

MEDICAL IMPAIRMENTS

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
AIDS/HIV	Decline	N	Decline
Alcohol abuse	T2 - decline	N	Decline
Alcoholism	<3 years - decline	N	Decline if <10 yrs since complete abstinence
	3-5 years - T2 to T6	N	
	>5 years - standard to T4	Yes, with greater than 10 years of sobriety	
Allergies, hay fever	Standard	Y	Standard
ALS (Lou Gehrig's Disease)	Decline	N	Decline
Alzheimer's Disease	Decline	N	Decline
Amputations	Limited, traumatic injury - standard, otherwise, see specific cause/disease	Possible in cases of limited, traumatic injury resulting in amputation.	Exclusion Rider or decline
Anemia, iron deficiency	Fully investigated with no underlying cause identified. Mild - standard	N	Fully investigated and resolved >2 years - standard
	Moderate - T2 to T5	N	
	Severe - decline	N	
Aneurysm, abdominal	Age <60 - decline	N	Decline
	No surgery or periodic surveillance - decline		
	No surgery, size >5 cm - decline		
	No surgery, size <5 cm stable with periodic surveillance - standard to T5		
	Treated with surgery:		
	<6 months since surgery - decline		
>6 months since surgery stable with periodic surveillance - T2 to T4			
Aneurysm, cerebral	No surgery, single small aneurysm, nonsmoker, no high blood pressure, stable >5 years - standard	N	Decline
	<6 months since surgery - decline		
	>6 months since surgery, fully recovered - T2 to T6		
	If multiple cerebral aneurysms or significant residuals, possible decline		
Angina	See coronary artery disease		
Anxiety	Mild - stable, no time lost from work, low dose single medication, no anti-psychotic meds, no alcohol abuse or adverse driving - standard	Y	Decline
	Moderate - satisfactory response to treatment, out-patient therapy, no more than 1-2 weeks off work - T2 to T4	N	
	Severe or disable, suicide attempts, in-patient hospitalization - decline	N	
Arthritis, osteo	Mild - standard	Y	Exclusion Rider or decline
	Moderate - T2	N	
	Severe/advanced - T3 to T4		

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Arthritis, rheumatoid	Mild (minimal disease activity with no more than mild disability) - standard to T2	N	Decline
	Moderate (chronic joint inflammation, evidence of anemia) - T3 to T4		
	Severe (active disease with significant disability) - T6 to T8		
Asthma	Nonsmoker:		Exclusion Rider or decline
	Mild - standard to T2	Y	
	Moderate - T3 to T8	N	
	Severe - decline	N	
	Smoker:		
	Mild - T2 to T4	N	
	Moderate - T8	N	
	Severe - decline	N	
	Children age 5 and under usually decline - Children age 6 and up: Mild, diagnosed >1 year - standard to T2, otherwise decline	N	
Atrial fibrillation	Non-chronic, no underlying heart disease, short durations, <4 episodes per year - standard to T2	N	Decline
	Chronic with no underlying heart disease - T2 to T4		
Aviation, paid	Commercial pilot, passenger or freight flying within the U.S. or Canada - standard	Y	Standard, if qualified pilot
	Corporate pilot - standard	Y	
	Other, \$2.50 to \$10.00 flat extra (rating determined by occupation)	N	
Aviation, private	Student pilot or <75 solo hours - \$3.00 flat extra	See preferred guidelines	Qualified private pilots may be acceptable
	Qualified pilot - standard to \$3.00 flat extra (rating determined by client age, number of hours flown per year, and total flying experience)	Y	
Back pain (See also chronic pain)	Mild to moderate - standard	Y	Exclusion Rider or decline
	Severe - possible T2 to T4	N	
Barrett's Esophagus	Standard to decline	N	Decline
Bell's palsy	Standard	Y - If > 3 months since diagnosis, fully recovered with no complications.	Present - decline Fully recovered, no residuals - standard
Blindness	Age <16, total blindness - decline		Exclusion Rider
	Age >16 well-adjusted, no complications - standard	Possible, if otherwise considered standard and no impairment of functional capacity.	
BPH (Benign Prostatic Hypertrophy)	Normal PSA, urinalysis, no impairments - standard	Y	History of >6 months - standard
Breast disorders (not cancer)	Benign mass without atypia per biopsy - standard	Y	Present - decline
	Benign mass with atypia per biopsy - standard to decline (determined by client's age, family history, and screening history)	N	History of/recovered - standard

