

Assurity®

Life Insurance Impairment Guide

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Product availability, features and rates may vary by state.

Important Notice

Impairment Guide for Whole Life, Single Premium Whole Life, Term Life and Universal Life

These policies are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska, and may contain reductions of benefits and limitations. For costs and complete details of the coverage, please contact Assurity Life Insurance Company or review the policy. **The specific policy is your ultimate authority for any questions about this product.**

This is a generic impairment guide. **Product availability, features and rates may vary by state.** Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each product by selecting the Applications/Forms option on the left.

This is a financial underwriting guide for policy Form Nos. I L1901, I L0880 (R01-13), I L1505, I L1201 (R01-13), I L1802, I L1702 and I L1921. **Any prior guide does not apply to this product.**

This impairment guide is for agent use only. It is not for use with consumers and is not for use in New York.

Table of Contents

Important Notice.....2

Using the Impairment Guide.....4

Abbreviations and Ratings.....4

Impairments (Listed Alphabetically)5

A.....5

B.....8

C.....10

D.....13

E.....14

F.....16

G.....17

H.....18

I.....20

K.....20

L.....21

M.....22

N.....24

O.....24

P.....25

R.....29

S.....30

T.....32

U.....33

V.....34

W.....34

Revisions to this Guide34

About Assurity35

 Connect with us!35

 Why Assurity?35

Using the Impairment Guide

The following pages will provide you with a general guide to the probable underwriting action pertaining to many of the most commonly encountered medical impairments. By referring to this guide, you may be able to prepare your client for a special class rating or other coverage limitations based on their medical history.

Some conditions may require a table rating and a flat extra premium. To simplify this guide, table ratings have been used, but a flat extra premium may be used additionally in the event of a higher risk that is temporary – for example, after cancer treatment, heart attack or stroke.

Each case will be evaluated on its own merits. Some applicants may be found to have several minor impairments, none of which alone requires a special class rating. However, collectively, the applicant's health and, therefore, mortality is affected. Additional benefits such as waiver of premium, accidental death benefit coverage, and critical illness coverage may not be included based on impairment and rating.

Final decision on all applications will be determined by Assurity. Many common impairments are listed. For impairments not listed, please contact the underwriting department at (800) 869-0355 Ext. 4264.

Abbreviations and Ratings

The following abbreviations and ratings are used throughout this guide.

Abbreviations	Description
Decline	Not an insurable risk
IC	Individual consideration
PP	Postpone
RFC	Rate for cause
Trial	C.O.D. only this risk
Us	Usually
Us 0	Usually standard (no rating)
0	Not rated

Rating	Description
T1	Table 1 (125 percent) – 25 percent increase in mortality
T2	Table 2 (150 percent) – 50 percent increase in mortality
T3	Table 3 (175 percent) – 75 percent increase in mortality
T4	Table 4 (200 percent) – 100 percent increase in mortality
T5	Table 5 (225 percent) – 125 percent increase in mortality
T6	Table 6 (250 percent) – 150 percent increase in mortality
T7	Table 7 (275 percent) – 175 percent increase in mortality
T8	Table 8 (300 percent) – 200 percent increase in mortality

Impairments (Listed Alphabetically)

A

Abscess

Brain

Present	Decline
In history one episode, cause known, adequately treated No residual effects 0-5 yr	0-T4
With residual effects	IC, Trial

Breast

Present	PP
In history, complete recovery, fully investigated	US 0

Kidney

Present	PP
In history, stability shown with testing for 1 year and no abnormal urinalysis	Us 0
Within 1 yr, medically treated (depending on treatment and records)	Us 0
Within 1 yr, surgical treatment required	PP
1 yr and up, unless significant kidney function problems, etc.	Us 0
In history, abnormal post-treatment urinalysis	IC

Liver

Present	PP
In history, complete recovery 0-1 yr	PP
1-3 yr	0-T4
Over 3 yr, no residual effects	Us 0
Others	IC

Lung

Present	PP
In history No remaining impairment, no ratable cause 0-1 yr	Table 1-PP
Over 1 yr, fully investigated, cause not ratable	Us 0
With remaining impairment	IC

Other areas

Single or recurrent episodes Cause not ratable and fully investigated	Us 0
Otherwise	IC

Acquired Immune Deficiency Syndrome (AIDS)

HIV infection, all stages	Decline
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Acromegaly

Surgical removal of the Pituitary gland	Us 0
No surgery if stabilized on medication	
0-1 yr	PP
1-4 yr	T2-T4
With Diabetes	Rate for Diabetes and this

Addison's Disease

Present, well controlled	
0-1 yr	PP
1-3 yr	T4
3 yr and up	T2
Complications	IC

Alcoholism - See "[Substance Abuse](#)"

Alzheimer's Disease

All cases	Decline
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Amyotrophic Lateral Sclerosis (ALS)

All cases	Decline
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AnemiaAplastic, Pancytopenia

Due to a drug reaction, complete recovery	Us 0
Other causes	
0-5 yr	PP
Over 5 yr	IC
Other impairments	Decline

Iron Deficiency

Depending on severity and time elapses since last episode	0-T4-Decline
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Pernicious

Depending on the severity, cause and time elapses since last episode	0-T4-Decline
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Hemolytic

Present	RFC
Complete recovery	
0-1 yr	PP
Over 1 yr	Us 0

Sickle Cell

Under age 40	Decline
Over age 40	T8-IC

Aneurysm

Present	Decline
In history	
Medical treatment only	Decline
Operated, no remaining impairment or complications	
Aortic or intracranial, time since resumed full activity	
0-5 yr	T4-Decline
Over 5 yr	T2

Angina Pectoris - See "Coronary Artery Disease"

Angioplasty, Coronary Bypass Surgery – See "Coronary Artery Disease"

Ankylosing Spondylitis

Active	
Under age 25	T6
Age 25 and over	T2-T4
In history and asymptomatic	0-T4
Severe	IC

Anorexia Nervosa

Present	Decline
In history, fully recovered, stable and normal weight for 1 yr at normal	
0-2yr	Decline
2 yr and over	0-T4

Aortic Regurgitation (Aortic Insufficiency) (AI)

Depends on the degree and client's age	IC
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Arnold-Chiari Malformation

Not operated	
Asymptomatic, found on CT or MRI	Us 0
Symptomatic	Us-Decline
Operated	
No symptoms over 1 yr	Us 0
Symptoms	IC

Arrhythmia – There are many types and variations of arrhythmias that can be insignificant to serious conditions that require a pacemaker. Ratings may be Standard to Decline.

