



Individual Life Insurance

Impairment Guide

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Product availability, features and rates may vary by state.

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Important Notice

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

This is an impairment guide for Policy Form Nos. I L2418, I L1901, I L1802, I L1702 and I L1921. Any prior guide does not apply to this product.

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

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY.

This is a generic impairment guide. **Product availability, features and rates may vary by state.** Key differences by state are summarized in the State Specific Information section. Your state may require a state-specific contract and/or application. State-specific applications are also available on Agent Center on the product page under Quote/Apply in the Forms and Applications section.

This impairment guide is for producer use only. It is not for use with the general public.

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 were 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

0-6 mos	PP
6 mos-1 yr	PP
Spinal extradural abscess	
Intracranial abscess – greater than 1 yr without residuals	0
With residual effects	IC

Breast

In history, complete recovery, fully investigated, no malignancy	US 0
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Kidney

Full recovery, no residuals	0
With residuals or not fully recovered, or recurrent Last symptoms within 1 yr	T2 to decline
Impaired renal function	RMD
Present	PP
fully recovered and malignancy excluded w/normal renal function	Us 0

Liver

Period since fully recovered

Less than 6 mos	PP
6 mos – 2 yrs	+50
Greater than 2 yrs	+0
Others	IC

Lung

Present (or within 6 months)	PP
In history	
No remaining impairment, no ratable cause	
6 mos-1 yr	0
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)

Must be taking antiretroviral therapy (ART)	IC
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Acromegaly

Surgical removal of the Pituitary gland	
0-1 year	PP
1 year or more	0-T2
No surgery if stabilized on medication	T6
With Diabetes	Rate for Diabetes and this

Untreated	Decline
Addison's Disease	
Present, well controlled	
0-1 yr	PP
1-3 yr	T4
3 yr and up	US 0
Complications	IC
Alcoholism - See "Substance Abuse"	
Alzheimer's Disease	
All cases	Decline
Amyotrophic Lateral Sclerosis (ALS)	
All cases	Decline
Anemia	
<u>Aplastic, Pancytopenia</u>	
Present	Decline
With bone marrow transplant	
0-5 yr	PP
Over 5 yr	IC, T4-Decline
Without bone marrow transplant	
0-2 years	Decline
2-5 years	T2-T4
5 years or more	0-T2
<u>Iron Deficiency</u>	
Depending on severity and time elapses since last episode	0- T6-Decline
<u>Pernicious</u>	
Depending on the severity, cause and time elapses since last episode	0-T4-Decline
<u>Hemolytic</u>	
Present	RFC
Complete recovery	
0-1 yr	PP
Over 1 yr	Us 0-T2
<u>Sickle Cell</u>	
With attack or crisis within 1 year, any age	Decline
Under age 20	Decline
age 20-50	T8-IC
Age 51 and up	T3-T6
Aneurysm	
Present	Decline
In history	
Medical treatment only	Decline
Operated, no remaining impairment or complications	
Aortic or thoracic, time since resumed full activity	
0- 6 mos	Decline
6 mos to 3 years	T4-T8
Over 3 years	T2-T3
Angina Pectoris - See "Coronary Artery Disease"	

Angioplasty, Coronary Bypass Surgery – See “Coronary Artery Disease”

Ankylosing Spondylitis

Active	
Under age 40	T4-T6
Age 40 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- 1 yr	Decline
1-2 yr	T2-T4
2 yr and over	0- T2
Associated psychiatric illness/depression	IC

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	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- T3
<u>Rheumatoid Arthritis</u>	
Mild	Us 0
More severe, depending on type of treatment	T2-T6
Rapidly progressive	Decline

Asthma

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

Diagnosed prior to age 5	Decline
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 IC, T2-Decline

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 or within 5 years
 Minimal symptoms, no chronic lung disease present 0-T2
 Moderate symptoms, including productive cough T4-Decline
 Severe symptoms widespread/diffuse disease Decline
 In history, no symptoms for 5+ years 0-T2
 With remaining impairments IC-Decline
 Smoking or exposure to dust, occupational or environmental respiratory hazards Decline

Bronchitis

Acute

Present Us 0
 In history
 Occasional isolated episodes (2 or less per year, no ongoing symptoms or treatment) Us 0
 Recurrent episodes See Chronic Bronchitis below

Chronic (Emphysema, COPD)

Mild
 Non-smoker
 No complications T2-T3
 With complications IC
 Still smoking T6-Decline
 Moderate, not on steroid therapy
 Non-smoker