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Broken bone	Standard	Y	Standard or Exclusion Rider
Bronchiectasis	Nonsmoker:	N	Decline
	Mild - standard to T2		
	Moderate - T2 to T4		
	Severe - T6 to decline		
	Smoker: all cases decline		
Bronchitis, acute	Standard	Y	Present with history of asthma - decline. Otherwise - standard
Bronchitis, chronic (COPD)	Mild - T2 to T4	N	Decline
	Moderate - T5 to T8		
	Severe - decline		
	Current tobacco or oxygen use - decline		
Bundle branch block, right	Incomplete - standard	Y	Fully investigated and no cardiovascular risk factors - standard
	Complete: No cardiovascular risk factors - standard	N	
	With cardiovascular risk factors - T2 to T3	N	
Bundle branch block, left	T3 to decline	N	Decline
Cardiomyopathy	Dilated or restrictive - decline	N	Decline
	Hypertrophic:		
	Age <35 - decline		
	Age 35 & up - T6 to decline		
	Peripartum:		
	<12 months from onset - decline		
>12 months from onset - T4 to decline			
Carpal tunnel syndrome	Standard	Y	Exclusion Rider or decline
Cataracts	Standard	Y	Standard or Exclusion Rider
Cerebral palsy	Age 8 & over - IQ >50, doing well in regular school with physical impairment such as hemiplegia, monoplegia or ataxia - standard to T4	N	Decline
	With epilepsy - T4 to decline		
	Others - usually decline		
Cerebrovascular accident, stroke (CVA)	<6 months since occurrence - decline	N	Decline
	>6 months since occurrence with only mild residuals:		
	Age 50 & under - decline		
	Age >50 - T2 to T5		
	Multiple strokes - decline		

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Chronic fatigue syndrome	Well controlled and no associated depression - standard	Y	Present, within 2 years of recovery - decline >2 years since recovery, no residuals - standard
Chronic obstructive pulmonary disorder (COPD)	Mild - T2 to T4	N	Decline
	Moderate - T4 to T6		
	Severe - T6 to decline		
	Current tobacco or oxygen use - decline		
Bipolar disorder	Mild - (no loss of work, stable symptoms, low-dose single antidepressant) - T2 to T4	N	Decline
	Moderate - (one or more episodes, satisfactory response to treatment, infrequent disabling attacks) - T4 to T6		
	Severe - (recurring episodes, inpatient care, disabled from work) - T8 to decline		
Chronic pain	Mild - Standard to T3	N	Decline
	Moderate - T4 to T8		
	Severe - decline		
Cirrhosis (liver)	Decline	N	Decline
Colitis, ulcerative	<1 year since diagnosis - decline	N	Decline
	>1 year since diagnosis:		
	Mild - standard to T4		
	Moderate - T4 to T6		
	Severe or with complications - decline		
Colitis, other than ulcerative	Standard - decline, depending on cause	Y	Standard to decline
Concussion (head injury)	Mild with no residuals - standard to T2	Y - if no residuals	Standard to decline
	With residuals, <6 months - decline	N	
	With residuals, >6 months - T2 to decline	N	
	Multiple episodes or severe - T3 to decline	N	
Congestive heart failure (CHF)	<2 years since diagnosis - decline	N	Decline
	>2 years since diagnosis - usually decline		
Convulsions	See Epilepsy		
Coronary artery disease	<3 months after bypass surgery - decline	N	Decline
	<6 months after angioplasty - decline		
	Age <40 - decline		
	Age 40-45 - T6 to decline		
	Age 46-59 - T4 to decline		
	Age >60 - T2 to decline May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing.		