Arteriosclerosis, Atherosclerosis

All cases	IC-0-Decline
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Arthritis

<u>Osteoarthritis</u> , depending on severity	0-T2
<u>Psoriatic Arthritis</u> , depending on type of treatment	0-T4
<u>Rheumatoid Arthritis</u>	
Mild	Us 0
More severe, depending on type of treatment	T2-T6
Rapidly progressive	Decline

Asthma

Initial onset before age 40	
Mild occasional attacks, no hospitalization or steroids	Us 0
With tobacco use	T2
Moderate, attacks more than 2-3 per year	
Occasional steroid use	T4
With tobacco use	T6
Severe or Status Asthmaticus	Trial, Us Decline

Atrial Fibrillation, Atrial Flutter

Depending on cause and length of time since last attack and med records	Trial, 0-Decline
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Attention Deficit/Hyperactivity Disorder

Mild, no behavioral symptoms, school age and up	0-T4
More severe	T6-Decline

B

Barrett’s Esophagus

Biopsy with no dysplasia or cellular changes	Us 0
No biopsy, mild	T2

Bell’s Palsy/Blindness

Recovered, no remaining impairment	0
Slight impairment	Us 0
Others	IC

Breast Nodules, Mass, Fibrocystic Breast Disease

No family history of breast cancer or family history unknown	
Present, no nodules, biopsy findings (hyperplasia or dysplasia) of concern, good follow-up, benign	
Pathology	Us 0
Undefined prominent nodules of concern	PP
Fibrocystic disease, no nodules or biopsy findings (hyperplasia or dysplasia) of concern, good follow-up	Us 0
Undefined prominent nodules of concern	Decline
Biopsy demonstrating hyperplasia or dysplasia	T4 to Decline

Bronchiectasis

Present		
Unilateral		
Minimal symptoms, no chronic lung disease present		
Less than 10% underweight		T2-Decline
Underweight 10% or more		T3-Decline
Others, including emphysema, asthma or COPD		Decline
Bilateral		Decline
In history		
Bilateral involvement, operated		Decline
Unilateral involvement, operated, no residual effects		
Segmental resection		
0-6 mo		PP
6 mo-2 yr		T2-Decline
Over 2 yr		T2
Lobectomy		
0-2 yr		0-T3
2 yr and up		Us 0
Pneumonectomy		
0-2 yr		0-T3
With remaining impairments		IC-Decline
Smoking or exposure to dust, occupational or environmental respiratory hazards		Decline

Bronchitis

<u>Acute</u>		
Present		Us 0
In history		
Occasional isolated episodes		Us 0
Recurrent episodes	See Chronic Bronchitis below	
Others, including emphysema, asthma or COPD		Decline
<u>Chronic (Emphysema, COPD)</u>		
Mild		
Non-smoker		
No complications		0-T2
With complications		IC
Still smoking		T4 minimum
Moderate, not on steroid therapy		
Non-smoker		
No complications		T3-Decline
With complications		IC
Still smoking		T6 to Decline, Us Decline
Severe, all cases		Decline
With exposure to dust, toxic air or other irritants		Decline

Buerger’s Disease (Thromboangiitis Obliterans) – An idiopathic vasculitis affecting small and medium-sized blood vessels of the extremities with frequent occlusion of the vascular lumen

<u>Still smoking</u> or diabetes mellitus or coronary heart disease	Decline
<u>Stopped smoking</u> and no symptoms or complications	
0-5 yr	Decline
5-10 yr	T2 to Decline
Over 10 yr	Us 0
<u>Stopped smoking</u> but symptoms persist and/or hypertension present	Decline

Build – Please contact our New Business Contact Center at (800) 869-0355, Ext. 4264.

Bundle Branch Blocks – See “[Electrocardiogram](#)”

Bypass (Gastric), Gastroplasty, Gastric Stapling, Lap band surgery, Other weight loss surgery

0-6 mo	PP
6 mo-1 yr	Build rate + T2
1-2 yr normal build, stable	T2
2 yr and up, normal build, all else normal	Us 0

C

Cancer

Any consideration involves the site of the cancer, the extent of spread, the length of time since treated and how the cancer was treated. There are many different cancers and pathology reports, operative reports and full medical records must be reviewed before any potential offer can be determined. Consult the Home Office with questions

IC

Cardiomyopathy

Very variable and full records must be reviewed Us Decline

Cerebral Vascular Accident (Stroke)

Ischemic stroke

Single attack, complete recovery, no other ratable impairment, minimal or no sequelae. Back at work full-time, no chronic Coumadin therapy.