No complications	T6-T8
With complications	IC
Still smoking	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> for 2 years and no symptoms or complications	
0- 2 yr (since last symptoms)	T4
3-4 yr (since last symptoms)	T2-T3
5+ yrs (since last symptoms)	0-T1
<u>Stopped smoking</u> but symptoms persist and/or hypertension present	Decline
Build – Refer to Agent Center – Underwriting Guidelines	
Bundle Branch Blocks – See “Electrocardiogram”	
Bypass (Gastric), Gastroplasty, Gastric Stapling, Lap band surgery, Other weight loss surgery	
0-6 mos	PP
6 mos- 5 years	Build rate and ½ weight loss since operation added + T2

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 50	Decline
Age 50-59	
0-1 year	Decline
After 1 year	T6
Age 60 and up	
0-1 year	Decline
After 1 year	T3
Others, chronic Coumadin, ADLs affected	Decline
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	
<u>Irritable bowel syndrome, spastic, other causes ruled out</u>	
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
Depressed fracture of the skull, complete recovery	
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-Dencline
Over 10 years since treatment, evaluation, etc.	Possibly T2-T6

Crohn’s Disease

Single Episode	
0-1 year	T4-T6
2-3 years	T2-T4
3 years or more	0-T2
Recurrent Episode	
Time since diagnosis, good control and follow-up, add 2 tables for steroids or immunosuppressant use in the last year	
0-1 year	Dencline
1 – 2 years	T6-T8
2 – 3 years	T4-T6
3 – 5 years	T2-T4
5 years or more	T2

Cystic Fibrosis

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

Age at diagnosis:

Under age 10	Dencline
Age 10-19	T10-Dencline
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	
<u>Cause known</u> , no occupational or avocational risk	RFC
<u>Cause unknown</u> , 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
2 or 3 episodes	
0-3 yr	Decline
3-5 yr	0-T3
Over 5 yr	0-T2
Over 3 episodes	Trial IC
<u>Others</u>	Trial IC
Down Syndrome	
All cases	Decline
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 (arrhythmia) 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
6 months to 2 years	0
Multiple attacks	Decline

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- T2
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- 6 months from initiation of treatment	Decline
Over 6 months from initiation of treatment	
Well controlled	0-T2
Moderately well controlled	T1-Decline
Poorly controlled	Decline
Absence seizures (petit mal)	
0- 6 months from initiation of treatment	Decline
Over 6 months from initiation of treatment, well controlled, rating based on number of events per year	0-T4
Generalized seizures (grand mal), best cases	
0- 6 months from initiation of treatment	PP
Over 6 months from initiation of treatment, rating based on number of events per year	0-Decline
Well controlled	0-T2
Moderately well controlled, more frequent seizures, last over 2 yr	T3-T6
Poorly controlled	Decline
History of	
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, fully evaluated	Us 0- T2
<u>Barrett's Esophagus</u>	
No dysplasia on biopsy, Within 1 yr	T2
Over 1 yr with regular surveillance and compliance with medical treatment	Us 0
Dysplasia on biopsy	IC, 0-Decline
Without repeat endoscopy within 3 years of diagnosis	Decline
Cancer found	IC
<u>Stricture</u>	
Present	
Mild, not requiring treatment, benign, >3 years	0
Therapeutic, dilatation required	
4-5 per yr, mild and responsive to treatment	0-T2
Severe	IC, T3 to decline
Surgical treatment, complete postoperative recovery	Us 0
<u>Varices of Esophagus</u>	
All cases	Decline

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	IC, T2-T4

Fibromyalgia, Fibrositis, Fibromyositis

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

Fractures

Skull fracture – See "Concussion, Cerebral"

Spinal fracture, surgically repaired

Others	
Complete recovery, no complications	0
With internal fixation, no complications	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 (with or without surgery)	0-T2
Multiple attacks	
Within 1 yr	T2-T3
Over 1 yr	Us 0

Gastric Ulcer – See “Ulcer”

Gastritis; Duodenitis – See “Duodenitis: Gastritis”

Giant Cell Arteritis (Temporal Arteritis)

In remission, on low dose maintenance steroid only, no symptoms	T2-T4
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Gilbert’s Syndrome

Fully evaluated, definite diagnosis	Us 0
More than mild symptoms, effect on daily activities	IC, T2 to decline

