

**UNDERWRITING GRID – TERM & UL**

**Accept is Based on Single Impairment – Review each case with Manager**

<b>DISEASE/ DISORDER</b>	<b>FORESTERS</b>	<b>COLUMBIAN FINANCIAL GROUP</b>	<b>AMERICO</b>	<b>GPM</b>	<b>NASSAU RE</b>	<b>MUTUAL OF OMAHA</b>
	<u>Strong- Foundation Smart UL</u>	<u>Safe Shield Term</u>	<u>HMS Plus 125 Payment Protector</u>	<u>Equity Protector Classic 1 Classic 2</u>	<u>Safe HarborTerm Express</u>	<u>TermLife Exp G.U.L.Express</u>

<b>AIDS</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Alcoholism</b>	After 5 Years, without relapse, no current use: <b>ACCEPT</b>	Within past 5Years: <b>DECLINE</b>	<b>DECLINE</b>	Current abuse, or within two years of treatment: <b>DECLINE</b>  Treatment within twoto fiveyears: minimum <b>Classic 2 to DECLINE</b>  Treatment over five years prior: <b>Classic1</b>	Treated in the last 5 Years: <b>DECLINE</b>	Within past 10 Years: <b>DECLINE</b>
<b>Alzheimer’s</b>	<b>DECLINE</b>	In the past 10 years receivedtreatment/ diagnosis or had follow-up: <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Amputation</b>	Injury: <b>ACCEPT</b>  Disease: <b>DECLINE</b>	Injury: <b>POSSIBLE ACCEPT</b>  Disease: <b>DECLINE</b>	Accidental - fully recovered, working full time <b>USUALLY ACCEPT</b>	Injury: <b>ACCEPT</b>  Disease: <b>POSSIBLE DECLINE</b>	Caused by injury: <b>ACCEPT</b>  Duetodisease within1year: <b>DECLINE</b>	Injury: <b>ACCEPT</b>  Disease: <b>DECLINE</b>
<b>Aneurysm</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	Possible <b>Classic1</b> if surgically corrected over three years prior. Otherwise minimum <b>Classic2to DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Angina (Chest Pain)</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	Over age 60, non-tobacco: minimum <b>Classic2</b> , if investigated with cardiac catheterization and treated/stable, described as either mild or moderate.  Unstable angina, described as severe, not fully investigated with cardiac catheterization, tobacco user, or under age 60 yrs: <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>

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<b>Angioplasty</b>	<b>DECLINE</b>	In the past 10 years receivedtreatment/ diagnosis or had follow-up: <b>DECLINE</b>  If more than 10 years: <b>POSSIBLEACCEPT</b>	<b>DECLINE</b>	Underage60: minimum <b>Classic2</b> if currentlynon-tobacco user.  If tobaccouser: <b>DECLINE</b>  Overage60: minimum <b>Classic1</b> if currently non-tobacco user.  If tobaccouser: <b>Classic2</b>  Ongoing anginaafter procedure: <b>DECLINE</b> .	<b>DECLINE</b>	<b>DECLINE</b>
<b>Anxiety</b>	Mild, > age 25, onset more than 1 year or later, no hospitalizations or time off work: <b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	Refer to Depression	3+ Meds or hospitalized within 2yrs: <b>DECLINE</b>	If hospitalized within the past 10 years due to: <b>DECLINE</b>  Otherwise: <b>ACCEPT</b>
<b>Arrhythmia</b>	<b>DECLINE</b>	In thepast 10 years receivedtreatment, diagnosis or had follow-up: <b>DECLINE</b>  If more than 10 years: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	Refer to AFIB	If diagnosed over2 years ago and currentage 50 or older: <b>ACCEPT</b>  Otherwise: <b>DECLINE</b>	<b>DECLINE</b>
<b>Arthritis</b>	Osteoarthritis: <b>ACCEPT</b>  Rheumatoid-minorno limitations: <b>ACCEPT</b>  Severe/Moderate (RX include Humira, Enbrel, Prednisone): <b>DECLINE</b>	Rheumatoid-required follow-up ever: <b>DECLINE</b>  Other: <b>ACCEPT</b>	Rheumatoid <b>DECLINE</b>  Psoriaticmild, workingfulltime <b>ACCEPT</b>  Disabled due to arthritis <b>DECLINE</b>  Methotrexate orsteroid medication <b>DECLINE</b>	Mild or moderate, without use of corticosteroids, Gold, sulphasalazine, chloroquine or methotrexate and able to perform all ADLs: <b>Classic1</b>  Severe, use of any drugs listed above and able to perform most or all ADLs: <b>Classic2</b>  Otherwise: <b>DECLINE</b>	Osteoarthritis: <b>ACCEPT</b>  Rheumatoid Arthritis:If treatedwith Enbrel, Remicade, Humira: <b>DECLINE</b>  Otherwise: <b>ACCEPT</b>	Moderate/ Severe rheumatoid arthritis treated with Humira, Enbrelor Methotrexate: <b>DECLINE</b>