To age 55	
0-1 yr	PP
1-5 yr	IC T6 to Decline
5 yr and up	T4
Others, chronic Coumadin, ADL’s affected	Decline
Age 56 and up, same as above	Reduce by 1 Table

Additional consideration	
Just some speech impairment, slight paralysis	IC
Current tobacco smoking	Us Decline
With Diabetes, Cardiovascular or Renal disease, ratable hypertension	Us Decline
Multiple attacks	Decline
<u>Intracranial hemorrhage</u> – See “Stroke” above	

Cerebral Palsy

0-10 years old	PP
10 years and up, best case, no mental retardation, bowel and/or bladder problem	0-T4
Others	Us Decline

Cholelithiasis, Cholecystectomy, Cholecystitis – See “Gallbladder Disease”**Cholesterol** – See “Hyperlipoproteinemia”**Chorea**

Huntington’s Chorea, Wilson’s Disease or ataxia telangiectasia	Decline
Sydenham’s chorea	
No murmur or other complications	Us 0
With resulting heart murmur	Rate for Murmur

Chronic Fatigue Syndrome, Myalgic Encephalomyelitis (ME)

Present	T2-T4
In history, complete recovery, working full-time at usual occupation	
0-2 yr since recovery	PP
Over 2 yr since recovery	Us 0

Chronic Obstructive Pulmonary Disease (COPD) – See “Chronic Bronchitis”**Cirrhosis of the Liver** – See “Liver Disease/Disorder”**Colic, Renal** – See “Kidney Disease”

Colitis, Crohn's Disease

<u>Irritable bowel syndrome, spastic, other causes ruled out</u>	Us 0
Stable pattern over 1 yr	0
Others	PP
<u>Mild Ulcerative Colitis, no surgery, few flares</u>	
Time from last exacerbation	
0-1 yr	PP
1-3 yr	T2-T3
Over 3 yr	0-T2
<u>Moderate Ulcerative Colitis, best case, no surgery, brief flares over age 21</u>	
Time from last exacerbation	
0-1 yr	PP
1-5 yr from last attack	T2-T4
5 yr and up	Us 0
With surgery	
6 mo to 4 yr	T2-T6
Over 4 yr	0-T2
<u>Severe Ulcerative Colitis, longer more frequent attacks</u>	T6-Decline

Concussion, Cerebral

Unconscious more than 24 hr	
0-1 yr	PP
1-3 yr	Us 0-T4
Over 3 yr	Us 0
<u>Depressed fracture of the skull, complete recovery</u>	
No complications or remaining impairments	
0-1 yr	PP
1-3 yr	Us T2-T4
Over 3 yr	Us 0
Others, remaining impairments present	IC

Convulsion (Seizure) – See “Epilepsy”

Coronary Artery Disease - This medical history is quite variable and depends on the age of onset, extent of involvement, testing and treatment done. No accurate quote is possible without full information.

Within 10 years of treatment, evaluation, etc.	T4-Decline
Over 10 years since treatment, evaluation, etc.	Possibly T2-T6

Crohn's Disease - See “Colitis, Ulcerative”**Cystic Fibrosis**

All cases	Decline
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Cystitis (Trigonitis)

Mild and infrequent, normal urinalysis	Standard, no rating
In history	Us 0
Chronic or recurrent	Standard to T4

D**Deafness (Hearing Impairment)**

Many states have specific laws regarding the underwriting of this condition. Please contact the Home Office Underwriting Department. In most cases, if no underlying disease is present, this is normally standard.

If an underlying disease RFC

Diabetes Mellitus – This is a variable condition and any possible offers assume excellent control and no other impairment.

Age at diagnosis:

Under age 10	Decline
Age 10-19	T10-Decline
Age 20-34	T6
Age 35-39	T4-T6
Age 40-49	T2-T4
Age 50 & up	0-T2

Diabetes Insipidus

Within 2 years, cause known, fully evaluated, good control T3-T4

Over 2 years, sane parameters as above T2-T3

Cause unknown T4-Decline

Dilation and Curettage (D&C)

All cases RFC

Diverticulitis, Diverticulosis

Diverticulitis

Mild, Present Us 0

Severe, frequent, complicated IC

Diverticulosis

Mild Us 0

Moderate to severe T2-T4 and up

Dizziness, Vertigo, Meniere's, Labyrinthitis

Cause known, no occupational or avocational risk RFC

Cause unknown, no occupational or avocational risk

Single episode, complete recovery and evaluation

To age 40 Us 0

Over age 40, single episode

0-6 mo PP

Over 6 mo 0-T2

Over age 40, single episode

2 or 3 episodes

To age 40, time since last episode

0-3 yr Decline

3-5 yr 0-T3

Over 5 yr 0-T2

Over 3 episodes Trial IC

Others Trial IC

Down Syndrome

All cases	Decline
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Drug Abuse, Chemical Abuse – See “[Substance Abuse](#)”**Duodenal Ulcer** – See “[Ulcer](#)”**Duodenitis, Gastritis**

Acute, single attack	
0-6 mo	Us 0
Over 6 mo	0
Chronic and/or recurrent	
Good therapeutic response, time since last attack	
0-1 yr	IC
Over 1 yr	Us 0
Poor therapeutic response	Decline

E

Electrocardiogram – Provides findings suggesting the presence of myocardial ischemia or other metabolic myocardial problems. Electrocardiographic evidence of acute or prior myocardial infarction may be present when these events have occurred. It demonstrates the presence of abnormal cardiac rhythms (arrhythmias) and, very frequently, their mechanisms. It reveals abnormalities of the cardiac conduction system. Each abnormality must be evaluated with full records by our Medical Director and/or our Reinsurers.

Embolism, Pulmonary – An embolism, usually a blood clot, most frequently arising in the lower extremities or pelvis, which travels to the lung via the venous circulation, resulting in varying degrees of pulmonary vascular obstruction.