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Criminal activity	Criminal charges pending, or currently on probation or parole – decline. May reconsider one year after end of probation or parole.	N	Decline
	Otherwise, call home office		
Bursitis	Standard	Y	Exclusion Rider or decline
Cancer (internal organ)	Call home office	N	Decline
Cancer, skin (not melanoma)	Standard	Y	Standard
Crohn's disease	Onset prior to age 25 – decline.	N	Decline
	Very mild and limited disease		
	<6 months since diagnosis – decline		
	>6 months since diagnosis – standard to T4		
	Moderate:		
	<2 years since diagnosis – decline		
	>2 years since diagnosis – T2 to decline		
	Severe:		
<4 years since diagnosis – decline			
>4 years since diagnosis – T6 to decline			
Cyst, benign	Standard	Y	Standard
Cystic fibrosis	Decline	N	Decline
Depression	Mild – (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) – standard	Possible	Decline
	Moderate – (satisfactory response to treatment, outpatient psychotherapy, no more than 1–2 weeks off work) – standard to T4	N	
	Severe – (recurring episodes requiring inpatient care, unable to work) – T6 to decline	N	
Dermatitis	Standard	N	Standard
Diabetes	Age <20 – decline	N	Decline
	Type 1 Diabetes, well controlled, no complications, and no tobacco use:		
	Age 20–29 – T8 to decline		
	Age 30 & up – T6 to T8		
	Type 2 Diabetes, well controlled, no complications, and no tobacco use:		
	Age 20–29 – T6 to decline		
	Age 30–49 – T3 to T6		
Age 50 & up – standard to T4			
Diverticulitis	Mild attacks, fully recovered – standard to T2	Y	Exclusion Rider or decline
Down syndrome	Decline	N	Decline

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Driving under the influence (DUI)	<1 year since violation, all ages – decline	N	Decline
	Age 21 and up:	N	
	1-2 years – \$2.50 – \$3.50 flat extra	N	
	2-4 years – standard to \$2.50 flat extra	N	
	>4 years – standard	Y if > 5 years	
	Multiple DUIs with 4 years – decline Under age 21 at time of violation – decline for 4 years from violation	N	
Drug abuse, marijuana (recreational use) See also medicinal marijuana	Current use (smoked or ingested) – standard to decline based on frequency and method of use	Y	
	Nontobacco vs. Tobacco determined by frequency and method of use		
Drug abuse, other than marijuana	Any use in last 3 years – decline	N	Decline
	3-7 years since last use – T2 to T8	N	
	>7 years – standard	Y if >10 years	
	History of relapse(s) – usually decline	N	
Eczema	Standard	Y	Standard
Emphysema	Mild – T2 to T4	N	Decline
	Moderate – T4 to T6		
	Severe – T6 to decline.		
	Current tobacco or oxygen use – decline		
Endocarditis	Decline if <1 year from diagnosis, then standard to T2 if no residuals	Y	Standard to decline
Epilepsy, petit mal	<6 months since diagnosis – decline	N	Decline
	Well controlled, no seizures in last 2 years – standard to T2		
	Moderate control, <7 seizures per year – T2 to T4		
	Poor control, >6 seizures per year or prolonged unconsciousness or requiring multiple hospitalizations – T4 to decline		
Epilepsy, grand mal	<6 months since diagnosis – decline	N	Decline
	Well controlled, no seizures in last 2 years – standard to T2	Y if last seizure >5 years ago	
	Moderate control, <7 seizures per year – T3 to T5	N	
	Poor control, >6 seizures per year or prolonged unconsciousness or requiring multiple medications – T6 to decline	N	
Esophageal stricture	Standard to T2	Y	Standard or Exclusion Rider
Fibromyalgia, fibrositis	Standard to decline	Y	Decline
Fistula & fissure, anal	Standard if resolved	Y	Standard
Fracture, bone or skull (no residuals)	Standard	Y	Full recovery, no residuals – standard
Gall bladder disorders	Standard if asymptomatic	Y	Present – decline recovered/corrected – standard