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<b>Asthma</b>	Mild/Moderate and weight not above STD weight: <b>ACCEPT</b>  Severe or hospitalization: <b>DECLINE</b>	Moderate and smoker: <b>DECLINE</b> Moderate is daily symptoms, exacerbations two or more times per week, daily use of bronchodilator, up to 2 wks missed work.  Severe: <b>DECLINE</b>	Steroid use <b>DECLINE</b>  Smoking Individual Consideration  ER visit or hospitalization within last year <b>DECLINE</b>  Well controlled, seasonal with allergies <b>ACCEPT</b>	<b>MILD:</b> Treated daily with single medication, inhaler use only as needed. Tobacco or Non-Tobacco: <b>Classic1</b>  <b>MODERATE:</b> Non-tobacco user, treated daily with single medication, inhaler use only as needed: Non-Tobacco: <b>Classic1</b> Tobacco user: <b>Classic2</b>  <b>SEVERE:</b> Continuous use of steroids and rescue inhalers: Non-Tobacco: <b>Classic2</b> Recent history of hospitalization or tobacco user: <b>DECLINE</b>	If hospitalized more than 10 days in last 12 mos and/or frequent use of <b>steroids</b> : <b>DECLINE</b>  Otherwise: <b>ACCEPT</b>	Chronic or Severe: <b>DECLINE</b>
<b>Atrial Fibrillation (A-Fib)</b>	<b>DECLINE</b>	In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  If more than 10 years: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	Corrected with successful Ablation: <b>Classic1</b>  Ongoing treatment or current symptoms: <b>Classic2</b>  Accompanied by coronary or cerebral vascular disease: <b>DECLINE</b>	If diagnosed over 2 years ago and current age 50 or older: <b>ACCEPT</b>  Otherwise: <b>DECLINE</b>  Heart Murmur: <b>ACCEPT</b>	<b>DECLINE</b>
<b>Bipolar Disorder</b>	<b>DECLINE</b>	If received diagnosis or required follow-up within the past 10 years: <b>DECLINE</b>	<b>DECLINE</b>	Mild or moderate, well controlled with fewer than three medications, little impact on daily living: <b>Classic2</b>  Otherwise: <b>DECLINE</b>	<b>ACCEPT</b>  If taking 3+ medications or hospitalization in past 2 years: <b>DECLINE</b>	<b>DECLINE</b>
<b>Blood Pressure (Hypertension)</b>	Controlled with 1 or 2 meds. Refer to STD weight: <b>ACCEPT</b>  3 or more BP meds, call for Risk Assessment.	<b>ACCEPT</b>	Controlled and after 6 months of treatment: <b>ACCEPT</b>	Well controlled (with or without medication): <b>Classic1</b> Uncontrolled: minimum <b>Classic 2 to DECLINE</b>	<b>ACCEPT</b>	Table 2 or higher build with multiple impairments or hospitalizations within past 10 years: <b>DECLINE</b>  Will accept 3+ meds.

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<b>Bronchitis</b>	Acute: <b>ACCEPT</b>  Chronic: <b>DECLINE</b>	<b>ACCEPT</b>  If moderate to severe, if a smoker or any complications: <b>DECLINE</b>	<b>ACCEPT</b>	<b>ACCEPT</b> If Chronic, Refer to COPD	<b>ACCEPT</b>	<b>DECLINE</b>
<b>Bypass Surgery (CABG)</b>	<b>DECLINE</b>	In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  if more than 10 years: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	Under age 60 non-tobacco: minimum <b>Classic2</b> to <b>DECLINE</b>  Under age 60 tobacco: <b>DECLINE</b>  Over age 60 non-tobacco: minimum <b>Classic1</b>  Over age 60 tobacco: <b>Classic2</b> .  Ongoing angina after procedure <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Cancer</b>	Diagnosis and end of treatment over 10 years ago or recurrence: <b>ACCEPT</b>  Basal Cell: <b>ACCEPT</b>  All others including Hodgkin's Lymphoma: <b>DECLINE</b>	More than 10 years since last diagnosis and treatment: <b>POSSIBLE ACCEPT</b>  EVER Metastatic (spread), Hodgkins Disease, Leukemia, Lymphoma, Live, Lung or Pancreatic: <b>DECLINE</b>	<b>DECLINE</b>  Skin Cancer Individual Consideration  Melanoma <b>DECLINE</b>	<b>BASAL CELL or INTERNAL:</b> Rate class depends on tumor stage, grade, location, type of and time since treatment.  <b>BASAL CELL:</b> Stage 1 or 2, over two years since successful treatment: <b>Classic1</b> .  <b>INTERNAL:</b> History of Reoccurrence of Cancer: <b>DECLINE</b>	Cancer: Treated in last 5 years: <b>DECLINE</b>  Melanoma: Treated in last 5 years: <b>DECLINE</b>  Basal Cell: <b>ACCEPT</b>	<b>DECLINE</b>
<b>Cardio myopathy</b>	<b>DECLINE</b>	<b>ACCEPT</b>  In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  If more than 10 years: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	<b>DECLINE</b> Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59 yrs: minimum Table F. Age 60 yrs and over: Minimum Table D	<b>DECLINE</b>	<b>DECLINE</b>
<b>Cirrhosis of Liver</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>

