

# *Long-Term Care Insurance*

UNDERWRITING GUIDE

LONG-TERM CARE I

LONG-TERM CARE II

---



# Table of Contents

---

<b>Topic</b>	<b>See Page</b>
Contact Information	1
Plan Choices	2
Benefit Limits/Options	3
New Business Requirements	5
Optional Benefits	6
Administrative Handling	10
Policy Underwriting	11
Application Completion	12
Underwriting Requirements	13
Underwriting Philosophy	14
Rate Classes	15
Preferred Criteria	16
Build Chart	17
Uninsurable Health Conditions	18
Uninsurable Medications	19
Some Medications Associated With Uninsurable Health Conditions	19
Health Condition Combinations	21
Medical Impairments	22

# Contact Information

---

## Addresses

General Mailing  
Long-Term Care Service Office  
PO Box 64901  
St. Paul, MN 55164-0901

Expedited Mail  
Long-Term Care Service Office  
7805 Hudson Rd., Ste. 180  
Woodbury, MN 55125-1591

## Premium Submission (other than premium collected with the application)

Mutual of Omaha  
PO Box 30154  
Omaha, NE 68103-1252

## Claims

7:00 a.m. – 5:00 p.m. CST M-F

**Phone 1-877-894-2478**

## Customer Service

7:00 a.m. – 5:00 p.m. CST M-F  
Billing and Collection  
New Business Service  
Policy Issue

**Phone 1-877-894-2478**

## Licensing

8:00 a.m. – 4:30 p.m. CST M-F

**Phone 1-800-867-6873**

## Underwriting

8:00 a.m. – 4:30 p.m. CST M-F  
Prequalification  
Risk Selection

**Phone 1-800-551-2059**

## E-mail

[lrcunderwriting@mutualofomaha.com](mailto:lrcunderwriting@mutualofomaha.com)

# PLAN CHOICES

LTC I and LTC II give your clients a variety of choices, which enables you to help them design a long-term care plan to fit their needs and budget.

Plan Choices	LTC I	LTC II
Daily Benefit Amount	\$50 to \$400 per day (\$500 in NY)	\$50 to \$400 per day (\$500 in NY)
Elimination Period	<ul style="list-style-type: none"> <li>• 30 days</li> <li>• 90 days</li> </ul>	<ul style="list-style-type: none"> <li>• 0 days</li> <li>• 30 days</li> <li>• 60 days</li> <li>• 90 days</li> <li>• 180 days</li> <li>• 365 days</li> </ul>
Benefit Multiplier <small>(Used to calculate the maximum benefit amount and not intended to represent the time for which benefits are payable. Daily benefit amount x benefit multiplier x 365 days = maximum benefit amount.)</small>	<ul style="list-style-type: none"> <li>• 3 years</li> <li>• 5 years</li> <li>• Life (Unlimited)</li> </ul>	<ul style="list-style-type: none"> <li>• 2 years</li> <li>• 3 years</li> <li>• 4 years</li> <li>• 5 years</li> <li>• Life (Unlimited)</li> </ul>
Maximum Benefit Amounts “Pool”	<ul style="list-style-type: none"> <li>• One (covers both confined care and home health care)</li> </ul>	<ul style="list-style-type: none"> <li>• One (covers both confined care and home health care)</li> <li>• Two (one for confined care and one for home health care)</li> </ul>
Home Health Care Maximum Daily Benefit	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	With One Maximum Benefit Amount: <ul style="list-style-type: none"> <li>• 50%</li> <li>• 100%</li> </ul> With Two Maximum Benefit Amounts: <ul style="list-style-type: none"> <li>• \$50 to \$400 (\$500 in NY)</li> </ul>
Tax Status	<ul style="list-style-type: none"> <li>• TQ only</li> </ul>	<ul style="list-style-type: none"> <li>• TQ</li> <li>• Non-TQ</li> </ul>
Inflation Protection	<ul style="list-style-type: none"> <li>• Guaranteed Purchase Option</li> <li>• Five-Percent Simple</li> <li>• Five-Percent Compound</li> <li>• Five-Percent, 20-Year Compound</li> </ul>	<ul style="list-style-type: none"> <li>• Guaranteed Purchase Option</li> <li>• Five-Percent Simple</li> <li>• Five-Percent Compound</li> <li>• Five-Percent, 20-Year Compound</li> </ul>
Premium Payment Options	<ul style="list-style-type: none"> <li>• 10-Year</li> <li>• To Age 65</li> <li>• Lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• 10-Year</li> <li>• To Age 65</li> <li>• Lifetime</li> </ul>
Nonforfeiture Benefit	Yes	Yes
Spouse Waiver of Premium and Survivorship Benefit	Yes	Yes
Indemnity Option	No	Yes
Spouse Benefit (60%)	No	Yes
Monthly Health Care Benefit	No	Yes
Waiver of Home Health Care Elimination	No	Yes (with One Maximum Benefit Amount)
Return of Premium at Death Less Claims	No	Yes
Premium Discounts	<ul style="list-style-type: none"> <li>• Preferred</li> <li>• Couple</li> <li>• Two-Person Household</li> <li>• Association Group</li> <li>• Employer Sponsored</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred</li> <li>• Couple</li> <li>• Two-Person Household</li> <li>• Association Group</li> <li>• Employer Sponsored</li> </ul>

This chart provides an overview of Mutual of Omaha’s long-term care plans. Certain benefits and features may not be available in all states.

Policy forms LTC041-TQ, LTC041-NTQ, LTC041-AG-TQ, LTC041-AG-NTQ or state equivalent.

## Benefit Limits/Options

---

1. Plans may be issued as Tax Qualified or Non-Tax Qualified (except the Simplified Plan (**LTCI**) may only be issued as Tax Qualified).
2. Simplified Plan (**LTCI**) (One Pool for nursing home/assisted living and home health care)
  - (a) Benefit multipliers of 3, 5 and Unlimited.
  - (b) Nursing home/assisted living facility daily benefit amount of \$50 – \$400 (\$500 in NY) in \$10 increments.
  - (c) The amount of the One Maximum Lifetime Benefit is calculated by multiplying the number of years in the benefit multiplier by 365, and then multiplying that amount by the Nursing Home/ALF Maximum Daily Benefit.
  - (d) Elimination periods of 30 and 90 days.
  - (e) Home health care daily benefit is 100% of the Nursing Home Maximum Daily Benefit.
  - (f) Tax Qualified coverage only.
3. One Pool (**LTCII**) for nursing home/assisted living and home health care:
  - (a) Benefit multipliers of 2, 3, 4, 5 years and Unlimited.
  - (b) Nursing home/assisted living facility daily benefit amount of \$50 – \$400 (\$500 in NY) in \$10 increments.
  - (c) The amount of the One Maximum Lifetime Benefit is calculated by multiplying the number of years in the benefit multiplier by 365, and then multiplying that amount by the Nursing Home/ALF Maximum Daily Benefit.
  - (d) Home health care daily benefit: 50% or 100% of the NH Maximum Daily Benefit.
  - (e) Elimination periods of 0, 30, 60, 90, 180 and 365 days.

If the 30, 60, 90, 180 or 365 day elimination period is chosen, the applicant has the option to choose the Waiver of Elimination Period for Home Health Care (0-day elimination period for Home Health Care).
4. Two Pools (**LTCII**) for confined care (NH/ALF) and home health care:
  - (a) Benefit multipliers of 2, 3, 4, 5 years and Unlimited.
  - (b) NH/ALF daily benefit amounts of \$50 – \$400 (\$500 in NY) in \$10 increments.
  - (c) The benefit multiplier for home health care coverage must always be less than or equal to the benefit multiplier for the base coverage.
  - (d) The daily benefit amount for home health care must be at least 50% of the confined care daily benefit amount (rounded up in \$10 increments) and cannot exceed the confined care daily benefit amount.
  - (e) The amount of the Confinement (Nursing Home/Assisted Living Facility) Maximum Lifetime Benefit is calculated by multiplying the number of years in the Confined Care Benefit multiplier by 365, and then multiplying that amount by the Nursing Home/ALF Maximum Daily Benefit. The amount of the Home Health Care Maximum Lifetime Benefit is calculated by multiplying the number of years in the HHC benefit multiplier by 365, and then multiplying that amount by the Home Health Care Maximum Daily Benefit.
  - (f) Elimination periods of 0, 30, 60, 90, 180 and 365 days.
5. TOTAL DAILY BENEFITS for Nursing Home/Assisted Living or Home Health Care, including all long-term care policies in force, cannot exceed \$400 (\$500 in NY).
6. PAYMENT Period Options:
  - (a) 10-year pay,
  - (b) To-age-65 pay, or
  - (c) Level lifetime pay.
7. The following options MUST be offered (for further information, refer to the Underwriting Rules for Optional Benefits section):
  - The 5% Compound Inflation Benefit (Lifetime) must be offered to all applicants. One inflation protection benefit (GPO, Simple Inflation or Compound Inflation) must be selected at time of application. If the Simple or Compound Inflation Benefits are not chosen, the GPO benefit must be added. (This GPO requirement does not apply when a Limited Payment option or the Return of Premium at Death Less Claims option is selected.)
  - Non-Forfeiture Benefit – Shortened Benefit Period (if not chosen, the Contingent Non-Forfeiture Benefit will be added).

