 	Decline
Arthritis	
<i>Minor: osteo or degenerative</i>	
<ul style="list-style-type: none"> Mild, non-prescription medication 	Approve
<ul style="list-style-type: none"> Steroid, Synvisc or Hyalgan Injections > 6mos ago 	Approve
<ul style="list-style-type: none"> 3 or more steroid injections in last 12 months, Chronic use of TENS unit, implantable electrical stimulator, Platelet Rich Plasma Stem Cell Injections 	Decline
<ul style="list-style-type: none"> Oral steroid use (any dose > 30 days) within 1 yr 	Decline
<i>Moderate: osteo or degenerative</i>	
<ul style="list-style-type: none"> Non-weight bearing joint 	Approve
<ul style="list-style-type: none"> Weight bearing joint 	Individual Consideration

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<ul style="list-style-type: none"> • Steroid, Synvisc or Hyalgan Injections > 6mos ago 	Approve
<ul style="list-style-type: none"> • 3 or more steroid injections in last 12 months, Chronic use of TENS unit, implantable electrical stimulator, Platelet Rich Plasma Stem Cell Injections 	Decline
<ul style="list-style-type: none"> • Oral steroid use (any dose > 30 days) within 1 yr. 	Decline
<i>Severe: osteo or degenerative</i>	
<ul style="list-style-type: none"> • Severe or surgery anticipated or planned 	Decline
<i>Rheumatoid arthritis</i>	
<ul style="list-style-type: none"> • Asymptomatic, > 1 year, no treatment, no assistive devices 	Approve
<ul style="list-style-type: none"> • Asymptomatic, > 1 year, treated with Methotrexate ≤15mg/wk., Xeljanz, Plaquenil, or steroids ≤ 5mg per day Use of daily Pred ≤5mg qd along w MTX and/or Plaquenil or use of MTX and Plaquenil 	Individual Consideration
<ul style="list-style-type: none"> • Severe, multiple joint replacements, progressive, erosive, juvenile arthritis, gold therapy, weight bearing joint replacement < 1yr ago 	Decline
<i>Psoriatic Arthritis</i>	
<ul style="list-style-type: none"> • See Rheumatoid arthritis 	
Arthroscopy	
<i>Surgery Completed</i>	
<ul style="list-style-type: none"> • Fully recovered, no ADL/IADL limitations, no wait period 	Approve
<ul style="list-style-type: none"> • Requiring PT postop, released and fully recovered, no ADL/IADL limitations, no wait period 	Approve
<i>Surgery Pending</i>	
<ul style="list-style-type: none"> • Weight bearing joints 	Decline
<ul style="list-style-type: none"> • Non-weight bearing joints, unilateral or single digit, surgery pending, not requiring general anesthesia, no co-morbid, no limitations with mobility or dexterity 	Approve
<ul style="list-style-type: none"> • Non-weight bearing joints, surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use, bilateral surgery, chronic lung disease, CHF, heart arrhythmia, coagulation disorders, prior negative reaction to anesthesia, diabetes, peripheral vascular disease 	Decline
Asbestosis	
<ul style="list-style-type: none"> • Stable for 3 years, normal PFT's, non-smoker 	Approve
<ul style="list-style-type: none"> • Smoker within 3 years, oxygen use, ADL/IADL limitations 	Decline
Asthma	
<ul style="list-style-type: none"> • With smoking/tobacco/nicotine use in the last 2 years 	Decline
<ul style="list-style-type: none"> • Seasonal, mild, controlled, short term steroid use, non-smoker 	Approve
<ul style="list-style-type: none"> • Mild to Moderate, PFT's - FEV1 - FVC >70%, non-smoker 	Approve
<ul style="list-style-type: none"> • PFTs - FEV1 – FVC 50-70% 	Approve
<ul style="list-style-type: none"> • Chronic oral Prednisone <5 mg per day or < 7.5 mg every other day and stable for 6 months 	Approve

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<ul style="list-style-type: none"> Chronic oral Prednisone \geq 5 mg per day or \geq 7.5mg every other day in the past 12 months 	Decline
<ul style="list-style-type: none"> Severe or poorly controlled, tobacco use within last 2 years 	Decline
<ul style="list-style-type: none"> Hospitalization < 6 months or > 2 within past 12 months 	Decline
<ul style="list-style-type: none"> History of CHF 	Decline
Ataxia	Decline
Atrial Fibrillation	
<ul style="list-style-type: none"> With smoking/tobacco/nicotine in the last 2 years 	Decline
<ul style="list-style-type: none"> Lone Atrial fibrillation, single episode, resolved > 6 months, non-smoker 	Approve
<ul style="list-style-type: none"> Cardiac Rehab or rehab < 12 months, EF \leq 45%, pacemaker and or defibrillator 	Decline
<i>Atrial Flutter or Paroxysmal Atrial Fibrillation</i>	
<ul style="list-style-type: none"> Infrequent episodes, 0 -6 months 	Decline
<ul style="list-style-type: none"> Infrequent episodes, 6 months to 2 years, non-smoker 	Approve
<ul style="list-style-type: none"> Over 2 years, infrequent episodes, non-smoker 	Approve
<ul style="list-style-type: none"> Cardiac Rehab or rehab < 12 months, EF \leq 45%, pacemaker, and or defibrillator, cardioversion < 6 months 	Decline
<i>Chronic - on anticoagulation therapy (APS)</i>	
<ul style="list-style-type: none"> < 6 months 	Decline
<ul style="list-style-type: none"> \geq 6 months, non-smoker 	Approve
<ul style="list-style-type: none"> Not on anticoagulant therapy, history of TIA, CVA, CHF, cardiomyopathy, COPD, valvular heart disease 	Decline
<ul style="list-style-type: none"> Cardiac Rehab or rehab < 12 months, EF < 45%, pacemaker and or defibrillator 	Decline
<ul style="list-style-type: none"> Cardioversion < 6 months 	Decline
Attention Deficit Hyperactivity Disorder/Adult Attention Deficit Disorder	
<ul style="list-style-type: none"> Diagnosed as mild, no limitations, active lifestyle, treated with 2 or less medications, stable > 6 months 	Approve
<ul style="list-style-type: none"> Diagnosed as moderate to severe, lifestyle limitations, treated with > 2 medications 	Decline
Autonomic Neuropathy	Decline
Back (Curvature of the spine, Kyphosis, Scoliosis, Torticollis)	
<ul style="list-style-type: none"> Mild, symptomatic, or mild discomfort, deformity < 40-50% 	Approve
<ul style="list-style-type: none"> Severe, surgery pending, or with osteoporosis 	Decline
<i>Sprain / Strain</i>	
<ul style="list-style-type: none"> Present or severe (with ADL/IADL limitations) 	Decline
<ul style="list-style-type: none"> Resolved, no limitations 	Approve
<i>Sciatica</i>	
<ul style="list-style-type: none"> Mild, brief episode, resolved, 0 - 1 year 	Approve
<ul style="list-style-type: none"> Moderate, symptoms over 1 year 	Approve

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<ul style="list-style-type: none"> Severe 	Decline
<i>Spinal Stenosis / Degenerative Disc Disease</i>	
<ul style="list-style-type: none"> Incidental finding, asymptomatic, treatment free 	Approve
<ul style="list-style-type: none"> Symptomatic, mild, treated with NSAID, fully functional and active and/or PT > 6 months 	Approve
<ul style="list-style-type: none"> Unoperated, mild to moderate, no limitations 	Approve
<ul style="list-style-type: none"> Steroid injections, epidurals, Facet Rhizotomy, or PT within past 6 months 	Decline
<ul style="list-style-type: none"> Operated, fully recovered for 1 year, fully functional and active 	Approve
<ul style="list-style-type: none"> History of surgery with residuals or neuro deficit 	Decline
Barrette's Esophagus	
<ul style="list-style-type: none"> No treatment, no difficulty swallowing 	Approve
<ul style="list-style-type: none"> With dilation, fully recovered, no difficulty swallowing > 6 months 	Approve
Basal Cell Cancer (See also Cancer) (Skin Only treated without chemo or radiation, fully recovered)	
Approve	
Bell's Palsy	
<ul style="list-style-type: none"> Diagnosed < 6 months ago 	Decline
<ul style="list-style-type: none"> Over 6 months, fully recovered, no residuals 	Approve
Benign Positional Vertigo (See also Vertigo)	
<ul style="list-style-type: none"> Diagnosis confirmed, fully investigated, asymptomatic, no episode > 6 months, active lifestyle 	Approve
Benign Prostatic Hypertrophy (BPH)	
<ul style="list-style-type: none"> Mild, asymptomatic or surgically corrected, > 6 months, no residuals 	Approve
<ul style="list-style-type: none"> PSA 5.5 and below, age 60 or below 	Approve
<ul style="list-style-type: none"> PSA 7.5 and below, over age 60 	Approve
<ul style="list-style-type: none"> PSA > 7.5 and < 20, biopsy negative, well followed 	Approve
<ul style="list-style-type: none"> PSA > 7.5, no biopsy 	Decline
<ul style="list-style-type: none"> Pending surgery, complications of surgery 	Decline
Biliary Cirrhosis (Refer to Primary Biliary Cirrhosis)	
Bipolar Disorder	
<ul style="list-style-type: none"> Well controlled > 3 years, < 3 non-antipsychotic medications, no functional limitations, no hospitalizations within 2 years 	Approve
<ul style="list-style-type: none"> New onset, < 3 years 	Decline
<ul style="list-style-type: none"> Non-compliance with medications / treated with antipsychotic medication, > 2 hospitalizations in past 5 years 	Decline
<ul style="list-style-type: none"> Severe, chronic use of multiple medications, frequent exacerbations, multiple ER visits, or suicide attempt 	Decline

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<ul style="list-style-type: none"> • Electroconvulsive Therapy within 5 years 	Decline
<ul style="list-style-type: none"> • Suicide attempt >10 yrs ago, <3 non-antipsychotic meds and strict review of level of function and follow-up care 	Approve
Bladder Dysfunction (Refer to Incontinence and Urethral Stricture)	
Bladder Outlet Obstruction	
<ul style="list-style-type: none"> • Surgical stent > 6 months, no incontinence 	Approve
<ul style="list-style-type: none"> • Catheter use 	Decline
Blindness (Refer to Vision loss)	
Blood Clot (Refer to Deep Vein Thrombosis)	
Bone Marrow Transplant	
<ul style="list-style-type: none"> • > 5 years, compliant with follow-up care 	Approve
<ul style="list-style-type: none"> • ≤ 5 years 	Decline
Bowel Obstruction	
<ul style="list-style-type: none"> • Resolved fully recovered, no residuals, > 6 months, with or without surgery 	Approve
Brain Tumor APS Cognitive Screening (See also Meningioma)	
<ul style="list-style-type: none"> • Benign, surgically removed, no residuals >24 months 	Approve
Bronchiectasis	
<ul style="list-style-type: none"> • Mild, non -smoker, FEV1 > 70% 	Approve
<ul style="list-style-type: none"> • Moderate, non-smoker, FEV1 60 – 70% 	Approve
<ul style="list-style-type: none"> • Severe, chronic steroid use, FEV1 < 60%, with smoking/tobacco/nicotine use in the last 2 years 	Decline
Bronchitis	
<ul style="list-style-type: none"> • Mild, acute episodes 	Approve
<ul style="list-style-type: none"> • Moderate, occasional steroid use, non-smoker 	Approve
<ul style="list-style-type: none"> • Diagnosed as chronic, reduced PFT's, treated with multiple medications including chronic steroids, with smoking/tobacco/nicotine use in the last 2 years 	Decline
Buerger's Disease	Decline
Build (Refer to Build Chart)	
Bulimia	Decline
Bunions	
<ul style="list-style-type: none"> • No planned surgery or limitations with mobility 	Approve
<ul style="list-style-type: none"> • Treated surgically with no residuals or complications 	Approve
<ul style="list-style-type: none"> • Unilateral, surgery pending – not requiring general anesthesia 	Approve
<ul style="list-style-type: none"> • Pending bilateral surgery, requiring general anesthesia, prior negative reaction to anesthesia, or with any of the following co-morbid: current tobacco use; chronic lung disease; CHF; heart arrhythmia; coagulation disorders 	Decline