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Gastric banding, sleeve or bypass surgery	Decline	N	Decline
	>6 months since surgery - rates vary based on weight loss and current weight - contact home office		
Gastroenteritis, recovered	Standard	Y	Standard
Gastroesophageal reflux disease (GERD)	Standard if well controlled	Y	Standard
Glaucoma	Standard	Y	Exclusion Rider or decline
Glomerulonephritis	Acute, in remission - standard to T6 chronic - T6 to decline	N	Exclusion Rider or decline
Gout	Standard (chronic, severe cases may require rating)	Y	Standard or Exclusion Rider
Headache, migraine or tension	Standard to decline	Y	Mild - occasional, no absences from work - standard, otherwise - decline
	Recent onset, increasing frequency, not investigated - decline		
Hearing impairment	Standard	Y	Exclusion Rider
Heart attack	See coronary artery disease		
Heart bypass surgery	< 3 months from bypass - postpone. Otherwise, see coronary artery disease		
Heart valve surgery	<1 year since surgery - decline	N	Decline
	>1 year since surgery - T2 to decline (Rate dependent on age and valve replaced or repaired)		
Heartburn	Standard	Y	Standard
Hemorrhoids	Standard	Y	Standard
Hepatitis A	Standard (fully recovered)	Y	Standard
Hepatitis B	One episode, fully recovered - standard	N	Decline
	Chronic - standard to decline		
Hepatitis C	Standard to decline	N	Decline
Hernia	Standard	Y	Asymptomatic or surgically corrected - standard. Otherwise - decline
Herniated disc	Standard to T2	Y	Exclusion Rider or decline
High blood pressure (Hypertension)	Usually standard (if under control)	Y	Controlled - standard
Histoplasmosis	Present - decline	N	Decline
	Recovered without residuals > 6 months - standard		
	With residual lung impairment - T2 to decline		
Hodgkin's disease	T2 to decline	N	Decline

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Huntington's disease	Present - decline	N	Decline
	Family history, with negative genetic testing - standard		
	Family history, without genetic testing - age 55 & under - T4 to decline		
	Age >55 - usually standard		
Hydronephrosis	Resolved or cause corrected - standard	N	Decline
	Cause still present - T2 to decline		
Hysterectomy	Standard if no cancer history	Y	Standard if no cancer history
Ileitis	See Crohn's disease	N	
Indigestion	Standard	Y	Standard
Kidney failure, dialysis	Decline	N	Decline
Kidney infection, recovered	Standard	Y	Standard to decline
Kidney removal	Standard to decline (depending on cause and current renal function)	Y (depending on cause)	>3 years since removal, depending on cause, normal kidney function - standard to decline
Kidney stones	Standard (frequent attacks may require rating)	Y	Exclusion Rider or decline
Kidney transplant	<1 year since transplant - Decline	N	Decline
	>1 year since transplant - T6 to Decline		
Leukemia	Call home office. Offer subject to type, date of onset and date of last treatment.	N	Decline
Lupus, discoid	Standard to T2	N	Decline
Lupus, systemic	<1 year since diagnosis - decline	N	Decline
	1 year and up from diagnosis - T2 to Decline	N	
Lymphoma	Call Home office. Offer subject to type, date of onset and date of last treatment.	N	Decline
Malaria	Single episode - standard	Y - if fully recovered	Single attack - standard
	Multiple episodes - standard to T2	N	
Melanoma	Standard to decline	N	Decline
Marijuana, Medicinal Use (See also Drug Abuse, Marijuana)	Current use (smoked or ingested) T2 - decline based on frequency and method of use	N	
	Nontobacco vs. Tobacco determined by frequency and method of use		
Meniere's disease	Standard	Y	Decline
Meningioma	Standard to \$10.00 flat extra	N	Decline
Meningitis	<6 months since recovery - decline	N	Full recovery - standard
	>6 months since recovery, no residuals - standard	Y	

