



Genworth®  
Financial

# LONG TERM CARE INSURANCE UNDERWRITING GUIDE

Underwritten by  
Genworth Life Insurance Company  
and in New York by Genworth Life Insurance  
Company of New York  
Administrative Offices: Richmond, VA

# LONG TERM CARE INSURANCE UNDERWRITING GUIDE

Long term care insurance helps protect your clients' income and assets from the high costs of long term care. Not all applicants will qualify for this type of insurance. To provide you with a better understanding of the underwriting process for long term care insurance we've developed the Underwriting Guide.

Because we believe that an applicant's medical history is the most valid basis for underwriting selection, we obtain medical records on most submissions.

## Each applicant must meet the following criteria:

- The ability to perform the **Activities of Daily Living (ADLs)**: bathing, bowel/bladder control, dressing, feeding, toileting, and transferring.
- The ability to perform the **Instrumental Activities of Daily Living (IADLs)**: handling finances, housework, laundry, meal preparation, shopping, taking medications, mobility and transportation.
- The ability to **function without assistance** from another individual or mechanical device (e.g., walker, wheelchair, oxygen, dialysis).
- The applicant should have **no signs of memory loss, confusion or forgetfulness**.
- **All acceptable medical conditions must be stable and well controlled**, not severe, debilitating or progressive (e.g., anticipating surgery, medical work-up in progress).

*This guide is designed to assist producers in determining whether an applicant may or may not be eligible for coverage and to assist producers in answering certain applicant questions. Producers are not authorized to act as field underwriters for the Company's long term care insurance policies nor may a producer enter into binding underwriting decisions on behalf of the Company.*

# UNDERWRITING REQUIREMENTS

## MINIMUM UNDERWRITING REQUIREMENTS Pre Qualification 800 354-6892

		Doctor Visit in Last 2 Years				No Doctor Visit in 2 Years			
Age		18-59	60-64	65-71	72-79	18-59	60-64	65-71	72-79
<b>Preferred Health</b>	Phone Cognitive Interview			X					
	Medical Records Request			X	X				
	In Person Health Interview				X			X	X
	Phone Health Interview	X*	X			X*	X		
	Prescription Drug Report	X**				X**			
<b>Standard Health</b>	Phone Cognitive Interview			X					
	Medical Records Request	X	X	X	X				
	In Person Health Interview				X	X	X	X	X

\* Only If Unlimited Benefit Multiplier Requested \*\*For All Other Benefit Multipliers Requested

Please refer to the "Guide And Checklist For Your Long Term Care Insurance Application" (form #81707 or #81707NY in New York) for a description of each underwriting requirement.

# UNDERWRITING REQUIREMENTS (CONT.)

## Preferred Health Discount Eligibility

To qualify for the Preferred Health Discount, clients must accurately answer “No” to questions 1-7 (note: question numbers may vary by state) on the application, which includes the criteria noted below:

### Tobacco Use

No tobacco use within the past 5 years (3 years in California).

### Need for Care

The applicant must not have used or been medically advised to receive home care, adult day care, nursing home care, assisted living care or any other long term care within the past 5 years (3 years in California).

### Prescription Medications

No prescription medications for arthritis within the past 5 years (3 years in California). Hypertension on medications with a blood pressure average of 135/85 or less during the past 12 months.

### Assistance

The applicant must not use a quad cane, hospital bed, or other physical assistance devices or receive help with managing medications, shopping, housekeeping, cooking or using transportation.