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Bursitis	
• Mild, stable > 3 months	Approve
• Moderate/Chronic in weight bearing joint > 3 months	Individual Consideration
• Severe or injection < 3 months	Decline
Cancer – any metastasis or recurrence is not insurable	
<i>Bladder</i>	
• Single occurrence, fully recovered for 1 year	Approve
• Recurrent or under treatment	Decline
<i>Bone</i>	
• Fully recovered for 8 years	Approve
<i>Breast</i>	
• Stage 0 or in situ, surgically removed, fully recovered for 1 year	Approve
• Stage I surgically removed, negative lymph nodes, fully recovered for 2 years	Approve
• Stage II surgically removed, negative lymph nodes, fully recovered 3 years	Approve
• Stage III or above	Decline
• Any recurrence of cancer, metastasis or any positive lymph nodes	Decline
• Inflammatory Breast, fully recovered 10 years	Decline
• Surgery pending	Decline
<i>Brain</i>	
• Surgically removed, fully recovered for 3 years, no residuals	Approve
<i>Colon/Rectal</i>	
• Surgically removed, no positive lymph nodes, fully recovered for 2 years	Approve
<i>Esophageal – (Refer to Tongue)</i>	
<i>Kidney</i>	
• Surgically removed, fully recovered for 2 years, normal KFT's (BUN <30 Creat <1.8 and GFR >60)	Approve
<i>Malignant melanoma</i>	
• Clark's Level I, treatment free > 1 year	Approve
• Clark's Level 2, fully recovered for 2 years	Approve
• Clark's Level 3, fully recovered for 3 years	Approve
• Clark's Level 4, fully recovered for 5 years	Approve
• Recurrent, metastatic, or active	Decline
<i>Mouth – see Tongue</i>	
<i>Liver</i>	Decline
<i>Lung</i>	

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<ul style="list-style-type: none"> Fully recovered for 2 years, no impairment in pulmonary function, non-smoker for 2 years 	Approve
<i>Ovary</i>	
<ul style="list-style-type: none"> Surgically removed, fully recovered for 3 years 	Approve
<i>Pancreas</i>	
<ul style="list-style-type: none"> Fully recovered for 5 years, well managed with regular doctor visits 	Approve
<i>Peritoneal</i>	
<ul style="list-style-type: none"> Surgically removed and treatment free for 1 year 	Approve
<i>Prostate</i>	
<i>Watchful Waiting Treatment Option</i>	
<ul style="list-style-type: none"> In situ, Stage 0-II A or B, tumor well differentiated or moderately well differentiated, Gleason score ≤ 6 at time of diagnosis 	Decline
<ul style="list-style-type: none"> All other stages or Gleason score >6 at time of diagnosis 	Decline
<i>Treatment Completed (Surgical, chemotherapy, and/or radiation)</i>	
<ul style="list-style-type: none"> Stage 0 or in situ, Gleason score 0-6, fully recovered, no residuals >12 months, PSA ≤ 0.5 	Approve
<ul style="list-style-type: none"> Stage I -II, surgery and treatment free for 2 years, PSA ≤ 0.5, no complications 	Approve
<i>With or Without Treatment</i>	
<ul style="list-style-type: none"> Stage III- IV, or metastatic 	Decline
<i>Skin</i>	
<ul style="list-style-type: none"> Squamous and basal cell, treated without chemo or radiation, fully recovered 	Approve
<i>Stomach</i>	
<ul style="list-style-type: none"> Surgery and treatment free for 2 years, normal labs, stable weight, no limitations 	Approve
<i>Tongue</i>	
<ul style="list-style-type: none"> Stage 1-2 fully recovered >2 years 	Approve
<ul style="list-style-type: none"> With tobacco use within last 2 years 	Decline
<i>Thyroid</i>	
<ul style="list-style-type: none"> Surgically removed and treatment free for 1 year 	Approve
<i>Uterine</i>	
<ul style="list-style-type: none"> Surgically removed and treatment free for 1 year 	Approve
Cardiac Arrhythmia	
<ul style="list-style-type: none"> With smoking/tobacco/nicotine use in the last 2 years 	Decline
<ul style="list-style-type: none"> Infrequent episodes, cardioversion, 0-6 months 	Decline
<ul style="list-style-type: none"> Infrequent episodes, 6 months to 2 years, non-smoker 	Approve
<ul style="list-style-type: none"> Over 2 years, infrequent episodes, non-smoker 	Approve
<ul style="list-style-type: none"> Cardiac Rehab or rehab < 12 months 	Decline
Cardiac Defibrillator (AICD implant)	Decline

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Cardiomyopathy	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Mild, stable > 1 year, no episodes of CHF within 2 years, EF > 45%, non-smoker	Approve
• With co-morbid: atrial fibrillation, coronary artery disease, valve disorder, pacemaker, diabetes, COPD, TIA, CVA, Stroke, Carotid Artery Disease	Decline
• Severe, progressive, restrictive, or alcoholic induced, or recurrent episodes of CHF	Decline
Carotid Artery Stenosis / Carotid Bruit	
• Bilateral stenosis < 50%, unilateral < 70%, asymptomatic, no progression, non-smoker > 2 years, no history of TIA or stroke	Approve
• Endarterectomy or carotid artery stenting, over 6 months, non-smoker > 2 years, no history of TIA or stroke	Approve
• Endarterectomy or carotid artery stenting, over 6 months with tobacco use in last 2 years	Decline
• In conjunction with: diabetes, coronary artery disease, Cardiomyopathy, CVA, TIA, Myocardial Infarction, PVD, restenosis after prior endarterectomy or stenting	Decline
Carpal Tunnel Syndrome	
• No symptoms in 6 months	Approve
• Chronic, mild symptoms	Approve
• Chronic, moderate symptoms	Approve
• Surgery pending, regular narcotic use, functional limitations	Decline
• Surgery complete, fully recovered, over 3 months	Approve
Cataracts	
• Treated surgically with no residuals or complications	Approve
• Single eye, surgery pending – not requiring general anesthesia, no co-morbid	Approve
• Surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use; bilateral surgery; chronic lung disease; CHF; heart arrhythmia; coagulation disorders; prior negative reaction to anesthesia	Decline
• Visual impairment causing limitations or restrictions	Decline
C. Difficile	
• Treated fully recovered over 6 months	Approve
Cerebral Palsy	
• Independent, no mechanical aids, no cognitive or physical abnormalities	Individual Consideration
• Symptomatic, decreased muscle strength, current treatment	Decline
• Would allow for leg length discrepancy and limp if fully functional and no limitations of activity	

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Cerebral Vascular Accident (CVA) Stroke	
<ul style="list-style-type: none"> Single episode, fully recovered (no residuals), over 2 years, no tobacco use in last 2 years 	Approve
<ul style="list-style-type: none"> Multiple episodes (2 or more) 	Decline
<ul style="list-style-type: none"> With co-morbid: Diabetes, atrial fibrillation, AAA, cardiomyopathy, coronary artery disease, peripheral vascular disease, cerebral vascular disease/CVA/Stroke, mitral valve disease, Polycythemia Vera, valvular heart disease, carotid artery disease, thrombotic disorder, arteriovenous malformation, polycystic kidney disease, TIA, smoker in last 2 years 	Decline
Cervical Dystonia	Decline
Charcot-Marie-Tooth	Decline
Cholelithiasis	
<ul style="list-style-type: none"> Asymptomatic, over 3 months 	Approve
<ul style="list-style-type: none"> Surgically treated, over 3 months, no complications 	Approve
<ul style="list-style-type: none"> Pending surgery 	Decline
Chronic Fatigue Syndrome	
<ul style="list-style-type: none"> In remission, no ADL/IADL limitations, 0- 2 years 	Decline
<ul style="list-style-type: none"> In remission, no limitations, over 2 years 	Approve
<ul style="list-style-type: none"> In conjunction with fibromyalgia/depression 	Decline
Chronic Hepatitis	Decline
Chronic Kidney Disease (Refer to Kidney Failure/Insufficiency)	
Chronic Obstructive Pulmonary Disease (COPD) / Emphysema	
<ul style="list-style-type: none"> Mild, high activity level, FEV1 > 60%, no symptoms, treated with 1 medication, stable > 6 months 	Approve
<ul style="list-style-type: none"> Moderate, treated with 2 or more medications, FEV1 < 60%, stable > 6 months 	Individual Consideration
<ul style="list-style-type: none"> Severe, significant symptoms 	Decline
<ul style="list-style-type: none"> In conjunction with: atrial fibrillation, cardiomyopathy, CHF, cor pulmonale, lung surgery, pulmonary hypertension, scoliosis or kyphosis resulting in pulmonary function impairment 	Decline
<ul style="list-style-type: none"> Smoking/tobacco/nicotine use (current or within last 2 years) 	Decline
<ul style="list-style-type: none"> Chronic, oral Prednisone use ≤ 5mg qd or ≤ 7.5mg every other day and stable for 6 months 	Approve
<ul style="list-style-type: none"> Chronic, oral Prednisone > 5 mg qd or > 7.5mg every other day in the past 12 months 	Decline
Cirrhosis	Decline
Cognitive Impairment	Decline
Colitis / Ulcerative colitis / Crohn's Disease	
<ul style="list-style-type: none"> Irritable bowel syndrome or spastic colitis 	Approve

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• Treated with Biologics/Remicade, Enbrel	Decline
• Active within 1 year	Decline
• Surgically treated, recovered for 1 year	Approve
• With complications: frequent flares, weight loss, bowel incontinence	Decline
• Treated with antineoplastic medications or ≥ 5 mg of steroids daily or multiple surgeries	Decline
• Ischemic colitis, complete remission > 2years	Approve
Congestive Heart Failure	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Single episode, fully recovered, 0 – 1 year	Decline
• Single episode, fully recovered, > 1 year	Approve
• Symptomatic, recurrent, smoker in last 2 years, or EF < 45%	Decline
• Treated with Steroids or immunosuppressant in the past 3 years	Decline
• History of asthma, atrial fibrillation, COPD, insulin dependent diabetes, pulmonary hypertension	Decline
Coronary Artery Disease (Refer to Myocardial Infarction)	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Treated and asymptomatic, s/p angioplasty/stent, stable 6 months	Approve
• Bypass surgery (CABG), fully recovered for 6 months, no restrictions on activities	Approve
• Ongoing, unstable angina, stenosis > 70% or EF <45%	Decline
• In conjunction with history of: • Cardiomyopathy, Carotid Artery Disease, Congestive Heart Failure, Peripheral Vascular Disease, CVA/Stroke or TIA, multiple surgeries, re-stenosis of previously treated vessel, 3 MI's or more, pulmonary HTN, Retinal Artery Occlusion, poorly controlled diabetes • Poorly controlled DM is defined as 3 or more oral meds or 1-2 oral meds and >50u insulin, HgA1C>8 in last 6 mos. and/or use of insulin pump.	Decline
CREST Syndrome	Decline
Crohn's Disease (Refer to Colitis/Ulcerative Colitis)	
Cushing's Syndrome	
• Asymptomatic, no complications, <10mg steroids	Approve
• Symptomatic, > 9mg steroids	Decline
• Surgery, recovered > 6 months, no complications	Approve
• Surgery recommended	Decline
Cystic Fibrosis	Decline

