

**UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

**UNITED** LTCi SOLUTIONS

**ASSURED SOLUTIONS GOLD**

**CASH-FIRST<sup>SM</sup>**

Long-Term Care Insurance



FEATURING THE **CASH-FIRST<sup>SM</sup>** ADVANTAGE

**AGENT and UNDERWRITING GUIDE**

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## **Important Note:**

Availability of benefits and options described in this booklet may vary by state. Please refer to page 50. The application for your state will indicate what is available for that state.



# Contact Information

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## Mailing Addresses

### General Mail

Long-Term Care Service Office  
P.O. Box 64901  
St. Paul, MN 55164-0901

### Expedited Mail

Long-Term Care Service Office  
7805 Hudson Rd., Suite 180  
Woodbury, MN 55125-1591

## Premium Submission (other than premium collected with the application)

### General Mail

Mutual of Omaha  
P.O. Box 30190  
Omaha, NE 68103-1290

### Expedited Mail

1st National Bank  
Attn: Stop 2203  
1620 Dodge St.  
Box 30190  
Omaha, NE 68197-2203

## LTC Service Office

### Claims

Phone: 877-894-2478  
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

### Customer Service

Phone: 877-894-2478  
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

- New Business Service
- Policy Issue
- Billing and Collection

## Mutual of Omaha

### Licensing

Phone: 800-867-6873  
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

### Sales Support

Phone: 877-617-5589 or 800-693-6083  
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday  
E-mail: [sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com)

- Appointments
- Contracting
- Licensing
- Proposals
- Sales/Product Support

### Underwriting

Phone: 800-551-2059  
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday  
E-mail: [ltcunderwriting@mutualofomaha.com](mailto:ltcunderwriting@mutualofomaha.com)

- Prequalification
- Risk Selection

## To Initiate the Personal Health Interview

Phone: 866-544-1617

## Fax Numbers

888-539-4672

- Application Requirements

800-921-9335

- Medical Information
- Delivery Requirements
- Policy Change Requests
- Correspondence

# Licensing and Appointments

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## Appointment Requirements

*(May vary by state)*

### Non Pre-appointment States – All states except GA, MT, PA, NC

Agents who are properly licensed may solicit business prior to being appointed by United of Omaha. Applications must be submitted with contracting paperwork. Please note that policies will not be issued until the effective date of the agent's appointment.

### Pre-appointment States – GA, MT, PA, NC

Agents must be properly licensed and appointed by United of Omaha prior to solicitation. If an application is dated prior to an agent's appointment effective date, it will be rejected and a letter will be mailed to the client.

**Note:** Pre-appointment requirements do not apply to entities holding a broker license.

## Background Checks

All new agents will be subject to a background check, including:

- Credit History
- Insurance Department Actions
- Federal Criminal
- County Criminal

Agents must disclose all information and truthfully answer each question on the information sheet. If any question is answered "yes," an explanation (signed and dated by the agent) and any supporting documentation must accompany the contracting paperwork.

**Note: It is nearly impossible to get an agent approved if something turns up on the background check that was not disclosed.**

The background check is completed by an outside entity and typically takes from three to five business days, but could take longer depending on circumstances. If an issue with a background check is found, the agent will be contacted and asked to get the issue resolved, if possible.

No information regarding the findings of the background check can be discussed with the MGA.

If United of Omaha declines to appoint an agent, both the agent and the MGA, if applicable, will be notified in writing.

All existing agents must have background checks completed when an appointment is added or if the agent's latest background check is more than two years old.

## Errors and Omissions Insurance

Proof of Errors and Omissions Insurance covering each Special Agent and General Agent is required in the amount of \$1,000,000 per claim for all Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, Companion Life Insurance Company and United World Life Insurance Company products (excluding Medicare Supplement/Medicare Select).

**Continuing Education – Long-Term Care**

Your state may require long-term care continuing education. Please contact your state's Department of Insurance for more information.

**Partnership Training – Long-Term Care**

Partnership training is required to sell long-term care insurance and/or partnership qualified policies in states where partnership has been approved for sale. Please contact your state Department of Insurance for information on state requirements.

**Welcome Letter**

Once an agent is appointed, a "welcome letter" will be sent to the MGA or directly to the Special/General Agent, along with the executed contract and compensation schedules.

# The Application Process

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## Things to Remember

- The application packet contains the application plus any vital forms required by the client's resident state  
**Note:** Non-resident state applications or forms will not be accepted
- If the application is taken in person the agent must be licensed in the state where the application is signed. For mailed-in applications, the agent must be licensed in the state where the application was mailed and completed
- Although many long-term care sales are made to married couples, each applicant is underwritten individually and, upon approval, is issued his or her own policy  
**Note:** Only the applicant for insurance may complete and sign the application
- Please be certain all answers are legible. White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant
- "N/A" is not an acceptable answer. Instead the question should be answered "no" or "none"
- Agents are asked to include a copy of their quote with the application packet

## How to Complete the Application

### General Information

All questions must be answered – including best time to call. Unless you call in to have the interview completed at time of application, please be certain to tell the applicant that a representative will call to arrange a Telephone Interview or a Face-to-Face Examination.

### Allowances

All questions must be answered. The applicant(s) may be eligible for premium allowances based on their answers.

### Replacement Coverage

Complete all information requested, as applicable. If a United of Omaha policy will replace an existing long-term care policy, replacement form(s) required in the applicant's state must be completed.

Long-term care laws are strict regarding replacement compliance.

**Health Insurability Questions** – (See Underwriting Requirements Section on Page 26 for assistance.) (**Physician and Medication Information – Health Questions**)

Please provide complete and accurate information, including the Primary Physician's address and telephone number.

While answers are verified via Medical Records and/or during the Telephone Interview or Face-to-Face Examination, failure to disclose an existing condition can result in denial of a future claim related to that condition. **Important Note:** Please see the Underwriting Guidelines section for pertinent information about the Telephone Interview and Face-to-Face Examination.

## Benefit Selection

Check or fill-in all appropriate sections.

For Product Information and Guidelines, see Pages 10 through 26.

- The total monthly benefit for Nursing Home/Assisted Living or Home Health Care, including all long-term care policies in force, cannot exceed \$15,000 monthly or \$500 daily at time of issue
- The 5 percent Compound Lifetime Inflation Benefit must be offered to all applicants. If the 5 percent Compound Lifetime Inflation Benefit is not elected, the applicant must check the “No” box in the Inflation Protection options section of the application. An inflation option must be selected
- The Nonforfeiture Benefit – Shortened Benefit Period MUST be offered. If not chosen, the applicant must check the “No” box on the Nonforfeiture – Shortened Benefit Period section of the application and the Contingent Nonforfeiture Benefit will be default

## Premium Options

Indicate the premium mode desired and add the modal premium and premium collected. If the applicant wishes to pay monthly premiums via pre-authorized bank draft, the Recurring Premium Mode section must be completed. A voided check must accompany the application if future premiums will be drawn out of an account other than the account used for the initial premium.

## Select Effective Date

Indicate whether the applicant wishes to have coverage (if approved) issued as of the Date of Application, the Date Policy is Issued, or for Replacements only, Requested Effective Date of Coverage (up to 60 days from the application signing date).

## Notice Before Lapse or Termination

This section must always be completed. However, if the applicant does not wish to designate a person to receive lapse or termination notification, the applicant must check the appropriate box.

## Agreements and Acknowledgements

Have each applicant sign and date this section and include the city and state where the application was signed. Check the appropriate box, provide an explanation, if indicated, along with your signature.

**Note:** The application used must be from the applicant’s resident state and you must be licensed and appointed in the signing state.

## Authorization to Disclose Personal Information to United of Omaha Life Insurance Company

This section allows United of Omaha to get necessary information in conjunction with the underwriting process. Please be certain the applicant signs and dates this page. Failure to sign will result in a non-issued policy.

## Producer Statement/Conditional Premium Receipt

Agents must complete all sections prior to application submission.

## Non-Witnessed Applications

Non-witnessed applications are those completed via mail and telephone. The Agent must be licensed in the state to which the application is mailed and completed. Agents must:

- For Question 2 on the Producer Statement “*I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured*” answer as “No”
- On the line next to “*If No, explain*” indicate that the application was completed over the telephone
- Only applications mailed within the United States will be accepted
- An Attending Physician’s Statement (APS) will be required for all applicants
- A cognitive interview will be required for all applicants

## Steps for Scheduling and Completing the Telephone Health Interview

*Must be completed for all applicants age 71 and under. A face-to-face interview is required for applicants ages 72-79.*

1. After completing the application, help your client collect and record information about physicians and medications using the Preparing for the Health interview worksheet (GC577) located in the application booklet.
2. Be sure to explain the health interview process to the client as well as the importance of giving the interviewer his or her full attention. Also, prepare your client for the possibility that a cognitive interview also may be needed.
3. You may choose to call Nations Care Link at **1-866-544-1617** at the time of application and identify yourself as the writing agent and advise the service representative that you have a client who needs an interview. Or, you may submit the application and your client will be contacted to schedule an interview.