8. Available DISCOUNTS:

- (a) For spouse – 30% discount each (when both are issued coverage).
- (b) Married – 15% discount if only one spouse applies for coverage, or if both apply and one is declined.
- (c) For two-person household – 10% discount each (when both are issued coverage). A Two Person Household is defined as two adults age 18 or older living together on an continuous basis for at least 12 months.  
**NOTE:** A person cannot have both a spouse discount and a two-person household discount.
- (d) For members of a affinity associations: 10% discount (spouse, parents (including in-laws) and adult children of the member also qualify for the discount). Limited pay options are not available.
- (e) For LTC Employee Paid plans: limited pay options are not available.
- (f) For Employer Paid/List Bill plans: 10% discount. (See guidelines below.)  
**NOTE:** Spouse/Preferred Health or Spouse/Association discounts are multiplicative. See the rate book for details.

**Optional Benefits Available – Cost (please refer to the underwriting rules for each option for additional information)**

- SIMPLE INFLATION PROTECTION
- COMPOUND INFLATION PROTECTION (LIFETIME)
- COMPOUND INFLATION PROTECTION – 20 YEAR
- NON-FORFEITURE BENEFIT – SHORTENED BENEFIT PERIOD
- INDEMNITY COVERAGE (NH, ALF)
- MONTHLY HOME HEALTH CARE BENEFIT
- SPOUSE WAIVER OF PREMIUM AND SURVIVORSHIP BENEFIT
- SPOUSE BENEFIT
- RETURN OF PREMIUM AT DEATH LESS CLAIMS BENEFIT
- 10-YEAR PREMIUM PAYMENT OPTION
- TO-AGE-65 PREMIUM PAYMENT OPTION

**Optional Benefits Available – No Cost (please refer to the underwriting rules for each option for additional information)**

- GUARANTEED PURCHASE OPTION
- CHRISTIAN SCIENCE PROVIDERS

**Mandated Benefit – No Cost (please refer to the underwriting rules for each option for additional information)**

- CONTINGENT NON-FORFEITURE BENEFIT

# New Business Requirements

---

## LTC Employer Paid Plans

1. Self-employed persons, owner/employees of a corporation, employees and spouses of employees may apply for coverage. All benefit options are available, except as noted in rules 4 and 5 below. The policy benefit determination is made by the employer.
2. Employee contributions are allowed; however, the employer will be billed for the full premium. Employer contributions or endorsement of the program will require ERISA claims handling. The employee can also purchase his or her own separate individual coverage to supplement the employer-paid plan. A minimum 10% employer participation is required.
3. Underwriting will be handled as follows: Preferred, Select, Substandard (Class I or II) or Decline.
4. Tax Qualified coverage only.
5. No Cash is to be submitted with Application.
6. No Guaranteed Purchase Option allowed.
7. Three applications are required to set up a list bill. A ten percent (10%) premium discount is allowed (with partial commission offset\*).
8. The following special form is required if new Employer Paid Group – LTC New Employer Questionnaire (signed by employer and submitted to insurance company) at time of sale.

\* See your compensation schedule for details.

## LTC Employee Paid Plans

1. Owner/employees of a corporation, employees and spouses of employees may apply for coverage. All benefit options are available.
2. Underwriting will be handled as follows: Preferred, Select, Substandard (Class I or II) or Decline.
3. Ten percent (10%) premium discount (with commission offset\*) is allowed.
4. Limited pay options are not available.
5. No Cash is to be submitted with Application.
6. The following special forms are required for payroll deduction.
  - LTC New Employer Questionnaire (by Employer) if new Employee Paid Group

\* See your compensation schedule for details.

# Optional Benefits

---

## **Simple Inflation Protection – 5%**

1. May be added to new issues of the Simplified Plan (LTCI), One Maximum Lifetime Benefit (LTCII) or Two Maximum Lifetime Benefits (LTCII) coverage.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit will increase the premium.
4. Only one inflation protection benefit (GPO, Simple or Compound) may be selected.
5. This benefit may be removed after issue with no refund of premium. The daily benefits and remaining maximum lifetime benefit(s) will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

## **Compound Inflation Protection Benefit – Lifetime – 5%**

1. This benefit must be offered to all applicants.
2. May be added to new issues of the Simplified Plan (LTCI), One Maximum Lifetime Benefit (LTCII) or Two Maximum Lifetime Benefits (LTCII) coverage.
3. The underwriting for this benefit will be the same as the policy to which it is attached.
4. This benefit will increase the premium.
5. Only one inflation protection benefit (GPO, Simple or Compound) may be selected.
6. This benefit may be removed after issue with no refund of premium. The daily benefits and remaining maximum lifetime benefit(s) will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

## **Compound Inflation Protection Benefit – 20 Year – 5%**

1. May be added to new issues of the Simplified Plan (LTCI), One Maximum Lifetime Benefit (LTCII) or Two Maximum Lifetime Benefits (LTCII) coverage.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit will increase the premium.
4. Only one inflation protection benefit (GPO, Simple or Compound) may be selected.
5. This benefit may be removed after issue with no refund of premium. The daily benefits and remaining maximum lifetime benefit(s) will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

### **Guaranteed Purchase Option**

1. This benefit must be added to new issues of the Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) coverage if Simple or Compound Inflation Protection has not been chosen by the applicant, except as shown in rule 3 below.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit is not available with:
  - limited pay options;
  - the Return of Premium at Death Less Claims option; or
  - Employer Paid plans.
4. Only one option offer will be made on the offer date following age 80.

### **Non-Forfeiture Benefit – Shortened Benefit Period**

1. This benefit must be offered to all applicants.
2. May be added to new issues of the Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) coverage.
3. The underwriting for this benefit will be the same as the policy to which it is attached.
4. This benefit will increase the premium.
5. This benefit may be removed after issue. If it is removed, the Contingent Non-Forfeiture Benefit must be added (no-cost benefit).

### **Indemnity Benefits (NH and ALF)**

1. May be added to new issues of the One Pool (LTCII) or Two Pool (LTCII) forms.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit is not available:
  - (a) to Class I and Class II risks;
  - (b) if the Spouse Benefit is attached to the policy; or
  - (c) on a Non-Tax Qualified basis.
4. This Indemnity Benefit applies to nursing home confinement and assisted living facility confinement.
5. This benefit may be removed at the request of the Insured.

### **Monthly Home Health Care Benefit**

1. May be added to new issues of the One Pool (LTCII) or Two Pool (LTCII) forms.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. This benefit may be removed at the request of the Insured.

### **Spouse Waiver of Premium and Survivorship Benefit**

1. May be added to new issues of the Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) coverage.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. Both husband and wife must apply for and be issued this benefit at the same time.
4. This benefit is not available:
  - (a) to Class I and Class II health risks;
  - (b) with the Spouse Benefit;
  - (c) with Limited Payment Options; or
  - (d) to Two Person Households.
5. This benefit may be removed at the request of the Insured.

### **Spouse Benefit**

1. May be added to new issues of the One Pool (LTCII) or Two Pool (LTCII) forms.
2. No underwriting applies to the dependent spouse.
3. This benefit is not available with:
  - (a) Non-Tax Qualified plans;
  - (b) Indemnity Coverage;
  - (c) Spouse Waiver of Premium and Survivorship Benefit;
  - (d) Principal insureds with Issue ages greater than age 69;
  - (e) Principal insureds that are Class I or Class II risks; or
  - (f) Two-Person households.
4. The 30% Spouse Discount does not apply; the 15% insurable spouse discount will, if the requirements explained under Benefit Limits/Options.
5. This benefit may be removed at the request of the Insured.

### **Return of Premium at Death Less Claims Benefit**

1. May be added to new issues of One Pool (LTCII) and Two Pool (LTCII) coverage.
2. The maximum issue age for this benefit is age 65.
3. The underwriting for this benefit will be the same as the policy to which it is attached.
4. This benefit will increase the premium.
5. This benefit may be removed and the premium reduced after issue with no refund of premium.
6. This benefit is not available if Guaranteed Purchase Option is selected.