Single attack	
0-6 mo	PP
Over 6 mo	0
Multiple attacks	IC

Emphysema (COPD) – See “[Chronic Bronchitis](#)”**Encephalitis, Sleeping Sickness**

Present	Decline
In history	
Single episode, complete recovery, no remaining impairment	
Time since resolution of encephalitis	
0-6 mo	PP
6 mo-1 yr	Us 0
Over 1 yr	0
Other, including recurrent or with remaining impairments	Rate for Impairment, Us Decline

Endometriosis

Present	
Minimal symptoms, non-disabling	0
Severe or recurring	0-T3
In history	
Operated or post-menopausal not requiring treatment	0

Epilepsy, Seizure Disorder

<u>Cause known</u>	RFC + ratings below + "history of"
<u>Cause unknown</u> , first seizure before age 40, thoroughly investigated, good compliance with treatment	
Partial seizure disorder	
0-2 yr from initiation of treatment	Decline
Over 2 yr from initiation of treatment	
Well controlled	T1-0
Moderately well controlled	T1-Decline
Poorly controlled	Decline
Absence seizures (petit mal)	
0-2 yr from initiation of treatment	T2-T3
Over 2 yr from initiation of treatment, well controlled	Us 0
Generalized seizures (grand mal), best cases	
0-1 yr from initiation of treatment and last attack over 2 yr	PP
Over 1 yr from initiation of treatment	
Well controlled	T2-T6
Moderately well controlled, more frequent seizures, last over 2 yr	T3-T8
Poorly controlled	Decline
History of	
First seizure after age 40	IC
Surgical treatment for seizure control	IC
Status epilepticus	Decline
Poor therapeutic compliance	Decline
Alcohol use	Decline

Esophageal Disorders

<u>Atresia</u>	
No functional or postoperative impairments	0
Others	IC
<u>Esophagitis</u>	
Cause known	
Asymptomatic or symptoms controlled	US 0
Moderately symptomatic (or worse, fully evaluated)	T2-T4
Severe symptoms	Decline
Cause unknown	
	IC
<u>Gastroesophageal Reflux Disease (GERD)</u>	
Mild symptoms	Us 0
Moderate to severe symptoms	Us 0-T4

Barrett’s Esophagus

No dysplasia on biopsy, very small segment (less than 3 cm), no symptoms	
Within 1 yr	T2
Over 1 yr	Us 0
No dysplasia, over 3 cm and biopsied 2 or more times	
Within 2 yr	T3-T4
Over 2 yr	0-T2
Dysplasia on biopsy	Decline
Dysplasia resolved	
Within 2 yr	T3-T4
Over 2 yr	T2-T3
Cancer found	IC

Stricture

Present	
Mild, not requiring treatment	0
Therapeutic, dilatation required	
4-5 per yr	T2-T4
Severe	Decline
Surgical treatment, complete postoperative recovery	Us 0

Varices of Esophagus

All cases	Decline
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F

Fibrocystic Breast Disease (Mammary Dysplasia)

Mild hyperplasia, malignancy ruled out by serial mammograms and biopsy	Us 0
Atypical ductal or lobular hyperplasia on pathology	T2-T4

Fibromyalgia, Fibrositis, Fibromyositis

Fully evaluated, other diseases ruled out	Us 0
With depression	IC

Fractures

Skull fracture – See “[Concussion, Cerebral](#)”

Spinal fracture, surgically repaired

Others	
Complete recovery, no complications	Us 0
With internal fixation, no complications	Us 0
Removal of internal fixation device recommended and/or planned	PP, pending recovery from surgery
Others, current or frequent narcotic medication	IC, possible T4-T6

G**Gallbladder Disease (Cholecystitis, Cholelithiasis)**

Mild, single attack	US 0
Multiple attacks	
Within 1 yr	T2
Over 1 yr	Us 0

Gastric Ulcer – See “[Ulcer](#)”

Gastritis; Duodenitis – See “[Duodenitis: Gastritis](#)”

Giant Cell Arteritis (Temporal Arteritis)

Complete recovery, no Temporal Arteritis	
0-3 yr	0-T2
Over 3 yr	0-T2
Temporal Arteritis	Us 0-T2

Gilbert’s Syndrome

Fully evaluated, recovered	Us 0
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Glaucoma

Primary	0
Secondary	RFC

Glycosuria (Glycosuria) – May be indicative of diabetes mellitus

Diabetes mellitus either diagnosed or not excluded with certainty	Rate as Diabetes Mellitus
Diabetes mellitus excluded	0

Goiter – See “[Thyroid Disorder](#)”

Gout, Hyperuricemia

Mild, controlled, other impairments ruled out	Us 0
Others, good medical care	T2 and up

Grand Mal – See “[Epilepsy](#)”

H**Headaches, Migraines**

Cause known	
Mild or moderate	Us 0
Severe, disabling more than a few days	IC
Secondary headache, increasing frequency	RFC-Decline
Cause unknown	
Mild, occasional, no associated signs or symptoms, no change in character, applicant less than age 40, negative medical work-up, no work absences	
0-2 yr from onset	PP
Over 2 yr from onset	Us 0
All others	IC

Heart Attack – See “[Coronary Artery Disease](#)”**Heart Failure (CHF)** – Inability of the heart to generate adequate cardiac output, usually due to significant heart disease

Chronic	Decline
Acute, fully recovered, non-cardiac related	RFC

Heart Murmur (Functional)

Organic disease ruled out	0
Others, varies by degree and valve(s) affected	IC

Heart Valve Replacement

Consideration depends on entire cardiac situation and other impairments. Full medical records are required. There must be an echocardiogram completed in the last 2 yr	Trial
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Heat Stroke

Single episode	
Complete recovery	0
Others	IC

Hemochromatosis

Diagnosis within 2 yr	PP
Diagnosis more than 2 years previously	
Asymptomatic, good compliance with regular phlebotomy schedule. No end organ damage, normal Ferritin and transferrin saturation levels, nml lft's	0-T4
Symptomatic, poor compliance with phlebotomy schedule and other therapy, evidence of end organ damage, Ferritin and transferrin saturation levels consistently above normal levels	Decline

Hemophilia – Depending on type

Under age 18	Decline
Normal activity, very mild	T4-T6
Others	Us Decline

Hemoptysis – Coughing up blood

Single episode	
Cause known	RFC
Cause unknown, no remaining impairment	
Fully investigated	
0-6 mo	PP
6 mo-2 yr	Table 2-0
Over 2 yr	Us 0
Others	IC
More than one episode	Decline

Hepatitis - Depends on type

<u>Hepatitis A, B</u>	
Active	PP
Resolved	Us 0-
<u>Hepatitis C</u>	IC

Huntington’s Chorea - Involuntary muscle contraction, usually producing jerking movements, isolated or in repetitive fashion.

