

# *Long-Term Care Insurance*



UNDERWRITING GUIDE

LONG-TERM CARE I

LONG-TERM CARE II

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# 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.

# Underwriting Rules for Forms LTC04I/LTC04I-AG

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## Policy Underwriting Rules:

1. This plan may be issued on a selective basis to individuals from age 18 through 79. May be issued to members of organizations and employer groups approved by the Association Marketing team.

**NOTE:** If applying for association group coverage as an association member’s qualifying family, (indicate the relationship in the association group box on the application). Spouse, parents (including in-laws) and adult children of the member qualify for the discount.

2. **Possible Underwriting Outcomes** – apply to both individual and association business
  - (a) **Preferred** – (15% discount) based on underwriter discretion. (Refer to the Preferred Criteria following the policy underwriting rules.)
  - (b) **Select** – applicant is a standard health risk
  - (c) **Class I** – Select x 1.25 (Maximum Benefit Period of 5 years; Minimum Elimination Period of 90 days.)
  - (d) **Class II** – Select x 1.50 (Maximum Benefit Period of 5 years; Minimum Elimination Period of 90 days.)
  - (e) **Decline/No Coverage Available**
3. May not be issued to Foreign Nationals living in the United States less than three years or those who do not have a valid permanent resident card Form I-551 (“Green Card”).
4. APPLICATION must be fully completed.
  - Only the applicant can answer the questions or sign the application. Husbands and wives, children or other family members may not answer questions or sign applications for the applicant.
  - Applications must be taken during an in-person interview.
  - Applications with white-out will not be accepted.
  - Any errors on the app should be lined through and the correction initialed by the applicant.
  - Applications must be received in our office within 30 days of the application signed date.

Product	Application
LTC04I-TQ/NTQ or LTC04I-AG-TQ/NTQ	MA5864/MA5865 (TIA)*

\*Or state equivalent

5. The Long-Term Care Underwriting Guide will be used in determining eligibility for the product. The application identifies some impairments which will disqualify the applicant from coverage and these applications should NOT be submitted. The 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.

6. BENEFIT LIMITS/OPTIONS

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

- (d) Two Pools (**LTCII**) for confined care (NH/ALF) and home health care:
  - 1) Benefit multipliers of 2, 3, 4, 5 years and Unlimited.
  - 2) NH/ALF daily benefit amounts of \$50 – \$400 (\$500 in NY) in \$10 increments.
  - 3) The benefit multiplier for home health care coverage must always be less than or equal to the benefit multiplier for the base coverage.
  - 4) 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.
  - 5) 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.
  - 6) Elimination periods of 0, 30, 60, 90, 180 and 365 days.

7. 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).

8. Benefits may be increased within 60 days after policy issue. A Statement of Good Health will be required.

9. The policy may be issued in the following modes: annual, semiannual, quarterly, BSP (monthly bank draft), PRD (payroll deduction) or Employer Paid (list bill). See separate explanation of PRD and Employer Paid requirements.

10. PAYMENT Period Options:

- (a) 10-year pay,
- (b) To-age-65 pay, or
- (c) Level lifetime pay.

11. EFFECTIVE DATE will be the date the application is signed, subject to the policy being issued. If the applicant is replacing other coverage, the effective date will be the paid to date of the other coverage up to 60 days beyond the application date. If no cash is received with the application, the effective date will be the date the application is issued.