## Preferred Health Discount Eligibility Continued...

### Medical Conditions

In the past 5 years (10 years for cancer) the applicant must **NOT** have received medical advice or treatment; been medically diagnosed; or consulted with a health professional for any of the following conditions (*Please note California exceptions*):

Alcoholism	Leukemia
Amputation	Lupus <i>(Does not apply in California)</i>
Angioplasty or Heart Surgery	Lymphoma <i>(Applies only in California)</i>
Asthma or Chronic Bronchitis	Mental Illness
Brain Disorder	Mental Retardation <i>(Does not apply in California)</i>
Cancer <i>(excluding basal cell skin cancer)</i>	Multiple Myeloma <i>(Does not apply in California)</i>
Carotid or other Arterial Surgery <i>(Does not apply in California)</i>	Myasthenia Gravis <i>(Does not apply in California)</i>
Congestive Heart Failure (CHF)	Organ Transplant <i>(Does not apply in California)</i>
CREST syndrome <i>(Does not apply in California)</i>	Osteoporosis
Depression	Paralysis
Diabetes not treated with insulin	Post-Polio Syndrome <i>(Does not apply in California)</i>
Disabling Back or Spine Condition	Rheumatoid Arthritis
Drug Addiction	Scleroderma <i>(Does not apply in California)</i>
Emphysema/COPD	Shortness of Breath <i>(Applies only in California)</i>
Epilepsy, Seizures or Convulsions	Skin Ulcers
Fainting Spells or Blacking Out	Tremor
Fibromyalgia <i>(Does not apply in California)</i>	Tuberculosis (TB) <i>(Applies only in California)</i>
Heart Attack, Angina or Atrial Fibrillation	Other Conditions causing Crippling or Limited Motion or requiring Adaptive Devices
Hodgkin's Disease	
Immune System Disorder <i>(Does not apply in California)</i>	
Injury due to Falls or Imbalance	
Joint Replacement Surgery	
Kidney Failure <i>(Does not apply in California)</i>	

## BUILD TABLE (NON-DIABETIC)

<b>Height</b>	<b>Maximum Weight Female</b>	<b>Maximum Weight Male</b>	<b>Minimum Weight (All)</b>
4' 6"	149	157	71
4' 7"	155	163	73
4' 8"	160	169	76
4' 9"	166	175	79
4' 10"	172	182	82
4' 11"	178	188	84
5' 0"	184	194	87
5' 1"	190	201	90
5' 2"	197	208	93
5' 3"	203	214	96
5' 4"	210	221	99
5' 5"	216	228	102
5' 6"	223	235	106
5' 7"	230	243	109
5' 8"	237	250	112
5' 9"	244	257	115
5' 10"	251	265	119
5' 11"	258	272	122
6' 0	265	280	126
6' 1"	273	288	129
6' 2"	280	296	133
6' 3"	288	304	136
6' 4"	296	312	140
6' 5"	304	321	144
6' 6"	312	329	147

### BUILD TABLE (DIABETIC)

Height	Maximum Weight (All)	Minimum Weight (All)
4' 6"	141	71
4' 7"	146	73
4' 8"	151	76
4' 9"	157	79
4' 10"	162	82
4' 11"	168	84
5' 0"	174	87
5' 1"	180	90
5' 2"	186	93
5' 3"	192	96
5' 4"	198	99
5' 5"	204	102
5' 6"	210	106
5' 7"	217	109
5' 8"	223	112
5' 9"	230	115
5' 10"	237	119
5' 11"	244	122
6' 0"	251	126
6' 1"	258	129
6' 2"	265	133
6' 3"	272	136
6' 4"	279	140
6' 5"	287	144
6' 6"	294	147

### BUILD TABLE (OSTEOPOROSIS)

Height	Minimum Weight (All)
4' 06"	77
4' 07"	80
4' 08"	82
4' 09"	85
4' 10"	88
4' 11"	92
5' 0"	95
5' 1"	98
5' 2"	101
5' 3"	105
5' 4"	108
5' 5"	111
5' 6"	115
5' 7"	118
5' 8"	122
5' 9"	126
5' 10"	129
5' 11"	133
6' 0"	137
6' 1"	140
6' 2"	144
6' 3"	148
6' 4"	152
6' 5"	156
6' 6"	160

# UNACCEPTABLE MEDICAL CONDITIONS

The following is a partial list of medical conditions that may prevent an applicant from functioning independently or place him or her at risk for future loss.