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

0-1 yr from onset	PP
Over 1 yr from onset	Us 0

All others, including worsening severity	IC, Decline
Head Injury	
Minor, no skull fracture, no complications or residuals	0
Loss of consciousness >6 hours, fully recovered, no residuals:	
0-1 year	PP
1-2 years	T2
Over 2 years	0
With residuals, ongoing symptoms, or cognitive impairment	Decline
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
Heat Stroke	
Single episode	
Complete recovery	0
Others	IC
Hemochromatosis	
Diagnosis within 6 months	PP
Diagnosis more than 6 months previously	
Asymptomatic, good compliance with regular phlebotomy schedule. No end organ damage, normal Ferritin and transferrin saturation levels, normal liver function tests	US 0
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 20	T2-Decline
Type A or B, age 21 and above, Normal activity, very mild	0
Type C	IC
Others, or history of intracerebral bleeding	Us Decline
Hepatitis - Depends on type	

Hepatitis A, B

Active, or within 6 months	PP
Resolved	Us 0

Hepatitis C

Active or within 6 months	PP
Resolved	IC, 0-Decline
Chronic after 6 months	IC, T4-Decline

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

Hereditary

Huntington’s Chorea, Wilson’s Disease, or ataxia-telangiectasia	Decline
Sydenham’s chorea	See “Rheumatic Heart Disease”

Others

Cause known	RFC
Cause unknown	Decline

Hyperglycemia – See “Diabetes Mellitus” if proven to be diabetic

Others	IC
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High Cholesterol, , Elevated Lipids

Diagnosis within 6 mo	Us PP
6 mo and up, good control	
Chol/Hdl ratio	
Up to 8.0	0
8.1-12.0	T1-T4
12.1-15.0	T5-T6
Above 15.0	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

Intellectual and Developmental Disabilities (including Down’s Syndrome)

If cause of disability is from traumatic head injury – See “Head Injury”

Juvenile

Age <6	Decline
Age >6, near normal functioning	IC
Age >6, moderate or severe functional impairment	Decline

Adult

Near normal functioning without physical limitation or impairment	0
Moderate functional or social impairment, without physical limitation or impairment	T2
Severe, all others	Decline

K

Kidney Disease/Disorder

Kidney Stone

One kidney, normal urinalysis later, no sign of obstruction	0-T2
Both kidneys, normal urinalysis later, no sign of obstruction	T2-T4
Abnormal urinalysis, nephrectomy, complications	IC

Nephrectomy (Surgical removal of a kidney)

Due to trauma or donation, normal remaining kidney	0
Others	Refer to specific impairment

Nephritis, Glomerulonephritis, Nephrotic Syndrome

Depends on type and cause	IC
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Neurogenic bladder – Dysfunction of the bladder due to central or peripheral nerve injury or lesion

Present	Depends on the cause: T2-Decline
Recovered	rate for cause

Polycystic Kidney Disease

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
<u>Pyelonephrosis, Hydronephrosis</u>	
<u>Unilateral</u>	
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
<u>Bilateral</u>	
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, widespread cutaneous disease, long-term corticosteroids	IC, T2-Decline

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

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

Multiple valve disorders, cardiovascular disease or atrial fibrillation IC-U's Decline

Mitral Stenosis

Rate same as Mitral insufficiency 0

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
1-2	T3	Decline	Decline
2-5	T3	T6-T8	Decline
5+	Us 0	T3-T6	IC, T8

Muscular Dystrophy

Due to several types and the effect of each, medical records are needed Varies from Us 0 to RNA

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 progressively worse or more often

0- 1 yr since diagnosis	PP
1 year or more since diagnosis	0
More frequent episodes, controlled on medication, last episode within 2 yrs	T2
Poorly controlled	PP

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, no neurological abnormalities	
Single episode	
0-1 yr	T3
1-5 yr, just 1 or 2 episodes	0-T2
One recurrence	
0-1 yr	T6
1-2 yr	T4
2-3 yr	T3
4 yrs and up	0-T2
More than one recurrence	IC, RMD

Osteomyelitis - Infection of bone.

Present	PP
In history	
Full recovery with no residual impairment	0-T2
With residual impairment or recurrence	IC, Us Decline

Osteoporosis

Incidental finding, no symptoms, or osteopenia only	0
Mild, no fractures	Us 0
Moderate	
Fracture within 1 yr	PP
1-2 fractures, after 1 year with full recovery	0-T2
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- 3 mos PP

After 3 mos T2-T4

Due to atrial fib, complete heart block, etc. IC, T4 to Decline

Pancreatitis – Inflammation of the pancreas.

