

Medical Reference Library

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MEDICAL CONDITION	UNDERWRITING FACTORS TO CONSIDER	POSSIBLE RANGE OF UNDERWRITING DECISIONS
Alcoholism	<ul style="list-style-type: none"> • Age of the applicant • Length of sobriety • Treatment • Current blood test results • Participation in support groups • Driving record • Relapses • History of other substance abuse • Medical impairments caused by or related to the applicant's alcoholism 	<ul style="list-style-type: none"> • Minimum of two years of sobriety is required • Current alcohol use after treatment typically is declined • Coverage can be considered on a rated basis during years two to five of sobriety • After seven years of sobriety, Preferred is possible • After 10 years of sobriety, Super Preferred is possible
Anemia	<ul style="list-style-type: none"> • Type of anemia • Age of the applicant • Underlying cause • Complete Blood Count (CBC) results • Treatment 	<ul style="list-style-type: none"> • Iron deficient anemia that is fully investigated with no underlining cause with a favorable CBC can be Preferred • Other types of anemia are highly rated to decline
Anxiety	<ul style="list-style-type: none"> • Severity and degree of interference with normal life activities • Treatment • History of other mood disorders • History of substance abuse 	<ul style="list-style-type: none"> • Mild anxiety this is effectively treated and managed can be Super Preferred • Moderate anxiety that is effectively treated can be Standard to Table 2 • Severe anxiety can be Table 2 and up • Associated mood disorders or substance abuse will increase the rating or cause a decline.
Abdominal Aortic Aneurysm	<ul style="list-style-type: none"> • Size and stability of the aneurysm • Treatment • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Small stable aortic aneurysm that is well- monitored and does not require surgery can be Table 2 and up • Aortic aneurysm requiring surgery can be considered after six months' recovery at Table 6 and up

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<p>Asthma</p>	<ul style="list-style-type: none"> • Age of the applicant • Frequency and severity of asthma attacks • Treatment • Tobacco use • Hospitalization 	<ul style="list-style-type: none"> • Mild asthma with symptoms less than daily can be Standard to Super Preferred • Moderate asthma with daily symptoms can be Table 2 and up • Severe asthma with continual symptoms can be Table 6 to decline • Additional considerations: <ul style="list-style-type: none"> ○ If smoking within the last year, an additional two tables are added to the rating, Preferred not available. ○ If smoking e-cigarettes within the last year, an additional Table is added to the rating, Preferred not available. ○ If hospitalized within the last 5 years, additional tables are added
<p>Atrial Fibrillation</p>	<ul style="list-style-type: none"> • Age of the applicant • Frequency of atrial fibrillation occurrences (or episodes) • Treatment • Complete cardiac evaluation results • Cause of the atrial fibrillation 	<ul style="list-style-type: none"> • Atrial fibrillation that is well-controlled with infrequent episodes can be Standard to Table 2 • Frequent episodes of atrial fibrillation or chronic atrial fibrillation can be Table 2 and up • Additional considerations: <ul style="list-style-type: none"> ○ Remote episodes of atrial fibrillation not requiring treatment with a normal cardiac evaluation can be Preferred ○ Newly discovered atrial fibrillation is typically a postpone until fully evaluated ○ History of coronary artery disease, stroke, Transient Ischemic Attack (TIA) or abnormal cardiac testing will increase the rating or cause a decline
<p>Attention Deficit Hyperactivity Disorder (ADHD)</p>	<ul style="list-style-type: none"> • Age of the applicant • Treatment • Severity and level of interference with normal daily life activities • History of substance abuse 	<ul style="list-style-type: none"> • Mild ADHD that is effectively treated and managed can be Super Preferred • Moderate ADHD can be Standard to Table 2 • Severe ADHD can be Table 2 and up

