

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Absence Seizures <i>Petit Mal</i> <i>Minor Epilepsy</i></p> <p>These are names for generalized seizures that are manifest by brief attacks of altered consciousness, confusion, a dazed look or staring.</p>	<p>Date of last seizure</p> <p>How many attacks per month</p> <p>Name of medication and dosage</p> <p>Who is prescribing medication</p> <p>Date of last visit to physician</p> <p>Results</p>	<p>APS</p>	<p>0 to 1 year since last attack, Table 2 to Table 3 and up.</p> <p>1 to 2 years since last attack, possible Standard.</p>
<p>Grand Mal Seizure</p> <p>The principal feature of this seizure disorder is a momentary loss of consciousness followed by convulsive movements of the body.</p>	<p>Date of last seizure</p> <p>How many attacks per month</p> <p>Name of medication and dosage</p> <p>Who is prescribing medication</p> <p>Date of last visit to physician</p> <p>Results</p>	<p>APS</p>	<p>Last episode within 1 year—Table 6 and up.</p> <p>Last episode 2 years ago—Table 2 to Table 4.</p> <p>Last episode 3 to 5 years ago—Table 2 to Standard.</p>
<p>Acquired Immune Deficiency Syndrome; AIDS-Related Complex; HIV Infection</p>	<p>Cannot consider</p>	<p>Cannot consider</p>	<p>Cannot consider</p>
<p>Alcohol Abuse</p>	<p>Date of last drink</p> <p>Member of AA?* If so, how long?</p> <p>Treatment program?</p> <p>If yes, dates and names of facilities</p> <p>List all medical complications</p> <p>* or other support group</p>	<p>APS</p> <p>Inspection report</p> <p>MVR</p> <p>Blood profile</p> <p>Urinalysis</p>	<p>History of 2 or more DWI/DUI's within 2 years, Postpone. Current alcohol use, Decline.</p> <p>Treatment within 1 year: Postpone.</p> <p>Treatment within 2 years: Minimum Table 4 and up.</p> <p>May be Standard after 5 years.</p>
<p>Alzheimer's Disease</p> <p>A progressive dementia of unknown cause, which can affect both young and older adults.</p>	<p>Cannot consider</p>	<p>Cannot consider</p>	<p>Cannot consider</p>
<p>Anemia</p> <p>Develops as a result of blood loss from bleeding, reduced or faulty production of red blood cells by the bone marrow, or premature destruction of red blood cells.</p>	<p>Exact type, if known</p> <p>Name, date and results of last visit to physician</p> <p>Treatment</p> <p>Name and dosage of medication</p>	<p>APS</p> <p>Possible blood studies</p>	<p>Rate will be based on type of anemia and can range from Standard to Decline.</p> <p>Iron Deficiency: Usually Standard unless chronic.</p> <p>Pernicious Anemia: Usually Standard if recovered.</p> <p>Sickle Cell Disease: Under age 40, Decline. 40 and up, will depend on date and severity of last crisis. Possibly Table 4 and up.</p> <p>Sickle Cell Trait: Usually Standard.</p>