*Inform the health interviewer or note on the application if the client has any hearing problems or if he/she needs an interpreter for a language other than English.*

4. If a nurse is available at the time of your call, have your client conduct the interview. **Important:** YOU MUST NOT BE PRESENT DURING THE CLIENT’S HEALTH INTERVIEW.
5. If a nurse is not available or it is not a convenient time for the client, an appointment can be made for a future date.

*See Page 26 for additional information regarding the Health Interview.*

## Status Reports

You may check policy/underwriting status by visiting the Sales Professional Access (SPA)

Web site at [www.mutualofomaha.com](http://www.mutualofomaha.com). Select *Agents and Brokers*, then *Sales Professional Access Sign In*.

On the SPA home page, select the “Reports” tab, then select the link Med Supp, LTC, DI and Other Health Products.

New agents can register for SPA once they receive their seven-digit production number:

- Go to [www.mutualofomaha.com](http://www.mutualofomaha.com), then click Agents and Brokers.
- Under the heading Sales Professional Access Sign In, click on the link “Not Registered? Sign up” and follow the on-screen instructions to complete the process.
- If errors are encountered during this process call 1-800-847-9785 for technical assistance.

# Premium Allowances

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**Spouse/Partner** – 35 percent each if both the insured and the insured’s spouse or domestic partner purchase long-term care insurance from United of Omaha

**Preferred** – 15 percent for being in good health

**Married** – 15 percent if the insured is married, but the insured’s spouse or domestic partner does not purchase long-term care insurance from United of Omaha

**Two-Person Household** – 10 percent each if both the insured and another adult living in the insured’s household for a continuous 12 months (not the insured’s spouse or domestic partner) purchase long-term care insurance from United of Omaha

**Association Group** – 5 percent if the insured is a member, or an eligible family member of a qualifying association group

**Medicare Supplement** – 5 percent for a Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company or United World Life Insurance Company Medicare Supplement policyholder

**Producer** – 5 percent if coverage is written on Producer and/or spouse or domestic partner

**All available allowances will apply\***

\*Only one household allowance can be selected. Producer allowance cannot be combined with Association Group or Medicare Supplement allowance. Preferred health allowance can be combined with any other allowance.

# Rate Classifications

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Please refer to the Medical Impairments section (Page 35) and Build Chart (Page 29) to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred allowance to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines (Page 29), taking certain medications (Page 33), or have a health condition indicated as uninsurable (Page 31).

Rate classes are:

- **Preferred – 15 percent allowance:** May be applied at the underwriter’s discretion. Refer to Preferred Criteria on Page 28
- **Select – 100 percent:** Applicant is considered a standard risk and is eligible for all policy benefit options
- **Class I – 125 percent:** Applicant is considered to be a higher risk for utilization of Long-Term Care services\*
- **Class II – 150 percent:** Applicant is considered to be a significantly higher risk for utilization of Long-Term Care services. Class II is reserved for use at underwriter discretion only. A case should not be quoted Class II unless pre-qualified by an underwriter\*

\*Maximum allowable benefits for Class I and II health risks are a 5-Year (60 Months) Maximum Lifetime Benefit and a minimum 90-day Elimination Period. Not all policy benefit options are available.

Refer to Page 35 – Medical Impairments – Class I and Class II Health Risks.

# Payment of Premiums

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Please use the following modal factors to calculate premium.

- Monthly Bank Draft .09
- Quarterly .26
- Semiannual .51
- Annual 1.00

**Monthly Mode:** A check covering two months of premium must accompany the application.

**Other Modes:** If a quarterly, semiannual or annual mode is elected, the full premium for that mode should be submitted.

In order to process the application, a minimum of one month’s premium must be submitted with the application, regardless of mode. If the full modal premium is not submitted at the time of application, the balance must be collected upon policy delivery and sent to the “Premium Submission” address on Page 1.

**All checks should be made payable to: United of Omaha Life Insurance Company.**

# Product Information

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There are two plans available.

- *CASH-First<sup>SM</sup>*
- Assured Solutions GOLD

## ***CASH-First<sup>SM</sup>***

The *CASH-First<sup>SM</sup>* long-term care insurance policy provides a monthly cash benefit to the client, based on the first day of qualified need, with no elimination period to satisfy. The monthly cash benefit can be used any way the client chooses without having to submit receipts for reimbursement. The *CASH-First<sup>SM</sup>* policy also includes the flexibility to receive traditional long-term care benefits as the need for care increases. This allows the client to be reimbursed for actual services rendered including basic or professional home health care, assisted living facility care, or nursing home care. The client has the flexibility of choosing cash benefits one month and reimbursement benefits the next, depending on their current need for care. The *CASH-First<sup>SM</sup>* long-term care insurance policy provides a monthly cash benefit as well as a maximum lifetime benefit pool of dollars. Clients have the flexibility of both the cash benefit and the pool of dollar amounts based on their need.

## **Assured Solutions GOLD**

The Assured Solutions GOLD long-term care insurance policy also provides the client with the flexibility to decide how they want to receive their long-term care benefits. It combines monthly cash benefit that can be used to pay for any type of care the client chooses on the first day of qualified need as well as traditional long-term care benefits that reimburse for actual expenses incurred through a home health care agency, assisted living facility or nursing home. The Assured Solutions GOLD long-term care insurance policy provides a monthly maximum benefit and a maximum lifetime benefit that is calculated based on the number of months selected as a benefit multiplier.

## **The Basics**

### **Where? Care Settings**

- Both plans cover Home Health Care (HHC), Adult Day Care (ADC), Assisted Living Facility (ALF), Nursing Home (NH) & Hospice Care
- There is one Maximum Lifetime Benefit for all coverages

### **How Much? Maximum Monthly Benefit**

#### ***CASH-First<sup>SM</sup>***

- Cash Benefit – 40 percent of the Basic Home Health Care Benefit (\$600 - \$3,600) with an optional increase to 50 percent of the Basic Home Health Care Benefit
- Nursing Home Benefit – up to 100 percent of the Maximum Monthly Benefit
- Assisted Living Facility – up to 50 percent of the Maximum Monthly Benefit; Optional increases: 60 percent, 70 percent, 75 percent, 80 percent, 100 percent
- Basic Home Health Care Benefit – up to 100 percent of the Maximum Monthly Benefit
- Professional Home Health Care **additional** benefit is up to 100 percent of the Basic Home Health Care Benefit

## Assured Solutions GOLD

- Maximum Monthly Benefit\* – \$1,500 to \$15,000 (in \$500 increments) – **Maximum: \$15,000**
- Nursing Home Benefit – up to 100 percent of the Maximum Monthly Benefit – **Maximum: \$15,000**
- Home Health Care – up to 100 percent of the Maximum Monthly Benefit; Optional reductions: 75 percent or 50 percent
- Assisted Living Facility: up to 100 percent of Maximum Monthly Benefit – **Maximum: \$15,000**; Optional reductions: 75 percent or 50 percent
- Cash Benefit is 40 percent of Home Health Care Benefit with an optional increase to 50 percent of the Home Health Care Benefit

\*Total benefits for all LTC policies in force (including policies from other companies) cannot exceed \$15,000 monthly or \$500 daily at time of issue.

## How Long? Maximum Lifetime Benefit

### **CASH-First<sup>SM</sup>**

- The Maximum Lifetime Benefit is determined by choosing a Cash Benefit/Monthly Maximum Benefit amount with a valid Maximum Lifetime Benefit based on the grid or Lifetime. See Reference Grid on Page 12

