
Field Underwriting Guidelines

Association and Individual



Introduction

We are pleased to offer you the attached guidelines as an illustration of the probable underwriting outcome for a number of typical conditions.

In addition to the important responsibility you have in resolving your clients' insurance needs, you have an equally important responsibility in the Company's risk selection process. The Home Office Underwriter is dependent on the writing agent for the accurate and complete transcription to the application of answers to all questions and information asked of the applicant(s). It is the care and effort on the part of the agent in successfully and fully completing an application that will later save time, expense, misunderstanding and litigation.

Good Field Underwriting procedures by agents are essential in serving both the needs of the applicant as well as assuring that the terms of the policy shall be carried out in an appropriate and timely manner. It is important that the field underwriter makes every effort to fully review the completeness of the application and to accurately represent the answers provided by the applicant(s).

Field Underwriting Responsibilities

- Coverage cannot be guaranteed at the time the application is completed. When an applicant asks when coverage becomes effective, the agent should explain that issue is dependent on written approval by the Home Office underwriters.
- When the agent completes an application in person, each question on the application needs to be specifically asked of the applicant(s) and the answers recorded as given.
- Where permitted for an application to be completed other than in person, the agent of record must review each question asked on the application along with the answers given by the applicant(s). This may require a telephone interview between the agent and the applicant.
- It is never permissible for the writing agent to ask a general question with reference to health history, and then on receiving a negative reply, answer all questions on the application "No."
- When receiving or noting a "No" answer to any health questions on the application, the writing agent must make an effort to carefully question the

applicant(s) and fully develop any related information that could indicate medical history.

- Under no circumstances should answers to the application health questions be obtained from a third party.
- Where an application is required to be signed by the agent, the appointed writing agent must sign the application. In signing an application an agent not only shows representation as the writing agent, but also affirms that he has followed the Field Underwriting Responsibilities set out by the Company.
- It is not acceptable to answer questions with "dashes" or "ditto" marks.
- Both the primary applicant and the writing agent must initial and date any erasure or corrections.
- All affirmative ("Yes") answers to the application health questions must be explained in detail on the application along with the name and address of the treating or consulting physician(s). Answers on the application are considered to have been given by the applicant. The Underwriters accept the given answers as being full and complete and that the answers have not been either only partially recorded or edited by the writing agent.
- Any special dating request for the policy should be included with the application with an explanation. Under no circumstances will a health policy ever be backdated.
- When a child(ren) considered for coverage does not live with the applicant, the Company requires the signature of the parent or guardian with whom the child(ren) lives or the child's health history must be verified with the custodial parent as well as from the parent applying for coverage.
- Once the writing agent completes an application, the agent cannot disclose any confidential information except to the Home Office Underwriting Department.
- Carelessness by the agent in completing an application or disregard of an applicant's answer is never acceptable.
- The writing agent should advise applicants that prior health history can result in a counter-offer to their application and that the policy may be issued with exclusions and/or rated premiums. This is also noted in the AGREEMENT section of the application.
That section also notes the company's right to void or rescind coverage after issue if there

has been non-disclosure of material health history. Some states have different requirements for the manner in which the Company handles material health history disclosed at application time. It is the writing agent's responsibility to become familiar with related state law or to seek guidance from the agent's General Agent or Managing General Agent.

- Only the policy provisions will determine the responsibilities or liabilities of the Company. An agent cannot and must not make any representations or promises regarding claims processing or interpretation of the policy.

The Underwriting Process

During the underwriting process, the underwriter evaluates each individual's medical conditions and assigns appropriate debits based on the severity and prognosis of the condition(s). Each application is considered on its own merits based on its particular risk characteristics. As a result, the underwriting outcome may be more or less favorable than the guideline shown.

The underwriting process will be expedited if the enrollment materials are completed and all medical disclosures on the enrollment applications indicate the specific diagnosis, dates of treatment, medications prescribed and the results of treatment. Underwriting outcomes will also vary in accordance with state requirements.

Applicants who have used any form of nicotine in the past twelve months (cigarettes, pipe smoking, chewing tobacco, cigars, etc.) should be quoted with smoker rates.

In an effort to provide better up-front risk selection, an underwriter may request medical records or a paramedical exam on an applicant. This will enable us to determine at the time of application, if the applicant has a pre-existing condition or any other medical condition that we should rate or rider appropriately. This will improve the management of the business and limit the need for additional investigations at the time of claim.

Medical Records/Attending Physician Statement

The underwriter will initiate the request for medical records when applicable. Ceres will handle costs associated for obtaining these records up to a predetermined dollar amount. You will be notified of this request through the underwriting status report.

ParaMedical Exam with Lab

When an underwriter requests a paramedical, it will be requested through an underwriting status report for the agent or MGA/GA to set this up with a paramedical company. By having the agent or MGA/GA set up the paramedical exam, they can explain this to their client as part of the underwriting process.

Ceres currently has agreements with paramedical companies, and will pay for charges for examinations requested by our agents. These companies, which are national companies with the ability to service remote areas, are listed on our websites.

The agent should contact the paramedical company and order a short form paramedical exam with a blood draw and urinalysis, unless indicated otherwise. The examiner of the paramedical company will then contact the applicant to set up a time for the exam, handle all of the paperwork and provide the billing directly to Ceres.

When the underwriter requests the exam, they will also request an Informed Consent form. This form is to be signed by the applicant and returned to us as required by the state or federal law when a blood draw is requested. The following are the form numbers necessary by state:

Arizona	AEC-0188
Arkansas	AEC-0187
Delaware	AEC-0189
Florida	AEC-0192
Georgia	AEC-0193
Michigan	AEC-0194
Missouri	AEC-0200
Montana	AEC-0190
Ohio	AEC -0195
Pennsylvania	AEC-0196
Texas	AEC-0191
Virginia	AEC-0197
West Virginia	AEC-0198
Wisconsin	AEC-0199
All Other States	AEC-0186

Medical Underwriting Review

A debit represents a percentage rating on a single premium. Therefore, a condition representing 10 debits, may result in a 10% premium increase on a single applicant.

