



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-US Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Impairment Guide

Select the topics below to access information about specific medical and non-medical risks, plus factors that will impact a decision.

- > **About this Guide**
- > **Acronyms and Abbreviations**
- > **Life Medical Impairments**
- > **Underwriting the Long-Term Care Rider**
- > **Non-Medical Risks**
 - Aviation
 - Avocation
 - Driving
 - Professional Athletes





Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-US Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

About This Guide

The following pages highlight some of the more common impairments we see at John Hancock. They are organized into these sections: Medical Impairments, Long-Term Care Rider, Non-Medical Risks (Aviation, Avocations, Professional Athletes, Foreign Travel and Non-US Residents).

Use the information as a reference on what details the underwriter needs up front to assess specific conditions as well as factors that will impact the decision.

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

Each chart identifies the following information:

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>The name of the impairment, including a short description.</p> <p>Conditions are listed alphabetically (types of cancer categories listed alphabetically under "Cancer").</p> <p>See navigation bar on far right of the page to search for the name of the impairment.</p>	The criteria the underwriter uses to classify the risk.	These are the specific details and requirements (in addition to routine underwriting requirements) to include in your application package to help focus APS requests, ensuring the correct information is requested from the doctor up front. This will streamline the underwriting process by significantly reducing the need for subsequent reports, or other requirements, while also allowing the underwriter to make the most competitive decision from the outset.	<p>The classification or rating necessary for the impairment based on the factors and requirements presented. Most conditions have a sample decision for a best-case scenario, typical case, and worst-case rating.</p> <p>Note: Standard Plus is available depending on product selection.</p>

Please note that the likely underwriting decisions for Medical Impairments are applicable only to the life insurance portion of a policy. Go to Long-Term Care rider for details on likely underwriting decisions.

1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-US Residents

2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Acronyms and Abbreviations

AAA	Abdominal aortic aneurysm
ABI	Ankle-brachial index
ADLs	Activities of daily living (e.g., feeding, bathing, dressing)
APS	Attending physician's statement
ASD	Atrial septal defect (congenital heart disorder)
ATP	Airline transportation pilot certificate
BP	Blood pressure
BUN	Blood urine nitrogen
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CFS	Chronic fatigue syndrome
CHOL	Cholesterol
CKD	Chronic kidney disease
CLL	Chronic lymphocytic leukemia
COPD	Chronic obstructive pulmonary disease
CT	Computed tomography
CTA	Computed tomography angiogram
CVD	Cerebrovascular disease

CXR	Chest x-ray
DWI	Driving while impaired
DVT	Deep vein thrombosis
EBCT	Electron-beam computed tomography
ECHO	Echocardiogram
EEG	Electroencephalogram
EF	Ejection fraction
EKG	Electrocardiogram
ER	Emergency room
FEV1	Forced expiratory volume during first second
FH	Family history
GI	Gastrointestinal
GXT	Graded exercise test
HBsAg	Hepatitis b surface antigen
HIV	Human immunodeficiency virus
HTN	Hypertension
IADLs	Instrumental activities of daily living (e.g., banking, shopping)
IC	Individual consideration
IDDM	Insulin dependent diabetes mellitus

IFR	Instrument flight rating
LFT	Liver function test
LIPIDS	Fats in the blood (e.g., cholesterol)
LTC	Long-term care
MRI	Magnetic resonance imaging
MVR	Motor vehicle report
NIDDM	Non-insulin dependent diabetes mellitus
OSA	Obstructive sleep apnea
PFT	Pulmonary function test
PP	Postpone
PAF	Paroxysmal atrial fibrillation
PSA	Prostate specific antigen
PTCA	Percutaneous transluminal coronary angioplasty
PVD	Peripheral vascular disease
Rx	Medication
TEE	Transesophageal echocardiography
TIA	Transient ischemic attack
TST	Treadmill stress test
VSD	Ventral septal defect (congenital heart disorder)