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<p>Autism</p>	<ul style="list-style-type: none"> • Age of the applicant • IQ level, if known • Extent of sensory and motor function abilities and depth of language/communication skills • Ability to live independently • For juveniles, level of academic progress • Presence or absence of co-morbid psychiatric conditions, epilepsy, or behavioral disturbances 	<ul style="list-style-type: none"> • For juveniles, no offers are available for ages 2 and under • Standard offers are possible for best case scenarios on children over age 2 and adults, considered as having IQ > 70, minimal impairment in sensory and motor abilities, well-developed language skills, ability to live independently (adults) or favorable academic process (juveniles), and having no associated co-existing psychiatric disorders or epilepsy • For mild to moderate cases, rating starts at mild substandard (minimum Table 2 and up), depending on factors like IQ level (35-70), degree of communication skills, self-care abilities, and any associated psychiatric co-morbidities or epilepsy • Severe cases, considered as having IQ levels <35, poor motor development, limited or lack of communication skills, or inability to live independently, are not insurable.
<p>Barrett's Esophagus</p>	<ul style="list-style-type: none"> • Past endoscopy and biopsy results • Treatment • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Short segment Barrett's with esophageal biopsy showing only metaplasia, compliance with treatment and follow-up can be Super Preferred • Barrett's with biopsy showing stable low- grade dysplasia, compliance with treatment and follow-up can be Super Preferred to Table 2 • Barrett's with biopsy showing high-grade dysplasia is typically declined
<p>Bipolar Disorder</p>	<ul style="list-style-type: none"> • Severity and degree of interference with normal life activities • Treatment • Number of manic episodes and duration of the episodes • Hospitalizations • History of substance abuse • Any past suicide attempt 	<ul style="list-style-type: none"> • Mild bipolar disorder that is effectively treated and managed can be Table 2 and up • Moderate bipolar disorder that is effectively treated and managed can be Table 4 and up • Severe bipolar disorder or untreated bipolar is typically declined • Evidence of multiple hospitalizations, longer periods of disability, suicide attempt, substance abuse, or significant interference with normal life activities will typically be declined

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Brain Cancer/Tumor	<ul style="list-style-type: none"> • Age of the applicant • Type and grade of the cancer or tumor • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer or tumor • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Acoustic neuroma and benign meningioma completely removed with no recurrence can be considered on a moderately rated basis once removed. If treated with surgery only, a Standard offer is possible after 2 years. • Brain cancer can be considered on a highly rated basis once in remission for two to four years depending on the type of cancer • Contact Underwriting if the exact pathology and staging are known
Breast Cancer	<ul style="list-style-type: none"> • Age at diagnosis • Type, stage and grade of the cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Estrogen receptors positive or negative • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Most early stage breast cancers that are effectively treated can be considered on a rated basis two to five years after treatment is completed years depending on the cancer type • More advanced breast cancers require a longer waiting period and the ratings are higher • Breast cancer with recurrence or distant metastasis is declined • Contact Underwriting if the exact pathology and staging are known
Cardiomyopathy	<ul style="list-style-type: none"> • Age of the applicant • Type of cardiomyopathy • Date of diagnosis • Treatment • Current symptoms • Progression of the disease • Family history of sudden cardiac death 	<ul style="list-style-type: none"> • Applicants under age 40 are declined • Applicants age 40 to 59 with favorable types and presentations can be Table 6 and up • Applicants age 60 and up with favorable types and presentations can be Table 3 and up • Additional considerations: <ul style="list-style-type: none"> ○ If atrial fibrillation is present, additional tables are added ○ If a defibrillator is required, coverage is declined

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<p>Cervical Cancer</p>	<ul style="list-style-type: none"> • Stage of the cervical cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Stage 1 cervical cancer can be considered on a rated basis once in remission for one month to one year depending on the cancer type. If treated with surgery only, a Preferred offer is possible after 10 years of remission • Stage 2 cervical cancer can be considered on a rated basis once in remission for two or three years depending on the cancer type • Stage 3 cervical cancer can be considered on a rated basis once in remission for four years • Stage 4 cervical cancer is declined • Contact Underwriting if the exact pathology and staging are known
<p>Chronic Obstructive Pulmonary Disease (COPD) including Emphysema or Chronic Bronchitis</p>	<ul style="list-style-type: none"> • Severity and progression of the COPD/emphysema/chronic bronchitis • Treatment • Pulmonary function test results • Tobacco use • Hospitalization 	<ul style="list-style-type: none"> • Minimal COPD can be Standard to Preferred • Mild COPD can be Table 2 and up • Moderate COPD can be Table 6 and up • Severe COPD is declined • Additional Considerations: <ul style="list-style-type: none"> ○ If smoking within the last year, an additional two to four tables are added to the rating ○ If ongoing corticosteroid use is required, an additional four tables are added to the rating ○ If supplemental oxygen is required, coverage is declined
<p>Chronic Pain</p>	<ul style="list-style-type: none"> • Age of the applicant • Cause of the chronic pain • Treatment • Degree of physical impairment • Presence or history of substance abuse • History of other mood disorder 	<ul style="list-style-type: none"> • Mild chronic pain with minimal physical and functional impairment, active, socially engaged, without mood or psychiatric disorder, without benzodiazepine use can be Standard to Preferred • Moderate chronic pain with mild to moderate physical and functional impairment, possible use of walking aids, socially engaged but may be disabled from work, possible presence of mild to moderate depression, continuous or intermittent medication use at moderate dosages can be Table 4 and up • Severe chronic pain with moderate to severe physical mobility or other functional impairment, socially isolated, unable to work, possible presence of