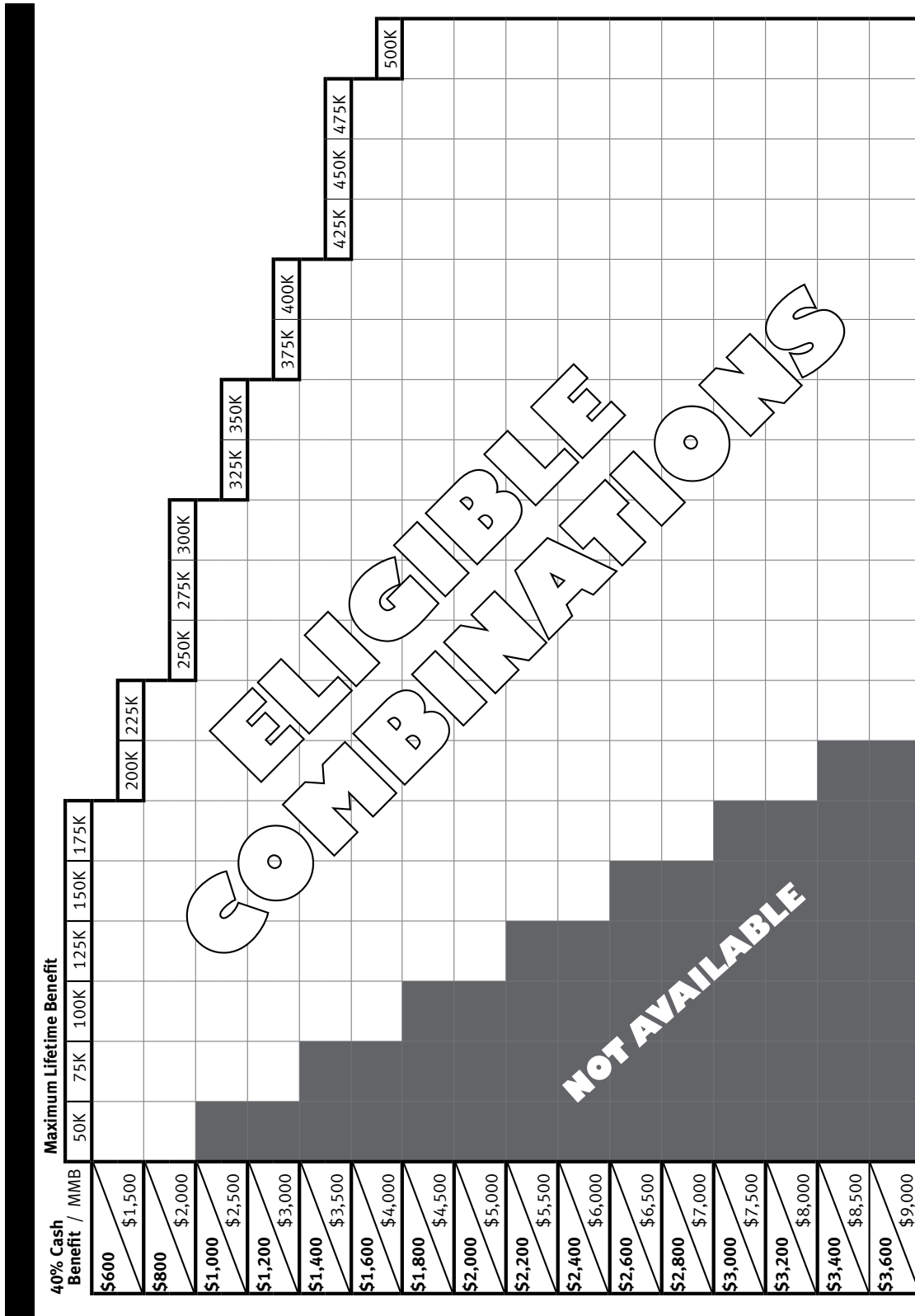
## Assured Solutions GOLD

- The Maximum Lifetime Benefit is determined by multiplying the number of months selected by the Maximum Monthly Benefit amount
- Choices are 2 Year (24 Months), 3 Year (36 Months), 4 Year (48 Months), 5 Year (60 Months), 6 Year (72 Months), 8 Year (96 Months) or Lifetime

## How Soon? Elimination Period

- 0, 30, 60, 90, 180 or 365 calendar days
- The Elimination Period is cumulative and needs to be satisfied only once in a lifetime
- The Elimination Period applies to all coverages. However, if the 30, 60, 90, 180 or 365 Day Elimination Period is chosen, the applicant has the option to select the Waiver of Elimination Period for Home Health Care (not available for Class I or II risks)
- The Elimination Period does not need to be satisfied in order to obtain a Cash Benefit

# Reference Grid



# Features and Options

The following charts indicate built-in features and optional benefits for Assured Solutions GOLD and *CASH-First*. Benefits may vary by state. Please see the State Differences Matrix on Page 50.

<b>Built-In Features:</b>	<b>Assured Solutions GOLD</b>	<b>CASH-First</b>
<b>Maximum Lifetime Benefit</b>	2 yrs, 3 yrs, 4 yrs, 5 yrs, 6 yrs, 8 yrs & Lifetime	\$50,000 to \$500,000 (in \$25,000 increments) or Lifetime
<b>Maximum Monthly Benefit (MMB)</b>	Up to \$15,000 per month	Up to \$9,000 per month
<b>Cash Benefit</b>	40% of HHC	40% of HHC
<b>NH</b>	100%	100%
<b>ALF</b>		50%
<b>HHC</b>		100%
<b>Elimination Period</b>	0, 30, 60, 90, 180 or 365 calendar days	
<b>Bed Reservation (NH and ALF)</b>	30 days per calendar year	
<b>Respite Care</b>	30 days per calendar year	
<b>Hospice Care</b>	No limit	
<b>International Benefit</b>	MMB up to 1 year	
<b>Waiver of Premium</b>	When benefits begin	
<b>Alternate Care</b>	With care coordination	
<b>Care Coordination</b>	Yes	
Caregiver Training	Pays up to 2x MMB with Care Coordination	
Durable Medical Equipment		
Home Modification		
Medical Alert System		
<b>5-Year Rate Guarantee</b>	Yes	Yes
<b>Additional Benefit for Prof HHC</b>	No	Yes
<b>Additional Benefit for Injury</b>	No	Yes
<b>Return of Premium (less claims) if death before Age 65.</b> (See Optional Benefits chart for other options.)	No	Yes
Additional Rate Guarantee	Yes	Yes
<b>Spousal Benefits:</b>		
<b>Spouse Security Benefit</b>	Up to 60% in additional benefits for uninsured spouse	
<b>Spouse Shared Benefit</b>	Allows a spouse to access the other spouses benefits upon their own benefit exhaustion	
<b>Spouse Waiver of Premium</b>	Waives premium for both spouses when one is on claim	
<b>Spouse Survivorship Benefit</b>	If death occurs after 10 years, no further premiums are due on surviving spouse.	
<b>Inflation Options:</b>		
<b>No Inflation with Future Purchase Option</b>	Yes	Yes
<b>5% Compound Lifetime</b>	Yes	Yes

<b>5% Simple Lifetime</b>	Yes	Yes
<b>5% Compound – 20 Year</b>	Yes	Yes
<b>5% Compound – 2X, 3X, 4X Maximum Increase</b>	Yes	Yes
<b>Compound Inflation with Guaranteed Buy-up Option – 4.5%, 4%, 3.5%, 3%*</b> *Insured can increase to any other compound lifetime inflation option prior to age 85 without underwriting (multiple increases ok).	Yes	Yes
<b>Other Options:</b>		
<b>Waiver of Elimination Period for Home Health Care</b>	Yes	Yes
<b>Restoration of Benefits</b>	Yes	Yes
<b>Cash Benefit Increase from 40% to 50%</b>	Yes	Yes
<b>ALF Reduction/Increase</b>	50% or 75%	60%, 70%, 75%, 80%, 100%
<b>HHC Reduction</b>	50% or 75%	No
<b>Additional Years of Rate Guarantee</b>	6 yrs to 10 yrs	6 yrs to 10 yrs
<b>Return of Premium at Death (Less Claims Paid)</b>	Yes	Yes
<b>Full Return of Premium</b>	No	Yes
<b>Nonforfeiture – Shortened Benefit Period</b>	Yes	Yes
<b>Contingent Nonforfeiture</b>	Default	Default
<b>Premium Options:</b>		
<b>Lifetime</b>	Default	Default
<b>Single Premium</b>	Yes	Yes
<b>10-Year Pay</b>	Yes	Yes
<b>20-Year Pay</b>	Yes	Yes
<b>To-Age-65</b>	Yes	Yes
<b>Flex To-Age-85</b>	Yes	Yes

## Underwriting Rules for Cash Benefit

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A Cash Benefit, if elected, will be paid in advance each month that the client is eligible for a Cash Benefit. If we determine that they are eligible for a Cash Benefit for less than an entire month, we will adjust the Cash Benefit for that month. The Cash Benefit will be prorated based on the actual number of days they are eligible for a Cash Benefit in such month. We will assume that such month consists of 30 days regardless of the actual number of days in such month. If in any month they receive a Cash Benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid to them under the policy by the amount of the unearned Cash Benefit.

While receiving Cash Benefits, no other benefits are payable under the policy. If the client decides to discontinue to receive the Cash Benefit, this may be done by providing written notice to us. After Cash Benefits have been discontinued, other eligible benefits offered under the policy would be payable. If your client later decides not to receive other benefits under the policy, they may again elect to receive Cash Benefits.

Please note, days in which Cash Benefits are utilized do not count toward the elimination period for reimbursement benefits.

Other Information: The Elimination Period does not need to be satisfied to receive Cash Benefits. We reserve the right to require submission of a new Plan of Care at least once every 60 days while receiving Cash Benefits.

