

MetLife®



Underwriting Guide

**Individual
Long-Term Care
Insurance**

Effective as of July 2005

For Agent Use Only—Not to be used with the General Public

The purpose of the MetLife Individual Long-Term Care Insurance Underwriting Guide is to provide you with a better understanding of the application submission and underwriting process. It is designed to help you determine if it would be appropriate to recommend that a client apply for MetLife's medically underwritten Long-Term Care Insurance ("LTCI"), based on his or her medical condition. It is also designed to provide guidance in completing the medical section of the LTCI application. For your assistance, we have included the following information:

- *Contact information*
- *A section on Field Underwriting, including conditions of concern, commonly asked questions and the Top 10 questions you should ask your client*
- *A section on MetLife's LTCI Underwriting Requirements, including a height and weight guide*
- *A section on New Business Processes, including information about application submission and the underwriting process*
- *A section on Underwriting Guidelines for conditions commonly identified by clients during the sales process, including a list of uninsurable diagnoses and conditions, a list of medications commonly associated with uninsurable conditions, and commonly used medical abbreviations*

If, after reviewing this information, you are unsure whether it would be appropriate to recommend that your client apply for MetLife LTCI, contact the underwriting department for a health pre-screen.

Underwriters make final decisions regarding insurability after review of all of MetLife's underwriting requirements, utilizing the MetLife LTCI Underwriting Guidelines.

Contact Information

There is different contact information for the different distribution channels. Please make sure you are using the correct address/phone numbers.

WHERE TO MAIL

Mail all MetLife LTCI applications and medical records to:

Regular Mail:	Overnight Mail:
MetLife LTCI	MetLife LTCI
PO Box 5716	7805 Hudson Road, Ste. 180
Hopkins, MN 55343-5716	Woodbury, MN 55125
	888-565-3761

Mail or Fax all outstanding application information to:

MetLife LTCI
Case Management
57 Greens Farms Road
Westport, CT 06880
Fax: Virtual fax number will be provided by Case Manager handling application.

WHO TO CALL

If you are: Affiliated Channels (MLFS/NEF/MLR): Contact the MetLife LTCI Resource Line at 888-799-0902,

Prompt 1 – Sales, Product or Competition Information

Prompt 2 – Case Management/Status of an Application Currently in Underwriting

Prompt 3 – Health Pre-Screens or Recent Underwriting Decisions

Prompt 4 – Billing, Refunds or Payment Issues

Prompt 5 – Commissions

Prompt 6 – Multi-Life Account Specialists

Prompt 7 – Licensing and Appointments

If you are: IDG (MGAs/GenAm): Contact the MetLife LTCI Resource Line at **888-776-3882**,

Prompt 1 – Sales, Product or Competition Information

Prompt 2 – Case Management/Status of an Application Currently in Underwriting

Prompt 3 – Licensing and Appointments

Prompt 4 – Health Pre-Screens or Recent Underwriting Decisions

Prompt 5 – Billing, Refunds or Payment Issues

Prompt 6 – Commissions

Prompt 7 – Multi-Life Account Specialists

Prompt 8 – Regional Sales Managers

If you are: MLI: Contact the MetLife Investors Sales Desk at **800-848-3854**, and press **9** for long-term care ("LTC").

To pre-screen a client, call the appropriate Resource Line above, or complete the Long-Term Care Insurance pre-screening form online at <http://ltcprescreen.metlife.com>.

Table of Contents

SECTION 1: FIELD UNDERWRITING	5
Field Underwriting	6
Top Ten Questions a Field Underwriter Should Ask	6
ALERT: Conditions of Concern	7
Top Medical Conditions Leading to the Need for Long-Term Care Services	7
Specific Conditions and Corresponding Questions	7
Commonly Asked Questions	10
Morbidity vs. Mortality	11
SECTION 2: METLIFE'S LTCI UNDERWRITING REQUIREMENTS	13
MetLife LTCI Height and Weight Guide	14
Basis for MetLife's LTCI Underwriting Requirements	16
Regular Individual Underwriting Requirements	17
Multi-Life Discount Program Underwriting Requirements	20
SECTION 3: NEW BUSINESS	25
Application Process	26
Application Submission	28
Underwriting Process and Classifications	29
Appealing an Underwriting Decision	31
SECTION 4: METLIFE LTCI UNDERWRITING GUIDELINES	33
Assumptions for all Guidelines	34
IADLs and ADLs	34
Medications Commonly Associated with Uninsurable Conditions	35
Uninsurable Diagnoses and Conditions	37
Medical Abbreviations	39
Medical Conditions, Definitions and General Underwriting Guidelines	40

SECTION 1 FIELD UNDERWRITING

Field Underwriting

- LTCI is a health-qualifying product and is subject to privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).
- HIPAA requires that you get an Authorization to Release Medical Information form signed by your client at the time of application. **It also means that the client’s health information is protected, therefore MetLife will not release health information to you, the agent, unless it was on the application.**
- As a field underwriter, you should consider your client’s health history before an application is completed to help determine if it would be appropriate to recommend that your client apply for MetLife’s LTCI. If the client has a condition that is uninsurable, you should not proceed. If an application is completed, as much of the client’s health history as possible should be included in the ‘Health Questions’ section of the application, so that the underwriters will be able to make a sound underwriting decision.
- Take the time to listen to and observe your client. Do you notice:
 - Any difficulty getting out of the chair or walking across the room?
 - Any tremors and/or tremulous handwriting?
 - Tobacco use with a history of heart disease/respiratory disease?
 - Forgetfulness, or the need to be ‘prompted’ by spouse/adult child or other person?
- Review the “Top Ten Questions A Field Underwriter Should Ask” on page 6 with your client, as well as the “ALERT: Conditions of Concern” section on page 7.
- When completing the ‘Health Questions’ section of the application with your client, provide as much detail as possible – use the “Specific Conditions and Corresponding Questions” beginning on page 7 to help.

Top ten questions a field underwriter should ask

The following questions were designed to help obtain applicable health information from your client. After you have gone through these questions with your client, you can call the Pre-Screening Line or use the Pre-Screening website (<http://ltcprescreen.metlife.com>) to review responses with an underwriter and obtain guidance regarding insurability. Certain medical conditions, combinations of conditions, or medications used should raise red flags regarding a client’s potential insurability.

1. Are you currently being treated for any medical condition? If yes, what is that condition?
2. How often do you see your doctor? When did you last see your doctor?
3. Has your doctor advised you that your condition is unstable? (An example of instability would be a response such as “My doctor has told me he/she would like to see my blood pressure lower.”)
4. What medications are you currently taking? (Ask to see the bottles, and write down prescription names.) Follow up by asking, Why are you taking these medications?
5. Have you had any recent medication changes?
6. Do you see any specialists? If yes, for what reason?
7. Do you have any limitations in activity? How far can you walk without resting or having pain in your extremities? Do you have any difficulty climbing stairs?
8. Do you use an assistive device such as a cane, walker, etc.?
9. Have you had any recent falls? Any falls within the last two years?
10. Do you have any significant illnesses, such as cancer, heart disease, diabetes or any hospitalizations that we have not discussed?

ALERT: Conditions of Concern

- Height to weight ratio outside the parameters listed on pages 14 and 15, particularly in combination with certain chronic conditions, such as arthritis, joint replacements, diabetes, heart disease, or respiratory disease.
- Tobacco use in combination with heart attack/heart surgery, circulatory disease, or chronic respiratory disease, which will result in a decline.
- Tremors and/or tremulous handwriting.
- A combination of conditions (e.g., the combination of a heart condition with other circulatory problems, diabetes and/or respiratory conditions) may present an increased risk, versus having one of these conditions independently, and, therefore, may lead to a substandard rating or a decline.
- Client’s difficulty getting out of the chair, or walking across the room, or going up and down stairs. Any use of a cane or assistive device should be noted.

Top Medical Conditions Leading to the Need for Long-Term Care Services

- Dementia
- Diabetes Mellitus
- Fractures
- Hypertension
- Stroke (CVA)
- Cancers
- Arrhythmia/Atrial Fibrillation
- Bone and Joint Disorders
- Chronic Obstructive Pulmonary Disease

Specific conditions and corresponding questions

The following questions may be appropriate if your client has any of the conditions listed below:

Diabetes (refer to page 46)

1. How long have you had diabetes?
2. Do you take any medication or insulin? What dosage, and frequency?
3. Has your doctor advised you that your blood sugar level is in good control? For how long?
4. What is your blood sugar level or Hgb A1C? (refer to page 39)
5. What is your height and weight? (refer to pages 14 and 15)
6. Do you have any diabetes-related complications? (e.g., eye problems directly related to diabetes, kidney problems, circulatory problems, numbness and tingling of the extremities, non-healing wounds or skin ulcers, or any amputation).

Hypertension/heart disease

1. Have you had any recent changes in medications?
2. How many medications are you taking?
3. Has your doctor advised you that your condition is controlled?
4. What was your last blood pressure reading?
5. Do you have any other heart or circulatory problems?

Cognitive impairment

Listen for cues of cognitive impairment throughout your interview. Did the client remember your name and the appointment? Does the client report memory loss, or does a family member indicate concerns about the client's memory? If so, the following questions are appropriate:

1. Have you discussed memory loss with your doctor or family?
2. Have you had any memory testing? Do you have the results of that testing?
3. Do you manage your own finances?
4. Do you drive? If no, have you ever driven?
5. Do you do your own shopping?