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Cystitis	
• With current treatment	Approve
• No treatment no symptoms	Approve
Cystocele	
• Pending surgery	Decline
• Surgery completed, fully recovered without complications	Approve
Deafness	
• Partial hearing loss, adequately corrected with hearing aids	Approve
• Total hearing loss, one ear	Approve
• Total hearing loss, both ears, over 1 year, no limitations	Approve
Deep Vein Thrombosis	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Single episode, over 5 years	Approve
• Single episode, over 12 months	Approve
• Multiple episodes 0-1 year	Decline
• Multiple episodes over 12 months ago	Individual Consideration
• With blood clotting disorders on anticoagulation therapy single episode over 12 months	Approve
• With blood clotting disorders on anticoagulation therapy multiple episodes	Decline
• In conjunction with a history of cerebral vascular accident/CVA/Stroke	Decline
Defibrillator	Decline
Degenerative Disc Disease (Refer to Back Disorder)	
Dementia	Decline
Depression / Dysthymia	
• Undiagnosed	Decline
• New onset diagnosis < 6month	Decline
• New onset, situational, controlled with minimal medication over 6 months	Approve
• Diagnosed as Major, Manic, or Chronic, fully functional, no hospitalizations for 5 years, < 3 meds, no antipsychotic medication, no mood stabilizers, no anticonvulsant medications	Approve
• Diagnosed as Major, Manic, or Chronic, within 5 years	Decline
• Severe, chronic use of uninsurable or multiple medications (3 or more), frequent exacerbations, multiple ER visits, or suicide attempt	Decline
• In conjunction with a history of Chronic Fatigue Syndrome	Decline
• ECT within 5 years	Decline
• Suicide attempt, any history of	Decline

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Diabetes	
• Juvenile, Type 1, or Brittle	Decline
<i>Type 2 Diabetes All Treatment Options</i>	
• With smoking/tobacco/nicotine use in the last 2 years (Occasional cigar use < 2 month Individual Consideration)	Decline
• New onset diagnosis < 6 months	Decline
• Adjustment in treatment within last 6 months (Note: if adjustment is a reduction in medication, immediate consideration may be given if the original treatment plan was within below acceptable guidelines.)	Decline
• HgA1C ≥ 8, FBS > 180 any treatment combination	Decline
• Any use of insulin	Decline
• Treated with greater than 2 oral medications (Note: combination drugs are counted as 2 oral medications)	Decline
• With co-morbid: Progressive or moderate neuropathy, nephropathy, renal insufficiency, polycystic kidney disease, CAD, PVD, retinopathy, CVA, TIA, cardiomyopathy, CHF, cerebral vascular disease, uncontrolled hypertension, abdominal aortic aneurysm, or carotid artery disease, valvular heart disease	Decline
<i>Type 2 Diabetes Not Requiring Insulin Treatment, Well Controlled (APS 1YR)</i>	
• Well controlled over 6 months with diet or 1-2 oral medication, FBS ≤ 154, HgA1C ≤ 7, no complications (Note: Combination drugs are counted as 2 oral medications)	Approve
• Well controlled over 6 months with diet or 1-2 oral medications, FBS ≤ 154, HgA1C ≤ 7 with mild, non-progressive neuropathy, non-limiting, no co-morbid (Note: combination drugs are counted as 2 oral medications)	Approve
• Controlled over 6 months with diet or 1-2 oral medications, FBS 155-182, HgA1C 7.1-7.9 with or without mild, non-progressive neuropathy, non-limiting, no co-morbid (Note: Combination drugs are counted as 2 oral medications)	Individual Consideration
Dialysis	Decline
Discoid Lupus	
• Systemic lupus erythematosus ruled out, firm diagnosis > 1 year, no organs involved, no complications	Approve
• With Raynaud's or arthritis	Individual Consideration
• Treated with Plaquenil and/or Methotrexate ≤ 15mg/wk	Individual Consideration
Diverticulitis / Diverticulosis	
• Minimal symptoms, managed medically, no flares within 6 months	Approve
• Hospitalized >3months ago, no current symptoms	Approve
• Treated surgically, >6 months, no current symptoms, stable weight	Approve
• Surgery planned or moderate symptoms within 6 months	Decline

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Dizziness (Refer to Vertigo or Benign Positional Vertigo)	
Down's Syndrome	Decline
Drug Dependency / Abuse	
• Drug free for 5 years	Approve
• On-going drug use or residuals: confusion, cognitive impairment, physical impairment	Decline
• Illegal drug use within 5 years	Decline
Eating Disorders (Refer to Anorexia or Bulimia)	
Edema (Refer to underlying disease process)	
Ehlers-Danlos Syndrome	Decline
Emphysema (Refer to Chronic Obstructive Pulmonary Disease)	
Encephalitis	
• Complete recovery > 6 months	Approve
• No organic brain syndrome or cognitive issues	Approve
• Residuals	Decline
Encephalopathy	Decline
Endarterectomy or Carotid Artery Stenting (See also Carotid Artery Disease)	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Surgery completed > 6 months with no residuals	Approve
• With history of TIA, stroke, or diabetes	Decline
Endocarditis	
• Single episode, fully recovered for > 6 months	Standard
• Recurrent episodes	Decline
Epilepsy (Refer to Seizure Disorder)	
Esophageal Varices	Decline
Factor 5 Leiden (Refer to Deep Vein Thrombosis)	
Fibromyalgia	
• Asymptomatic and treatment free >3 years	Approve
• Mild, treated with one medication, no restriction in activity, no flares within 6 months	Approve
• Moderate, treated with > one medication, no restriction in activity, no flares within 6 months	Approve
• New onset or flare within 6 months	Decline
• Chronic narcotic use	Decline
• In conjunction with chronic fatigue	Decline
• In conjunction with depression treated with 2 or more medications	Decline

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<ul style="list-style-type: none"> TENS unit ≤ 1 x a week 	Individual Consideration
Fibromuscular Dysplasia	Decline
Forgetfulness	
<ul style="list-style-type: none"> No symptoms for 1 year, neuropsych work-up normal 	Approve
<ul style="list-style-type: none"> Current symptoms or unknown etiology 	Decline
<ul style="list-style-type: none"> Noted as forgetfulness consistent with age Cognitive testing required to make decision 	Individual Consideration
<ul style="list-style-type: none"> CT or MRI of brain indicating atrophy, ischemic or small vessel changes 	Decline
Foot Drop	
<ul style="list-style-type: none"> No functional compromise 	Approve
Fractures	
<ul style="list-style-type: none"> Non-weight bearing bone, no osteoporosis, full recovery with no limitations, < 3 months 	Approve
<ul style="list-style-type: none"> Weight bearing bone, no osteoporosis, full recovery with no limitations > 6 months 	Approve
<ul style="list-style-type: none"> Compression Fracture related to trauma, no osteoporosis, full recovery with no limitations > 12 months 	Approve
<ul style="list-style-type: none"> Pelvic Fracture, no osteoporosis, full recovery with no limitations > 12 months 	Approve
<ul style="list-style-type: none"> Currently undergoing physical therapy 	Approve
<ul style="list-style-type: none"> Surgery recommended or anticipated 	Approve
<ul style="list-style-type: none"> Multiple fractures secondary to falls (3 or more within 2 years) 	Decline
<ul style="list-style-type: none"> Related to osteoporosis or Paget's Disease, Avascular Necrosis 	Decline
FUCH's Dystrophy	
<ul style="list-style-type: none"> Stable, no vision loss, corneal transplant not recommended or completed, fully recovered 	Approve
Gallbladder Disease (Cholecystitis)	
<ul style="list-style-type: none"> Surgically removed, full recovery with no complications 	Approve
<ul style="list-style-type: none"> Present, minimal symptoms 	Approve
<ul style="list-style-type: none"> Current, surgery anticipated or scheduled 	Decline
Gastric Bypass Surgery/Gastric Sleeve	
<ul style="list-style-type: none"> Recovered for >2 years, no complications 	Approve
<ul style="list-style-type: none"> Surgery within 2 years 	Decline
<ul style="list-style-type: none"> Surgical complications: Dumping syndrome, anemia, abnormal lab studies 	Decline
Gastritis (Refer to Peptic Ulcer)	
Gaucher's	

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• Surgically treated with splenectomy > 5 years, no organ involvement, normal labs	Approve
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Glaucoma	
• No visual impairment, medically treated, stable IOP 10-21	Approve
• Surgically treated > 3 months with no limitations	Approve
• Progressive visual loss	Decline
• Vision loss affecting ADLS / IADLS	Decline
Gilbert's Syndrome	
• Normal Liver Function Tests (≤ 2 x normal)	Approve
Glomerulonephritis	
• Fully resolved, acute, KFT's normal, no kidney damage	Approve
• Diagnosed a chronic, abnormal KFT's, proteinuria	Decline
Gout	
• Controlled with medication, no joint involvement, no flares in last 6 months	Approve
• Joint dysfunction	Individual Consideration
Graves' Disease	
• Resolved	Approve
Guillian-Barre Syndrome	
• Recovered over 1 year, no residuals or limitations	Approve
• Residual weakness, muscle atrophy, functional limitations	Decline
• Noted as recurrent or chronic	Decline
Hammertoe	
• Treated surgically with no residuals or complications	Approve
• Single digit, surgery pending – not requiring general anesthesia, no co-morbid, no limitations with mobility	Approve
• Surgery pending with any of the following co-morbid: requiring general anesthesia, current tobacco use; bilateral surgery; chronic lung disease; CHF; heart arrhythmia; coagulation disorders; prior negative reaction to anesthesia	Decline
Headaches/Migraines	
• Fully investigated, non-debilitating, treated with OTC medications	Approve
• Fully investigated, non-debilitating, treated with prescription medications including Botox Injections	Approve
• Narcotic use	Decline
• Disabling symptoms or not completely investigated	Decline
• Limitations due to frequency of headaches	Decline

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Heart Murmur	
• No treatment, no limitations with activity	Approve
Heart Transplant	Decline
Hemangioma (Liver)	
• Benign, no secondary effects	Approve
Hemiplegia	Decline
Hemochromatosis	
• Mild, onset > 6 months, lab studies normal	Approve
• New onset, abnormal lab studies < 6 months	Decline
• In conjunction with organ or joint involvement	Decline
• History of CVA, TIA, Cerebral Vascular Disease	Decline
Hemophilia	Decline
Hepatic Cysts	
• No liver disease, LFT's normal ($\leq 2 \times$ normal), asymptomatic	Approve
Hepatitis (APS)	
• Hepatitis A, in remission > 3 months, lab studies normal	Approve
• Hepatitis B, diagnosis of	Decline
• Hep B carrier with + Viral load investigate viral load stable for 3 yrs with normal labs	Approve
• Hepatitis C, treatment completed and in remission > 2 years	Individual Consideration
• Seropositive Hep C no treatment required, > 3 years, lab studies normal	Individual Consideration
• Hepatitis D or E	Decline
• Alcoholic hepatitis	Decline
• Liver transplant completed or recommended	Decline
• Autoimmune hepatitis	Decline
Hernia	
• Minimal symptoms, no surgery recommended	Approve
• Surgery completed, no complications > 3 months	Approve
• Surgery recommended or scheduled	Decline
Herniated Disc (See also Degenerative Disc Disease or Spinal Stenosis)	
• Surgery completed > 6 months, no residuals or limitations	Approve
• No surgery recommended, no flares > 6 months, no limitations	Approve
• Occasional flares (< 2 per year), no surgery recommended, no current limitations	Approve
• ADLS / IADLS affected, surgery anticipated, currently disabled	Decline
• Daily narcotic use	Decline