12. A TELEPHONIC INTERVIEW will be completed on every applicant age 71 and under. FACE TO FACE INTERVIEWS will be **required** for all applicants ages 72 and greater. Examinations will be ordered by underwriting and will be performed in the applicant's home by a trained examiner. A Face to Face may be ordered on applicants less than age 72 at an underwriter's discretion.
13. MEDICAL RECORDS may be requested if medical conditions, medications taken or telephone interviews warrant obtaining them. Medical records are mandatory for ages 72 and older.
14. A DOCTOR VISIT is required within 24 months prior to the application date for applicants age 72 and older.
15. REPLACEMENTS AND CONVERSIONS require full selective underwriting. A replacement form must be submitted for all applicants replacing other policies. The prior coverage must be shown on the application.
16. 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).
17. SUITABILITY: A Long Term Care PERSONAL WORKSHEET must be submitted on each applicant. It is the agent and underwriter's responsibility to verify that this coverage is affordable for the applicant. This policy is not available for an individual who meets Medicaid eligibility guidelines. Minimum financial guidelines include an annual household income of \$16,000 or \$50,000 in noncountable assets.
18. 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.
19. The premium will be calculated based upon the applicant's age on the date the application is signed. To "save age," if the applicant's date of birth is within 30 days of the application date, rates will be based on the younger age, as long as the application is received within 30 days of the application date.

**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

**Preferred Criteria**

**Preferred Rate Criteria – applicant must meet ALL of the following criteria to receive preferred rates:**

1. Applicant is age 70 or younger.
2. Tobacco-free for the past two years.
3. Applicant 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 six 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
  - Cancer (excluding basal cell skin cancer)
  - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
  - Diabetes
  - Fibromyalgia
  - Heart disease (excluding controlled high blood pressure)
  - 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 single point cane.

6. Applicant has not been declined, rated or denied reinstatement for Long-Term Care Insurance within the past three years.
7. Applicant has seen their physician for a checkup within the last 2 years.
8. Height and Weight must be within the Minimum and Preferred Maximum range on the Height and Weight Chart.

### **New Business Requirements for 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 required 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.

### **New Business Requirements for 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 required 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.

# Underwriting Rules for Optional Benefits

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## **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 policy underwriting rule 18 (a) are met.
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 Rules

## 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>

## Height and Weight Chart – Unisex

Height	Minimum Weight	Preferred Maximum Weight	Standard Maximum Weight	25% Rate Up Maximum
5'0"	93	165	195	241
5'1"	95	171	205	246
5'2"	96	177	215	251
5'3"	98	183	218	258
5'4"	101	189	225	264
5'5"	104	195	230	272
5'6"	106	202	235	279
5'7"	110	207	242	286
5'8"	113	211	250	291
5'9"	117	215	256	298
5'10"	121	220	263	307
5'11"	124	225	275	312
6'0"	128	229	280	321
6'1"	132	233	286	329
6'2"	136	237	295	337
6'3"	139	242	300	346
6'4"	142	251	305	355
6'5"	144	260	326	365
6'6"	148	266	335	375

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 unrated weight and has any condition listed on the impairment guide as a Class I or IC will be declined.