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<p>Aneurysm</p> <p>A localized dilatation of the wall of a blood vessel, usually an artery.</p>	<p>Type or location</p> <p>Treatment and dates</p> <p>Symptoms</p> <p>Names, addresses and dates of all physicians consulted</p>	<p>APS</p>	<p>Present, Decline.</p> <p>Rating will depend on the type of aneurysm, location, treatment and symptoms. Call your Home Office underwriter with above information for possible offer.</p>
<p>Angina Pectoris</p> <p>Chest pain which occurs due to the inability of narrowed coronary arteries to deliver an adequate supply of blood to meet the oxygen demand of the heart muscle.</p>	<p>Description of symptoms</p> <p>How frequent</p> <p>Dates of E.R. visits</p> <p>Date of initial diagnosis</p> <p>Name and dosage of medication</p> <p>Name, date and results of last visit to physician</p> <p>What treatment has been advised</p>	<p>APS</p> <p>EKG</p>	<p>Consider after 6 months from date of diagnosis.</p> <p>Under age 40, usually Decline.</p> <p>Otherwise, Table 4 to Decline.</p>
<p>Angioplasty</p> <p>See under Bypass Surgery.</p>			
<p>Anorexia Nervosa</p> <p>Persistent refusal to eat a balanced diet due to a morbid fear of being or becoming overweight.</p>	<p>Date of diagnosis</p> <p>Current weight and weight loss past year</p> <p>List all complications</p> <p>Name and address of attending physician</p>	<p>APS</p>	<p>Under treatment, Postpone.</p> <p>Thereafter, will depend on current weight, residuals, psychiatric status. May be Standard to Moderate Substandard after 2 years of full recovery.</p>
<p>Apnea / Sleep Apnea</p> <p>Apnea is a cessation of breathing for a period of at least 10 seconds during sleep.</p>	<p>Type: Obstructive, Central or Mixed</p> <p>Treatment</p> <p>Have sleep studies been advised and/ or completed? (If yes, where, when and results)</p>	<p>APS</p>	<p>Rating dependent on age, apnea index, and treatment.</p> <p>This impairment can be Standard, but is usually rated Table 2 to Table 4.</p>
<p>Arteriosclerosis</p> <p>Lipids are deposited on the walls of the arteries, which causes the formation of plaque. The result is thickening and loss of elasticity of the arterial walls.</p>	<p>Date of diagnosis</p> <p>Symptoms</p> <p>Treatment</p> <p>Names, addresses and dates of all physicians consulted</p>	<p>APS</p>	<p>Rating will depend on location, age, symptoms and degree of arterial narrowing.</p> <p>See specific discussion under Bypass Surgery.</p>

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<p>Arthritis</p> <p>Several different diseases with one symptom in common— inflammation of one or more joints.</p>	<p>Type of arthritis</p> <p>Limitations</p> <p>Treatment</p> <p>Medication (name and dosage)</p> <p>Joints involved</p>		<p>Gouty or Osteoarthritis</p> <p>Usually Standard; severe cases may require rating in Table 2 to 4 range.</p>
<p>Rheumatoid Arthritis</p>	<p>Degree of deformity</p> <p>Date of onset</p> <p>How frequent are attacks</p> <p>Name, address and date last consulted with physician</p>	<p>APS</p>	<p>Rheumatoid</p> <p>Rating will depend on age of onset, extent of deformity, residuals, treatment and frequency of attacks.</p> <p>Usually Table 4 to Table 6 if moderate disease.</p> <p>Some very mild cases can be Standard.</p>
<p>Asthma</p> <p>Characterized by recurrent attacks of shortness of breath with wheezes due to spasms of the bronchioles.</p>	<p>Frequency of symptoms</p> <p>Date of last attack</p> <p>Medication and how frequently used</p> <p>Dates of E.R. visit or hospitalizations</p> <p>Name, date and results of last visit to physician</p> <p>Date of diagnosis</p>	<p>APS</p> <p>Possible Timed Vital Capacity (a pulmonary function test)</p>	<p>Mild: Standard</p> <p>Moderate: Standard to Table 4</p> <p>Severe: Table 4 and up</p>
<p>Atherosclerosis</p> <p>See Arteriosclerosis</p>			
<p>Atrial Fibrillation—Atrial Flutter</p> <p>A variation of the normal rhythm of the heart's upper chambers.</p>	<p>Date of onset</p> <p>Frequency of episodes</p> <p>Name and dosage of medication</p> <p>List all doctors consulted and the dates of consultations</p>	<p>APS</p> <p>EKG</p>	<p>Well-controlled on medication, with no underlying heart disease: Postpone 1 year from onset; Thereafter—2 years from last episode Table 3 and up depending on age, with reductions possible for each further year without an attack.</p>
<p>Benign Prostatic Hypertrophy Prostatitis</p> <p>Enlargement of the prostate gland—common in men past age 60.</p>	<p>Onset</p> <p>Last PSA level</p> <p>Date</p> <p>Treatment</p>	<p>APS</p> <p>Possible PSA blood test</p>	<p>Most can be taken Standard if diagnosis based on urological workup and PSA levels stable.</p>