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<ul style="list-style-type: none"> • Infrequent narcotic use (< weekly) 	Individual Consideration
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Histoplasmosis	
<ul style="list-style-type: none"> • Resolved, non-smoker, PFT's stable, symptomatic 	Approve
<ul style="list-style-type: none"> • PFT's abnormal, recurrent episodes, current smoker 	Decline
Hodgkin's Disease	Decline
Huntington's Chorea or Huntington's Disease	Decline
Hydrocephalus	Decline
Hypertension	
<ul style="list-style-type: none"> • New onset diagnosed < 6mos or uncontrolled 	Decline
<ul style="list-style-type: none"> • Adjustment in treatment within last 6 months (Note: If adjustment is a reduction in medication, immediate consideration may be given if the original treatment plan was within acceptable guidelines) 	Decline
<ul style="list-style-type: none"> • Treated, Average reading (1 year) < 160/90, no complications 	Approve
<ul style="list-style-type: none"> • Treated with 3 medications and/or average reading (1 year) < 160/90, no complications 	Approve
<ul style="list-style-type: none"> • Treated with > 3 medications, well controlled, average reading (1 year) < 160/90, no complications 	Individual Consideration
<ul style="list-style-type: none"> • Non-compliance with medication regimen 	Decline
<ul style="list-style-type: none"> • Pulmonary hypertension or renal hypertension, renal insufficiency, renal stenosis, CHF last 2 years 	Decline
<ul style="list-style-type: none"> • When calculating average BP, calculate the average BP for the most immediate past 3 mos. then for the entire 12 mos. then average the 2 together 	
Incomplete Right Bundle Branch Block	
<ul style="list-style-type: none"> • Noted on EKG, benign 	Approve
Incontinence	
<i>Urinary</i>	Decline
<i>Bowel</i>	Decline
Instrumental Activity of Daily Living (IADL) (Refer to ADL)	
Joint Replacement	
<ul style="list-style-type: none"> • Independent, surgery > 6 months, no assistive devices, no current limitations 	Approve
<ul style="list-style-type: none"> • Ongoing PT, ADL or IADL limitations 	Decline
Juvenile Macular Degeneration	Decline
Kaposi's Sarcoma	Decline
Kidney Donation	
<ul style="list-style-type: none"> • > 1 year ago, normal labs 1 year 	Approve

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Kidney Failure, Insufficiency (Renal)	
• Acute, single episode. fully recovered > 1 year	Approve
• Chronic renal insufficiency or failure	Decline
• Dialysis	Decline
Kidney Stones	
• Current, without symptoms, no surgery anticipated	Approve
• Treated surgically, full recovery	Approve
• Surgery anticipated, currently symptomatic	Decline
Kidney Transplant	
• Identical match (6 point match), > 5 years, renal function WNL, no symptoms	Standard
• Symptomatic, renal function abnormal, renal failure	Decline
Labrynthitis	
• Single episode, well controlled with medication, stable, no falls	Standard
• Neurological symptoms, history of falls	Decline
Laminectomy (Refer to Back Disorders)	
Lap Band Surgery	
• Recovered for 2 years, no complications	Approve
• Surgery within 2 years	Decline
• Surgical complications: Dumping syndrome, anemia, abnormal lab studies	Decline
Leukemia	
<i>Acute Lymphocytic (ALL)</i>	
• Diagnosed within past 5 years	Decline
• Diagnosed > 5 years, stable lab studies	Approve
<i>Chronic Lymphocytic Leukemia (CLL)</i>	Decline
<i>Chronic Monocytic Leukemia</i>	Decline
<i>Hairy Cell Leukemia</i>	Decline
<i>Large Cell Leukemia</i>	Decline
Leukopenia (See also Chronic Lymphocytic Leukemia)	
• Negative Biopsy, stable labs, over age 50 at diagnosis, > 1 year ago	Approve
Liver Transplant	Decline
Lou Gehrig's Disease (ALS)	Decline
Lupus (Discoid) (Refer to Discoid Lupus)	

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Lupus (Systemic Lupus Erythematosus)	Decline
Lyme Disease	
• Fully recovered for > 6 months, no residuals	Approve
• Residuals, ongoing treatment	Decline
Lymphoma (Refer to Hodgkin's Disease or Non-Hodgkin's Lymphoma)	
Lynch Syndrome	Decline
Macular Degeneration	
• Non-progressive, no ADL or IADL limitations	Approve
• Progressive	Decline
• ADL or IADL limitations	Decline
• Diagnosed < 1 year	Decline
Major Depression (Refer to Bipolar Disorder)	
Marfan Syndrome	Decline
Marie Strumpell Disease	Decline
Marijuana Use	
• Recreational	Individual Consideration
• Evidence of overuse, adverse impact to daily activities and/or prior history of substance abuse or treatment	Decline
• Medical	Underwrite for cause
Melanoma (Refer to Cancer)	
Memory Loss	
• No symptoms for 1 year, neuropsych work-up normal	Approve
• Current symptoms or unknown etiology	Decline
Noted as forgetfulness consistent with age- Cognitive testing required to make decision	Individual Consideration
• CT or MRI of brain indicating atrophy, ischemic or small vessel changes	Decline
Meniere's Disease	
• Fully recovered > 2 years with no neurological symptoms, with or without use of occasional medications for intermittent symptoms	Approve
• Diagnosed or symptomatic < 2 years	Decline
Meningioma	
• Completely removed, full recovery, no residuals > 2 years	Approve
• Malignant	Decline
• Untreated, surgery not recommended, diagnosed >2 years	Individual Consideration
Meningitis	

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• Fully recovered, no residuals, treatment free > 12 months	Approve
• Current treatment, diagnosed as chronic / recurrent, or residuals	Decline
Mental Retardation	Decline
Mesothelioma	Decline
Migraine Headaches (Refer to Headaches)	
Mitral Valve Prolapse (See also Valvular Heart Disease)	
• Surgery not anticipated, asymptomatic	Approve
• Surgery recommended, symptomatic, or severe	Decline
Mixed Connective Tissue Disease	Decline
Monoclonal Gammopathy	Decline
Morton's Neuroma (see Bunion)	
MRSA	
• Treated, no formal wound care, fully recovered > 3 months	Approve
• Treated, formal wound care, fully recovered > 3 months	Approve
Multiple Endocrine Neoplasia	Individual Consideration
Multiple Myeloma	Decline
Multiple Personalities	Decline
Multiple Sclerosis	Decline
Muscular Atrophy	Decline
Muscular Dystrophy	Decline
Myasthenia Gravis	Decline
Mycobacterium Avium Complex (MAC)	Decline
Myelodysplasia	Decline
Mycardial Infarction (See also Coronary Artery Disease)	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Treated and asymptomatic, stable 6 months	Approve
• Ongoing, unstable angina, stenosis > 70% or EF <45%	Decline
• In conjunction with:	Decline
• history of Cardiomyopathy, Carotid Artery Disease, Congestive Heart Failure, Peripheral Vascular Disease, Stroke or TIA, multiple surgeries or re-stenosis of previously treated vessel, 3 MI's or more	
Narcolepsy	
• Well controlled, asymptomatic, no medications for > 1 year	Approve
• Functional limitations or unresponsive to treatment	Decline
Nephrectomy	
• One kidney, > 1 year renal function within normal limits	Approve

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• Both kidneys	Decline
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Neurofibroma (See also Acoustic Neuroma or Schwannoma)	
• Surgically removed, no residuals > 1 year	Approve
• Untreated, with balance disturbance, falls, or current seizures	Decline
Neurogenic Bladder	Decline
Neurogenic Bowel	Decline
Neuropathy (Peripheral Neuropathy, Neuralgia, Neuritis)	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• New onset < 6 months, work-up in progress	Decline
• Mild, no limitations or progression, with or without treatment	Approve
• Moderate to severe, progressive, current smoker	Decline
• History of falls secondary to neuropathy	Decline
• Polyneuropathy	Decline
Non-Hodgkin's Lymphoma	Decline
Obsessive Compulsive Disorder (OCD)	
• New onset diagnosis < 6months	Decline
• Mild, stable for > 6mos, normal daily activities, fully functional and able to work without interference, treated with 1-2 meds, no antipsychotic medication,	Approve
• Moderate to Severe, affecting employment or activities	Decline
• Treated with 3 or more medications or requiring antipsychotic medication	Decline
• Psychiatric hospitalization <5yrs ago	Decline
Ocular Histoplasmosis Syndrome	
• Diagnosed < 1 year	Decline
• Non-progressive, no ADL or IADL limitations	Approve
• Progressive	Decline
• ADL or IADL limitations	Decline
Organic Brain Syndrome	Decline
Organ Transplants	Decline
• Corneal only	Individual Consideration
Osteoarthritis (Refer to Arthritis)	
Osteomyelitis	
• Single episode, single bone involvement, recovered > 1 year	Approve
• Chronic or recurrent, residuals, or history of fracture due to osteomyelitis	Decline

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Osteopenia	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• T-scores -2.5 or less, no fractures, preventative treatment	Approve
Osteoporosis	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• T-scores -3.5 to -4.0, under prescription drug treatment, no fractures related to osteoporosis	Approve
• T-score over -4.0	Decline
• History of compression fractures, or history of falls	Decline
Osteosarcoma	
• Fully recovered, in remission, no recurrence > 10 years	Approve
Pacemaker	
• Stable, recovered > 6 months	Approve
• Scheduled surgery or recommended	Decline
• With defibrillator, chronic atrial fibrillation	Decline
Paget's Disease of the Bone	
• Mild, non-progressive, asymptomatic, no ADL / IADL limitations	Approve
• History of fracture	Decline
• Active, symptomatic (bone pain), or abnormal labs	Decline
Pancreatic Insufficiency	Decline
Pancreatitis	
• Acute pancreatitis, single episode, recovered > 1 year	Approve
• Recurrent episodes	Decline
• Diagnosed as alcohol related	Decline
Panic Disorders	
• Diagnosed as mild, no interference with activities or employment, treated with one medication	Approve
• Moderate, able to work, treated with > one medication	Approve
• Severe	Decline
Paralysis (Paresis)	Decline
Parathyroid Disease (Refer to Thyroid Disorders)	
Paraplegia	Decline
Parkinson's Disease	Decline
Peptic Ulcer Disease	
• Medically managed, diagnosed over 3 months	Approve

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• Surgically repaired, no complications, > 6 months	Approve
• With history of hemorrhage, single episode, over 1 year	Approve
• Multiple episodes of hemorrhage, unstable weight, lab studies abnormal	Decline

Pericarditis (Acute, Bacterial, or Viral)	
• Single episode, complete recovery, treatment free > 1 year	Approve
• Chronic or with residuals	Decline
Perifoveal Telangiectasia	Decline
Peripheral Neuropathy (Refer to Neuropathy)	
Peripheral Vascular	
• Mild, no claudication, asymptomatic, diagnosed > 2 years	Approve
• Mild, no claudication, asymptomatic, treated with anticoagulant, diagnosed > 2 years	Approve
• Severe, symptomatic	Decline
• With diabetes, carotid artery disease, coronary artery disease, CVA/Stroke, TIA or cerebrovascular disease	Decline
• With smoking/tobacco/nicotine use in the last 2 years	Decline
<i>Surgically Corrected</i>	
• Femoral bypass > 1 year, asymptomatic, no claudication	Approve
• With diabetes, carotid artery disease, coronary artery disease, or cerebrovascular disease	Decline
• With smoking/tobacco/nicotine use in the last 2 years	Decline
Personality Disorder	Decline
Phlebitis	
• Superficial, single episode, fully recovered, 6 months	Approve
• Recurrent, with history of PVD or skin ulcers	Decline
Pituitary Tumor (see Meningioma)	
Pneumonia	
• Single episode, fully recovered, no pulmonary complications, over 6 months	Approve
• Recurrent episodes or resistant to antibiotics	Decline
Polio or Poliomyelitis	
• Fully recovered, no ADL / IADL limitations, no appliances, no evidence of post-polio syndrome	Approve
• Progressive, use of DME, or diagnosis of post-polio syndrome	Decline
• Narcotic use for pain control	Decline
Polyarteritis	Decline
Polycystic Kidney Disease	