Click on the letter to jump to a specific medical impairment →

Medical Impairments, Life

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Alcohol Excess Alcohol consumption considered as alcohol abuse, dependence, at risk, and heavy use.</p>	<ul style="list-style-type: none"> • Current age • Amount of alcohol declared • Any diagnosis of abuse or dependence • How long abstinent or consuming in moderation • Any relapses • Member of a self-help group • Treatment with medication • Any co-morbid conditions • Any medical complications • Driving history 	<p>Requirements: APS, paramed, MVR, blood test Information to include:</p> <ul style="list-style-type: none"> • Provide details of medical treatment and any psychiatric/psychological report • Document any residential care, including dates and length of treatment • Clearly outline any favorable aspects such as continued employment, attendance at self-help groups, etc. • Alcohol Questionnaire 	<p>Ratings depend primarily on applicant's age, time since last use, and any co-morbid factors Best Case: Over age 30 and >5 years since last consumption: Standard Plus possible Typical Case: 150 to 200% Worst Case: Decline</p>
<p>Anemia A reduction in the number of red blood cells due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of the cells.</p>	<ul style="list-style-type: none"> • Type of anemia • Cause of anemia, if known • Treatment • Details of testing done and referrals to specialists (include dates, names of tests and doctors seen) • Blood test results • Medications • Any concurrent impairment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Details of investigation and testing • Details of ongoing surveillance of the condition (including blood tests, electrophoresis) 	<p>Ratings depend on type of anemia. Decisions can range from Preferred to decline Iron deficiency anemia: Preferred possible when fully investigated and no underlying condition identified Aplastic anemia: Usually decline Hemolytic anemia: Standard to 200%, but rating could be higher depending on type and severity</p>
<p>Aneurysm Abnormal dilation of an artery.</p>	<ul style="list-style-type: none"> • Type or location of aneurysm • Date of diagnosis • Cause of aneurysm • Size and stability of aneurysm • Currently present • Treatment • Smoking history • Blood pressure control 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • All tests and details of ongoing surveillance • Details of any lifestyle modifications • Details of BP and lipid control • Smoking history • Any residuals (good level of activity) 	<p>Can consider on a rated basis 6–12 months post-op depending on the type of aneurysm Abdominal:</p> <ul style="list-style-type: none"> • Unoperated – small, stable x2 years: 150 to 200%. Better rating if stable for longer periods. Large (>5 cm): Decline • Operated – typical rating: 150% <p>Cerebral:</p> <ul style="list-style-type: none"> • Unoperated – small, stable, no complications: 150%. Better rating if stable for longer periods. Large: Postpone • Operated – typical rating, if no complications, may be Standard after 2 years <p>Thoracic: Considered more severe and is often declined without successful surgery</p>

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Angina Pectoris Chest pain caused by reduced blood flow to the heart due to Coronary Artery Disease.	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
Angioplasty	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
Arteriosclerosis	Refer to Coronary Artery Disease		
Asthma Chronic inflammatory condition of the airways causing shortness of breath that is triggered by allergens, irritants, cold air, or exercise.	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Severity of symptoms • Frequency of attacks • Timing of attacks (day or night) • Type of medication and frequency of use • Compliant with medications • Medication side effects • Hospitalizations or ER visits • Limitations to activities • Smoking history • Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD 	Requirements: APS Information to include: <ul style="list-style-type: none"> • Pulmonary function tests, hospital reports • Details of lifestyle modification (such as non-smoking) • Level of activity • Type of medication and frequency of use 	Minimal: Super Preferred possible Mild: Preferred to 150% Moderate: 150 to 250% Severe: 250% to decline
Atrial Fibrillation Arrhythmia of the atria where it contracts chaotically.	<ul style="list-style-type: none"> • Date of diagnosis and age at onset • Age of applicant • Frequency of attacks • Fully investigated • Paroxysmal vs chronic • Treatment • Complications from treatment (e.g., drug toxicity or hemorrhage from anticoagulant) • Any underlying heart disease • Complications (e.g., stroke or congestive heart failure) • Any concurrent impairment (e.g., history of alcohol abuse, CAD, valvular disease, TIA, or stroke) 	Requirement: APS Information to include: <ul style="list-style-type: none"> • Copies of all cardiac investigations • Details of any prophylactic medication (e.g., blood thinners) • Outline any lifestyle modification • Current level of activity 	New diagnosis or new finding on insurance exam must be declined. If heart disorder, it will be rated according to the cause Well controlled PAF (paroxysmal atrial fibrillation) with minimal attacks: Standard If there is no CAD or other underlying heart disease, average rating for CAF (chronic atrial fibrillation) is 150 to 175%

1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents

2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Bariatric Surgery Surgery for morbid obesity, most commonly known as "stomach stapling."	<ul style="list-style-type: none"> • Pre-operative weight • Any co-morbid conditions (such as diabetes, hypertension, coronary disease) • Date of surgery • Type of surgery • Any surgical complications • Outcome of surgery (weight loss, improvement of risk factors) 	Requirement: APS Information to include: <ul style="list-style-type: none"> • Supply all medical reports relating to the surgical procedure and follow-up • Illustrate positive improvements in lifestyle 	Unable to consider until 3–6 months after surgery Assuming no complications – Up to 12 months: Rating based on pre-operative weight minus half any weight loss >1 year: Rating based on current weight
Barrett's Esophagus Disorder in which the cells normally lining the lower esophagus are replaced by cells normally found lining the stomach. May occur due to esophageal injury caused by reflux. Barrett's esophagus may be a pre-malignant condition for esophageal cancer.	<ul style="list-style-type: none"> • Current age • Ongoing risk factors • Type of testing done and results (endoscopy, biopsy) • Stable course • Medication/treatment • Response to medication treatment • Compliant with medical treatment and follow-up • Complications (e.g., hemorrhage, perforation) 	Requirement: APS Information to include: <ul style="list-style-type: none"> • Pathology report • Details of ongoing follow-up (e.g., endoscopy) • Details of lifestyle modification (stop smoking and alcohol use) • Medication/treatment 	Best Case: Preferred if no dysplasia and good follow-up done on a regular basis Typical Case: Standard to 150% Worst Case: Decline (if history of high-grade dysplasia and treated with medication only)
Blood Pressure	Refer to Hypertension		
Bypass surgery	Refer to Coronary Artery Disease		Unable to consider until 6 months after treatment
Cancer	Refer to specific organ or type of cancer		
Cancer: Basal Cell Carcinoma A type of skin cancer that rarely spreads.	<ul style="list-style-type: none"> • Date of diagnosis • Pathology (confirmation of basal cell carcinoma) • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment 	Requirement: APS (not typically required if pathology was confirmed as basal cell carcinoma) Information to include: <ul style="list-style-type: none"> • Pathology report including post-operative report • Details of ongoing follow-up • Details of lifestyle modification (sunscreen, stop smoking) 	Complete excision: Standard or better immediately on removal; may qualify for Preferred <ul style="list-style-type: none"> • Eyelid - potentially ratable