# Underwriting Rules for Optional Benefits

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- All available options may be added to the Plan selected, unless a specific combination of options is not allowed by underwriting rules
- Underwriting will be the same for the base policy and selected optional benefits
- Additional premium will be required for all optional benefits
- Options may be added at time of sale or within 60 days of policy issue with Underwriter approval
- See Class I and Class II Health Risks (Page 20) for list of unavailable options

## No Inflation with Future Purchase Option (FPO)

The insured can exercise this option one time, within a five-year period following the policy issue, as long as they are not chronically ill and have not been on claim in the past two years prior to exercising this option.

- This option cannot be exercised if the insured is on Waiver of Premium
- This benefit cannot be added, removed, or decreased after issue at the policyholder's request except for the first 60 days following policy inception
  - During the first 60 days, the insured can remove the FPO, but must select another inflation option

Insured will be offered either the 3 percent Compound Lifetime or 5 percent Compound Lifetime Inflation rider. Once this option has been exercised, no additional increases or decreases to the FPO rider will be allowed. To exercise this option will require a Coverage Increase Change request. Once the insured exercises their option, the new inflation rider will be added to their policy effective on the next policy anniversary date.

This FPO rider is not available with any other inflation options or with 10-year, 20-year, To-Age-65, Flex-to-Age-85 or Single Premium Limited Pay Options. It is only available with the Lifetime Premium Option.

## Waiver of Elimination Period for Home Health Care

If this optional benefit is selected, the Elimination Period does not need to be satisfied in order to receive home health care benefits under the policy. Beginning with the first day of benefits for home health care, the facility elimination period will be satisfied on a calendar day basis, regardless of services received.

**Note:** This benefit is not available for Class I or II risks

## Spousal Benefits

The spousal benefits listed below are only available when both spouses or domestic partners apply at the same time and both policies are issued.

**Note:** These benefits are not available for Class I or II risks

**Spouse Waiver of Premium** – this optional benefit waives the payment of premium for the policy when and so long as the premium for the Spouse's policy is waived under the terms of his or her policy. When the waiver period under the Spouse's policy ends, premium payments will resume for the policy and must be paid to keep it in force.

If premiums are increased after policy issue due to an increase or addition of coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived.

**Note:**

- If Spouse Waiver of Premium is selected, the Spouse Security Benefit is not available
- This option is not available with the 10-year, 20-year, To-Age-65, Flex To-Age-85 or Single Premium payment options
- Not available with Married or Two-Person Household Allowances
- Not available on Class I and Class II risks

**Spouse Survivorship** – If the policy has been in-force for 10 or more years, this optional benefit provides that no further premiums are due and payable for the policy from and after the date the Spouse dies.

**Note:**

- If Spouse Survivorship is selected, the Spouse Security Benefit is not available
- This option is not available with the 10-year, 20-year, To-Age-65, Flex To-Age-85 or Single Premium payment options
- Not available with Married or Two-Person Household Allowances

**Spouse Shared Care Benefit** – This optional rider allows the client, once benefits have been exhausted under his or her policy and care continues, the ability to access benefits under their spouse’s identical policy until a minimum of 12 times the current monthly benefit remains. In addition, if either spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse’s remaining Maximum Lifetime Benefit with no effect on the surviving spouse’s premium.

Only available when both spouses or domestic partners apply at the same time and both policies are issued with identical benefits.

**Note:** Spouse Shared Care is not available:

- for Class II risks
- for Class I risks with a Maximum Lifetime Benefit greater than 3 years
- with Spouse Security Benefit
- with Full Return of Premium at Death (Less Claims) or Full Return of Premium at Death
- with Lifetime Benefits
- if Underwriting determines one or both applicants poses a greater than normal risk of premature death
- with Married or Two-Person Household Allowances

### **Spouse Security Benefit**

The Spouse Security Benefit is equal to 60 percent of the other policy benefits payable each month (excluding the Cash Benefit, if any). Spouse Security Benefits will not reduce the Maximum Lifetime Benefit.

**Note:** Spouse Security is not available:

- for Class I or II risks
- with Spouse Waiver of Premium, Spouse Survivorship, or Spouse Shared Care
- with Spouse or Two Person Household Allowance
- for issues ages over 69

### **Restoration of Benefits**

If benefits have been paid under the policy and your client later becomes eligible for Restoration of Benefits, we will restore the Maximum Lifetime Benefit one time during the term of the policy. Except for any benefits paid for the spouse under any shared benefit to the policy, the Maximum Lifetime Benefit will be restored to the amount that would have applied if no benefits had been paid under the policy.

**Note:** Not available with Lifetime Benefits

## **Additional Benefit for Injury**

The Additional Benefit for Injury pays a benefit if your client sustains an Injury, which results in confinement to a Nursing Home or Assisted Living Facility or receiving Home Health Care Benefits. The Injury must be sustained while the policy is in force, and the insured is not chronically ill.

We will pay an Additional Benefit for Injury any month the insured incurs eligible expenses in excess of the Nursing Home Benefits, Assisted Living Facility Benefits or Home Health Care Benefits paid that month, up to the Maximum Monthly Benefit.

**Note:** Not available for issue ages over 60

## **Return of Premium at Death Benefits**

**Return of Premium (Less Claims Paid) if Death Occurs Before Age 65** – If client dies while the policy is in force, but prior to the Policy Anniversary Date coinciding with or next following their 65<sup>th</sup> birthday, we will return the total amount of premiums paid for the policy, less the amount of claims paid under the policy.

**Note:** Return of Premium (Less Claims Paid) if Death Occurs before Age 65 is not available for issue ages over 64

**Return of Premium at Death (Less Claims Paid)** – If your client dies while the policy is in force, we will return the total amount of premiums paid for the policy, less the amount of claims paid under the policy.

**Note:** Return of Premium at Death (Less Claims Paid) is not available:

- with Spouse Shared Care
- for issue ages over 64

**Full Return of Premium at Death** – If your client dies while the policy is in force, we will return the total amount of premiums paid for the policy.

**Note:** Return of Premium at Death (Less Claims Paid) is not available:

- with Spouse Shared Care
- for issue ages over 64

## **Additional Years of Rate Guarantee Option**

Class I or II health risks are not eligible for this Option.

The policy includes a built-in 5-Year Rate Guarantee. Applicants may choose to add up to 5 more years for a total rate guarantee period of 6, 7, 8, 9 or 10 years. Not available with single premium.

**Note:** This Option may be removed at the request of the insured. Upon removal, the policy will revert to the built-in 5-Year Rate Guarantee. Should a rate increase occur during the additional years of rate guarantee period (prior to its removal) the increased premium amount will take effect once the additional years of rate guarantee is removed. No premium credit (refund or advance of the paid-to-date) will be given.

## Premium Options

**Lifetime** – premium payments are level and made over the life of the policyholder

- Is default option if no other premium option is chosen

**10-year Pay** – premium payments are made over a 10-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)

**20-year Pay** – premium payments are made over a 20-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)

**To-Age-65** – premium payments are made until Age 65

- Only available at issue
- Maximum issue age is through Age 54
- A limited pay option may be removed at the request of the insured. The premium after removal will be based on the original issue age. No premium credit (refund or an advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Available for Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)

**Flex-to-Age-85** – premium payments begin as a percentage of the fixed premium and increase each year until Age 65, where premiums become fixed. The policy is paid up at Age 85.

- Only available at issue
- Maximum issue age is through Age 60
- Premium increases may be discontinued at the request of the insured. Annual premiums will remain fixed from the date of the request and the Compound Lifetime Inflation Protection will terminate
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Only available with Compound Lifetime (with or without buy-up option) Inflation Options
- Available for Association/Sponsored Group policies

**Single Premium** – a one-time premium payment is made

- Only available at issue
- The policy will be considered paid up
- Not available with Class I or II risks
- The Nonforfeiture – Shortened Benefit Period is not available
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with buy-up options or No Inflation with Future Purchase Option (FPO)
- Not available with additional years of rate guarantee

### **Class I and Class II Health Risks**

Maximum allowable benefits: 5-Year (60 Months) Maximum Lifetime Benefit and a minimum 90-day elimination period.

The following options are not available:

- Spouse Security Benefit
- Spouse Shared Care Benefit – is available for Class I risks with a Maximum Lifetime Benefit of 3 Years (36 Months) or less
- Spouse Waiver of Premium Benefit
- Spouse Survivorship Benefit
- 10- and 20-Year Premium Option
- To-Age-65 Premium Option
- Additional Years of Rate Guarantee
- Flex-to-Age-85 Premium Option
- Single Premium Option
- Waiver of Elimination Period for Home Health Care

# Applications and Policy Issue

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## Issue Ages

Applicants between the ages of 18 and 79 may apply for coverage, subject to age limitations for certain options.

## Application Received Date

Please be sure the application is complete and filled in correctly. Agents may initially send applications to their Marketing Office as a “double-check.” Agents are then requested to send applications directly to the Long-Term Care Service Office (New Business). – See Page 1.

All applications must be received by United of Omaha within 30 days of the application date. Applications that are more than 30-days old when received will require a currently dated application. Premium will be based on the applicant’s age as of the new application signing date.