An applicant may have more than one ratable disorder. In these cases, the underwriter will sum the debits and

evaluate the risk based on the debit total. Multiple conditions may result in the underwriter adding additional debits due to the compounding impact one condition may have on another. In addition, rated conditions may be issued with a 6-month elimination period. An individual is considered an unacceptable risk if the combined debit value is greater than 100 debits, or if an applicant has more than 3 ridered and/or rated conditions.

Any maintenance medication will be rated separately from the major medical debit rating. A rating for maintenance medication(s) will be made based on the pharmacy benefit selected, the cost of the medications prescribed after applicable deductibles and copays, and the Underwriter's assessment of the probable risk. In the event the total cost of any applicant's maintenance medication exceeds \$100.00 per month, the applicant(s) will be considered ineligible for the copay prescription drug program. The underwriter may offer an alternate plan as an option.

Exclusion riders may be used, where allowed by state law, to exclude benefits for a specified condition or an individual member of the family. When a specified condition is excluded, all major medical services including prescription benefits associated with the identified condition will be excluded. The duration of the exclusion rider will be determined by the underwriter based on their assessment of the probable future risk.

Generally, chronic, recurrent or permanent risks will be underwritten with a permanent exclusion rider. Temporary riders will be used at the discretion of the Underwriter on temporary risks, or recently resolved conditions that may have indication of reoccurrence.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been established. The alternate actions have been provided in parentheses throughout the guidelines wherever a rider is referenced.

The removal or modification of a permanent exclusion rider will be considered when:

1. The policy has been in force for at least two years.
2. The policyholder specifically makes a request and completes the necessary application.
3. The company receives the request and a doctor's report at no cost to the company.

Certain recreational sports / hazardous activities such as automobile racing and sky diving are of such a hazardous nature as to present more than the standard risk of bodily injury. If the applicant engages in sports or hobbies which could be dangerous, coverage may be issued with exclusion. Guidelines are provided on page 18.

Certain conditions have been identified as uninsurable and therefore warrant a declination of insurance coverage. Some of these conditions are listed on page 7 of this manual. There may be instances when the agent feels additional consideration should be given to an applicant who has been denied coverage. A denial may be appealed by written submission of the request to reconsider the application for insurance coverage. Medical records may be required for additional consideration at the expense of the applicant.

The following is a listing of abbreviations and their meanings used throughout the guidelines:

Accept	Acceptable with no rider or increase in rate
Dec.	Decline
IC	Individual Consideration
Mos	Months
Rider	Rider, if allowable by State
RFC	Rate for Cause
Yrs	Years

The fact that an individual or a condition is an acceptable underwriting risk does not alter or waive the terms of the preexisting illness limitation contained in the certificate.

These guidelines are intended for use by all agents appointed with Central Reserve Life or Continental General Insurance Companies.

No coverage is in force, or rating final, until written Home Office approval is given after review of the complete application.

Common Medications/Conditions

The following is a list of prescription drugs and common therapeutic uses. The conditions provided are not inclusive to the medications listed.

AccutaneAcne
 AciphexGastrointestinal
 AldometHigh Blood Pressure
 AldorilHigh Blood Pressure
 AllopurinolGout
 AlupentAsthma
 AmbienSedative
 AmitriptylineAnxiety/Fibromyalgia
 AmoxicillinAntibiotic
 Anaprox . . .Nonsteroidal Anti-inflammatory Drug
 AntabuseAlcohol Abuse
 AntivertDizziness
 ApresolineHigh Blood Pressure
 A.S.AAspirin
 AtaraxAntihistamine
 AtenololCardiovascular
 AtromidCholesterol
 AugmentinAntibiotic
 AZTAIDS
 AzulfidineGastrointestinal/Crohn's Disease
 BactrimUrinary Tract Infection
 BecloventAsthma
 Beconase InhalerAsthma
 BiaxinAntibiotic
 BrethineAsthma
 CalanCardiovascular
 CapotenHigh Blood Pressure
 CarafateUlcer
 CardizemCardiovascular
 CatapresHigh Blood Pressure
 CelebrexNonsteroidal pain
 ChlorothiazideDiuretic
 CiproBladder Infection
 ClaritinAllergies
 Clinoril . . .Nonsteroidal Anti-inflammatory Drug
 ClonidineHigh Blood Pressure
 CompazineAnxiety or Gastrointestinal
 CorgardCardiovascular
 CoumadinBlood Thinner
 CylertAttention Deficit Disorder
 DarvocetTranquilizer/Pain Killer
 DecadronSteroid/Arthritis
 DemerolPain
 DexedrineStimulant/Diet Pill
 DiabineseDiabetes Mellitus
 DiazepamTranquilizer

Digoxin . .Cardiovascular, Congestive Heart Failure
 DilantinConvulsion/Seizure
 DonnatalGastrointestinal
 ElavilAnxiety
 EnduronDiuretic
 EntexDecongestant
 Feldene . . .Nonsteroidal Anti-inflammatory Drug
 FiorinalHeadache
 FosamaxOsteoporosis
 GleevecCancer
 GlucophageDiabetes Mellitus
 GlucotrolDiabetes Mellitus
 GlyburideDiabetes Mellitus
 Gold ShotsRheumatoid Arthritis
 HalcionSedative
 HaldolPsychosis
 Hydrochlorothiazide (HCTZ)Diuretic
 HydrodiurilDiuretic
 HygrotonDiuretic
 ImipramineDepression
 ImitrexMigraine
 InderalCardiovascular
 IndocinNonsteroidal Anti-inflammatory Drug
 InsulinDiabetes Mellitus
 IsoptinCardiovascular
 IsordilCardiovascular
 KeflexAntibiotic
 Lanoxin .Cardiovascular, Congestive Heart Failure
 LasixDiuretic
 LevaquinAntibiotic
 LevodopaParkinson's Disease
 LevoxylThyroid
 LibriumAnxiety
 LipitorCholesterol
 LithiumPsychosis
 LopidCholesterol
 LopressorCardiovascular
 LorazepamTranquilizer
 LozolDiuretic
 LuvoxDepression
 MaxzideHigh Blood Pressure
 MellarilPsychosis
 MethotrexateCancer, Rheumatoid Arthritis
 MevacorCholesterol
 MicronaseDiabetes Mellitus
 MinipressHigh Blood Pressure
 ModureticDiuretic
 NadololCardiovascular
 NaldeconAntihistamine
 NaprosynNonsteroidal Anti-inflammatory
 NasalideAllergies
 NeurontinPain, Nerve Involvement
 Nitro-bidChest Pain