1
Underwriting Guidelines
 > Approved Vendors
 > Ratings Build Chart
 > Smoking Classifications
 > Financial Underwriting
 > Personal and Business Insurance
 > Foreign Travel and Non-U.S. Residents

2
Impairment Guide
 > Acronyms and Abbreviations
 > Life Medical Impairments
 > Underwriting the LTC Rider
 > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Cancer: Breast Breast cancer is the most frequently diagnosed cancer in American women and the second most frequent cause of cancer death. The lifetime risk of developing breast cancer is 1 in 8 women (12.2%).</p>	<ul style="list-style-type: none"> • Date of diagnosis • Type and stage of cancer • Size of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any serious complications from treatment 	<p>Requirement: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen) • Hospital reports • Details of follow-up (mammograms, bone scan, etc.) 	<p>Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider >10 years after last treatment. Ratings often are a combination of both table and reducing flat extras</p> <p>Preferred may be available on very remote histories (i.e., >25 years)</p> <p>Best Case: Depending on the pathology report, therapy and follow up, if the client's age is 45 or older, some localized, in-situ, low grade breast cancers, can be considered for Standard after the client's first post-operative checkup or completion of other therapies</p> <p>Typical Case: Unable to consider for 1-2 years after completion of treatment (chemo or radiation), then \$10x3 to \$15x4 range, depending on age</p>
<p>Cancer: Colon Colorectal cancer is the third most common type of cancer in the world. The risk begins to increase after age 40 and rises sharply at ages 50-55.</p>	<ul style="list-style-type: none"> • Date of diagnosis • Stage and grade of the tumor • Any hereditary syndrome that may be associated with other types of cancer • What treatment • Date treatment was completed • Ongoing follow-up • Any recurrence • Any complications from treatment 	<p>Requirement: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Details and date(s) of treatment • Hospital reports • Details of follow-up (colonoscopy and tumor markers) 	<p>Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider >8-10 years after last treatment. Preferred possible if meets criteria for Standard for at least 10 years. Standard Plus possible if history qualifies for Standard for the past 5 years</p> <p>Best Case: Stage 0 tumor – Standard or better</p> <p>Typical Case: Stage 1 tumor, 2 full years after treatment – \$5/1000 x 2 years</p>



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Cancer: Leukemia A progressive, malignant disease of the blood cells and blood forming organs (i.e., bone marrow and spleen).</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type of leukemia and stage of cancer • Treatment • Date treatment completed • Any recurrence or secondary cancer 	<p>Requirements: APS, special blood testing if current results are not provided in the APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology reports • Evidence of regular follow-up • Hospital reports • Details and date(s) of treatment 	<p>Preferred is not available. Standard Plus possible after 10 years of qualifying for Standard rates</p> <p>The most common type of leukemia seen in underwriting is CLL, which is insurable, if stable, low-stage disease and typically after two years since the diagnosis. CLL diagnosed under age 50 is a decline</p> <p>For other types of leukemia, depending on the type, coverage may not be available for 5 or more years following diagnosis. Very few cases can be offered coverage</p> <p>Best Case: (CLL cases) 150 to 200% 5–10 years post treatment</p>
<p>Cancer: Lung The most common type of cancer death for both men and women. The two main types of lung cancer are small cell and non-small cell.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type and stage of cancer • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) • Any serious complications from treatment 	<p>Requirement: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Hospital reports • Details and date(s) of treatment • Evidence of regular follow-up (CT scans etc.) 	<p>Lung cancer can only be considered if treatment completed, not smoking, stable course, and no recurrence</p> <p>Stage I: Class 5 to 7</p> <ul style="list-style-type: none"> • Class 5: Postpone x 3 years then \$15/1000 x 5 years • Class 6: Postpone x 4 years then \$20/1000 x 5 years • Class 7: Postpone x 5 years then \$25/1000 x 5 years <p>Stage II/III/IV: Decline</p>

