

Guidelines

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Classification:

Underwriting

and Business Insurance

Foreign Trave and Non-US Residents



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the LTC Ride

### Underwriting the Long-Term Care Rider<sup>1</sup>

The Long-Term Care (LTC) rider is underwritten based on morbidity risk rather than mortality risk and as a result, some proposed life insureds may not qualify for this rider even if they are Standard or better mortality risks.

#### Also, some combinations of Standard impairments may require this rider to be declined.

- The Long-Term Care rider cannot be issued at better ratings/rate classes than the life base policy assessment
- · Risks with multiple impairments will be reviewed on an individual consideration basis

### The Long-Term Care rider is available only if the life coverage is approved. It is NOT available:

- When the mortality rating on the base policy is >175% for LTCR '14 or >200% for LTCR '18
- · With a flat extra
- To residents of foreign countries and also U.S. citizens traveling outside the U.S. for greater than six months per year (183 days)
- With any increasing rider (Return of Premium, Increasing Supplemental Face Amount)
- Post issue (i.e., the rider must be applied for with the life insurance application)
- Third Party Ownership designation is at the underwriter's discretion

The Long-Term Care rider can be purchased in addition to a life insurance contract. This benefit allows an accelerated payout of a specific proportion of the proceeds of the life insurance as a reimbursement of long-term care costs.

1. The Long-Term Care (LTC) rider is an accelerated death benefit rider and may not be considered long-term care insurance in some states. There are additional costs associated with this rider. The Maximum Monthly Benefit Amount is \$50,000. When the death benefit is accelerated for long-term care expenses it is reduced dollar for dollar, and the cash value is reduced proportionately. Please verify state availability.

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# Underwriting the LTC Rider, continued

Condition and description	Likely underwriting decision
Activities of Daily Living (ADLs)	Decline if unable to perform any of the following ADLs or require supervision to do so: bathing, continence, dressing, eating, toileting or transferring
Alzheimer's Disease/Dementia	Decline
Ankylosing Spondylitis	May be insurable with life ratings up to 150% <sup>2</sup>
Assistive Devices (including mobility aids)	Decline (examples include: cane, crutches, walker, wheelchair, scooter, hospital bed, stairlift, permanent catheter, respirator or oxygen)
Asthma	Non-Smokers: May be insurable based on life ratings     Asthma classified as moderate or severe disease, or asthma in combination with smoking: Decline
Benign Cognitive Impairment	Decline
<b>Bipolar Disorder</b> (also known as Bipolar Affective Disorder or Bipolar Depression)	Disease diagnosed as severe or new onset, or treated with anti-psychotic medications: Decline     Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings
Build	Individuals who have a BMI of ≤18.0 or ≥40.0 will not be considered     Overweight individuals with arthritis, CAD or other risk factors, and underweight individuals with depression, osteoporosis, and other risk factors may not be considered within BMI of 18.0–40.0
Cancer	If any life rating is required: Decline
Carotid Bruit/Carotid Disease An abnormal sound in the carotid artery caused by atherosclerosis. It is a sign of a risk for stroke.	Unilateral or with favorable investigations: May be insurable based on life rating Uninvestigated cases with bilateral bruits: Decline
Chronic Fatigue Syndrome Severe fatigue generally lasting six months or longer where all other causes have been eliminated.	Diagnosed over six months ago, not disabled, treated, asymptomatic, without limitations: May be insurable based on life ratings¹     Diagnosed within the past six months, receiving disability payments, with limited activity or treated with steroids or narcotics: Decline
Chronic Obstructive Pulmonary Disease (Bronchiectasis, COPD, Chronic Bronchitis)	Non-Smokers may be insurable based on life rating <sup>1</sup>
Chronic Pain	• Fully active, no ongoing treatment with narcotics or narcotic injections, no assistive devices: May be insurable based on life rating <sup>1</sup> • With co-existing depression: Decline

The Long-Term Care rider can be purchased in addition to a life insurance contract. This benefit allows an accelerated payout of a specific proportion of the proceeds of the life insurance as a reimbursement of long-term care costs.

2. Best rate class available for LTC rider will be Standard.

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## Underwriting the LTC Rider, continued

Condition and description	Likely underwriting decision
Coronary Artery Disease (CAD)	Ages 50 and under: Decline Ages 50-75 and Non-Smoker: Long-Term Care rider may be insurable based on life ratings¹ In combination with co-morbid diseases (TIA, diabetes, PVD, valvular heart disease): Decline
Crohn's Disease	Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings¹     Disease diagnosed as severe: Decline     Use of steroids 7.5 mg or more daily, or treatment with Remicade, Cimzia, Purinethol or similar type medications: Decline     Any ongoing weight loss or evidence of osteoporosis: Decline
Deep Vein Thrombosis (DVT)	One episode over six months ago, Non-Smoker: Long-Term Care rider may be insurable based on life ratings In combination with hypercoagulable state: Decline
Dementia	Decline
Depression	Stable, mild and moderate with no limitations: May be insurable based on life ratings     New onset or severe: Decline     History of alcohol abuse, psychotic symptoms, requiring hospitalization, suicide attempt, or treatment with anti-psychotic medications: Decline
Diabetes	<ul> <li>Type 2 at ages 40 and older, Non-Smoker, blood sugars are well controlled and no complications: Long-Term Care rider may be insurable based on life ratings¹</li> <li>Type 1: Decline</li> <li>Other scenarios including history of any co-morbid diseases such as CAD, TIA, CVD, kidney disease: Decline</li> <li>Smokers: Decline</li> </ul>
Disability	Decline if currently receiving disability benefits
Fibromyalgia This is widespread pain in the muscles, ligaments, and tendons.	Diagnosed over six months ago, asymptomatic, active lifestyle, treated only with non-steroidal anti-inflammatory medication, and no associated depression: Long-Term Care rider may be insurable based on life ratings     Diagnosed within the past six months: Decline
Frailty	Decline
Handicap sticker or placard	Decline
Kidney Failure	Decline