Nitroglycerin	Chest Pain	Slo-Bid	Asthma
Norpace	Antiarrhythmic	Synthroid	Thyroid
Nortriptyline	Anxiety	Tagamet	Gastrointestinal
Ortho-novum	Hormones	Tamoxifen	Cancer
Pamelor	Anxiety	Tegretol	Convulsions
Paxil	Anxiety	Theobid	Asthma
Pepcid	Gastrointestinal	Theo-dur	Asthma
Percodan	Pain	Thorazine	Psychosis
Persantine	Angina	Timoptic	Glaucoma
Phenobarbital	Convulsions/Seizures	Tofranil	Depression
Prednisone	Steroid	Tolectin	Nonsteroidal Anti-inflammatory Drug
Prevacid	Gastrointestinal	Tolinase	Diabetes Mellitus
Prilosec	Gastrointestinal	Tranxene	Anxiety
Procan-SR	Antiarrhythmic	Unipress	High Blood Pressure
Procardia	Cardiovascular	Valium	Anxiety
Propranolol	Cardiovascular	Vanceril	Asthma
Propulsid	Cardiovascular	Vasotec	Cardiovascular
Proventil	Asthma	Ventolin	Asthma
Provera	Hormone	Verapamil	Cardiovascular
Prozac	Depression	Viagra	Impotence
Questran	Cholesterol	Vioxx	Nonsteroidal Pain
Quinidine	Antiarrhythmic	Visken	Cardiovascular
Reglan	Gastrointestinal	Vistral	Antihistamine
Regroton	High Blood Pressure	Wellbutrin	Anxiety/Depression
Relafen	Nonsteroidal Anti-inflammatory Drug	Xanax	Anxiety
Remero	Depression	Zantac	Gastrointestinal
Rescriptor	AIDS/HIV	Zestril	High Blood Pressure
Restoril	Sedative	Zithromax	Antibiotic
Ritalin	Attention Deficit Disorder	Zocor	Cholesterol
Rufen	Nonsteroidal Anti-inflammatory Drug	Zolof	Anxiety
Seldane	Antihistamine	Zovirax	Herpes
Sinequan	Depression	Zyloprim	Gout
Singulair	Asthma	Zyrtec	Allergies

Unless prohibited by state law, the following conditions warrant a declination of insurance coverage:

ADDISON'S DISEASE
AIDS
ALCOHOLIC HEPATITIS
ALZHEIMER'S DISEASE
AMYOTROPHIC LATERAL SCLEROSIS (ALS)
ANGINA PECTORIS
ANGIOPLASTY
ANEURYSM
AUTISM
BI-POLAR DEPRESSION
BYPASS SURGERY
CEREBRAL PALSY
CEREBROVASCULAR ACCIDENT (CVA)
CHRONIC OBSTRUCTIVE PULMONARY DISEASE
CIRRHOSIS
CONGESTIVE HEART FAILURE
CORONARY ARTERY DISEASE
CORONARY FAILURE
CORONARY INSUFFICIENCY
CORONARY SCLEROSIS
CROHN'S DISEASE
CYSTIC FIBROSIS
DEMENTIA

DIABETES MELLITUS
DOWN'S SYNDROME
EMPHYSEMA
GASTRIC BYPASS/STAPLING
HEART ATTACK
HEPATITIS B, C, D
HIV
LUPUS, SYSTEMIC
ILEITIS
LOU GEHRIG'S DISEASE
MANIC DEPRESSION
MITRAL STENOSIS
MULTIPLE SCLEROSIS
MUSCULAR DYSTROPHY
MYOCARDIAL INFARCTION
PACEMAKER
PARKINSONISM
REGIONAL ENTERITIS
RENAL FAILURE
RHEUMATOID ARTHRITIS
SICKLE CELL ANEMIA
SLEEP APNEA
STROKE
TRANSIENT ISCHEMIC ATTACK (TIA)
ULCERATIVE COLITIS
VALVE REPLACEMENT

NOTE:

The above list does not include all conditions that may be considered unacceptable. There may be additional medical conditions not listed in these guidelines that will require an additional rating for acceptance. If you have a specific condition in question that is not listed above, please complete a Request For Preliminary Review for underwriting consideration.

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ALCOHOL DEPENDENCE

History of relapseDec.
Past dependence, treated, abstinence maintained	
No history of relapse	
Recent - 7 yrs since last use .....	.Dec.
7 yrs since last use .....	.Accept

ALLERGIES (including Hayfever)

Seasonal, occasional use of medication .....	.Accept
Chronic .....	.Rider (20)

ANEMIA

Iron Deficiency	
Mild, uncomplicated .....	.10
Moderate .....	.20
Severe .....	.Dec.
Aplastic .....	.Dec.
Pernicious (with medical records)	
Recent—1 yr .....	.Dec.
1 yr & up .....	.50

ARRHYTHMIA (Irregular Heart Beat, Tachycardia, Bradycardia, etc.)

All cases (with medical records)IC
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ARTHRITIS

Osteoarthritis/Degenerative	
Symptoms minimal, evidence slight, no medical treatmentAccept
Symptoms minimal, evidence slight, requiring medical treatment .....	.10
Marked symptoms .....	.Rider (Dec.)
With joint replacement .....	.Rider (Dec.)
Rheumatoid .....	.Dec.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

ASTHMA

Mild — Well controlled with medication taken on as needed basis.
Moderate — Controlled with the use of daily medications.
Severe — Uncontrolled, or with history of hospitalizations or oral steroid usage.

With tobacco useDec.
 With no tobacco use
 Mild10
 ModerateRider (20)
 SevereDec.

BACK (NECK) SPRAIN OR STRAIN

PresentRider (60)
 History of, Non-disabling, less than four treatments
 If treatment is/was chiropractic or pain medication onlyRate as chiropractic care
 Otherwise
 Recent - 1 yrRider (60)
 1 yr & upAccept
 Surgery recommended, not done or chronic (more than four treatments)Rider (Dec.)