### **10-Year Premium Payment Option**

1. May be added to new issues of the Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) coverage.
2. The underwriting for this benefit will be the same as the policy to which it is attached.
3. Only one limited payment option may be added: (a) 10 year, or (b) To Age 65 (described below).
4. A limited payment option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given.
5. This option is not available with:
  - (a) the Spouse Waiver of Premium and Survivorship Benefit;
  - (b) the Guaranteed Purchase Option;
  - (c) Association Marketing policies; or
  - (d) Class I and Class II health risks.

### **To-Age-65 Premium Payment Option**

1. May be added to new issues of the Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) coverage.
2. The underwriting for this benefit will be same as the policy to which it is attached.
3. Only one limited payment option may be added: (a) 10 year (described above), or (b) To Age 65.
4. A limited payment option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given.
5. The maximum issue age for the To Age 65 limited payment option is through age 54.
6. This option is not available with:
  - (a) the Spouse Waiver of Premium and Survivorship Benefit;
  - (b) the Guaranteed Purchase Option;
  - (c) Association Marketing policies; or
  - (d) Class I and Class II health risks

### **Christian Science Providers**

1. May be added to new issues of the Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) coverage at the request of the applicant/policyowner.
2. No underwriting applies to this benefit.

### **Contingent Non-Forfeiture**

1. Will be automatically added to new issues of Simplified Plan (LTCI), One Pool (LTCII) or Two Pool (LTCII) forms if the Shortened Benefit Period Non-Forfeiture Benefit is not purchased.
2. Will be added to an in-force policy (as listed above) if the Shortened Benefit Period Non-Forfeiture Benefit was purchased and then removed at the policyowner's request after issue.

# Administrative Handling

## Downgrades/Premium Paying Period Changes

<p><b>Downgrades/Dropping Coverage</b></p> <p>Drop:</p> <ul style="list-style-type: none"> <li>■ inflation protection,</li> <li>■ return of premium,</li> <li>■ Shortened Benefit Period nonforfeiture,</li> <li>■ indemnity coverage,</li> <li>■ spouse survivorship/spouse waiver,</li> <li>■ dependent spouse benefits,</li> <li>■ monthly home health care benefits.</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number.</li> <li>■ Continuing benefits keep original issue age.</li> <li>■ Continuing benefits continue to pay renewal compensation.</li> <li>■ Effective on original effective date if requested within 60 days of original effective date.</li> <li>■ If requested more than 60 days after issue, effective date is approval date.</li> <li>■ Show date of dropped coverage.</li> <li>■ Print new policy and new Schedule Page.</li> </ul>
<p><b>Downgrades/Reducing Coverage</b></p> <p>Reduce:</p> <ul style="list-style-type: none"> <li>■ daily benefit amount; or</li> <li>■ benefit maximum(s)</li> </ul> <p>Increase:</p> <ul style="list-style-type: none"> <li>■ elimination period.</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number.</li> <li>■ All benefits keep original issue age.</li> <li>■ Continuing benefits continue to pay renewal compensation.</li> <li>■ Effective on original effective date if requested within 60 days of original effective date.</li> <li>■ If requested more than 60 days after issue, effective date is approval date.</li> <li>■ Show date of reduction.</li> <li>■ Print new Endorsement with benefit change and new Schedule Page.</li> </ul>
<p><b>Changes to Premium Paying Period</b></p> <p>Convert from limited pay to lifetime pay.</p>	<ul style="list-style-type: none"> <li>■ Same policy number.</li> <li>■ No underwriting required.</li> <li>■ Lifetime premium at original age.</li> <li>■ No credit given for payment made during limited pay period.</li> <li>■ Pay renewal commissions based on lifetime premium paying period.</li> <li>■ Effective on original effective date if change requested within 60 days of original effective date.</li> <li>■ If change request more than 60 days after issue, effective date is approval date.</li> <li>■ Print new policy and new Schedule Page.</li> </ul>

# Policy Underwriting

---

**Application Received Date** The application must be received in our Service Office within 30 days of the application date. Applications more than 30 days old when received will require a currently dated application. Premium will be based upon the applicant's age as of the new application signing date.

**Active Duty Military** – The applicant must be in the United States when the application is signed, the interview completed, and the policy delivered. Foreign Travel requirements will not apply.

**Benefit Decreases** are allowed. Refer to Downgrades/Premium Paying Period Changes chart.

**Benefit Increases** may be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health M24181 is required.

**Coverage Effective Date** (if policy is issued)

New Business Money Submitted – application signing date

New Business No Money Submitted – policy issue date

Replacement Money Submitted – requested effective date up to 60 days after the application signing date

Replacement No Money Submitted – requested effective date up to 60 days after the application signing date, but not prior to policy issue date

No coverage will be in effect before the Coverage Effective Date

**Domestic Partners or Parties to a Civil Union** – If the applicant's resident state recognizes Domestic Partnerships or Civil Unions and records members of either the same rights as married persons, spouse and married discounts and spouse policy benefits will apply. Pertinent application questions should be answered as if the applicants are married.

**Foreign Nationals** – Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 ("Green Card"). Include the Foreign National and Foreign Travel Questionnaire (L5719) with the applications for applicants who meet residency requirements.

**Foreign Travel** – The applicant must be in the U.S. to complete their application and interview and to accept delivery of their policy. Those traveling to an OFAC Sanctioned Country are ineligible for coverage.

**Initial Premium** submit the full initial modal premium. Two months for monthly bank draft. Available modes include:

- monthly EFT
- quarterly
- semi-annual
- annual
- payroll deduction (PRD)\*
- employer paid (list bill)\*

\*See the separate explanation of PRD and employer paid requirements.

## Issue Ages 18-79

**Non-Forfeiture Benefit – Shortened Benefit Period** MUST be offered. If not chosen, the Contingent Non-Forfeiture benefit will be added.

**Replacements** require full underwriting. A replacement form must be submitted for all applicants replacing other policies. The prior coverage must be shown on the application.

**Reinstatements** – A client may be eligible for reinstatement of their policy if their attained age is less than 72 and the policy has been lapsed for less than 180 days. The former insured should contact Customer Service to initiate the reinstatement. They will be mailed an application for completion. The underwriter may or may not require that a current phone interview and medical records be obtained. If reinstatement is approved, the client must pay all back premium within 35 days of reinstatement approval. If money is not received timely, the client is ineligible for reinstatement and must reapply for coverage with premium at current age.

**Save Age** – Premium will be based upon the applicant's age on the date the application is signed. If the applicant's date of birth is within 30 days of the application signing date, rates will be based upon the younger age.

**Suitability** – A completed Long-Term Care Personal Worksheet is included in each application packet and must be submitted with each application. The agent is responsible for verifying that the coverage is affordable for the applicant. Minimum financial guidelines are an annual household income of \$16,000 or \$50,000 in noncountable assets. This policy is not available to an individual who meets Medicaid eligibility guidelines.

# Application Completion

---

The application packet includes the application and any vital state forms.

The application must be taken on the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The producer must be licensed in the signing state.

Only one applicant per application. Separate applications are required for each person applying for insurance. Only the applicant for insurance may complete and sign the application.

White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant.

"N/A" is an unacceptable answer. Instead the questions should be answered "no" or "none."

Include a copy of your quote with the application packet.

Indicate on the application the best time to contact the applicant for a telephone interview or face to face examination. Inform the applicant of the interview or face to face process, provide them with, and help them to complete, the Importance of an Accurate Health History brochure MC31306.

## Non-Witnessed Applications

Non-witnessed applications are those completed via mail and telephone. The Agent must be licensed in the state where the application is completed and signed.

- Answer Question 2 on the Producer Statement "*I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured*" as "no"
- On the line next to "If no, explain" indicate that the application was completed over the telephone
- An APS will be required for all applicants
- A cognitive interview will be required for all applicants

# Underwriting Requirements

All underwriting requirements will be ordered by underwriting once an application is received.

**Telephone Interview** – required for every applicant age 71 and under. We recommend you call to schedule a telephone interview at the time of sale. Call 1-866-544-1617 and identify yourself as the agent and introduce your client to the service representative. If a nurse is available, an on the spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date.

**Face-to-Face** – required for every applicant age 72 and above. Younger ages at underwriter discretion.

Review and leave with the applicant a copy of the “Importance of an Accurate Health History” brochure.

**Note:**

- If an applicant’s hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a Face to Face examination is needed. For deaf applicants indicate if they are able to read lips or communicate with sign language.
- The Face-to-Face examination must be completed in the applicant’s home. It cannot be completed at their place of work, a relative’s home, or a public place such as a restaurant.

**Medical records** will be ordered on all applicants age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

**Please Note:**

- A doctor visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those age 70 or younger wishing to qualify for a Preferred rate class.