## Suitability

A completed Long-Term Care Personal Worksheet is included in each application packet. It must be submitted with each application. Agents are responsible for verifying that selected coverage is affordable for the applicant. If the applicant does not disclose their financial information, or if the disclosed financial information indicates the policy is not suitable, the applicant will be sent a letter requesting they advise whether or not they want to continue with the application.

Minimum financial guidelines are an annual household income of \$16,000 or \$50,000 in non-countable assets. This policy is not available to individuals who meet Medicaid Eligibility Guidelines.

## Coverage Effective Date (if policy is issued)

At the time of application, the applicant can specify to have a Coverage Effective Date based on the “Date of Application” or the “Date Policy is Issued,” or For Replacements Only, “Requested Effective Date of Coverage” (up to 60 days from the application signing date).

In no event can coverage be effective prior to the selected Coverage Effective Date.

## Domestic Partners and Parties to a Civil Union

Spouse and married allowances and spouse policy benefits will apply.

## Replacements

If an applicant is applying for coverage as a replacement to an existing policy, full underwriting is still required. A Replacement Form must be submitted and details of existing or prior coverage must be shown on the application.

## Foreign Travel

The applicants must be in the United States to complete the application and interview, and to accept delivery of their policy. Those traveling to an OFAC (Office of Foreign Assets Control) sanctioned country are ineligible for coverage.

**Save Age**

Premium will be based on the applicant's age on the date of application. If the applicant's date of birth is within 30 calendar days of the application signing date, rates will be based on the younger age.

**Foreign Nationals**

Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 ("Green Card"). Include the Foreign National and Foreign Travel Questionnaire (L5719) with the applications for applicants who meet residency requirements.

**Active Duty Military**

The applicant must be in the United States when the application is signed, the interview is completed and the policy is delivered. Foreign Travel requirements will not apply.

# Upgrades

Any option and/or benefit increase may be applied for at time of sale or within 60 days of policy issue. A Benefit Change Request form (G450\_1107) signed and dated by both agent and the applicant as well as a completed Statement of Good Health (form M24181) is required. Such option or benefit increase, if approved, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Premium will be based on the applicant's age at the initial policy issue.

After that time period, it is suggested that the insured retain his/her current policy and that a second policy with the desired upgrades be applied for. Premium for the new policy will be based on the insured's age at the time of application.

# Downgrades: Dropped and/or Reduced Coverage

Benefit decreases are allowed. Decreases will be effective on the original effective date if requested within 60 days of the original effective date. If the decrease is requested more than 60 days after issue, the effective date of the change is the approval date. Continuing benefits will keep the original issue age and will continue to pay renewal compensation. Such decrease, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the tables below.

## Dropped Coverage

<ul style="list-style-type: none"> <li>■ Inflation Protection</li> <li>■ ROP @ Death before Age 65</li> <li>■ ROP @ Death (less claims paid)</li> <li>■ Restoration of Benefits</li> <li>■ Nonforfeiture – Shortened Benefit Period</li> <li>■ Spouse Survivorship Benefit</li> <li>■ Spouse Waiver of Premium</li> <li>■ Spouse Security Benefit</li> <li>■ Spouse Shared Care Benefit</li> <li>■ Additional Years of Rate Guarantee</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ Continuing benefits keep original issue age</li> <li>■ Continuing benefits continue to pay renewal compensation</li> <li>■ Effective on original effective date if requested within 60 days of original effective date</li> <li>■ If requested more than 60 days after issue, effective date is approval date</li> <li>■ Show date of dropped coverage</li> <li>■ Print new policy and new Schedule Page</li> </ul>
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## Reduced Coverage

<p><b>Reduce:</b></p> <ul style="list-style-type: none"> <li>■ Maximum Monthly Benefit; or</li> <li>■ Maximum Lifetime Benefit(s)</li> </ul> <p><b>Increase:</b></p> <ul style="list-style-type: none"> <li>■ Length of Elimination Period</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ All benefits keep original issue age</li> <li>■ Continuing benefits continue to pay renewal compensation</li> <li>■ Effective on original effective date if requested within 60 days of original effective date</li> <li>■ If requested more than 60 days after issue, effective date is approval date</li> <li>■ Show date of reduction</li> <li>■ Print new Schedule Page</li> </ul>
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## Changes To Premium Paying Period

<p><b>Convert from Limited Pay to Lifetime Pay</b></p>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ No underwriting required</li> <li>■ Lifetime premium at original age</li> <li>■ No credit given for payment made during limited pay period</li> <li>■ Pay renewal commissions based on lifetime premium paying period</li> <li>■ Effective on original effective date if change requested within 60 days of original effective date</li> <li>■ If change request more than 60 days after issue, effective date is the policy renewal date on or following approval date</li> <li>■ Print new policy and new Schedule Page</li> </ul>
<p><b>Convert from Flex-to-Age-85 to Lifetime Pay</b></p>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ No underwriting required</li> <li>■ Lifetime premium at current level at time of request</li> <li>■ Pay renewal commissions based on lifetime premium paying period</li> <li>■ Effective on original effective date if change requested within 60 days of original effective date</li> <li>■ If change request more than 60 days after issue, effective date is next renewal on or following the approval date. Compound Inflation rider will be removed</li> <li>■ Print new Schedule Page</li> </ul>

## Reinstatements

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A “former insured” may be eligible for reinstatement of their policy if their attained age is less than 72 and their policy has lapsed for less than 180 days.

Agents should tell their client to contact Customer Service to initiate the reinstatement. (See Page 1) They will be mailed an application for completion. The underwriter may or may not require that a current phone interview and medical records be obtained. If reinstatement is approved, the client must pay all back premiums within 35 days of reinstatement approval. If money is not received on a timely basis, the former insured will be ineligible for reinstatement and will need to reapply for coverage with premium at current age.

## Status Reports

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You may check policy/underwriting status by visiting the Sales Professional Access (SPA) Web site at [www.mutualofomaha.com/broker](http://www.mutualofomaha.com/broker).

# IMPORTANT UNDERWRITING GUIDELINES

## Underwriting Requirements

All underwriting requirements will be ordered by United of Omaha once an application is received.

Please be certain to inform each applicant that a Telephone Interview or Face-to-Face Examination will be conducted. Be sure to provide the applicant with the brochure entitled “Preparing for the Health Interview” and help them fill-in necessary information.

- **Telephone Interview** – Required for every applicant Age 71 and under. We recommend you call to schedule a telephone interview at the time of sale. Call 866-544-1617 and identify yourself as the writing agent and advise the service representative that you have a client who needs an interview. If a nurse is available an on the spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date
- **Face-to-Face Examination** – Required for every applicant Age 72 and above. Younger ages at underwriter discretion

**Note:**

- If an applicant’s hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a Face-to-Face Examination is needed. For deaf applicants, indicate if they are able to read lips or communicate with sign language
- The Face-to-Face Examination must be completed in the applicant’s home. It cannot be completed at their place of work, a relative’s home, or a public place such as a restaurant

**Medical records** will be ordered on all applicants Age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or II or IC will normally require medical records.

**Please Note:**

- A doctor visit is required within the 24 months preceding the application date for all applicants Age 72 or greater, or those wishing to qualify for a Preferred Rate Class

Telephone Interview	Cognitive (telephonic or face-to-face)	Face-to-Face Interview	Medical Records
Ages 18-71	Ages 65-79 – Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 72-79 – Younger ages at underwriter discretion	Ages 70-79 – Younger ages at underwriter discretion, or application was mailed

### Non-English Speaking Applicants

- When completing an application on a non-English speaking applicant, an interpreter must be present to interpret all of the questions on the application. The interpreter will be required to tell the Agent all of the information given as response so the Agent can properly complete the application
- The interpreter will also be required to translate for the applicant all of the comments made by the Agent, as well as information contained in all of our marketing material and forms
- The Agent, with the assistance of the interpreter, will also ask the applicant to sign the application and the Agent or Witness Certification form (MLU25947)
- Our policy allows Agents to serve as our interpreters if they are fluent in the same language as the applicant
- If the Agent and the applicant are not fluent in the same language, it will be the responsibility of the applicant to have an interpreter available to meet with the Agent when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of our policy

# Underwriting Philosophy

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The underwriting philosophy of United of Omaha's Long-Term Care Underwriting Department involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers "yes" to a health insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case-by-case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The Agent will be notified of any offers that are different than as applied.

## **ADL's**

Eating  
Toileting  
Transferring  
Bathing  
Dressing  
Continence

## **IADL's**

Shopping  
Meal preparation  
Housework  
Laundry  
Managing money  
Taking medication  
Using the telephone  
Walking outdoors  
Climbing stairs  
Reading/writing  
Transportation

An applicant with any of the following is ineligible for coverage.