## 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	AIDS	Megace	Cancer
Alkeran	Cancer	Megestrol	Cancer
Amantadine	Parkinson's Disease	Mellaril	Psychosis
Amiodarone	Heart Arrhythmia	Melphalan	Cancer
Aricept	Dementia	Memantine	Alzheimer's Disease
Artane	Dementia	Methotrexate	Rheumatoid Arthritis
Avonex	Multiple Sclerosis	>20mg/week	
AZT	AIDS	Metrifonate	Dementia
Baclofen	Multiple Sclerosis	Mirapex	Parkinson's Disease
Betaseron	Multiple Sclerosis	Myleran	Cancer
Carbidopa	Parkinson's Disease	Namenda	Alzheimer's Disease
Cogentin	Parkinson's Disease	Narcotics	Chronic Pain
Cognex	Dementia	Navane	Psychosis
Copaxone	Multiple Sclerosis	Nelfinavir	AIDS
Cordarone	Heart Arrhythmia	Neoral	Immunosuppression, Severe Arthritis
Cytoxan	Cancer, Severe Arthritis, Immunosuppression	Paraplatin	Cancer
D4T	AIDS	Parlodel	Parkinson's Disease
DDC	AIDS	Permax	Parkinson's Disease
DDI	AIDS	Prednisone	COPD, Rheumatoid Arthritis
DES	Cancer	>10mg/day	
Eldepryl	Parkinson's Disease	Procrit	Kidney Failure, AIDS
Epogen	Kidney Failure, AIDS	Prolixin	Psychosis
Ergoloid	Dementia	Remicade	Rheumatoid Arthritis, Crohn's Disease
Exelon	Dementia	Reminyl	Dementia
Gold	Rheumatoid Arthritis	Requip	Parkinson's Disease
Haldol	Psychosis	Retrovir	AIDS
Herceptin	Cancer	Rebif	Multiple Sclerosis
Hydrea	Cancer	Riluzole	ALS
Hydergine	Dementia	Risperdal	Psychosis
Imuran	Immunosuppression, Severe Arthritis	Ritonavir	AIDS
Insulin	Diabetes	Sandimmune	Immunosuppression, Severe Arthritis
>50 units/day		Sinemet	Parkinson's Disease
Interferon	AIDS, Cancer, Hepatitis, Multiple Sclerosis	Stelazine	Psychosis
Indinavir	AIDS	Symmetrel	Parkinson's Disease
Invirase	AIDS	Teslac	Cancer
Kemadrin	Parkinson's Disease	Thiotepa	Cancer
Lasix	Heart Disease	Thorazine	Psychosis
>60 mg/day		VePesid	Cancer
L-Dopa	Parkinson's Disease	Vincristine	Cancer
Leukeran	Cancer, Immunosuppression, Severe Arthritis	Viramune	AIDS
Levodopa	Parkinson's Disease	Zanosar	Cancer
Lioresal	Multiple Sclerosis	Zoladex	Cancer
Lomustine	Cancer		

# Some Medications Associated With Uninsurable Health Conditions (continued)

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## Alzheimer's Disease/Dementia

Aricept  
Artane  
Cognex  
Ergoloid  
Reminyl

Hydergine  
Memantine  
Metrifonate  
Namenda

## Multiple Sclerosis

Avonex  
Baclofen  
Betaseron  
Copaxone  
Lioresal  
Rebif

## Parkinson's Disease

Amantadine  
Carbidopa  
Cogentin  
Eldepryl  
Kemadrin  
L-Dopa  
Levodopa

Mirapex  
Parlodel  
Permax  
Requip  
Sinemet  
Symmetrel

## Underwriting the Applicant's Health History

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).

### 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

# 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	Smoker 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								
Smoker in the past 12 months								

# Medical Impairments

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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

<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> 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>Amputation</b> due to trauma, after 12 months, one limb, no limitations . . . . .	S
Due to disease . . . . .	D
Two or more limbs . . . . .	D
<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, fully recovered . . . . .	S
Except cerebral, unoperated, stable for 2 years . . . . .	IC
Cerebral, unoperated . . . . .	D

## Medical Impairments (continued)

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### Anxiety

< 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

### Arrhythmia excluding Atrial Fibrillation

Controlled .....	S-IC
Uncontrolled .....	D

### Arthritis 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 >20mgs/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

**Asthma** ..... see COPD

**Assisted Living Facility Resident** ..... D

**Ataxia or muscular incoordination** ..... D

<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>Balance Disorder</b> after 6 months, resolved .....	S-IC
Less than 6 months, or currently present .....	D

### Bipolar

After 3 years, controlled on medication, fully functional .....	S
< 3 years duration, or psychiatric hospitalization within the past 5 years .....	D

### Blindness

One eye .....	S
Both eyes .....	IC-D

**Broken Bones** ..... see Fracture

**Brain Attack** ..... see CVA

**Bronchitis** ..... see COPD

**Bronchiectasis** ..... see COPD

## 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, 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, smoker	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, nonsmoker, after 6 months	S
Operated, still smoking	Class I-IC
Unoperated, <70% stenosis, no symptoms, nonsmoker	S
Unoperated, <70% stenosis, no symptoms, smoker	IC-D
History of TIA or CVA, or Valvular heart disease, or Type I diabetes	D
Type II diabetes, carotid stenosis >50%, or still smoking	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>Claudication</b>	see Peripheral Vascular Disease
<b>Chronic Bronchitis</b>	see COPD