Telephone Interview	Cognitive (telephonic or face to face)	Face-to-Face Interview	Medical Records
Ages 18-71	Ages 65-79 – Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 72-79 – Younger ages at underwriter discretion	Ages 70-79 – Younger ages at underwriter discretion or if applying for lifetime benefits, application was mailed

**Non-English Speaking Applicants:**

- When completing an application on a non-English speaking applicant, an interpreter must be present to interpret all of the questions on the application. The interpreter will be required to tell the agent all of the information given as response so the agent can properly complete the application.
- The interpreter will also be required to translate for the applicant all of the comments made by the agent, as well as information contained in all of our marketing material and forms.
- The agent, with the assistance of the interpreter, will also ask the applicant to sign the application and the Agent or Witness Certification form (MLU25947).
- Our policy allows agents to serve as our interpreters if they are fluent in the same language as the applicant.
- If the agent and the applicant are not fluent in the same language, it will be the responsibility of the applicant to have an interpreter available to meet with the agent when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of our policy.
- Include a note with the application that a translator will be needed for the interview and indicate what language.

# Underwriting Philosophy

---

Our LTC Underwriting involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers "yes" to an insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case by case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The producer will be prenotified of any offers that are different than as applied, and will be asked to advise if the coverage can be placed.

## ADL's

Eating  
Toileting  
Transferring  
Bathing  
Dressing  
Continence

## IADL's

Shopping  
Meal preparation  
Housework  
Laundry  
Managing money  
Taking medication  
Using the telephone  
Walking outdoors  
Climbing stairs  
Reading/writing  
Transportation

### **An applicant with any of the following is ineligible for coverage.**

1. Answers "yes" to an insurability question on the application
2. Requires assistance with any ADL's
3. Requires assistance with any IADL's
4. Receiving Meals on Wheels
5. Is pregnant
6. Is disabled
7. Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
8. Is non-compliant with medications and/or treatment
9. Has not pursued additional workup recommended by their physician
10. Has a condition listed as a Decline in the Medical Impairment Guide
11. In the last 6 months has:
  - (a) Been confined to a nursing home or assisted living facility
  - (b) Received home health care services, or adult day care
  - (c) Received occupational, physical, or speech therapy

# Rate Classes

---

Refer to the Medical Impairments section and Build Chart to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred discount to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines, are taking a medication, or have a health condition indicated as uninsurable.

Preferred 15% discount at underwriter discretion. Refer to Preferred Criteria

Select 100%

Class I 125%

Class II 150%

## Note:

- Maximum allowable benefits for Class I and Class II risks is a 5-year benefit period and a minimum 90-day elimination period.
- The following benefit options are not available to Class I and Class II risks:
  - Spouse Benefit
  - Spouse Waiver of Premium and Survivorship Benefit
  - 10- and 20-Year Premium Payment Option
  - To Age 65 Premium Payment Option
  - Indemnity Benefits

# Preferred Criteria

---

Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Agents are strongly encouraged to never quote a case better than Select.

1. Age 70 or younger
2. Tobacco free for the past 2 years
3. Is not taking any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medications
  - Medication for controlled high blood pressure (readings of 140/90 or less for the past 6 months)
  - Medication for controlled cholesterol
  - Medication for temporary, acute conditions
4. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
  - Balance Disorder, difficulty walking or weakness
  - Blood disease or disorder
  - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
  - Diabetes
  - Fibromyalgia
  - Heart disease (excluding controlled high blood pressure or mild mitral valve prolapse)
  - Kidney or liver disease or disorder
  - Neurological disease or disorder
  - Osteoporosis
  - Paget's Disease
  - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
  - Rheumatoid arthritis
5. No use of a cane
6. Has not been declined, rated or denied reinstatement for Long-Term Care Insurance within the past 3 years
7. Has seen their physician for a checkup and blood work within the last 2 years
8. Height and Weight must be within the Minimum and Preferred Maximum range on the Build Chart
9. The following health conditions may qualify for Preferred:
  - Osteoarthritis, age <60, on one nonsteroidal medication
  - Osteopenia (T score -2.4 or better)
  - Osteoporosis, age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
10. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred

## Build Chart – Unisex

Height	Minimum Weight	Preferred Maximum Weight	Select Maximum Weight	Class I Maximum
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

An applicant below the minimum weight is ineligible for coverage.

An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage.

An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or IC will be declined.

An applicant above the Class I maximum weight is ineligible for coverage.

# Uninsurable Health Conditions

---

Acromegaly  
ADL impairment  
AIDS/ARC  
Adult Day Care within 6 months  
Agoraphobia  
Alcohol 4 or more drinks/day  
Alcoholism with any current alcohol use  
Bulimia  
Cerebral aneurysm – Unoperated  
Cerebral Palsy  
Charcot Marie Tooth  
Defibrillator—Implantable  
Dementia  
Dermatomyositis  
Dialysis  
Fibromuscular Dysplasia  
Frailty  
Heart Transplant  
Hemiplegia  
Hemophilia  
HIV positive  
IADL impairment  
Kidney Transplant  
Liver Transplant  
Marfan's Syndrome  
Medicaid Recipient  
Memory Loss  
Mental Retardation  
Multiple Myeloma  
Neurogenic Bowel or Bladder  
Organ Transplant  
Organic Brain Syndrome  
Pancreas Transplant  
Paralysis  
Paraplegia  
Pemphigus Vulgaris  
Physical Therapy within 6 months\*  
\*Contact Underwriting to prequalify if within 6 months  
Quad Cane use  
Reflex Sympathetic Dystrophy  
Schizophrenia  
Scleroderma  
Underweight  
Walker use

ALS  
Alzheimer's Disease  
Amputation due to disease  
Amputation two or more limbs due to trauma  
Anorexia  
Arrhythmia uncontrolled  
Cirrhosis  
Confusion  
Connective Tissue Disease  
Cushing's Syndrome  
Cystic Fibrosis  
Dilated Cardiomyopathy  
Disabled  
Down's Syndrome  
Home Health Care within 6 months  
Huntington's Chorea  
Hydrocephalus  
Immune Deficiency  
Lupus—Systemic  
Multiple Sclerosis  
Muscular Dystrophy  
Myelodysplasia  
Nursing Home resident within 6 months  
Oxygen use  
Pick's Disease  
Polyneuropathy  
Psychosis  
Pulmonary Hypertension  
Quadriplegia  
Social Withdrawal  
Systemic Lupus  
Weight loss—Unintentional  
Wheelchair use

# Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

3TC	HIV	Imuran	Immunosuppression
Alkeran	Cancer	Insulin	Diabetes
Amantadine	Parkinson's	>50 units/day	
Amiodarone	Arrhythmia	Interferon	HIV, Hepatitis, MS
Apokyn	Parkinson's	Indinavir	HIV
Aptivus	HIV	Invega	Schizophrenia
Aricept	Dementia	Invirase	HIV
Artane	Dementia	Kaletra	HIV
Atripla	HIV	Kemadrin	Parkinson's
Avinza	Chronic Pain	Lasix	Heart Disease
Avonex	Multiple Sclerosis	>60 mg/day	
Azilect	Parkinson's	L-Dopa	Parkinson's
AZT	HIV	Letairis	Pulmonary Hypertension
Baclofen	Multiple Sclerosis	Lexiva	HIV
Baraclude	Hepatitis B	Leukeran	Immunosuppression
Betaseron	Multiple Sclerosis	Levodopa	Parkinson's
Carbidopa	Parkinson's	Lioresal	Multiple Sclerosis
Cerefolin	Memory Loss	Lomustine	Cancer
Cogentin	Parkinson's	Megace	Cancer
Cognex	Dementia	Megestrol	Cancer
Combivir	HIV	Mellaril	Psychosis
Comtan	Parkinson's	Melphalan	Cancer
Copaxone	Multiple Sclerosis	Memantine	Dementia
Cordarone	Arrhythmia	Methadone	Chronic Pain, Drug Abuse
Crixivan	HIV	Methotrexate	Rheumatoid Arthritis
Cytosan	Cancer, Severe Arthritis	>25 mg/week	
D4T	HIV	Mirapex	Parkinson's
DDC	HIV	Myleran	Cancer
DDI	HIV	Namenda	Dementia
DES	Cancer	Narcotics	Chronic Pain
DuoNeb	COPD	Navane	Psychosis
Eldepryl	Parkinson's	Natrecor	CHF
Eligard	Prostate Cancer	Nelfinavir	HIV
Emtriva	HIV	Neoral	Immunosuppression
Epivir	HIV	Neupro	Parkinson's
Epogen	Kidney Failure, HIV	Norvir	HIV
Epzicom	HIV	Novatrone	Multiple Sclerosis
Ergoloid	Dementia	Oxycontin	Chronic Pain
Exelon	Dementia, Parkinson's	Paraplatin	Cancer
Furosemide	Heart/Kidney Disease	Parlodel	Parkinson's
>60 mg/day		Pegasys	Hepatitis C
Fuzeon	HIV	Peg-Intron	Hepatitis C
Galantamine	Dementia	Permax	Parkinson's
Geodon	Schizophrenia	Prednisone	COPD, Arthritis
Gold	Rheumatoid Arthritis	>10 mg/day	
Haldol	Psychosis	Prezista	HIV
Hepsera	Hepatitis B	Procrit	Kidney Failure, HIV
Herceptin	Cancer	Prolixin	Psychosis
Hydrea	Cancer		
Hydergine	Dementia		