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<p>Blood Pressure—Hypertension</p>	<p>Date of onset</p> <p>Date and level of last BP reading</p> <p>Treatment</p> <p>Name of medication and dosage</p> <p>Date last consulted physician</p>	<p>Possible APS and/or exam</p>	<p>If controlled, usually Standard.</p> <p>Any rating will depend on level of control maintained.</p>
<p>Bronchitis</p> <p>Inflammation and/or infection of the bronchi</p>	<p>Acute or chronic</p> <p>Date of diagnosis</p> <p>Treatment</p> <p>Associated with any other impairments</p>	<p>Possible APS and</p> <p>Timed Vital Capacity</p>	<p>Acute, fully recovered, Standard.</p> <p>Chronic, not associated with other impairments—rating can be Standard if mild. If moderate, Table 2 to Table 4. Severe, Table 6 to Decline. If currently smoking, rating may be higher.</p>
<p>Bulemia</p> <p>Binge eating is characteristic, usually followed by self-induced vomiting and use of laxatives.</p>	<p>Date of diagnosis</p> <p>Treatment</p>	<p>APS</p>	<p>If fully recovered, possibly Standard. Consider after 1 year, possibly earlier for more favorable cases.</p>
<p>Bypass Surgery—Coronary</p> <p>Involves grafting a vein, or artery to a coronary artery, past the site of obstruction to restore circulation to the heart muscle. Several arteries may be bypassed.</p>	<p>Date of surgery</p> <p>Chest pain history before and since surgery</p> <p>Number of vessels bypassed</p> <p>History of heart attack</p> <p>Working full-time</p>	<p>APS</p> <p>Possible EKG</p> <p>Submit Trial Application</p>	<p>No offer first 6 months following recovery.</p> <p>Thereafter, rating will be dependent on age, EKG findings, number of arteries bypassed (or blocked), follow-up care and compliance, and coronary risk factors.</p> <p>Usually minimum Table 2 to Table 4 and up.</p> <p>A flat extra ranging from \$5.00 per thousand and up is likely for 5 years following recovery.</p>
<p>Cancer</p>	<p>Type and location of cancer</p> <p>Stage of cancer's invasion or Clark's level</p> <p>Any chemotherapy or radiation treatment</p> <p>If yes, the date of last treatment</p> <p>Any metastasis (has cancer spread from primary organ or site)</p>	<p>APS which must include pathology report from surgery and follow-up notes.</p>	<p>The extent of rating will depend on the type of malignancy and length of time since treatment. Please call your Home Office underwriter with all details for a tentative offer.</p>