Arthritis (refer to page 42)

1. What type of arthritis do you have?
2. What joints are affected?
3. Have you had any recent changes or additions to your medications?
4. Have you ever used steroids to treat your arthritis? How much and for how long?
5. Have you had any joint replacements?
6. Do you have any limits in activity as a result of your arthritis? How far can you walk without resting? Do you have any difficulty with stairs?
7. What is your height and weight? (refer to pages 14 and 15)

Osteoporosis (refer to page 53)

1. Do you take medication for this condition?
2. Have you had any recent fractures (within the last 24 months)?
3. Have you had any loss in your height? (refer to pages 14 and 15)
4. Has your doctor done any bone density studies? If so, do you know your T-score level?
5. How has your doctor described your degree of osteoporosis (mild, moderate, severe)?

Cancer (refer to page 44)

For any type of cancer other than basal cell skin cancer, squamous cell cancer of the skin or early stage breast or prostate cancer, at least two years without surgery or treatment should have passed for the client to be considered for coverage.

1. What type of cancer did you have?
2. Do you know the stage?
3. Did you have any positive lymph nodes or spread to other areas?
4. What was the last date of treatment or surgery?
5. If prostate cancer, do you know your current PSA (refer to page 10)?

Mental Health

1. Are you currently seeing a psychologist, psychiatrist, or counselor/therapist for any reason?
2. How often do you see them and for what reason?
3. Do you have a specific diagnosis?
4. When were you diagnosed?
5. What medications are you taking for this condition(s)?
6. Have there been any changes in your medication in the last 6 months?
7. Have you been hospitalized for this condition or any other mental health condition in the last 5 years?

Commonly asked questions

1. What is a **TIA**?
A TIA is a Transient Ischemic Attack, also known as a mini-stroke. It causes temporary interference with blood flow to the brain and may be a precursor to a stroke. Symptoms generally last for less than 24 hours and there is no residual impairment.
2. What is a **PSA**?
A PSA (Prostate Specific Antigen) is a blood test used to test for both cancer of the prostate and benign prostate disease. If test results are known, call the Pre-Screening Line to review the results with an underwriter. (A biopsy is usually necessary to determine if cancer is present.)
3. What does MetLife consider “**tobacco use**”?
Use of cigarettes, pipe, cigars, chewing tobacco, snuff, or a smoking deterrent within the past 12 months.

Bear in mind:

1. If the client identifies that he/she has any medical condition listed in the Insurability Questions of the application, the client is ineligible for coverage and, generally, the client should not continue completing the application. (For Multi-Life, contact your Account Specialist).
Note: Kansas and Virginia require that, in such a situation, if an application was started, the application should still be submitted, but you should not collect any premium.
2. Any medical or laboratory testing or procedures that the client is currently undergoing or has scheduled/anticipated should be completed, and results received/diagnosis made, before an application is taken.
3. Control and stability are important in the underwriter’s assessment of all conditions.
4. Clients age 61 and older, who have not had medical follow-up within the last 2 years, can only be considered for Standard rating, even with an acceptable physical examination ordered by MetLife.

Morbidity vs. Mortality

It is important for you to understand the difference between morbidity and mortality. MetLife’s LTCI underwriters evaluate morbidity (the risk of a person living a long life with a debilitating disease), whereas MetLife’s Life Insurance underwriters evaluate mortality (the risk that a person is going to die earlier than average life expectancy).

- The greater the risk of morbidity, the greater the risk of needing long-term care services.
- When the risk of morbidity is higher, a person’s life expectancy may not be affected, but the risk of a chronic condition with impact on Activities of Daily Living (refer to page 34) is higher.

Some examples of increased risk of morbidity are:

- Osteoarthritis of weight-bearing joints, limiting activity, or with increased height/weight ratio
- Rheumatoid arthritis with joint deformities impacting Activities of Daily Living
- Osteoporosis with fractures or causing pain requiring the use of medical equipment
- In underwriting LTCI, functionality and independence are the most important factors. If a medical condition is chronic and known to impact functioning, particularly Activities of Daily Living or Instrumental Activities of Daily Living (refer to page 34 for more information), the condition may cause a client to be declined for coverage.

To speak with an underwriter, contact the MetLife LTCI Resource Line:

Affiliated Channels (MLFS/NEF/MLR): 888-799-0902, prompt 3
IDG (MGAs / GenAM / MLI): 888-776-3882, prompt 4
MLI: 800-848-3854, prompt 9, 3

SECTION 2 METLIFE'S LTCI UNDERWRITING REQUIREMENTS

Height and weight guide

Within the LTCI industry, height and weight tables are used for the purpose of assessing whether a person has an increased risk of morbidity (for more information, please refer to page 11). The following tables set forth MetLife's guidelines, for Males and for Females, for the minimum weight for consideration for LTCI, the maximum weight for a Preferred rating, the maximum weight for consideration for most significant medical conditions,** and the maximum weight for consideration for LTCI. Anyone outside the parameters listed on the following tables is considered a high risk for use of LTC services and will be considered for coverage on an individual basis.

HEIGHT AND WEIGHT CHART – FEMALE*

Height	Min. Weight (lbs.) for Consideration	Max. Weight (lbs.) for Preferred Rating	Max. Weight (lbs.) for Most Significant Medical Conditions	Max. Weight (lbs.) for Consideration
4'8" (56")	86	157	178	209
4'9" (57")	88	161	182	213
4'10" (58")	90	165	186	217
4'11" (59")	91	169	189	222
5' (60")	93	173	193	226
5'1" (61")	95	177	197	231
5'2" (62")	98	182	202	236
5'3" (63")	100	186	206	240
5'4" (64")	102	190	210	245
5'5" (65")	105	196	216	251
5'6" (66")	108	201	221	257
5'7" (67")	111	207	227	262
5'8" (68")	114	212	232	268
5'9" (69")	118	219	239	275
5'10" (70")	121	225	246	283
5'11" (71")	125	232	252	290
6' (72")	128	238	259	297
6'1" (73")	132	244	265	304
6'2" (74")	136	250	271	310

* This table is for reference only! ** Most significant medical conditions, including, but not limited to, Diabetes Mellitus, Arthritis, Joint Replacements, Emphysema, and Heart Disease, are impacted by an increased height to weight ratio. A client who has one of these conditions, combined with an increased height to weight ratio, may be declined for coverage. Please contact the underwriting department for more detailed information.

HEIGHT AND WEIGHT CHART – MALE*

Height	Min. Weight (lbs.) for Consideration	Max. Weight (lbs.) for Preferred Rating	Max. Weight (lbs.) for Most Significant Medical Conditions	Max. Weight (lbs.) for Consideration
4'10" (58")	95	176	197	228
4'11" (59")	97	180	200	233
5' (60")	99	184	204	237
5'1" (61")	101	188	208	242
5'2" (62")	103	193	213	247
5'3" (63")	105	197	217	251
5'4" (64")	107	210	221	256
5'5" (65")	110	207	227	262
5'6" (66")	113	213	233	269
5'7" (67")	116	219	239	274
5'8" (68")	119	224	244	280
5'9" (69")	121	233	253	289
5'10" (70")	124	239	260	297
5'11" (71")	127	246	266	304
6' (72")	130	252	273	311
6'1" (73")	134	258	279	318
6'2" (74")	139	264	285	325
6'3" (75")	144	271	292	332
6'4" (76")	149	277	298	338

* This table is for reference only! ** Most significant medical conditions, including, but not limited to, Diabetes Mellitus, Arthritis, Joint Replacements, Emphysema, and Heart Disease, are impacted by an increased height to weight ratio. A client who has one of these conditions, combined with an increased height to weight ratio, may be declined for coverage. Please contact the underwriting department for more detailed information.

MetLife's Long-Term Care Insurance Underwriting Requirements are Based on:

- The client's age – individuals age 18 – 84 are eligible to apply for coverage
- The client's medical history and date of last medical exam
- The client's cognitive awareness
- The client's ability to perform Activities of Daily Living (ADLs –refer to page 34) and to function independently on a day-to-day basis

Note: Multi-Life underwriting requirements differ from Individual underwriting requirements – make sure you are assisting your client in completing the correct application, and are reviewing the correct requirements!

Note: An underwriter may require additional information and order an Attending Physician's Statement (APS), Phone Health Interview (PHI) or Face-to-Face Interview at his/her discretion!

Regular Individual Underwriting Requirements

Age	55 & Under	56–60	61–74	75+
Application	Yes	Yes	Yes	Yes
Medical Records	Underwriter's Discretion	Underwriter's Discretion	Yes	Yes
Phone Health Interview	Underwriter's Discretion	Yes Initiated by MetLife	Yes Initiated by MetLife	No
Face-to-Face Health Interview	Underwriter's Discretion	Underwriter's Discretion	Underwriter's Discretion	Yes
Physical Exam (PE) at MetLife's Expense	Underwriter's discretion if no PE within 2 years	Underwriter's discretion if no PE within 2 years	Underwriter's discretion if no PE within 1 year	Underwriter's discretion if no PE within 1 year

Application

- All applicants are required to complete and sign an Individual Application for Long-Term Care Insurance (including the Authorization to Release Medical Information, which is required by HIPAA).

Medical Records (Attending Physician's Statement (APS))

- An APS is required for **all applicants age 61 and over**.
- An APS may be requested at the underwriter's discretion for applicants younger than 61 (usually requested based on information given in the application or during the Phone Health Interview).
- If your client does not have current medical records (has not seen a physician in the last 2 years), please document this in the application, under the heading "Details". This will alert the underwriter to schedule a physical exam at MetLife's expense.
- Ordering an APS, if required based on age, at the time of submitting the application will save time during the underwriting process.
- Document in the application that an APS was ordered to avoid duplicate orders and unnecessary expense.
- To order an APS:
 1. From EMSI:
 - Fax the EMSI order form to the number on the form (contact the applicable Resource Line for your distribution channel if your office does not have this form); or
 - Order online using the account your agency has set up (contact the applicable Resource Line for your distribution channel for more information).
 2. From a vendor other than EMSI:
 - Please have any other vendors you may use to order medical records mail them to:
MetLife LTCI
PO Box 5716
Hopkins, MN 55343-5716
- If there is no indication that a required APS has been ordered, or if the underwriter determines that an APS is necessary, MetLife will order the APS. This may lengthen the underwriting process.