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		<p>moderate to severe depression, ongoing use of narcotics or opioids, use of benzodiazepine or medical infusion pump can be Table 6 to decline</p> <ul style="list-style-type: none"> • Additional considerations: <ul style="list-style-type: none"> ○ If using marijuana for chronic pain, an additional 2 tables are added ○ If substance abuse is present, coverage is declined
Colon Cancer	<ul style="list-style-type: none"> • Stage of the colon cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Stage 1 colon cancer can be considered on a rated basis once in remission for one month to one year years depending on the cancer type • Stage 2 colon cancer can be considered on a highly rated basis once in remission for two years or three years depending on the cancer type • Stage 3 colon cancer can be considered on a highly rated basis once in remission for four years or five years depending on the cancer type • Stage 4 colon cancers are declined • Contact Underwriting if the exact pathology and staging are known
Congestive Heart Failure (CHF)	<ul style="list-style-type: none"> • Cause of the congestive heart failure • Results of cardiac evaluations 	<ul style="list-style-type: none"> • If the cause of the congestive heart failure is known and now resolved, coverage can be considered on an individual basis • All other congestive heart failure scenarios are declined
Coronary Artery Disease/Coronary Bypass/Angioplasty/Heart Attack	<ul style="list-style-type: none"> • Age of the applicant • Age at diagnosis • Treatment • Results of cardiac evaluations • Number of coronary arteries involved • Progression of disease • Heart damage and function • Tobacco use history • Presence of other health concerns including atrial fibrillation, cerebrovascular disease, chronic obstructive pulmonary disease, diabetes, obesity and peripheral vascular disease 	<ul style="list-style-type: none"> • Mild coronary disease can be Table 2 and up • Moderate coronary artery disease can be Table 4 and up • Severe coronary artery disease is typically declined • Additional considerations: <ul style="list-style-type: none"> ○ If smoking within the last year, additional tables are added ○ If the applicant is younger, higher ratings are assigned ○ If coronary artery disease is found prior to age 35, coverage is typically declined ○ Presence of moderately rated health concerns in addition to coronary artery disease can be declined ○ Applicants with significant heart damage or abnormal heart function can be declined

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<p>Crohn's Disease</p>	<ul style="list-style-type: none"> • Age of the applicant • Severity of symptoms and frequency of flare-ups • Treatment including surgeries • Stability of weight • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Crohn's disease that is effectively treated and managed can be Table 2 and up • Applicants under age 35 with minimal symptoms for greater than 10 years can be Standard. If no treatment is required during this time period, coverage can be Preferred • Applicants over age 35 with minimal symptoms for greater than 6 years can be Standard. If no treatment is required during this time period, coverage can be Preferred • Additional considerations: <ul style="list-style-type: none"> ○ Coverage is postponed for six months after surgery ○ Underweight applicants can be declined ○ Applicants with significantly elevated liver function tests can be declined ○ Applicants currently using corticosteroid or immunosuppressant type medication, additional tables may be added ○ Lack of follow-up or a current colonoscopy could cause a postpone
<p>Deep Vein Thrombosis (DVT)</p>	<ul style="list-style-type: none"> • Date of DVT • Number of episodes • Cause of the DVT • Treatment 	<ul style="list-style-type: none"> • Single episode <ul style="list-style-type: none"> ○ Can be Super Preferred after recovered for two months • Multiple episodes <ul style="list-style-type: none"> ○ Can be Table 2 after recovered and no episodes for six months ○ Can be Standard after recovered and no episodes for two years • Additional considerations: <ul style="list-style-type: none"> ○ If there is edema or ulceration of the legs or continued use of anti-coagulant medication, additional tables can be added ○ Known coagulation disorders can increase the rating or cause a decline