## Medical Impairments (continued)

<b>Chronic Fatigue</b> after 12 months, no functional limitations . . . . .	IC
Any functional limitations . . . . .	D
<b>Chronic Hepatitis</b> . . . . .	see Hepatitis
<b>Chronic pain</b>	
Requiring daily narcotics or with ADL/IADL limitations . . . . .	D
All others . . . . .	IC
<b>Cirrhosis</b> . . . . .	D
<b>Colitis/Crohn's</b> stable 1 year no hospitalizations . . . . .	Class I
With complications or not well controlled . . . . .	D
<b>Confusion</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, nonsmoker . . . . .	S
After 6 months, stable, no limitations, smoker . . . . .	Class I
After 6 months, in combination with controlled Type I diabetes, nonsmoker . . . . .	Class I-IC
With controlled Type I diabetes, nonsmoker . . . . .	Class I-IC
With controlled Type I diabetes, smoker . . . . .	D
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>Cystic Fibrosis</b> . . . . .	D
<b>Defibrillator/Automatic Implantable Cardiac Defibrillator</b> . . . . .	D
<b>Dementia</b> . . . . .	D
<b>Depression</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

## Medical Impairments (continued)

<b>Diabetes</b>	
Type I controlled, stable 6 months, no complications, nonsmoker, insulin <50 units/day	Class I
Type I controlled, with history of hypertension, or heart disease, nonsmoker	Class I-IC
Type I controlled, no comorbid, smoker	Class I-IC
Type I controlled, smoker, heart disease	D
Type I or Type II with retinopathy, or neuropathy, or nephropathy	D
Type I or Type II with peripheral vascular disease, history of TIA or CVA	D
Type II controlled stable 6 months, no complications	S
Type I or Type II insulin more than 50 units/day	D
Type I or Type II average BP reading >159/89	D
Type I or Type II Hemoglobin A1c>9.0, or noncompliant with treatment	D
<b>Dialysis</b>	D
<b>Difficulty walking</b>	see Balance Disorder
<b>Disabled</b> , collecting any type of disability benefits	D
<b>Dizziness</b> after 6 months, evaluated, resolved	S
Multiple episodes or associated with falls, or not fully evaluated	D
Within 6 months, or not fully evaluated	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>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>Fainting</b>	see Dizziness
<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>Fibromyalgia</b> after 1 year, well controlled, no ADL/IADL deficits	S
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>Glaucoma</b> , stable vision, controlled eye pressures .....	S
All others .....	IC
<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 A</b> or B after 6 months fully recovered .....	S
C, after 2 years, successfully treated with Interferon .....	IC
C, currently treated .....	D
C, unresponsive to Interferon .....	D
Hepatitis, any, chronic, active, or alcohol related .....	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>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> .....	D
<b>IADL Impairment</b> .....	D
<b>Immune Deficiency</b> .....	D
<b>Incontinence</b> , urinary, stress, manages independently .....	S
Urinary, uncontrolled, or requires assistance with management .....	D
Stool .....	D
<b>Irritable Bowel Syndrome</b> , controlled, weight stable .....	S
uncontrolled or with weight loss .....	D

## Medical Impairments (continued)

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<b>Joint Replacement</b> , one joint after 3 months, fully recovered, no use of assistive devices	S
2 or more fully recovered, no limitations	Class I-IC
Surgery recommended or planned	D
<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>Leukemia</b>	
Acute, after 5 years	IC
CLL after 3 years	IC- D
<b>Liver Transplant</b>	D
<b>Lou Gehrig's Disease</b>	D
<b>Lupus</b> , discoid, after 12 months	S
Systemic	D
<b>Macular Degeneration</b> one eye	S
Both eyes	IC-D
<b>Manic Depression</b>	see Bipolar
<b>Medicaid Recipient</b>	D
<b>Memory Loss</b>	D
<b>Meniere's Disease</b> after 6 months, symptoms controlled, no limitations	S
Associated with falls	D
<b>Mental Retardation</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