<u>Hereditary</u>	
Huntington’s Chorea, Wilson’s Disease, orataxia-telangiectasia	Decline
<u>Sydenham’s chorea</u>	See “ Rheumatic Heart Disease ”
<u>Others</u>	
Cause known	RFC
Cause unknown	Decline

Hyperglycemia – See “[Diabetes Mellitus](#)” if proven to be diabetic

Others	IC
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Hyperlipoproteinemia, Hypercholesterolemia, Elevated Lipids

Diagnosis within 6 mo	Us PP
6 mo and up, good control	
Chol/Hdl ratio	
Up to 8.5	0
8.6 to 10.5	T-2
10.6 to 14.9	T3-T6
Above 14.9	Decline

Hypertension – Increased blood pressure on the arterial walls. May be a symptom of a disease or a disease process in itself. Most individuals can achieve control through diet, weight reduction, drug therapy or a combination. Uncontrolled or inadequately controlled hypertension will result in ratings from Table 1 to Decline. Documented, well-controlled and uncomplicated cases will frequently be issue standard. It is a cardiovascular risk factor and must be evaluated carefully. When found to exist with other cardiovascular problems or risk factors, it may require a special class rating even though the readings on the exam were normal.

Hyperthyroidism, Hypothyroidism – See “[Thyroid Disorders](#)”

Hysterectomy

Cause not malignant, no sequelae	
0-6 mo	Us 0
Over 6 mo, fully recovered	0
Malignant	IC

I

Intermittent Claudication

No surgery	
0-1 yr	PP
1 yr and up, mild, stable, non-progressive	T6 and up
Surgery, no symptoms or other impairments	
0-1 yr	PP
1-2 yr	T6
2-3 yr	T4-T6
3-5 yr	T2-T4
Symptoms after surgery	IC, Us Decline
Additional considerations:	
Tobacco use	Add 2 tables
With heart disease (any kind), diabetes, stroke history	Decline
With hypertension, depending on control	IC

K

Kidney Disease/Disorder

<u>Kidney Stone</u>	
One kidney, nml urinalysis later, no sign of obstruction	0-T2
Both kidneys, nml urinalysis later, no sign of obstruction	T2-T4
Abnormal urinalysis, nephrectomy, complications	IC
<u>Nephrectomy (Surgical removal of a kidney)</u>	
Due to trauma or donation, normal remaining kidney	0
Others	Refer to specific impairment
<u>Nephritis, Glomerulonephritis, Nephrotic Syndrome</u>	
Depends on type and cause	IC
<u>Neurogenic bladder</u> – Dysfunction of the bladder due to central or peripheral nerve injury or lesion	
Present	Depends on the cause: T8-Decline
Recovered	Us 0
<u>Polycystic Kidney Disease</u>	
Under age 50	RNA
Age 50 and up, no hypertension, normal renal function	IC, T8 to RNA
Family history, depending on age	T2-T8
If negative urological evaluation, depending on age, may reduce the rating	

Pyelonephritis, Pyelitis – Bacterial infection of the kidney, occasionally leading to kidney abscess

Acute attack, complete recovery

Single attack, fully recovered, no remaining impairment US 0

Two or more attacks, fully recovered, no remaining impairment

0-1 yr T2-T4

1 yr and up Us 0

Chronic IC

Pyelonephrosis, Hydronephrosis**Unilateral**

Present, not progressive, normal urinalysis 0-T2-T4

Present T4-RNA

In history, no symptoms, normal urinalysis

Unoperated Us 0

Operated

0-6 mo PP

6 mo to 1 yr T2-T4

Over 1 yr 0

Others IC

Bilateral

Present, not progressive T2 and up

Progressive Decline

L**Labyrinthitis, Meniere's Disease** – See "Dizziness"**Leukemia**

All types, within 5 yr Us PP

After 5 yr, depending on type T2-T8-Decline

Liver Disease/Disorder

Cirrhosis Decline

Fatty Liver, Steatosis of Liver, Alcohol abuse excluded

Present, cause known RFC

Cause unknown, abnormal liver tests depending on level 0-T6

Abnormal liver tests due to other causes RFC-Decline

Lupus, Discoid

Within 6 mo PP

After 6 mo, controlled with medication US 0

Others IC

Lupus, Systemic Erythematosus

Mild, no renal involvement, no other impairment	
0-2 yr since diagnosis	PP
2-4 yr	T8-T12
4-6 yr	T4-T6
Over 6 yr	T2-T6
Others	IC, Us Decline
Suspected diagnosis, depending on tests and timeframe	T4-Decline

Lyme Disease

Present	Decline
In history, complete recovery	
No remaining impairment	0
With symptoms remaining, depending on severity	IC

M

Mallory-Weiss Syndrome - Esophageal laceration or rupture may be caused spontaneously by violent vomiting or retching in the presence of esophageal disease or may occur iatrogenically. May be associated with excessive alcohol use.