Due to gallbladder disease

Gallbladder removed, complete recovery, no sequelae

Single attack. 0- 6 mos 0-T2

Single attack, after 6 mos 0

Multiple attacks, 0-1 year T4-T8

Multiple attacks, after 1 year 0-T4

Gallbladder not removed, surgery planned PP until full recovery

Due to cause other than gallbladder disease and no alcohol abuse

Single episode, resolved without sequelae

0- 6 mos PP

After 6 mos Us 0

More than one episode or with remaining impairment or symptoms Decline

Acute pancreatitis due to alcohol abuse Decline

Chronic pancreatitis

All cases Decline

Pap Smear

Class I or II, or mild dysplasia with subsequent negative biopsy 0

Without biopsy PP

Class III (CIN 1-II) PP until treatment completed, then IC

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.

Due to underlying disease or impaired bladder function or kidney function IC, RFC

Due to traumatic spinal cord injury:

Paraplegia able to walk without aids, normal bladder function Us 0

Within 5 years of injury, use of walking aids/occasional use of wheelchair T2-T6

After 5 years from injury, use of walking aids/occasional use of wheelchair 0-T3

Wheelchair dependent T4-Denial

Quadriplegia, quadripareisis Denial

Parkinson’s Disease

Mild to moderate, slowly progressive, depending on age of onset, minimal disability T2- T8

Severe, rapidly progressive, falls, mental deterioration, depression Denial

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- T6

Others Denial

Surgical repair

Within 6 mos PP

6 mos or more T1-T5

Symptoms after surgery Denial

Other factors

Smoker Denial

Diabetic Add Diabetes rate, if over T8, Denial

Other cardiovascular impairments Denial

Cerebrovascular disease Denial

Peritonitis

Present Denial

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- 3 mo	PP
3mo and up	0
More than one attack	IC

Pneumonia

Present	PP
In history	
Single episode	0
Multiple episodes, depending on cause, residuals	IC

Pneumothorax

Traumatic	
Present	PP
In history	
Complete resolution	0
Spontaneous	
Present	PP
In history	
Single attack, complete resolution	Us 0
More than one attack	0-T2

Poliomyelitis

Present	Decline
In history	
0- 1 yr	PP
Over 1 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 - Decline
With bowel and/or bladder impairment	T4-Decline
Post-Polio syndrome	Add 2 tables to above
Pregnancy	
Currently pregnant, no prior complications or no complications expected	0
Currently pregnant with medical concerns or complications or if a prior pregnancy was complicated, including impaired glucose tolerance	PP
Prostate Disorders	
<u>Abscess</u>	
fully evaluated, tumor excluded	0
<u>Prostatitis</u>	
Present, fully evaluated	
Normal urinalysis	Us 0
Abnormal urinalysis	IC, T2 and Up
No urological evaluation	PP
<u>Benign Prostatic Hypertrophy (BPH)</u>	
Present, no symptoms or complications, no indication of malignancy, PSA in normal range	
<u>Malignant</u> , varies with stage, pathology	IC, rated to Decline
Psoriasis	
Mild – moderate	Us 0
Severe or treated with methotrexate, normal liver function tests	T2-Decline
With elevated liver function tests	IC
Psoriatic Arthritis	
Mild, controlled with NSAIDs	0
Moderate functional limitations, treated with biologic or immunosuppressant	T2-T3
Severe	IC, T6-Decline
Psychiatric Disorders	
<u>Anxiety disorders</u>	
Generalized	
Brief reactive episode, good response to treatment, full recovery	Us 0
Mild, no alcohol or drug abuse, stable	0-T2
Moderate, history of hospitalization, mild functional impairment, no alcohol or drug abuse, stable	T2-T4

Severe	IC, T6-Decline
Additional considerations	
Alcohol, drug use, recurrent hospitalizations, unstable lifestyle	Us Decline
<u>Depression</u>	
Mild, minimal loss of time from work, rapidly improving	0-T2
Moderate, more regular time loss from work,	T3-T4
Severe, impaired functional state, suicide attempts, multiple relapses, alcohol or drug abuse	Decline
<u>Psychosis</u>	
Schizophrenia, paranoia, electroconvulsive therapy, manic depression, etc.	
0-5 yr	IC-T8-Decline
Over 5 yr	T2 and Up
Additional considerations	
Drug or alcohol abuse, mental and behavioral disorder, attempted suicide	Decline

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	T2-T4
Severe	IC, T6-Decline

S

Sarcoidosis

0-6 mo	PP
6 mo and up, stable, not worsening	0-T4
Worsening or Stage IV	Decline

Sleep Apnea

Central or mixed sleep apnea	IC
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Obstructive sleep apnea	
Any sleep apnea without post treatment polysomnogram documenting therapeutic effectiveness	Decline
Mild to Moderate (AHI <30)	US 0
Severe	T2-T4
Other	
Those with a history of cardiac disease, arrhythmias, chronic lung disease, alcohol abuse, or prior motor vehicle accident (MVA)	Decline