1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents

2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Cancer: Prostate This is the most common internal malignancy found in American males.</p>	<ul style="list-style-type: none"> • Current age • Age at diagnosis • Date of diagnosis • Type of treatment • Date treatment completed • Stage and Gleason Grade • Any recurrence or spread • Current PSA reading • Any serious complications from treatment 	<p>Requirements: APS, blood profile to include PSA if current results are not available</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology reports • Type of treatment • Evidence of regular follow-up and PSA testing • Copies of PSA tests 	<p><Age 70: Availability of coverage will depend on the stage and Gleason Grade of the tumor</p> <p>Standard Plus is possible 5 years after qualifying for Standard rates. Preferred is possible 10 years after qualifying for Standard rates</p> <p>Best Case:</p> <ul style="list-style-type: none"> • Age at diagnosis 50–59: If localized tumor (stage T1 or T2 with the Gleason Grade 2–4), surgical treatment, PSA undetectable post-op then consider Standard • Age at diagnosis 60–90: If localized tumor (stage T1 or T2 with Gleason Grade 2–6), surgical or radiation treatment, PSA undetectable post-op then consider Standard • Age at diagnosis 70–90: If localized tumor (stage T1 or T2 with Gleason Grade 2–6), treated by surgery or radiotherapy, PSA is undetectable then consider Standard • Age at diagnosis 50–90: Favorable cases, surgically treated, stage T1 or T2 with Gleason Grade 7, may qualify for Standard years <p>Typical Case: (watchful waiting) Age at diagnosis 70–90: PSA <10, then consider 200% to Standard depending on the age</p>
<p>Cancer: Skin Borderline Malignancy Paget's disease, Bowen's disease (not genital), dysplastic nevus, Lentigo Maligna, Hutchinson's melanotic freckle.</p>	<ul style="list-style-type: none"> • Date of diagnosis • Pathology (confirmation of basal cell carcinoma) • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment 	<p>Requirement: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology report including post-operative • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking) 	<p>Best Case: Standard immediately on removal; may qualify for Preferred</p> <p>Worst Case: Postpone</p> <p>Atypical Mole Syndrome or Dysplastic Nevus Syndrome: Standard to 150%</p>

1
Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents

2
Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Cancer: Skin Malignant Malignant change in the skin becomes more common with increasing age. Exposure to sunlight is an important predisposing factor in fair-skinned people.</p>	<ul style="list-style-type: none"> • Date of diagnosis • Type of cancer/tumor • Depth and thickness of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Evidence of regular dermatology follow-up • Hospital treatment reports 	<p>Malignant melanoma in-situ: Preferred possible Malignant melanoma: Many are offered at \$5-7/1000 x 3 years immediately following excision. Deeper lesions must be declined for a minimum of 2-5 years following treatment Standard Plus is possible 10 years after qualifying for Standard rates.</p>
<p>Cancer: Testicular The most common malignancy in men 20-34 years old.</p>	<ul style="list-style-type: none"> • Date of diagnosis • Type and stage of testicular cancer (seminoma, embryonal, yolk sac, etc.) • Any recurrence 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Treatment and hospital report • Evidence of regular follow-up 	<p>Best Case: Stage I Seminoma – Standard following completion of successful treatment. Preferred may be available once Standard rates for 5 years for Stage I Seminoma Typical Case: Stage II Seminoma – PP x 1 year then \$10/1000 x 4 years Worst Case: Cases with reoccurrences could be declined</p>
<p>Cancer: Thyroid The most common malignancy of the endocrine system, generally more common in women.</p>	<ul style="list-style-type: none"> • Type of thyroid cancer (papillary, follicular, anaplastic, etc.) • Pathology • Age of applicant • Type of treatment and date(s) performed • Any remission and for how long • Any recurrence • Any complications from treatment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Treatment and hospital report • Evidence of regular follow-up 	<p>Best Case: Standard can be considered after the first post-operative checkup or completion of other therapies for papillary and follicular type thyroid cancers for applicants age 45 and older with Stage I localized, low grade disease. In some cases after 5 years of qualifying for Standard rates, Preferred may be available Typical Case: Moderate grade papillary tumor, can consider Standard 7-8 years following treatment Worst Case: Decline if anaplastic tumor Reconsideration may be possible for cases initially postponed for uninvestigated thyroid nodule that has subsequently been investigated and proven benign</p>



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Cancer: Uterine The most common gynecological malignancy.</p>	<ul style="list-style-type: none"> • Date of diagnosis • Type, stage and grade of uterine cancer (endometrioid, papillary, serous, etc.) • Any recurrence 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Pathology report • Treatment and hospital report • Evidence of regular follow-up 	<p>Preferred may be available once Standard rates for 5 years for Stage IA well or moderately differentiated uterine cancer Best Case: Stage IA, Grade 1, well differentiated endometrioid or mucinous carcinoma – Standard following completion of successful treatment Typical Case: Stage IB endometrial carcinoma – PP x 1 year then \$10/1000 x 4 years Worst Case: Stage IV decline</p>
<p>Chronic Obstructive Pulmonary Disease (COPD) A variety of diseases that cause chronic progressive irreversible airway obstruction.</p>	<ul style="list-style-type: none"> • Current age • Smoking history and current tobacco use • Build, any recent weight loss • Severity of symptoms • Speed of disease progression • Alpha-1 antitrypsin deficiency or other biochemical abnormality • Any concurrent impairment (e.g., CAD, cancer, malnutrition) • Any hospitalization • Any treatment with oxygen is a decline 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • PFT, serial PFTs • Details of lifestyle modification • Level of activity 	<p>The younger the applicant, the higher the rating. Ages over 70 may be more favorable. Current smoker, likely decline Chronic Bronchitis or Emphysema (ages 40–69): Mild: Standard to 150% Moderate: 175 to 250% Severe: 300% to decline Very severe: Decline</p>
<p>Cognitive Impairment A chronic progressive disorder characterized by losses of cognition, personality, and behavior that are severe enough to interfere with the quality of daily life.</p>	<ul style="list-style-type: none"> • Type of cognitive impairment • Age of applicant • Age at onset • Severity • Type of treatment • Cause, if known • History of accident, falls, hallucinations, etc. • Confinement in a nursing home 	<p>Requirements (needed if there is any suspected cognitive impairment): APS, Cognitive and Mobility Assessment (such as Nation's CareLink assessment) may be requested Information to include:</p> <ul style="list-style-type: none"> • Clearly outline the positive aspects of your client's independent and active lifestyle • Any neuropsychiatric testing (such as cognitive or memory testing) • Activity levels • ADLs affected • IADLs affected 	<p>Rating will depend on type of cognitive impairment: No consideration for onset prior to age 70. Postpone for a minimum of 2–3 years. After 3 years and confirmation of final diagnosis, possible to consider with a substandard rating if mild and completely stable with no progression of symptoms Alzheimer's, Vascular Dementia, Pick's Disease, Lewy Body Dementia and Creutzfeldt-Jakob Disease: Decline</p>