## Do Not Submit An Application

### A

**Ascites**, present

**ADL Limitation** (Activities of Daily Living) any current mental or physical limitation in the Activities of Daily Living is not acceptable:

- Bathing
- Toileting
- Bowel/Bladder control
- Transferring
- Dressing
- Feeding

**Adult Day Care** use within the past 12 months

**AIDS/ARC** (Acquired Immune Deficiency Syndrome/AIDS Related Complex)

**Alcoholism** current or less than 2 years of total abstinence

**Alzheimer's Disease**

**ALS** (Lou Gehrig's Disease)

**Amaurosis Fugax** within the past 6 months

**Amputation** due to disease (e.g., Diabetes or Peripheral Vascular Disease)

**Aneurysms, Aortic** surgery recommended, untreated Dissecting Aortic Aneurysm, surgical repair within the past 6 months or in combination with any history of Diabetes, Peripheral Vascular Disease, Transient Ischemic Attack

**Aneurysms, Cerebrovascular** untreated or surgery recommended. Surgery performed within the past 12 months

**Angina** unstable or episodes at rest (within the past 6 months) or in combination with any history of Congestive Heart Failure within the past 5 years, Diabetes, Cardiomyopathy, Peripheral Vascular Disease or Carotid Artery Surgery

**Angioplasty (Coronary Artery)** procedure within the past 3 months or in combination with any history of Transient Ischemic Attack, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Pulmonary Hypertension, or post surgical Congestive Heart Failure

**Asthma** See Emphysema

**Ataxia, Cerebellar**

**Atrial Fibrillation (A-fib)** diagnosis of or hospitalization/ER visit within the past 6 months (12 months with Valvular Heart Disease) or in combination with any history of Transient Ischemic Attack

## B

**Back Surgery** within the past 6 months

**Bipolar Disorder** (Manic Depression)

**Blindness** with ADL/IADL limitations

**Bone Marrow Transplant** within the past 5 years

**Brain Disorder** (Organic Brain Syndrome)

**Bronchitis, Chronic** See Emphysema

**Buerger's Disease**

## C

**Cancer** with metastasis from original site/location within the past 10 years. Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas or Stomach within the past 4 years.

**Cardiomyopathy** symptomatic or diagnosed within the past 12 months or in combination with any of the following: Angioplasty or Heart Surgery, Angina, Asthma or Chronic Bronchitis, Diabetes, Emphysema/ COPD, Heart Attack

**Carotid Artery Surgery** within the past 12 months, or in combination with tobacco use within the past 12 months, TIA within the past 5 years (or multiple episodes), or any history of Angina, Heart Angioplasty or Bypass Surgery, Heart Attack, Peripheral Vascular Surgery, Stroke, Aortic Aneurysm, Kidney Transplant, Diabetes

**Cellulitis**, current. Hospitalized within the past 12 months

**Cerebral Vascular Accident (CVA)**

**Chronic Lymphocytic Leukemia (CLL)** diagnosed or treated within the past 2 years.

**Chronic Obstructive Pulmonary Disease (COPD)** See Emphysema

**Cirrhosis of the Liver**

**Congestive Heart Failure (CHF)** symptomatic or diagnosed within the past 12 months or in combination with any of the following within the past

5 years: Angina, Asthma or Chronic Bronchitis, Diabetes, Emphysema/ COPD, Heart Attack or after Angioplasty or Heart Surgery

**Coronary Artery Bypass Graft (CABG)** within the past 6 months or in combination with any history of Transient Ischemic Attack, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Pulmonary Hypertension, Aortic Aneurysm or post surgical Congestive Heart Failure

**Cystic Fibrosis**

## D

### Dementia

**Depression** hospitalization within the past 2 years, ECT treatment within the past 5 years, more than 3 psychotropic medications, any antipsychotic medication or Depakote use initiated within the past 2 years, history of alcoholism, currently receiving Social Security Disability (SSDI) benefits for any reason.