Cause known	RFC
Cause unknown, alcohol ruled out	
One or two episodes	
0-1 yr	PP
Over 1 yr	Us T2
More episodes or alcohol related	Decline

Meniere's Disease – See “Dizziness”

Meningitis – Inflammation of the brain covering (meninges) and often of the spinal canal

Acute bacterial or viral	
Complete recovery	
No remaining impairment	
0-6 mo	PP
Over 6 mo	0
With remaining impairments	Rate for impairment, IC
Others, depending on cause and current status	IC

Mental Retardation

Down's Syndrome	Decline
Others	
Mild, self-supporting adults	Us 0
Adults, not self-supporting, children over age 8	Decline
Marked impairment	Decline

Migraines – See “Headaches”

Mitral Insufficiency (Regurgitation)

Trivial, minimal	0
Mild, depending on age, younger rated higher	0-T6
Moderate, depending on age, younger rated higher	T2-T8
Severe	Decline
Surgical insertion of prosthetic mitral valve	IC to Decline
Surgical repair of native mitral valve	IC
History of rheumatic fever, rheumatic heart disease or bacterial endocarditis	
0-2 yrs since last episode	Decline
More than 2 yrs since last episode	Rate per above
Others	IC-Us Decline

Mitral Stenosis

Rate same as Mitral insufficiency	0
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Mitral Valve Prolapse (MVP)

Diagnostic echocardiogram not done (diagnosis based on physical examination findings only)	IC
Confirmed with echocardiogram	
Mild	0-T2
Moderate	Rate for degree of mitral insufficiency
Severe	Decline
Others	IC

Multiple Sclerosis

Mild is very few attacks, less than 2 attacks in the first 2 years from diagnosis
 Moderate is 2-4 attacks in the first 2 years, no remaining effect from attacks.
 Severe is rapidly progressive, lasting effects leading to sooner disability.

<u>Years since diagnosis</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
0-1	Decline	Decline	Decline
1-3	T4	T8	Decline
3-10	T2	T6	Decline
10+	Us 0	T4	Decline

Murmurs of the Heart

Organic disease ruled out	0
Otherwise	IC

Muscular Dystrophy

Due to several types and the effect of each, medical records are needed	Varies from Us 0 to RNA
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Myelitis – Inflammation of the spinal cord, most frequently at the mid to lower thoracic level, which evolves over a several week period, producing varying degrees of impairment of spinal cord function.

0-6 mo	Decline
In history	
If due to acute infection, trauma, completely recovered	
6 mo and up	Rate for any remaining impairment
Bowel and/or bladder impairment	IC, T4 to Decline

Myocardial Infarction – See “Coronary Artery Disease”

N

Narcolepsy – Excessive daytime sleepiness, may have associated sudden collapse due to loss of postural tone (cataplexy).

Cause known	RFC
Idiopathic, good control, not progressive worse or more often	
0-6 mo since diagnosis	PP
6 mo and up	T2-T4
Others including inadequate evaluation	IC-U's Decline

Nephrectomy – See “Kidney Disease/Disorder”

Nervous Conditions – See “Psychiatric Disorders”

O

Optic Neuritis – Inflammation of the optic nerve, usually presenting as impairment affecting one eye which may include partial or total loss of vision

Present	PP
In history	
Cause known	RFC
Cause unknown	
0-1 yr	PP
1-5 yr, just 1 or 2 episodes	IC, T2-T4
Over 5 yr, just 1 or 2 episodes	Us 0
Others	IC

Osteomyelitis - Infection of bone.

Present	PP
In history	
One bone involved, one episode, full recovery with no residual impairment	
0-1 yr	T2
1-3 yr	0

More than one bone or recurrent/chronic, time since last attack	
0-2 yr	T3-PP
2-5 yr	T2-T8
Over 5 yr	0
With residual impairment or recurrence	Us Decline

Osteoporosis

Incidental finding, no symptoms	0
Mild, no fractures	Us 0
Moderate	
Fracture within 1 yr	PP
1 fracture, 1-3 yr ago	T4
1 fracture, over 3 yr ago	T2-T4
Severe, multiple fractures	Decline

Ovarian Cysts

Present	
No complications, benign report	0
Others	Us PP
In history	
Operated, no remaining impairment	
Benign pathology	0
Others	IC

Overweight – Please contact our New Business Contact Center at (800) 869-0355, Ext. 4264.

Gastric bypass – See ["Bypass, Gastric"](#)

P**Pacemaker**

Due to congenital heart block, sick sinus syndrome, no other cardiac abnormalities, best cases only	
0-1 yr	PP
1-3 yr	T4-T6
3 yr and up	T2-T4
Due to atrial fib, complete heart block, etc.	IC, T6 to Decline

Pancreatitis – Inflammation of the pancreas.

Due to gallbladder disease	
Gallbladder removed, complete recovery, no sequelae	
0-1 yr	PP
Over 1 yr	0
Gallbladder not removed	Decline
Due to cause other than gallbladder disease and no alcohol abuse	
Single episode, resolved without sequelae	
0-1 yr	PP
Over 1 yr	T3-Decline
More than one episode or with remaining impairment or symptoms	Decline

<u>Acute pancreatitis</u> due to alcohol abuse	Decline
<u>Chronic pancreatitis</u> All cases	Decline

Pap Smear

Class I or II	0
Class III (CIN 1-II)	PP until next Pap Smear
Class IV (CIN III-CIS) or Class V (Squamous cell carcinoma), surgically treated (LEEP, colposcopy, conization, hysterectomy)	IC

Paralysis, Paraplegia – Loss, in varying degrees, of the voluntary ability of muscles to contract.

Hemiplegia, 1 yr and up	IC, RFC
Paraplegia, 1 yr and up, normal bladder and/or bowel functioning	T2-T4
Others	T6-Decline
Quadriplegia, quadriplegia	Trial, Us Decline
Hemiparesis Self-supporting, working full-time, normal bowel and/ bladder	
0-1 yr from onset	Decline
Over 3 yr	IC, RFC
Paraparesis Bladder and bowel function under good control, self- supporting, working full-time	
0-3 yr	Decline
Over 3 yr	T4-T6
Others	Decline

Parkinson's Disease

Mild, slowly progressive, depending on age of onset	T2-T4
Severe, rapidly progressive, falls, mental deterioration, depression	Decline
Drug induced, full recovery	IC

Peptic Ulcer – See "Ulcer"**Peripheral Vascular Disease**

No surgery	
Within 1 yr from diagnosis and/or symptoms	PP
Over 1 year, mild, stable, not worsening	T2-T8
Others	Decline
Surgical repair	
Within 1 yr	PP
1-2 yr	T6
2-3 yr	T4-T6
3-5 yr	T2-T4
Symptoms after surgery	T8-Decline
Other factors	
Smoker	Add 2 more Tables
Diabetic	Add Diabetes rate, if over T8, Decline