1
Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents

2
Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Congenital Heart Disease A variety of malformations of the heart that vary significantly in severity.</p>	<ul style="list-style-type: none"> • Current age • Specific congenital abnormality • Treatment including date(s) of any surgery • Medications • Smoking history • Any concurrent serious impairment • Any underlying coronary artery disease • Active lifestyle • Blood pressure and cholesterol readings • Family history 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Include any operative/hospital reports • Follow-up and investigations post-op (e.g., serial ECHOs, EKGs) • Details of lifestyle modification • Activity level 	<p>Depending on the type of congenital abnormality, some cannot be considered until they have been surgically corrected. For more serious abnormalities, coverage cannot be considered until 2 years after surgery</p> <p>Less serious abnormalities such as small ASD, VSD, Patent Foramen Ovale, may be Standard or better</p> <p>Ratings for more serious abnormalities (such as large ASD, VSD, coarctation of aorta, tetralogy of fallot, transposition of great vessels): 200% to decline</p>
<p>Coronary Artery Disease (CAD) The coronary arteries are unable to supply sufficient blood to the heart due to progressive narrowing of the arteries, thrombosis, or vascular spasm.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Severity of the disease (how many vessels and which ones) • Current symptoms • Treatment • Medications • Smoking history • Any concurrent serious impairment • Any history of congestive heart failure or arrhythmia • Active lifestyle • Blood pressure and cholesterol readings • Family history 	<p>Requirements: APS, EKG (or recent TST from APS) Information to include:</p> <ul style="list-style-type: none"> • Cardiac test results (e.g., angiogram, recent stress tests, nuclear stress test) • Detailed list of medications • Copies of lipid testing • Details of any lifestyle change <p>Best ratings possible with testing including nuclear stress test and stress echocardiograms within the past 12 months</p>	<p>Unable to consider until 3–6 months post-treatment (by-pass surgery, PTCA, etc.)</p> <p>Decline if age at application is less than 35</p> <p>Decline if Class 4 (heart failure, ejection fraction <40%)</p> <p>Best possible ratings Class 1 CAD: (e.g., 1 vessel disease and ejection fraction >55%) Age: <50: 175% 50–59: 150% 60–70: Standard 71–90: Preferred</p> <p>Standard Plus and Preferred for ages 71+ Class 1 CAD best cases only. Face amount may be limited</p> <p>Best possible ratings Class 2 CAD: (e.g., 2 vessel disease and an ejection fraction of 50–55%) Age: <50: 225% 50–70: 150 to 175% 71–90: Standard</p> <p>Average ratings Class 2 CAD: Age: <50: 250 to 300% 50–69: 200% 70–90: 150%</p> <p>Average ratings Class 3 CAD: (e.g., more serious CAD, 3 vessel disease and ejection fraction <45–50%) Age: <50: 300% to decline 50–69: 225% 70–90: 150% to 200%</p>

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Crohn's Disease A chronic inflammatory disease affecting any part of the GI tract. It has an unpredictable course and while complete remission can occur, the disease is generally chronic and relapsing and often requires surgery.</p>	<ul style="list-style-type: none"> • Current age • Severity of the disease • Frequency of flare ups • Severity of symptoms • Medication – ongoing oral steroid therapy • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease 	<p>Requirement: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle 	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings. Severe symptoms currently may not be insurable until stabilized for 1 year</p> <p>Mild disease: Preferred is possible if stable course for 2+ years over age 45</p> <p>Moderate disease: Standard to 200%, depending on time since last attack and over age 45</p> <p>Severe disease: 150 to 200%, depending on time since last attack and over age 45</p>
<p>Defibrillator/Implantable Cardioverter Defibrillator (ICD) A small device that is placed in the chest or abdomen to help treat irregular heartbeats and life-threatening arrhythmias, especially sudden cardiac arrest. ICDs use electrical pulses or shocks to treat arrhythmias in the ventricles. ICDs are not to be confused with another device called a pacemaker, which is used to treat less dangerous heart rhythms.</p>	Not applicable	Not applicable	Most cases will be a decline