BRONCHITIS

Acute, 1 or 2 episodes within the past yrAccept
 Chronic, more than 2 episodes within the past yr, no tobacco useRider (Dec.)
 Chronic, more than 2 episodes within the past yr, with tobacco useDec.

BUNION

PresentRider (10)
 Surgically corrected, full recoveryAccept

BURSITIS

PresentRider (20)
 Single attack, recoveredAccept
 Two or more attacks
 Recent -1 yr since treatmentRider (20)
 1 yr & upAccept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

CANCER/MALIGNANCY

Basal Cell Carcinoma

- PresentDec.
- Single occurrence, completely excised, no recurrence
 - Recent - 1 yrRider (40)
 - 1 yr & upAccept
- Multiple occurrences or with recurrenceRider (Dec.)

Keratosi*s*, Actinic

- Present or recurrentRider (Dec.)
- History of, removed, no recurrenceAccept

Melanoma

- Present or with recurrence, regardless of locationDec.
- Completely excised, Clarks Level I, no recurrence
 - Recent - 10 yrsDec.
 - 10 yrs & up (medical records with operative & pathology report)50
- Clarks Level II or IIIDec.

All other cancers

- Local with no recurrence
 - Recent - 10 yrsDec.
 - 10 yrs & up (medical records with operative & pathology report)50
- OtherDec.

CARPAL TUNNEL SYNDROME

- PresentRider (Dec.)
- History of, medically managed, no surgery anticipated
 - R-2 yrs since last flare upRider (40)
 - 2 yrs & up since last flare upRider (20)
- Surgically corrected, no residualsAccept

CARTILAGE INJURY (Torn cartilage)

- UnoperatedRider (Dec.)
- Operated, full recovery
 - Recent - 1 yrRider (30)
 - 1 yr & upAccept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

CATARACT

Present, not operated	Rider (Dec.)
Operated, complete recovery	
R- 3 yrs since recovery	Rider (30)
3 yrs and up	Accept

CHEST PAIN

Single episode, (with medical records)	
Cause known, underlying cardiovascular condition ruled out	RFC
Cause unknown, underlying cardiovascular condition ruled out, negative cardiac work up	Accept
Multiple episodes or cause unknown, cardiovascular workup incomplete or not done ..	Dec.

Also see Heart Conditions

CHIROPRACTIC CARE

If for maintenance only	
If chiropractic limitation applies	
12 or less adjustments per year	Accept
More than 12 adjustments per year .....	.10
If chiropractic limitation does not apply	
0-6 adjustments in past 12 months	Accept
6-12 adjustments in past 12 months .....	.20
More than 12 adjustments in past 12 months .....	.IC
If due to an underlying medical condition	RFC

CHRONIC FATIGUE SYNDROME

Present	Dec.
History of, complete recovery, no current treatment or residuals	
R – 1 yr	Dec.
1 – 5 yrs .....	.50
5 yrs and up	Accept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

COLITIS

Spastic colitis, irritable colon, irritable bowel	
Occasional occurrences or mild, no complications	.....10
Frequent or chronic, or requiring follow up testing	.....Rider (Dec.)
Ulcerative Colitis	
On medication	.....Dec.
Treatment free, full recovery with no recurrence	
Recent - 3 yrs	.....Dec.
3 yrs & up (with medical records to include current status)	.....Rider (Dec.)
Crohn's disease, ileitis, regional enteritis	.....Dec.

CYST

Ganglion Cyst	
Present	.....Rider (50)
Operated, full recovery, no recurrence	.....Accept
Recurrent episodes, same location, operated full recovery	
Recent - 1 yr	.....Rider (50)
1 yr & up	.....Accept
Bakers, Breast, Pilonidal, Sebaceous, Simple	
Cured by excision or I & D, full recovery	.....Accept
Present or recurrent	.....Rider (Dec.)
Lipoma	
Present	.....Rider (25)
Surgically removed, full recovery	.....Accept

CYSTITIS (Bladder infection)

One or two attacks per year, complete recovery	.....Accept
Chronic, recurrent, more than two attacks per year	
Recent - 1 yr since last episode	.....Rider (50)
1 yr & up, complete recovery, most recent urinalysis normal	.....Accept
Otherwise	.....Dec.

DEAFNESS, Rate on basis of hearing before correction with hearing aid

With past or anticipated treatment or cochlear implant	.....Rider (Dec.)
Due to disease	.....RFC
Due to congenital, traumatic or occupational causes	.....Accept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

DEVIATED SEPTUM

PresentRider (Dec.)
 Operated, complete recoveryAccept

DIABETES

All casesDec.

DILATION AND CURETTAGE (D&C), NO MALIGNANCY

All casesRFC

DIVERTICULITIS

PresentRider (Dec.)
 Single episode, mild, good response to conservative treatment, Full recovery
 Recent - 2 yrsRider (30)
 2 yrs & upRider (20)
 Two or more episodes, mild, good response to conservative treatment, Full recovery
 Recent - 2 yrs since last attackRider (50)
 2 yrs & up since last attackRider (30)
 Others, prolonged attacks or unsatisfactory response to treatmentsDec.

DIVERTICULOSIS (colon)

Asymptomatic, incidental findings20
 With symptomsRate as Diverticulitis

DRIVING RECORD

History of 3 or more moving violations within the past 12 mosDec.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

DRIVING UNDER THE INFLUENCE (DUI)

One occurrence, no history of treatment for alcoholism or drug abuse, no alcohol or drug related signs or symptoms	.Accept
History of 2 arrests, no history of treatment for alcoholism or drug abuse, no alcohol or drug related symptoms.	
R - 2 yrs	.Dec.
2 yrs & up	.Accept
Others	.Dec.

DRUG DEPENDENCE

Presently using	.Dec.
Past dependence, treated, abstinence maintained	
No history of relapse	
Recent - 10 yrs since last use	.Dec.
10 yrs since last use	.Accept
History of relapse or history of IV use	.Dec.

Note: Consideration may be given after one year if drug use was limited to marijuana or amphetamines.