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## Underwriting the LTC Rider, continued

Condition and description	Likely underwriting decision
Kyphoscoliosis A disorder characterized by progressive deformity of the spine.	Mild or moderate deformity, no osteoporosis and asymptomatic for at least six months: Long-Term Care rider may be insurable on a Standard basis
Multiple Sclerosis	Decline
Musculoskeletal Impairment Includes Degenerative Disc Disease (DDD), Joint Replacement, Radiculopathy, Spinal Stenosis.	<ul> <li>Must be: fully active, no assistive devices, asymptomatic, minimal physiotherapy, and no occupational therapy or surgeries within the past six months: Long-Term Care rider may be insurable on a Standard basis</li> <li>Any ongoing treatment with narcotic pain killers, multiple steroidal injections, history of osteoporosis, fractures, and any pending surgeries: Decline</li> </ul>
Neurogenic Bladder or Bowel	Decline
Obstructive Sleep Apnea (OSA)	Non-Smoker, compliant with treatment, no rateable build: Long-Term Care rider may be insurable based on life ratings¹ In combination with any co-morbities such as CAD, diabetes, obesity, PVD, TIA, valvular heart disease, or alcohol abuse: Decline
Optic Neuritis	Unknown cause (i.e., idiopathic, and multiple sclerosis clearly ruled out as the cause), fully recovered, only one episode over two years ago: Long-Term Care rider may be insurable on a Standard basis
Osteoarthritis	Mild to moderate disease, active lifestyle, no assistive devices, asymptomatic, no limitations: May be insurable at Standard or better     Severe disease, symptomatic, limitations, obesity, ongoing physiotherapy, narcotic use, steroid injections, or pending/recommended surgery: Decline
Osteoporosis and Osteopenia	<ul> <li>Best cases, Non-Smoker, under treatment, active lifestyle, and favorable risk factors: May be considered for Preferred. Cases with mild risk factors may be limited to Standard. Mild or moderate osteoporosis, not compliant with medication, with fracture history, co-morbid conditions, or other risk factors could be +50 to decline</li> <li>With multiple fractures, T-score &gt;-4.0, Smoker: Decline</li> </ul>
Parkinson's Disease	Decline
Peripheral Arterial Disease (PAD, PVD)	Mild disease and Non-Smoker, asymptomatic, active lifestyle, fully investigated with normal ABI scores: Long-Term Care rider may be insurable based on life ratings     In combination with any co-morbities such as CAD, diabetes, obesity, TIA, valvular heart disease, or alcohol abuse: Decline, Smoker: Decline
Pneumonia	Proposed life insured over age 70 with more than one episode of pneumonia or any history of aspiration pneumonia within one year: May result in a decline
Pulmonary Hypertension	Decline

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Condition and description	Likely underwriting decision
Rheumatoid Arthritis (including Psoriatic Arthritis)	<ul> <li>Mild, stable for over two years, no assistive devices, no limitations to any activities of daily living: Asymptomatic cases may be insurable based on life rating<sup>1</sup></li> <li>Treatment with Humira, Enbrel, Arava, or similar medications: A rating will be applied</li> <li>Severe, multiple joint deformities, currently treated with physiotherapy or occupational therapy, or multiple joint replacements: Decline</li> <li>Treatment with Remicade, Ridaura, or Kineret: Decline</li> </ul>
Supportive Services	Residence in an assisted living facility: Usually decline     Residence in a nursing home: Decline     Receiving adult day care, disability benefits, worker's compensation, home health care, or Medicaid: Decline
Stroke (including lacunar infarct)	Decline
Systemic Lupus Erythematosus	Decline
Transient Ischemic Attack (TIA)	<ul> <li>Age 61 and up, Non-Smokers only, single episode more than 24 months ago, asymptomatic with no cognitive or physical residuals: Long-Term Care rider may be insurable based on life ratings</li> <li>Age 60 and under: Decline</li> <li>Others or with history of co-morbid conditions such as CAD, PVD, valvular heart disease, diabetes: Decline</li> </ul>
Urinary Catheter	Temporary catheter: May be insurable based on all factors of the case     Permanent catheter: Decline
Ulcerative Colitis	Mild to moderate disease with no complications and last flare up more than 12 months ago: Long-Term Care rider may be insurable based on life ratings¹ Severe disease or any co-morbid history such as hepatitis, cholangitis, amyloidosis: Decline Treatment with Remicade, Cimzia, Purinethol: Decline
Valvular Heart Disease	<ul> <li>Mild to moderate aortic and mitral valve disease, age 50 and older: May be insurable based on life rating</li> <li>Severe disease, valve replacement or co-morbid conditions such as CAD, PVD or TIA: Decline</li> </ul>

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