## Some Medications Associated With Uninsurable Health Conditions (continued)

Razadyne	Dementia	Teslac	Cancer
Rebetol	Hepatitis C	Thiotepa	Cancer
Rebif	Multiple Sclerosis	Thorazine	Psychosis
Reminyl	Dementia	Trelstar-LA	Prostate Cancer
Remodulin	Pulmonary Hypertension	Trizivir	HIV
Requip	Parkinson's	Truvada	HIV
Rescriptor	HIV	TYSABRI	Multiple Sclerosis
Retrovir	HIV	Tyzeka	Hepatitis B
Reyataz	HIV	Valycte	CMV HIV
Riluzole	ALS	VePesid	Cancer
Risperdal	Psychosis	Vicodin	Chronic Pain
Ritonavir	HIV	Videx	HIV
Sandimmune	Immunosuppression	Vincristine	Cancer
Selzentry	HIV	Viracept	HIV
Sinemet	Parkinson's	Viramune	HIV
Somavert	Acromegaly	Viread	HIV
Stalevo	Parkinson's	Zanosar	Cancer
Stelazaine	Psychosis	Zelapar	Parkinson's
Sustiva	HIV	Zelodox	Schizophrenia
Symmetrel	Parkinson's	Zerit	HIV
Tacrine	Dementia	Ziagen	HIV
Tasmar	Parkinson's	Ziprasidone	Schizophrenia
		Zydone	Chronic Pain

### Alzheimer's Disease/Dementia

Aricept	Hydergine
Artane	Memantine
Cerefolin	Metrifonate
Cognex	Namenda
Ergoloid	Razadyne
Exelon	Reminyl
Galantamine	Tacrine

### Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

### Parkinson's Disease

Amantadine	
Carbidopa	Mirapex
Cogentin	Parlodel
Eldepryl	Permax
Kemadrin	Requip
L-Dopa	Sinemet
Levodopa	Symmetrel

# Health Condition Combinations

---

All shaded health condition combinations are ineligible for coverage.

Refer to the Medical impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

# Medical Impairments

---

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

Conditions listed as IC, Class I or Class II will normally require an APS.

**S** Select Applicant is a standard health risk

**Class I** 25% rating, Maximum Benefit Period of 5 years,  
Minimum Elimination Period of 90 days.

**Class II** 50% rating may be offered by underwriting when multiple medical impairments are present,  
Maximum Benefit Period of 5 years, Minimum Elimination Period of 90 days.

**IC** Individual Consideration

**D** Decline

**Abdominal Aortic Aneurysm (AAA)**

Operated, after 6 months, fully recovered .....	S
Unoperated, stable for 2 years, diameter <5 cm .....	S
Unoperated, enlarging, or diameter >5 cm .....	D

<b>Acoustic Neuroma</b> surgically removed, after 6 months, no residuals .....	S
Unoperated .....	D

<b>Acromegaly</b> .....	D
-------------------------	---

<b>Addison's Disease</b> after 3 years, controlled .....	S
After 12 months, controlled .....	Class 1-IC

<b>ADL Deficit</b> .....	D
--------------------------	---

<b>AIDS/ARC</b> .....	D
-----------------------	---

<b>Adult Day Care</b> recipient .....	D
---------------------------------------	---

<b>Agoraphobia</b> .....	D
--------------------------	---

<b>Alcohol</b> consumption of 4 or more drinks per day .....	D
--	---

<b>Alcoholism</b> recovered at least 3 years, active in a support group, and no current alcohol use .....	S
Still drinking .....	D

<b>ALS</b> (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) .....	D
--	---

<b>Alzheimer's Disease</b> .....	D
----------------------------------	---

<b>Amaurosis Fugax</b> .....	See TIA
------------------------------	---------

<b>Amnesia, Transient Global</b> .....	See TIA
--	---------

<b>Amputation</b> due to trauma, after 12 months, one limb, no limitations .....	S
Due to disease .....	D
Two or more limbs .....	D

<b>Ankylosing Spondylitis</b> .....	D
-------------------------------------	---

## Medical Impairments (continued)

<b>Anemia</b> cause identified .....	S-IC
Not fully evaluated, cause unknown, or Aplastic .....	D
<b>Angina</b> .....	see CAD
<b>Angioplasty</b> .....	see CAD
<b>Aneurysm</b> operated after 6 months, fully recovered .....	S
Except cerebral, unoperated, stable for 2 years .....	IC
Cerebral, unoperated .....	D
<b>Anorexia</b> .....	D
<b>Anxiety</b>	
< 70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years. ....	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years. ....	S-IC
<b>Aortic Insufficiency</b> .....	see Heart Valve Disorder
<b>Antiphospholipid Syndrome</b> .....	Class I
With history of TIA or Stroke .....	D
<b>Arnold-Chiari Malformation</b> surgically corrected, after 3 years .....	IC
Unoperated .....	D
<b>Arrhythmia</b> excluding Atrial Fibrillation	
Controlled .....	S-IC
Uncontrolled .....	D
<b>Arteriovenous Malformation (AVM)</b>	
>1 year since surgical repair, no residuals .....	Class I
Unoperated, or operated with residual impairment .....	D
<b>Arthritis</b> after 1 year	
Mild, controlled, no ADL/IADL deficits .....	S
Moderate, controlled, no ADL/IADL deficits .....	Class I
Severe, uncontrolled, or ADL/IADL deficits .....	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations .....	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mg/week, or Gold .....	D
Severe disease, or with ADL/IADL deficits .....	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, or requiring chronic narcotic usage .....	D
<b>Asbestosis</b> .....	see COPD
<b>Asthma</b> .....	see COPD
<b>Assisted Living Facility Resident</b> .....	D
<b>Ataxia or Muscular Incoordination</b> .....	D

## Medical Impairments (continued)

<b>Atrial Fibrillation/Flutter</b> single episode, after 6 months, controlled on medication . . . . .	S
Chronic, after 6 months controlled on Coumadin . . . . .	Class I
Diagnosed or hospitalized within 6 months . . . . .	D
With history of TIA, CVA, or Heart Valve Disorder . . . . .	D
Chronic, not on Coumadin . . . . .	D
Average BP reading >159/89 . . . . .	D
<b>Avascular Necrosis</b> , after 12 months, treated no residual limitations . . . . .	IC
Untreated or with any limitations . . . . .	D
Surgically repaired, no limitations, after 1 year . . . . .	S
<b>Back Pain/Strain</b>	
Single Episode, not disabling . . . . .	S
Chronic, not disabling . . . . .	S-IC
Chronic, disabling . . . . .	D
<b>Balance Disorder</b> after 6 months, resolved . . . . .	S-IC
Less than 6 months, or currently present . . . . .	D
<b>Bell's Palsy</b> resolved . . . . .	S
Present . . . . .	D
<b>Benign Positional Vertigo (BPV)</b>	
Not associated with falls . . . . .	S
Associated with falls . . . . .	D
<b>Bipolar</b>	
After 3 years, controlled on medication, fully functional . . . . .	S
< 3 years duration, or psychiatric hospitalization within the past 5 years . . . . .	D
<b>Blindness</b>	
Fully adapted, independent with ADL/IADLs . . . . .	S
Not adapted or with ADL/IADL limitations . . . . .	D
<b>Branched Retinal Vein Occlusion</b>	
Single . . . . .	S
Two or more . . . . .	D
<b>Broken Bones</b> . . . . .	see Fracture
<b>Brain Attack</b> . . . . .	see CVA
<b>Bronchitis</b> . . . . .	see COPD
<b>Bronchiectasis</b> . . . . .	see COPD
<b>Buerger's Disease</b> . . . . .	D
<b>Bulimia</b> . . . . .	D
<b>Bullous Pemphigoid</b> in remission 2 years, not on steroids . . . . .	IC
Active disease . . . . .	D