ENDOMETRIOSIS

Postmenopausal or history of bilateral oophorectomy or hysterectomy, no symptoms	.Accept
Before menopause or history of voluntary sterilization	
Mild, laparoscopy already performed or controlled with birth control	.Rider (20)
Others, ongoing, treatment more than birth control	.Rider (Dec.)

(If endometriosis is moderate or severe, infertility may be a factor and will be rated accordingly)

EPILEPSY/SEIZURES

Grand-Mal, Jacksonian, Psychomotor	
Recent - 3 yrs since last seizure	.Dec.
3 - 5 yrs since last seizure	.50
5 yrs & up since last seizure	.25
Petit-Mal	
Recent - 2 yrs since last seizure	.50
2 yrs & up	
Requiring treatment	.10
No treatment required	.Accept
Febrile	.Accept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

EPSTEIN BARR VIRUS

Current treatment .....	.Dec.
History of, full recovery	
Recent - 1 yr since treatment .....	.Dec.
1 yr & up .....	.Accept

FELONY CONVICTION

Conviction of a felony within 10 years .....	.Dec.
Currently on probation or incarcerated .....	.Dec.

FIBROCYSTIC BREAST DISEASE

Present	
Asymptomatic, incidental mammographic finding .....	.Accept
Symptomatic .....	.Rider (50)
Operated, single occurrence, complete recovery .....	.Accept
Otherwise .....	.Rider (50)

FOREIGN NATIONALS

As a general rule, foreign nationals will not be considered for insurance coverage. However, individual consideration will be given for the following situations:

1. Those who have been a permanent U.S. resident for more than five years, possess a valid green card, plan to become a U.S. citizen, are employed with acceptable occupations and have an established medical history in the U.S.
2. Those who are married to a U.S. citizen who is employed with an acceptable occupation as long as they possess a valid green card and have an established medical history in the U.S.

In these situations, the entire family must apply for coverage.

GALLSTONES (CHOLELITHIASIS)

Present .....	.Rider(Dec.)
Surgical removal, full recovery .....	.Accept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Present

- Occasional, mild attacks, controlled with or without medication10
 - Frequent or chronic attacks, not controlled with medicationRider (75)
 - History of, fully recovered, no current treatmentAccept
-

GLAUCOMA

- Surgically corrected, full recoveryAccept
 - No surgery necessary, controlled with medicationRider (50)
 - Surgery anticipated, or condition not controlled with medicationRider (Dec)
-

GOUT

- Single attack or recurrent mild attacks, uncomplicated, normal build and blood pressure, no other cardiovascular impairments, uric acid level controlled
 - Recent - 1 yr since last attackRider (20)
 - 1 yr & up since last attackAccept
 - Recurrent severe attacks, or with obesity or elevated blood pressure or other cardiovascular impairment or with complicationsDec.
-

HAZARDOUS ACTIVITIES

- Aviation (for pleasure)Rider (Dec.)
- Bungee JumpingRider (Dec.)
- Hang GlidingRider (Dec.)
- Hot Air BalloonRider (Dec.)
- Mountain / Rock ClimbingRider (Dec.)
- Rodeo Events, AmateurRider (Dec.)
- Scuba Diving Beyond 75 FeetRider (Dec.)
- Skydiving / ParachutingRider (Dec.)
- UltralightsRider (Dec.)
- Vehicle RacingRider (Dec.)
- (auto, motorcycle, powerboat, snowmobile & other vehicle types)

NOTE:

Individuals that participate in the above activities on a professional basis are not eligible for insurance coverage.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

HEADACHE

Migraines and vascular headaches	
Mild occasional attacks	.....Accept
Severe or frequent	.....Rider (Dec.)
Tension or simple	.....Accept
Recent onset and testing not complete	.....Dec.

HEART CONDITIONS

Mitral Valve Prolapse

No symptoms, no current medication	.....Accept
No symptoms, managed with medication, with medical records	.....10
Symptomatic or with moderate to severe mitral regurgitation	.....Dec.

Murmur

Physician statement required to include the exact classification of murmur, underlying cause of murmur, results of any testing, treatment received or anticipated and prognosis or comparable current medical records.

Functional murmur, must be grade II or less, no associated cardiac abnormality asymptomaticAccept
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Septal Defects

Atrial Septal Defect/Ventricular Septal Defect

PresentDec.
Spontaneous closure	.....Accept
Surgically corrected, no murmur, no other Cardiovascular impairment, no other ratable impairments (with medical records)	
Recent - 2 yrs	.....Dec.
2 yrs & up	.....Accept
OtherwiseDec.

History of Angioplasty, Coronary Bypass, Cardiac StentDec.
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When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

OVERWEIGHT

FEMALE

Height	Accept	10 Debits	20 Debits	50 Debits	80 Debits	Decline
4'8"	81-143	144-155	156-166	167-178	179-190	191+
4'9"	84-146	147-160	161-171	172-184	185-195	196+
4'10"	87-152	153-164	165-175	176-191	192-200	201+
4'11"	90-156	157-167	168-178	179-197	198-205	206+
5'0"	93-161	162-171	172-183	184-202	203-210	211+
5'1"	96-166	167-176	177-188	189-207	208-215	216+
5'2"	99-171	172-180	181-192	193-212	213-220	221+
5'3"	102-177	178-186	187-199	200-217	218-225	226+
5'4"	106-182	183-190	191-203	204-224	225-232	233+
5'5"	108-188	189-195	196-209	210-231	232-239	240+
5'6"	110-191	192-199	200-216	217-239	240-247	248+
5'7"	114-197	198-205	206-223	224-246	247-254	255+
5'8"	117-202	203-211	212-229	230-254	255-262	263+
5'9"	121-209	210-218	219-236	237-262	263-270	271+
5'10"	123-214	215-222	223-243	244-270	271-278	279+
5'11"	128-222	223-231	232-250	251-281	262-286	287+
6'0"	132-228	229-238	239-257	258-286	287-294	295+
6'1"	136-235	226-244	245-264	265-294	295-302	303+
6'2"	138-240	241-250	251-271	272-302	303-310	311+
6'3"	141-246	247-256	257-289	290-311	312-319	320+
6'4"	146-253	254-263	264-286	287-319	320-327	328+