1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Diabetes A group of metabolic disorders caused by inadequate production or use of insulin. It is a common disease affecting approximately 30 million people worldwide. Diabetes is usually irreversible, although controllable by diet, medication, and exercise. Late complications such as accelerated CAD or stroke, and kidney disease result in reduced life expectancy.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Type of diabetes • Treatment • Medication • Degree of control – blood sugar readings including Hemoglobin A1c • Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease • Current height and weight • Blood pressure 	<p>Requirements: APS, blood (if not already required or current results not available)</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Type of diabetes including age at onset • Copies of specialist reports (neurologist, nephrologist, endocrinologist) • History of blood sugar control – copies of blood and urine tests (including Hemoglobin A1c and microalbumin where possible) • Details of risk factor modification • Active lifestyle • Medications 	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings Preferred may be available >age 60, Type 2 diabetes treated with diet or oral medication only, no complications, and excellent control Gestational diabetes requires individual consideration but offer may be available, generally if insulin is not required and there are no pregnancy complications</p> <p>Type 1 (also known as IDDM)</p> <ul style="list-style-type: none"> • Best Case: Excellent control, no complications: 150% over age 50 • Typical Case: 200% depending on the age and control • Worst Case: Complications, poor or uncontrolled: Decline <p>Type 2 (also known as NIDDM or adult-onset diabetes) –</p> <ul style="list-style-type: none"> • Best Case: Standard Plus if age 50 and over, excellent control, no complications and treated by diet and oral medication only. Preferred if age 60 and over, excellent control, no complications, and treated by diet or oral medication only • Typical Case: Standard to 150% • Worst Case: Decline



1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Emphysema	Refer to COPD		
Epilepsy/Seizure Disorder This is an event of altered brain function due to an abnormality of excessive electrical discharges from the brain cells. There are many different types of seizures and forms of epilepsy.	<ul style="list-style-type: none"> • Age at onset • Compliance with medication • Control of seizures • Reason for the seizure activity • Any alcohol use • Any other significant medical conditions 	Requirement: APS Information to include: <ul style="list-style-type: none"> • Type of epilepsy • Age diagnosed • Duration of history • Date of last seizure and number of seizures per year • Medications 	Best Case: Generalized or partial, cause unknown, over 3 years since diagnosis, with a past history of 3 seizures or less per year and no seizure in the last year: Preferred Typical Case: Generalized or partial, cause unknown, 1–3 years since diagnosis, 3 or less seizures per year: Standard to 150% Worst Case: Decline if poor compliance with medication, history of alcohol abuse, frequent accidents, seizures cannot be controlled with medication
Frailty A clinical concept describing a condition most commonly found in the elderly; it is associated with a high risk of mortality and morbidity.	<ul style="list-style-type: none"> • Current age • Evidence of cognitive decline or depression • Problems with the activities of daily living • Any involuntary weight loss • History of falling, fractures secondary to osteoporosis, frequent car accidents • Confinement to a nursing home or hospitalization within the past year • Number of medications • Any other significant health history 	Requirements: APS, Cognitive and Mobility Assessment (such as Nation's CareLink assessment) may be necessary Information to include: Clearly outline the positive aspects of your client's independent and active lifestyle	Most cases of frailty require individual assessment and ratings/offers are made following consultation with a John Hancock medical director
Gall Bladder Disease The gall bladder stores and concentrates bile produced in the liver. The most common disorders of the gall bladder are generally benign.	<ul style="list-style-type: none"> • Any other significant health history • Nature of the disease • Any serious complications (e.g., pancreatitis or jaundice) • Treated surgically 	Requirement: APS (not typically required for gall stones) Information to include: Full records to include diagnosis, all investigations and test results	This is generally a benign condition and can qualify for best class if criteria are met. However, large, solitary gall bladder polyps in older individuals must be fully investigated before an underwriting offer can be considered Typical Case: Gallstones or multiple gall bladder polyps: Standard
Heart Attack	Refer to Coronary Artery Disease		



1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Hepatitis B Hepatitis B is a disease caused by the Hepatitis B virus (HBV).</p>	<ul style="list-style-type: none"> • Date of diagnosis • Acute or chronic infection • Laboratory results (liver function) • If chronic, was a biopsy done? • Any alcohol usage or other medical conditions • Treatment and date(s) of treatment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Laboratory results (including LFTs and hepatitis panel) • Sonograms, CTs, biopsy results 	<p>Best Case: Acute infection, over 6 months, HBsAg negative and liver functions normal: Standard or better Typical Case: Chronic infection (HBeAg+) with or without liver biopsy, untreated, depending on laboratory results and how long infection has been present: Possible 150 to 250% For chronic infection, treated, biopsy results (within the last 5 years), normal LFTs, mild to moderate: Standard to 200% Worst Case: Decline if having more than one alcohol drink per day, HCV co-infection, any finding of cirrhosis, biopsy done in the last 5 years shows severe inflammation and untreated</p>
<p>Hepatitis C Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV).</p>	<ul style="list-style-type: none"> • Duration of the disease • Laboratory results • Has a biopsy been done? • Does the client use alcohol and if so, amount per day? • Treatment and date(s) of treatment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Laboratory results (including LFTs and hepatitis panel) • Biopsy results • Sonogram and/or ct scan results 	<p>Best Case: Age 70 or older with normal liver function tests for the last 3 years: Standard. If favorable biopsy: Standard Plus or Preferred possible Typical Case: Current age 40–69, chronic infection, biopsy unavailable, untreated, age onset unknown and liver function tests not higher than 1.5 times normal range: 175 to 250% depending on age Worst Case: Decline if having more than one alcohol drink per day, HBV co-infection, any finding of cirrhosis, currently undergoing treatment, or biopsy done in the last 5 years showing severe fibrosis, treated or untreated</p>
<p>HIV Human immunodeficiency virus is a chronic viral infection that can weaken the body's immune system and may lead to significant infections, cancer, and premature death.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Documented favorable and stable clinical course, strict adherence and response to antiretroviral therapy (ART) (Minimum of 5 years of favorable treatment) • Absence of significant immuno-suppression or co-morbid conditions (e.g. diabetes or coronary artery disease) • Tobacco use 	<p>Requirements: APS, lab results, including special blood testing if current results are not provided in APS (plus routine underwriting requirements; for details, visit the Field Underwriting Guide on John Hancock's producer website) Information to include: APS to include evidence of continuous care and details related to treatment</p>	<p>Offers will be limited to applicants ages 30 to 65, applying for a maximum of \$2,000,000 If eligible for coverage, ratings range from 250% to 400% with a \$2 flat extra for younger ages</p>