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• Kidney function WNL, no evidence of renal damage	Approve
• Kidney function abnormal, progressive	Decline
• In conjunction with cerebral vascular disease, cerebral aneurysm, CVA, TIA, valvular heart disease or Diabetes	Decline
Polycythemia Vera	Decline
Polymyalgia Rheumatica / PMR	
• In remission > 1 year, asymptomatic, treatment free	Approve
• Asymptomatic, treated with chronic low dose steroids (\leq 5mg per day), stable > 1 year	Approve
• Symptomatic, > 5 mg steroids per day, muscle weakness	Decline
• Use of narcotics to control pain	Decline
Polymyositis	
• In remission and symptom free for > 3 years	Approve
• Active, chronic steroid use, current PT or OT	Decline
• Narcotics required to control pain	Decline
Post Polio Syndrome	Decline
Post-Traumatic Stress Disorder / PTSD	
• Mild, treated with < three antidepressants, no interference with activities or working	Approve
• Moderate to severe, affects activities or work	Decline
• Treated with anti-psychotic medications or \geq three antidepressants	Decline
Pre-Diabetes	
• Defined as FBS < 126mg/dl and HgA1C less than 6.4% during the past 12 months, not requiring prescription drug treatment	Approve
Primary Biliary Cirrhosis	Decline
• Primary Sclerosing Cholangitis	Decline
Prostatitis	
• Diagnosed as Prostatitis	Approve
• PSA 5.5 and below, age 60 or below	Approve
• PSA 7.5 and below, over age 60	Approve
• PSA > 7.5 and < 20, biopsy negative, well followed	Approve
• PSA > 7.5, no biopsy	Decline
Psoriasis	
• Mild controlled with medications (non-biologics)	Approve
• Mild to moderate, controlled with biologics (e.g. Humira or Enbrel) (APS)	Approve
• Severe or in conjunction with complications	Decline
Psoriatic Arthritis (Underwrite as Rheumatoid Arthritis)	
Psychosis	Decline

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Pulmonary Embolism	
• Single occurrence, full recovery for > 1 year, no complications or residuals	Approve
• Current or within past year or currently under treatment	Decline
• Requiring Greenfield or other filter	Decline
Pulmonary Fibrosis (APS)	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Localized, incidental finding, PFT's WNL, non-smoker	Approve
• Active disease, PFT's abnormal, or smoker	Decline
Pulmonary Hypertension	Decline
Quadriplegia	Decline
Raynaud's Disease	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Well diagnosed, no connective tissue disease, diagnosed > 1 year	Approve
• In conjunction with Systemic Lupus or Scleroderma, systemic involvement	Decline
• In conjunction with Discoid Lupus	Individual Consideration
Reflex Sympathetic Dystrophy	Decline
Reiter's disease	
• No organ or joint involvement, no disability	Individual Consideration
Renal Failure (Refer to Kidney Failure)	
Restless Leg Syndrome	
• Diagnosis firm, treated with 1-2 medications	Approve
• Questionable diagnosis or treated with 3 or more medication	Decline
Retinal Detachment	
• Corrected surgically, fully recovered, no limitations	Approve
Retinitis Pigmentosa	
• Stable vision, adapted to any vision loss, no ADL or IADL limitation, stable > 12 months	Approve
• ADL or IADL limitations or systemic disease	Decline
Retinopathy (Diabetic)	Decline
Rheumatoid Arthritis (Refer to Arthritis, Rheumatoid)	
Rheumatic Heart Disease	
• Stable, fully recovered, EF>45%, no complications > 4 years	Approve
Rotator Cuff repair	
• Fully recovered and released, no limitations, full range of motion (no wait period)	Approve

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Sarcoidosis	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Inactive for > 1 year, single episode, non-smoker	Approve
• Diagnosed or active within past year	Decline
• Current symptoms, treated with antineoplastic or > 10mg of steroids daily	Decline
Schizophrenia	Decline
Sciatica (Refer to Back)	
Schwannoma (Refer to Acoustic Neuroma)	
Scleroderma	
• Morphea (localized to skin)	Approve
• Diagnosed as diffuse, progressive, or systemic	Decline
Scoliosis (Refer to Back)	
Seizure Disorder	
• Well controlled, normal MRI, no seizures in past year	Approve
• Cause unknown 1 seizure > 2 years ago	Approve
• New onset or seizure within past year	Decline
• Cause unknown or 2 or more seizures within past 2 years	Decline
Senile Dementia	Decline
Shunts	Decline
Shy-Drager Syndrome	Decline
Sickle Cell Anemia	Decline
Sickle Cell Trait	
• No diagnosis of Sickle Cell Anemia, normal lab studies	Approve
Sjogren's Syndrome	
• Limited to dry eyes and mouth, no systemic involvement or connective tissue disease	Approve
• Secondary to connective tissue disease, systemic involvement	Decline
Sleep Apnea	
• Mild, compliant with treatment (CPAP), well controlled > 6 months, PFT's stable	Approve
• Surgically corrected > 6 months, no further symptoms	Approve
• Mild to moderate OSA by AHI noncompliant with CPAP but without ongoing symptoms, no current significant daytime somnolence	Approve
• Treatment recommended, but not used, AHI 21-25 and SaO2 > 85-87% or AHI 11-22 and SaO2 > 88%	Individual Consideration
• Use of other alternative treatment (other than CPAP/BIPAP, i.e., mouth appliance) with original sleep study values of AHI >25 and/or SaO2 < 85% with no follow up sleep study to prove effectiveness of alternative treatment	Decline

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• Severe symptoms or non-compliance, oxygen use (Cor Pulmonale)	Decline
Spinal Bifida	Decline
Spinal Cord Injury	Decline
Spinal Stenosis (Refer to Back)	
Stargardt Disease (Juvenile Macular Degeneration)	Decline
Still's Disease	
• Stable < 5mg prednisone, no significant joint involvement	Approve
Stroke (Refer to Cerebral Vascular Accident)	
Spondylolisthesis (Refer to Back - Spinal Stenosis)	
Subarachnoid Hemorrhage (Refer to Aneurysm, Cerebral)	
Syncope	
• Single episode, diagnosed a vasovagal or benign, > 1 year ago	Approve
• Single episode, unknown cause, within past year	Decline
• Multiple episodes	Decline
Syringomyelia	Decline
Systemic Lupus Erythematosus (SLE)	Decline
Tachycardia	
• With smoking/tobacco/nicotine use in the last 2 years	Decline
• Infrequent episodes, 0-6 months	Decline
• Infrequent episodes, > 6 months, non-smoker	Approve
• Cardiac rehab or rehab < 12 months	Decline
Temporal Arthritis (Refer to Arteritis)	
Tendonitis	
• Mild, no limitations	Approve
• Moderate or chronic in weight bearing joint	Individual Consideration
• Severe	Decline
Tennis Elbow	Approve
Thalassemia Minor	
• No organ or bone involvement, normal labs, no chelation therapy in last year	Individual Consideration
Thalassemia Major	Decline
Thrombocytopenia	
• Treatment free for > 2 years, Platelet count stable (150 - 440K), asymptomatic	Approve
• Splenectomy > 5 years ago	Approve
• Symptomatic, weight loss, treated with steroids or antineoplastic medication	Decline

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Thrombocystosis/Thrombocythemia (Refer to Polycythemia Vera and Deep Vein Thrombosis)	
Thrombophlebitis (Refer to Phlebitis)	

Thyroid Disorders	
<ul style="list-style-type: none"> New onset, change in treatment (not including reduction in medication dose), or uncontrolled < 3 months 	Decline
<ul style="list-style-type: none"> Hyper/Hypo thyroid, well controlled, no history of goiter, nodules or complications 	Approve
<ul style="list-style-type: none"> History of radioactive iodine treatment, goiter or nodules, no complications, well controlled > 6 months 	Approve
<ul style="list-style-type: none"> History of thyrotoxic crisis, irregular heartbeat, osteoporosis or other complications 	Individual Consideration
<ul style="list-style-type: none"> Cancer (Refer to Cancer, Thyroid) 	
Torticollis	
<ul style="list-style-type: none"> No limitations, full ROM 	Approve
<ul style="list-style-type: none"> Restricted movement, symptomatic, poor control 	Decline
Tourette's Syndrome	Decline
Transient Global Amnesia (APS) Cognitive Screening	
<ul style="list-style-type: none"> Single episode over 3 years ago, no cognitive deficits, asymptomatic 	Approve
<ul style="list-style-type: none"> Multiple episodes 	Decline
Transient Ischemic Attack – (TIA)	
<ul style="list-style-type: none"> Single episode, fully recovered with no deficits, > 2 years ago, non-smoker > 2 years 	Approve
<ul style="list-style-type: none"> Multiple episodes 	Decline
<ul style="list-style-type: none"> In conjunction with atrial fibrillation, Diabetes, AAA, cardiomyopathy, coronary artery disease, peripheral vascular disease, cerebral vascular disease, mitral valve disease, Polycythemia Vera, valvular heart disease, carotid artery disease, thrombotic disorder, arteriovenous malformation, polycystic kidney disease, smoking/tobacco/nicotine use in last 2 years 	Decline
Transverse Myelitis	Decline
Tremor, Benign, Essential, Intention, Familial	
<ul style="list-style-type: none"> Fully investigated and diagnosed as Benign, Intention, or Familial with no limitations, independent with ADLs / IADLs, non- progressive 	Approve
<ul style="list-style-type: none"> Progressive or not fully investigated 	Decline
<ul style="list-style-type: none"> ADL or IADL limitations, ataxia, balance problems, falls, or DME use 	Decline
Trigeminal Neuralgia	
<ul style="list-style-type: none"> New onset < 6 months 	Decline
<ul style="list-style-type: none"> New onset < 6 months, work-up in progress 	Decline

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<ul style="list-style-type: none"> Mild, non-progressive, not active, controlled with medication (verify not on uninsurable list) Standard at Best 	Individual Consideration
<ul style="list-style-type: none"> Moderate to severe, chronic attacks, uncontrolled pain 	Decline