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<p>Cardiac Pacemaker</p> <p>Pacemakers are battery-powered devices that can be implanted into the heart muscle for the purpose of electrically stimulating the heart muscle to contract.</p>	<p>Date of implant</p> <p>Name and address of all doctors consulted to include date and reason last seen</p> <p>Complications</p>	<p>APS</p> <p>EKG</p>	<p>Due to congenital heart blocks, with no other significant cardiovascular impairments:</p> <p>1st year—Postpone.</p> <p>Thereafter, individual consideration based on age and time since implant—</p> <p>2 to 3 years: Table 6 and up.</p> <p>4 to 5 years: Table 4 and up.</p> <p>6 years: Table 2 and up.</p>
<p>Cerebral Palsy</p> <p>A congenital disorder manifested by lack of coordination of muscular movement and speech defects of varying severity.</p>	<p>Degree of developmental delay</p> <p>Any mental impairment</p> <p>Bowel and bladder impairment</p> <p>Physical handicap</p>	<p>APS</p>	<p>Mild physical handicap: To age 10, likely flat extra rating. Age 10 and up, Standard to Table 4 and up.</p> <p>Moderate physical handicap: To age 10, Postpone. Age 10 and up, Table 4 and up.</p> <p>Others, usually Decline.</p>
<p>Chest Pain</p>	<p>Date of symptoms</p> <p>Diagnosis</p> <p>Specify if muscular, cardiac, or unknown origin</p> <p>Date of hospital stays</p> <p>Disability</p> <p>Treatment</p>	<p>APS</p> <p>Possible EKG</p>	<p>Depends on cause, EKG findings and frequency. If diagnosed as muscular, or chest wall pain, usually Standard.</p>
<p>Chronic Obstructive Pulmonary Disease (COPD) /Emphysema</p> <p>Irreversible, generalized airway obstruction.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Name and dosage of medication</p>	<p>APS</p> <p>Possible Timed Vital Capacity (a pulmonary function test)</p>	<p>For best cases (mild, nonsmoker), could be Standard, depending on pulmonary function studies and degree of impairment.</p>
<p>Colitis</p> <p>An inflammatory disorder of unknown cause, affecting the intestinal tract.</p>	<p>Indicate type—such as spastic or ulcerative</p> <p>Date of diagnosis</p> <p>Frequency of symptoms</p> <p>Treatment</p>	<p>APS</p>	<p>Irritable bowel, mucous colitis, or spastic, usually Standard.</p> <p>Ulcerative—depends on duration and response to treatment. Offer can range from Standard to Decline (see under Ulcerative Colitis).</p>

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<p>Collagen Diseases—Connective Tissue Diseases</p> <p>The term refers to a general category of different diseases, characterized by inflammation of the collagen-containing structures, such as blood vessels, muscles and skin. Systemic lupus erythematosus is an example.</p>	<p>Type</p> <p>Duration</p> <p>Medication</p> <p>Complications</p> <p>Extent of involvement</p> <p>Stabilized</p> <p>In remission</p>	<p>APS</p>	<p>Depends on type.</p> <p>Mild, localized, well-controlled forms of SLE can be rated after one year. 2nd through 5th year, Table 6 and up.</p> <p>Standard rates may be offered 5 years after treatment has ceased.</p>
<p>Congestive Heart Failure</p> <p>Failure of heart muscle to supply oxygenated blood to meet the oxygen demands of the peripheral tissues.</p>	<p>Acute or Chronic</p>	<p>APS if diagnosed as acute</p>	<p>If chronic, Decline.</p> <p>If acute, will rate for cause (can be associated with heart attack or arrhythmias).</p>
<p>Coronary—Angioplasty (PTCA)</p> <p>Reduces the obstruction of a blocked artery by using a balloon-tipped catheter.</p>	<p>See Bypass Surgery for handling</p>		
<p>Coronary—Infarction (heart attack)</p> <p>Myocardial infarction occurs when one or more blocked coronary arteries cause a severe enough reduction in blood/oxygen supply to the heart muscle, resulting in tissue destruction. Muscle damage is permanent.</p>	<p>Date of heart attack</p> <p>Treatment</p> <p>Working full-time</p> <p>Medicine and dosage</p> <p>Has surgery been suggested, or scheduled</p> <p>Names and addresses of all physicians consulted</p> <p>Any symptoms following attack</p> <p>If yes, frequency and date of last symptoms</p>	<p>APS</p> <p>EKG</p>	<p>Rating will depend on age, EKG findings and current risk factors (smoking, blood and lipids). Offer minimum 6 months after recovery date. Minimum Table 2 and up, with some offers having a table rating and temporary flat extra of \$5.00/1000 and up.</p>
<p>Crohn's Disease</p> <p>A subacute and chronic inflammation of the entire gastrointestinal tract.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Date of last attack</p> <p>Complications</p> <p>Surgery (If yes, date)</p> <p>Any problems since surgery</p>	<p>APS</p>	<p>Under age 45—Table 2 to 6 and up.</p> <p>Age 45 & up—Table 2 to 4 and up.</p> <p>With surgery and no recurrence: Within 6 months of surgery—Postpone.</p> <p>6 months to 1 year: Table 4 and up.</p> <p>1 to 2 years: Table 3 and up.</p>