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Mental retardation and/or intellectual disability	Age 13 or less - decline	N	Decline
	Age >13:		
	IQ 70 or higher, able to care for self - standard		
	IQ below 70 - T6 to decline		
Mitral insufficiency, Mitral valve prolapse (MVP)	Mild - standard to T2	Y	Standard - controlled
	Moderate - T4 to T6	N	
	Severe - decline	N	
Mitral stenosis	Mild - T2 to T6	N	Decline
	Moderate - T4 to Decline		
	Severe - decline		
Mononucleosis	Standard	Y	Recovered - standard
Mountain climbing	Based on location, scale (YDS or other grading scale), altitude and equipment used - standard to decline.	Subject to details. Minor trail climbing or equivalent may be acceptable within preferred classes.	Decline
	Please call home office with details for quote.	N	
Multiple sclerosis (MS)	<2 years since diagnosis - decline	N	Decline
	>2 years since diagnosis:		
	Mild- T4 to T6		
	Moderate- T6 to T8		
	Severe or primary progressive type - Decline		
Muscular dystrophy	Becker - T8 to Decline	N	Decline
	Facioscapulohumeral - T2 to decline		
	Oculopharyngeal muscular dystrophy - standard to decline		
	Other types - decline		
Myasthenia gravis	Ocular:	N	Decline
	<3 years since diagnosis - decline		
	>3 years since diagnosis - standard		
	Generalized:		
	<3 years since diagnosis - decline		
	3-5 years since diagnosis - T4		
	>5 years since diagnosis - T2		
With thymectomy >1 year, in remission - standard			
Myocarditis	>3 months since full recovery, no treatment - T2 to decline	N	Decline
Nephrectomy	Standard to decline (depending on cause and renal function)	Possible depending on the circumstances	>3 years since removal, depending on cause, normal kidney function - standard to decline
Neurosis, anxiety	See Anxiety		

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Non-Hodgkin's lymphoma	Call home office. Offer subject to type, date of onset and date of last treatment.	N	Decline
Occupations with special hazards	Examples of occupations with special hazards: aviation, military, building and construction, mining and quarrying, and professional athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the home office if you have a question about an occupation.	Possible if occupation is considered standard, otherwise no preferred.	Decline
Operating while intoxicated (OWI)	See DUI		
Osteoarthritis	See Arthritis, osteo		
Pacemaker	T2 to decline (Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.)	N	Decline
Pancreatitis	Acute: <6 mo since attack - decline	N	Decline
	Single episode - standard to T2		
	Multiple episodes - T4		
	Chronic or relapsing - decline		
Paralysis, spinal cord injury	Paraparesis or quadriparesis (incomplete paralysis, not confined to wheelchair, >1 year since injury) - T2 to T8	N	Decline
	Complete paraplegia:		
	<2 years since injury - decline		
	>2 years since injury - T4 to T8		
	Complete quadriplegia - decline		
Parkinson's disease	T3 to Decline	N	Decline
Pericarditis	Single episode (idiopathic or viral) fully recovered:	N	Decline
	<3 months - decline		
	>3 months - standard to T3		
	Constrictive:		
	Unoperated or <12 months since surgery - decline		
	>12 months since surgery - T2		
	Persistent or recurrent episodes - T4 to decline		
Peripheral vascular disease (PVD)	Nonsmoker:	N	Decline
	No surgery - T2 to T6		
	With surgery - T4 to T6		
	Smoker or severe disease - decline		
Phlebitis, thrombosis, blood clot	Single episode, fully recovered - standard	Y	Decline
	Multiple episodes - standard to T4	N	
Pilonidal cyst	Standard	Y	Standard
Pituitary adenoma	Standard to decline	N	Decline
Pleurisy	Standard to T2	Y	Decline
Pneumoconiosis	T2 to decline	N	Decline