Phone Health Interview (PHI)

- A PHI is required for **all applicants ages 56 – 74**.
- A PHI may be requested at the underwriter's discretion for applicants aged 55 and younger.
- The PHI is a 15 – 20 minute telephone call initiated and conducted by a Registered Nurse.
- To save time during the interview please ask your client to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations
- Please indicate in the application the best time (morning, afternoon or evening) to reach your client. Every effort will be made to accommodate your client's preference.

Face-to-Face Interview (F2F)

- A Face-to-Face Interview (an in-home assessment) is required for **all applicants ages 75-84**.
- The interview **must** be conducted in the applicant's home.
- The interview will last approximately 45 minutes and will be scheduled by MetLife.
- The interview is conducted by a Registered Nurse from an agency designated by MetLife.
- Please explain to your client that the interview is taking place so that the nurse can:
 - Discuss the client's medical history
 - Discuss any current medications and medical conditions
 - Assess the client's level of daily activity
 - Assess the client's cognitive abilities

Physical Examination (PE)

- A physical examination may be required in the following situations:
 - The applicant has not seen a physician in recent years (within 1 or 2 years, depending on the applicant's age)
 - Recent medical records are not available
 - The underwriter determines that the applicant's health history and age warrant it
- Please make sure that you have documented the date of your client's last physical examination in the application.
- If a physical examination is needed, the underwriter will schedule the examination at MetLife's expense. This examination will include blood and urine testing.

Multi-Life Discount Underwriting Requirements, Based on Program Type

Program Type	Who is Eligible?	Applica-tion	Phone Health Interview	Medical Records	Face-to-Face Health Interview	Medical Questions	Physical Exam (PE) at MetLife's expense
Employee Paid Modified Under-writing	<ul style="list-style-type: none"> Employees Spouses Defined Family Members 	Yes	Age 66 & Over or Underwriter's Discretion	Age 66 & Over or Underwriter's Discretion	Age 75 & Over or Underwriter's Discretion	Reduced	Under-writer's Discretion if no PE within 2 yrs
Employee Paid Simplified Issue	Actively at Work* Employees Age 65 or Less	Yes	No	No	No	5 total	N/A
Employer Paid Modified Under-writing	<ul style="list-style-type: none"> Employees Spouses Defined Family Members 	Yes	Age 66 & Over or Underwriter's Discretion	Age 66 & Over or Underwriter's Discretion	Age 75 & Over or Underwriter's Discretion	Reduced	Under-writer's Discretion if no PE within 2 yrs
Employer Paid Simplified Issue	Actively at Work* Employees Age 65 or Less (and their spouses if Employer Paid)	Yes	No	No	No	5 total (Spouses must answer 1 additional question)	N/A
Association	<ul style="list-style-type: none"> Members Spouses Defined Family Members 	Yes	Age 66 & Over or Underwriter's Discretion	Age 66 & Over or Underwriter's Discretion	Age 75 & Over or Underwriter's Discretion	Reduced	Under-writer's Discretion if no PE within 2 yrs

* Employees who work 30 hours or more per week and are W-2 employees qualify as "actively at work".

NOTE: Spouses can include, where permitted by law, Domestic Partners and Civil Union Partners.

Multi-Life Discount Program Underwriting Requirements

MetLife Long-Term Care Multi-Life underwriting requirements are based on:

- The client's age – individuals age 18 – 84, who meet the Multi-Life requirements, are eligible to apply
- The Multi-Life program that the client is applying for (Modified or Simplified). (This is pre-determined during the Multi-Life approval process. For more information, contact your Multi-Life Account Specialist.)

Note: Since underwriting requirements differ depending on which type of Multi-Life program has been approved for the group your client is applying through (Modified or Simplified), make sure you are assisting your client in completing the correct application, and are reviewing the correct underwriting requirements!

Note: An underwriter may require additional information and order an Attending Physician's Statement (APS), Phone Health Interview (PHI) or Face-to-Face Interview (F2F) at his/her discretion!

FOR MODIFIED MULTI-LIFE APPLICANTS ONLY

Application

- All applicants are required to complete and sign the applicable Modified Underwriting Multi-Life Application (including the Authorization to Release Medical Information, which is required by HIPAA).

Medical Records (Attending Physician's Statement (APS))

- An APS is required for **all applicants age 66 and over**.
- An APS may be requested at the underwriter's discretion for applicants 65 or younger (usually requested based on information given in the application or during the Phone Health Interview).
- If your client does not have current medical records (has not seen a physician in the last 2 years), please document this in the application, under the heading "Details". This will alert the underwriter to schedule a physical examination at MetLife's expense.
- Ordering an APS, if required based on age, at the time of submitting the application will save time during the underwriting process (refer to Regular Individual Underwriting Section at page 18 for more information).
- Document in the application that an APS was ordered to avoid duplicate orders and unnecessary expense.
- If there is no indication that a required APS has been ordered, or if the underwriter determines that an APS is necessary, MetLife will order the APS. This will lengthen the underwriting process.

MODIFIED UNDERWRITING (continued)

Phone Health Interview (PHI)

- A PHI is required for **all applicants ages 66 – 74**.
- A PHI may be requested at the underwriter's discretion for applicants aged 65 and younger.
- The PHI is a 15 - 20 minute telephone call initiated and conducted by a Registered Nurse.
- To save time during the interview please ask your client to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations
- Please indicate in the application the best time (morning, afternoon or evening) to reach your client. Every effort will be made to accommodate your client's preference.

Face-to-Face Interview (F2F)

- A Face-to-Face Interview (an in-home assessment) is required for **all applicants ages 75-84**.
- The interview **must** be conducted in the applicant's home.
- The interview will last approximately 45 minutes and will be scheduled by MetLife.
- The interview is conducted by a Registered Nurse from an agency designated by MetLife.
- Please explain to your client that the interview is taking place so that the nurse can:
 - Discuss the client's medical history.
 - Discuss any current medications and medical conditions.
 - Assess the client's level of daily activity.
 - Assess the client's cognitive abilities.

Physical Examination (PE)

- A physical examination may be required in the following situations:
 - The applicant has not seen a physician in recent years (within 1 or 2 years, depending on the applicant's age).
 - Recent medical records are not available.
 - The underwriter determines that the applicant's health history and age warrant it.
- Please make sure that you have documented the date of your client's last physical examination in the application.
- If a physical examination is needed, the underwriter will schedule the examination at MetLife's expense.

FOR SIMPLIFIED MULTI-LIFE APPLICANTS ONLY

- Only qualified applicants under age 66 who are eligible to apply through an approved Simplified Underwriting Multi-Life Group may apply for Simplified Underwriting.
- Contact your Multi-Life Account Specialist if you have questions about client eligibility.

Application

- All applicants are required to complete and sign the applicable Simplified Underwriting Multi-Life Application.
- There are no other underwriting requirements for qualified applicants who are eligible to apply through an approved Simplified Underwriting Multi-Life Group.
- Members in an approved Simplified Underwriting Multi-Life Group may choose to fill out the Modified Underwriting sections of the Multi-Life Application (to increase benefits, or if they do not qualify for the Simplified Underwriting), in which case the Modified Underwriting requirements apply.

Contact a Multi-Life Account Specialist:

Affiliated Channels (MLFS/NEF/MLR): 888-799-0902, prompt 6
 IDG (MGAs / GenAM): 888-776-3882, prompt 7
 MLI: 800-848-3854, prompt 9, prompt 3

**SECTION 3
NEW BUSINESS**

Application Process

Before you consider taking an application for Long-Term Care Insurance on a client, make sure that you are properly licensed and appointed in your client's state of residence!

Contact the applicable Resource Line for your distribution channel for more information:

Affiliated channels (MLFS/NEF/MLR): 888-799-0902, prompt 7

IDG (MGAs / GenAM / MLI): 888-776-3882, prompt 3

MLI: 800-848-3854, prompt 9

Incomplete Applications:

Incomplete applications slow down the underwriting process.

The most common reasons for an application to be found incomplete are the following:

- Incorrect application was used – Is the application for the correct state and the correct product (Individual vs. Multi-Life)?
- Distribution Channel is not selected – MLFS, MLR, NEF, GenAm, General Agent, Other.
- Agent's Report is incomplete – Information in the Agent's Report affects commission payment!
- Licensing issues – An approved policy won't be released if you are not properly licensed and appointed in your client's state of residence.
- Premium payment information is missing – Quarterly, Annually, Semi-Annually or Monthly EFT.
- Missing Personal Worksheets – Follow State Specific Suitability Requirements.
- Lapse designee information is missing – If client declined this option, make sure waiver gets signed!
- Invalid coverage selections – Some options are not available in combination with other options! Please refer to MetWINS, the Product Overview Chart, or contact the applicable Resource Line for your distribution channel for more information.
- Missing signatures/initials – All signatures must be original "wet" signatures.
- Demographic information is missing or incorrect – Client's social security number and date of birth must be correct and legible!
- Health information is missing – Is the HIPAA Authorization to Release Information form completed? Without this document the application processing will be halted.
- If the application is made through an approved Multi-Life Group, is the Identifier Number included and the appropriate Multi-Life application used?