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<b>Citizenship</b>	<p>Must have SSN and Drivers License. At leads 1 Year in US.</p> <p>Green Card: <b>ACCEPT</b></p> <p>Valid Work Visas: E1, E2, E3, G1, G2, G3, G4, H1B, H2, H3, J1, K1, K3, L1, O1, P1,P2,P3 <b>ACCEPT</b></p> <p>Complete the Immigration Questionnaire.</p>	<p>CFG is recommended product for non-US citizens.</p> <p>EIN or Green Card: <b>ACCEPT</b></p> <p>NO ADDITIONAL FORMS ON APP ARE REQUIRED.</p>	<p>Green Card or Permanent Visa: <b>ACCEPT</b></p> <p>(B1 - B2 Visas not acceptable)</p>	<p>Green Card: <b>ACCEPT</b></p> <p>No work visas will be accepted.</p>	<p>Must have Permanent Visa / Green Card and reside in US for minimum of past 2 years: <b>ACCEPT</b></p>	<p>Green Card: <b>ACCEPT</b></p> <p>Pending application for Green Card is <b>DECLINE</b> if they do not have one of the visas listed below.</p> <p>Visas: E1, E2, H1B, H4, L1, L2 are all OK.</p> <p>Question on app: US Citizen. Answer NO and provide Foreign National Questionnaire.</p>
<b>CHF (Congestive Heart Failure)</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Colitis (Ulcerative Colitis)</b>	<p>Ulcerative: <b>DECLINE</b></p>	<p>Moderate to severe UC: <b>DECLINE</b></p>	<b>DECLINE</b>	<p>Intermittent, mild or moderate (single or intermittent attack with clinical remission greater than 1 month), without corticosteroid or immunosuppressive therapy: <b>Classic1</b></p> <p>Otherwise minimum <b>Classic2 to DECLINE</b></p>	See Crohn's	<b>ACCEPT</b>
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	<p>Smoker: <b>DECLINE</b></p> <p>UL: <b>DECLINE</b></p> <p>Strong Foundation: Mild, no oxygen, no steroids or serious COPD medications. Little to no shortness of breath (SOB) on exertion; able to climb at least 1 flight of stairs with little to no SOB: <b>ACCEPT</b></p>	<p><b>ACCEPT</b></p> <p>In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b></p> <p>If more than 10 years: <b>POSSIBLE ACCEPT</b></p>	<b>DECLINE</b>	<p>Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: <b>Classic 2</b></p> <p>Severe, on oxygen or smoker: <b>DECLINE</b></p>	<p><b>POSSIBLE ACCEPT</b></p> <p>Tobacco use, oxygen, oral steroids: <b>DECLINE</b></p>	<b>DECLINE</b>

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<b>Crohn's</b>	> 5 years in remission: <b>ACCEPT</b>	Mild: <b>ACCEPT</b>  Moderate to severe, less than 1 year since last attack/flare-up, surgery less than 6 months ago: <b>DECLINE</b>	<b>DECLINE</b>	Over one year since last attack, no ongoing treatment with cortico-steroids or immunosuppressive drugs and no current symptoms: <b>Classic1</b>  Otherwise: <b>Classic2</b>  Current symptoms or within one year of last attack: <b>DECLINE</b>	<b>ACCEPT</b>  Hospitalized or complications within 1yr: <b>DECLINE</b>	<b>ACCEPT</b>
<b>Cystic Fibrosis</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>No info in UW Guide</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Depression</b>	Mild > age 25, onset more than 1 year or later, no hospitalizations or time off work: <b>ACCEPT</b>  Severe, major depression, bipolar, schizophrenia (Rx include Lithium, Seroquel, Abilify, Respidol) <b>DECLINE</b>	<b>ACCEPT</b>  Moderate to severe, multiple medications, more than 1 week missed from work, hospitalizations: <b>DECLINE</b>	Mild with no hospitalizations within 3 years, no more than 1 medication <b>POSSIBLE ACCEPT</b>  Otherwise or with alcohol abuse and/or narcotic pain medications <b>DECLINE</b>	Mild: Treated with one or two medications and no impact on daily living: <b>Classic1</b>  Moderate: Treated with 3 or more medications: <b>Classic2 to Decline</b> More than 3 medications, recent hospitalization, interferes with daily living: <b>DECLINE</b>  Severe> <b>DECLINE</b>	3+ Meds or hospitalized within 2yrs: <b>DECLINE</b>  Otherwise: <b>ACCEPT</b>	<b>ACCEPT</b>  Hospitalized within the past 10 years, or severe depression: <b>DECLINE</b>
<b>Dementia</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>No info in UW Guide</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Diabetes (next page)</b>						