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Pneumonia, full recovery	Standard	Y	Standard
Pregnancy, no current complications or history of complications.	Standard	Y	Decline
Prostatitis, with normal PSA	Standard	Y	Present or chronic - decline single episode/ full recovery - standard
Psychosis	0-2 years since last episode - decline	N	Decline
	2-5 years since last episode - T4 to decline		
	5-10 years since last episode - standard to T6		
	>10 years since last episode - standard to T4		
Pyelonephritis, acute	1 episode, recovered - standard	Y	Standard or Exclusion Rider
	2-3 episodes standard to \$5.00	N	
	>3 episodes T6 to decline after episodes	N	
Pyelonephritis, chronic	T6 to decline	N	Decline
Racing, motor vehicle	Amateur - standard	N	Decline
	Professional or semi-professional - \$2.50 to decline (rate depends on number of races, speed, type of vehicle, etc.)		
Raynaud's disease	Standard to T4	Y (if not rated)	Decline
Rheumatic fever, no heart complications	Mild, no heart murmur or heart valve damage - standard	Y	No heart damage - standard
	Otherwise - rate determined by residuals	N	
Rheumatoid arthritis	See Arthritis, rheumatoid		
Sarcoidosis	Standard to Decline	N	Decline
Sebaceous cyst	Standard	Y	Standard
Sciatica	Standard to T2	Y	Standard or Exclusion Rider
Schizophrenia	0-2 years since last episode - decline	N	Decline
	2-5 years since last episode - T4 to decline		
	5-10 years since last episode - standard to T6		
	>5-10 years since last episode - standard to T4		
Scuba diving, recreational, lakes, rivers, coastal waters	100 ft or less - standard	Y if 75 ft or less	Decline
	101-150 ft - \$2.50 flat extra	N	
	>150 ft - \$5.00 flat extra to decline	N	
Seizures	See Epilepsy		
Sinusitis	Standard	Y	Standard
Sky diving	\$2.50 - 5.00 flat extra	N	Decline
Sleep apnea	Mild - standard	N	Decline
	Moderate - standard to T3		
	Severe - T2 to decline		

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Stroke	<6 months since occurrence – decline	N	Decline
	>6 months since occurrence with only mild residuals:		
	Age 50 and under – decline		
	Age >50 –T2 to T5		
	Multiple strokes – decline		
Suicide attempt	<1 year since attempt – decline	N	Decline
	1-5 years since attempt – \$5,00 flat extra to decline		
	>5 years since attempt – standard to decline		
Thyroid disorder	Usually standard	Y	Hypothyroid – standard Hyperthyroid – >2 years since diagnosed/stable – standard otherwise – decline
Transurethral resection of prostate (TURP)	No history of cancer: standard	Y	Standard
Transient ischemic attack (TIA)	<6 months since occurrence – decline	N	Decline
	>6 months:		
	Single occurrence – standard to T3 Multiple occurrences – T2 to T5		
Tuberculosis	If fully recovered, usually standard	Y	Decline
Tumors, benign	Usually standard	Y	Standard or Exclusion Rider
Tumors, malignant	Call home office	N	Decline
Ulcerative colitis	See Colitis, ulcerative		
Ulcer, stomach	Single episode, fully recovered – standard	Y	Present to within 2 yrs of treatment – decline >2 years since treatment & fully recovered – standard
	Multiple episodes – standard to T4	N	
Upper respiratory tract infection, cold	Standard	Y	Standard
Varicocele, hydrocele, cystocele	Standard	Y	Standard or Exclusion Rider
Urinary bladder infection, acute	Standard	Y	Standard
Varicose veins	Standard to T3	Y	Mild with no swelling or ulcerations – standard, otherwise – decline

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