Tuberculosis	
<ul style="list-style-type: none"> Exposure only or prophylactic treatment only 	Approve
<ul style="list-style-type: none"> Complete recovery, no treatment for > 1 year, PFT's WNL 	Approve
<ul style="list-style-type: none"> Active disease, current treatment, or abnormal PFT's 	Decline
Ulcerative Colitis (Refer to Colitis)	
Ulcer Disease (Refer to Peptic Ulcer)	
Underweight (Refer to Build Chart)	
Urethral Stricture	
<ul style="list-style-type: none"> Asymptomatic, < 3 dilations per year, no infection within past year 	Approve
<ul style="list-style-type: none"> Surgically repaired, no recurrent urinary tract infections, asymptomatic 	Approve
Urinary Incontinence (Refer to Incontinence)	
Valvular Heart Disease (MVP)	
<ul style="list-style-type: none"> Asymptomatic, diagnosed as trace or minimal, no treatment 	Approve
<ul style="list-style-type: none"> With current tobacco use 	Decline
<ul style="list-style-type: none"> Surgically treated > 1 year ago, no current symptoms 	Approve
<ul style="list-style-type: none"> In conjunction with cardiomyopathy, diabetes, CVA/Stroke, CHF, pulmonary hypertension, TIA, pulmonary embolism, chronic A-Fib, polycystic kidney disease 	Decline
Venous Insufficiency / Varicose Veins	
<ul style="list-style-type: none"> Confined to legs, with or without surgery > 6 months, no complications 	Approve
<ul style="list-style-type: none"> Vein Stripping or Laser surgery > 6 months 	Approve
<ul style="list-style-type: none"> Stasis ulcer, claudication, chronic edema 	Decline
Vertebral Basilar Insufficiency	Decline
Vertigo (Confirm no Meniere's Disease otherwise see Meniere's Disease)	
<ul style="list-style-type: none"> Asymptomatic, no episodes for > 1 year, active lifestyle 	Approve
<ul style="list-style-type: none"> Ongoing symptoms, falls, or balance problems 	Decline
Vitreous Detachment	
<ul style="list-style-type: none"> No vision loss, surgery complete, fully recovered 3 months 	Approve
Vision Loss (Impairment)	
<ul style="list-style-type: none"> Independent with ADLS / IADLS, non-progressive 	Approve
<ul style="list-style-type: none"> Progressive vision loss, dependence with ADL or IADL, not fully adapted 	Decline
<ul style="list-style-type: none"> Surgery pending 	Decline

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• Legally blind both eyes, fully functional underwrite for cause	Individual Consideration
Von-Hippel Lindau	Decline
Von Willebrand's Disease	Decline
Waldensrom's Macroglobulinemia	Decline
Wegener's Granulomatosis	Decline
Wernicke-Korsakoff Syndrome	Decline
Whipple's Disease	Decline
Wilson's Disease	Decline
Xeroderma Pigmentosum	Decline

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Section 9: Uninsurable Medications

Any medication (prescription or over-the-counter) taken by an applicant is significant and should be reported on the application. This guide provides you with the names of some of the medications that most often result in a decline decision. The following medications indicate fairly significant health problems, which are uninsurable.

Note: The chronic use of any uninsurable drug during the 12-month period preceding the application may result in a declination. Please refer to a Senior Underwriter or LifeSecure Underwriting Manager for review of eligibility. Typically, an applicant is not eligible if they have taken the medication within the preceding 12-month period.

All applicants taking...

- medications and nutrition administered via a pump are not eligible for coverage
- drugs identified or classified as anti-cancer, chemotherapy or antineoplastic are not eligible for coverage
- drugs classified as a controlled substance used regularly for conditions other than acute pain relief are not insurable. Use for acute medical conditions may be acceptable.
- drugs identified or classified as treatment for HIV, AIDS or AIDS Related Complex, except Truvada (below) are not eligible for coverage.

A	Aricept	brexpiprazole	Cognex
Abacavir	Artane	Busulfan	Combivir
Abarelix	asenapine	Busulfex	Comtan
Abatacept	atazanavir		Copaxone
abiraterone acetate	Atripla	C	Corlanor
Acamprosate	auranofin	calcium acetate	Crixivan
Actimmune	Avonex	Calquence	Cyclophosphamide
adefovir dipivoxil	Axona	Campral	Cyclosporine
Adriamycin	Azidothymidine	capecitabine	Cytarabine
Agrylin	Azilect	Carbex	Cytosar-U
Akineton	AZT (azidothymidine)	carbidopa	Cytoxan
Aldesleukin		carboplatin	
Alferon N	B	carmustine	D
Alkeran	Baraclude	Casodex	daclizumab
Altretamine	Basiliximab	CeeNU/CCNU	Dantrium
Ambrisentan	Bendopa	CellCept	dantrolene
anagrelide	benztropine mesylate	cerespan	darbepoetin
Antabuse	Betaseron	certolizumab	darunavir
Apokyn	bicalutamide	Cerubidine	dasabuvir
Apo-Levocarb	BiCNU	chlorambucil	daunorubicin
apomorphine	Biperiden	Cimzia	DDC
Apo-Selegiline	Blenoxane	cisplatin	DDI
Apo-Trihex	bleomycin sulfate	clozapine	Deca-Durabolin-Injectable
Aptivus	Boceprevir	Clozaril	delavirdine
Aranesp	Bosentan	Cogentin	

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Depade	Flolan	Insulin	maraviroc
Deprenyl	Floxuridine	Interferon	Megace
didanosine	Fluphenazine	interferon beta-1a	megestrol
diethylstilbestrol (DES)	Flutamide	interferon beta-1b	Mellaril
dihydroergotoxine	Fosamprenavir	Intron A	melphalan HCl
disulfiram	FUDR	Invega	memantine HCl
donepezil HCl	furosemide ≥40mg qd	Invirase	Mepsevii
Dopar	Fuzeon	Ionsys	Mercaptopurine
doxorubicin		Ipilimumab	Mesoridazine
Droxia	G	Isoniazide (INH)	Mestinon
	Galantamine	ivabradine HCl	methotrexate >15mg per wk
E	Gallium	J	Methylcobalamin
efavirenz	Ganite	Juluca	Mitomycin
Eldepryl	Geodon		Mitotane
Eligard	Glatiramer	K	Mitoxantrone
Eliphos	Gleevec	Kalydeko	Moban
Emcyt	Gliadel	Kemadrin	Modecate
Emtricitabine	gold sodium thiomalate		Molindone
Emtriva	Golimumab	L	Mutamycin
Enfuvirtide	goserelin	lamivudine	Mycophenolate
Entacapone		Lanzac	Myleran
entecavir	H	Larodopa	Myochrysine
Epivir	Haldol	Lasix ≥ 40mg qd	
Epoetin	haloperidol	L-Dopa	N
Epogen	Harvoni	lenalidomide	naltrexone
Epoprostenol	Hepsera	Letairis	Namenda
Epzicom	Herceptin	Letrozole	Namzaric
Ergamisol	Hexalen	leucovorin	Nandrolone
Ergoloid	Hivid	Leukeran	Natalizumab
Ergotox	Hydergine	leuprolide	Natrecor
Estramustine	Hydrea	levamisole	Navane
ethopropazine	hydroxyurea	levodopa	Nelfinavir
Etopophos		Lexiva	Neoral
Etoposide	I	Lodosyn	Neosar
Eulexin	Idamycin	Iomustine	Neostigmine
Exelon	idarubicin	Loxapac	Nesiritide
Extavia	Ifex	loxapine	Neulasta
	ifosfamide	Loxitane	Neupogen
F	Iloprost	lurasidone	Nevirapine
Fanapt	Imatinib	Lysodren	Nilandron
FazaClo	Incivek		Niloric
fentanyl HCl	Indinavir	M	Nilutamide
Filgrastim	Infergen		

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Nipent	procyclidine	saquinavir	Trihexy
Nivolumab	Procytox	Selegiline	trihexyphenidyl
Norvir	Profenamine	Selzentry	Triptorelin
Novantrone	Proleukin	Serentil	
Novo-Peridol	Prolixin	Sevelamer	
Nu-Levocarb	Prostigmin	Simponi	
	Purinethol	simprevir	
	pyridostigmine bromide	Simulect	
		Sinemet	
O		sodium oxybate	
olanzapine		sofosbuvir	Trizivir
Olysio	R	Sovaldi	Truvada *
ombitasvir	Rasagiline mesylate	Stalevo	Tysabri
Oncovin	Razadyne	Stavudine	Tyvaso
Opdivo	Rebetron	Stelazine	Tyzeka
Orap	Rebif	Streptozocin	
Orencia	Reminyl	Subutex	V
Orkambi	Remodulin	Sustiva	Valcyte
	Renagel	Sylatron	Valganciclovir
	Rescriptor	Symbyax	Velban
P	Retrovir	Symdeko	Ventavis
paliperidone	ReVIA		VePesid
papaverine	Revlimide	T	Versacloz
Paraplatin	Rexulti	Tacrine	Videx
paritaprevir	Reyataz	Tasmar	Viekira Pak
Parsidol	Rheumatrex >15mg per wk	Telaprevir	Vinblastine
Pavabid	Ridaura	Telbivudine	Vincristine
Pegasys	Rifapentine	Tenofovir	Viracept
pegfilgrastim	rifampin	Teslac	Viramune
peginterferon alfa-2a	Rilutek	Testolactone	Viread
Peg-Intron	Riluzole	Thioplex	Vivitrol
Pentostatin	Risperdal	Thioridazine	
Peridol	Risperidone	Thiotepa	W
Permitil	ritonavir	Timespan	Wellcoverin
perphenazine	Rituxan	Tipranavir	Wellferon
PhosLo	Rituximab	Tolcapone	
pimozide	rivastigmine tartrate	Toposar	X
Platinol	Rubex	Tracleer	Xeloda
Plenaxis		Trastuzumab	Xyrem (GHB)
Prednisone >10mg qd		Trelstar	
Prevymis	S	Trelstar-LA	Y
Prezista	Sandimmune	treprostinil	Yervoy
Priftin	Saphris	trifluoperazine	
Procrit			

* Order APS to ensure HIV status is negative. If unclear from APS, use Focused Interview to applicant to confirm.

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Z

zalcitabine

Zanosar

ZDV (zidovudine)

Zelapar

Zenapax

Zerit

Ziagen

zidovudine

ziprasidone

Zyprexa

Zytiga

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These medications may have multiple uses or they may be used for acute medical conditions and may be acceptable.

A

Abilify < 10mg qd ***
adalimumab*
Adcirca*
amantadine*
anakinra*
anastrozole*
Apo-Bromocriptine*
Aromasin*
Arimidex*
aripiprazole <10mg qd

Avinza**
Azasan*
azathioprine*

B

baclofen*
bromocriptine*
Buprenex**
Buprenorphine**

C

chlorpromazine*
cyclandelate*
cycloserine*
Cyclospasmol*

D

Demerol**
Dilaudid**
Dolophine**
Duragesic**

E

Enbrel*
Estinyl*
etanercept*
ethopropazine*
exemestane*

F

Femara*
fentanyl **
foscarnet*
Foscavir*

G

Gablofen*
Goserelin*
(Short term use 6mos
endometriosis only)

H

Humira*
hydrocodone
bitartrate
acetaminophen **
hydromorphone**

I

Imuran*
Infliximab*

K

Kadian**
Kineret*

L

Lasix <40mg qd
Latuda***
Lioresal*
Lorcet**
Lortab**

M

meperidine**
Methadone**
methotrexate ≤15mg
per wk
Mirapex*
morphine**
MS Contin**

N

n-acetylcysteine*
Neupro*

O

oxycodone**
Oxycontin**

P

Parlodel*
Percocet**
Percodan**
pramipexole*
Prednisone≤10mg qd

Q

quetiapine ≤25mg
qd***

R

Rayos*
Remicade*
Requip*
Revatio*
Rheumatrex ≤15mg
per wk
ropinirole*
rotigotine*
Roxicet**
Roxicodone**

S

Seromycin*
Seroquel ≤ 25mg
qd***
sildenafil*
Symmetrel*

T

tadalafil*
Thorazine*
tramadol**
Trilafon*
Tylenol #3**

U

Ultram**
Ultracet**

V

Vicodin**

Z

Zoladex*

Footnotes on next page

- * *This medication can be used for multiple conditions or is a high-risk medication.*
- ** *All drugs identified or classified as Narcotics, Opioids or Controlled Substances **used regularly for chronic pain relief** are not insurable. Use for acute medical conditions may be acceptable.*
- *** *This drug is classified as an atypical antipsychotic and can be used for multiple conditions. In general, all atypical and typical antipsychotics are not insurable. However, this drug may be considered under certain guidelines.*

Section 10: Billing & Premium Payments

LifeSecure offers flexible billing and premium payment options.