1
Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents

2
Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Hypertension Primary, or essential hypertension, is the most common type affecting 95% of people with hypertension. The cause is unknown, but is thought to be the result of a complex interplay of factors that include demographic, genetic, and environmental factors. Secondary hypertension results from disorders of the kidney, endocrine, or nervous system.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type of hypertension (essential or secondary to another impairment) • Medication/treatment • Response to medication treatment • Current BP readings and history of readings for past 2 years (demonstrate stable course) • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, stroke, kidney disease, diabetes, build) 	<p>Requirements: APS, paramed</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Record of blood pressure readings • Copies of any cardiac investigation • Details of risk factor modification • Active lifestyle 	<p>Rating depends on severity of hypertension May qualify for Best Class if well-controlled and compliant with medication</p>
<p>Kidney (Renal) Function Test Blood tests are done with a renal function panel to determine how well the kidneys are functioning. When results are out of normal range, it can indicate the possibility of a disease process.</p>	<ul style="list-style-type: none"> • How elevated is the BUN or serum creatinine? • Is the client taking any medication that may adversely affect the findings? • Is there any medical condition that may contribute to the findings? • What are the normal trends of the BUN and serum creatinine in the APS information? • Is this a new problem which has not been fully evaluated? 	<p>Requirements: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Results of full chemical profile • Quality of specimen • Results of urine findings • Details of any medical conditions that may contribute to the findings 	<p>Decision will depend on how elevated the lab findings are, any other medical conditions, any diagnosis for known history of abnormal renal functions</p> <p>Best Case: With only minimally abnormal renal function test in a client less than age 60 with no history of diabetes or poorly controlled blood pressure: possible Preferred</p> <p>Typical Case: With mildly abnormal renal functions, client over the age of 60, stable trend of renal functions in APS, no history of diabetes, poorly controlled blood pressure or other renal impairments: possible Standard to 150%, depending on age</p> <p>Worst Case: With mildly abnormal renal function, history of diabetes, poorly controlled blood pressure, other renal impairments or moderately abnormal renal functions: possible 200% to decline, depending on age</p>



1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Liver Function Test Blood tests are done with a liver panel to determine how well the liver is functioning and when results are out of normal range, it can indicate the possibility of a disease process.</p>	<ul style="list-style-type: none"> • How many liver functions are outside the normal lab range? • Is client taking any medications or using alcohol? • Is there a medical condition that is causing the elevation in liver function? • How long has this finding been monitored by the attending physician? • Is this a new finding which has not been fully evaluated with additional testing? 	<p>Requirements: APS, Hepatitis screens, all markers selectively</p> <p>Information to include:</p> <ul style="list-style-type: none"> • All laboratory tests • Any sonograms • Details of medications being taken • Amount of alcohol used • Results of any investigations for elevated liver functions 	<p>Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, any diagnosis for the elevated liver function finding</p> <p>Best Case: One liver function elevation, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Super Preferred</p> <p>Typical Case: Elevation of 2 liver functions, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Standard Plus</p> <p>Worst Case: Elevation of 3 liver functions, cause unknown up to 4 times or more over normal range: Decline</p>
<p>Myocardial Infarction</p>	<p>Refer to Coronary Artery Disease</p>		
<p>Parkinson's Disease A syndrome characterized by involuntary tremor, rigidity of the muscles and slowness of body movements.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Severity of the disease • History of falling or indications of dementia • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., depression) 	<p>Requirement: APS</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Details of type of Parkinson's • Type of treatment • Compliance and response to medication • Severity of the disease • Active and independent lifestyle (outline activities of daily living) 	<p>Best Case: Over age 80 with very mild symptoms, fully active and living independently, no medication can be considered Preferred</p> <p>Typical Case: Mild or moderate disease, over age 60, fully active and living independently, no complications, compliant with medication: 150 to 200%</p> <p>Worst Case: Severe disease: Decline</p>
<p>Peripheral Artery Disease (PAD)/Peripheral Vascular Disease (PVD) A disease resulting from the presence of systemic atherosclerosis mainly in the abdominal and lower extremity arteries.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Smoking status – if currently smoking this will have a greater impact on disease progression • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build) 	<p>Requirements: APS, paramed, EKG – selectively</p> <p>Information to include:</p> <ul style="list-style-type: none"> • Copies of any vascular and cardiac investigation • Details of any ongoing symptoms • ABI score • Details of risk factor modification • Active lifestyle 	<p>Best Case: Standard Plus with a normal ABI score. Preferred is possible over age 60 with a normal ABI score, Non-Smoker and favorable risk factors</p> <p>Typical Case: Clinical diagnosis of PAD, asymptomatic, no cardiac investigation, ongoing treatment, no ABI Age 50–69: 200% Age 70–79: 175% Age 80+: 150%</p> <p>Worst Case: Severe ABI: Decline Moderate ABI and under age 40: decline Smoker: Decline</p>