Other cardiovascular impairments	IC-Decline
Peritonitis	
Present	Decline
In history	IC
Phlebitis	
Single attack, full recovery	Us 0
Others	IC
Pleurisy – Inflammation of the pleura that covers the lung surface and inner chest wall.	
Present	Decline
In history	
Cause known	RFC
Cause unknown	
Single attack	
0-6 mo	PP
6 mo to 1 yr	T2-T4
1 yr and up	
More than one attack	IC
Pneumonia	
Present	PP
In history	
Single episode	0
Multiple episodes, depending on cause	IC
Pneumothorax	
Traumatic	
Present	PP
In history	
Complete resolution	Us
Spontaneous	
Present	PP
In history	
Single attack, complete resolution	Us 0
More than one attack	IC
Poliomyelitis	
Present	Decline
In history	
0-3 yr	PP
Over 3 yr	
Extent of residual disability	
None	Us 0
Minimal, mild deformity or weakness	0-T2
Moderate but functional (impairment of one or more limbs and/or ambulatory), assistance device required	Us T2
Marked deformity, wheelchair used	T2 and Up
With bowel and/or bladder impairment	T4-Decline

Post-Polio syndrome

Add 2 tables to above

Pregnancy

In last trimester	PP
Others, currently pregnant, no prior complications or no complications expected	0
If prior pregnancy was complicated	IC

Prostate DisordersAbscess

Present, fully evaluated	T2 and Up
In history	
Single attack, complete recovery	US 0
Chronic	IC

Prostatitis

Present, fully evaluated	
To age 65	Us 0
Age 65 and up, normal urinalysis	Us 0
Abnormal urinalysis	IC, T2 and Up
No urological evaluation	PP

Benign Prostatic Hypertrophy (BPH)Benign Prostatic Hypertrophy (BPH)

Present, no symptoms or complications, no indication of malignancy, PSA in normal range	
Slight enlargement, minimal, if any, symptoms	Us 0
Moderate enlargement and/or moderate symptoms, not increasing in frequency	T2-T4
Severe enlargement and/or severe symptoms or increasing frequency	Us PP
Surgical treatment contemplated or planned	PP
Biopsy completed, benign report, normal urinalysis and PSA	0
Elevated or elevating PSA	PP
<u>Malignant</u> , varies with state, pathology	IC, rated to Decline

Psoriasis

Mild – moderate	Us 0
Severe or treated with methotrexate, normal liver function tests	0-T2-T4
With elevated liver function tests	IC

Psoriatic Arthritis

With gold, steroid or methotrexate treatment, good follow-up	T2-T4
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Psychiatric DisordersAnxiety disorders

Generalized

Mild, no alcohol or drug abuse, stable	
0-2 yr	0-T2
2 yr and up	Us 0

Moderate, history of hospitalization, mild functional impairment	
Within 6 mo	PP
6 mo – 1 yr	T6-Decline
1-2 yr	T6 and Up
2 yr and up	T4 and Up
Additional considerations	
Alcohol, drug use, recurrent hospitalizations, unstable lifestyle	Us Decline
<u>Depression</u>	
Mild, no loss of time from work, rapidly improving	
0-2 yr	0-T2
2 yrs and up	Us 0
Moderate, minimal time loss from work, suicidal thoughts	
Within 1 yr	PP
1-5 yr	IC, T2-T6 and Up
Severe, impaired functional state, suicide attempts, multiple relapses	Us Decline
<u>Psychosis</u>	
Schizophrenia, paranoia, electroconvulsive therapy, manic depression, etc.	
0-5 yr	IC-T8-Decline
Over 5 yr	T4 and Up

Pyelitis – See “[Kidney Disease/Disorder](#)”

Pylonephrosis, Pyelonephritis – See “[Kidney Disease/Disorder](#)”

R

Raynaud’s Disease/Phenomenon

Mild, non-tobacco use, collagen vascular disease ruled out	Us 0
Possible collagen vascular disease	T2 and Up
Others	IC

Renal Colic – See “[Kidney Disease/Disorder](#)”

Rheumatic Heart Disease

Varies by involvement of the heart valves and extent of damage	IC
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Rheumatoid Arthritis

Mild, very few symptoms	0
Moderate, symptoms	0-T2
Severe	T2-T4
Additional considerations, treated with gold, steroids, methotrexate	Add 2 Tables to above

S**Sarcoidosis**

0-6 mo	PP
6 mo and up, stable, not worsening	0-T4
Worsening	IC T4-Decline

Sleep Apnea

Central or mixed sleep apnea	Decline
Obstructive sleep apnea	
Any sleep apnea without post treatment polysomnogram documenting therapeutic effectiveness	Decline
Mild	
Untreated	Decline
Treated (including CPAP or NCPAP, good response)	
0-2 yrs since therapy initiated	Us T3
2-5 yrs since therapy initiated	T2
5-7 yrs since therapy initiated	0-T2
Over 7 yrs since therapy initiated	IC
Moderate	
Untreated	Decline
Treated (including CPAP or NCPAP, good response)	
0-3 yrs since therapy initiated	T3-T4
3-6 yrs since therapy initiated	T3-T4
6-10 yrs since therapy initiated	0-T4
Over 10 yrs since therapy initiated	IC
Severe	Decline
Other	
Those non-compliant with treatment	Decline
Those having had surgical treatment including UPPP "Mild," "Moderate" or "Severe" criteria	Rate per above
Those with a history of cardiac disease, chronic lung disease, alcohol abuse, prior motor vehicle accident (MVA) or diabetes mellitus	Decline