Billing

Billing Options During the Application Process or Post-Issue:

- Electronic Funds Transfer (EFT/ACH)
- Credit Card (Non-HSA) using Visa or MasterCard
- List Bill (Voluntary or Employer Contribution) using Payroll Deduction

EFT/ACH or Credit Card Requests:

Choosing the automatic draft options only requires the bank or credit card information to be keyed during the application process. There is no deposit or initial draft completed until a policy is issued. The application process will begin immediately upon the receipt of the completed application. There are no additional fees to use automatic draft options.

LifeSecure accepts Visa and Mastercard transactions associated with savings, checking and credit issuing financial service. HSA debit cards are not accepted.

List Bill (Payroll Deduction):

If the policy is currently on a List Bill, the policy must remain on payroll deduction until the employee is no longer employed with that employer. *Note: Only the policyholder (or someone who the policyholder authorizes in writing or verbally) may change the billing method of the policy. A non-authorized person may make a one-time-payment.*

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Premium Payments – Post Issue

Policyholder Support is here to assist with any premium payment questions or changes. You can reach us at **888.575.8246** or phs@yourlifesecond.com, or you may use the [Premium Payment Authorization Change Form](#).

Premium payment requests may include:

- Make a one-time payment to bring the policy current
- Update billing frequency or method
- Update banking information
- Update credit card information
- Request new draft date
- Provide payment receipts and account history

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Section 11: Commissions

Commission Payments

LifeSecure is committed to the servicing of our agents and helping them utilize our on-line resources to monitor their business and manage commissions. Commission payments are processed once a week and paid out as premium payments are received. Commission statements are available the 1st business day following the end of the premium payment cycle. All payments are directly paid into your bank account and therefore no waiting on a check to deposit.

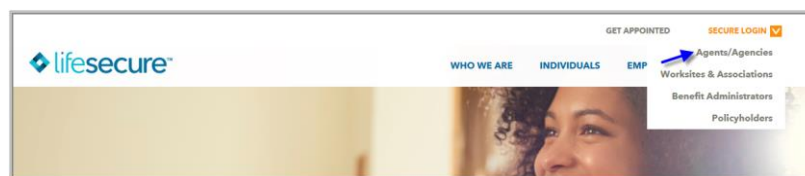
The LifeSecure Commission Team is here to help!

- Commission inquiries can be made by sending an email to commissions@yourlifefsecure.com or by calling 866-582-7701. The Commission Team is available Monday-Friday 8am-5pm (ET).
- Authorized contact names are kept on record as provided by the principal of each agency or each agent – commission detail information can only be shared with these authorized individuals

Additional Notes on Commission Payments

- Agents no longer actively selling or no longer appointed with LifeSecure will receive an electronic commission statement sent via email. These agents no longer have access to the Agent Portal, so LifeSecure makes getting the statement to them easy without making a special request.
- Some states have stricter regulations for commission payments than others. Policies that are internal or external replacements may be subject to these restrictions and receive less commissions than expected.
- Agents assigning their commissions (Payments not paid directly to them from LifeSecure) will not receive a commission statement and would refer to their upline for payments.
- The timing of the payment received into your bank account is dependent on your financial institution’s payment schedules and/or holiday schedules.
- Commissions are paid after premium is applied. If there is a gap in coverage due to lapse and reinstatement, the commissions will be gapped accordingly.
- To understand how to read our LifeSecure commission statements, [click here](#).

An active agent or agency may view their commission statements by going to yourlifefsecure.com and clicking on the secure login drop down in the right hand corner and selecting **Agents/Agencies**

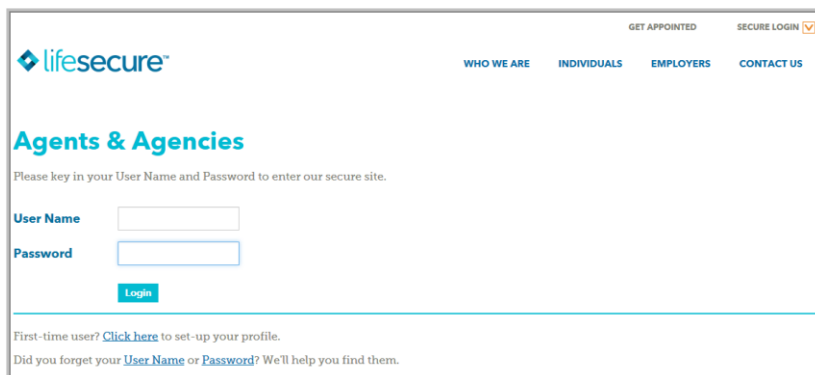


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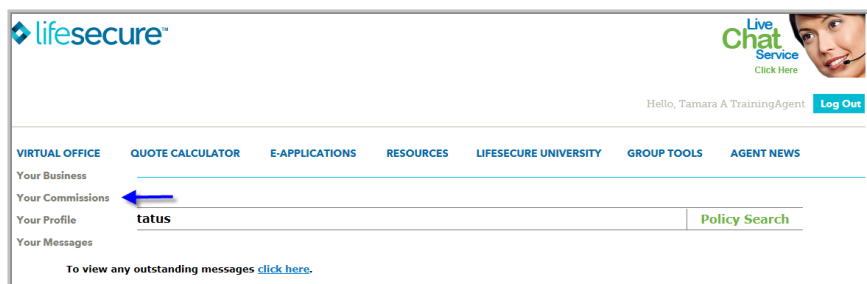
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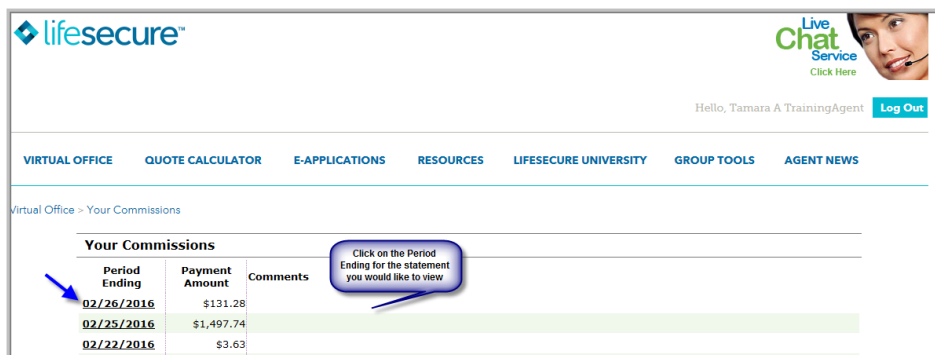
Enter User Name and Password of the agent or entity receiving payments, then click on the Login button. If a first-time user click on **“Click here”** to set up login credentials



Once logged in to the portal, click on the **“Virtual Office”** tab and from the drop down select **“Your Commissions”**



Once the next screen populates, click on the **Period Ending date** of the commission statement for viewing



With LifeSecure’s secure online access, commission data is at your fingertips!

- Once the requested commission cycle populates, it can be downloaded as a PDF or an Excel file
- Excel files can be modified/filtered for reporting purposes or uploaded into other software

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Commission Renewals

Commission renewals are paid as long as premium is received, per the commission schedule.

1099's

For year-end 1099's, contact Commissions with questions or to request duplicate copies.

LifeSecure follows IRS federal guidelines for 1099 thresholds. LifeSecure mails and postmarks the 1099's to the address on file prior to the federally mandated deadline. The 1099 is reported to the IRS in the name of the entity that the commissions or compensation were paid. 1099 reported amounts may include any rewards, gift cards or bonuses.

Throughout the year you can track your year-to-date commission paid amounts by referencing the top portion of your latest commission statement.

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Section 12: Coverage Changes – Post Issue

Our Policyholder Support team is available to assist with policy changes Monday-Friday, 8am – 7pm (ET) via phone, fax, email or chat. Policy changes are welcome, but are limited based on product series and date of issue.

Phone: 888.575.8246

FAX: 877.226.0925

Email: [p hs@yourlifesecond.com](mailto:phs@yourlifesecond.com) (Do not send PHI – email is not secure. Send via fax.)

Chat: www.YourLifeSecure.com

Mail: LifeSecure Insurance Company, P.O. Box 0300, New Hudson, MI 48165-0300

Increases in Coverage

Any policy series no longer being marketed/sold does not have the option to increase or add coverage, except for California LTC which does have an option to increase coverage under the retired policy series.

- Requests to increase coverage require a new application under the current policy series, medical records at the applicant's expense, and an underwriting review.
- Increases in coverage may result in a replacement policy where limited commission guidelines will be implemented.

Decreases in Coverage

Any policy series has the right to reduce the benefits, with exception to the Limited Pay options (Pay to 65 or 10 Pay). To ensure the correct options are available to the policyholder, refer to the policy language or call Policyholder Support.

You may also use our [Long Term Care Change Form](#) to make changes.

Lapse Designee

Policyholders may add or change a lapse designee at any time by contacting Policyholder Support or submitting a Change Form.

The purpose of a Lapse Designee is to notify someone at a different address of a potential lapse or termination due to nonpayment of premium. NOTE: Only one lapse designee may be assigned for each policy.

Policy Conservation

LifeSecure affords an agent the opportunity to conserve a policy in danger of canceling. Agents will receive an email (to the email address on file during appointment) with the information and date of pending cancelation in hopes the agent can conserve within 10 calendar days.

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Section 13: Claims

LifeSecure Care Advisors are available to help determine if a policyholder is eligible for LTC benefits.

The policyholder or their representative must notify LifeSecure of the claim request by calling: **888.575.8246** or writing to:

LifeSecure Insurance Company
ATTN: Claims Department
P.O. Box 0042
New Hudson, MI 48165-0042

LifeSecure will collect the information needed to determine eligibility for benefits. We may need to contact the policyholder's physician and review medical records. We may also arrange for an assessment to be performed by a nurse. A LifeSecure Care Advisor will notify the policyholder or their representative once we have determined eligibility for benefits.

We can arrange for a Plan of Care to be developed by a Licensed Health Care Practitioner.

Once the Benefit Wait Period has been met, benefit payments will be made upon receipt of proof of loss to you or a care provider to whom you assign benefits. All benefits payable are pursuant to your written Plan of Care.

Policyholders should refer to their actual insurance policy for more complete language regarding benefit eligibility and the overall claims process.

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Section 14: Policy Reinstatement Guidelines

Policyholders who lapse their coverage due to non-payment of premium have the option to reinstate their coverage. Refer to the policy for timeframes and guidelines. We have the right to require evidence of insurability. A completed Application and three years of medical records must be received by LifeSecure before the reinstatement option expires.

Note: This section is meant to provide general information. Please refer to the actual Policy for state specific provisions.

Proof of Insurability:

- All policyholders lapsing more than 90 days beyond the effective date due to non-payment of premium will require a new application.
- A new two-year Contestability period will apply to the responses on the application submitted for reinstatement.
- Applicants may be required to pay the cost of any records deemed necessary to provide this evidence.
- Should the reinstatement application be approved, all back premiums will be due, and if paid, there will be no gap in coverage. (Regulations regarding the gap in coverage and premiums due during that time vary by state and are significantly different in the state of Florida. Please refer to the Florida state specific policy for more details.)

Reinstatement Payment:

- SEND NO MONEY PRIOR TO APPROVAL OF THE REINSTATEMENT APPLICATION.
- As a business rule, all monies sent in before a reinstated policy is approved will result in an immediate refund.

Reinstatement Billing:

- Reinstated policies will be billed accordingly via EFT or Credit Card
- Most policies will be required to pay the policy current and will be billed for all premiums retroactively to the lapse date, depending on state regulations.
- Some state specific policies will be billed from the re-issue date forward and have a gap in coverage.
- Reinstatement payments are based on the paid to date, not the lapse date.
- The ability to reinstate coverage is based on the date of lapse, not the paid to date.