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<p>Depression Disorder</p>	<ul style="list-style-type: none"> • Severity and degree of interference with normal life activities • Treatment and compliance • Hospitalization or periods of disability • Stability of the depression • History of substance abuse • History of other mood disorder • Any past suicide attempt 	<ul style="list-style-type: none"> • Mild depression can be Preferred to Table 2 • Moderate depression can be Table 2 and up • Severe depression can be Table 8 to decline • If there is a slow response to treatment, recurrent episodes, past hospitalization, longer periods of disability, a suicide attempt or substance abuse, this will increase the rating or cause a decline.
<p>Diabetes Mellitus</p>	<ul style="list-style-type: none"> • Type of diabetes • Age of the applicant • Age at diagnosis • Blood sugar and glycohemoglobin levels (HbA1C) • Compliance with treatment • Kidney function test and urinalysis results • Tobacco use • Presence of other health concerns including cerebrovascular disease, coronary artery disease, neuropathy, retinopathy, nephropathy, obesity, and peripheral vascular disease 	<ul style="list-style-type: none"> • Type 1 Diabetes: <ul style="list-style-type: none"> ○ Adults with Type 1 diabetes effectively treated and managed, no diabetic complications with favorable blood sugar levels can be Table 3 to Table 8 • Type 2 Diabetes: <ul style="list-style-type: none"> ○ Adults with Type 2 diabetes effectively treated and managed, no diabetic complications with favorable blood sugar levels can be Standard to Table 4 • Additional considerations: <ul style="list-style-type: none"> ○ If significantly overweight, diagnosed at a young age, tobacco use within the past year, sub-optimal blood sugar levels or if other comorbidity factors are present, this will increase the rating or cause a decline. • Gestational Diabetes: <ul style="list-style-type: none"> ○ Applicants that are pregnant are postponed ○ Applicants that are post-delivery and gestational diabetes is resolved can be Standard. After five years, Preferred is possible and after ten years, Super Preferred is possible ○ If diabetes continues after delivery, refer to Type 2 diabetes

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<p>Drug Abuse (not including marijuana)</p>	<ul style="list-style-type: none"> • Age of the applicant • Type of drugs used • Date of last drug use • Treatment • Participation in support groups • Driving record • Relapses • History of alcohol abuse • Medical impairments caused by or related to the applicant's drug abuse • Criminal history • Participation in aviation or avocation 	<ul style="list-style-type: none"> • Three years of abstinence with no relapses is required to be eligible for coverage • Three to six years of abstinence with no relapses can be considered on a rated basis • After seven years of abstinence with no relapse, Preferred is possible • After ten years of abstinence with no relapse, Super Preferred is possible • Additional considerations: <ul style="list-style-type: none"> ○ If ratable drug abuse exists along with alcohol abuse, a ratable driving record, participation in aviation or avocation, this will increase the rating or cause a decline.
<p>Eating Disorder, Anorexia Nervosa and Bulimia</p>	<ul style="list-style-type: none"> • Length of time in remission • Build and pattern of stability • Treatment • History of other mood disorders 	<ul style="list-style-type: none"> • Coverage can be considered once in remission for a minimum of one year • After one to four years in remission, effectively treated and managed with no other mood disorder and a normal build, can be considered with a moderate rating • After four years in remission, coverage can be Standard to Table 3 • After 10 years in remission with no treatment, coverage can be Preferred

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<p>Epilepsy/Seizures</p>	<ul style="list-style-type: none"> • Age of the applicant • Type of seizures • Treatment • Cause of the seizures if known • Date of the last seizure and frequency of the seizures • Neurological evaluation • Driving record 	<ul style="list-style-type: none"> • Grand Mal Seizures: <ul style="list-style-type: none"> ○ Preferred is possible with no seizures for a minimum of five years and effectively treated and managed ○ Premium class increases with the number of seizures per year and date of last seizure • Petit Mal Seizures: <ul style="list-style-type: none"> ○ Standard to Preferred is possible if there is not an excessive number of seizures per year • Additional considerations: <ul style="list-style-type: none"> ○ If status epilepticus, alcohol misuse, non-compliance with treatment, seizures that are difficult to control or multiple seizure types exist, this will increase the rating or cause a decline ○ For children with epilepsy, consult your Underwriter
<p>Heart Valve Disorder</p>	<ul style="list-style-type: none"> • Age of the applicant • Heart valve(s) involved • Type of heart murmur • Degree of stenosis or regurgitation • Results of cardiac evaluations • Treatment and surgery details if completed • Date of surgery if completed • Presence of multiple heart murmurs or other heart concerns 	<ul style="list-style-type: none"> • Mitral value prolapse, slight aortic regurgitation and mild mitral regurgitation with otherwise normal heart findings can be Standard to Preferred • Additional considerations: <ul style="list-style-type: none"> ○ Ratings increase as the severity or progression of the heart valve disorder increases ○ If the applicant is younger, higher ratings are assigned ○ If more than one heart murmur exists, this will increase the rating or cause a decline
<p>Hepatitis B or C</p>	<ul style="list-style-type: none"> • Age of the applicant • Duration of the hepatitis • Acute or chronic hepatitis • Results of current blood test including liver function tests and hepatitis panel • Treatment • If remission has been achieved and the virus is cleared 	<ul style="list-style-type: none"> • Hepatitis B: <ul style="list-style-type: none"> ○ Acute Hepatitis B can be Super Preferred after a full recovery ○ Chronic Hepatitis B offers range from Table 2 to decline depending on current liver function test and hepatitis panel findings ○ Applicants that have cleared the Hepatitis B virus can be Standard • Hepatitis C: <ul style="list-style-type: none"> ○ Ratings for active Hepatitis C range from Table 3 to decline depending on the applicant's age, duration, and liver test results