## Medical Impairments (continued)

<b>Cancer</b> surgically removed, or fully treated, full recovery, no recurrence	
<b>Bladder</b> , transitional, treated, fully recovered	S
Invasive, after 3 years	IC
Recurrent	IC
<b>Breast</b>	
In situ, treatment completed	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC
<b>Colon</b> , after 2 years	S-IC
<b>Skin</b>	
Basal cell	S
Squamous cell	S
Melanoma	
Stage I after 3 months	S
Stage II or III, after 2 years	S
Stage IV after 5 years	Class I-IC
<b>Prostate</b>	
Stage A or B, after 12 months, surgically removed current PSA <0.1	S
Treated with radiation after 12 months, current PSA <0.5	S
Stage C, after 2 years, current PSA <0.1	S
Stage D	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex, Initial Gleason Score < VI, and current PSA < 0.5	Class I-D
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, tobacco use within 12 months	Class I-D
<b>Cardiomyopathy</b> hypertrophic, no CHF, no hospital stays, or syncope, or palpitations, Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D
<b>Carotid Artery Disease/Stenosis</b> operated, fully recovered, after 6 months, tobacco free 12 months	S
Operated, tobacco use within 12 months	Class I-IC
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Unoperated, <70% stenosis, no symptoms, tobacco use within 12 months	IC-D
History of TIA or CVA, or Valvular heart disease, or Type I diabetes	D
Type II diabetes, carotid stenosis >50%, or tobacco use within 12 months	D
<b>Cerebral Palsy</b>	D
<b>Cerebrovascular Accident (CVA)</b>	see Stroke
<b>Cerebrovascular Disease</b>	
Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes	D
<b>Cervical Spondylosis</b>	
Mild	S
Moderate to severe	Class I-IC
<b>Charcot Marie Tooth</b>	D
<b>Claudication</b>	see Peripheral Vascular Disease

## Medical Impairments (continued)

<b>Chronic Bronchitis</b> .....	see COPD
<b>Chronic Fatigue</b> after 12 months, no functional limitations .....	IC Lifetime Benefits not available
Any functional limitations .....	D Lifetime Benefits not available
<b>Chronic Hepatitis</b> .....	see Hepatitis
<b>Chronic Pain</b>	
Requiring daily narcotics or TENS Unit or with ADL/IADL limitations .....	D
All others .....	IC Lifetime Benefits not available
<b>Cirrhosis</b> .....	D
<b>Collagen Vascular Disease</b> .....	D
<b>Colostomy/Ileostomy</b> , cares for independently, handle as per cause .....	S-IC
Requires assistance to care for .....	D
<b>Compression Fractures</b> due to osteoporosis, or with functional limitations .....	D
All Others .....	IC
<b>Confusion</b> .....	D
<b>Connective Tissue Disease</b> .....	D
<b>Congestive Heart Failure (CHF)</b> single episode, recovered, after 12 months .....	S
Chronic, mild, well controlled, Lasix <40mg/day .....	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder .....	D
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	
Mild, tobacco free for 12 months .....	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable pulmonary function tests (PFT's) .....	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic .....	D
Moderate, tobacco free for 12 months, stable PFT's .....	Class I-IC
Moderate, smoker, on medication, or symptomatic .....	D
Severe, using oxygen, or home nebulizer treatments .....	D
Any, hospitalized for an exacerbation in the past 6 months .....	D
Any, FEV1 <65% .....	D
<b>Coronary Artery Disease</b> (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months ..	S
After 6 months, stable, no limitations, tobacco use within 12 months .....	Class I
With PVD .....	Class I-IC
After 6 months, in combination with controlled Type I diabetes, tobacco free 12 months .....	Class I-IC
With controlled Type I diabetes, tobacco free 12 months .....	Class I-IC
With controlled Type I or Type II diabetes, tobacco use within 12 months .....	Class II 3 years
With poorly controlled hypertension (average BP >159/89), or congestive heart failure, or PVD or ejection fraction <45% .....	D
With poorly controlled Type I or Type II diabetes .....	D
<b>Cor Pulmonale</b> .....	D

## Medical Impairments (continued)

CPAP .....	see Sleep Apnea
CREST Syndrome .....	D
Crohn's in remission at least 2 years .....	S
After 2 years, 1-2 flares per year .....	Class I
Multiple flares or with complications .....	D
Cushing's Syndrome .....	D
Cystic Fibrosis .....	D
Deep Venous Thrombosis, after 6 months, single episode, recovered .....	S
Recurrent .....	IC-D
Defibrillator/Automatic Implantable Cardiac Defibrillator .....	D
Degenerative Disc Disease .....	see Herniated Disc
Degenerative Joint Disease .....	see Arthritis
Dementia .....	D
Demyelinating Disease .....	D
<b>Depression</b>	
<b>Situational</b> recovered, treatment free, after 6 months, no psychiatric hospitalizations in the past 3 years .....	S
<b>Major</b>	
<70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S-IC
<b>Depression with Electroconvulsive Therapy (ECT)</b>	
ECT >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT .....	S
With subsequent psychiatric hospitalization .....	D
Depression, any, two or more psychiatric hospitalizations for any reason .....	D
<b>Dermatomyositis</b> .....	D
<b>Diabetes Type II</b> , controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months .....	S
<b>Diabetes Type I or II</b> controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months .....	Class I
Insulin ≤50 units/day .....	Class I
Insulin >50 units/day .....	D
In combination with:	
Coronary Artery Disease, operated or unoperated	
<70% stenosis, tobacco free 12 months .....	Class I
<70% stenosis, tobacco use within 12 months .....	D
>70% stenosis .....	D
Retinal vein occlusion .....	Class II 2 years 180 Day Elimination
Heart disease, tobacco use within 12 months .....	Class II 2 years 180 Day Elimination
Heart disease, tobacco free 12 months .....	Class I-IC

## Medical Impairments (continued)

Retinopathy, neuropathy, or nephropathy . . . . .	D
Skin ulcers or amputation . . . . .	D
Peripheral Vascular Disease, or history of TIA or Stroke . . . . .	D
Average BP reading >159/89 . . . . .	D
Hemoglobin A1c>9.0, or noncompliant with treatment . . . . .	D
Microalbumin>20 mg/dl . . . . .	D
<b>Dialysis</b> . . . . .	D
<b>Difficulty Walking</b> . . . . .	see Balance Disorder
<b>Disabled</b> , collecting any type of disability benefits . . . . .	D
<b>Diverticulitis</b> medically managed . . . . .	S
With bleeding, weight loss, or surgery recommended . . . . .	D
<b>Dizziness</b>	
Benign Positional Vertigo (BPV), not associated with falls . . . . .	S
BPV associated with falls . . . . .	D
Acute, viral, resolved after 3 months . . . . .	S
All others	
within 6 months . . . . .	D
after 6 months, evaluated, resolved . . . . .	S
after 2 years, not evaluated, stable with occasional episodes, not associated with falls . . . . .	S-IC
multiple episodes, or progressive, or associated with falls . . . . .	D
<b>Down's Syndrome</b> . . . . .	D
<b>Drug Abuse</b> treated, active in support group, drug free for 5 years . . . . .	Class I-IC
Within 5 years . . . . .	D
<b>Dystonia</b> . . . . .	D
<b>Echocardiography</b>	
Left Atrium $\geq$ 5.0 cm . . . . .	D
Ejection Fraction <45% . . . . .	D
<b>Electric Scooter Use</b> . . . . .	D
<b>Emphysema</b> . . . . .	see COPD
<b>Epilepsy</b> after 1 year, controlled with medication, no seizures for 1 year . . . . .	S
1 or 2 seizures per year . . . . .	Class I
Poorly controlled . . . . .	D
<b>Epstein-Barr Virus</b> 2 years treatment free, full recovery, no residuals . . . . .	S
<2 years since treatment, currently treated, or present . . . . .	D
<b>Fainting</b> . . . . .	see Dizziness