**Diabetes Mellitus**, currently treated with insulin, hospitalization within the past 2 years, tobacco use within the past 5 years, or in combination with any history of Congestive Heart Failure within the past 5 years, Transient Ischemic Attack, Amputation due to diabetes, recurrent Skin Ulcerations or Infections, Blindness due to diabetes, Kidney Disease, Cardiomyopathy, Peripheral Vascular Disease, Aortic Aneurysm, Heart Attack, Surgery (Heart or Vascular), Coronary Artery Disease

**Dialysis, Kidney (Renal)** within the past 2 years

**Drug/Chemical Dependency** current or within the past 2 years

## E

### Ehlers-Danlos Syndrome

**Emphysema** requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years

**Endarterectomy (Carotid, Femoral, Renal)** within the past 12 months or in combination with tobacco use within the past 12 months, TIA, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery, Aortic Aneurysm

**Epilepsy/Seizure** seizure within the past 2 years

## F

**Forgetfulness** frequent or persistent

## G

**Gangrene** due to disease (e.g., Diabetes or Peripheral Vascular Disease)

## H

**Heart Attack (MI)** within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Transient Ischemic Attack

### Heart Transplant

**Heart Valve Replacement or Repair** within the past 6 months or in combination with Heart Attack within the past 6 months, Arrhythmias within

the past 12 months, or any history of Cardiomyopathy, Transient Ischemic Attack, post-surgical Congestive Heart Failure

**Hodgkin's Disease and Other Lymphomas** if treated within the past 12 months or any ongoing need for chemotherapy or radiation treatment

**Home Health Care** within the past 12 months

**Hospitalization** current or anticipated

**Huntington's Disease or other forms of Chorea**

**Hydrocephalus** shunt replacement within the past 2 years, untreated, or with residual functional or cognitive deficits or imbalance resulting in falls

## I

**IADL Limitations** partial or total assistance needed with 2 or more IADLs:

- Handling Finances
- Shopping
- Housework
- Taking Medications
- Laundry
- Using the Telephone
- Mobility
- Meal Preparation
- Transportation

**Incontinence** bowel, bladder, requiring assistance

## K

**Kidney (Renal) Dialysis** within the past 2 years

**Kidney Transplant** within 5 years

## L

**Leukemia** (except CLL diagnosed or treated more than 2 years ago) any chemotherapy treatment within the past 3 years

**Liver Transplant**

**Lymphomas** if treated within the past 12 months or any ongoing need for chemotherapy or radiation treatment

## M

**Manic Depression** (Bipolar Disorder)

**Melanoma, malignant** recurrence, nodal involvement or distant metastasis, Ocular Melanoma surgically treated within the past 2 years

**Mechanical Appliances** use of quad cane, electric stair lift, feeding tube, walker, wheelchair, respirator, kidney dialysis, electric cart or scooter, electric chair, Hoyer lift, hospital bed (if used for medical need not preference) or oxygen

**Memory Loss**

**Mental Disorders** Psychosis or Schizophrenia diagnosed or symptomatic within the past 4 years,

hospitalization or ER visits within the past 4 years

### **Multiple Sclerosis (MS)**

### **Muscular Dystrophy (MD)**

## **N**

**Nursing Home Confinement** current or within the past 12 months

## **O**

**Organ Transplants** except Kidney or Bone Marrow Transplant over 5 years ago

### **Organic Brain Syndrome (OBS)**

**Ostomy** (Ileostomy/Colostomy) within the past 6 months or if assistance is required

**Oxygen Use** within the past 12 months

## **P**

**Paralysis/Paraplegia** with ADL/IADL limitations

### **Parkinson's Disease**

**Pericarditis** current or untreated, or treated with anti-inflammatories within the past 6 months or surgery within the past 12 months, or caused by Cancer, HIV/AIDS, Rheumatoid Arthritis, or Scleroderma

**Psychosis** diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

## **R**

**Renal Failure, Chronic** dialysis within the past 2 years

**Rheumatoid Arthritis** history of joint replacement, associated spinal fracture, or use of cytotoxic agents (e.g., Imuran, Cytoxan)