Insurability Questions:

- If a client identifies that he or she has any medical condition listed in the Insurability Questions of the Individual application, the client is ineligible to apply for coverage (except in certain Multi-Life Simplified Underwriting cases. Contact your Account Specialist for more information).
- The Insurability Questions in the Multi-Life applications are slightly different, however they must be answered by all applicants.

Note: Kansas and Virginia require that in the above situations, the application should still be submitted, however you should not collect any premium.

Health Questions:

Take the time to assist your client in completing the Health Questions in the application thoroughly. The more information provided on the application, the easier it will be for the underwriters to make a decision regarding insurability.

- Are all of the Health Questions in the application completed?
- Make sure that either a "yes" or "no" box is checked for each question. Blanks will cause our systems to register the question as incomplete, which can halt the processing of the application.
- Make sure to provide any additional information where indicated.
- Make sure the medication question check box is completed and the prescription information is filled out.
- Are all medications that your client is currently using listed?
- Is your client's height and weight listed? This information is often left blank.
- If your client has an upcoming surgery or other medical procedures scheduled, then the client will most likely be declined or postponed until the post-surgery/post-procedure treatment is completed. You may want to contact the underwriting department via the applicable Resource Line for your distribution channel to pre-screen your client for insurability before taking an application!

Refer to the Annotated version of the Application for more information on how to assist your client in completing the application.

DON'T FORGET!!! When meeting with a client to discuss MetLife's LTCL, it is ALWAYS better to quote Standard rather than Preferred rates!

- That way, the client will be able to determine at the time of application if he or she is able to afford the premium at that rating, and if he or she is not deemed eligible to receive the Preferred Health Discount, there will be no surprises when/if the client is accepted for coverage at Standard rates.

Application Submission

Once an application has been reviewed for completeness and accuracy, mail it to the MetLife LTCI for processing.

You can order pre-printed envelopes (Form # LTC00280) from the MetLife Fulfillment Center (1-800-MetStuf), or mail the application to:

Regular Mail:	Overnight Mail:
MetLife LTCI	MetLife LTCI
PO Box 5716	7805 Hudson Road, Ste 180
Hopkins, MN 55343-5716	Woodbury, MN 55125
	888-565-3761

Status of an Application:

Once the MetLife LTCI Home Office receives the application, the underwriting process will begin.

- You or your Agency Contact Person (ACP) can check the status of the application and communicate with the Case Manager assigned to the application through MetLife's eNewBusiness system, which is located on the iMetPortal, FieldFirst and the MyGenAmerica site. (eNewBusiness will be available to MGAs and their agents in the near future. Until then, reports on pending applications (the "Pending Reports") will be sent via email to MGAs and their agents.)
- Information communicated through eNewBusiness and the Pending Reports:
 - Receipt of an application by the MetLife LTCI Home Office.
 - Any outstanding requirements such as licensing, APS, missing signatures, etc.
 - Underwriting decisions.
 - Any other information pertaining to the application.

Underwriting Process and Classifications

Once the underwriting department has received all required information (complete application, and APS, PHI, or Face-to-Face Interviews completed if necessary), an underwriting decision is made within 2-3 business days.

IF THE APPLICATION IS ACCEPTED

- The Case Manager will notify you or your Agency Contact Person (ACP) of the acceptance via eNewBusiness or the Pending Report (depending on your distribution channel-refer to page 28 for more information).
- MetLife offers three rate classes that are available to individual applicants (*except in New York where only two are available). Overall eligibility assumes that an individual has no uninsurable conditions, is within an acceptable range based on MetLife's Height/Weight Guide (see pages 14 and 15), and has no functional or cognitive limits. For applicants that have any medical conditions, these conditions must be non-progressive, stable and well-controlled.

1. Preferred – To qualify for this class, the applicant must have:

- No history of uninsurable diagnoses or conditions.
- No tobacco use in the last 12 months – cigarette, cigar, pipe, chewing tobacco, etc.
- Height/weight within 'Preferred' limits on the MetLife Height/Weight Guide (see pages 14 and 15).
- Medical follow up, within last 2 years.
- Ability to perform Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) (see page 34 for more information).
- Good cognitive function.
- No use of assistive devices.
- Control and stability over any medical condition that is present.
- No confinement to a medical facility within the last 6 months (exception might be made for minor surgeries that have been completed).
- This class is only available to applicants with medical conditions that pose little or no risk for long-term care utilization.

2. Standard – The majority of people eligible for MetLife's LTCI coverage will qualify for the Standard rate. The applicant must be acceptable for the Standard rate according to MetLife's underwriting criteria.

Standard with Modification - In certain situations, where the client's medical condition precludes us from offering the benefits applied for, modified benefits may be offered as an Alternate Offer. Premiums will be billed at the Standard rate.

3. Substandard* – This class may be offered to those applicants who have not met the stability period established by the MetLife LTCI Underwriting Guidelines, or when medical conditions pose a higher, but not immediate risk, of utilization of long-term care services.

Continued on next page

- Average acceptance with a Substandard rating is less than 2% of all accepted applications.
- This rating class will require a surcharge to premium and/or modification of benefits. Benefit modifications may include a longer waiting period, a shorter total lifetime benefit, a reduced Home Care percentage, and/or restriction of some coverage options (i.e., Premier Plan not available for this rating class).

***Note:** Substandard rating is not available in New York.

Note – There are certain states that require us to notify the applicant via letter if they are accepted at any rate other than the Preferred rating. In such a situation, you will receive a copy of the letter. Due to HIPAA privacy regulations, the letter sent to you cannot disclose any health information that was not originally disclosed on the application. Therefore, the client's letter is more specific with respect to the reasons for the different rating.

Policies will be mailed within 3 business days of an accepted decision, as long as there are no pending licensing issues or application issues, and a decision has been made on a spouse's/partner's or household member's application (if applicable).

IF THE APPLICATION IS DECLINED

- Not everyone will be accepted for LTCI coverage with MetLife.
- If an application is declined:
 - You or your Agency Contact Person will be notified by eNewBusiness or the Pending Report (depending on your distribution channel; see page 28 for more information).
 - A letter of declination is mailed to your agency.
 - Five days later, a more detailed letter of declination is mailed to the client (this lag time allows you to contact clients before they receive their letter of declination).
 - Due to HIPAA privacy regulations, the letter of declination sent to you cannot disclose any health information that was not originally disclosed on the application. Therefore, the client's letter of declination is more specific with respect to the reasons for declination, than your letter.

POSTPONED/DEFERRED

- In some instances, an application will be postponed until further proof of stability has been obtained. An example of this may be that a client has had treatment for cancer and has not yet met the specified stability period (refer to page 40 for more information). In such a situation, the client will receive a letter outlining the reasons for postponement and criteria for reconsideration. In some cases, the applicant may need to submit required documentation, such as a letter from the treating physician stating that stability has been achieved, in order for the application to continue to be processed. However, a client may be informed by the underwriting department to submit a new application after a longer stability period has been satisfied. In both cases, MetLife does NOT contact the applicant for new information or to complete a new application. As the agent, you should remind your client to fulfill these requirements.

Appealing an Underwriting Decision

In some cases, if your client is denied coverage or receives a rating other than Preferred, your client may wish to appeal the underwriting decision. An appeal should not be requested unless the client, or his or her physician, feel the underwriting decision was based on incorrect or incomplete information. If this is the case, the following procedure should be followed:

- When a client is declined, he or she will receive a declination letter.
- The declination letter to the client will generally indicate the detailed medical reason for declination (i.e. "Due to heart disease and tobacco use").
- A declination letter is also sent to you or your Agency Contact Person; however due to HIPAA privacy regulations, the letter does not include health information that was not included on the application.
- You can suggest that the client review the client letter with his or her doctor, since the letter generally reveals the detailed medical reason for declination. If detailed information is not included in the letter, the client can request that the information be sent to the client's doctor by submitting a letter to MetLife (see address below) or using the form included with the agent's copy of the declination letter.
- When the request is submitted to MetLife, the specific medical reasons for declination will be sent to the doctor indicated in the request.
- After the doctor reviews the reasons with the client, the doctor can submit new medical information and request that the MetLife LTCI Underwriting Appeals Committee review the information and reconsider the client's application.

Send all appeal requests and related medical information to:

MetLife LTCI
Attn: Appeals Committee
P.O. Box 937
Westport, CT 06881-0937
Fax: 1-866-314-5922

- After the review by the MetLife LTCI Underwriting Appeals Committee, you will be notified of the Committee's decision.
- If the original decision was upheld, then the case is closed at this time.
- The same process should be followed if your client is accepted at a rate other than Preferred and wishes to appeal this underwriting decision.

Affiliated (MLFS and NEF) Only – Submitting declined business through the MetGA (MLFS) or Enterprise GA (NEF) Systems

- If you have a client who was declined for LTCI coverage with MetLife, and you feel that another carrier could accept this client, there is an option for submitting the application to other select carriers. In such a situation you should:

Continued on next page

Appealing an Underwriting Decision (cont.)

- **MLFS:**
 - Access the MetGA website at <http://metga.metlife.com> and select Met DECLINE, to obtain the necessary authorization form
 - Have the client complete and sign the form
 - Mail the completed form to:
 - Individual LTCI Underwriting Department
 - MetLife Long-Term Care
 - 57 Greens Farms Road
 - Westport, CT 06880
- **Within 5 business days of receipt of the signed authorization form,** the MetLife LTCI Underwriting Department will send a package of materials to S&S LTC Services, the organization that will ‘shop’ the client’s declined application to General Electric, John Hancock, MedAmerica and Prudential. The package of materials includes:
 - Signed authorization form.
 - Copy of the application, including all medical pages and the page with your name and address.
 - The reasons for decline of the application by MetLife.
- MetLife’s underwriting department will send an email to you informing you that the package has been sent to S&S LTC Services.
- Once MetLife has sent the application to S&S LTC Services, questions regarding the application should be referred to S&S LTC Services.
- Contact: Jay Schneider at 516-870-0800 or fax to 516-870-0801.
- S&S LTC Services will notify you when the application has been reviewed and a decision made by the other carriers.
- **NEF:**
 - Access the FieldFirst website at www.fieldfirst.nefn.com. Under the “Products” menu, select “Enterprise GA Home”, “Products”, then click on “Long-Term Care”.
 - Download the authorization form and have the client complete and sign the form.
 - Fax/mail the completed form to:
 - Enterprise GA
 - Attn: Pauline Reid
 - 485-E 1South
 - Iselin, NJ 08830
 - Phone: 800-638-7253; Fax: 908-655-9012
 - Enterprise GA will assign a Case Manager and forward the authorization form to MetLife LTCI Underwriting.
 - MetLife LTCI Underwriting will then forward all required applicant information to Enterprise GA.
 - At this point, any questions regarding the application should be directed to Pauline Reid at Enterprise GA, 800-638-7253.
 - Enterprise GA will notify you when the application is reviewed and a decision has been made by the other carriers.

If you have questions about the process, you should contact the MetLife LTCI Resource Line at 888-799-0902, prompt 1.

SECTION 4 METLIFE LTCI UNDERWRITING GUIDELINES

Assumptions for all Guidelines

All guidelines assume the following:

1. Complete recovery, unless otherwise specified. Complete recovery means treatment is completed and the disease/condition in question has been successfully managed and controlled without progression.
2. No surgery or diagnostic testing is planned or recommended. Any surgery or diagnostic testing to be performed should signal you to postpone taking the application (1) in case of surgery, for at least three months after recovery from surgery, or (2) in the case of diagnostic testing, until the tests have been completed.
3. No residual impairments (an impairment that was due to an illness or injury, which limits the client's functionality).
4. The applicant has no functional limits, unless otherwise specified, and is independent in all Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). That is, they need no assistance, cueing, standby, or other form of supervision from another person to perform the following tasks:

IADLs

Using the Telephone
 Managing Finances
 Taking Transportation
 Shopping
 Preparing/Cooking Meals
 Laundry
 Housework
 Taking all Medications

ADLs

Bathing
 Dressing
 Transferring out of Bed or Chair
 Control of Bowel/Bladder (Continence)
 Using the Toilet
 Eating

5. The applicant is able to walk around, both inside and outside, without the assistance of another person and does not wander or get lost.
6. The applicant does not use a wheelchair, walker, quad cane or oxygen.
7. The applicant shows no evidence of any cognitive impairment, including Alzheimer's Disease, dementia, or other organic memory or mental health problem which interferes with a person's ability to think clearly, live safely alone and care for himself or herself independently. Anyone who requires prompting, cueing or other forms of supervision to perform routine activities is not cognitively intact.
8. The applicant must not be currently residing in a Nursing Home, Assisted Living Facility, or receiving Home Health Care Services or attending Adult Day Care.

Medications commonly associated with uninsurable conditions

Any medication taken by a client is significant, and should be reported on the application.

The following medications, **if currently taken for the conditions specified**, indicate fairly significant health problems, which are typically uninsurable.

If a client indicates that he or she is currently taking any of these medications for the conditions specified, you **should not** recommend to the client that he/she apply for MetLife's LTCI. For more information, contact the Underwriting department by calling the appropriate Resource Line for your distribution channel.

Drug	Condition
Abilify	Schizophrenia
Adriamycin	Cancer
Akineton	Parkinson's Disease
AL-721	AIDS/ARC/HIV
Antabuse	Alcoholism
Aricept	Memory Loss
Artane	Parkinson's Disease
AZT	AIDS/HIV
Baclofen	Multiple Sclerosis/Spinal Injury
Betaseron	Multiple Sclerosis
Blenoxane	Cancer
Capaxone.....	Multiple Sclerosis
Clozaril	Psychiatric
Cogentin	Parkinson's Disease
Cognex	Memory Loss
Cytosan	Cancer
d4T	AIDS/ARC
Dantrium	Multiple Sclerosis
Dopar	Parkinson's Disease
Doxorubicin	Cancer
Eldepryl.....	Parkinson's Disease
Ergamisol	Cancer
Ergoloid Mesylate	Memory Loss
Eulexin	Cancer
Exelon	Memory Loss
Foscarnet	AIDS/ARC/HIV

Continued on next page

Drug	Condition
Ganite	Cancer
Geodon	Psychiatric
Haldol	Psychiatric
Hexalen	Cancer
Hydergine	Memory Loss
Hydrea	Cancer
Kenadrin	Parkinson's Disease
Larodopa	Parkinson's Disease
Levsin	Parkinson's Disease
Megace	Cancer
Mestinon	Myasthenia Gravis
Methadone	Substance Abuse
Mutamycin	Cancer
Myleran	Cancer
Myrochrysine	Arthritis
Namenda	Alzheimer's Disease
Neosar	Cancer
Neupogen	Cancer
Oxycontin	Narcotic Pain Management
Parlodel	Parkinson's Disease
Permax	Parkinson's Disease
Platinol	Cancer
Prostigmin	Myasthenia Gravis
Prolixin	Psychiatric
Reminyl	Memory Loss
Ridaura	Arthritis
Roferon	AIDS/ARC/HIV
Sinemet	Parkinson's Disease
Solganal	Arthritis
Symmetrel	Parkinson's Disease
Tace	Cancer
Tacrine	Memory Loss
Teslac	Cancer
Wellferon	HIV
Zidovudine	AIDS
Zofran	Cancer
Zoladex	Cancer
Steroids	more than 5 mg taken on a daily basis

Uninsurable Diagnoses and Conditions

The following is a list of the most common conditions /diagnoses, limitations or living situations that would cause an applicant to be declined for coverage. This list is meant to serve as a general guide to uninsurable conditions, and is not meant to be all-inclusive.

If a client indicates that he/she has been diagnosed with any of the following conditions, you **should not** recommend to the client that he/she apply for MetLife's LTCI.

For more information, contact the underwriting department by calling the appropriate Resource Line for your distribution channel.

Acquired Immune Deficiency Syndrome (AIDS)
 ADL Limitations (refer to page 34)
 Adult Day Care (current use)
 Alzheimer's Disease
 Amputation (due to disease)
 Amyotrophic Lateral Sclerosis (ALS)
 Assisted Living Facility (current use)
 Ataxia (any form)
 Chronic Organic Brain Syndrome (OBS)
 Cirrhosis of the Liver
 CREST Syndrome
 Cystic Fibrosis
 Decubitus Ulcers (Bed Sores)
 Dementia
 Demyelinating Disease
 Dialysis - Hemodialysis or Peritoneal
 Ehler's-Danlos Syndrome
 Esophageal Varices
 Hepatitis, Chronic
 Hepatitis C (untreated)
 HIV Positive
 Home Health Care (current use)
 Hospitalization (currently in hospital or anticipated admission)
 Marfan's Syndrome
 Medical Equipment (current use of Hoyer Lift, motorized cart, walker, quad cane, wheelchair or respirator)

Continued on next page

Memory Loss
 Mental Retardation
 Mixed Connective Tissue Disease
 Multiple Myeloma
 Multiple Sclerosis
 Muscular Dystrophy
 Neurogenic Arthropathy (Charcot Joint)
 Neurogenic Bladder
 Nursing Home (current use)
 Oxygen Use
 Parkinson's Disease
 Polymyositis
 Portal Hypertension
 Postero-Lateral Sclerosis
 Progressive Muscular Atrophy
 Progressive Systemic Sclerosis
 Psychiatric Disorders with recent or multiple hospitalizations
 Renal Failure/Renal Insufficiency (chronic)
 Schizophrenia
 Scleroderma (active)
 Senility (all forms)
 Spinal Muscle Atrophy
 Transplant (organ, other than cornea or kidney)
 Vasculitis (all forms)

Medical Abbreviations

A1C	Glycohemoglobin (test used to determine average blood sugar levels in a person with diabetes)
ADLs	Activities of Daily Living
BMD	Bone Mineral Density
BMI	Body Mass Index
BUN	Blood Urea Nitrogen
CR	Complete Recovery. Applicant has recovered from the illness or injury, and now has no functional impairments or complications as a result of the illness or injury.
CVA	Cerebrovascular Accident (also known as a Stroke)
DME	Durable Medical Equipment, such as a walker, cane, wheelchair, oxygen, etc.
ER	Emergency Room
ETT	Exercise Tolerance Test (also known as a Stress Test)
GI	Gastrointestinal
IADLs	Instrumental Activities of Daily Living
IC	Individual Consideration
LTC	Long-Term Care
LTCI	Long-Term Care Insurance
MI	Myocardial Infarction (also known as Heart Attack)
NOC	Not Otherwise Classified
PSA	Prostate Specific Antigen, a blood test that screens for Prostate Cancer and benign Prostate Disease.
PT	Physical Therapy
RO	Rule Out. That is, to be sure that the illness or injury you are concerned about has been ruled out, or not found, before the application is taken.
TIA	Transient Ischemic Attack (also known as a Mini-Stroke) Temporary interference with blood flow to the brain. May be a precursor to a Stroke.

ANXIETY

Controlled with medications, no hospitalization, no residual impairment . . . 6 months/Standard
 Panic attacks and/or anxiety that caused functional disability
 or required hospitalization, now stable 24 months/Standard

ARRHYTHMIA

Irregular heartbeat.

Mild, controlled with medication 3 months/Standard
 Atrial fibrillation, single episode, controlled, non-smoker 12 months/Standard
 Chronic atrial fibrillation, asymptomatic,
 controlled with medication, non-smoker 12 months/Standard
 Chronic atrial fibrillation with recent hospitalization,
 diabetes, tobacco use, or TIA Uninsurable
 Defibrillator implanted (AICD) Uninsurable

ARTERIOSCLEROTIC HEART DISEASE (ASHD)

(See Coronary Heart Disease)

ARTERITIS (Thromboangitis Obliterans, Buerger's Disease, Temporal, Giant Cell)

Inflammation of an artery.

Asymptomatic, completely resolved and no residual
 impairments (steroids 5 mg or less per day may be considered) 12 months/Standard

ARTHRITIS/OSTEOARTHRITIS (OA)

Inflammation of the joints. (Also see Rheumatoid/Psoriatic Arthritis)

Mild osteoarthritis, no medications, no functional limits, asymptomatic . . . 0 months/Preferred
 Mild/moderate osteoarthritis, prescription medications, no functional limits,
 no/minimal joint deformities, single point cane used only outside 6 months/Standard
 Severe osteoarthritis, requires medical equipment or functional limits. Uninsurable
 Surgery recommended, not yet performed (also see Joint Replacement). Uninsurable
 Height/weight ratio that exceeds guidelines with disease of
 weight-bearing joints. Uninsurable

ASBESTOSIS

Lung Disease. Individual
 Consideration

ASSISTED LIVING FACILITY

Currently residing in facility. Uninsurable

ASTHMA

Mild, controlled with medication, no tobacco use, no continual oral steroids . 6 months/Standard
 Moderate, controlled with medication, oral steroids 5 mg or less
 per day, no tobacco use 12 months/Standard
 Severe, frequent exacerbations, oral steroid therapy (more than 5 mg
 per day), use of oxygen, functional limits, tobacco use. Uninsurable

ATAXIA

Defective Muscular Coordination. Uninsurable

ATRIAL-VENTRICULAR (A-V) HEART BLOCK

First or second degree, no surgery recommended. 6 months/Standard
 Complete block, pacemaker inserted, stable. 6 months/Standard

B**BACK DISORDERS**

Degenerative Disc Disease, no functional limits 6 months/Standard
 Back Pain, no functional limits 6 months/Standard
 Treated with a daily controlled substance Uninsurable
 Herniated Disc, Pinched Nerve, Sciatica 3 months/Standard
 Spinal Stenosis
 Unoperated, completely resolved, no residual impairments 3 months/Standard
 Operated, completely resolved, no residual impairments 6 months/Standard
 Functional limits Uninsurable
 Scoliosis
 Incidental finding, no functional limits 0 months/Standard
 Functional limits Uninsurable

BELL'S PALSY

Unilateral facial paralysis.

No residual impairments 0 months/Standard

BIPOLAR DISORDER

Diagnosed greater than 5 years, stable with no hospitalization
 within last 24 months Individual
 Consideration
 Diagnosed within last 5 years. Uninsurable
 Hospitalization within last 24 months or more than once
 in the past 5 years, or signs of functional or cognitive impairment Uninsurable

BLINDNESS

Long-term history with no functional limits 0 months/Standard
 Successful adaptation to recent visual loss 6 months/Standard
 Significant vision loss, or ongoing progression Uninsurable

BRONCHIECTASIS

Chronic dilatation of bronchi, usually with a secondary infection.

Single episode, completely resolved, no current treatment. 24 months/Standard
 Current treatment, symptoms, tobacco use Uninsurable

BRONCHITIS*Inflammation of mucous membranes of the bronchial tubes.*

Acute, completely resolved	0 months/Standard
Chronic (see Emphysema)	

BYPASS GRAFT*Heart or Vascular Surgery.*

Heart, limbs, no further symptoms	6 months/Standard
Tobacco use	Uninsurable

C**CANCER** (Higher stages at time of diagnosis may require longer stability period).

Disease free, treatment completed, no positive nodes at time of diagnosis, no metastasis	24 months/Standard
Metastasis, but disease free	10 years/Standard
Breast, early stage (stage 1), treatment or surgery completed, no positive nodes, no metastasis	12 months/Standard
Breast, treatment completed, no positive nodes, no metastasis, continued treatment with Tamoxifen, Arimidex	24 months/Standard
Breast, treatment completed, disease free, with positive nodes found at time of diagnosis	7-10 years dependent on grade of tumor/ Standard
Prostate, over age 65, early stage (stage 1 or 2), treatment or surgery completed, no positive nodes, no metastasis, with a Gleason score of 7 or below, PSA within standards	12 months/Standard
Skin, basal cell carcinoma	0 months/Preferred
Skin, squamous cell	0 months/Standard
Cancer in situ	0 months/Standard

CARDIOMYOPATHY*Disease of the heart muscle.*

Chronic, symptomatic or progressive	Uninsurable
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CAROTID ARTERY DISEASE

Operated, endarterectomy	6 months/Standard
Unoperated, partial obstruction less than 50%, stable, no symptoms, no history of TIA	6 months/Standard
Symptomatic, or tobacco use	Uninsurable

CARPAL TUNNEL SYNDROME*Soreness and weakness of the thumb and wrist.*

No residual impairments	0 months/Preferred
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CEREBRAL PALSY*Paralysis from developmental brain defects or trauma at birth.*

Mild, no functional or cognitive limits, successful adaptation	0 months/Standard
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CHRONIC FATIGUE SYNDROME (CFS)

Minimal functional limits	6 months/Standard
In combination with depression, fibromyalgia	Individual Consideration

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)*Chronic lung disease. (See Emphysema)*

CHRONIC NEUROLOGICAL DISEASE	Uninsurable
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CIRRHOSIS OF THE LIVER

<i>Chronic liver disease</i>	Uninsurable
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COLITIS, CROHN'S OR ULCERATIVE*Inflammation of the colon.*

Controlled with medication, low dose steroid acceptable (5 mg or less per day)	12 months/Standard
Uncontrolled, or oral steroids (more than 5 mg per day)	Uninsurable
Use of antineoplastic medication, Imuran, 6MP, Remicade	Individual Consideration
Irritable bowel syndrome, diverticulitis	6 months/Standard

COLOSTOMY OR ILEOSTOMY

Independent in care	Underwrite cause
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CONGESTIVE HEART FAILURE

Single episode, resolved, not currently treated	12 months/Standard
Chronic or multiple episodes, managed with medications	Uninsurable

CONNECTIVE TISSUE DISEASE

.....	Underwrite specific diagnosis
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CORONARY HEART DISEASE (CAD, ASHD)*Decreased flow of blood to the heart muscle.*

Asymptomatic, treated/controlled with medication	3 months/Standard
Symptomatic, frequent medication changes, frequent hospitalizations or surgery planned	Uninsurable
Tobacco use	Uninsurable

CROHN'S DISEASE*(See Colitis)*

D**DEMENTIA**

Progressive impairment of intellectual function. Uninsurable

DEMYELINATING DISEASE

Progressive muscle weakness of extremities, may lead to paralysis. Uninsurable

DEPRESSION

Situational, recovered, no treatment 3 months/Preferred
 Stable medication dose, no electric shock therapy, no hospitalization
 in 24 months, no functional limits or cognitive impairments 12 months/Standard
 Hospitalized, or signs of functional or cognitive impairment Uninsurable

DIABETES

Controlled with blood sugar less than 180, no complications such as
 vascular disease, retinopathy, neuropathy, kidney disease or
 significant heart disease 6 months/Standard
 Insulin dose 75 units or less Individual
 Consideration
 With complications or frequent medication changes in last 12 months Uninsurable
 Uncontrolled blood sugar more than 180 Uninsurable
 Elevated A1C. Uninsurable
 Height/weight ratio that exceeds guidelines Uninsurable

DIALYSIS, HEMODIALYSIS OR PERITONEAL Uninsurable

DISABILITY Underwrite cause

DIZZINESS/VERTIGO

Acute viral labyrinthitis, completely resolved, no residual impairments 3 months/Preferred
 Meniere's disease 3 months/Standard
 Cause unknown, asymptomatic, no co-existing neurological
 impairment, negative work-up, completely resolved,
 no residual impairments 6 months/Standard
 Cause unknown, ongoing problem Uninsurable

DRUG ABUSE

Treated, with current abstinence 24 months/Standard
 Use within past 24 months Uninsurable

DYSTONIA Underwrite cause

E**EDEMA**

Localized swelling. Underwrite Cause

EMPHYSEMA/COPD/CHRONIC BRONCHITIS

Chronic lung disease.
 No medications, present on x-ray or physician diagnosis,
 no tobacco use 0 months/Standard
 Mild, no symptoms, one to two inhalers 12 months/Standard
 Symptomatic, treatment with multiple medications, or tobacco use Uninsurable

ENCEPHALITIS, INFECTIOUS

Inflammation of the brain.
 Resolved, no functional limits, no cognitive impairment 3 months/Standard

ENDOCARDITIS, INFECTIOUS

Inflammation of the lining membrane of the heart.
 Single episode, resolved, stable 6 months/Standard

EPILEPSY

Seizure disorder.
 Well controlled 12 months/Standard
 Uncontrolled or a seizure within last 12 months Uninsurable

ESOPHAGEAL STRICTURE

A narrowing or constriction of the esophagus. 6 months/Standard

ESOPHAGEAL VARICES

*Swollen, twisted veins in the esophagus, usually secondary to
 cirrhosis of the liver.* Uninsurable

F**FALLS**

History of multiple falls, no functional limits, no fractures Individual
 Consideration

FIBROMYALGIA

Muscle inflammation; pain, tenderness and stiffness in joints.
 No functional limits 6 months/Standard
 In combination with depression or chronic fatigue syndrome Individual
 Consideration
 Daily controlled substance Uninsurable

FRACTURES*Broken bones.*

Extremities, non-weight bearing, no functional impairment, condition resolved	3 months/Preferred
Extremities, weight-bearing, no functional impairment, condition resolved	6 months/Standard
Functional disability	Uninsurable
Skull, completely resolved, no residual impairment	12 months/Standard
Vertebral, due to accident, no functional limits	6 months/Standard
Vertebral, due to osteoporosis	Uninsurable
Paget's disease.	Uninsurable

G**GALLBLADDER DISEASE**

Operated or unoperated, resolved	0 months/Preferred
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GASTRIC BYPASS SURGERY

Height/Weight within guidelines, normal blood values	6 months/Standard
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GLAUCOMA*Disease of the eye, can lead to blindness.*

Controlled, no residual impairments	0 months/Preferred
Multiple medications, residual impairment	Individual Consideration

GOUT*Joint inflammation (See Arthritis)*

Simple, minimal medication	Preferred
Severe, frequent flares	Individual Consideration

GUILLAIN BARRE SYNDROME*Progressive muscular weakness of extremities; may lead to paralysis.*

Completely resolved, no residual impairment	6 months/Standard
With residual impairment.	Uninsurable

H**HEAD INJURY**

Completely resolved, no residual impairment	12 months/Standard
With residual impairment.	Uninsurable

HEADACHE/MIGRAINES

Treated with conservative therapy, non-debilitating	6 months/Preferred
Multiple medications, no functional limits	Standard
Functional limitations, use of controlled substances	Individual Consideration

HEART ATTACK (Myocardial infarction)

Asymptomatic, completely resolved	6 months/Standard
Tobacco use.	Uninsurable

HEART SURGERY*(See Angioplasty, Bypass Graft, Heart Valve Replacement)*

Tobacco use.	Uninsurable
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HEART VALVE DISEASE

Asymptomatic, controlled with medication	6 months/Standard
Symptoms or functional impairment	Uninsurable
In combination with atrial fibrillation	Uninsurable

HEART VALVE REPLACEMENT

Operated	6 months/Standard
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HEMOCHROMATOSIS (Bronze Diabetes)*A disease of iron metabolism; iron accumulates in body tissues.*

Controlled with phlebotomy no more than every 3 months.	12 months/Standard
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HEPATITIS*Inflammation of the liver.*

Any chronic liver disease or untreated Hepatitis C	Uninsurable
Hepatitis B carrier	Individual Consideration
Hepatitis A or B identified/treated, no residual disease, no functional limits	12 months/Standard
Hepatitis C treated, with normal liver function test (LFT's).	Individual Consideration after 12 months

HERNIATED INTERVERTEBRAL DISC*(See Back Disorders)***HIATAL HERNIA***Hernia of the stomach.*

Controlled without complications	0 months/Preferred
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HIGH BLOOD PRESSURE (Hypertension)

Controlled with one medication	3 months/Preferred
Controlled with more than one medication	3 months/Standard
Uncontrolled/Readings more than 170/95	Uninsurable

HIV Uninsurable

HOME HEALTH CARE

Currently receiving services. Uninsurable

HUNTINGTON'S CHOREA

A progressive disease of the central nervous system. Uninsurable

I

IMBALANCE; GAIT DISTURBANCE Underwrite Cause

IMMUNE DEFICIENCY DISORDER

Suppressed immune system. Uninsurable

IMMUNE SYSTEM DISORDERS Underwrite Cause

INCONTINENCE

Loss of sphincter muscle control (degree may vary from mild to significant).

Stress incontinence, minimal/controlled, daily medication,
no use of protective undergarment 0 months/Preferred

Stress incontinence, no residual impairment, use of minimal
protective undergarment, independent in care 0 months/Standard

Significant incontinence, any social or functional limits Uninsurable

Neurogenic bladder Uninsurable

Use of catheter (internal or external) Uninsurable

Bowel Incontinence Uninsurable

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

(See Guideline Assumptions, page 34, for complete list.)

Assistance with less than two Individual
Consideration

Assistance with two or more Uninsurable

J**JOINT REPLACEMENT** (hip, knee, shoulder)

Physical Therapy completed, completely resolved, no residual
impairment, no walker, quad cane or wheelchair 6 months/Standard

With complications, symptoms or functional impairment Uninsurable

Surgery recommended but not performed Uninsurable

K**KIDNEY DISEASE**

Acute, single occurrence, completely resolved	6 months/Standard
Chronic or frequent episodes, dialysis	Uninsurable

KIDNEY STONES

Small granular mass present in the kidney.

Single episode, completely resolved 3 months/Preferred

Multiple episodes, unoperated or operated, completely resolved 3 months/Standard

KNEE DISORDER/SURGERY (Arthroscopy)

No functional limits 3 months/Standard

L**LEUKEMIA**

A chronic or acute blood disease.

Treatment free, stable platelet count/blood values 24 months/Standard

LEUKOPENIA

Abnormal decrease of white blood cells. Underwrite Cause

LUPUS

Connective Tissue Disease.

Discoid, inactive, no evidence of systemic disease 6 months/Standard

Systemic Lupus (SLE) Uninsurable

LYME DISEASE

*Recurrent inflammatory disorder characterized by fever, fatigue,
malaise, headache, and a stiff neck.*

Acute infection, now fully resolved 6 months/Standard

Ongoing treatment Uninsurable

Complications of disease or functional limits Uninsurable

LYMPHOMA, NON-HODGKIN'S

Growth of new tissue in the lymphatic system.

Disease free, treatment free 24 months/Standard

M**MACULAR DEGENERATION**

Stable, no progression, no functional limits 6 months/Standard

Progression, or functional limits Uninsurable

MANIC-DEPRESSION

(See Bipolar Disorder)

MEDICAL EQUIPMENT (Current Use)Single point cane; brace. Individual
ConsiderationHoyer Lift, Motorized Cart or device, Walker, Wheelchair,
Quad Cane, Respirator, Oxygen use Uninsurable**MEMORY LOSS/FORGETFULNESS**Memory loss now completely resolved, 24 month stability Individual
ConsiderationWith history of depression or anti-depressant medication, functional
impairment, neurological work-up or progression Uninsurable**MENIERE'S DISEASE***Recurrent and progressive symptoms include ringing
in ears and dizziness*

Treated. 3 months/Standard

MENTAL RETARDATION. Uninsurable**MULTIPLE SCLEROSIS***An inflammatory disease of the central nervous system.* Uninsurable**MUSCULAR DYSTROPHY***Progressive muscle atrophy.* Uninsurable**MYASTHENIA GRAVIS***Progressive muscular weakness and fatigue.*In remission for 7 years. Individual
Consideration**N****NARCOLEPSY***Chronic, recurrent attacks of drowsiness and sleep.*

Controlled, with or without medication, no functional limits 6 months/Standard

NEPHRECTOMY, UNILATERAL*Removal of a kidney.*

Rule out Cancer, no residual impairments, normal blood work 6 months/Standard

Kidney donor, recovered, no complications, normal blood work. 6 months/Preferred

NEPHRITIS, GLOMERULONEPHRITIS*Inflammation of the kidney.* (See Kidney Disease)**NEUROGENIC ARTHROPATHY** (Charcot's Joint) Uninsurable**NEUROGENIC BLADDER** Uninsurable**NEUROPATHY***A disease of the nerves.*

Non-progressive, no functional limits. 6 months/Standard

Progressive or due to Diabetes or Alcoholism Uninsurable

NURSING HOME

Current use Uninsurable

O**ORGANIC BRAIN SYNDROME (OBS)**

Acute/chronic mental disorders, brain damage. Uninsurable

OSTEOARTHRITIS

(See Arthritis)

OSTEOMYELITIS*Bone infection.*

No functional limits, complete recovery 12 months/Standard

Chronic, active Uninsurable

OSTEOPOROSIS*Bone loss.*

Osteopenia, preventative treatment 0 months/Preferred

T score of -3.5 or better, treated, asymptomatic, no fractures,
no functional limits 0 months/Standard

Compression fractures, symptomatic or with functional limits Uninsurable

Severe Osteoporosis Uninsurable

OXYGEN USE. Uninsurable**P****PACEMAKER**

Pacemaker inserted 6 months/Standard

PAGET'S DISEASE

Chronic inflammation of bones that can lead to joint deformity and elevated serum Alkaline Phosphatase.

Asymptomatic, localized, no fractures, no residual impairment	12 months/Standard
Severe disease, pathologic fractures, peripheral nerve compromise, significantly abnormal blood values	Uninsurable

PANCREATITIS

Inflamed pancreas.

Acute, completely resolved	0 months/Standard
Chronic, recurrent	Uninsurable

PARALYSIS/PAREISIS

Loss of voluntary function.

No functional limits	Underwrite Cause
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PARAPLEGIA

Paralysis of lower portion of the body, and of both legs.

PARKINSON'S DISEASE

Chronic nervous disease; tremors, muscular weakness, gait disorder.

PERICARDITIS

Inflammation of the sac enclosing the heart.

No heart impairment, completely resolved.	6 months/Standard
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PERIPHERAL NEUROPATHY

Disease of the peripheral nerves.

Non-progressive, no functional limits	6 months/Standard
Progressive or due to Diabetes or Alcoholism	Uninsurable
Unknown etiology	Individual Consideration

PERIPHERAL VASCULAR DISEASE

Disease of the arteries and veins of the extremities — interferes with adequate flow of blood to and from the extremities.

Good pulses, non-smoker, no claudication, no functional limits.	3 months/Standard
No pulses, claudication or skin ulcers, tobacco use or functional limits.	Uninsurable

PLATELET DISORDERS

Reduced or increased platelet counts.

PNEUMONIA

Inflammation of the lungs caused primarily by bacteria, viruses, or chemical irritants.

Single episode, completely resolved.	3 months/Preferred
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POLIO

An acute viral disease, may lead to subsequent atrophy of muscle groups.

Minimal residual impairment, no functional limits	0 months/Standard
Evidence of progressive muscle weakness, lower extremities	Uninsurable
Post Polio Syndrome	Uninsurable

POLYCYTHEMIA, ESSENTIAL THROMBOCYTOSIS

An excess of red blood cells.

Primary/Asymptomatic	12 months/Standard
History of TIA.	Uninsurable
Secondary	Underwrite Cause

POLYCYTHEMIA VERA

A chronic bone-marrow disorder.

Stable hemoglobin and hematocrit, treatment with aspirin or dipyridamole	12 months/Standard
History of TIA, congestive heart failure, neurologic complaints, or current treatment with hydroxyurea, 6 MP or any antineoplastic	Uninsurable

POLYMYALGIA RHEUMATICA (PMR)

Muscle pain in shoulder and hip, with no sign of inflammatory arthritis or muscle disease.

No continued steroids, completely resolved, no residual impairment.	6 months/Standard
Currently receiving treatment, no related medical problems, no functional limits, no symptoms, steroids 5 mg or less.	Individual Consideration

POLYMYOSITIS

Connective tissue disease.

POLYPS

Tumor

Benign, completely resolved	3 months/Preferred
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PORTAL HYPERTENSION

Increased blood pressure due to an obstructed liver.

PROSTATIC HYPERTROPHY, BENIGN (BPH)

Enlarged prostate, not due to tumor.

No obstructive symptoms, PSA (Prostate Specific Antigen) less than/equal to 4	0 months/Preferred
Surgery, completely resolved, normal PSA	3 months/Standard

PSYCHIATRIC DISORDERS

(Refer to the specific diagnosed condition)

PULMONARY EMBOLI*Obstruction of the pulmonary artery or one of its branches.*

Completely resolved, no residual impairments Underwrite Cause

R**RAYNAUD'S DISEASE/SYNDROME** Underwrite Cause**REFLEX SYMPATHIC DYSTROPHY** Individual
Consideration**RESPIRATORY DISEASE***Any disease that interferes with ventilation of lungs/breathing, causing pulmonary insufficiency.*

Not otherwise classified, completely resolved, no residual impairment 6 months/Standard

Severe — frequent exacerbation, oxygen use, activity
restriction or tobacco use Uninsurable**RETINAL DETACHMENT AND/OR HEMORRHAGE***Separation of the inner layer of the retina, leading to loss of function.*

Non-Diabetic, complete recovery 6 months/Standard

Visual loss Individual
Consideration**RETINITIS PIGMENTOSA** Uninsurable**RHEUMATOID ARTHRITIS/PSORIATIC ARTHRITIS**Mild/moderate disease, medications, no functional limits,
no/minimal joint deformities, no recent flares 12 months/Standard

Severe disease, requiring medical equipment, or functional limits. Uninsurable

Steroid use more than 5 mg. daily Uninsurable

History of joint replacement surgery or severe deformities Uninsurable

Use of Methotrexate more than 15 mg./week, Enbrel, or Remicade Individual
ConsiderationHeight/weight ratio that exceeds guidelines with disease
of weight-bearing joints Uninsurable**S****SARCOIDOSIS***Granular tumor/lesions affecting body organs and tissues.*

Single episode 24 months/Standard

Systemic disease, symptoms, tobacco use or ongoing treatment. Uninsurable

SCHIZOPHRENIA Uninsurable**SCIATICA**

(See Back Disorders)

SCLERODERMA*Chronic disease of the skin and certain organs.* Uninsurable**SCOLIOSIS**

(See Back Disorders)

SEIZURE DISORDER

(See Epilepsy)

SENILITY

(See Alzheimer's Disease/Dementia). Uninsurable

SJOGREN'S SYNDROME Individual
Consideration**SLEEP APNEA***Short cessation of breathing during sleep.*

Mild, no functional limits 3 months/Standard

CPAP, surgery, full recovery, no complications 6 months/Standard

Combined with significant cardiac or respiratory conditions Uninsurable

Height/weight ratio that exceeds guidelines. Individual
Consideration**SPINAL CORD DISORDERS** Uninsurable**SPINAL MUSCLE ATROPHY** Uninsurable**SPINAL STENOSIS**

(See Back Disorders)

STROKE (Cerebrovascular Accident — CVA)*Brain hemorrhage, sudden loss of consciousness followed by paralysis.*Stroke with residual impairment, or in combination with diabetes,
circulatory or heart disease, or tobacco use UninsurableAll others 60 months/Substandard
120 months /Standard**SUBARACHNOID HEMORRHAGE/INTERCRANIAL BLEEDING***Brain hemorrhage/bleeding.* Underwrite Cause

SURGERY

<i>Any anticipated or recommended surgery.</i>	Postpone application until surgery and recovery complete, with resolution of any functional limits
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SYNCOPE

<i>Fainting</i>	
Cause known.	Underwrite Cause/Standard
Cause unknown, single episode	12 months/Standard
Multiple episodes	Uninsurable

T**THROMBOBPHLEBITIS, SUPERFICIAL, WITH NO ULCERS**

<i>Inflammation of a vein, associated with blood clot.</i>	
One episode, no further treatment necessary, resolved.	3 months/Preferred

THROMBOCYTOPENIA (Idiopathic Thrombocytopenia Purpura or ITP)

<i>Abnormal decrease in the number of blood platelets.</i>	
Operated, splenectomy, no residual impairments	24 months/Standard
Unoperated, no treatment, asymptomatic, stable blood values	12 months/Standard
All other types of Thrombocytopenia	Underwrite Cause

THROMBOSIS, DEEP VEIN (DVT)

<i>Blood clot.</i>	
One episode, no further treatment necessary, resolved.	6 months/Preferred

THYROID DISORDERS

Controlled	0 months/Preferred
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TIA (Transient Ischemic Attack)

<i>Temporary interference with blood supply to brain. (Sometimes called "Mini-Stroke.")</i>	
Single episode, completely resolved, no residual impairment	5 years/Standard
Multiple episodes, arrhythmia, residual impairment, vascular disease uncorrected, tobacco use, diabetes, or heart disease	Uninsurable

TOBACCO USE

In combination with Cardiac, Respiratory, or Vascular disease; or history of TIA, or certain cancers	Uninsurable
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TRANSIENT GLOBAL AMNESIA	5 years/Standard
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TRANSPLANT, ORGAN

Corneal, no visual limits	12 months/Standard
Kidney, Bone Marrow	60 months/Individual Consideration
All others	Uninsurable

TRANSURETHRAL RESECTION (TURP)

<i>Surgical resection of the prostate.</i>	
Benign, no residual incontinence.	3 months/Standard

TREMORS

<i>Continuous involuntary quivering.</i>	
Benign, essential, no residual impairment, no progression, no functional limits	12 months/Standard
Cause unknown or current neurological work-up.	Uninsurable
Other types of tremors	Underwrite Cause

TUBERCULOSIS

<i>Infectious respiratory disease.</i>	
Inactive	12 months/Standard
Active	Uninsurable

TUMORS, BRAIN/SPINAL CORD

Operated or treated, not otherwise classified, rule out Cancer, completely resolved, no residual impairments.	24 months/Standard
Unoperated/no progression	5 years/Standard
Cancer	Underwrite Cause

U**ULCERS OF SKIN**

<i>Open sore or lesion.</i>	
Due to vascular disease, operated, resolved, no functional limits, no tobacco use	24 months/Standard
Active or chronic history	Uninsurable
Resulting in amputation	Uninsurable
Decubiti (bed sores)	Uninsurable

ULCERS, DUODENAL OR PEPTIC

<i>Stomach ulcers.</i>	
No history of bleeding, resolved with medication	0 months/Preferred
History of bleeding, no functional limits, controlled with medication	6 months/Standard

UREMIA, END STAGE RENAL DISEASE

Toxic blood condition..... Uninsurable

V

VARICOSE VEINS (no stasis ulcers)

Enlarged, twisted, superficial veins.

No underlying vascular disease 0 months/Preferred

Symptomatic, no functional limits 0 months/Standard

VARICES, ESOPHAGEAL

Usually secondary to cirrhosis of the liver..... Uninsurable

VASCULITIS, ALL FORMS

Inflammation of a blood or lymph vessel..... Uninsurable

VERTEBRAL OR SPINAL DISORDER

Back Disorders.

No functional limits, no medical equipment, no residual impairments 6 months/Standard

With functional limits, need for medical equipment, chronic pain or recommended surgery..... Uninsurable

W

WEIGHT

(See Height and Weight Guide on pages 14 and 15.)

Height/weight ratio that exceeds guidelines, in combination with certain chronic conditions (e.g., Diabetes, Arthritis affecting weight-bearing joints, Joint Replacements, Respiratory Disease, Heart Disease, etc.) Uninsurable

Height/weight ratio that exceeds Maximum Consideration listed on Height and Weight Guide on pages 14 and 15. Uninsurable

To speak with an underwriter, contact the appropriate Resource Line for your distribution channel.

NOTES

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