## Medical Impairments (continued)

<b>Falls</b> , single episode . . . . .	S-IC
Multiple episodes, or with injuries . . . . .	IC-D
<b>Fatigue</b> , after 12 months, resolved, no functional limitations . . . . .	S
Within 12 months, or with functional limitations . . . . .	D
<b>Fibromuscular Dysplasia</b> . . . . .	D
<b>Fibromyalgia</b> after 1 year, well controlled, no ADL/IADL deficits . . . . .	S–Lifetime Benefits not available
Poorly controlled, or disabling . . . . .	D
<b>Fracture-Traumatic</b> , one bone, after 3 months, fully recovered, no limitations . . . . .	S
In combination with mild osteoporosis . . . . .	S
In combination with moderate to severe osteoporosis . . . . .	D
Associated with multiple falls, chronic dizziness, or gait disorder . . . . .	D
<b>Fracture-Non Traumatic</b> , in combination with any degree of osteoporosis, not on antiresorptive medication, or with functional impairment . . . . .	D
<b>Frailty</b> . . . . .	D
<b>Friedrich’s Ataxia</b> . . . . .	D
<b>Gastric Bypass/Banding</b> , after 2 years, fully recovered, no complications . . . . .	S
<b>Glaucoma</b> , stable vision, controlled eye pressures . . . . .	S
All others . . . . .	IC
<b>Glomerulonephritis</b> . . . . .	D
<b>Grave’s Disease</b> after 12 months . . . . .	S
<b>Guillain-Barre Syndrome</b> , after 12 months, no residuals . . . . .	S
<b>Head Injury</b> after 6 months, no residuals . . . . .	S-IC
With residual functional or cognitive impairment . . . . .	D
<b>Heart Attack</b> . . . . .	see CAD
<b>Heart Valve Disorder</b> , operated 1 or 2 valves, fully recovered . . . . .	S
Unoperated, single valve, mild, no symptoms, no surgery planned . . . . .	S
Unoperated, single valve, moderate to severe, or surgery planned . . . . .	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA . . . . .	D
<b>Hemochromatosis</b> after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts . . . . .	S to IC
<b>Hemophilia</b> . . . . .	D
<b>Hepatitis</b> , any chronic, active, or alcohol related, or with residual liver damage . . . . .	D
<b>Hepatitis A or B</b> after 6 months fully recovered . . . . .	S
<b>Hepatitis C</b> after 2 years successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR . . . . .	IC
currently treated, or treated within 2 years . . . . .	D
unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment . . . . .	D
virus detectable by PCR . . . . .	D

## Medical Impairments (continued)

<b>Herniated Disc/Degenerative Disc Disease (DDD)</b>	
Unoperated, no ADL limitations, not advised to have surgery . . . . .	S
Operated	
after 6 months, full recovery, no hardware . . . . .	S
after 6 months, full recovery, hardware . . . . .	Class I
Operated or unoperated	
requires narcotics for pain control . . . . .	D
ADL limitations . . . . .	D
<b>High Blood Pressure</b> , after 6 months compliant with treatment:	
Average BP <160/90 . . . . .	S
Average BP <170/94 . . . . .	Class I
Average BP >170/94, or any, noncompliance with treatment . . . . .	D
<b>Hip Replacement</b> one hip after 3 months, full recovery no use of assistive	
devices, no longer receiving Physical Therapy . . . . .	S
Both hips, fully recovered . . . . .	Class I
Surgery recommended or planned . . . . .	D
<b>HIV Positive</b> . . . . .	D
<b>Hodgkin's Disease</b> stage I, after 3 years fully recovered . . . . .	S
All others, fully recovered, after 5 years . . . . .	IC
<b>Home Health Care</b> received within 6 months . . . . .	D
<b>Huntington's Chorea</b> . . . . .	D
<b>Hydrocephalus</b> with or without shunt . . . . .	D
<b>Hypothyroidism</b> . . . . .	S
<b>IADL Impairment</b> . . . . .	D
<b>Idiopathic Thrombocytopenia Purpura (ITP)</b>	
Platelet count > 50,000 for 1 year . . . . .	Class I
<b>Immune Deficiency</b> . . . . .	D
<b>Incontinence</b> , urinary, stress, manages independently . . . . .	
Urinary, uncontrolled, or requires assistance with management . . . . .	D
Stool . . . . .	D
<b>Irritable Bowel Syndrome</b> , controlled, weight stable . . . . .	
Uncontrolled or with weight loss . . . . .	D
<b>Joint Replacement</b> , one joint after 3 months, fully recovered, no use of assistive devices . . . . .	
2 or more fully recovered, no limitations . . . . .	Class I-IC
Surgery recommended or planned . . . . .	D

## Medical Impairments (continued)

<b>Kidney Disorder</b> , mild renal insufficiency, stable 2 years . . . . .	S-IC
Moderate to severe . . . . .	D
Kidney failure, single episode, fully recovered after 2 years . . . . .	S-IC
Kidney Transplant . . . . .	D
Kidney removal (1) after 2 years with stable kidney function. . . . .	S
Polycystic Kidney Disease . . . . .	D
Dialysis . . . . .	D
Chronic Kidney Failure . . . . .	D
<b>Knee Replacement</b> one knee after 3 months, fully recovered no use of assistive devices, no longer receiving Physical Therapy . . . . .	S
Both knees, fully recovered . . . . .	Class I
<b>Labrynthitis</b> . . . . .	see Dizziness
<b>Lacunar Infarct</b>	
Single . . . . .	see Stroke
Single in combination with white matter or small vessel ischemia. . . . .	D
Multiple . . . . .	D
<b>Left Atrial Enlargement</b> $\geq 5.0$ cm. . . . .	D
<b>Leukemia</b>	
Acute, after 3 years . . . . .	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years . . . . .	Class I
Stage II - IV . . . . .	D
<b>Liver Transplant</b> . . . . .	D
<b>Lou Gehrig's Disease</b> . . . . .	D
<b>Lupus</b> , discoid, after 12 months . . . . .	S
Systemic. . . . .	D
<b>Lyme Disease</b> after 12 months fully recovered, no residuals. . . . .	S-IC
Undergoing treatment or with residuals . . . . .	D
<b>Lymphedema</b> medically managed no limitations . . . . .	S
With limitations or history of skin ulcers . . . . .	D
<b>Lymphoma</b>	
Stage I or II after 2 years in complete remission. . . . .	S-IC
Stage III or IV after 4 years in complete remission. . . . .	S-IC
Low-grade . . . . .	D
<b>Macular Degeneration</b> one eye . . . . .	S
Both eyes . . . . .	IC-D
<b>Manic Depression</b> . . . . .	see Bipolar
<b>Marfan's Syndrome</b> . . . . .	D
<b>Medicaid Recipient</b> . . . . .	D
<b>Medullary Sponge Kidney</b> . . . . .	IC
<b>Memory Loss</b> . . . . .	D

## Medical Impairments (continued)

---

<b>Meniere's Disease</b> after 6 months, symptoms controlled, no limitations . . . . .	S
Associated with falls . . . . .	D
<b>Meningioma</b> removed, after 12 months, no limitations . . . . .	S-IC
Surgery planned . . . . .	D
<b>Meningitis</b> after 12 months fully recovered . . . . .	S-IC
Present . . . . .	D
<b>Mental Retardation</b> . . . . .	D
<b>Mitral Valve Prolapse</b> . . . . .	S-IC
<b>Mixed Connective Tissue Disease</b> . . . . .	D
<b>Monoclonal Gammopathy</b> , after 1 year . . . . .	IC-D
<b>Multiple Myeloma</b> . . . . .	D
<b>Multiple Sclerosis</b> . . . . .	D
<b>Murmur</b> . . . . .	see Heart Valve Disorder
<b>Muscular Dystrophy</b> . . . . .	D
<b>Myasthenia Gravis</b> , ocular, after 1 year . . . . .	S
Generalized . . . . .	D
<b>Myelodysplasia</b> . . . . .	D
<b>Myelofibrosis</b> . . . . .	D
<b>Myocardial Infarction</b> . . . . .	see Coronary Artery Disease
<b>Narcolepsy</b> effectively treated . . . . .	S-IC
Untreated or resulting in accidents or injury . . . . .	D
<b>Neurofibromatosis</b> . . . . .	D
<b>Neurogenic Bowel or Bladder</b> . . . . .	D
<b>Neuropathy</b> , mild, fully evaluated, no limitations . . . . .	S-IC
Not fully evaluated, related to diabetes or alcohol or with history of falls, or skin ulcers . . . . .	D
<b>Nursing Home Confinement</b> after 6 months, full recovery, no limitations . . . . .	IC
Within 6 months . . . . .	D
<b>Obesity</b> . . . . .	see Weight chart

## Medical Impairments (continued)

<b>Obsessive Compulsive Disorder</b> after 3 years, controlled on medication	
Fully functional . . . . .	S-IC
Limits functional ability . . . . .	D
Psychiatric hospitalization within 5 years . . . . .	D
<b>Organic Brain Syndrome</b> . . . . .	D
<b>Organ Transplant</b> . . . . .	D
<b>Osteopenia</b> , on medication. . . . .	S
<b>Osteoarthritis</b> . . . . .	see Arthritis
<b>Osteomyelitis</b> . . . . .	see Avascular Necrosis
<b>Osteoporosis</b> , T score -2.5 – -2.9, on medication, no history of nontraumatic fractures . . . . .	S
T score -3.0 – -3.4, on medication, no history of nontraumatic fractures. . . . .	Class I
T score -3.5 or worse . . . . .	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations. . . . .	D
<b>Oxygen</b> use . . . . .	D
<b>Pacemaker</b> after 3 months . . . . .	S-IC
Recommended or surgery pending . . . . .	D
<b>Paget’s Disease</b> , no symptoms and no limitations . . . . .	IC
With symptoms or history of fractures . . . . .	D
<b>Pancreas Transplant</b> . . . . .	D
<b>Pancreatitis</b> after 12 months, single episode, fully recovered . . . . .	S
Related to alcohol use, or 2 or more episodes. . . . .	D
<b>Panic Attack/Disorder</b> . . . . .	see Anxiety
<b>Paralysis</b> . . . . .	D
<b>Paraplegia</b> . . . . .	D
<b>Parkinson’s Disease</b> . . . . .	D
<b>Pemphigus Vulgaris</b> . . . . .	D
<b>Peripheral Neuropathy</b> . . . . .	see Neuropathy
<b>Peripheral Vascular Disease</b>	
Mild, tobacco free 12 months, no symptoms, no limitations . . . . .	S
Moderate, or in combination with coronary artery disease. . . . .	Class I-IC
Severe, or tobacco use within 12 months. . . . .	D
Average BP reading >159/89. . . . .	D
Any, with limitations, history of leg ulcers, TIA, diabetes, pending surgery, or stent placement or surgery within the past 6 months . . . . .	D