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Diabetes  *Must be undertable 2 build. Refer to diabetic build chart.	<a href="#">CLICK HERE TO ACCESS POINT SYSTEM OR VIEW AT END OF THIS DOCUMENT</a>	<a href="#">CLICK HERE TO ACCESS POINT SYSTEM OR VIEW AT END OF THIS DOCUMENT</a>	<p><b>Type 1 or with insulin</b> Onset under age 60 <b>DECLINE</b></p> <p>Onset age 20-30 <b>DECLINE</b></p> <p>Onset under age 20 <b>DECLINE</b></p> <p><b>Type 2</b>, oral medications or diet controlled after 6 months of treatment <b>POSSIBLE ACCEPT</b></p> <p>Type 2, Onset under age 20 <b>DECLINE</b></p>	<p><b>Type 1 (Insulin):</b> Under age 30 yrs: <b>DECLINE</b></p> <p>Current age 30 through 59, good control, non-tobacco user: <b>Classic2</b></p> <p>Current age 30 through 59, good control, tobacco user: <b>DECLINE</b></p> <p>Current age 60 and older, good control, non-tobacco user: <b>Classic1</b></p> <p>Current age 60 and older, good control, tobacco user: <b>Classic2</b></p> <p>History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: <b>DECLINE</b></p> <p><b>Type2 (oral meds)</b> Underage20: <b>DECLINE</b></p> <p>History uncontrolled blood sugars or complications such as insulin shock, diabeticcoma or significant neuropathy: <b>DECLINE</b></p> <p>Current age 20 through 39, good control, non-tobacco user: <b>Classic2</b> Current age 20 through 39, good control, tobacco user: <b>DECLINE</b></p> <p>Current age 40 and older, good control, non-tobacco user: <b>Classic1</b></p> <p>Current age 40 and older, good control, tobacco user: <b>Classic2</b></p>	<p>Type 1 or 2, Oral Meds or Insulin: <b>POSSIBLE ACCEPT</b></p> <p>Under age 30: <b>DECLINE</b></p>	<p><b>BUILD MUST BE BELOW TABLE 2 WEIGHT</b></p> <p>Diagnosed Before age 50, Table 2 or higher build, tobacco use or any complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve): <b>DECLINE</b></p> <p>Diagnosed at age 50 or older, NON SMOKER, NO Complications, UNDER Table 2 Build: <b>ACCEPT</b></p>
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<b>Disabled/ Disability</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	Currently Disabled or Within Last 5 Years: <b>DECLINE</b>	<b>DECLINE</b>	If maternity, fractures, spinal or back disorders, hip or knee replacements: <b>ACCEPT</b>  Otherwise: <b>DECLINE</b>
<b>Driving Record (Including D.U.I.)</b>	Single DUI within 12 mos, 2 DUIs within last 5 years, more than 2 DUIs: <b>POSSIBLE DECLINE</b>	License suspended or revoked. Within past 3 years: DWI, DUI, 3 or more driving violations or combination thereof: <b>DECLINE</b>	Adverse driving records will be underwritten on an individual application basis, subject to a motor vehicle report. Multiple or last occurred under age 25: <b>DECLINE</b>	<b>No info in UW Guide</b>	If Current Suspension, Single DUI or reckless driving within 3 yrs, Multiple DUI or reckless any duration, Multiple violations within last 3 yrs <b>DECLINE</b>	Last 5 years: 4 or more moving violations, DUI, or reckless driving convictions: <b>DECLINE</b>
<b>Drug Abuse/ Addiction</b>	Other than occasional marijuana use (tobacco rates apply): <b>DECLINE</b>	In the past 5 years, used or had been treated for amphetamines, cocaine, narcotics, hallucinogens, or barbiturates: <b>DECLINE</b>	Marijuana, occasional use/ not daily <b>POSSIBLE ACCEPT</b> (with Nicotine rate)	Minimum five years after successful treatment, no relapse: <b>Classic1</b>  History of attempted reform with relapse, minimum five years after successful treatment: <b>Classic2</b>  Within five years of treatment or current substance abuse: <b>DECLINE</b>	Drug use in last 12 months or drug treatment, last 5 years: <b>DECLINE</b>	Used or convicted unlawful Drug use in last 12 months or drug treatment, last 5 years: <b>DECLINE</b>
<b>Epilepsy (continued on next page)</b>	Controlled on meds, no seizures for 2 years, no complications: <b>POSSIBLE ACCEPT</b>	With seizures in the past year: <b>DECLINE</b>	Grand Mal attack within 6 months <b>DECLINE</b>  Grand Mal attack over 6 months <b>INDIVIDUAL CONSIDERATION</b>  (continued on next page)	Absence or petit mal seizures: <b>Classic1</b>  Grand mal seizures, less than 12 episodes per year: <b>Classic1</b>  Grand mal seizures, greater than 12 episodes per year: <b>Classic2</b>  (continued on next page)	Unless diagnosed within past year or hospitalized within past 2 years: <b>ACCEPT</b>  Severe: <b>DECLINE</b>	<b>DECLINE</b>

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<b>Epilepsy</b>  (continued from previous page)			Petit Mal attack within 6 months <b>DECLINE</b>  Petit Mal attack over 6 months <b>INDIVIDUAL CONSIDERATION</b>	History of status epilepticus, personality or cognitive changes, progression of underlying disease: <b>DECLINE</b>																				
<b>Felony (Probation &amp; Parole)</b>	If on probation or parole: <b>DECLINE</b>  No jail time and 1 year after probation: <b>ACCEPT</b>  If jail time has been served, 5 years after parole <b>POSSIBLE ACCEPT</b>	Past 3 years: <b>DECLINE</b>	<b>No info in UW Guide</b>	<b>Classic1</b> if conviction, parole, probation over three years ago.  Otherwise, or if multiple separate criminal convictions: <b>DECLINE</b>	Past 5 years: <b>DECLINE</b>	Within Past 10 years: <b>DECLINE</b>  Probation and Parole: <b>POSSIBLE DECLINE</b>																		
<b>Fibromyalgia</b>	No depression and working full time: <b>ACCEPT</b>	<b>ACCEPT</b>	<b>POSSIBLE ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>																		
<b>Gastric Bypass</b>	After 1 year, weight stabilized: <b>ACCEPT</b>	<b>ACCEPT</b>	<b>POSSIBLE ACCEPT</b>	<b>Classic1</b> if successful surgery over 6 months before application.	Surgery greater than 6 months ago: <b>ACCEPT</b>	After 1 year: <b>ACCEPT</b>																		
<b>Heart Attack</b>	<b>DECLINE</b>	<b>DECLINE</b>  Heart attack after 10 years may be considered, but may require medical records: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	All cases must be at least six months since heart attack, no or minimal heart damage, non-smoker without other medical issues.  All ages, described as severe attack, or multiple attacks: <b>DECLINE</b>  Any current age, tobacco user: minimum <b>Classic2</b> to <b>DECLINE</b>  <table border="1"> <tr><td colspan="3"><b>MILD</b></td></tr> <tr><td>18-39</td><td>40 - 59</td><td>60+</td></tr> <tr><td><b>DECLINE</b></td><td><b>Classic2</b></td><td><b>Classic1</b></td></tr> </table> <table border="1"> <tr><td colspan="3"><b>MODERATE</b></td></tr> <tr><td>18-49</td><td>50-69</td><td>70+</td></tr> <tr><td><b>DECLINE</b></td><td><b>Classic2</b></td><td><b>Classic1</b></td></tr> </table>	<b>MILD</b>			18-39	40 - 59	60+	<b>DECLINE</b>	<b>Classic2</b>	<b>Classic1</b>	<b>MODERATE</b>			18-49	50-69	70+	<b>DECLINE</b>	<b>Classic2</b>	<b>Classic1</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>MILD</b>																								
18-39	40 - 59	60+																						
<b>DECLINE</b>	<b>Classic2</b>	<b>Classic1</b>																						
<b>MODERATE</b>																								
18-49	50-69	70+																						
<b>DECLINE</b>	<b>Classic2</b>	<b>Classic1</b>																						

**UNDERWRITING GRID – TERM & UL**

**Accept is Based on Single Impairment – Review each case with Manager**

DISEASE/ DISORDER	FORESTERS	COLUMBIAN FINANCIAL GROUP	AMERICO	GPM	NASSAU RE	MUTUAL OF OMAHA
	<u>Strong- Foundation Smart UL</u>	<u>Safe Shield Term</u>	<u>HMS Plus 125 Payment Protector</u>	<u>Equity Protector Classic 1 Classic 2</u>	<u>Safe HarborTerm Express</u>	<u>TermLife Exp G.U.L.Express</u>

<b>Heart Murmur</b>	“Innocent” and no symptoms: <b>ACCEPT</b>	In the past 10years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  if more than 10 years <b>POSSIBLE ACCEPT</b>	Mitral Valve Prolapse - no medications: <b>POSSIBLE ACCEPT</b>  Otherwise: <b>DECLINE</b>	Refer to A-FIB	<b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>
<b>Heart Surgery</b>	<b>DECLINE</b>	In the past 10years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  if more than 10 years <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	Refer to By-Pass Surgery	<b>DECLINE</b>	<b>DECLINE</b>
<b>Hepatitis</b>	A, recovered: <b>ACCEPT</b>  BorC: <b>DECLINE</b>	A, recovered: <b>ACCEPT</b>  BorC: <b>DECLINE</b>	A, recovered: <b>ACCEPT</b>  BorC: <b>DECLINE</b>	B: Fully resolved with no residual effects and not currently on anti-viral drugs: <b>Classic1</b>  Currently on anti-viral drug treatment: <b>Classic2</b>  C: <b>DECLINE</b>	Type A (Acute): Fully recovered: <b>ACCEPT</b>  Otherwise: <b>DECLINE</b>  TypeB(Chronic): <b>DECLINE</b>  TypeC: <b>DECLINE</b>	A: <b>POSSIBLE ACCEPT</b>  BorC: <b>DECLINE</b>
<b>HIV+VE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Hyper/Hypo Thyroidism</b>	Treated, no symptoms: <b>ACCEPT</b>	<b>ACCEPT</b>	<b>POSSIBLE ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>
<b>Kidney Disease/ Failure/ Dialysis Kidney Stones</b>	Disease/Dialysis: <b>DECLINE</b>  Stones, acute infection: <b>ACCEPT</b>	Disease/Dialysis: <b>DECLINE</b>  Stones: <b>ACCEPT</b>	<b>DECLINE</b>  Stones <b>ACCEPT</b>	<b>DECLINE</b> Would consider application on UL policy subject to medical records. Minimum Table D to Decline. If cleared of virus with Harvoni treatment would consider standard after one year.	Kidney Disease/ Failure/ Transplant/ Dialysis: <b>DECLINE</b>  Stones <b>ACCEPT</b>	Disease/Dialysis: <b>DECLINE</b>  Stones: <b>ACCEPT</b>

**UNDERWRITING GRID – TERM & UL**

Accept is Based on Single Impairment – Review each case with Manager

DISEASE/ DISORDER	FORESTERS	COLUMBIAN FINANCIAL GROUP	AMERICO	GPM	NASSAU RE	MUTUAL OF OMAHA
	<u>Strong- Foundation Smart UL</u>	<u>Safe Shield Term</u>	<u>HMS Plus 125 Payment Protector</u>	<u>Equity Protector Classic 1 Classic 2</u>	<u>Safe HarborTerm Express</u>	<u>TermLife Exp G.U.L.Express</u>

<b>Leukemia</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Lupus</b>	Discoid: <b>ACCEPT</b>  Systemic: (Erythematous) <b>DECLINE</b>	Discoid: <b>ACCEPT</b>  Systemic: (Erythematous) if diagnosed less than 5 years ago with medications: <b>DECLINE</b>	Discoid: <b>POSSIBLE ACCEPT</b>  Systemic: (Erythematous): <b>DECLINE</b>	Discoid: <b>Classic1</b>  Systemic: (Erythematous) Mild: <b>Classic1</b> Moderate: <b>Classic2</b> Severe: <b>DECLINE</b>	Discoid: <b>ACCEPT</b>  Systemic: (Erythematous) <b>DECLINE</b>	Discoid: <b>ACCEPT</b>  Systemic: (Erythematous) <b>DECLINE</b>
<b>Liver Disease/ Transplant</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b> Would consider application for UL policy subject to medical records. Rating dependent upon cause of disease and extent of liver damage.	<b>DECLINE</b>	<b>DECLINE</b>
<b>Marijuana</b>	Possible tobacco rates (occasional use only): <b>ACCEPT</b>	If Smoked: Tobacco Rates. If ingested non-tobacco rates: <b>ACCEPT</b>  Used 9 or more times per month, any form: <b>DECLINE</b>	Occasional use only: Tobacco Rates <b>ACCEPT</b>	<b>No info in UW Guide</b>	Possible tobacco rates (occasional use only): <b>ACCEPT</b>	Used or convict- ed unlawful drugs or prescription drugs other than as prescribed within the past 10 years: <b>DECLINE</b>
<b>Multiple Sclerosis (MS)</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	Within one year of diagnosis: <b>DECLINE</b>  Greater than one year since diagnosis, mild (no or minimal symptoms and disability): <b>Classic1</b>  Moderate (moderate symptoms and disability preventing full time work): <b>Classic2</b>  Severe (requiring assisted ambulation to being restricted to wheelchair): <b>DECLINE</b>	Under Age 45: <b>DECLINE</b>  Age 45 and Up: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>
<b>Muscular Dystrophy (MD)</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>No info in UW Guide</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Oxygen Use (excluding Sleep Apnea)</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>

**UNDERWRITING GRID – TERM & UL**

**Accept is Based on Single Impairment – Review each case with Manager**

<b>DISEASE/ DISORDER</b>	<b>FORESTERS</b>	<b>COLUMBIAN FINANCIAL GROUP</b>	<b>AMERICO</b>	<b>GPM</b>	<b>NASSAU RE</b>	<b>MUTUAL OF OMAHA</b>
	<u>Strong- Foundation Smart UL</u>	<u>Safe Shield Term</u>	<u>HMS Plus 125 Payment Protector</u>	<u>Equity Protector Classic 1 Classic 2</u>	<u>Safe HarborTerm Express</u>	<u>TermLife Exp G.U.L.Express</u>

<b>Pacemaker</b>	<b>DECLINE</b>	In the past 10years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  if more than 10 years <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	<b>ACCEPT Classic1</b>  Accompanied by ischemic heart disease or other organic heart disease: <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Pancreatitis</b>	Single attack, acute>1 year ago, not Alcohol related, no complications: <b>ACCEPT</b>  Alcohol related, chronic: <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	Single acute episode, over one year since recovery, not alcohol related: <b>Classic1</b>  Chronic condition, not related to alcohol, without complications (such as malabsorption, diabetes, or impaired glucose tolerance), less than three years since last symptoms: <b>Classic2</b>  Greater than three years since last symptoms: <b>Classic1</b>  Related to alcohol, or complications mentioned above: <b>DECLINE</b>	Acute: Single episode, fully recovered, no evidence of alcohol abuse: <b>ACCEPT</b>  Otherwise: <b>DECLINE</b>  Chronic: <b>DECLINE</b>	<b>ACCEPT</b>
<b>Paralysis</b>	Any Paraplegia or Quadriplegia: <b>DECLINE</b>	Any Paraplegia or Quadriplegia: <b>DECLINE</b>	<b>DECLINE</b>	<b>Not Specified in UW Guide</b>	<b>DECLINE</b>	Any Paraplegia or Quadriplegia: <b>DECLINE</b>
<b>Parkinson’s Disease</b>	<b>DECLINE</b>	Moderate, Severe or Progressive: <b>DECLINE</b>	<b>DECLINE</b>	<b>Not Specified in UW Guide</b>	<b>DECLINE</b>	<b>DECLINE</b>
<b>Peripheral Vascular Disease (PVD)</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>Not Specified in UW Guide</b>	If surgically corrected and/or in multiple limbs, or tobacco use: <b>DECLINE</b>  Otherwise: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>
<b>Pregnancy</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>	<b>ACCEPT</b>

**UNDERWRITING GRID – TERM & UL**

Accept is Based on Single Impairment – Review each case with Manager

DISEASE/ DISORDER	FORESTERS	COLUMBIAN FINANCIAL GROUP	AMERICO	GPM	NASSAU RE	MUTUAL OF OMAHA
	<u>Strong- Foundation Smart UL</u>	<u>Safe Shield Term</u>	<u>HMS Plus 125 Payment Protector</u>	<u>Equity Protector Classic 1 Classic 2</u>	<u>Safe HarborTerm Express</u>	<u>TermLife Exp G.U.L.Express</u>

Pulmonary Embolism	<b>DECLINE</b>	Not Specified in UW Guide	<b>DECLINE</b>	<b>Not Specified in UW Guide</b>	Twoorfewer episodes, fully recovered: <b>ACCEPT</b>  Otherwise: <b>DECLINE</b>	<b>DECLINE</b>
Sarcoidosis	Pulmonary: <b>DECLINE</b>  Localized, non-pulmonary: <b>ACCEPT</b>	In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>	<b>DECLINE</b>	<b>Not Specified in UW Guide</b>	Mild (stage 0 - stage 1, asymptomatic): <b>ACCEPT</b>  Moderate-Severe: <b>DECLINE</b>	<b>DECLINE</b>
Schizophrenia	<b>DECLINE</b>	In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>
Sleep Apnea	Treated and controlled: <b>ACCEPT</b>	<b>ACCEPT</b>	Current successful treatmentw/ CPAP or BIPAP <b>POSSIBLE ACCEPT</b>	Well controlled with consistent CPAP use: <b>Classic1</b>  If treated with oxygen: <b>DECLINE</b>	<b>POSSIBLE ACCEPT</b>	<b>ACCEPT</b>
Stent	<b>DECLINE</b>	In the past 10 years received treatment/ diagnosis or had follow-up: <b>DECLINE</b>  If more than 10 years: <b>POSSIBLE ACCEPT</b>	<b>DECLINE</b>	Under age 60, non-tobacco: minimum <b>Classic2</b>  Under age 60, tobacco user: <b>Decline</b>  Over age 60, non-tobacco: minimum <b>Classic1</b>  Over age 60, tobacco minimum: <b>Classic2</b>  If ongoing angina after procedure: <b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>

**UNDERWRITING GRID – TERM & UL**

**Accept is Based on Single Impairment – Review each case with Manager**

<b>DISEASE/ DISORDER</b>	<b>FORESTERS</b>	<b>COLUMBIAN FINANCIAL GROUP</b>	<b>AMERICO</b>	<b>GPM</b>	<b>NASSAU RE</b>	<b>MUTUAL OF OMAHA</b>
	<u>Strong- Foundation Smart UL</u>	<u>Safe Shield Term</u>	<u>HMS Plus 125 Payment Protector</u>	<u>Equity Protector Classic 1 Classic 2</u>	<u>Safe HarborTerm Express</u>	<u>TermLife Exp G.U.L.Express</u>

<b>Stroke/CVA/ TIA</b>  <b>CVA=</b> Cerebrovascular accident  <b>TIA=</b> transient ischemic attack	Stroke/ TIA/CVA <b>DECLINE</b>	Stroke/ TIA/CVA <b>DECLINE</b>	Stroke/TIA/CVA <b>DECLINE</b>	<b>If TIA, refer to TIA</b>  <b>Stroke/CVA:</b> Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user.  If multiple strokes or single stroke with severe residuals: <b>DECLINE</b>  Under age 40 yrs at time of diagnosis: <b>DECLINE</b>  Age at diagnosis 40 to 69 Yrs: <b>Classic2</b>  Age at diagnosis 70 yrs or greater: <b>Classic1</b>	Stroke/TIA/CVA <b>DECLINE</b>	Stroke/ TIA/CVA <b>DECLINE</b>
<b>Suicide Attempt</b>	<b>DECLINE</b>	No info in UW Guide	<b>DECLINE</b>	No info in UW Guide	<b>DECLINE</b>	<b>DECLINE</b>
<b>TIA=</b> transient ischemic attack	Refer to Stroke	Refer to Stroke	Refer to Stroke	All cases must be at least one year since single TIA and non-tobacco use.  Ages less than 40: <b>Classic2</b>  Ages 40 and older: <b>Classic1</b>  If multiple TIA's or current tobacco use: <b>DECLINE</b>	Refer to Stroke	Refer to Stroke
<b>Transportation Assistance</b>	<b>DECLINE</b>	Permanentuse: <b>DECLINE</b>	No info in UW Guide	No info in UW Guide	*CallforRisk Assessment	<b>DECLINE</b>

## TYPE 2 (oral meds) : TERM or UL

# Diabetes Ratings - Strong Foundation or UL Non-Medical Business - Type 2 diabetes

### Step 1 - Rating for diabetes duration

Determine the customer's current age and the length of time they have had diabetes and note the number that corresponds to the cell.

Duration of Diabetes			
Age at Application	<=5 years	6-15 years	>15 years
20-29	6	Decline	Decline
30-39	4	5	6
40-49	3	4	5
50-59	2	3	4
60-69	1	2	3
70-79	1	1	2
>=80	0	1	1
<b>Duration Rating</b>			

### Step 2 - Rating for current build

Determine the customer's current height and weight and note the rating number at the top of the chart.

Current Weight					
Current Height	0	1	2	3	4
4'8"	74-140	141-162	163-176	177-180	181-189
4'9"	77-145	146-168	169-182	183-187	188-196
4'10"	79-150	151-174	175-188	189-193	194-203
4'11"	82-155	156-180	181-195	196-200	201-210
5'0"	85-161	162-186	187-202	203-207	208-217
5'1"	88-166	167-193	194-209	210-214	215-224
5'2"	91-172	173-199	200-215	215-221	222-232
5'3"	94-177	178-206	207-222	223-228	229-239
5'4"	97-183	184-212	213-230	231-235	236-247
5'5"	100-189	190-219	220-236	237-243	244-255
5'6"	103-195	196-226	227-244	245-250	251-263
5'7"	106-201	202-233	234-252	253-258	259-271
5'8"	109-207	208-240	241-259	260-266	267-279
5'9"	112-213	214-247	248-267	268-274	275-287
5'10"	115-219	220-254	255-275	276-282	283-296
5'11"	119-225	226-261	262-283	284-290	291-304
6'0"	122-232	233-269	270-291	292-298	299-313
6'1"	126-238	239-276	277-299	300-306	307-322
6'2"	129-245	246-284	285-307	308-315	316-330
6'3"	133-252	253-292	293-315	316-323	324-339
6'4"	136-258	259-299	300-324	325-332	333-349
6'5"	140-265	266-307	308-333	334-341	342-358
6'6"	143-272	273-315	316-341	342-350	351-367
6'7"	147-279	280-323	324-350	351-359	360-377
6'8"	151-286	287-332	333-359	360-368	369-386
6'9"	154-293	294-340	341-368	369-377	378-396
**any weight outside of the weights under column 4 would be declined					
<b>Build Rating</b>					

### Type 2 diabetes - oral medication or diet controlled.

If any insulin use, use the Type 1 worksheet.

Diabetics under the age of 20 are not eligible for nonmed business.

### Control Comment:

If A1c is above 8.9% or if there are any vision, nerve pain or kidney complications do not proceed with a nonmed application and write a fully underwritten application.

### Step 3 - Total Rating for Diabetes and Build

Rating from Step 1	
Rating from Step 2	
<b>Total Rating</b>	<b>0</b>

If the total is 6 or less from steps 1 and 2, the diabetes rating qualifies for nonmed coverage subject to review of MIB, prescription history, the application and any additional information we may ask for.

**SMOKERS/CIGARETTES:  
POSSIBLE ACCEPT IF  
LESS THAN 1 PACK PER  
DAY**

**Diabetes Ratings - Strong Foundation Non-Medical Business - Type 1 diabetes**

**INSULIN**  
is a **DECLINE** with UL

**Step 1 - Rating for diabetes duration**

Determine the customer's current age and the length of time they have had diabetes and note the number that corresponds to the cell.

