

IMPAIRED RISKS

Impairment	Expectations and Additional Info	Questions to ask
Alcohol	<p>With rehabilitation:</p> <p>Postpone 1 year 1 - 2 years = Table 4 2 - 3 years = Table 2 3+ years = Standard</p> <p>Some carriers will offer preferred with 10+ years out of rehabilitation.</p>	<p>When did client stop drinking? Relapses? Driving record? DUIs? History of prior treatment or AA? Abnormalities in blood profile? Other substance abuse? Any medical complications from alcohol?</p>
Anxiety	<p>Standard class is likely. Preferred if this is truly minor</p>	<p>Medications? Hospitalizations? When diagnosed?</p>
Aortic Stenosis	<p>Mild cases, normally due to congenital defects can sometimes be offered at standard, although low table ratings are common. Degenerative cases may be cause for aortic valve replacement and will be highly rated or postponed. If there is marked hypertrophy, decline.</p>	<p>Any cardiac diagnostic tests? Age of diagnosis?</p>
Aortic Valve Disorder	<p>Very mild cases of aortic valve regurgitation are usually approved at Standard, sometimes better.</p> <p>More severe cases where fatigue, chest pain, atrial fibrillation, edema, enlarged heart, or heart failure is present will be rated to a decline.</p> <p>Case will also be table rated to a decline depending on how many valves have had to be replaced.</p>	<p>Age of diagnosis? Prognosis</p>
Asthma	<p>Asthma can be classed several ways – occasional, frequent, mild, moderate, and severe. Frequent steroid use often leads to an additional 2 table rating. Low dosage of medications can be offered at Preferred by some carriers</p>	<p>Date diagnosed? Hospitalizations? Ever smoked? Pulmonary function tests done? Medications currently taking?</p>
Atrial Fibrillation/Flutter	<p>Approval depends on the severity of the arrhythmia, what treatment has been utilized, if another cardiac condition is present and how many episodes client has had.</p> <p>Underwriters will issue credits for a recent stress and/or echo or a cardiac catheterization which is normal. Any history of heart attack, angioplasty or bypass surgery combined with an arrhythmia usually results in a decline from the carrier.</p> <p>Simple arrhythmias can be Standard.</p> <p>Others are usually table 2 or higher</p>	<p>Type of arrhythmia diagnosed? Cause of arrhythmia? Medications client currently taking? Pacemaker installed? Any other forms of heart disease? Any recent diagnostic testing been done? Echo, holter monitor, EKG, etc. Results? Any symptoms like dizziness, shortness of breath or palpitations? Date of first and last attack</p>

Aviation	Class can go from Preferred to decline depending on experience. Highest mortality is student pilots, those who fly over 200 hours, or under 25 hours per year.	Total hours? Hours per year? IFP? Expected hours in next 12 months?
Breast Cancer	The offer depends on tumor size, invasiveness and stage. Most breast cancers carry a 1-5 year postponement depending on the factors listed above. Afterward a flat extra is added along with a possible table rating for more severe cancers. Depending on the type and severity of the cancer, the flat extra/ rating can be lifted after 5-10 disease free years.	Date of diagnosis and treatment? Kind of cancer? Stage of the tumor? How was the tumor treated? Surgery, chemotherapy, hormone treatment? How far did the tumor metastasize? Have all follow- up mammograms been normal? Any evidence of recurrence?
Build	Each carrier has own build chart. Check individually as this varies greatly	Build? Hypertension, diabetes, smoking, or sleep apnea? If client is <u>underweight</u> , has he been ill lately or diagnosed with a disease?
Bundle Branch Block	Left BBB, which is more severe, can be as high as table 4 to decline Right BBB is usually standard.	Is block on left or right? How was it diagnosed? Is the cause known? Any tests done to evaluate?
Cancer	Offer of standard on many cancers after a 5 to 7 year period from the date of the last treatment. Expect flat extra rating from \$5.00 to \$15.00 per thousand.	Specific cancer type? Dates of treatment? Treatment methods? Any metastasis? Path Reports needed
Cardiomyopathy	Several types of cardiomyopathy exist, including Dilated and Hypertrophic. Underwriter review will be necessary to determine class	Specific diagnosis? Date of diagnosis? Family history? Any syncope?
Cervical Cancer	Many women are diagnosed early with this (Stage 0) and a standard class can be given. With later stages, table 2 with flat extra to decline for IV.	Diagnosis? Stage of cancer? Treatment?
Cirrhosis of Liver	Decline	
COPD	Standard can be offered if PFTs are favorable (> than 75%) Moderate to severe cases can range from a table 6 to decline depending on severity	Does client smoke? Severity of symptoms? Medications used? Any pulmonary function tests? Stress tests?
Colorectal Cancer	The offer will depend on how invasive the tumor is and the Duke's score. There could be a postponement period of 1-5 years depending on severity, then a flat extra. Standard is available after a certain period -from 3-10 years, depending on severity of tumor.	History of ulcerative colitis, Crohn's, or any other inflammatory bowel disease? Stage of the tumor? Duke's" score? Size of the tumor and how far did it metastasize? Date of diagnosis and treatment? Follow up studies normal?