## Medical Impairments (continued)

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<b>Myelodysplasia</b> .....	D
<b>Myocardial Infarction</b> .....	see Coronary Artery Disease
<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
<b>Organic Brain Syndrome</b> .....	D
<b>Organ Transplant</b> .....	D
<b>Osteopenia</b> , on medication .....	S
<b>Osteoarthritis</b> .....	see Arthritis
<b>Osteoporosis</b> mild, on medication, no history of nontraumatic fractures .....	S
Moderate, no history of nontraumatic fractures .....	Class I
Severe T score -3.5 or worse .....	D
Any, with history of nontraumatic fracture, or not on treatment, or with functional limitations .....	D
<b>Oxygen use</b> .....	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

## Medical Impairments (continued)

<b>Peripheral Neuropathy</b> .....	see Neuropathy
<b>Peripheral Vascular Disease</b>	
Mild, nonsmoker, no symptoms, no limitations .....	S
Moderate, or in combination with coronary artery disease .....	Class I-IC
Severe, or still smoking .....	D
Average BP reading >159/89 .....	D
Any, with limitations, history of leg ulcers, diabetes, or pending surgery .....	D
<b>Physical Therapy</b> received within 6 months .....	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 and no limitations .....	S
With recurrence or limitations .....	D
<b>Post Polio Syndrome</b> after 2 years, nonprogressive, no assistive devices .....	IC
Progressive weakness or fatigue, or with limitations .....	D
<b>Polycystic Kidney Disease</b> .....	D
<b>Polymyalgia Rheumatica</b> mild, after 1 year, no limitations .....	
Moderate, no functional limitations .....	Class I-IC
Severe, or with limitations .....	D
<b>Pregnancy</b> .....	D
<b>Psoriasis</b> , mild to moderate, controlled with medication .....	S
Severe .....	IC
<b>Psoriatic Arthritis</b> .....	see Arthritis
<b>Psychosis</b> .....	D
<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>Retinitis Pigmentosa</b> .....	IC-D

## Medical Impairments (continued)

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Rheumatoid Arthritis .....	see Arthritis
Sciatica .....	S-IC
Schizophrenia .....	D
Scleroderma .....	D
Seizures .....	see Epilepsy
Sjogren's Syndrome .....	D
Skin Cancer .....	see Cancer
Sleep Apnea responsive to treatment .....	S
Severe or unresponsive to treatment .....	D
Social Withdrawal .....	D
Spinal Stenosis operated, fully recovered, after 12 months .....	S
Unoperated, mild to moderate .....	Class I-IC
Unoperated, severe or surgery recommended .....	D
Any, with epidural injections within 6 months, functional limitations, or chronic pain requiring daily narcotics .....	D
<b>Stroke</b>	
Single episode, fully recovered after 2 years, no limitations, nonsmoker .....	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
Smoking within the past 12 months .....	D
Occurred while adequately anticoagulated .....	D
Syncope .....	see Dizziness
Systemic Lupus .....	D
Thrombocytopenia .....	IC
Thrombocytosis .....	IC
Transient Global Amnesia .....	see TIA

## Medical Impairments (continued)

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<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
Smoking within the past 12 months .....	D
Occurred while adequately anticoagulated .....	D
<b>Tremor</b> fully evaluated, benign familial, no limitations .....	S
Not fully evaluated, with limitations, or gait disturbance .....	D
<b>Ulcerative Colitis</b> .....	see Colitis
<b>Underweight</b> .....	D
<b>Valvular Heart Disease</b> .....	see Heart Valve Disorder
<b>Vertigo</b> .....	see Dizziness
<b>Walker Use</b> .....	D
<b>Weakness</b> .....	D
<b>Weight Loss</b> , unexplained, or not fully evaluated .....	D
<b>Wheelchair Use</b> .....	D



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