- Answers yes to a health insurability question on the application
- Requires assistance with any ADL's
- Requires assistance with any IADL's
- Receiving Meals on Wheels
- Is pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, nebulizer, or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- In the last 6 months has
  - Been confined to a nursing home or assisted living facility
  - Received home health care services, or adult day care
  - Received occupational, physical, or speech therapy (pre-qualify the case with an underwriter if you believe the case may warrant review sooner than 6 months)

# Preferred Rate Criteria

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Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Agents are strongly encouraged to never quote a case better than Select.

1. Tobacco free for the past two years
2. Is not taking any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medications
  - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
  - Medication for controlled cholesterol (cholesterol <250)
  - Medication for temporary, acute conditions
3. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
  - Balance disorder, difficulty walking or weakness
  - Blood disease or disorder
  - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
  - Diabetes
  - Fibromyalgia
  - Heart disease (excluding controlled high blood pressure or mild mitral valve prolapse)
  - Kidney or liver disease or disorder
  - Neurological disease or disorder
  - Osteoporosis
  - Paget's Disease
  - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
  - Rheumatoid arthritis
4. No use of a cane
5. Has not been declined, rated or denied reinstatement for Long-Term Care Insurance within the past three years
6. Has seen their physician for a checkup and blood work within the last two years
7. Height and Weight must be within the Minimum and Preferred Maximum range on the Build Chart
8. The following health conditions may qualify for Preferred:
  - Osteoarthritis age <60, on one nonsteroidal medication
  - Osteopenia (T score -2.4 or better)
  - Osteoporosis age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
9. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred

# Build Chart

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or II or IC will be declined
- An applicant above the Class I Maximum weight is ineligible for coverage

# Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage.

Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

# Uninsurable Health Conditions

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Acoustic Neuroma (unoperated)  
Acromegaly  
ADL Deficit  
AIDS/ARC  
Adult Day Care within 6 months  
Agoraphobia  
Alcohol 4 or more drinks daily  
Alcoholism with any current alcohol use  
ALS  
Alzheimer's Disease  
Amputation due to disease  
Amputation 2 or more limbs  
Ankylosing Spondylitis  
Anorexia  
Aplastic Anemia  
Arnold-Chiari Malformation (unoperated)  
Arrhythmia (uncontrolled)  
Arteriovenous Malformation (AVM) (unoperated)  
Arthritis requiring narcotic pain medication  
Asperger's Syndrome  
Assisted Living Facility (resident within 6 months)  
Ataxia  
Avascular Necrosis (unoperated)

Back Pain (disabling or requiring narcotic pain medication)  
Bell's Palsy (present)  
Benign Positional Vertigo (BPV) (with falls)  
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)  
Blindness (not adapted or with ADL/IADL limitations)  
Bowel Incontinence  
Branched Retinal Vein Occlusion (2 or more)  
Buerger's Disease  
Bulimia  
Bullous Pemphigoid (active)

Cardiomyopathy (dilated)  
Cerebral Aneurysm (unoperated)  
Cerebral Palsy  
Cerebrovascular Accident (CVA) (2 or more)  
Charcot Marie Tooth  
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)  
Cirrhosis  
Complex Regional Pain Syndrome  
Confusion  
Connective Tissue Disease  
Cor Pulmonale  
CREST Syndrome  
Crohn's (multiple flares or with complications)  
Cushing's Syndrome  
Cystic Fibrosis

Defibrillator (implanted)  
Dementia  
Dermatomyositis

Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)  
Dialysis  
Dilated Cardiomyopathy  
Disabled  
Down's Syndrome  
Dystonia

Epilepsy (>2 seizures/year)  
Epstein-Barr Virus (within 2 years)

Fibromuscular Dysplasia  
Fibromyalgia (disabling)  
Frailty  
Friedrich's Ataxia

Glomerulonephritis

Head Injury (residual functional or cognitive impairment)  
Heart Transplant  
Hemiplegia  
Hemophilia  
Hepatitis (chronic, active, alcohol related, residual liver damage)  
HIV Positive  
Home Health Care (within 6 months)  
Huntington's Chorea  
Hydrocephalus

IADL Deficit  
Immune Deficiency  
Implantable Stimulator  
Irritable Bowel Syndrome (uncontrolled or with weight loss)

Kidney Failure  
Kidney Transplant

Lacunar Infarct (2 or more)  
Liver Transplant  
Lou Gehrig's Disease  
Lupus (systemic)

Marfan's Syndrome  
Medicaid Recipient  
Memory Loss  
Mental Retardation  
Mixed Connective Tissue Disease  
Multiple Myeloma  
Multiple Sclerosis  
Muscular Dystrophy  
Myelodysplasia  
Myelofibrosis  
Myasthenia Gravis (generalized)

Neurofibromatosis  
Neurogenic Bowel or Bladder

## Uninsurable Health Conditions (continued)

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Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers)

Nursing Home (resident within 6 months)

Organ Transplant

Organic Brain Syndrome

Osteoporosis (T score -3.5 or worse)

Oxygen use

Pancreas Transplant

Pancreatitis (alcohol related, or >2 episodes)

Paralysis

Paraplegia

Parkinson's Disease

Pemphigus Vulgaris

Physical Therapy (within 6 months\*)

\*contact Underwriting to prequalify if within 6 months

Pick's Disease

Polycystic Kidney Disease

Polymyositis

Polyneuropathy

Post Herpetic Neuralgia

Post Polio Syndrome (with progressive weakness, fatigue, or limitations)

Pregnancy

Psychiatric Hospitalization (within 3 years, or 2 or more)

Psychosis

Pulmonary Hypertension

Quad Cane use

Quadriplegia

Reflex Sympathetic Dystrophy

Schizophrenia

Scleroderma

Shingles (within 6 months)

Sjogren's Syndrome (systemic)

Social Withdrawal

Spina Bifida

Stroke (2 or more)

Surgery (requiring general anesthesia scheduled or planned)

Systemic Lupus

Thalassemia Major

Thrombocytosis

Transient Ischemic Attack (TIA) (2 or more)

Tuberculosis

Underweight

Ventriculoperitoneal shunt

Von Willebrand's Disease

Walker use

Wegener's Granulomatosis

Weight loss (unintentional or unexplained)

Wheelchair use

## Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

Medication	Condition	Medication	Condition
3TC	HIV	Kaletra	HIV
Alkeran	Cancer	Kemadrin	Parkinson's
Amantadine	Parkinson's	Lasix	Heart Disease
Apokyn	Parkinson's	>60 mg/day	
Aptivus	HIV	L-Dopa	Parkinson's
Aricept	Dementia	Letairis	Pulmonary Hypertension
Artane	Dementia	Lexiva	HIV
Atripla	HIV	Leukeran	Immunosuppression
Avinza	Chronic Pain	Levodopa	Parkinson's
Avonex	Multiple Sclerosis	Lioresal	Multiple Sclerosis
Azilect	Parkinson's	Lomustine	Cancer
AZT	HIV		
Baclofen	Multiple Sclerosis	Megace	Cancer
Baraclude	Hepatitis B	Megestrol	Cancer
Betaseron	Multiple Sclerosis	Mellaril	Psychosis
Carbidopa	Parkinson's	Melphalan	Cancer
Cerefolin	Memory Loss	Memantine	Dementia
Cogentin	Parkinson's	Methadone	Chronic Pain, Drug Abuse
Cognex	Dementia	Methotrexate	Rheumatoid Arthritis
Combivir	HIV	>25 mg/week	
Comtan	Parkinson's	Myerlan	Cancer
Copaxone	Multiple Sclerosis		
Crixivan	HIV	Namenda	Dementia
Cytosan	Cancer, severe Arthritis	Narcotics	Chronic Pain
D4T	HIV	Navane	Psychosis
DDC	HIV	Natrecor	CHF
DDI	HIV	Nelfinavir	HIV
DES	Cancer	Neoral	Immunosuppression
DuoNeb	COPD	Neupro	Parkinson's
Eldepryl	Parkinson's	Norvir	HIV
Eligard	Prostate Cancer	Novatrone	Multiple Sclerosis
Emtriva	HIV	Oxycodone	Chronic Pain
Epivir	HIV	Oxycontin	Chronic Pain
Epogen	Kidney Failure, HIV	Paraplatin	Cancer
Epzicom	HIV	Parlodel	Parkinson's
Ergoloid	Dementia	Pegasys	Hepatitis C
Exelon	Dementia, Parkinson's	Peg-Intron	Hepatitis C
Furosemide	Heart/Kidney Disease	Percocet	Chronic Pain
>60 mg/day		Percodan	Chronic Pain
Fuzeon	HIV	Permax	Parkinson's
Galantamine	Dementia	Prednisone	COPD, Arthritis
Geodon	Schizophrenia	>10 mg/day	
Gold	Rheumatoid Arthritis	Prezista	HIV
Haldol	Psychosis	Procrit	Kidney Failure, HIV
Hepsera	Hepatitis B	Prolixin	Psychosis
Herceptin	Cancer	Razadyne	Dementia
Hydrea	Cancer	Rebetol	Hepatitis C
Hydergine	Dementia	Rebif	Multiple Sclerosis
Imuran	Immunosuppression	Reminyl	Dementia
Insulin	Diabetes	Remodulin	Pulmonary Hypertension
>50 units/day		Requip	Parkinson's
Interferon	HIV, Hepatitis, Multiple Sclerosis	Rescriptor	HIV
Indinavir	HIV	Retrovir	HIV
Invega	Schizophrenia	Reyataz	HIV
Invirase	HIV	Riluzole	ALS
		Risperdal	Psychosis
		Ritonavir	HIV
		Sandimmune	Immunosuppression

## Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition	Medication	Condition
Selzentry	HIV	Valycte	CMV HIV
Sinemet	Parkinson's	VePesid	Cancer
Somavert	Acromegaly	Vicodin	Chronic Pain
Stalevo	Parkinson's	Videx	HIV
Stelazine	Psychosis	Vincristine	Cancer
Sustiva	HIV	Viracept	HIV
Symmetrel	Parkinson's	Viramune	HIV
		Viread	HIV
Tacrine	Dementia	Zanosar	Cancer
Tasmar	Parkinson's	Zelapar	Parkinson's
Teslac	Cancer	Zelodox	Schizophrenia
Thiotepa	Cancer	Zerit	HIV
Thorazine	Psychosis	Ziagen	HIV
Trelstar-LA	Prostate Cancer	Ziprasidone	Schizophrenia
Trizivir	HIV		
Truvada	HIV		
TYSABRI	Multiple Sclerosis		
Tyzeka	Hepatitis B		

Alzheimer's Disease/Dementia		Multiple Sclerosis		Parkinson's Disease	
Aricept	Hydergine	Avonex		Amantadine	
Artane	Memantine	Baclofen		Carbidopa	Mirapex
Cognex	Metrifonate	Betaseron		Cogentin	Parlodel
Ergoloid	Namenda	Copaxone		Eldepryl	Permax
Exelon	Tacrine	Lioresal		Kemadrin	Requip
Galantamine		Rebif		L-Dopa	Sinemet
Razadyne				Levodopa	Symmetrel
Reminyl					

# Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

Conditions listed as Class I or IC will normally require an Attending Physician's Statement (APS).

- S** 100 percent rating: Applicant is considered a standard risk and is eligible for all policy benefit options.
- Class I** 125 percent rating: Applicant is considered to be a higher risk for utilization of Long-Term Care services.\*
- Class II** 150 percent rating: Applicant is considered to be a significantly higher risk for utilization of Long-Term Care services. May be offered by underwriting when multiple medical impairments are present.\*
- IC** Individual Consideration
- D** Decline

\*Maximum allowable benefits for Class I and II health risks are: 5-Year (60 Months) Maximum Lifetime Benefit and a minimum 90-day Elimination Period. Not all policy benefit options are available.

<b>Abdominal Aortic Aneurysm (AAA)</b>	
Operated, after 6 months, fully recovered .....	S
Unoperated, stable for 2 years, diameter <5 cm .....	S
Unoperated, enlarging, or diameter >5 cm .....	D
<b>Acoustic Neuroma</b> surgically removed, after 6 months, no residuals .....	
Unoperated .....	D
<b>Acromegaly</b> .....	D
<b>Addison's Disease</b> , after 3 years, controlled .....	
After 12 months, controlled .....	Class 1-IC
<b>ADL Deficit</b> .....	D
<b>AIDS/ARC</b> .....	D
<b>Adult Day Care</b> within 6 months .....	D
<b>Agoraphobia</b> .....	D
<b>Alcohol</b> regular consumption of 4 or more drinks per day .....	
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems .....	D
<b>Alcoholism</b> recovered at least 3 years, active in a support group, and no current alcohol use .....	
Still drinking .....	D
<b>ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)</b> .....	D
<b>Alzheimer's Disease</b> .....	D
<b>Amaurosis Fugax</b> .....	see TIA
<b>Amnesia, Transient Global</b> .....	see TIA
<b>Amputation</b> due to trauma, after 12 months, one limb, no limitations .....	
Due to disease .....	D
Two or more limbs .....	D
<b>Ankylosing Spondylitis</b> .....	D

## Medical Impairments (continued)

<b>Anemia</b> cause identified . . . . .	S-IC
Not fully evaluated, cause unknown, or Aplastic . . . . .	D
<b>Angina</b> . . . . .	see CAD
<b>Angioplasty</b> . . . . .	see CAD
<b>Aneurysm</b> operated, after 6 months, fully recovered . . . . .	S
Other than Cerebral, unoperated, stable for 2 years . . . . .	IC
Cerebral, unoperated . . . . .	D
<b>Anorexia</b> . . . . .	D
<b>Anxiety</b>	
< 70 years of age, after 12 months, controlled with medication, fully functional . . . . .	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years . . . . .	S-IC
<b>Aortic Insufficiency</b> . . . . .	see Heart Valve Disorder
<b>Antiphospholipid Syndrome</b> . . . . .	Class I
With history of TIA or Stroke . . . . .	D
<b>Arnold-Chiari Malformation</b> surgically corrected, after 3 years . . . . .	IC
Unoperated . . . . .	D
<b>Arrhythmia</b> excluding Atrial Fibrillation	
Controlled . . . . .	S-IC
Uncontrolled . . . . .	D
<b>Arteriovenous Malformation (AVM)</b>	
>1 year since surgical repair, no residuals . . . . .	Class I
Unoperated, or operated with residual impairment . . . . .	D
<b>Arthritis</b> after 1 year	
Mild, controlled, no ADL/IADL deficits . . . . .	S
Moderate, controlled, no ADL/IADL deficits . . . . .	Class I
Severe, uncontrolled, or ADL/IADL deficits . . . . .	D
<b>Rheumatoid Arthritis</b> mild, moderate, stable for 1 year, no limitations . . . . .	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mg/week, or Gold . . . . .	D
Severe disease, or with ADL/IADL deficits . . . . .	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, requiring daily narcotics . . . . .	D
<b>Asbestosis</b> . . . . .	see COPD
<b>Asperger's Syndrome</b> . . . . .	D
<b>Asthma</b> . . . . .	see COPD
<b>Assisted Living Facility Resident</b> within 6 months . . . . .	D
<b>Ataxia or Muscular Incoordination</b> . . . . .	D
<b>Atrial Fibrillation/Flutter</b> single episode, after 6 months, controlled on medication . . . . .	S
Chronic, after 6 months, controlled on Coumadin . . . . .	Class I
Diagnosed or hospitalized within 6 months . . . . .	D
With history of TIA, CVA, or Heart Valve Disorder . . . . .	D
Chronic, not on Coumadin . . . . .	D
Average BP reading >159/89 . . . . .	D

## Medical Impairments (continued)

<b>Avascular Necrosis</b> , after 12 months, treated no residual limitations . . . . .	IC
Untreated or with any limitations . . . . .	D
Surgically repaired, no limitations, after 1 year. . . . .	S
<b>Back Pain/Strain</b> single episode, not disabling. . . . .	S
Chronic, not disabling. . . . .	S-IC
Chronic, disabling, or epidural steroid injections within 6 months. . . . .	D
<b>Balance Disorder</b> , after 6 months, resolved . . . . .	S-IC
Less than 6 months, or currently present . . . . .	D
<b>Bell's Palsy</b> resolved. . . . .	S
Present. . . . .	D
<b>Benign Positional Vertigo (BPV)</b>	
Not associated with falls . . . . .	S
Associated with falls. . . . .	D
<b>Bipolar</b>	
After 3 years, controlled on medication, fully functional. . . . .	S
< 3 years duration, or psychiatric hospitalization within the past 5 years. . . . .	D
<b>Blindness</b>	
Fully adapted, independent with ADL/IADLs. . . . .	S
Not adapted or with ADL/IADL limitations. . . . .	D
<b>Branched Retinal Vein Occlusion</b>	
Single. . . . .	S
Two or more . . . . .	D
<b>Broken Bones</b> . . . . .	see Fracture
<b>Brain Attack</b> . . . . .	see CVA
<b>Bronchitis</b> . . . . .	see COPD
<b>Bronchiectasis</b> . . . . .	see COPD
<b>Buerger's Disease</b> . . . . .	D
<b>Bulimia</b> . . . . .	D
<b>Bullous Pemphigoid</b> in remission 2 years, not on steroids . . . . .	IC
Active disease . . . . .	D
<b>Cancer</b> surgically removed, or fully treated, full recovery, no recurrence . . . . .	S
<b>Bladder</b> , transitional, treated, fully recovered	
Invasive, after 3 years . . . . .	IC
Recurrent . . . . .	IC
<b>Breast</b>	
In situ, treatment completed . . . . .	S
Stage I, after 1 year . . . . .	S
Stage II-III, after 2 years . . . . .	S
Stage IV, after 5 years. . . . .	Class I-IC
<b>Colon</b> , after 2 years. . . . .	S-IC