Concussion	Usually no rating	Severity of concussion? Associated complications? Residuals?
Coronary Artery Disease CAD	Age, smoking status, cholesterol, LV function and ejection fraction ,whether or not client had a heart attack, if an angioplasty or bypass graft(s) was done, and any APS information regarding client's current cardiac condition is all important in determining this risk. Table shave can be offered w/some carriers = standard Good cases are generally in the table 2-4 range. Best cases can be Standard after 10 years.	Currently smoke? Diagnosed with hypertension, angina, ischemia, heart attack, angioplasty, elevated cholesterol, or heart bypass? Has there been an EKG, Echocardiogram, Thallium Stress Test, Ultrafast CT, PET, or SPECT? Any lifestyle changes? Is the client currently taking any medications?
Cretinism	Decline	
Crohn's Disease	Anywhere from postpone (less than 6 mos since diagnosis) to decline when there is a reoccurrence of symptoms	Daily steroid use? This will add rating LFT's? Hospitalization?
Cystic Fibrosis	Decline	
Depression	Some situational Depression = Preferred Mild and controlled with medications = Preferred if well controlled, but most likely Standard Manic Depression and Bipolar = Table 4 to 6 and up. Suicidal thoughts and attempts = Postpone for 2 years It is imperative to provide <u>cover letter</u> of explanation!	Suicidal thoughts or attempts? Any medications? If so, what is the duration of usage? Any substance abuse? (Alcohol or drug) Any hospitalizations?
Diabetes	Class depends upon the age at onset and the duration of the disease. Good <u>control</u> and not requiring insulin will reduce the rating . Standard can be obtained if the DM is well controlled for at least 1 year and current blood sugar is within normal limits. Preferred can be offered at older ages and with dietary control. Insulin using diabetics - Table 2 at the very best. Evidence of Neurological, Kidney, or Vision problems will add greatly to any rating. Coronary Artery Disease with diabetics is a very poor risk.	Type I or Type II? Does client see an eye doctor regularly? Are kidney function tests elevated? Is there any loss of sensation in hands or feet? Age of diagnosis? Smoker?
DUI	Standard after 3 years Single episode may be give standard sooner Multiple DUIs are usually a decline It is imperative to provide cover letter of explanation!	When was DUI? Attending AA or similar program? Any extenuating circumstances?

Drug Use	<p>Current marijuana use is usually a smoker, although some carriers have relaxed this and will give non-smoker class with low level of THC. High levels of THC in system could be declined.</p> <p>Drug abuse:</p> <p>Postpone for 2 years 2 - 4 years = Table 8 4 - 6 years = Table 4 6+ years = Standard</p>	<p>Type(s) of drugs client used? When was the client in rehabilitation? For how long? How many times? Any alcohol use or treatment? How long since the client has stopped using the substance(s)? Has there ever been any depression associated with drug use?</p>
Emphysema	<p>If still smoking, high substandard to a decline. Mild emphysema may be standard if diagnosed early and lung function is close to normal. Others will be moderate to high -Table 4 - 8</p>	<p>Lung function and episodes of infection? Current tobacco use? TVC done?</p>
Epilepsy	<p>Several types – Grand Mal, Petit Mal, Jacksonian, and Temporal Lobe. Grand Mal will receive a higher rating than Petit, but time from last attack is key as well as medications used, if any.</p>	<p>Current medications? Time from last episode? Loss of consciousness? Diagnosis?</p>
Fainting (Syncope)	<p>Usually if the cause is unknown, it is considered benign and there will be no rating. If cause is known, case will be rated for cause</p>	<p>Number of incidences? Last date of occurrence? Any follow –up with physician?</p>
Family History	<p>Carriers are constantly changing views on family history to include siblings as well as parents. Please check with each carrier individually.</p>	<p>All family history to include mother, father, siblings.</p>
Fibroids (Fibromyomata)	<p>Standard or better – no rating</p>	<p>Pathology done?</p>
Glomerulonephritis (Nephritis)	<p>Acute forms are generally postponed or declined Chronic forms are underwritten on stability of disease</p>	<p>Kidney Function Tests performed? When diagnosed?</p>
Gonorrhea	<p>0-6 months – decline Thereafter – no rating</p>	<p>When diagnosed?</p>
Heart Attack	<p>Most carriers will wait 3-6 months after the incident before making an offer.</p> <p>The extent of table ratings and/or flat extras depends on the severity of the MI, the age of the client at the time of underwriting, the client's current smoking status and the results of recent cardiac tests. Contact underwriter.</p>	<p>Does the client currently smoke? When did the client have the MI? How was the MI treated? Any chest pain or other heart symptoms since the MI? What medications, if any, are currently being taken? Any cardiac rehabilitation since the MI? Any lifestyle changes such as diet, exercise or smoking cessation? What are the results of the client's most recent cardiac testing? EKG, echo, treadmill test, etc</p>
Heart Murmur	<p>Murmurs are classified as functional or organic. Functional – no rating Significant, organic murmurs are often rated, especially in older clients</p>	<p>Any other heart health problems? When diagnosed? How diagnosed?</p>
Hemochromatosis	<p>Standard rates are possible w/good LFTs and compliance High LFT tests can lead to table 8 or above Newly diagnosed are normally postponed</p>	<p>When diagnosed? LFT's</p>