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	<ul style="list-style-type: none"> • Results of liver biopsy if completed • Alcohol use 	<ul style="list-style-type: none"> ○ Applicants that are effectively treated and have undetectable HCV-RNA levels can be Standard three months after treatment ends ○ Applicants that have both active Hepatitis B and Hepatitis C, cirrhosis, alcohol concerns, significantly high liver function tests or an abnormal liver biopsy are typically declined
Hodgkin's Disease/Lymphoma/Non-Hodgkin's Lymphoma	<ul style="list-style-type: none"> • Type and stage of the cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Hodgkin's Disease <ul style="list-style-type: none"> ○ Stage 1, Stage 2 and Stage 3A can be considered on a highly rated basis once in remission for one to four years depending on the cancer details ○ Stage 3B and Stage 4 are declined • Non-Hodgkin's Lymphoma <ul style="list-style-type: none"> ○ Stage 1, Stage 2 and Stage 3 can be considered on a highly rated basis once in remission for one month to four years depending on the cancer details ○ Stage 4 is declined ○ Contact Underwriting if the exact pathology and staging is known
Hypertension/High Blood Pressure	<ul style="list-style-type: none"> • Blood pressure readings over the last 2 years • Number and type of medications • Compliance with treatment 	<ul style="list-style-type: none"> • Ratings increase according to the control of the blood pressure readings • Applicants with excellent control of their hypertension can qualify for Super Preferred • For Preferred and Super Preferred qualifications, please consult the Life Underwriting Requirements Guide
Kidney Cancer	<ul style="list-style-type: none"> • Type and stage of the cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Stage 1 kidney cancer can be considered on a highly rated basis once in remission for two years • Stage 2 kidney cancer can be considered on a highly rated basis once in remission for three years • Stage 3 kidney cancer can be considered on a highly rated basis once in remission for four years • Stage 4 kidney cancer is declined • Contact Underwriting if the exact pathology and staging is known

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<p>Leukemia</p>	<ul style="list-style-type: none"> • Age of the applicant • Type and stage of the cancer • Treatment • Whether the leukemia is acute or chronic • Number of years since treatment ended • Recurrence(s) • Compliance with routine surveillance testing • Type and stage of the cancer 	<ul style="list-style-type: none"> • Acute Lymphoblastic Leukemia (ALL) <ul style="list-style-type: none"> ○ Adults can be considered on a highly rated based once in remission for four to ten years depending on the type of treatment and age when the leukemia was discovered ○ Children at least age 16 can be consider on a highly rated basis once in remission for 10 years • Acute Myeloid Leukemia (AML) <ul style="list-style-type: none"> ○ Adults can be considered on a highly rated based once in remission for three or four years depending on the leukemia details ○ Children at least age 16 can be consider on a rated basis once in remission for 5 years • Chronic Lymphoblastic Leukemia (CLL) <ul style="list-style-type: none"> ○ Applicants age 55 and up and stage 0 can be considered on a highly rated based after two years ○ Applicants diagnosed under age 55 and all other stages are declined • Contact Underwriting if the exact pathology and staging are known
<p>Lung Cancer</p>	<ul style="list-style-type: none"> • Type and stage of the cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing • Tobacco use 	<ul style="list-style-type: none"> • Stage 1 lung cancer can be considered on a highly rated basis once in remission for three years • Certain types of stage 2 lung cancer can be considered on a highly rated basis once in remission for four years • Other types of stage 2 and all stage 3 and 4 lung cancers are declined • Coverage is declined if smoking any tobacco products • Contact Underwriting if the exact pathology and staging are known