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Diabetes Mellitus A disorder of carbohydrate metabolism.	Treatment Date of onset Control Complications	APS Full blood profile with glycohemoglobin (instruct paramed to request on lab I.D. slip) Home Office specimen	If any history of heart disease, kidney disease, severe retinopathy or neuropathy, likely Decline. If well-controlled, could be Standard, depending on age at onset. Oral medication: Standard to Table 4. Insulin dependent: Age: 0 to 14 Postpone 15 to 25 Table 8 and up 26 to 35 Table 6 and up 36 to 40 Table 4 and up 41 to 50 Table 3 and up 51 up Table 2 and up
Depression, Major Unipolar/Bipolar Marked by a loss of interest or pleasure in most activities, changes in sleep patterns, thoughts of death and suicide.	Date of diagnosis Treatment Dates of hospitalizations Dates of episodes List all doctors consulted and dates	APS Inspection report	Mild: Standard to Table 2 and up. Major: Table 2 to Table 4 and up, depending on severity and age at onset. Likely Decline if any signs of drug, alcohol abuse, or suicidal ideations.
Dialysis Artificial urinary filtering required due to kidney failure.	Acute or chronic	APS Blood profile Urinalysis Home Office specimen	Acute, full recovery, rate depends on cause. Postpone first 6 months. Chronic = Decline.

Emphysema

See Chronic Obstructive Pulmonary Disease (COPD).

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<p>Hepatitis</p> <p>An inflammatory reaction of the liver to the presence of infectious or toxic agents.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Type</p> <p>Names and addresses of all doctors consulted</p>	<p>APS</p> <p>Results of any liver biopsy</p>	<p>For all types—Postpone if within 6 months from recovery.</p> <p>Hepatitis A & B—full recovery, no residuals, probably Standard.</p> <p>Hepatitis C—usually Decline.</p> <p>Chronic Active Hepatitis—Decline.</p> <p>Chronic Persistent Hepatitis—Recovery with no residuals:</p> <p>Within 1 year—Postpone.</p> <p>2nd year—Table 6 to Table 8.</p> <p>3rd to 4th year—Table 2 to Table 4.</p>
<p>Heart Attack</p> <p>See under Coronary—Infarction.</p>			
<p>Heart Murmur</p> <p>Normally, blood passes through the heart valves and chambers almost without a sound. If the smooth blood flow is interfered with by either obstruction or leakage of a valve, or other heart structure defect, turbulent side currents are created which produce abnormal effects and sounds (called heart murmurs)</p>	<p>Specific Diagnosis</p> <p>Symptoms</p> <p>Treatment</p> <p>Date found</p>	<p>APS</p> <p>Possible MD exam</p>	<p>Mitral Valve Prolapse: Usually Standard, unless complicated.</p> <p>Many types of heart murmurs do not affect heart function and are benign. These are usually accepted at Standard rates. Some murmurs affect heart function and these are usually rated and occasionally declined, depending on their severity.</p>
<p>Hernia</p> <p>The protrusion of an organ or part of an organ or other structure through the wall of the cavity normally containing it.</p>	<p>Type</p> <p>Symptoms</p> <p>Treatment</p> <p>Complications</p> <p>Medication (name & dosage)</p>	<p>Complete details on application will usually suffice.</p>	<p>Small, with minimal symptoms—usually Standard.</p>
<p>High Blood Pressure—Hypertension</p> <p>See under Blood Pressure.</p>			
<p>Mitral Valve Prolapse</p> <p>See under Heart Murmur.</p>			