## Medical Impairments (continued)

<b>Physical Therapy</b> received within 6 months . . . . .	D
<b>Pituitary Adenoma</b> removed, after 12 months, no limitations . . . . .	S
Stable x3 years, no surgery planned . . . . .	IC
Surgery planned . . . . .	D
<b>Pick's Disease</b> . . . . .	D
<b>Pneumonia</b> after 3 months, single episode, fully recovered . . . . .	S
Associated with chronic lung disease . . . . .	see COPD
<b>Polio</b> fully recovered, no limitations, no assistive devices . . . . .	S
Fully recovered, no limitations, leg brace . . . . .	IC
With recurrence or limitations . . . . .	D
<b>Post Polio Syndrome</b> after 2 years, nonprogressive, no limitations, no assistive devices . . . . .	IC
Progressive weakness or fatigue, or with limitations . . . . .	D
<b>Polycystic Kidney Disease</b> . . . . .	D
<b>Polycythemia Vera</b> after 2 years, managed with medication or Phlebotomy, platelets < 450,000 . . . . .	Class II 2 years 180 Day Elimination
<b>Polymyalgia Rheumatica</b> mild, after 1 year, no limitations . . . . .	S
Moderate, no functional limitations . . . . .	Class I-IC
Severe, or with limitations. . . . .	D
<b>Polymyositis/Dematomyositis</b> . . . . .	D
<b>Polyneuropathy</b> . . . . .	D
<b>Post Traumatic Stress Disorder (PTSD)</b> after 12 months, controlled, fully functional . . . . .	S-IC
After 12 months, not adequately controlled or with functional impairment . . . . .	D
<b>Pregnancy</b> . . . . .	D
Undergoing fertility evaluation or treatment . . . . .	D
<b>Prostate Specific Antigen (PSA)</b> steadily rising . . . . .	D
Rising and falling . . . . .	S-IC
<b>Psoriasis</b> , mild to moderate, controlled with medication . . . . .	S
Severe. . . . .	IC
<b>Psoriatic Arthritis</b> . . . . .	see Arthritis
<b>Psychosis</b> . . . . .	D
<b>Pulmonary Edema</b> . . . . .	D
<b>Pulmonary Embolism</b> , after 6 months, single episode fully recovered . . . . .	S-IC
Present, multiples, or underlying coagulation disorder . . . . .	D

## Medical Impairments (continued)

---

<b>Pulmonary Fibrosis</b> , localized, nonprogressive, normal PFT's, after 2 years . . . . .	IC
Active, progressive disease, abnormal PFT's . . . . .	D
<b>Pulmonary Hypertension</b> . . . . .	D
<b>Quad Cane Use</b> . . . . .	D
<b>Quadriplegia</b> . . . . .	D
<b>Reflex Sympathetic Dystrophy (RSD)</b> . . . . .	D
<b>Renal Disease/Failure</b> . . . . .	see Kidney Disorder
<b>Restless Leg Syndrome</b> . . . . .	S
<b>Retinitis Pigmentosa</b> . . . . .	see Blindness
<b>Rheumatoid Arthritis</b> . . . . .	see Arthritis
<b>Sarcoidosis</b> . . . . .	see COPD
<b>Sciatica</b> . . . . .	S-IC
<b>Schizophrenia</b> . . . . .	D
<b>Scleroderma</b> . . . . .	D
<b>Scoliosis</b>	
Mild . . . . .	S
Moderate to severe . . . . .	IC
<b>Seizures</b> . . . . .	see Epilepsy
<b>Shingles</b> after 6 months, fully recovered . . . . .	S
Present, or with residuals. . . . .	D
<b>Shy-Drager Syndrome</b> . . . . .	D
<b>Sickle Cell Anemia</b> trait only, no active disease . . . . .	S
<b>Sjogren's Syndrome</b>	
Mild, dryness of eyes and mouth only. . . . .	S
In combination with Rheumatoid Arthritis, connective tissue disease, or other organ involvement . . . . .	D
<b>Skin Cancer</b> . . . . .	see Cancer
<b>Sleep Apnea</b> responsive to treatment. . . . .	S
Severe or unresponsive to treatment . . . . .	D

## Medical Impairments (continued)

<b>Social Withdrawal</b> .....	D
<b>Spina Bifida</b> .....	D
<b>Spinal Stenosis</b> operated, fully recovered, after 12 months .....	S
Unoperated, mild to moderate .....	Class I-IC
Unoperated, severe or surgery recommended .....	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring daily narcotics .....	D
<b>Stroke</b>	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months .....	Class I
Two or more .....	D
In combination with any of the following:	
Atrial Fibrillation .....	D
Unoperated carotid stenosis .....	D
Heart valve disorder .....	D
Average blood pressure reading >159/89 .....	D
Previous TIA(s) .....	D
Diabetes .....	D
Residual weakness or functional loss .....	D
Tobacco use within the past 12 months .....	D
Occurred while adequately anticoagulated .....	D
<b>Surgery</b> , requiring general anesthesia, planned, not completed .....	D
<b>Syncope</b> .....	see Dizziness
<b>Systemic Lupus</b> .....	D
<b>Temporal Arteritis</b> after 12 months fully recovered .....	S-IC
<b>TENS Unit</b>	
Past use .....	IC
Current use .....	D
<b>Thalassemia</b>	
Minor .....	S
Major .....	D
<b>Thrombocythemia</b> .....	D
<b>Thrombocytopenia</b>	
platelet count >50,000 .....	Class I 3 years
platelet count <50,000 .....	D
<b>Thrombocytosis</b> .....	D
<b>Torticollis</b> resolved with Botox, after 6 months .....	S
<b>Tourette's Syndrome</b> fully functional, no limitations .....	IC
Any functional limitations .....	D
<b>Transient Global Amnesia</b> .....	see TIA

## Medical Impairments (continued)

---

<b>Transient Ischemic Attack (TIA)</b> single episode, fully recovered after 1 year . . . . .	Class I
Two or more . . . . .	D
In combination with any of the following:	
Atrial Fibrillation . . . . .	D
Unoperated carotid stenosis . . . . .	D
Heart valve disorder . . . . .	D
Previous stroke . . . . .	D
Diabetes . . . . .	D
Average BP reading >159/89 . . . . .	D
Residual weakness or functional loss . . . . .	D
Tobacco use within the past 12 months . . . . .	D
Occurred while adequately anticoagulated. . . . .	D
Other peripheral vascular disease . . . . .	D
<b>Tremor</b> fully evaluated, benign familial, no limitations. . . . .	S
Not fully evaluated, with limitations, or gait disturbance . . . . .	D
<b>Tuberculosis</b> after 12 months, treated fully recovered, normal PFT's . . . . .	S
Present or with lung damage or other organ involvement . . . . .	D
<b>Ulcerative Colitis</b> . . . . .	see Crohn's
<b>Underweight</b> . . . . .	D
<b>Valvular Heart Disease</b> . . . . .	see Heart Valve Disorder
<b>Ventriculoperitoneal Shunt</b> . . . . .	D
<b>Vertigo</b> . . . . .	see Dizziness
<b>Von Willebrand's Disease</b> . . . . .	D
<b>Walker Use</b> . . . . .	D
<b>Weakness</b> . . . . .	D
<b>Wegener's Granulomatosis</b> . . . . .	D
<b>Weight Loss</b> , unexplained, or not fully evaluated. . . . .	D
<b>Wheelchair Use</b> . . . . .	D
<b>Wolff-Parkinson-White Syndrome</b> after 6 months, ablated, not present. . . . .	S
Uncontrolled. . . . .	D



MUTUAL of OMAHA INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
*mutualofomaha.com*  
*ltcunderwriting@mutualofomaha.com*  
1-800-551-2059