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<p>Marijuana Use</p>	<ul style="list-style-type: none"> • Age of the applicant • Purpose of use: medicinal or recreational use • Frequency of use • Date of last use • Treatment • History of other substance abuse • Driving record • Criminal history • Participation in aviation or avocation 	<ul style="list-style-type: none"> • Recreational Marijuana Use: <ul style="list-style-type: none"> ○ Applicants age 20 and younger using marijuana are declined ○ Marijuana users qualify for non-tobacco rates ○ Marijuana used up to 2 times per year can be preferred best ○ Marijuana used up to 2 times per month can be preferred ○ Marijuana used up to 12 times per month can be standard ○ Marijuana used more than 12 times per month will be rated • Additional considerations: <ul style="list-style-type: none"> ○ If ratable marijuana exists along with other ratable substance abuse or alcohol abuse, a ratable driving record, participation in aviation or avocation, coverage is typically declined • Medicinal Marijuana Use: <ul style="list-style-type: none"> ○ Ratings are based on the medical condition
<p>Melanoma</p>	<ul style="list-style-type: none"> • Stage of the melanoma • Treatment • Recurrence or spreading of the cancer • Date of surgery and date when treatment ended • Compliance with routine surveillance testing including annual skin exams 	<ul style="list-style-type: none"> • Stage 0 (melanoma in situ) can be Standard rates once removed. After 5 years, Preferred is possible with favorable annual skin exams • Stage 1A can be considered on a rated basis once in remission for one month. • Stage 1B can be consider on a rated basis once in remission for one year. • Stage 2A can be considered on a rated basis once in remission for two years. • Stage 2B can be considered on a rated basis once in remission for 3 years. • Stage 2 can be considered on a rated basis once in remission for four years. • Stage 3 and 4 are declined • Contact Underwriting if the exact pathology and staging are known
<p>Multiple Sclerosis (MS)</p>	<ul style="list-style-type: none"> • Age of the applicant • Whether a definite diagnosis has been made • Date of initial and most recent symptoms • Frequency of symptoms • Progression of the disease • Degree of disability • Treatment 	<ul style="list-style-type: none"> • Tentative diagnosis of MS with no signs or symptoms for two years can be Standard • Stable MS with mild symptoms more than one year since diagnosis can be Table 2 and up • Stable MS with moderate symptoms more than one year since diagnosis can be Table 4 and up • Progressive MS or severe MS is declined

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Organ Donor and Recipients	<ul style="list-style-type: none"> • Kidney donors: <ul style="list-style-type: none"> ○ Function of the remaining kidney • Organ recipient: <ul style="list-style-type: none"> ○ Current age ○ Reason for the transplant ○ Other medical conditions 	<ul style="list-style-type: none"> • Kidney donors can be Super Preferred with normal kidney functions • Kidney transplant recipients are highly rated and often declined • Recipients of heart, lung or liver transplants are declined
Ovarian Cancer	<ul style="list-style-type: none"> • Type and stage of the ovarian cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Stage 1 ovarian cancer can be considered on a rated basis once in remission for one month to three years depending on the cancer type • Certain types of stage 2, 3 and 4 ovarian cancers can be considered on a rated basis once in remission for one year to four years • Other types of stage 2, 3 and 4 ovarian cancers are declined • Contact Underwriting if the exact pathology and staging are known
Pacemaker	<ul style="list-style-type: none"> • Age of the applicant • Age when the pacemaker was installed • Reason for the pacemaker • Results of cardiac evaluations 	<ul style="list-style-type: none"> • After three months, a pacemaker inserted for sick sinus syndrome or congenital heart block can be Standard to Table 4 • Applicants with a pacemaker inserted for cardiomyopathy or coronary artery disease are declined • Abnormal cardiac testing may increase the rating
Paralysis/Paraplegia/Quadriplegia	<ul style="list-style-type: none"> • Age of the applicant • Cause of the paralysis • Extent of the physical limitations • Degree of self-sufficiency • Bladder or bowel function limitations • Adjustment to the condition • Presence of any other medical concerns related to the paralysis 	<ul style="list-style-type: none"> • Applicants with paraplegia can be considered on a highly rated basis • Applicants with quadriplegia are declined • Frequent inflections, neurogenic bladder, skin ulcers or impaired kidney functions are typically declined