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<p>Multiple Sclerosis (MS)</p> <p>A chronic disease which can eventually cause disturbances of vision, muscle weakness and incoordination.</p>	<p>Date of diagnosis</p> <p>How many episodes</p> <p>Date of last episode</p> <p>Residuals</p> <p>Names and addresses of all physicians consulted</p>	<p>APS</p>	<p>One or 2 episodes, with no or minimal residuals, last episode: Within 1 year—Postpone.</p> <p>2nd & 3rd years—Table 6 to 10 and up.</p> <p>4th year—Table 2 to Table 4 and up.</p> <p>There will be higher ratings for more residuals, and frequent episodes.</p>
<p>Muscular Dystrophy</p> <p>Disease of the muscles.</p>	<p>Usually Decline</p>	<p>Usually Decline</p>	<p>Usually Decline</p>
<p>Pacemaker</p> <p>See under Cardiac.</p>			
<p>Paraplegia</p> <p>Complete paralysis of both legs.</p>	<p>Date of onset</p> <p>Bowel and bladder function under own control</p>	<p>APS</p>	<p>Within 6 months—Postpone.</p> <p>Thereafter—minimum Table 4 and up, depending on severity.</p> <p>With bowel and bladder function impairment, Table 8 and up.</p>
<p>Quadriplegia</p> <p>Complete paralysis of arms and legs.</p>	<p>Date of onset</p> <p>Bowel and bladder function under own control</p>	<p>APS</p>	<p>Within 1 year—Postpone.</p> <p>2nd to 3rd year—Table 10 and up.</p> <p>4th year on—Table 8 and up.</p> <p>With bowel and bladder function impairment, usually Decline.</p>
<p>Seizures</p> <p>See Absence Seizure.</p>			
<p>Stroke/TIA</p> <p>A TIA is a temporary interruption of the blood supply.</p>	<p>Date of stroke</p> <p>Residuals</p> <p>More than 1 episode</p> <p>Medication and/or treatment</p> <p>Names and addresses of physicians consulted</p>	<p>APS</p>	<p>Stroke: pp for 1 year. Thereafter, Table 4 and up.</p> <p>TIA: pp for 6 months. Thereafter, Table 2 and up.</p> <p>More than 1 attack, usually Decline.</p>

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<p>Tachycardia</p> <p>Very rapid heart beat. This does not mean heart disease per se; it can occur with many other impairments and situations.</p>	<p>Date of first symptoms</p> <p>List all E.R. visits and dates</p> <p>Medication prescribed</p> <p>Date of last symptoms and how frequently symptoms occur</p>	<p>APS</p> <p>EKG</p>	<p>If attacks are short, infrequent, and occur in an otherwise healthy applicant with no known heart disease, may be Standard.</p> <p>Prolonged, or symptomatic attacks, which require drug treatment, may be rated.</p>
<p>Transient Ischemic Attack</p>			
<p>See under Stroke.</p>			
<p>Valley Fever</p> <p>An infection endemic in the Southwestern part of the U.S. It most often involves the skin and lungs, but may spread into the bones, joints and brain.</p>	<p>Date of diagnosis</p> <p>Symptoms</p> <p>Treatment</p> <p>Location of involvement</p> <p>Name and address of physician and date last consulted for this impairment</p> <p>Results</p>	<p>APS if recent and involves more than skin</p>	<p>Within 6 months of diagnosis—Postpone.</p> <p>Treated and reported cured—probably Standard.</p> <p>Internal involvement— individual consideration. Many in this category will be rated and possibly declined.</p>
<p>Ulcerative Colitis</p> <p>Recurrent disease of the colonic and rectal mucosa with inflammation and ulceration. There is an increased risk of carcinoma of the colon and rectum.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Date of last attack</p> <p>How many attacks per month</p> <p>Any complications</p> <p>Any surgery advised or contemplated</p>	<p>APS</p>	<p>Low to High Substandard, depending on number of episodes, treatment, complications and duration.</p>
<p>Ulcer; gastric, peptic</p> <p>Ulceration of the stomach results when an area of mucous membrane in the stomach is damaged by the hydrochloric acid and pepsin present in gastric secretion.</p>	<p>Date of diagnosis</p> <p>How many attacks</p> <p>Date of last symptoms</p> <p>Any bleeding or perforation</p> <p>Treatment</p>	<p>APS</p>	<p>Usually Standard, unless complicated.</p>