

## Medical conditions

Condition	Factors considered	Best possible class
Alcohol/drug abuse	Treatment Relapses Length of abstinence (decline if within three years)	Nontobacco Preferred
Arthritis	Treatment Type	Nontobacco Preferred Plus
Asthma <sup>7</sup>	Treatment Hospitalization Smoking	Nontobacco Preferred
Basal cell and squamous cell skin cancer	Single episode Location Time since event Grade/staging	Nontobacco Preferred Plus
Cancer <sup>7</sup> — includes skin cancer (except basal cell and squamous cell skin cancer) and all other internal types (e.g., melanoma or breast cancer)	Single episode Location Time since event Grade/staging Treatment	Nontobacco Standard
Cholesterol	Cholesterol/HDL ratio Medication	Nontobacco Preferred Plus
Diabetes <sup>7</sup>	Treatment Age at onset Control	Nontobacco Preferred (age > 65/type 2/non-insulin dependent diabetes)
Epilepsy	Treatment Date of last episode	Nontobacco Preferred
Heart attack/bypass/coronary artery disease <sup>7</sup>	Age of onset Number of vessels Severity of disease Time since last event Treatment Continued cardiac care	Nontobacco Standard (age > 50)
Hypertension <sup>7</sup> (high blood pressure)	Control	Nontobacco Preferred
Mental illness	Treatment Hospitalization (decline if within two years) Loss of work	Nontobacco Preferred (anxiety) Nontobacco Preferred (depression) Table B (all others, including depression/bipolar)
Sleep apnea <sup>7</sup>	Treatment and control	Nontobacco Preferred
Stroke	Age Time since event (decline if within one year) Residuals	Table B

<sup>7</sup> For these medical conditions, please note the additional questions on the next page that you can ask to help further clarify the risk.

**Note:** This chart is a guide to help you determine the best possible underwriting class. The ultimate underwriting decision is based on the individual insured and overall underwriting assessment.

## Common medical conditions and questions to ask:

Anxiety/Depression	
Date of diagnosis?	History of suicide attempt?
Date of last episode?	History of alcohol/substance abuse?
Any hospitalizations, ER visits or Urgent Care visits?	Have ever been seen or treated by a psychiatrist, psychologist, therapist, counselor or any other mental health professional?
What treatment have you received and when?	Name, address and phone number of physician(s) consulted?

Asthma	
Date of diagnosis and last attack?	Have you ever used tobacco in any form (type and when used)?
Type of asthma (e.g., seasonal, allergic, exercise-induced or cold-induced)?	Have you ever been diagnosed as having any other respiratory disorder or disease (e.g., chronic bronchitis, emphysema, sleep apnea or recurring pneumonia)?
What symptoms do you experience?	Has a pulmonary function test (breathing test) ever been done? (If yes, please list the most recent results.)
Current medications used for asthma or related symptoms?	Name, address and phone number of physician(s) consulted?
Dates of hospitalizations or emergency room visits for asthma or asthma-related symptoms?	

Cancer	
Date of diagnosis?	Any metastasis or nodal involvement? (Please give details.)
Type or location of tumor?	Any recurrence? (please give details)
How was the cancer treated (surgery, chemotherapy, radiation therapy or other)?	Are you currently taking any medications? (please give details)
Time since treatment last ended?	Do you have any other major health problems? (please give details)
What was the grade and stage?	Name, address and phone number of physician who has complete records, including operative and pathology reports?

Diabetes	
Date of diagnosis?	Have you experienced any symptoms of or been diagnosed with hypertension, coronary artery disease, stroke or peripheral vascular disease? (Please provide date and details.)
How are you being treated (diet, oral medication or insulin)? (Please list medication and dosage.)	Have you smoked cigarettes in the last 12 months? (Please list type and date last used.)
What is your most recent blood glucose reading and glycosylated hemoglobin (HbA1c) reading?	How often do you see your physician? (Please list date of last visit.)
Do you monitor your own blood sugar readings?	Name, address and phone number of physician who has your complete medical records?
Have you experienced any medical complications related to diabetes (e.g., vision concerns, skin ulcers, kidney problems, diabetic coma, insulin shock)? (Please explain.)	

## Common medical conditions and questions to ask: *(continued)*

Heart attack/bypass/angioplasty	
Date chest pain first occurred?	Are you currently taking any medications? (Please give details.)
What was the final diagnosis (e.g., heart attack, ischemia)?	Have you had any recurrent chest pain or shortness of breath? (Please provide date and details.)
What tests were performed (e.g., stress EKG, thallium stress EKG, stress echo)? (Please list the results.)	Any medical history of diabetes, high blood pressure, high cholesterol or family history of heart disease?
Was a cardiac catheterization completed? (Please list details and results.)	Have you ever used tobacco in any form? (Please note type and date last used.)
Was a surgical procedure performed? (Please list the type — angioplasty, bypass, atherectomy — number of vessels involved and date performed.)	Name, address and phone number of physicians and hospitals consulted? (Please include dates you saw them and why)

Hepatitis	
Date of diagnosis?	Have you ever had a liver biopsy?
Type of hepatitis: A, B, C, D or E?	When was your last imaging test (e.g., ultrasound, CT, MRI, FibroScan) and what were the results?
What treatment have you received and when?	Name, address and phone number of physician(s) consulted?

High blood pressure	
Date of diagnosis?	What was your last reading in your physician's office?
Have you had any cardiac testing (e.g., stress test, echo)?	Name, address and phone number of physician(s) consulted?

Sleep apnea	
Date of diagnosis?	Was it classified as mild, moderate or severe?
What treatment have you received, and are you compliant with the treatment?	Name, address and phone number of physician(s) consulted?

## Marijuana use

Recreational marijuana users may qualify for Nontobacco Preferred classes depending on age of the client and frequency of use (regardless of method of delivery):

- Clients 35 or older who use marijuana on a recreational basis two times or less a month may qualify for Nontobacco Preferred Plus
- Clients ages 21 to 34 who use marijuana on a recreational basis two times or less a month may qualify for Nontobacco Preferred

Subject to the following restrictions:

- The marijuana use must be disclosed on the application
- There can be no alcohol or other drug abuse history
- There can be no current use of other drugs of abuse, including controlled substances prescribed by a physician
- There can be no complications related to marijuana use
- There can be no current medical or psychiatric disorders
- There can be no criminal history or significant motor vehicle violations
- The client must have a stable environment, lifestyle and occupation

Medical marijuana may be considered depending on the underlying impairment.