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Parkinson's Disease	<ul style="list-style-type: none"> • Age of the applicant • Extent of disability • Treatment • Rate of progression of the disease 	<ul style="list-style-type: none"> • Mild Parkinson's disease effectively treated and managed can be Standard to Table 3 • Moderate Parkinson's disease can be Table 4 to decline • Severe Parkinson's disease is declined
Peripheral Vascular Disease (PVD)/Peripheral Arterial Disease	<ul style="list-style-type: none"> • Age of the applicant • Extent of the PVD • Treatment • Tobacco use • Presence of other health concerns including diabetes, coronary artery disease or cerebrovascular disease 	<ul style="list-style-type: none"> • Mild PVD can be Table 2 and up • Moderate PVD can be Table 4 and up • Severe PVD is declined • If smoking within the last year, additional tables are added to the rating • Applicants that also have coronary artery disease, diabetes or cerebrovascular disease are highly rated to decline
Post-Traumatic Stress Disorder (PTSD)	<ul style="list-style-type: none"> • Severity and degree of interference with normal life activities • Treatment • Hospitalization • History of substance abuse • Any past suicide attempt 	<ul style="list-style-type: none"> • Mild to moderate PTSD effectively treated and managed can be Preferred to Table 2 • Severe or recent episodes of PTSD can be considered on a rated basis after a minimum of 6 months from the resolution of symptoms • Evidence of multiple hospitalizations, longer periods of disability, suicide attempt, substance abuse, or significant interference with normal life activities will typically be declined
Pulmonary Embolism	<ul style="list-style-type: none"> • Date of the pulmonary embolism • Number of pulmonary embolisms • Cause of the pulmonary embolism • Treatment 	<ul style="list-style-type: none"> • Single episode <ul style="list-style-type: none"> ○ Can be Super Preferred after recovered with no episodes for six months • Multiple episodes <ul style="list-style-type: none"> ○ Can be Table 2 after recovered with no episodes for 6 months ○ Can be Standard to Super Preferred after recovered with no episodes for one year • Additional Considerations: <ul style="list-style-type: none"> ○ If there is continued use of anti-coagulant medication, additional tables can be added ○ Known coagulation disorders can increase the rating or cause a decline

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<p>Prostate Cancer</p>	<ul style="list-style-type: none"> • Age of the applicant • Stage and Gleason score of the prostate cancer • Treatment • Date primary treatment ended • Recurrence or spreading of the cancer • Prostatic Specific Antigen (PSA) levels • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Medically treated <ul style="list-style-type: none"> ○ Early stage prostate cancers can be considered on a standard to rated basis once in remission for one month to three years depending on the age at diagnosis and the cancer details ○ Prostate cancer that is more advanced requires a longer waiting period and the rating is higher ○ Applicants age 70 and up with early stage prostate cancer treated only with surgery more than five years ago with no recurrence can be Preferred • Treated with active surveillance <ul style="list-style-type: none"> ○ Applicants age 55 and older can be considered for coverage ranging from Standard to decline. Ratings are based on the applicant's current PSA and pathology report • Applicants with recurrent prostate cancer are declined • Contact Underwriting if the exact pathology and staging are known
<p>Rheumatoid Arthritis</p>	<ul style="list-style-type: none"> • Severity and progression of symptoms • Treatment • Level of interference with daily activities 	<ul style="list-style-type: none"> • Minimal to mild rheumatoid arthritis effectively treated and managed can be Preferred to Table 2 • Moderate rheumatoid arthritis can be Table 2 and up, and the rating increases with the level of physical limitations • Severe rheumatoid arthritis causing significant physical limitations, multiple joint deformity or the need for assistance with daily living activities can be highly rated to a decline • Additional considerations: <ul style="list-style-type: none"> ○ Applicants currently using corticosteroid or immunosuppressant type medication, additional tables may be added ○ Rapidly progressing or with organ involvement is declined