## **S**

**Schizophrenia** diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

### **Senility/Dementia**

**Skin Ulcers** within the past 2 years or in combination with a history of diabetes

**Sleep Apnea** with the beginning use of CPAP within the past 3 months, or recommended but not used, or in combination with any history of Pulmonary Hypertension

**Spinal Cord Injury** with ADL/IADL limitations

### **Stroke**

**Surgery** if procedure has taken place within:

Back/Spine	6 months
Coronary Artery Graft Bypass	6 months*
Coronary Artery Angioplasty	3 months*
Endarterectomy (Carotid or Femoral)	12 months*
Heart Valve Replacement or Repair	6 months
Hip or Knee Replacement/ Fracture (12 months with Ankylosing Spondylitis)	3 months
Other Major Surgery	3 months

\*Not acceptable if diabetic

*Surgery that is projected or recommended is not acceptable, including elective surgery (except cataract).*

## T

### **Transient Ischemic Attack (TIA)**

within the past 5 years or multiple episodes, or in combination with Carotid Artery surgery within the past 12 months, or any history of Aortic Aneurysm repair, Atrial Fibrillation, Brain Aneurysm, Cardiomyopathy, Diabetes, Heart Attack, Heart Valve Disease, Peripheral Vascular Disease, Polycythemia, Heart Surgery

### **Tuberculosis (TB)**

active pulmonary infection under current treatment or in combination with any history of Congestive Heart Failure

## V

### **Vertigo or Syncope**

cause unknown within the past 6 months or multiple episodes within the past 12 months

## W

### **Walker Use**

### **Wernicke-Korsakoff Syndrome**

### **Wheelchair Use**

# MEDICATIONS

The following medications denote a significant underlying disease.

**Do not take an application** if your client is taking any of the following medications:

Brand Name	Generic Name
Antabuse	disulfiram
Aricept	donepezil hcl
Betaseron ( <i>if for MS</i> )	interferon beta 1b
Campral	acamprosate calcium
Cogentin	benztropine mesylate
Cognex	tacrine
Copaxone ( <i>if for MS</i> )	glatiramer acetate
Depade	naltrexone
Exelon	ravastigmine
Hydergine	ergoloid mesylate
Any	interferon
Larodopa ( <i>if for Parkinson's Disease</i> )	levodopa
L-Dopa ( <i>if for Parkinson's Disease</i> )	levodopa
Namenda	memantadine
Parlodel ( <i>if for Parkinson's Disease</i> )	bromocriptine
Permax ( <i>if for Parkinson's Disease</i> )	pergolide
Razadyne	galantamine hydrobromide
ReVia	naltrexone
Sinemet ( <i>if for Parkinson's Disease</i> )	carbidopa/levodopa
Suboxone	buprenorphine / naloxone
Symmetrel ( <i>if for Parkinson's Disease</i> )	amantadine
Vivitrol	naltrexone

# APPLICATION CHECKLIST

We've developed this checklist to help you ensure that each application is accurately and thoroughly completed with all necessary answers and details. Because the Home Office must telephone or correspond with you and/or your client to obtain any missing information, failure to complete the application will cause delays. Please remember that the application is part of the contract between the company and the policyholder and must be accurately completed.

- Is every question on the application answered?
- Did the applicant accurately answer "No" to the medical criteria that would allow eligibility for the Preferred Health Discount?
- Are complete details given for questions answered "Yes"?
- Are complete details for medical questions provided, including: **Diagnosis, date diagnosed, current treatment, medications, current status, name, address and phone number of doctor, and date last seen?**
- Have there been any other medical conditions that were not inquired about on the application that have affected the applicant's health?
- Has the applicant seen any other physicians within the past 3 years? If so, why?
- Has the applicant been hospitalized for any reason within the past 3 years?
- Are all medications listed, including the reason for taking the drug, or what illness the drug is being taken for and how long the applicant has taken the drug?
- Is the Agent's Report complete?

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If you have questions about the information in this guide, please contact the Underwriting Pre-Qualification Line at 1 800 354.6892, Monday-Friday, 6:00 a.m. to 5:00 p.m., Pacific Time.