MALE

Height	Accept	10 Debits	20 Debits	50 Debits	80 Debits	Decline
5'0"	96-162	163-174	175-186	187-202	203-210	211+
5'1"	99-168	169-180	181-192	193-208	209-216	217+
5'2"	102-173	174-187	188-199	200-217	218-225	226+
5'3"	105-179	180-193	194-206	207-227	228-235	236+
5'4"	109-185	186-199	200-212	213-232	233-240	241+
5'5"	112-190	191-204	205-218	219-242	243-250	251+
5'6"	115-196	197-211	212-225	226-247	248-255	256+
5'7"	119-202	203-217	218-231	232-253	254-261	262+
5'8"	123-208	209-223	224-238	239-262	263-270	271+
5'9"	126-214	215-230	231-246	247-272	273-280	281+
5'10"	130-221	222-236	237-251	252-282	283-290	291+
5'11"	133-226	227-242	243-259	260-287	288-295	296+
6'0"	137-233	234-249	250-266	267-293	294-301	302+
6'1"	141-240	241-257	258-275	276-302	303-310	311+
6'2"	145-246	247-264	265-282	283-312	313-320	321+
6'3"	149-253	254-272	273-290	291-322	323-330	331+
6'4"	153-260	261-279	280-298	299-332	333-340	341+
6'5"	157-267	268-286	287-305	306-342	343-350	351+
6'6"	161-274	275-294	295-314	315-352	353-360	361+
6'7"	165-281	282-302	303-322	323-362	363-370	371+
6'8"	169-288	289-309	310-330	331-372	373-380	381+

HEMORRHOIDS

Present, asymptomaticAccept
 Unoperated, frequent bleeding requiring medical attentionRider (Dec.)
 Operated, recoveredAccept

HEPATITIS A & HEPATITIS E (with medical records)

PresentDec.
 Full recovery, no symptoms, liver function studies normal
 Recent -6 mosDec.
 6 mos & upAccept

HERNIA

Abdominal hernia - inguinal, femoral, epigastric, scrotal, ventral, incisional, umbilical*
 PresentRider (75)
 Operated, complete recoveryAccept
 *Umbilical hernias that have closed spontaneously in childhood do not require a rider or rating.

Diaphragmatic (hiatal) hernia
 Present
 Small, infrequent episodesAccept
 Others, chronic, not under control or surgery anticipatedRider (Dec.)
 Operated, no recurrenceAccept

HERNIATED DISK

Present, unoperated or incomplete recoveryRider (Dec.)
 Operated, complete recovery
 Recent - 3 yrsRider (50)
 3 yrs & upAccept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

HIGH BLOOD PRESSURE/HYPERTENSION

Diagnosed within the last 3 mos	.Dec.
With nicotine use	.Dec.
With high cholesterol	.IC
With other cardiovascular condition	.Dec.
Otherwise	
Current hypertension, average of 3 most recent BP readings taken greater than 150 / 90	.Dec.
Current hypertension controlled, average of 3 most recent BP readings taken less than or equal to 150 / 90 (last reading taken must be within the last 3 mos)	.25
Overweight	
If applicant is 20 or more debits overweight in accordance with the build chart, add an additional 15 debits. This debit amount is in addition to debits assigned for high blood pressure and build.	

HIGH CHOLESTEROL, HYPERLIPIDEMIA, HYPERCHOLESTEROLEMIA

With nicotine use	.Dec.
With high blood pressure	.IC
With any other cardiovascular condition	.Dec.
Otherwise	
Treated by diet or oral medication, no nicotine use	.10
<i>Note, those individuals who have been controlled by diet for at least one year may be considered as a standard risk.</i>	
Cholesterol reading higher than 240 and/or Triglyceride reading higher than 700, with medical records	.IC

HYSTERECTOMY

Benign, full recovery	.Accept
If due to malignancy	.See Cancer

INFERTILITY

Male or female	
Age 45 or over, or after female menopause, or with history of sterilization	.Accept
Under age 45	
Recent - 5 yrs since last treatment	.Dec.*
5 yrs & up since last treatment, with medical records	.IC
* Consideration may be given if a subsequent normal pregnancy was achieved without fertility treatment.	

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

JOINT REPLACEMENTS

Due to arthritis .....	.Rate as arthritis
Due to trauma	
With full recovery, no restrictions	
Recent - 2 yrs .....	.Rider (Dec.)
2 yrs & up .....	.Rider (20)
Others .....	.Rider (Dec.)

KIDNEY DISORDERS

Kidney Stone	
History of one occurrence, unilateral	
Recent - 3 yrs since occurrence .....	.Rider (Dec.)
3 -5 yrs .....	.Rider (20)
5 yrs & up .....	.Accept
Present, bilateral, or recurrent .....	.Rider (Dec.)

Nephrectomy	
Due to trauma, donor, congenital condition, or unilateral stone, full recovery, with medical records .....	.Accept
Otherwise .....	.Dec.

Pyelonephritis	
One attack, full recovery with no residuals .....	.Accept
Multiple attacks	
Recent-5 yrs .....	.Dec.
5 yrs & up .....	.Accept

LIGAMENT INJURIES/ARTHROSCOPY (knee, shoulder, elbow, etc.)

Strained or sprained	
History of, recovered .....	.Accept
Present .....	.Rider (IC)

Torn Ligament	
Present .....	.Rider (Dec.)
Repaired, full recovery	
Recent - 1 yr .....	.Rider (30)
1 yr & up .....	.Accept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

LUPUS

Systemic .....	.Dec.
Discoid Lupus Erythematosus	
Present .....	.Dec.
History of, complete recovery	
Recent - 2 yrs .....	.Dec.
2 yrs & up, with medical records .....	.Accept

MENIERE'S DISEASE

Symptomatic .....	.Dec.
Asymptomatic, adequate work up done to exclude more serious disease, with medical records	
Recent - 2 yrs since last attack .....	.40
2 - 5 yrs since last attack20
5 yrs & up since last attackAccept

MENOPAUSE

All casesAccept
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MENTAL & NERVOUS CONDITIONS & ANXIETY

Attention Deficit Disorder, no mental or physical impairments, controlled with or without medication	
Age 12 & under .....	.Accept
Over age 12 .....	.10
Anxiety and other mild mental and nervous conditions (situational depression, acute anxiety) - no interference with normal activity, no hospitalization .....	.10
Chronic depression or anxiety .....	.50
Suicidal ideation/attempts	
Single attempt/thought, no complications or residuals	
Recent - 3 yrs .....	.Dec.
3 - 5 yrs .....	.40
5 yrs & up .....	.10
Multiple attempts or frequent thoughts or with residuals .....	.Dec.
Manic depression, bi-polar depression, schizophrenia and other psychosis .....	.Dec.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

MENTAL RETARDATION

No physical disabilities - mild retardation
 Ages 0 - 9Dec.
 Ages 10 & up, best cases, attending regular school or self-supporting, able to
 write and speak clearly, emotionally stable, slight impairment of motor skills . .Accept
 OtherwiseDec.