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Sleep Apnea	<ul style="list-style-type: none"> • Age of the applicant • Type of sleep apnea: central or obstructive • Treatment • Severity and duration of symptoms • Sleep study results • Compliance and frequency of CPAP or Bi-pap use 	<ul style="list-style-type: none"> • Mild sleep apnea can be Standard to Super Preferred • Moderate sleep apnea effectively treated can be Standard. Untreated can be Table 2 and up • Severe sleep apnea effectively treated can be Standard to Table 2. Untreated can be Table 4 to decline
Stroke/ Transient Ischemic Attack (TIA) or mini stroke	<ul style="list-style-type: none"> • Age of the applicant when the stroke or TIA occurred • Number and date of occurrences • Degree of neurological impairment • Presence of other health concerns including coronary artery disease, diabetes, peripheral vascular disease, poorly controlled hypertension, or significantly overweight • Tobacco use 	<ul style="list-style-type: none"> • TIA or mini-stroke: <ul style="list-style-type: none"> ○ Under age 40 are typically declined ○ Ages 40 to 69 with a single TIA occurring 3 months to two years ago can be Table 3 and up. Beyond two years can be Table 2 ○ Age 70 and older with a single TIA after three months can be Standard ○ Applicants with multiple TIAs can be considered on a highly rated basis after one year • Stroke: <ul style="list-style-type: none"> ○ Occurrence less than 6 months ago are declined ○ Occurrence over 6 months ago are considered on a highly rated basis ○ Applicants with a stroke prior to age 40 are typically declined
Systemic Lupus Erythematosus (Lupus)	<ul style="list-style-type: none"> • Age of the applicant • Severity of the lupus • Treatment • Involvement of organs 	<p>Additional considerations for TIA and stroke:</p> <ul style="list-style-type: none"> ○ Applicants that also have coronary artery disease, diabetes, peripheral vascular disease, poorly controlled hypertension, are significantly overweight, or use tobacco in the last year are highly rated to a decline • Mild lupus can be Table 2 and up. If there are no symptoms while off treatment for three years, a Standard offer is possible • Moderate lupus can be Table 4 and up • Severe lupus is declined • Lower ratings are available if developed after age 60 • If lupus nephritis (kidney involvement) is present, coverage is typically declined

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<p>Testicular Cancer</p>	<ul style="list-style-type: none"> • Age of the applicant at diagnosis • Type and stage of the testicular cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Stage 1 can be considered on a rated basis once in remission. Preferred is available for certain types of testicular cancer after ten years if treated only with surgery • Stage 2 can be considered on a rated basis once in remission for one month to one year depending on the age at diagnosis and cancer details • Stage 3 can be considered on a rated basis once in remission for two years to four years depending on the age at diagnosis and cancer details • Contact Underwriting if the exact pathology and staging are known
<p>Thyroid Cancer</p>	<ul style="list-style-type: none"> • Age of the applicant at diagnosis • Type and stage of the thyroid cancer • Date when surgery, chemotherapy and radiation treatment ended • Treatment • Recurrence or spreading of the cancer • Compliance with routine surveillance testing 	<ul style="list-style-type: none"> • Early stage thyroid cancers can be considered on a standard to rated basis once in remission for one month to one year depending on the type of cancer and age at diagnosis • Early stage thyroid cancer found before age 44 treated with surgery only can be Preferred after ten years • If the cancer is more advanced, the waiting period is longer and the rating is higher • Contact Underwriting if the exact pathology and staging are known

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<p>Ulcerative Colitis</p>	<ul style="list-style-type: none"> • Severity of symptoms and frequency of flare-ups • Extent and duration of the disease • Number of years in remission • Treatment including surgeries • Compliance with routine surveillance testing • Stability of weight 	<ul style="list-style-type: none"> • Asymptomatic ulcerative colitis not requiring any treatment can be Preferred • Mild to moderate ulcerative colitis effectively treated and managed can be Standard to Table 4 • Severe ulcerative colitis is declined • Additional considerations: <ul style="list-style-type: none"> ○ Coverage is postponed for six months after surgery. ○ A Standard offer is possible six months after surgical removal of both the colon and rectum if there are no further symptoms ○ Underweight applicants can be declined ○ Applicants with significantly elevated liver function tests can be declined ○ Applicants currently using corticosteroid or immunosuppressant type medication, additional tables may be added ○ Lack of follow-up or a current colonoscopy could cause a postpone • Major attacks requiring hospitalization are postponed for two years
<p>Weight Loss Surgery</p>	<ul style="list-style-type: none"> • Pre-surgery weight and current weight • Type of weight loss surgery • Date of the surgery • Complications from the surgery 	<ul style="list-style-type: none"> • Restrictive surgery: (laparoscopic band and laparoscopic sleeve gastrectomy) <ul style="list-style-type: none"> ○ Three months to two years after successful surgery can be Table 2 and up ○ After two years from surgery, can be Preferred to Table 2 depending on current build • Gastric bypass surgery <ul style="list-style-type: none"> ○ Six months to five years after successful surgery coverage can be Table 2 and up ○ After five years from surgery, can be Preferred to Table 2 depending on the success of the procedure and current build • Rating for build are added to the weight loss surgery rating

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