Hemophilia	Ages 0-18 = high rating to decline Thereafter there will be a mild rating to decline	Severity of bleeding? Any transfusions? Number of bleeding episodes? Blood levels of deficient clotting factor?
Hematuria (Blood in Urine)	Unevaluated = postpone Evaluated and negative for disease = standard May be rated for cause Underwriter will look at amount of blood in urine using two specimens. At 51+ this can be table 3 to decline	
Hepatitis	Approval depends on type of hepatitis (A, B, C, alcoholic, etc.), if it is chronic or acute, the cause of the hepatitis (virus, parasite, etc.), the results of current tests and labs, age of client and treatment. Standard = if the case is mild, in remission and all lab results are normal Table rated = More severe cases that are chronic with elevated labs and current flare up. Decline = Alcohol hepatitis/current alcoholism or newly diagnosed	When diagnosed? What kind is it? A, B, C or a combination? Is client in remission? For how long? When was the last flare up? Are the current lab results normal? Did the hepatitis do any damage to the liver? Does client drink alcohol?
Hodgkin's Disease	A period of complete remission is required before submission This will then be given a flat extra for at least 5 years. Complete remission guidelines range from 1 to 5 years	Any chemo or radiation? Extent or spread of disease?
Hydronephrosis	Unilateral- mild stable, urine normal – Standard Bilateral – mild and marked – Moderate to decline	Surgically corrected? Urinalysis results?
Hypertension (High Blood Pressure)	Well-controlled hypertension can expect a possible Preferred rating with some of the carriers. Uncontrolled hypertension will require several table ratings added to a standard rate, depending on the blood pressure readings	Complete medical records will be needed as client is at increased risk for stroke, aneurysm, heart failure, heart attack, or kidney failure Diet/Exercise? Medications?
Irregular Heart Beat	Approval depends on the severity of the arrhythmia, what treatment has been utilized, if another cardiac condition is present and how many episodes client has had. Many underwriters will issue credits for a recent, well done, stress and/or echo or a cardiac catheterization which is normal. A history of heart attack, angioplasty or bypass surgery combined with an arrhythmia usually results in a decline from the carrier. Simple arrhythmias can be Standard. Others are usually table 2 and up depending on the findings of the cardiac work-up and period of stability.	Type of arrhythmia diagnosed? Cause of arrhythmia? Medications currently taking? Pacemaker installed? Any other forms of heart disease? Has any recent diagnostic testing been done? Echo, holter monitor, EKG, etc. Results? Any symptoms such as dizziness, shortness of breath or palpitations? Date of first and last attack?
Kidney Stones	No rating to decline. This depends on the history and if stones are currently present. One attack will carry standard class, whereas several, with stones present will carry decline	History of stones? Present now? Type of stone (bilateral, staghorn?)