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Pulmonary Nodule A small shadow found on chest x-ray that may be caused by a benign cyst, infection or abscess, or granuloma.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Any treatment • Date treatment completed • Benign pathology • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Copies of tests • Details of follow-up • Demonstrated stability of lesion 	<p>If any malignancy, refer to Lung Cancer Pulmonary Nodule: Can be due to a benign cause. The underwriter must investigate thoroughly</p> <ul style="list-style-type: none"> • Size of nodule <.4 mm: Standard possible with no postpone; Preferred possible after 1 year of stability • Size of nodule >.4 mm: postpone 1–2 years with CT scan follow-up reports • Minimum two-year postpone for Smokers
<p>Rheumatoid Arthritis This is an autoimmune disease which can affect not only the joints but also skin, eyes, lung, heart, blood, or nerves. This disease can affect everyone differently.</p>	<ul style="list-style-type: none"> • Severity of symptoms • Medications being taken • Any limitations of daily activities • No other significant medical condition(s) 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Laboratory results 	<p>Best Case: Mild disease, under regular care of a physician, no other medical conditions and diagnosis 2+ years, well controlled on non-steroidal medications or immunosuppressants: Preferred possible Typical Case: 150% to 250% depending on whether moderate or severe, medications, duration, and age Worst Case: Client has limited mobility and/or has other significant medical conditions: Decline</p>
<p>Sleep Apnea Breathing stops for a short period during sleep.</p>	<ul style="list-style-type: none"> • Current age • Type of apnea (obstructive, central or mixed) • Severity • Treatment (CPAP or surgery) • Compliant with treatment • Date of last sleep study • Current height/weight • Concurrent impairments such as CAD, arrhythmia, PVD, hypertension • Smoking history 	<p>Requirement: APS may be required for severe cases Information to include:</p> <ul style="list-style-type: none"> • Sleep studies, details of treatment and compliance • Details of risk factor control (e.g., build, medications), and lifestyle modification (smoking, tranquilizers) 	<p>Mild disease and no complications: Standard Compliance with prescribed therapy could be Preferred Moderate disease:</p> <ul style="list-style-type: none"> • Treated and compliant with therapy: Standard • Untreated and no complications: Standard to 150 <p>Severe disease:</p> <ul style="list-style-type: none"> • Untreated and no complications: 200% to decline • Treated and compliant with therapy: Standard to 150% <p>Use higher ratings if applicant <age 50</p>



1

Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



2

Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Stroke Permanent (>24 hours) damage to the brain caused by a vascular event, thrombosis, or hemorrhage resulting in permanent neurological deficit.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Current symptoms/extent of neurological deficit • Cause of stroke • Treatment • Medications • Number of strokes • Smoking history • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications 	<p>Preferred is not available Unable to consider until 12 months after the stroke If multiple strokes, usually decline The typical rating for a well worked up mild stroke, with minimal residuals, 150 to 200%. The younger the applicant and the more recent the stroke, the higher the rating Lacunar infarct – Age 75 and over, incidental MRI finding of lone lacunar infarct with no precipitating symptoms, favorable risk factors: Preferred may be possible</p>
<p>Transient Ischemic Attack (TIA) An episode of neurological dysfunction lasting less than 24 hours and no permanent neurological deficit.</p>	<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Any neurological deficit • Number of episodes • Treatment • Medications • Smoking history • Test results • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications 	<p>Unable to consider until 6 months after the episode Average rating is Standard to 150% depending on the age For age 70 and over: Preferred possible if remote history of TIA with equivocal findings at the time of medical work-up</p>
<p>Ulcerative Colitis Chronic inflammatory ulceration of the colon (relapsing-remitting type disorder).</p>	<ul style="list-style-type: none"> • Current age • Severity of the disease • Frequency of flare-ups • Severity of symptoms • Medication (ongoing oral steroid therapy) • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments (e.g., rheumatoid arthritis or other inflammatory disease) 	<p>Requirement: APS Information to include:</p> <ul style="list-style-type: none"> • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle 	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings Mild: Best cases, i.e., well-controlled on non-steroidal medication, no immunosuppressants, >5 years since last attack: Preferred is possible Moderate (including steroid treatment): Standard possible at older ages if more than 5 years since last attack. Up to 350% for recent attacks and at younger ages Severe: May not be insurable until stabilized for 1 year</p>

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks