



Underwriting Guide

For Producer Use Only

**Unum Life Insurance
Company of America**
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Individual Long Term Care Underwriting Guide

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Introduction

The Underwriting Guide has been developed to assist you with the sales, administration and field underwriting of Long Term Care Insurance products. The Guide will provide you with an understanding of the risk selection process for applicants and will serve as an aid in determining an applicant's insurability.

The primary objective of the underwriting process is to collect, review and assess all relevant information on a Long Term Care applicant and to evaluate the risk to the Company associated with issuing coverage. To achieve optimum results, the underwriting process must begin with the Producer. Determination of the applicant's financial status (personal worksheet), current physical condition, need for Long Term Care Insurance and complete health history is required at the time the application is taken. You have the advantage of seeing the applicant, assessing his/her risk and determining coverage eligibility.

We are all on the same team with the common goal of acquiring profitable business. Obtaining complete, accurate information from the applicant up front will enable us to make a more timely underwriting decision. The UnumProvident Long Term Care Underwriter will make the final risk determination.

Within the guide we will address:

The appointment process, state requirements, replacement business, the application process, the products being marketed (please refer to your sales representative to confirm which product or products are marketed in your state), multi-life sales and medical guidelines. It is important that you be familiar with our processes prior to selling LTC insurance.

This Guide is not all-inclusive. You will, from time to time, encounter a situation and/or medical condition that is not listed in this guide. When this does occur, or should you require further clarification on any of our guidelines, please contact your Sales Representative. For quotes, call your Sales Representative or our Sales Support Center.

Our Sales Support Center can be reached at: 1-877-322-7222.

Our Sales Support Center Fax Number is: 1-877-410-7768.

Our Enhanced Sales Program can be reached at: 1-877-322-7222.

Our Customer Service Number is : 1-800-331-1538.

Our Underwriting Pre-qualification Line is: 1-888-278-1176.

New Business

Agent Appointment

Be sure you are properly licensed and appointed with the appropriate UnumProvident Corporation subsidiary: Unum Life Insurance Company of America, First Unum Life Insurance Company or Provident Life and Accident Insurance Company (depending on product or products marketed in your state) before you take an application. Rules vary from State to State and some states have additional continuing education requirements or testing requirements prior to obtaining a license to sell Long Term Care Insurance. Please see your specific state's web-site for all licensing requirements in the states you are selling in.

To obtain an appointment, please call our Producer appointment desk at 1-800-633-7491.

State of Residence

Policies will be issued based on the state of residence unless coverage is being made available through an employer. In situations where the employer is paying for or sponsoring the purchase of Long Term Care insurance, the application used can be that of the state the applicant works in.

In all situations, the producer must be properly licensed in the state in which the application is taken and the contract is delivered prior to soliciting business.

A special license is required in NC.

Live/Work Rules

- In all cases, the guidelines listed require the approval of the Long Term Care underwriting area.
- The premiums must contain an employer paid or sponsored discount (3+ employee lives).

As long as an employer has endorsed/sponsored or paid for a UnumProvident Long Term Care Insurance policy, an applicant can complete an application for either the state they work in, or the state they live in.

- If a client chooses an application in a state he/she lives in, the application, quote and all policy forms need to be for that state.
- If a client chooses an application in a state he/she does not live in or does not work in, the application quote and all forms need to be from the state of residence.
- If a client chooses an application in the state he/she works in, then the application, quote and policy forms may be from either the state of residence or the state he/she works in. In this situation the employer must either endorse/sponsor or fund the LTC policy.

The producer must be licensed to sell LTC in both the state that the application is taken in (sale and solicitation) and the delivery state of the applicant. It is important to note that if a broker house is involved, it still requires that the producer involved in the sale be licensed, not just the house.

All First Unum LTC coverage must be solicited within NY. A First Unum appointed broker can not take a First Unum application outside of NY. First Unum is only licensed to do business in the state of NY and, therefore, no Unum Life Insurance Company of America or Provident Life and Accident Insurance Company coverage may be solicited in NY.

One on One sale, no employer endorsement/sponsorship or funding:

The individual will be issued a quote, application and policy form in the residence state.

Advantage Plus

Advantage Plus is only available in states where LTC 03 is not approved.

Replacement Business

Alabama, Kentucky, New York, Pennsylvania and Wisconsin

Compensation for replacement policies is limited to the amount that would be paid by the replacing insurer as renewal premium.

California

Compensation for a replacement policy will be paid at the renewal commission scale if the premium for the replacement policy is equal to or less than the original policy's premium. However, if the replacement premium exceeds the original policy's premium, the amount that exceeds the original premium will be paid using UnumProvident's first year commission scale and the balance will be paid using the renewal commission scale.

It will be the producer's responsibility to provide us with the original policy's Schedule of Benefits showing the original premium paid. If we do not receive the original premium Schedule of Benefits, all premium will be paid at the renewal commissions scale.

Indiana and North Carolina

When an inforce UnumProvident LTC policy is being replaced with a UnumProvident LTC policy, commissions payable will be paid at the renewal commission scale if the premium for the replacement policy is equal to or less than the original policy's premium. However, if the replacement premium exceeds the original policy's premium, and the benefits under the new policy are greater than the benefits under the old policy, the amount that exceeds the original premium will be paid with UnumProvident's first year commission scale and the amount under the original premium will be paid using the renewal commission scale.

When an inforce UnumProvident LTC policy is replacing another carrier's LTC policy, the broker will need to submit, with the application, the old policy schedule showing old policy provisions – old benefit amount, old benefit percentage, or old benefit coverage (i.e. Nursing Facility only) and the old premium amount.

We will pay UnumProvident first year commission scale if the benefits under the new policy are greater than the old policy benefits and the new premium is greater than the premium paid on the replaced policy.

It will be the producer's responsibility to provide UnumProvident with the original policy's Schedule of Benefits showing the original benefits and the original premium paid. If we do not receive the original Schedule of Benefits, all premium will be paid at the renewal commission scale.

Virginia

When an inforce UnumProvident LTC policy is being replaced with a UnumProvident LTC policy, commissions payable will be paid at the renewal commission scale if the premium for the replacement policy is equal to or less than the original policy's premium. However, if the replacement premium exceeds the original policy's premium and the benefits under the new policy are greater than the benefits under the old policy, the amount that exceeds the original premium will be paid with UnumProvident first year commission scale and the amount under the original premium will be paid at renewal commission scale.

When an inforce UnumProvident LTC policy is replacing another carrier's LTC policy, the new policy will be issued with first year commission scale on the entire policy.

These new requirements replace previously communicated guidelines published in 1999.

Group Long Term Care is not subject to the replacement rules listed above.

Power of Attorney/Conservatorship

UnumProvident will accept applicants who have a Power of Attorney agreement providing it is not activated due to any past or present mental or physical disabilities. In all circumstances, the applicant will be required to sign the LTC application. Applicants who have a Conservator appointed by the courts will not be eligible for coverage.

Medicare and Medicaid

Individuals with Medicare and Medicare Supplement policies may apply for Long Term Care coverage. Individuals eligible for Medicaid or similar government programs should determine if there is a need for additional coverage.

UnumProvident does not participate in any state partnership program.

Automatic Payment Plan

The Automatic Payment Plan allows premium payments to be deducted from a policyholder's checking account and is available upon request. The forms required to activate the plan are contained in the LTC application booklet.

Trust accounts are not eligible to participate in this program.

Delivery Requirements

All delivery requirements will be indicated on the transmittal letter that accompanies the policy.

You have 30 days from the mailing date of the policy to deliver the policy and obtain any outstanding delivery requirements.

The application will not go into paid status and commissions will not be paid to you until all delivery requirements are met.

The Application Process

The Application

The application and all other required forms must be completed in full, and signed and dated in ink by the applicant.

All questions on the application must be directed to and answered by the individual applying for coverage.

If any of the questions in the Insurability Profile (Part 2), the Insurance History (Part 3) or the Medical Profile are incomplete or not answered, please do not submit the application. If either question in Part 2 is answered "YES", the applicant is not eligible for coverage.

Anyone wishing to purchase coverage for someone other than themselves may do so, however, the application must be completed and signed by the applicant.

The application is valid for 180 days after the application is signed.

When a prepayment is made with the application, the applicant's signature must be obtained on the appropriate pages of the application. Please note that you can only take one month's worth of premium in California and New Hampshire, regardless of the billing mode.

Changes to the Application

All changes made to the application must be initialed by the applicant. The Producer cannot assume this responsibility.

Submitting the Application

It is important that the application be submitted as soon as it is complete along with all the required forms. This will allow the timely ordering of any requirements that will be necessary to the underwriting process.

Complete applications should be sent to:
New Business Service Center
2W, PO Box 180156
Chattanooga, TN 37401.

Non-Disclosure Policy

Complete and accurate information is critical to the underwriting process. If significant information is not disclosed on the application, it could result in a declination of coverage whether the undisclosed information would have resulted in a declination or not. Additionally, undisclosed information could result in a decline without reconsideration in the future.

Obtaining Quotes

There are several ways that you can obtain a quote from UnumProvident.

- You can obtain a CD from our quote center at: 1-888-226-7954;
- You can download the quote system to your PC by logging on to UnumProvident.com and selecting "Sales Partners", "Login"; or
- You can call the Sales Support Center for a quote at 1-877-322-7222.
- For individual sales, we are pleased to offer producers direct access to sales professionals that can provide point-of-sale assistance, product positioning, cross sell opportunities and access to marketing materials through our Enhanced Sales program.
- Multi-life Employer Paid or Sponsored Sales can either work with their local sales representative to obtain quotes, large case proposals, GSI and non GSI offers and enrollment support; or they can be assisted by our Sales Support Center's Central Rating Services.

Policy Dating

Dating Definitions

Approval Date	The date the underwriter approves issuance of the policy
Issue Date	The date the policy is issued
Policy Date	The date from which premium will be charged
Effective Date	The date coverage begins
Insurability Date	The date the application was signed by the applicant if the application is prepaid

Dating Rules — Individual Sale

The dating of a policy, at the time of issue, is based on a number of factors. The following guidelines will be applied based on the characteristics of the case:

Prepaid Application	The policy date will be the current date plus ten days. The effective date will be the insurability date as determined by the underwriter.*
Non-prepaid Application	The policy date will be the current date plus ten days. The effective date will be the current date plus ten days.

* In Colorado, the effective date will be the current date plus 10 days.

Date to Save Age

Date to Save Age is the utilization of a policy date of one day before the applicant's birthday.

Example: The applicant has signed the application after their birthday, however, they would like the premium to reflect the age they were prior to their last birthday.

Requesting 'Date To Save Age' should be done when the application is submitted to the home office. Requests to Date to Save Age will be honored for a period of three months from the date the application is signed. The additional premium associated with this special dating will be charged to the applicant and is non-negotiable.

Date to Save Age	The policy date will be one day before the applicant's last birthday.
Prepaid Application	The effective date will be the insurability date as determined by the Underwriter.
Date to Save Age	The policy date will be one day before the applicant's last birthday.
Non-prepaid Application	The effective date will be the issue date of the policy.

Rating Age Option

The rating age option is utilized if an applicant experiences a birthday between the date they signed the application and the date the policy is issued. This allows the policy to be issued with a current date, while allowing the premium to be calculated at the applicant's age at the time the application was signed.

A request to utilize the rating age option should be made when the application is submitted to the home office.

Coverage

Plan Design Availability

Please consult your Sales Representative for product availability and requirements in the marketed state.

ADVANTAGE PLUS	
Monthly Benefit*	\$1,000 - \$8,000 per month in \$100 increments
Elimination Periods**	20, 30, 60, 90, 180, 365 and 730 days
Benefit Durations	2, 3, 4, 5, 6 years or Lifetime

* Minnesota, Washington and Wisconsin - Daily Benefits.

** A 20 or 30 day elimination period is not available to 80 year old applicants.

OR

LONG TERM CARE INSURANCE (LTC03)	
Daily Benefit*	\$10-\$300 (\$1,000 - \$9,000)
Elimination Period**	20, 30, 60, 90, 180, 365 and 730 days
Benefit Duration	2, 3, 4, 5, 6, 10 years or Lifetime

* State minimum benefit may apply

** A 20 or 30 day elimination period is not available to 80 year old applicants.

Maximum Benefit Amounts

The maximum benefit amount is \$8,000 per month for Advantage Plus and \$9,000 per month for LTC03. Inforce GLTC and inforce ILTC coverage must be taken into account when determining maximum amounts allowable. However, when exercising the conversion option on an IIP policy, the full conversion amount will be honored regardless of coverage inforce. Current or future increases to benefit amount due to Inflation Protection or CPI are not considered when determining maximum amounts allowable.

Discounts

UnumProvident offers various discounts to their clients based on certain criteria determined by the product sold. Please consult your sales representative to confirm which product is available for sale in your state.

ADVANTAGE PLUS (LTC99)	OR	LONG TERM CARE INSURANCE (LTC03)
<p>A 10% discount is applied to spouses (or civil unions in VT and domestic partners in CA) for coverage provided one spouse is not considered an 'automatic decline' based on the medical underwriting criteria provided in this guide.</p> <p>Spouses applying for coverage at different times will receive a 10% discount upon approval of the latter applicant. The discount applied to the earlier approved applicant will not be retroactive.</p>		<p>A 10% discount is applied to spouses/domestic partner (civil union in VT) for coverage provided one spouse is not considered an 'automatic decline' based on the medical underwriting criteria provided in this guide.</p> <p>Spouses/domestic partners applying for coverage at different times will receive a 10% discount upon approval of the latter applicant. The discount applied to the earlier approved applicant will not be retroactive.</p>

Discounts, continued

ADVANTAGE PLUS (LTC99)	OR	LONG TERM CARE INSURANCE (LTC03)
<p>In Michigan, New Jersey (5% NJ) and South Dakota we offer a 10% spousal discount to any married couple (husband and wife) regardless if both apply for coverage.</p>		<p>In Michigan and South Dakota we offer a 10% spousal discount to any married couple (husband and wife) regardless if both apply for coverage.</p> <p>In New Jersey we offer a 5% spousal discount to any married couple (husband and wife) regardless if both apply for coverage.</p>

To be considered eligible for a spousal/domestic partner discount, you must be legally married (husband or wife), part of a civil union or have lived together for at least six consecutive months prior to enrollment, at least 18 years of age, not related by blood to a degree that it would prohibit a legal marriage, and neither one is legally married, and neither one has been certified as a member of another Domestic Partnership.

In Michigan, New Jersey and South Dakota both spouses do not need to apply for coverage in order for the spousal discount to apply.

Billing Discounts

ADVANTAGE PLUS (LTC99)	OR	LONG TERM CARE INSURANCE (LTC03)
<p>Employer Sponsored A 5% Employer Sponsored Discount is available to employees whose employer has sponsored, but will not be paying for Long Term Care Insurance. There is a minimum requirement of three (3) employee insured lives for the discount and the endorsement must be in writing.</p> <p>Flexbill (List Bill) A 5% Flexbill (List Bill) Discount is available to employer groups of three (3) or more employees who will be included on one bill with the same billing mode.</p> <p>Kentucky requires 5 approved lives.</p> <p>Large Case A 10% Large Case Discount is available to groups of employees (10 or more) whose employer is paying for a Guaranteed Standard Issue (GSI) plan. Pre-approval by the advanced underwriter is required.</p>		<p>Employer Sponsored An Employer Sponsored Discount is available to employees whose employer has sponsored, but will not be paying for Long Term Care Insurance. The endorsement must be in writing.</p> <p>The discount is based on the number of insured employee lives.</p> <p>3-14 insured employee lives – 5% 15-49 insured employee lives – 10% 50 plus insured employee lives – 15%</p> <p><i>Connecticut and New Jersey Only:</i> 3-14 insured employee lives – 5% 15-49 insured employee lives – 5% 50 plus insured employee lives – 10%</p> <p>Employer Paid An Employer Paid Discount is available to employees whose employer is funding Long Term Care Insurance.</p> <p>3-14 insured employee lives – 5% 15-49 insured employee lives – 20% 50 plus insured employee lives – 30%</p> <p><i>Connecticut Only:</i> 3-14 insured employee lives – 5% 15-49 insured employee lives – 10% 50 plus insured employee lives – 10%</p> <p><i>New Jersey Only:</i> 3-14 insured employee lives – 5% 15-49 insured employee lives – 15% 50 plus insured employee lives – 20%</p>

Preferred discount is not available with a GSI offer that requests buy-up options.

When there are two classes of coverage, 1 Employer Paid and 1 Employer Sponsored, each receives the appropriate discount for the size of the class covered. You cannot combine the classes to obtain the larger discount.

When quoting discounts for LTC03, please do not quote a 20% or 30% discount unless you are positive the employee participation requirements will be met. Once participation is determined the Advanced Underwriter will apply the appropriate discount.

Maximum Discounts

The maximum discount (in any combination) available on the Advantage Plus or Long Term Care Insurance Product (LTC03) is 30%.

A spouse is not considered to determine participation for any billing discounts.

Discounts are not available in all states.

2 Year Pre-Payment Discounts

A 10% 2 year pre-payment discount on the initial bill is available on the second year of premium if two full years are paid upon approval of the policy.

This option is not available in combination with the Accelerated Payment Options. The 2 year pre-payment discount is only available on the initial bill, and not in subsequent years after the second year. Also you cannot date to save age when a couple has selected the 2 year pre-payment option and are requesting that they be billed together. The 2 year pre-payment discount does not apply to the maximum discount.

The 2 year pre-payment option is not available in ND and NH.

Accelerated Payment Options

In most states we offer several accelerated billing methods to pay premium: Single Pay (one lump sum payment), a 5 year, 10 year and to age 65 option. Each allows the insured to pay their premium over the course of a specified period of years. Any period of time on claim counts toward the years and once the premiums have been paid for the specified time period no future rate increases can occur on your policy.

Should the insured change their premium mode, there is no credit for past premiums paid toward the new payment mode. Once all premiums have been paid, the pro-rate Refund of Premium After Death provision in your policy is no longer applicable.

NJ- Single Pay is not available

TX - Single Pay and to age 65 are not available

Calculating Discounts in Combination with Ratings

In instances where both a discount and a rating (due to medical history) are required, they will be applied to the base rate as a cumulative percentage, not a sequential percentage.

Billing Modal Factors

	ADVANTAGE PLUS (LTC 99)	OR	LONG TERM CARE INSURANCE (LTC03)
Annual	1.00		1.00
Semi-Annual	.51		.51
Quarterly	.26		.26
Monthly	.09		.085

Large Case (Guaranteed Standard Issue) Program

The Large Case Program is a Guaranteed Standard Issue offer for Long Term Care Insurance coverage with limited/modified underwriting. This coverage is only available to qualified groups of employees who are actively at work (minimum of 30 hours).

Plan Design may vary by state.

	EMPLOYER PAID	VOLUNTARY
Plans	\$2k-\$6k monthly NH benefit (Adv Plus)	\$2k-\$6k monthly NH benefit (Adv Plus)
Available Based Upon Group Characteristics	\$60 - \$200 daily LTC facility benefit (LTC03) 50% - 100% PHC LTC 03 or 60% - 100% PHC Adv Plus or 50%-60% TCHC 2-6 Year BP • 90 Day EP • Inflation	\$60 - \$200 daily LTC facility benefit (LTC Insurance Product) 50% - 100% PHC LTC 03 or 60% - 100% PHC Adv Plus or 50%-60% TCHC 2-6 Year BP • 90 Day EP • Inflation
Participation	100% of the defined class with a minimum of 15 qualified lives	Greater of 10% of the defined class or 15 qualified lives
Actively at Work	30 hours minimum requirement	30 hours minimum requirement
Ages	18-65	18-65
Rates	Class I	Class I
Discounts	May vary by product and # of employee insured lives	May vary by product an # of employee insured lives
Underwriting	Modified Underwriting	Modified Underwriting
Process	Submit Large Case Offer Worksheet with census to advanced underwriter to obtain an offer	Submit Large Case Offer Worksheet with census to advanced underwriter to obtain an offer
Buy-Ups	Available, subject to full underwriting	Available, subject to full underwriting

Please contact your sales representative for more details.

Qualified lives = the number of individuals who qualify for coverage based on the defined class and are able to answer the two application questions with a “No” response.

Initial Eligibility Requirements

Long Term Care Insurance is offered to applicants between the ages of 18-80. To be eligible for coverage, an applicant (aged 70-80) is required to have been seen by a primary care physician and have had a complete physical examination within the past three years.

Qualifying the Applicant

Best Prospects

Marketing efforts should be focused on those individuals who will truly benefit from the protection that Long Term Care Insurance provides. Although we don't financially underwrite Long Term Care applicants, an individual's ability to pay premium and the amount of their total assets should be considered.

Before completing an application, an individual's qualifications for coverage should be reviewed. The underwriting of Long Term Care Insurance differs from the underwriting of other products (i.e. life or disability insurance). There are unique factors an underwriter must consider when assessing the risk of an applicant. The following information provides some important considerations in determining an applicant's qualifications. If you have any questions about an applicant's eligibility, please call your sales representative to discuss further.

Age - Typically, individuals between the ages of 50 and 69 are most aware of the need for Long Term Care Insurance based on personal experience. These individuals are often married couples or single females.

Income - Individuals interested in Long Term Care Insurance generally have incomes between \$40,000 and \$125,000 with adequate disposable income to pay insurance premiums. As a general rule, the insured may not be able to afford premiums that exceed 7% of their income.

Assets - Individuals should have in excess of \$30,000 in assets, not including their home.

Personal Independence Factors - Applicants who maintain a level of personal independence typically present a more favorable risk profile.

- Handles their own finances
- Participates in hobbies and activities outside the home
- Drives a car
- Works full or part time
- Has a spouse in good health
- Is active socially

Medical History - Medical histories requiring care and/or treatment can present an increased risk. Some of the factors evaluated at time of underwriting are as follows:

- Conditions requiring the care of a physician and/or family member
- Conditions requiring medication (both prescribed and over the counter)
- Multiple medical conditions are of more significance than each condition alone
- Multiple medications taken for the same or different conditions are of more significance than each medication alone
- Adherence to recommended treatment

Cognitive Status - Deterioration or loss of intellectual capacity requiring another person's assistance or verbal cueing to protect the individual or others can be the result of Alzheimer's disease or similar forms of senility. The cognitive status of an applicant is an important factor.

Functional Capacity - The ability to perform the Activities of Daily Living (bathing, dressing, transferring, eating, continence, and toileting) as well as the ability to perform the Instrumental Activities of Daily Living (IADLs) (shopping, meal preparation, taking medications, and managing personal finances) are important factors in determining the level of risk associated with an applicant.

When An Application Should Not Be Taken

- A condition exists which is listed on the Automatic Decline list.
- The applicant answered “yes” to either of the questions in Part 2 of the application.
- The applicant lives outside of the United States. We do not have filed or approved contracts outside the U.S..
- The applicant uses equipment such as a walker, wheelchair, urinary catheter, oxygen, respirator, quad cane or is on dialysis.
- The applicant is residing in an assisted living facility, nursing facility or is receiving adult day care or home care.
- A Power of Attorney has been activated due to a past or present mental or physical disability with a dependence on three or more IADLs.
- The applicant shows signs of cognitive impairment, is unable to participate in the application process or is disoriented (not oriented to person, place or time, shows signs of confusion, is unable to recall his/her own medical history or lacks judgement).
- The applicant is unable to perform or needs assistance performing any Activity of Daily Living or three or more Instrumental Activities of Daily Living.
- The applicant is receiving disability payments, other than for a minor VA disability.
- The applicant is over the age of 80.
- Weight exceeds the Acceptable Range on the Height & Weight Table in the back of this book.

Suitability Criteria

Personal Worksheet Requirement

- If the Personal Worksheet is state required, it must be completed and submitted with the application
- If the Personal Worksheet is not state required, it does not have to be completed but should still be kept in the file if submitted

Meets Minimum Criteria

- If assets (excluding the home) are greater than or equal to \$30,000; and
- If the premium for coverage is not greater than 7% of annual income

Does Not Meet Minimum Criteria

- If assets (excluding the home) are less than \$30,000; and
- If the premium for coverage is greater than 7% of annual income

Denied to Submit

- If the Personal Worksheet is state required but the applicant does not submit a Personal Worksheet with the application, a copy of the signed worksheet must be obtained prior to issuing coverage.

Denied to Complete

- If the Personal Worksheet is state required; the applicant submits a Personal Worksheet with the application but declines to disclose financial information, the box ‘I do not wish to disclose this information’ is checked and the applicant signs the form. The applicant will be contacted by phone to confirm that they still want to proceed with the application process.

Pending

- Used during transition periods only
- Personal Worksheet must be signed on delivery

Example: An application is submitted without the Personal Worksheet because it is not state required (at the time the application is made). In the interim, the state approves/passes Suitability legislation requiring the Personal Worksheet. In this scenario, the Personal Worksheet would need to be completed and returned on delivery of the policy/cert.

NOTE: If the applicant intends to pay premium with money received only from disposable income, a rule of thumb is that the applicant may not be able to afford the coverage if the premium will be more than 7% of his/her annual income.

Risk Classifications

Preferred (Health) Discount

A Preferred (Health) Discount of 20% (NJ = 10%) is available to individuals in exceptional health, who have had a comprehensive physical examination within the past two years if age 65 or over, and have not smoked for one year. Additionally, the individual must meet the Acceptable Range on the Height & Weight Table in the back of this guide.

Note: A paramedical exam does not constitute a complete physical examination and will not qualify an applicant for the Preferred (Health) Discount.

Eligibility for the Preferred (Health) Discount will be determined by the underwriter upon review of the application and all appropriate requirements. The Preferred (Health) Discount should not be quoted to the applicant or be expected by the applicant.

Class I

Class I premium indicates an individual has no uninsurable conditions, is within Acceptable Range on the Height & Weight Table and has no functional ADL (Activities of Daily Living) or IADL (Instrumental Activities of Daily Living) losses.

Class II

Class II premium indicates an individual is not in optimal health and does have a medical condition(s) and/or limitations that present additional risk to losing ADLs. The applicant would not have existing ADL losses. A risk rating of 25% additional premium will be applied to Class I rate.

Class III

Class III premium indicates an individual is not in optimal health and does have a medical condition(s) and/or limitations that present additional risk to losing ADLs. The applicant would not have existing ADL losses. A risk rating of 50% additional premium will be applied to Class I rate.

Plan Limitations for Premium Class II and III

- 6 year benefit duration with inflation; or
- 10 year or Lifetime benefit duration without inflation
- No Total Home Care benefit greater than 50% (Long Term Care Insurance), 60% (Advantage Plus)
- No daily benefit amount greater than \$200 (\$6,000 per month)

Underwriting Requirements

The following are the requirements necessary to determine an applicant's eligibility for coverage and will be requested at our expense.

Attending Physician Statement (APS)

An Attending Physician Statement is a copy of an applicant's medical records obtained by us from a treating physician and is requested routinely for all applicants age 65 and older and at younger ages for cause. (Attending Physician Statements provided by a self-treating physician or a physician treating a family member, do not satisfy this requirement.)

A 'complete physical exam' is a thorough review of a patient's medical history, a verbal and physical review of body systems, corresponding diagnostic work-up and appropriate lab testing.

Individuals applying for LTC coverage who are 65 or older are required to have had a complete physical exam within the past two years in order to be eligible for the Preferred (Health) Discount. Applicants 70 and older who have not had a complete physical exam within the past three years will not be eligible for coverage.

If a complete physical exam is required to complete the underwriting process, and is not included within the initial Attending Physician Statement, the expense of obtaining the exam is the responsibility of the applicant.

Face to Face Assessment

A Face to Face Assessment is an in home interview conducted by a health care professional to ask pertinent questions of an applicant's medical history, evaluate physical and mental functionality as well as lifestyle factors. This Assessment is a routine requirement on all applicants aged 70 and older and at younger ages for cause.

Paramedical Interview/Exam

The Paramedical Interview and/or Exam consists of a series of questions related to an applicant's medical history asked by a health care professional and can include a check of one's height, weight, pulse and blood pressure. This Exam is required for all applicants aged 65-69 who have not had a complete physical exam by a physician within the last three years or medical records are not available. This exam maybe performed in instances where the applicant is a self-treating physician or the applicant's physician is a family member. If a paramed exam is used in lieu of a complete physical, Preferred rates will not be available.

If abnormalities are noted in the Exam, coverage will be postponed until they can be addressed and treated or resolved by a physician. Any follow-up to the Exam will be done at the applicant's expense.

	APS	Face-to-Face Assessment	Parameds if History not Available
Age 65 and over or at Underwriter Discretion	✓		✓
Age 70 and over or at Underwriter Discretion	✓	✓	

Note: A paramed exam will not be accepted in lieu of a complete physical on applicants ages 70-80.

Automatic Decline List

Uninsurable Conditions

The conditions listed below represent the more common uninsurable scenarios. An application should not be submitted if an applicant has any of the following conditions.

AIDS, ARC
Alcoholism, ongoing
Alzheimer's Disease
Ambulation (i.e. unsteadiness, shuffling, instability)
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)
Asthma with Smoking
Ataxia

Cardiomyopathy
Catheter Use
Chronic Fatigue Syndrome
Chronic Pain
Cirrhosis of the Liver
COPD with Smoking

Dementia
Diabetes (complicated and/or uncontrolled)
Dialysis
Disabled Applicant (applicant receiving disability payments, i.e. LTD, SSDI, etc.)
Drug Abuse (ongoing)

Falls (multiple or recent, irrespective of injury sustained); with dizziness, syncope, cerebrovascular disorders or gait disturbance

Hairy Cell Leukemia
Hepatitis C, with a Positive RNA Load
Hodgkins Disease, within 5 years
Huntington's Chorea
Hydrocephalus

Liver Cancer

Memory Loss
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis

Narcotic Pain Medication (Pain Management, Daily Use)
Neurogenic Bladder

Obesity (As defined in the Height & Weight Table in the back of this guide)
Organ Transplant
Organic Brain Syndrome
Osteoporosis with Compression Fractures
Oxygen Use

Paralysis
Parkinson's Disease
Progressive Muscular Atrophy
Polycystic Kidney Disease
Post Polio Syndrome
Pulmonary Fibrosis

Uninsurable Conditions (continued)

Quadriplegia

Renal Failure/Renal Insufficiency (chronic or active)

Schizophrenia
Scleroderma

Temporal Arteritis

Wilson's Disease

Note: This list is representative of common uninsurable conditions.

Medications Commonly Associated with Uninsurable Conditions

An application should not be submitted if an applicant is taking any of the following medications for the conditions specified.

Akineton (Parkinson's)
Amantadine (Parkinson's)
Antabuse (Alcoholism)
Arava (Rheumatoid Arthritis/Severe Arthritis)
Aricept (Dementia)
Artane (Parkinson's)
Atamet (Parkinson's)
Avonex (Multiple Sclerosis)
Azithioprine (Immunosuppressive/Many Conditions)

Baclofen (Multiple Sclerosis)
Betaseron (Multiple Sclerosis)

Carbex (Parkinson's)
Carbidopa (Parkinson's)
Clozaril (Anti-Psychotic)
Cogentin (Parkinson's)
Cognex (Dementia)
Copaxone (Multiple Sclerosis)
Cyclosporine (Immunosuppressive/Many Conditions)
Cytosan (Immunosuppressive/Many Conditions)

Dantrium (Multiple Sclerosis)
Deltasone >10mg/day (Steroid)

Eldepryl (Parkinson's)
Enbrel (Rheumatoid Arthritis/Severe Arthritis)
Exelon (Dementia)

Gold (Rheumatoid Arthritis/Severe Arthritis)

Haldol (Anti-Psychotic)
Humira (Rheumatoid Arthritis)

Imuran (Immunosuppressive/Many Conditions)

L-dopa/Levodopa (Parkinson's)
Leukeran (Cancer)
Loxitane (Anti-Psychotic)

Mercaptopurine/6-MP (Immunosuppressive/Many Conditions)
Methotrexate >10mg/week total (Immunosuppressive/Many Conditions)
Mirapex (Parkinson's)
Moban (Anti-Psychotic)

Navane (Anti-Psychotic)
Narcotic Pain Medication (Pain Management, Daily Use)

OxyContin (Pain Management, Daily Use)

Medications Commonly Associated with Uninsurable Conditions (continued)

Parlodel (Parkinson's)
Penicillamine (Rheumatoid Arthritis/Severe Arthritis)
Percocet (Pain Management, Daily Use)
Permax (Parkinson's)
Plaquenil >400mg/day (Immunosuppressive/Many Conditions)
Plavix (Recent Stroke)
Prednisone >10 mg/day (Immunosuppressive/Many Conditions)
Procrit (Anemia)

Requip (Parkinson's)
Remicade (Rheumatoid Arthritis)
Reminyl (Dementia)
Risperdal (Anti-Psychotic)

Seroquel (Anti-Psychotic)
Sinemet (Parkinson's)
Solganal (Severe Arthritis)
Stelazine (Anti-Psychotic)
Symmetrel (Parkinson's)

Tasmar (Parkinson's)
Thorazine (Anti-Psychotic)
Trilafon (Anti-Psychotic)

Zyprexa (Anti-Psychotic)

These medications may be taken for conditions other than those shown. If you have questions regarding a medication or condition, please contact your Sales Representative.

Medical Risk Selection Guide

This section deals with single impairments and is intended as a medical risk selection guide only, not an Underwriting Manual. It can generally be assumed that a combination of three or more conditions listed here may result in a co-morbid situation and lead to a rating or declination. Co-morbid conditions will be evaluated on a case by case basis with consideration made to the severity of conditions. For example, a diabetic could be considered for coverage. However, if the diabetes is combined with significant obesity and/or heart disease and/or a circulatory condition, the case would be declined.

- Pref – Acceptable Preferred with Underwriter Approval
- CI – Class I Standard Rates
- CII – Class II 25% Rating
- CIII – Class III 50% Rating
- PP – Postpone
- D – Decline

Condition	Underwriting Action
A	
AIDS, ARC	D
ALCOHOL DEPENDENCY OR EXCESSIVE USE/DRUG DEPENDENCY <ul style="list-style-type: none"> • Completely alcohol/drug free - 36 months • Ongoing use or complications (i.e. abnormal lab/testing, hospitalization) • Illicit drug use 	CI D D
ALZHEIMER'S DISEASE	D
AMBULATION (i.e. Unsteadiness, shuffling, instability)	D
AMPUTATION <ul style="list-style-type: none"> • Due to trauma, now completely stable and independent • Due to disease (i.e. Diabetes, Atherosclerosis or co-morbid factors) 	CI D
AMYOTROPHIC LATERAL SCLEROSIS (ALS) (Lou Gehrig's Disease)	D
ANEMIA <ul style="list-style-type: none"> • Mild/Moderate - asymptomatic • Severe, chronic or undetermined cause 	CI D
ANEURYSM <ul style="list-style-type: none"> • CEREBRAL <ul style="list-style-type: none"> – Status post aneurysm repair 12 months – Not surgically treated – Residual limitations • ABDOMINAL, AORTIC, THORACIC <ul style="list-style-type: none"> – Status post successful aneurysm repair 12 months – If not surgically treated will consider – Residual limitations – If size is greater than 6 cm or surgery recommended 	CI D D CI CII D PP
ANGINA <ul style="list-style-type: none"> • Asymptomatic for 6 months • Status post heart attack, stable and controlled angina after 12 months • Symptomatic 	CI CI/CII/CIII D

Condition	Underwriting Action
ANXIETY <ul style="list-style-type: none"> Mild, situational, stable, treated w/Rx and/or counseling Chronic, stable w/ongoing medication (i.e. Xanax, Valium) 	Pref CI
ARRHYTHMIA/IRREGULAR HEART BEAT (except Atrial Fibrillation) <ul style="list-style-type: none"> Asymptomatic, no treatment required Management with oral medication, no underlying pathology for 6 months Co-morbid factors (i.e. Cardiomyopathy, Valvular Disease, Diabetes, Vascular Disease) 	Pref/CI CI D
ARTHRITIS (See Rheumatoid, Osteoarthritis or specific joint)	
ASTHMA/BRONCHITIS <ul style="list-style-type: none"> Mild, non-smoker Moderate, non-smoker Complicated, multiple hospitalizations, steroid use above limits, oxygen use, heart condition or continued smoking 	Pref CI D
ATAXIA	D
ATRIAL FIBRILLATION, ATRIAL FLUTTER <ul style="list-style-type: none"> Post surgical AF, single episode Lone AF, one episode, no co-morbid factors, 6 months stability AF associated with hyperthyroidism, resolved, 36 months stability Chronic or Paroxysmal AF, < 65 with or without anticoagulation, 6 months stability Chronic or Paroxysmal AF, ≥ 65, well controlled with anticoagulation, 6 months stability AF with prior TIA, stroke, significant diabetes, congestive heart failure, significant coronary artery disease, or unstable 	Pref CI Pref CII CIII D
B	
BACK DISORDERS (Spinal, Disc, Spondylolisthesis, Spondylosis, Spinal Stenosis, Sciatica, Radiculitis) <ul style="list-style-type: none"> No functional limitation, Stable - 12 months Status post laminectomy, discectomy, spinal fusion stable - 12 months Chronic pain, multiple surgeries, compression fractures, progressive muscle weakness or wasting, daily narcotic use, functional limitations 	CI CI D
BARRETT'S ESOPHAGUS <ul style="list-style-type: none"> Stable, controlled, negative work up for cancer 	CI
BASAL CELL CARCINOMA	Pref
BRAIN DISORDER, ORGANIC BRAIN DISORDER	D
BRONCHIECTASIS <ul style="list-style-type: none"> Non-smoker; mild, stable – 0 months 	Pref
BRONCHITIS: See Asthma	
BY-PASS SURGERY: See Coronary Artery Disease	
CANCER The criteria for cancer assumes that there is no metastasis or recurrence of the disease. Cancer stability periods are based on the stage of each individual cancer. Please contact your UnumProvident representative for details. A cancer history that occurred 10 or more years ago may qualify for the Preferred Discount with the exception of Bladder, Head and Neck and certain Prostate Cancers. Here are the criteria for some of the more commonly seen cancers.	

Condition	Underwriting Action
C	
CANCER (Continued)	
<ul style="list-style-type: none"> • BLADDER CANCER <ul style="list-style-type: none"> – Inverted Papilloma – In situ, Stage 0 to Stage I – Stage II or greater, 4 or more recurrences or untreated carcinoma in situ 	Pref CI D
<ul style="list-style-type: none"> • BREAST CANCER <ul style="list-style-type: none"> – In situ to Stage I – Stage II to IIIb – Stage IV 	Pref/CI CI D
<ul style="list-style-type: none"> • COLORECTAL CANCER <ul style="list-style-type: none"> – Stage 0 to Stage I – Stage II to III – Stage IV 	Pref/CI CI D
<ul style="list-style-type: none"> • KIDNEY CANCER (Renal Cell Carcinoma) <ul style="list-style-type: none"> – Stage I – Stage II to IIIa – Stage IIIb, IIIc, IV 	Pref/CI CI D
<ul style="list-style-type: none"> • LUNG CANCER <ul style="list-style-type: none"> – Benign Lung Neoplasms, no smoking – Stage 0 to II, no smoking – Stage III to Stage IV 	Pref CI D
<ul style="list-style-type: none"> • MALIGNANT MELANOMA <ul style="list-style-type: none"> – In Situ to Breslow Thickness of 4mm (to Clark Level IV) – Breslow Thickness >4mm (Clark Level V) 	Pref/CI D
<ul style="list-style-type: none"> • PROSTATE CANCER <ul style="list-style-type: none"> – Stage A to B0 – Stage B1 to C1 – Stage C2 or greater 	Pref/CI CI D
<ul style="list-style-type: none"> • THYROID CANCER <ul style="list-style-type: none"> – Benign Adenoma – Stage I to Stage II – Stage III to Stage IV 	Pref Pref/CI D
<ul style="list-style-type: none"> • UTERINE CANCER <ul style="list-style-type: none"> – Benign fibroids – Stage I to II – Stage III to Stage IV 	Pref Pref/CI D
CARDIOMYOPATHY	
<ul style="list-style-type: none"> • Hypertrophic cardiomyopathy, stable, mild symptoms, no history of atrial fibrillation or significant Coronary Artery Disease 	CI
<ul style="list-style-type: none"> • Hypertrophic cardiomyopathy, not stable, symptoms moderate or severe or history of atrial fibrillation or significant Coronary Artery Disease, or defibrillator 	D
CAROTID ARTERY DISEASE / STENOSIS	
<ul style="list-style-type: none"> • Asymptomatic, not requiring surgery, (less than 70% stenosis) or 6 months from Endarterectomy • Symptomatic, >70% stenosis, TIA, or Stroke 	CI D
CATARACTS	Pref
CATHETER USE	D
CEREBRAL PALSY	
<ul style="list-style-type: none"> • Demonstrated stability, no co-morbid factors, < 60 years of age • Decrease in muscle strength or functioning, > 60 years of age 	CI D

Condition	Underwriting Action
CHOLESTEROL • Stable, controlled, no co-morbid factors	Pref
CHRONIC FATIGUE SYNDROME	D
CIRRHOSIS OF THE LIVER	D
COLITIS/IRRITABLE BOWEL SYNDROME/ULCERATIVE COLITIS • Normal weight maintenance, 0 months • Ostomy with independent management, 6 months • Use of Azulfadine/Rowasa, 12 months • Active, Ischemic Colitis	CI CI CI D
CONGESTIVE HEART FAILURE • Stable for 36 months, no functional limitations • Stable for 24 months, with mild functional limitations • History of TIA or stroke, or current history of significant atrial fibrillation, diabetes mellitus, coronary artery disease or hypertension, or with smoking	CI CII D
COPD/EMPHYSEMA • Mild to moderate disease, stable, treated and no functional limitations • Recent hospitalization • Severe, multiple hospitalizations, steroid use above limits, oxygen use, heart conditions or continued smoking	CI PP 12 Months D
CORONARY HEART/ARTERY DISEASE • Asymptomatic, no co-morbid factors • Status Post Myocardial Infarction, Angina, Angioplasty, By-pass • Evidence of unstable Angina, Congestive Heart Failure, co-morbid factors (Significant obesity, hypertension, heart disease, diabetes, peripheral vascular disease or smoking)	Pref/CI/CII CI/CII/CIII D
CROHN'S DISEASE • Stable and medically managed for 24 months • Complicated, multiple surgeries or steroid use above limits	CII/CIII D
DEFIBRILLATOR USE	D Call your UnumProvident representative
DEMENTIA	D
DEPRESSION • Recent onset, start-up therapy session, changes in medications • Hospitalization for depression, < 12 months, resolved • Situational, 12 months, resolved • Chronic, compliance with medication, no limits to lifestyle • Complicated, multiple hospitalizations, suicidal ideation or ECT	PP 12 months PP 24 months Pref CI D
DIABETES Stable, controlled, Glucose readings <200, HgbA1C <9.0%, no complications (neuropathy, retinopathy, peripheral vascular disease, organ damage) or co-morbid factors (significant obesity, heart disease, hypertension, peripheral vascular disease or smoking) regular follow-up and • Diabetes resolved (normal blood sugar and HgbA1c) due to diet and/or exercise • Age 50 or older at time of diagnosis, diagnosed < 10 years ago, oral medication, diet controlled or insulin • Onset between ages 35 and 50, diagnosed < 10 years ago, oral medication, diet controlled or insulin	Pref CI CII

Condition	Underwriting Action
DIABETES (Continued) <ul style="list-style-type: none"> Onset after age 50 or diagnosed < 10 years ago, insulin Onset under age 35 or diagnosed > 10 years ago, oral medication, diet controlled or insulin Complicated, Uncontrolled 	CII CIII D
DIALYSIS	D
DISABLED APPLICANT <ul style="list-style-type: none"> Applicant receiving disability payments, other than a minor VA benefit or FAA disability, i.e. LTD, SSDI, etc. 	D
DIZZINESS <ul style="list-style-type: none"> Benign, Positional, Stable - 6 months Etiology unclear Co-morbid factors, i.e. falls, neurological symptoms, cardiac condition 	CI PP D
DRUG ABUSE: (See Alcohol/Drug Abuse)	
E	
EMPHYSEMA (See COPD)	
ENDOCARDITIS <ul style="list-style-type: none"> Fully recovered 12 months Active, symptomatic, cardioneerosis, history of cardioversion 	CI D
EPILEPSY/SEIZURES <ul style="list-style-type: none"> Controlled, no complications Uncontrolled, without firm diagnosis 	Pref/CI D
EQUIPMENT USE <ul style="list-style-type: none"> Straight Cane, no co-morbid factors Quad Cane (four prong cane), crutches, walker; wheelchair; commode, hoier lift, etc. when related to an acute condition, temporary use Quad Cane (four prong cane), straight cane, crutches, walker; wheelchair; commode, hoier lift, etc. when related to a chronic or age related condition, frailty, osteoporosis or falls 	CI PP D
EYE DISORDERS (Retinal Detachment, Vascular Retinopathy, Macular Degeneration, Retinitis Pigmentosa) <ul style="list-style-type: none"> Completely independent, stable for 12-24 months Evidence of progressive sight loss, co-morbid factors 	CI D
F	
FALLS <ul style="list-style-type: none"> Multiple or recent, (irrespective of injury sustained); with dizziness, syncope, cerebrovascular disorder, osteoporosis or gait disturbance 	D
FIBROMYALGIA	D
FRACTURES <ul style="list-style-type: none"> Single episode, fully recovered 6 months Multiple falls, compression fractures, underlying condition (i.e. osteoporosis) 	CI D

Condition	Underwriting Action
	G
GERD (Gastroesophageal Reflux Disorder)	Pref
GLAUCOMA <ul style="list-style-type: none"> • One medication, stable, without vision loss • Two or more medications, stable vision 	Pref CI
GOUT <ul style="list-style-type: none"> • No functional limitations, well controlled with medications • Status post joint replacement, stable 6 months • Chronic, Active with complications 	Pref CI D
	H
HEAD INJURY <ul style="list-style-type: none"> • Stable condition with no residual paralysis or cognitive deficit – 24 months • Stable condition with no residual paralysis or cognitive deficit – 12 months • Existing functional or cognitive impairment or shunt that is still present 	Pref CI D
HEART ATTACK (MYOCARDIAL INFARCTION) <ul style="list-style-type: none"> • Status post single episode 6 months, no limitations • Status post multiple episodes, with co-morbid factors (See Coronary Artery Disease) 	CI D
HEMOCHROMATOSIS, BRONZE DIABETES <ul style="list-style-type: none"> • Stable, regular phlebotomy, normal iron studies and normal liver enzyme tests, 12 months stability • Complicated, untreated, prior TIA, stroke, diabetes, atrial fibrillation/flutter or excessive alcohol use 	CII D
HEMOPHILIA <ul style="list-style-type: none"> • Mild, well controlled, no co-morbid factors • Moderate, well controlled, no co-morbid factors • Severe, uncontrolled, with co-morbid factors (co-morbid factors include: falls, major bleeds, stroke or TIA) 	CI CII D
HEPATITIS <ul style="list-style-type: none"> • Alcoholic: Fully recovered, no use for 5 years, or longer • Alcoholic: Present • Hepatitis A, Fully recovered • Hepatitis B, Fully recovered - 24 months • Hepatitis C, Treated, Negative Viral RNA Load - 24 Months • Hepatitis C, Treated, Positive Viral RNA Load 	CI D CI CI CI D
HIP REPLACEMENT <ul style="list-style-type: none"> • Full recovery, no functional limitations - 6 months • Multiple surgeries, chronic pain, daily narcotic use, restricted activities or unsteady gait 	CI D
HIV POSITIVE	Call your UnumProvident Representative
HODGKINS DISEASE <ul style="list-style-type: none"> • Fully recovered from therapy 5 years - Stage I/II • Fully recovered from therapy 5 years - Stage III/IV • Active disease 	CI CIII D
HUNTINGTON'S CHOREA	D

Condition	Underwriting Action
HYDROCEPHALUS (including shunted and normal pressure)	D
HYPERTENSION <ul style="list-style-type: none"> • BP ≤ 140/90 (0-3 medications) no history CAD, angioplasty, PVD, renal disease, CABG, cerebrovascular disease • BP between 141/91 and 159/99 (0-3 medications) • BP > 180/110 and/or with the presence of significant co-morbid conditions (Smoking moves the applicant down a class rating)	Pref CI D
I	
INCONTINENCE <ul style="list-style-type: none"> • Mild urinary or stress incontinence • Bowel incontinence 	Pref D
K	
KIDNEY/RENAL FAILURE <ul style="list-style-type: none"> • Renal failure or insufficiency, acute more than 12 months from recovery • Renal failure or insufficiency - current, acute or chronic • Kidney transplant, Dialysis 	CI D D
KNEE REPLACEMENT <ul style="list-style-type: none"> • Full recovery, no functional limitations - 6 months • Multiple surgeries, chronic pain, daily narcotic use, restricted activities, or unsteady gait 	CI D
L	
LEUKEMIA <ul style="list-style-type: none"> • Chronic Lymphocytic Leukemia (CLL) If diagnosed and treated within 2 years, ≥ 70 at time of diagnosis, Stage 0, I or II • If diagnosed and treated more than 2 years ago, < 70 at time of diagnosis, Stage 0, I or II Stage III or IV • Acute Lymphocytic Leukemia (ALL) disease and treatment free 5 years • Acute Myelogenous Leukemia (AML) disease and treatment free 5 years • Chronic Myelogenous Leukemia (CML) w/bone marrow transplant, disease and treatment free 5 years • Multiple Myeloma, Hairy Cell Leukemia 	CI D D CI CI CIII D
LOU GEHRIG'S DISEASE (Amyotrophic Lateral Sclerosis)	D
LUPUS <ul style="list-style-type: none"> • Discoid, not SLE, stable - 6 months • Systemic Lupus Erythematosus if in remission 5 years 	CI CIII
LYMPHOMA <ul style="list-style-type: none"> • All types, disease and treatment free - 5 years • All types, disease and treatment free - 10 years 	CIII CI

Condition	Underwriting Action
M	
MEMORY LOSS References made in medical records, either reported by applicant, family member or documented by a physician to any of the following: <ul style="list-style-type: none"> • Poor memory • Forgetfulness • Confusion • Any memory complaints or difficulties 	D
MENOPAUSE, WITH OR WITHOUT HORMONE THERAPY	Pref
MULTIPLE CHEMICAL SENSITIVITY	D
MULTIPLE MYELOMA	D
MULTIPLE SCLEROSIS	D
MUSCULAR DYSTROPHY	D
MYASTHENIA GRAVIS	D
N	
NEUROGENIC BLADDER	D
O	
OBESITY (As defined by our Height & Weight Table in the back of this guide)	D
ORGAN TRANSPLANT	D
ORGANIC BRAIN SYNDROME (OBS)	D
OSTEOARTHRITIS <ul style="list-style-type: none"> • Early stage Osteoarthritis • Intermediate stage Osteoarthritis • Severe stage Osteoarthritis, single area • Severe stage Osteoarthritis, multiple areas 	Pref CI CII D
OSTEOPOROSIS <ul style="list-style-type: none"> • Mild • Moderate, no limitations • Severe, Compression fractures, or falls 	CI CII/CIII D
OSTOMY (See specific condition)	
OXYGEN USE	D
P	
PACEMAKER <ul style="list-style-type: none"> • Asymptomatic for 6 months 	CI
PAGET'S DISEASE OF BONE <ul style="list-style-type: none"> • No limitations, stable, in remission 24 months • Symptomatic, extensive or history of compression fractures 	CI D

Condition	Underwriting Action
PANCREATITIS • Acute episode, stable, normal weight maintenance - 12 months • Chronic or active pancreatitis	CI D
PARALYSIS • Quadriplegia	D
PARKINSON'S DISEASE	D
PEPTIC ULCER DISEASE (Gastric, Duodenal, Esophageal, Jejunal, Stomach) • Normal weight maintenance, well controlled • History of Gastrointestinal bleeds, hospitalization, evidence of weight loss	CI PP 12 months
PERIPHERAL NEUROPATHY • Mild, non limiting, non progressive – 24 months • Progressive, painful, uncontrolled or complicated	CI D
PERIPHERAL VASCULAR DISEASE • Asymptomatic, no co-morbid factors • Functional limitations, restriction of daily activities, claudication or co-morbid factors (significant obesity, heart disease, diabetes or smoking)	CI D
POLIOMYELITIS (POLIO) • No functional limitations • Clinical evidence of post polio syndrome, change in muscle strength or functioning, increased fatigue	CI D
POLYCYSTIC KIDNEY DISEASE	D
POLYCYTHEMIA VERA • Stable 24 months, treatment with Phlebotomy • Surgery required, abnormal lab values, weight loss, complications	CIII D
POLYMYALGIA RHEUMATICA • No limitations, stable, in remission - 24 months • Symptomatic or complications	CI D
POST POLIO SYNDROME	D
PROGRESSIVE MUSCULAR ATROPHY	D
PROSTATIC HYPERTROPHY, BENIGN (BPH) • PSA <10, regular follow-up, asymptomatic • PSA <10, regular follow-up, mild symptoms and/or history of TURP • PSA >10, regular follow-up, negative biopsy, medical explanation not suggestive of cancer	Pref CI CII
PULMONARY FIBROSIS	D
R	
RENAL FAILURE/RENAL INSUFFICIENCY (chronic or active)	D
RHEUMATOID ARTHRITIS • Stable, treated, no functional limitations - 12 months • Unstable, chronic pain, joint deformities or multiple joint replacements, compression fractures, steroid use above limits, use of Enbrel, Remicade or Arava	CI D

Condition	Underwriting Action
S	
SARCOIDOSIS <ul style="list-style-type: none"> Mild, single-site sarcoid, stable, no limitations - 24 months Mild, single-site sarcoid, stable, no limitations - 0 months Multiple site sarcoidosis - 12 months With heart or central nervous system involvement or use of oxygen 	Pref CI CI D
SCHIZOPHRENIA	D
SCLERODERMA	D
SEIZURES (See Epilepsy)	
SLEEP APNEA	Pref
SMOKING <ul style="list-style-type: none"> Smoking is defined as smoking a pipe, cigar or cigarettes within the past 12 months. Smoking does not include chewing or other non-smoked nicotine delivery systems. (Smoking in combination with certain diseases will lower the risk class rating by one class) 	CI
STEROID USE, IMMUNOSUPPRESSIVE TREATMENT (Underwritten based on underlying condition) <ul style="list-style-type: none"> Acceptable limits <ul style="list-style-type: none"> Deltasone ≤ 10mg/day Plaquenil ≤ 400mg/day Prednisone ≤ 10mg/day Methotrexate ≤ 10mg/week Treatment with two or more of the above medications 	D
STROKE (CVA, TIA) <ul style="list-style-type: none"> Single episode, 10 years out, no residuals or co-morbid factors Single episode, 3 years out, no residual weakness Multiple strokes or TIAs, persistent co-morbid factors (i.e. cardiovascular disease, valvular disease, carotid stenosis or diabetes) 	CI CIII D
SYNCOPE (FAINTING, PASSING OUT) <ul style="list-style-type: none"> See specific condition Unconfirmed diagnosis 	CI D
T	
TEMPORAL ARTERITIS	D
THROMBOCYTOPENIA <ul style="list-style-type: none"> Idiopathic, platelet count > 80,000, stable - 24 months 	CI
THROMBOPHLEBITIS/PHLEBITIS <ul style="list-style-type: none"> Superficial, fully recovered Deep, single episode, fully recovered - 6 months Co-existing condition (i.e. recurrent episodes, Diabetes, Coronary Artery Disease) 	CI CI D
THYROID DISEASE (Hyper/Hypothyroidism) <ul style="list-style-type: none"> Controlled with medication or by surgery 	Pref

Condition	Underwriting Action
TICS, TREMORS, GILLES de la TOURETTE SYNDROME, HUNTINGTON'S DISEASE <ul style="list-style-type: none"> • Benign, simple tics, 12 months stability • Benign, familial tremors, 12 months stability • Benign, familial tremors, 60 months stability • Gilles de la Tourette Syndrome, 12 months stability • Gilles de la Tourette Syndrome, 60 months stability • Huntington's Disease 	Pref CI Pref CI Pref D
TRANSIENT GLOBAL AMNESIA (TGA) <ul style="list-style-type: none"> • Single episode, confirmed diagnosis, no complications, no co-morbid factors, stable and normal cognitive function - 36 months • Single episode, confirmed diagnosis, no complications, no co-morbid factors, stable and normal cognitive function - 12 months 	Pref CI
TRANSIENT ISCHEMIC ATTACK (TIA) (See Stroke)	
U	
ULCER (See Peptic Ulcer Disease)	
ULCERATIVE COLITIS (See Colitis)	
V	
VALVULAR HEART DISEASE <ul style="list-style-type: none"> • Mitral Valve Prolapse, mild, asymptomatic • Valve replacement surgery, no co-morbid factors, 12 months stability • Mild to moderate Aortic/Mitral Disease, asymptomatic, no co-morbid factors • Severe Aortic/Mitral Disease, asymptomatic, no co-morbid factors • Severe symptomatic, unstable or with co-morbid factors (significant obesity, heart disease, hypertension, peripheral vascular disease, diabetes or smoking) 	Pref CI CI CIII D
VERTIGO <ul style="list-style-type: none"> • Benign, positional with successful treatment, stable - 6 months • Unclear etiology • Evidence of co-existing condition, neurological symptoms, demyelinating disease, tumor, stroke 	CI PP D
W	
WEIGHT (See Height & Weight Table in the back of this guide)	
WILSON'S DISEASE	D

Height and Weight Table - Females ages 18 and over

Height	Underweight	Average Weight	Preferred Range	Acceptable Range
4' - 8"	78	111	94 - 163	164 - 191
9"	79	113	96 - 166	167 - 195
10"	80	115	97 - 170	171 - 199
11"	82	117	99 - 174	175 - 203
5' - 0"	84	120	102 - 178	179 - 208
1"	86	123	104 - 182	183 - 213
2"	88	126	107 - 186	187 - 218
3"	90	129	110 - 191	192 - 223
4"	92	132	112 - 196	197 - 229
5"	94	135	115 - 200	201 - 234
6"	97	139	118 - 205	206 - 239
7"	99	142	120 - 210	211 - 245
8"	102	146	125 - 215	216 - 251
9"	105	150	127 - 221	222 - 257
10"	108	154	131 - 228	229 - 264
11"	111	159	135 - 236	237 - 272
6' - 0"	115	164	139 - 244	245 - 282
1"	118	169	143 - 252	253 - 291
2"	121	174	148 - 260	261 - 300
3"	124	179	152 - 268	269 - 309
4"	127	184	156 - 276	277 - 318

Note: An applicant weighing less than the weight indicated in the 'Underweight' column or greater than the high-end of the 'Acceptable Range' will be uninsurable.

Height and Weight Table - Males ages 18 and over

Height	Underweight	Average Weight	Preferred Range	Acceptable Range
5' - 0"	92	131	111 - 180	181 - 213
1"	94	134	114 - 184	185 - 217
2"	96	137	116 - 188	189 - 222
3"	99	141	120 - 193	194 - 227
4"	102	145	123 - 198	199 - 232
5"	104	149	126 - 203	204 - 238
6"	107	153	130 - 208	209 - 244
7"	110	157	133 - 214	215 - 250
8"	113	161	136 - 220	221 - 257
9"	116	165	140 - 226	227 - 264
10"	119	170	144 - 232	233 - 271
11"	122	174	148 - 238	239 - 278
6' - 0"	125	179	152 - 244	245 - 285
1"	128	183	155 - 251	252 - 292
2"	132	188	160 - 258	259 - 299
3"	135	193	164 - 265	266 - 307
4"	139	199	169 - 272	273 - 315
5"	143	204	173 - 279	280 - 323
6"	147	210	178 - 286	287 - 331
7"	151	216	183 - 293	294 - 339
8"	155	221	188 - 300	301 - 347

Note: An applicant weighing less than the weight indicated in the 'Underweight' column or greater than the high-end of the 'Acceptable Range' will be uninsurable.

Comorbid Build

In certain diseases, individuals within the Comorbid Range will be moved down one risk class.

Comorbid Range (unisex)

Height	Weight
4' - 8"	156 - 191
9"	162 - 195
10"	168 - 199
11"	175 - 203
5' - 0"	179 - 213
1"	186 - 217
2"	192 - 222
3"	198 - 227
4"	204 - 232
5"	211 - 238
6"	217 - 244
7"	224 - 250
8"	231 - 257
9"	238 - 264
10"	244 - 271
11"	251 - 278
6' - 0"	259 - 285
1"	266 - 292
2"	274 - 300
3"	281 - 309
4"	288 - 318
5"	296 - 323
6"	303 - 331
7"	311 - 339
8"	319 - 347

The UnumProvident brand represents the resources of several insuring companies. Combined, they have more than a century of insurance experience. Marketing under the UnumProvident brand, these companies provide a wide range of Long Term Care (LTC) solutions designed to help preserve the assets of individuals from the financial effects of illness and injury. According to LIMRA's Long Term Care Insurance Sales and In Force annual reports, UnumProvident consistently rates among the nation's top LTC providers.

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