Leukemia	<p>ACUTE: Decline for 5 years Thereafter moderate rating with temporary extra</p> <p>CHRONIC LYMPHOCYTIC Tto age 50 is decline Age 50+ would be moderate to high rating</p>	When diagnosed Treatment received?
Liver Enzyme Tests (LFTs)	<p>Standard to Preferred is available with very slight elevations (normal SGOT and SGPT range between 0-45, GGT 2-65)</p> <p>When the elevations reach 2-3x normal, carriers will normally postpone for further testing or decline</p> <p>If the liver functions are elevated and the CDT (alcohol marker) is positive, most carriers will decline.</p>	<p>Currently being treated for elevated liver functions?</p> <p>Diagnosis? Any liver disease, hepatitis and alcohol abuse been ruled out? Crohn's disease, ulcerative colitis or irritable bowel syndrome? Any tests done (especially a liver biopsy or CT scan)? Results? Medications?</p>
Lupus Erythematosus (Also SLE)	<p>Involving only the skin only = standard Involves the kidneys, heart, or lungs = highly rated to decline.</p>	<p>What organs are involved? Extent of illness?</p>
Mitral Valve Prolapse	<p>Most carriers will go Standard. Some offer Preferred with a good history.</p>	<p>How was mitral valve prolapse discovered? Any history of cardiac arrhythmia, EKG changes or chest pain? Any history of shortness of breath, fatigue or loss of consciousness? Is client on medication(s)? Date of last echo?</p>
Mitral Insufficiency/ Mitral Incompetence (Mitral Regurgitation)	<p>Class can go from Standard (age 40+) to decline (small children)</p>	<p>Any cardiac diagnostic testing? Degenerative?</p>
Mitral Stenosis	<p>Class can go from Standard (age 40+) to decline (small children) The rating is based on severity of condition, age of diagnosis and cause</p>	<p>Any cardiac diagnostic testing</p>
Multiple Myeloma	<p>Decline</p>	
Multiple Sclerosis	<p>Typically postpone within 1st year of diagnosis or age 35 and over at onset</p> <p>Slowly Progressive with infrequent episodes = Table 6 range More Progressive disease with frequent episodes (more than 2 per year) = Table 8 and up Rapidly Progressive disease or with residuals = Decline</p>	<p>Age of onset? Diagnosis Certain? How many exacerbations/episodes per year? Progression/Impairments (i.e. wheelchair bound, etc...)</p>

Pancreatitis	An offer of Standard could be allowed as long as condition is not related to alcohol and has no residuals (mild single episode) Otherwise, this could be given a moderate rating to decline	Alcohol history? Any abuse? Diagnosed with diabetes? Complications?
Parkinson's Disease	Later onset without the problems of depression or dementia can usually be offered policies at very mild ratings such as Table 2 to 4. Disease more severe will be in the Table 6 to decline.	Age of diagnosis? Complications?
Paroxysmal Atrial Tachycardia	Normally no rating as long as history indicates infrequent episodes of short duration or frequent episodes of longer duration. Decline with actual diagnosis of condition	Cardiac diagnostic test results? Time since last attack?
Pericarditis	Acute benign , recovered – postpone 6 months then standard Chronic, constrictive, no complications – table 4 or higher Chronic, constrictive, complications – decline not uncommon	Surgery? When diagnosed?
Pneumonectomy	Resection for malignancy – rate for specific tumor Others, no residual 0-6 months – decline 7 months – 3 years – moderate rating 3-6 years – minimal rating Thereafter – standard or better	TVC? When diagnosed?
Polycystic Kidney Disease	Symptomatic PKD – table 6 -8, if kidney function tests are normal. Younger clients normally will be offered a flat extra until age 35, when diagnosis can be determined. 50% have change of disease when one parent has disease	Age?
Premature Birth	Birth weight under 4 lbs – 0-1 year – Decline Birth weight 4-5 lbs – 0-6 months – Decline Reconsideration will be allowed after waiting period.	Any congenital defects?
Prostate Cancer	Offer depends on the age at diagnosis, Gleason score, method of treatment, and pre-operative PSA level. This can range from moderating rating to decline Radical prostatectomy or radiation treatment will be postponed Case will be postponed at least 5 years client younger than 50	Date of diagnosis? Stage and grade of the tumor? Did the tumor metastasize (spread) to another part of the body? Any lymph nodes involved? Type of treatment? When completed? What was PSA before treatment?
Proteinuria (Albuminuria)	Transient will carry no extra rating Proteinuria related to diabetes, hypertension or other kidney disorders can be standard to high table rating depending on the client's age and amount of protein in urine. Small amount of protein with diabetes can cause a case to be highly rated or declined.	Amount of protein was found in the specimen? If there is a history, what is the cause? Is the client diabetic? Proteinuria can be a side effect of diabetes. Does the client have hypertension? Does the client have any associated kidney disease