MUSCLE DISORDERS (fibromyalgia, fibrositis, myalgia)

MildRider (20)
 Moderate/SevereDec.

OSTEOPOROSIS/OSTEOPENIA

Incidental finding on X-ray or bone density, OR medication taken as a
 preventative measureAccept
 Present, under observation, on medication, not progressiveRider (20)
 Symptomatic or progressive, with fractures or due to Cushing's disease, hyperthyroidism, or
 long-term steroid usage or other conditionDec.

OTITIS MEDIA

Acute
 PresentRider (25)
 History of, recovered
 One episode per yearAccept
 Multiple episodes yearly, complete recovery, no surgery anticipated
 Recent - 2 yrsRider (25)
 2 yrs & up, since last episodeAccept
 OthersRider (Dec.)

Chronic
 Treated with tympanic tubes
 With tympanic tubes present, no further infection or problems Rider (25)
 History of, complete recovery, tubes no longer present, no further infections
 Recent to 2 yrsRider (10)
 2 yrs & upAccept
 OtherwiseRider (Dec.)

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

PANCREATITIS

Present .....	.Dec.
One attack, complete recovery	
Recent - 1 yr .....	.Dec
1-3 yrs .....	.20
3 yrs & up .....	.Accept
Chronic or frequent or secondary to alcoholism .....	.Dec.
Note, if a cause is known, in addition to rating above, rate for cause.	

PHLEBITIS (SUPERFICIAL)/THROMBOSIS

Present or continuing treatment with anticoagulant (i.e., Coumadin, Heparin) .....	.Dec.
Single episode, recovered, no residual	
R- 1 yr .....	.Rider (20)
1 yr & up .....	.Accept

PNEUMONIA

Present .....	.Dec.
One episode full recovery	
No hospitalization .....	.Accept
With hospitalization, no predisposing pulmonary or systemic disease	
Recent - 1 yr (with medical records) .....	.IC
1 yr & up .....	.Accept
Multiple episodes (with medical records) .....	.IC

POLYP

Colon, Intestinal, Rectal	
Present .....	.Dec.
Surgically removed, benign	
1-3 polyps	
Recent - 2 yrs .....	.Rider (40)
2 yrs & up .....	.15
4 or more polyps, or recurrence, benign	
Recent - 5 yrs .....	.Dec.
5 yrs & up .....	.Rider (40)
Nasal	
Present .....	.Rider (Dec.)
Surgically removed, no recurrence, benign, underlying cause treated, fully recovered .....	.Accept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

PREGNANCY

Pregnant at the time of applicationDec. entire app.

Not pregnant at the time of application

History of abortion, miscarriage, premature labor spontaneous, no complications

Age-45 or over or after menopause or history of sterilizationAccept

Under age 45

Cause known.RFC

Cause unknown, no complications, no children since

1 episode

Recent - 1 yr10

1 yr & upAccept

2 episodes

Recent - 6 mosDec.

6 mos & up (with medical records)Accept

3 or more episodesDec.

With a history of the following: prematurity (less than 37 weeks gestation),
postmaturity (greater than 42 weeks gestation), complication of pregnancy (e.g.,
preeclampsia, eclampsia, multiple births, stillbirth, birth defects, incompetent cervix, etc.)

Age 45 or over or after menopause or with history of sterilization . . .Accept

Under age 45.Dec. entire app.

With a history of a cesarean section

Age 45 or over after menopause or with history of sterilizationAccept

Under age 45.Rider (Dec.)

(Note, depending on policy provisions, requirement of the exclusion rider
may be deemed unnecessary and waived at the Underwriter's discretion.)

With a history of gestational diabetes, blood sugar readings returned to normal

Age 45 or over or after menopause or with history of sterilization . . .Accept

Under age 45.Rider (Dec.)

(Note, depending on policy provisions, requirement of the exclusion rider
may be deemed unnecessary and waived at the Underwriter's discretion.)

With a history of ectopic pregnancy, fully recoveredAccept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

PROSTATE DISORDERS

Benign Prostatic Hypertrophy

- Present
- Asymptomatic, not currently receiving medicationAccept
 - Currently receiving medication for control of symptoms with no further symptoms and no surgery anticipated or recommended10
 - Symptomatic with or without treatment, or surgery anticipated or recommendedDec.
- Single episode, after recoveryAccept

Prostatitis

- PresentRider (Dec.)
- Acute, one episode complete recoveryAccept
- Chronic, recurrent, complete recovery, urinalysis normal
- Recent - 1 yrRider (50)
 - 1 - 3 yrsRider (30)
 - 3 yrs & upAccept
- Chronic, with symptoms, urinalysis abnormalDec.

RAYNAUD'S DISEASE

Primary Raynaud's phenomenon (Raynaud's disease), mild, not significantly progressive, no complications

- Recent - 1 yr since diagnosisDec.
- 1 - 5 yrs since diagnosisRider (50)
- 5 yrs & up since diagnosisRider (30)

Secondary Raynaud's phenomenon (Raynaud's syndrome)RFC

RHEUMATIC FEVER

Associated with heart murmurDec.