Duration of Diabetes				
Age at Application	<=5 years	6-15 years	16-25 years	>25 years
30-39	Decline	Decline	Decline	Decline
40-49	5	Decline	Decline	Decline
50-59	4	Decline	Decline	Decline
60-69	3	3	4	Decline
70-79	2	2	3	Decline
>=80	1	2	2	Decline
<b>Duration Rating</b>				

**Step 2 - Rating for current build**

Determine the customer's current height and weight and note the rating number at the top of the chart.

Current Weight					
Current Height	0	1	2	3	4
4'8"	74-140	141-162	163-176	177-180	181-189
4'9"	77-145	146-168	169-182	183-187	188-196
4'10"	79-150	151-174	175-188	189-193	194-203
4'11"	82-155	156-180	181-195	196-200	201-210
5'0"	85-161	162-186	187-202	203-207	208-217
5'1"	88-166	167-193	194-209	210-214	215-224
5'2"	91-172	173-199	200-215	215-221	222-232
5'3"	94-177	178-206	207-222	223-228	229-239
5'4"	97-183	184-212	213-230	231-235	236-247
5'5"	100-189	190-219	220-236	237-243	244-255
5'6"	103-195	196-226	227-244	245-250	251-263
5'7"	106-201	202-233	234-252	253-258	259-271
5'8"	109-207	208-240	241-259	260-266	267-279
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5'10"	115-219	220-254	255-275	276-282	283-296
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6'4"	136-258	259-299	300-324	325-332	333-349
6'5"	140-265	266-307	308-333	334-341	342-358
6'6"	143-272	273-315	316-341	342-350	351-367
6'7"	147-279	280-323	324-350	351-359	360-377
6'8"	151-286	287-332	333-359	360-368	369-386
6'9"	154-293	294-340	341-368	369-377	378-396
**any weight outside of the weights under column 4 would be declined					
<b>Build Rating</b>					

**Type 1 diabetes - insulin dependent or any insulin use.**

If oral or diet controlled diabetic use Type 2 worksheet.

Diabetics under the age of 40 are not eligible for nonmed business.

**Control Comment:**

If A1c is above 8.9% or if there are any vision, nerve pain or kidney complications do not proceed with a nonmed application and write a fully underwritten application.

**Step 3 - Total Rating for Diabetes and Build**

Rating from Step 1	
Rating from Step 2	
<b>Total Rating</b>	<b>0</b>

If the total is 5 or less from steps 1 and 2, the diabetes rating qualifies for nonmed coverage subject to review of MIB, prescription history, the application and any additional information we may ask for.

**SMOKERS/CIGARETTES:  
POSSIBLE ACCEPT IF  
LESS THAN 1 PACK PER  
DAY**

## Diabetes Field Underwriting Guidelines

### General Guidelines

- **Insulin** guidelines apply if diabetes is controlled with insulin (may also be using oral medication in combination). The following are not eligible:
  - Insulin diabetics under age 50
  - Insulin diabetics who use tobacco or nicotine products
- **Non-insulin** guideline applies if diabetes is controlled with oral medication or diet only. The following are ineligible for coverage:
  - Non-insulin diabetics under age 30
  - Non-insulin diabetics age 30-49 who use tobacco or nicotine products
  - Non-insulin diabetics age 50-65 who use tobacco or nicotine products and have had diabetes for more than 15 years
- Complications such as nerve pain, kidney disease and/or retinopathy (eye disease) will result in ineligibility.
- Calculate points as below to determine whether an application should be submitted.

### STEP ONE

Add points based on age, length of time the Proposed Insured has had diabetes.

Age	0 to 15 years	Greater than 15 years
30-39	4	Decline
40-49	3	Decline
50-59	2	4
60-65	1	3

### STEP TWO

Add points based on Diabetes Height/Weight Chart on the next page.

### STEP THREE

Add 2 points if the Proposed Insured has used nicotine in the past 12 months.

### STEP FOUR

Add 2 points if the Proposed Insured uses insulin.

### POINTS

Total	Step 1 Age & time	Step 2 Height/Weight	Step 3 Tobacco Use	Step 4 Insulin use
_____	_____	_____	_____	_____
	=	+	+	+

### DECISION

- If total is less than or equal to 4 points, submit the application for underwriting.
- If greater than 4 points, do not submit application. The client is ineligible for this product.

### Diabetes Height/Weight Chart

Points to add	0	1	2	3
4'8"	83-140	141-167	168-176	177-185
4'9"	86-145	146-173	174-182	183-191
4'10"	89-150	151-179	180-188	189-198
4'11"	92-155	156-185	186-195	196-205
5'0"	95-161	162-191	192-202	203-212
5'1"	98-166	167-198	199-209	210-219
5'2"	102-172	173-205	206-215	216-226
5'3"	105-177	178-211	212-222	223-234
5'4"	108-183	184-218	219-230	231-241
5'5"	112-189	190-225	226-237	238-249
5'6"	115-195	196-232	233-244	245-257
5'7"	119-201	202-239	240-252	253-264
5'8"	122-207	208-246	247-259	260-272
5'9"	126-213	214-253	254-267	268-280
5'10"	129-219	220-261	262-275	276-289
5'11"	133-225	226-268	269-283	284-297
6'0"	137-232	233-276	277-291	292-305
6'1"	141-238	239-284	285-299	300-314
6'2"	145-245	246-292	293-307	308-323
6'3"	148-251	252-299	300-315	316-331
6'4"	152-258	259-308	309-324	325-340
6'5"	156-265	266-316	317-333	334-349
6'6"	161-272	273-324	325-341	342-359
6'7"	165-279	280-332	333-350	351-368
6'8"	169-286	287-341	342-359	360-377
6'9"	173-293	294-349	350-368	369-387

\*\* Any weight above the range in the last column shown for the Proposed Insured's height is a decline.