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Reinstatement Coverage Process:

- Complete and fax a paper application to LifeSecure at **877-226-0925** with a notation that it is for “Reinstatement Consideration”. Note that benefits cannot be increased on a reinstatement application.
- Advise the applicant of the reinstatement process:
- There will be an underwriting review for insurability.
- The applicant’s medical records are required for all reinstatements. **It is the responsibility of the applicant to request and pay for all costs associated with the medical records needed for reinstatement applications.** The records should be faxed directly from the medical center or physician’s office to Underwriting at 855-351-6500. After the application has been reviewed, Underwriting may contact the applicant for additional medical records, if needed.
- If the reinstatement application is approved, the premium rating age will be the same as it was at time of the original policy effective date.
- The applicant may be billed for premium due for the time between the lapse date and the reinstated date to pay the policy current depending upon state regulations.
- The applicant will not be billed, nor will LifeSecure accept payment, until reinstatement is approved. There may be a gap in coverage depending on state regulations.
- The contestability period:
 - o Gaps in coverage do not count towards the original contestability period.
 - o All states require that the time period prior to lapse be applied to the original contestability period. Only the information on the new application is subject to a new contestability period.

Alternative Option to Reinstatement Coverage:

- Complete and submit a new application through the Agent Portal if long term care is available for sale in the state and the worksite group is open for enrollment.
- Contact Agent Support at 866-582-7701 to receive authorization to enter this application through the Agent Portal. This is important because if authorization is not received, the portal will not accept the new application.
- Once authorization is received, enter the application through the Agent Portal.
- Advise the applicant of the underwriting process for new applications when they already hold a lapsed policy:
 - o There will be an underwriting review for insurability.
 - o If a new application is submitted within the ‘Reinstatement Eligibility’ period, the applicant will be subject to a mandatory review of medical records, regardless of protocols.
 - o Other Underwriting protocols may also be required.
 - o There will be a gap in coverage between the “lapsed” application and the effective date of the new application.

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- As is standard practice for all new applications:
 - o The applicant is not responsible to obtain, nor pay, for the cost of needed medical records.
 - o If the new policy application is approved, the premium will be based on the applicant's current age when the new application was submitted.
 - o The policyholder will not be billed until the new policy is approved.
 - o A two-year contestability period will apply to the responses on the new application.
 - o The new policy will be considered an internal replacement policy and signed replacement forms will be required per state regulation(s).
 - o Because the new policy is an internal replacement, no first-year commissions will be paid on this new policy – see Commissions section of this guide for more information.

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Section 15: Policy Administration Information

LifeSecure offers support before, during and after the application process.

Agent Support

The Agent Support team is available to assist agents Monday – Friday, 8am-7pm (ET) via phone, email or online chat.

Phone: 866.582.7701

Email: agentsupport@yourlifefsecure.com

They can assist agents with the following, plus much more:

- Agent portal navigation
- Application submission assistance
- Product questions
- Assistance ordering supplies
- Running proposals

Contact your Agent Support team today!

LiveChat

Agents can LiveChat via the Agent portal with the following departments while assisting clients:

Department	Hours
Agent Support	Monday – Friday, 8am – 7pm (ET)
Policyholder Support	Monday – Friday, 8am – 7pm (ET)
Agent Licensing	Monday – Friday, 8am – 6pm (ET)

Document Uploads Via Your Agent Portal

Agents can upload documents in real-time directly to their Agent portal to attach to a policy. Contact Agent Support to learn how.

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Request for Duplicate Welcome Kits or Copies of Schedules of Benefits

All requests should be submitted to Policyholder Support at 888-575-8246 or phs@yourlifefecure.com. As a reminder, policies can always be viewed online in the Policyholder portal at YourLifeSecure.com.

Definitions

Below are definitions of common terms to help manage your business.

Effective Date – The date a policyholder becomes covered under the Policy (as shown by the Policy Effective Date on the Schedule of Benefits), subject to receipt of a full modal premium payment. If the full modal premium has not been received by LifeSecure at the time a claim that occurs after the effective date is approved for payment, LifeSecure would require the premium to be paid to us before the claim is paid.

NOTE: *Effective dates cannot be 29, 30 or 31.*

For non-list bill policies, if a policy is issued on the 29th, 30th, or 31st, the effective date will be the 1st of the next month. (i.e. – Policy Issued=03/29, Effective Date = 04/01)

List bill policies will always be effective on the first of a month regardless of issue date.

Forwarding Dating – This is when Applicants and/or Agents request that the Effective Date of non-list bill policies be set to a date into the future beyond which the Effective Date would otherwise be established.

Signed Date – The date the application is signed. This date may differ from the Submitted/Received Date when an applicant signs a paper reinstatement application and the agent does not submit the application into the LifeSecure online Agent Portal on the same date the applicant signed the application.

Submitted/Received Date – The date the application is fully submitted and assigned a LifeSecure policy number via a LifeSecure online portal. This date may be different than the date a paper reinstatement application was signed by the applicant and it may be different than the date a voice signature was completed.

Approved/Issue Date – The date Underwriting has determined the applicant will be offered the insurance policy.

Rating Age – The age on which the policy premium amount is determined. The rating age default is the age as of the date the application is signed by the applicant.

Rescission – When a policy is rescinded by LifeSecure due to proven misrepresentations or misstatements on an application, any commission paid to the agent will be collected by LifeSecure. A Rescission is a complete cancelation or annulment of a policy as if it did not exist. Since the policy did not exist, commissions should not be expected. Any commissions paid on a policy that is rescinded will be reversed and collected from the agent by LifeSecure.

List Bill application/policy – Any application/policy (simplified issue or fully underwritten) where the premium payment method is via payroll deduction or employer paid to LifeSecure.

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Non-List Bill application/policy – Any application/policy (simplified issue or fully underwritten) where the premium payment method is one of the following: EFT/ACH or Credit Card.

EFT/ACH application/policy – Any application/policy where the policyholder submits a bank account number to LifeSecure which allows the premium payment to be drafted from the bank account. A specific draft date may be selected during the insurance application process. If a specific draft date is not selected, the draft date will be 5 days after the approved date of LTC policies. The EFT/ACH draft date is independent of the Effective Date. Bank accounts will only draft on the bill date chosen if premium is due or will become due within the month. No premium payment is required with the application when the EFT/ACH bill method is selected. See examples below:

EXAMPLE 1:	
Policy Issued Date:	04/29
Policy Effective Date:	05/01 (see Effective Date definition on previous page)
<u>Selected</u> Bill Date:	05
1st Draft Date:	05/05

When payment is received from the 05/05 draft, the payment covers the period of 05/01 through 05/31 and the paid-to date becomes 06/01.

EXAMPLE 2:	
Policy Issued Date:	05/07
Policy Effective Date:	05/07 (see Effective Date definition on previous page)
<u>Selected</u> Bill Date:	05
1st Draft Date:	06/05

When payment is received from the 06/05 draft, the payment covers the period of 05/07 through 06/06 and the paid-to date becomes 06/07.

Credit Card application/policy – Any application/policy where the policyholder submits a credit card number to LifeSecure which allows the premium payment to be charged to the credit card. Once the application is approved, credit cards will only be charged on the bill date if premium is due or will become due within the month.

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No premium payment is required with the application when the Credit Card bill method is selected. See example below.

EXAMPLE:	
Policy Issued Date:	04/18
Policy Effective Date:	04/18
<u>Selected</u> Bill Date:	25
1st Draft Date:	04/25

When payment is received from the 04/25 charge, the payment covers the period of 04/18 through 05/17 and the paid-to date becomes 05/18.

List Bill (Payroll Deduction) Effective Dates:

Employer groups may establish a common Effective date for all employees on any first of the month that is not more than five months after the beginning of their initial enrollment period with a LifeSecure product, or as established during the employer group setup.

Example: *If an enrollment period is from Jan. 1 through March 31, an Effective date may be designated as early as May 1 or as late as June 1 (but no later). This common Effective date will apply to those who are eligible for list-bill inclusion for both simplified issue and full underwriting.*

If a rolling Effective date is chosen for a list-bill group, or for applications issued after the initial enrollment period, standard effective date rules apply as follows:

- If the approval date is during the first 15 days of a month, the Effective date will be the first (1st) of the following month.
- If the approval date is after the first 15 days of a month, the Effective date will be the first (1st) of the second month following the approval month.

Examples: *If the LifeSecure Approval Date is 2/15, the Effective Date is 3/1.
If the LifeSecure Approval Date is 2/16, the Effective Date is 4/1.*

Note: *The List Bill method used for employer groups requires both the employee and their spouse/ domestic partner to remain on the list bill.*

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NON-List Bill Effective Dates:

The effective date for EFT/ACH and Credit Card billing methods is:

- The date the policy is approved by LifeSecure, except when a policy is approved on the 29th, 30th, or 31st – then the effective date will be the 1st of the next month. (i.e. – Policy Issued=03/29, Effective Date = 04/01)

Note: Coverage is not in force until one full modal payment is received regardless of the billing method.

Forward-Dating of an Effective Date (NON-List Bill only):

If an applicant requests a specific future Effective Date on their policy application, beyond which the Effective Date would otherwise be established, it will be allowed under the following conditions:

- The request is documented on the application, or the request is received by LifeSecure before underwriting is completed.
- The requested Effective Date is not more than 30 days beyond the Approved/Issue Date.
- Requests for future Effective Dates can be for a specific date from 1 – 28 (but not 29, 30 or 31), or for a specific number of days (30 or less) after the approval date.

Exceptions for requests to forward an Effective date AFTER the policy is approved require review and approval through LifeSecure corporate office. If the exception is approved, the original policy will be terminated and a new policy created (thus establishing a new policy number).

- An exception will not be approved if the sole reason to push forward the effective date after a policy is issued is to by-pass a monthly premium payment.

How Billing is Affected by Forward-Dating an Effective Date:

EFT/ACH – A specific EFT/ACH draft date may be selected during the insurance application process. If a specific draft date is not selected, the draft date will be 5 days after the submitted date for LTC policies. The draft date is independent of the Effective Date. Bank Accounts will only draft on the bill day chosen if premium is due or will become due within the month. See example below:

EXAMPLE:	
Policy Issued Date:	04/16
Forward Dated Effective Date:	05/01
<u>Selected</u> Bill Date:	05
1st Draft Date:	05/05

When payment is received from the 05/05 draft, the payment covers the period of 05/01 through 05/31 and the paid-to date becomes 06/01.

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Credit Cards – Credit cards will only be charged on the bill day if premium is due or will become due within the month. See example below:

EXAMPLE:	
Policy Issued Date:	04/16
Forward Dated Effective Date:	05/10
<u>Selected</u> Bill Date:	16
1st Draft Date:	04/16

When payment is received from the 04/16 charge, the payment covers the period of 05/10 through 06/09 and the paid-to date becomes 06/10.

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Section 16: Helpful LifeSecure Links

- [LifeSecure Company Directory](#) – A quick reference guide with LifeSecure contacts, resources, other useful information.
- [Plan-at-a-Glance Flyer](#) – A quick reference overview of LifeSecure's long term care insurance product for the worksite.
- [Product Availability Chart by State](#) – View a chart of LifeSecure insurance products approved for sale, by state (Accident, Critical Illness, Hospital Recovery and Long Term Care).
- [Policyholder Change Forms](#) – Includes the Premium Payment Authorization Change Form and the Long Term Care Change Form. *NOTE: Any increases or addition to coverage will require a new application for the current policy series.*
- [How to Read a Commission Statement](#)

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