Consideration may be given to adults with a mild murmur resulting from rheumatic fever during childhood (with complete medical records)

One attack, recovered, no residuals or association with heart murmur

- Recent - 6 mosDec.
- 6 mos - 5 yrs20
- 5 yrs & upAccept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

SCOLIOSIS

Mild < 25 degree curvature	
Ages 0-18 (consideration with medical records)	.....Rider (20)
Ages 19 and up	.....Accept
Moderate 25-40 degree curvature	.....Rider (30)
Severe > 40 degree curvature	.....Dec.
Operated , complete recovery, no complications	
Recent - 3 yrs	.....Rider (50)
3 yrs & up	.....Rider (20)
Operated, incomplete recovery or with complications	.....Dec.

SEXUALLY TRANSMITTED DISEASE (STD)

Chlamydia

One episode	
R - 6 mos	.....Dec.
6 mos & up	.....Accept
Multiple episodes	
R - 3 yrs	.....Dec.
3 yrs & up	.....Accept

Genital Herpes

Type I (Labialis)	.....10
Type II (Genital)	.....10
Woman during child bearing years	.....20

Gonorrhea

Present on exam	.....Dec.
History, recovered, no residuals	
One episode	.....Accept
Multiple attacks	
R - 2 yrs	.....50
2 yrs & up	.....Accept

Human Papilloma Virus (HPV)

Symptomatic or under current treatment	.....Dec.
Asymptomatic, history of treatment, current pap normal	
R - 6 mos	.....Dec.
6 mos - 1 yr, with medical records	.....50
1 yr & up, with medical records	.....20
Presence of both HPV and Herpes virus	.....Dec.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

Syphilis

Present or under treatment . . . . .	.Dec.
Treatment complete, no evidence of central nervous system involvement, last serology negative, with medical records	
R - 2 yrs . . . . .	.20
2 yrs & up . . . . .	.Accept
With central nervous system involvement . . . . .	.Dec.

SINUSITIS

Infrequent acute attacks, recovered . . . . .	.Accept
Chronic, on medication, no surgery anticipated . . . . .	.Rider (50)
Surgery anticipated . . . . .	.Rider (Dec.)
Surgically corrected	
Recent - 1 yr . . . . .	.Rider (50)
1 yr & up . . . . .	.Accept

SMOKING/NICOTINE USE

Association business: All cases

Individual consideration will be given to an applicant and/or spouse who is 55 yrs of age or older after review of the last five years of medical records.

SPINA BIFIDA/SPINA BIFIDA OCCULTA

Spina Bifida

Present, or with evidence of spinal cord involvement, meningocele, myelocoele or with residuals after surgery . . . . .	.Dec.
Operated, no residual neurological deficit	
Recent - 1 yr . . . . .	.Rider (50)
1 yr & up . . . . .	.Rider (10)

Spina Bifida Occulta

Asymptomatic	
Individual under age 20 . . . . .	.Dec.
Individual over age 20 . . . . .	.Rider (10)
Symptomatic . . . . .	.Dec.
Operated, no residuals	
R - 1 yr . . . . .	.Rider (10)
1 yr & up . . . . .	.Accept
Operated, with residuals . . . . .	.Rate as symptomatic

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

STRABISMUS/CROSS EYED

PresentRider (Dec.)
 History of, operated, no residualsAccept

THYROID DISORDERS

Hypothyroidism

Present, controlled with medicationAccept
 OtherwiseRate as Goiter

Goiter

Present, no indication of malignancy, diffuse, smooth (not nodular), no symptoms, mild enlargement onlyRider (20)
 Present, nodular, no indication of malignancyRider (Dec.)
 Surgically removed, no malignancy
 Recent - 6 mosIC
 6 mos & upAccept

Hyperthyroidism (thyrotoxicosis, exophthalmic or toxic goiter, Graves' disease and Basedow's disease)

Present, not under treatmentRider (Dec.)
 Under treatment, controlled
 Recent - 1 yr since onset of treatmentRider (Dec.)
 1 yr & up since onset of treatmentRider (10)
 History of, medically treated, full recovery, no recurrence
 Recent - 2 yrs10
 2 yrs & upAccept
 With recurrenceRate as present
 If treatment resulted in hypothyroidism requiring treatmentRate as hyperthyroidism

Thyroiditis

Acute, full recoveryAccept
 Chronic (Hashimoto's struma, lymphadenoid thyroiditis)
 PresentRate as Toxic Goiter
 History of, recoveredIC and Rate for residuals

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

ULCER (Duodenal, Gastric and Peptic)

Unoperated

Present or on medication, without bleeding	Rider (20)
Present or on medication with bleeding	Dec.
History of, complete recovery	
Single episode	
Without bleeding	
Recent - 2 yrs since last episode	Rider (20)
2 yrs & up since last episode	Accept
With bleeding	
R - 2 yrs	Rider (50)
2 yrs & up	.25
Multiple episodes, (consideration with medical records)	
Without bleeding	
Recent - 2 yrs since last episode	Rider (50)
2 yrs & up since last episode	.25
With bleeding	
Recent - 2 yrs since last episode	Dec.
2 yrs & up since last episode	Rider (50)

Operated, no recurrence, full recovery

Recent - 2 yrs	Rider (Dec.)
2 yrs & up	Rider (50)

UTERINE DISORDERS

Abnormal uterine bleeding

Cause known	RFC
Cause not known	
Present	Dec.
History of 1 episode, return of normal menses	Accept
History of multiple episodes, full recovery, no malignancy	
Recent - 1 yr since last episode	Rider (35)
1 yr & up	Accept

Abnormal pap smear, cervical dysplasia

Class I or II	Accept
Class III (or CIN I, II)	
Present	Dec.
History of, treated, with two current successive normal pap results	Accept
Class IV (CIN III)	
Present	Dec.
History of, treated, with two current successive normal pap results (dependent upon treatment received and recency)	
with medical records	.IC
Class V	
Present	Dec.

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.

UTERINE FIBROIDS

PresentRider (Dec.)
Operated, benign, complete recoveryAccept

VARICOSE VEINS

Present or treated by injection
 Recent - 1 yrRider (Dec.)
 1 yr & up, complete recoveryAccept
History of, surgically corrected, complete recovery
 Recent - 2 yrsRider (30)
 2 yrs & upAccept

When state law does not permit the use of exclusion riders, an alternate underwriting action has been provided in parentheses throughout the guidelines.



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