Sleeping Sickness – See “Encephalitis”

Spina Bifida

Under age 18	Decline
Over age 18	
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 40, disease is active	T6-T8
Age 40 and over, active disease	T4-T6
No symptoms, mild impairment	T2-T4

Spondylolisthesis

Without associated depression	Us 0
With associated depression	T2

Stroke – See “Cerebral Vascular Accident-Stroke”

Substance Abuse

Multiple drug use, psychological impairment, etc.	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	
0-3 yr	Decline
3-5 yr	T4-8
5-10 yr	T2-T6
Over 10 yr	US 0-T2
Cross addiction (polydrug use, one of the drugs being alcohol, no relapse and no current drug or alcohol use)	
Single treatment 0-2 yr	Decline
Single treatment 2-5 yr	IC, T4-T12
Single treatment 5 -10 yr	T4-T8
Single treatment Over 10 yr	US 0-T2
Multiple treatment 0-5 yr	Decline
Multiple treatment 5-10 yr	IC-T2-4
Multiple treatment Over 10 yr	US 0-T2
With any psychological impairment including anxiety/depression	Add T2-decline
Current drug or alcohol use	Decline
<u>Marijuana Use</u> (cannabis, hashish, pot)	
Current use (tobacco rates)	
Occasional (1-3 x per week)	Us 0-T2
Moderate (4-7x per week)	T3-T4
Frequent (daily use)	Decline
In history	
0-1 yr	Rate as current
Over 1 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 – need details on type and date of surgery	IC/Trial
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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

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

Thyroid Nodules; Multinodular Goiter

Cancer ruled out by biopsy 0

Cancer not ruled out by biopsy IC

Hyperthyroidism, Grave’s disease

Current treatment or within 6 mos of treatment cessation T2-3

Current treatment (after 6 months from initiated) or treatment ceased for 6 months or more – well controlled 0

Hypothyroidism

Untreated, mild or minimal symptoms 0

Treated

Good response to treatment, good compliance Us 0

Otherwise IC

Tic Douloureux (Trigeminal Neuralgia)

Present or within 6 months of onset 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 60, single attack, No remaining impairments

Within 1 year PP

1-2 years T5

2-3 years T4

3-5 years	T3
5+ years	T2
Multiple attacks	IC
Over age 55	Reduce 2 Tables from above
Operated, complete recovery	
Endarterectomy	T5
Others	T4
TIA with	
Diabetes Mellitus	
Current age less than 55	Decline
Current age 55 or greater	Add T2 to rating above
Cardiovascular or renal disease	Decline
Ratable hypertension	Decline
Currently cigarette smoker	Add T2
Tremor, Essential or Familial	
Cause known	RFC
Cause unknown	
Diagnosis confirmed as essential, physiological or senile tremor	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-
More than one episode, last within 1 yr	IC
With hemorrhage within 1 yr	T2-T3
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")	IC
Giantism (height more than 6'7")	
Due to pituitary adenoma	IC
Others with normal build characteristics	
True Giantism	IC

Giantism ruled out	
Height 6'7" to 6'10"	0-Denial
Height over 6'10"	IC-Denial

Urolithiasis, Kidney Stones, Renal Calculus, Nephrolithiasis – See “Kidney Stone”

Uterine Disorders

Endometriosis

Well controlled with no major complications	Us 0
Severe with abdominal adhesions, bowel obstruction or chronic opioid use	T2

Endometritis, Pelvic Inflammatory Disease (PID)

Single episode, not operated	
Complete recovery	Us 0
Recurrent or chronic, no impact on normal activities	0- T2
Awaiting surgical intervention, severe symptoms with impact on normal activities	PP

V

Varicose Veins

Abdomen, esophagus or thorax	Decline
Legs	
Resolved	0
Present, no ulcer or edema and not disabling	0
Mild, no complications	0
Complications, depending on medical records	0-T2-PP

Vertigo (Dizziness) – See “Dizziness”

W

Weight loss (unintentional)

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

Date	Section	Update
02/25/26	All	Overall review and update.

About Assurity

At Assurity, insurance has always been about people first. Since 1890, our financial strength and steady purpose have been a constant in a changing world. As a mutual organization and Certified B Corporation, we're built to serve, rooted in the simple idea that doing good is good business.

Our mission of helping people through difficult times guides everything we do. We stand beside people balancing it all – jobs, families, dreams, and responsibilities.

When the ground shifts, we're here for what matters most. Because life is full of milestones and moments worth protecting.

Customer Connections

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