Renal Failure	<p>One bout with complete recovery will be offer as applied – even preferred. Chronic will be rated on cause End stage – no transplant – postpone or decline End stage with transplant – flat extra – 10 years</p>	<p>High blood pressure? Diabetes? Urinalysis?</p>
Rheumatoid Arthritis	<p>Most of these cases will be standard and mild cases even preferred Strong medicines often bring a higher class – table 2 or more</p>	<p>Extent of disease? Treatment? Medications?</p>
Salpingitis	<p>0-6 months – decline Thereafter – no rating</p>	<p>AIDS test results</p>
Sarcoidosis	<p>With completed recovery standard can be offered Table ratings or flat extra ratings may be applied. Table 4 or 6 like if not resolved with decline on condition with severe fibrosis and affecting lungs</p>	<p>Which body systems are involved? The lungs are most common. Extent of disability and medications</p>
Sarcoma	<p>0-3 years = Decline 4-9 years = Moderate to high rating Thereafter = no rating</p>	<p>When diagnosed?</p>
Scoliosis	<p>Usually no rating unless cardio respiratory impairment is involved. This would add a minimal rating to decline</p>	<p>Heart or lung problems?</p>
Scuba Diving	<p>Preferred can be offered, especially with resort diving Flat extra will be accessed based on depth, with extreme (over 200 ft) being a possible decline</p>	<p>Age? Depth? Frequency? Treasure expedition?</p>
Skin Cancer	<p>Basal cell carcinoma = Preferred if client is medically healthy otherwise. Skin cancers on outer layers of skin and removed completely can usually be approved at Standard Persons with the most severe forms of skin cancer will be postponed from 1-5 years and then a flat extra will be added.</p>	<p>Date of diagnosis and treatment? Type of skin cancer Stage and grade of the tumor? How was the tumor treated How far did the tumor metastasize? Were any other organs affected? Size of tumor? Any recurrence of the cancer? Any good follow up?</p>
Sleep Apnea	<p>Most carriers will offer Standard in mild cases. More serious apnea may require a CPAP (Continuous Positive Airway Pressure) and will be table rated a Non compliance with treatment will usually result in a declination.</p>	<p>Was a sleep study done? Results? Has treatment been prescribed? Is client compliant with treatment?</p>

<p>Suicide Attempt</p>	<p>One attempt with documentation of readjustment: 0-2 years = decline 2-7 years = moderate rating thereafter = no rating</p> <p>Two or more attempts Within 10 years = decline 10-15 years = moderate to high rating</p>	<p>Finances? Habits Family history? Physical disorders? Medications?</p>
<p>Testicular Cancer</p>	<p>Non invasive tumor (Stage 0), can often be considered at Standard. For more severe tumors, there could be a postponement period of 1-5 years followed by a flat extra. Many testicular cancers can be approved Standard in a short time frame</p>	<p>Date of diagnosis and treatment? What kind of cancer was diagnosed? Stage and grade of the tumor? How was the tumor treated? How far did the tumor metastasize? Are all of the follow up tests normal?</p>
<p>Tobacco use</p>	<p>Each carrier varies in this class. Some will allow for cigars, other will not. Please check individual carrier guidelines</p>	<p>Does the client currently use tobacco? If so, what kind? How much does the client smoke? Any impairments?</p>
<p>Transient Ischemic Attack (TIA)</p>	<p>Underwriting offer will depend on age at time of attack and number of attacks.</p> <p>Over age 40, = postpone until 3 months after last attack. After the postponement, file will be approved with a Table 2-3 rating. Possible Standard after 5 or more years without any further episodes</p>	<p>When did the client have the TIA? How many TIAs? Does the client have a hypertension or diabetes history? History of cardiac arrhythmia or heart valve disease? Medications Has client had any recurrence of symptoms since last TIA?</p>
<p>Ulcerative Colitis</p>	<p>Mild Ulcerative Colitis - less than 1 attack per year, no maintenance medications or have been surgically corrected can possibly be Standard</p> <p>Normally underwritten with as table 4</p> <p>Severe ulcerative colitis will be declined until surgically corrected.</p>	<p>Date and duration of the last attack? When diagnosed, Medications used during the attack? Medications used for maintenance if any? Surgically corrected?</p>
<p>Valvular Heart Surgery</p>	<p>Postponed for 6 months after valve surgery.</p> <p>Mild cases with one valve replaced are about a table 2-4.</p> <p>Severe cases with up to three valves replaced are very highly rated to a decline.</p>	<p>What valve disorder was the client diagnosed with? When was the valve replaced? How many valves were replaced? What is the current assessment of the disorder?</p>