Sleeping Sickness – See "Encephalitis"**Spina Bifida**

Under age 10	Decline
Over age 10	
No symptoms	0-T2
With symptoms such as paraplegia, bowel/bladder impairment, etc.	IC, T4-Decline

Spondylitis

Non-ankylosing	Us 0
Ankylosing Spondylitis	
Under age 25, disease is active	T6
Age 25 and over, active disease	T4-T6
No symptoms, mild impairment	T2-T4

Spondylolisthesis

No symptoms	Us 0-T2
Others	IC

Stroke – See “Cerebral Vascular Accident-Stroke”**Substance Abuse**

Multiple drug use, psychological impairment, etc.	Trial, Us Decline
Alcoholism	
With current use of alcohol	Decline
In history, no current use, no relapse, no abnormal findings	
Within 2 yr	Decline
2-3 yr	T6 and Up
3-4 yr	Us T4-T6
Over 4 yr	Us T2-T4
Alcohol Abuse	
Non-use for 1 yr, nml liver function tests	T4-T6
Continued use	IC, T6-Decline
Drug Abuse, Chemical Abuse	
Current use	Decline
In history, from date of last use	
0-5 yr	Decline
5-7 yr	T2-T4
Over 7 yr	0
Cross addiction (polydrug use, one of the drugs being alcohol, relapse)	Decline
Marijuana Use (cannabis, hashish, pot)	
Current use (tobacco rates)	
Occasional (1-2 x per mo)	Us 0
Moderate (3-6 x per mo)	T2-T4
Frequent (over 6 x per mo)	IC T6 and Up
In history	
0-2 yr	Rate as current
2-4 yr (if frequent)	0-Table 4
Over 4 yr (all cases)	Us 0

Suicide Attempt or Suicide Gesture

Single attempt, complete recovery and not requiring treatment, no history of psychosis, no continuing suicidal ideation	
0-2 yr	Decline
Over 2 yr	IC
Suicidal ideation	
0-2 yr	Decline
Over 2 yr	IC
Others, including repeated attempts, drug or alcohol abuse	Decline

Surgery Planned

All cases	PP
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Syncope – See “Dizziness”

T**Tachycardia**

Rapid heartbeat. Action will depend upon the number and frequency of attacks as well as the particular type of tachycardia	0-Denial
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Testicle Disorder

Epididymitis	
Present	PP
Single episode, tumor ruled out	Us 0
Chronic or recurrent	IC
Cryptorchidism, Undescended Testicle, malignancy ruled out	Us 0
Removal of testicle	RFC

Thyroid Disorders

<u>Thyroid Nodules; Multinodular Goiter</u>	
Cancer ruled out by biopsy	0
Cancer not ruled out by biopsy	
0-1 yr	PP
2 yr and up	0-T2
<u>Hyperthyroidism, Grave's disease</u>	
Mild, minimal symptoms	0-T2
Moderate	T3 and Up
<u>Hypothyroidism</u>	
Untreated	PP
Treated	
Mild, moderate	Us 0
Severe	Us T2-T4

Tic Douloureux (Trigeminal Neuralgia)

Present	PP
In history, complete recovery, no recurrence, no sequelae, no underlying multiple sclerosis or tumor	
No steroid treatment	Us 0
Steroid treatment	T2

Transient Ischemic Attack (TIA)

To age 55, single attack, No remaining impairments	
Within 6 mo	PP
6 mo to 4 yr	T4-T6
Over 4 yr	T2-T4
Multiple attacks	IC
Over age 55	Reduce 1 Table from above
Operated, complete recovery	
Endarterectomy	Rate as a Stroke
Others	IC
TIA with	
Diabetes Mellitus	Decline
Cardiovascular or renal disease	Decline
Ratable hypertension	Decline

Currently cigarette smoker	Add 2-4 tables
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Tremor, Essential or Familial

Cause known	RFC
Cause unknown	
Within 3 yr	PP
Over 3 yr, stable, not worsening	IC, Us 0
Worsening	Us Decline

Tuberculosis (TB)

Positive skin test (PPD) for tuberculosis, no active disease	
Current prophylactic treatment	PP
Past history – Varies with extent and testing	IC

U**Ulcer (Peptic, Gastric, Duodenal)**

Single episode, no hemorrhage within 1 yr	0-T2
More than one episode, last within 1 yr	T2-T4
With hemorrhage within 1 yr	IC T4 and Up
Others, surgery or biopsy needed	IC

Underweight/Overweight – Please contact our New Business Contact Center at (800) 869-0355, Ext. 4264.

Dwarfism (adult height less than 4'8")	Decline
Giantism (height more than 6'7")	
Due to pituitary adenoma	Decline
Others with normal build characteristics	
True Giantism	Decline
Giantism ruled out	
Height 6'7" to 6'10"	0-Decline
Height over 6'10"	IC-Decline

Urolithiasis, Kidney Stones, Renal Calculus, Nephrolithiasis – See "[Kidney Stone](#)"**Uterine Disorders**Endometriosis

Present	
Minimal symptoms	Us 0
Severe or recurring	
0-1 yr	T2
1 yr and up	Us 0
In history	
Operated or post-menopausal not requiring treatment	
0-6 mo	0-PP
Over 6 mo	Us 0

Endometritis, Pelvic Inflammatory Disease (PID)

Single episode, not operated	
Complete recovery	Us 0
Recurrent or chronic	0-T4

V**Varicose Veins**

Abdomen, esophagus or thorax	RFC
Legs	
Present, no ulcer or edema and not disabling	
Mild, no support worn	0
Complications, depending on medical records	0-T4-PP

Vertigo (Dizziness) – See “[Dizziness](#)”

W**Weight loss (not due to diet)**

This may be a sign of disease and must be evaluated	Trial
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Revisions to this Guide

Date	Section	Update
12/01/2019	Important Notice	Added Assurity Universal Life
12/01/2019	Important Notice	Removed LifeScape Joint Whole Life
08/01/2019	Important Notice	Added Assurity Whole Life

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