## Medical Impairments (continued)

<b>Prostate</b>	
Stage A or B, after 12 months, surgically removed current PSA <0.1 . . . . .	S
Treated with radiation, after 12 months, current PSA <0.5 . . . . .	S
Stage C, after 2 years, current PSA <0.1 . . . . .	S
Stage D . . . . .	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score < VI, and current PSA < 0.5 . . . . .	Class I-D
<b>Skin</b>	
Basal cell. . . . .	S
Squamous cell . . . . .	S
Melanoma	
Stage I or Clark's Level I-V, after 3 months. . . . .	S
Stage II or III, after 2 years . . . . .	S
Stage IV, after 5 years. . . . .	Class I-IC
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease . . . . .	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, tobacco use within 12 months. . . . .	Class I-D
<b>Cardiomyopathy</b> hypertrophic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years . . . . .	Class I-IC
Dilated. . . . .	D
<b>Carotid Artery Disease/Stenosis</b> operated, fully recovered, after 6 months, tobacco free 12 months . . . .	S
Operated, tobacco use within 12 months . . . . .	Class I-IC
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months . . . . .	S
Unoperated, <70% stenosis, no symptoms, tobacco use within 12 months . . . . .	IC-D
History of TIA or CVA, or valvular heart disease, or Type I diabetes. . . . .	D
Operated or unoperated in combination with Type I or Type II diabetes, <70% stenosis, tobacco free 12 months. . . . .	Class I
<70% stenosis, tobacco use within 12 months . . . . .	D
>70% stenosis. . . . .	D
<b>Cerebral Palsy</b> . . . . .	D
<b>Cerebrovascular Accident (CVA)</b> . . . . .	see Stroke
<b>Cerebrovascular Disease</b>	
Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes . . . . .	D
<b>Cervical Spondylosis</b>	
Mild . . . . .	S
Moderate to severe. . . . .	Class I-IC
<b>Charcot Marie Tooth.</b> . . . . .	D
<b>Claudication.</b> . . . . .	see Peripheral Vascular Disease
<b>Chronic Bronchitis</b> . . . . .	see COPD
<b>Chronic Fatigue</b> , after 12 months, no functional limitations . . . . .	IC Lifetime Benefits not available
Any functional limitations . . . . .	D
<b>Chronic Hepatitis</b> . . . . .	see Hepatitis

## Medical Impairments (continued)

<b>Chronic Pain</b>	
Requiring daily narcotics or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months. . . . .	D Lifetime Benefits not available
All others. . . . .	IC
<b>Chronic Regional Pain Syndrome.</b> . . . . .	D
<b>Cirrhosis.</b> . . . . .	D
<b>Collagen Vascular Disease</b> . . . . .	D
<b>Colostomy/Ileostomy,</b> cares for independently, handle as per cause. . . . .	S-IC
Requires assistance to care for. . . . .	D
<b>Compression Fractures</b> due to osteoporosis, or with functional limitations . . . . .	D
All others. . . . .	IC
<b>Confusion.</b> . . . . .	D
<b>Connective Tissue Disorder.</b> . . . . .	D
<b>Congestive Heart Failure (CHF)</b> single episode, recovered, after 12 months. . . . .	S
Chronic, mild, well controlled, Lasix <40mg/day. . . . .	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder . . . . .	D
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	
Mild, tobacco free for 12 months . . . . .	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable pulmonary function tests (PFT's) . . . . .	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic. . . . .	D
Moderate, tobacco free for 12 months, stable PFT's. . . . .	Class I-IC
Moderate, smoker, on medication, or symptomatic. . . . .	D
Severe, using oxygen, or home nebulizer treatments . . . . .	D
Any, hospitalized for an exacerbation in the past 6 months . . . . .	D
Any, FEV1 <65% . . . . .	D
<b>Cor Pulmonale.</b> . . . . .	D
<b>Coronary Artery Disease</b> (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months. . . . .	S
After 6 months, stable, no limitations, tobacco use within 12 months. . . . .	Class I
With PVD . . . . .	Class I-IC
In combination with diabetes, tobacco use within 12 months . . . . .	Class II, 2 years 180 day elimination
In combination with diabetes, tobacco free 12 months . . . . .	Class I-IC
With poorly controlled hypertension (average BP>158/89), or congestive heart failure, or PVD, or ejection fraction<45% . . . . .	D
<b>CPAP.</b> . . . . .	see Sleep Apnea
<b>CREST Syndrome</b> . . . . .	D
<b>Crohn's</b> in remission at least 2 years . . . . .	S
After 2 years, 1-2 flares per year . . . . .	Class I
Multiple flares or with complications . . . . .	D
<b>Cushing's Syndrome</b> . . . . .	D

## Medical Impairments (continued)

Cystic Fibrosis .....	D
Deep Venous Thrombosis, after 6 months, single episode, recovered .....	S
Recurrent .....	IC-D
Defibrillator/Automatic Implantable Cardiac Defibrillator .....	D
Degenerative Disc Disease .....	see Herniated Disc
Degenerative Joint Disease .....	see Arthritis
Dementia .....	D
Demyelinating Disease .....	D
<b>Depression</b>	
<b>Situational</b> recovered, treatment free, after 6 months, no psychiatric hospitalizations in the past 3 years .....	S
<b>Major</b> <70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S-IC
<b>Depression with Electroconvulsive Therapy (ECT)</b>	
ECT >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT .....	S
With subsequent psychiatric hospitalization .....	D
Depression, any, 2 or more psychiatric hospitalizations for any reason .....	D
<b>Dermatomyositis</b> .....	D
<b>Diabetes Type II</b> , controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months .....	S
<b>Diabetes Type I or II</b> , controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months .....	Class I
Insulin <50 units/day .....	Class I
Insulin >50 units/day .....	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<70% stenosis, tobacco free 12 months .....	Class I
<70% stenosis, tobacco use within 12 months .....	D
>70% stenosis .....	D
Retinal vein occlusion .....	Class II, 2 years 180 day elimination
Heart disease, tobacco use within 12 months .....	Class II, 2 years 180 day elimination
Heart disease, tobacco free 12 months .....	Class I-IC
Retinopathy, neuropathy, or nephropathy .....	D
Skin ulcers or amputation .....	D
Peripheral Vascular Disease, or history of TIA or Stroke .....	D
Average BP reading >158/89 .....	D
Hemoglobin Alc>9.0, or noncompliant with treatment .....	D
Microalbumin >20mg/dl .....	D
<b>Dialysis</b> .....	D

## Medical Impairments (continued)

<b>Difficulty walking</b> .....	see Balance Disorder
<b>Disabled</b> , collecting any type of disability benefits .....	D
<b>Diverticulitis</b> medically managed .....	S
With bleeding, weight loss, or surgery recommended .....	D
<b>Dizziness</b>	
Benign Positional Vertigo (BPV), not associated with falls .....	S
BPV associated with falls .....	D
Acute, viral, resolved after 3 months .....	S
All others, within 6 months .....	D
After 6 months, evaluated, resolved .....	S
After 2 years, not evaluated, stable with occasional episodes, not associated with falls .....	S-IC
Multiple episodes, or progressive, or associated with falls .....	D
<b>Down's Syndrome</b> .....	D
<b>Drug Abuse</b> treated, active in support group, drug free for 5 years .....	Class I-IC
Within 5 years .....	D
<b>Dystonia</b> .....	D
<b>Echocardiography</b>	
Left Atrium >5.0 cm .....	D
Ejection Fraction <45% .....	D
<b>Electric Scooter Use</b> .....	D
<b>Emphysema</b> .....	see COPD
<b>Epilepsy</b> controlled with medication, no seizures for 1 year .....	S
1 or 2 seizures per year .....	Class I
Poorly controlled .....	D
<b>Epstein-Barr Virus</b> 2 years treatment free, full recovery, no residuals .....	S
<2 years since treatment, currently treated, or present .....	D
<b>Factor V Von Leiden incidental finding</b> , no history of clots .....	S-Class I
With history of clot, on Coumadin or Warfarin .....	Class I
With history of clot, not on Coumadin or Warfarin .....	D
With history of clot while adequately anticoagulated .....	D
<b>Fainting</b> .....	see Dizziness
<b>Falls</b> , single episode .....	S-IC
Multiple episodes, or with injuries .....	IC-D
<b>Fatigue</b> , after 12 months, resolved .....	S
Within 12 months, or with functional limitations .....	IC-D
<b>Fibromuscular Dysplasia</b> .....	D
<b>Fibromyalgia</b> after 1 year, well controlled, no ADL/IADL deficits .....	S-Lifetime Benefits not available
Poorly controlled, or disabling .....	D

## Medical Impairments (continued)

<b>Fracture-Traumatic</b> , one bone, after 3 months, fully recovered, no limitations. . . . .	S
In combination with mild osteoporosis. . . . .	S
In combination with moderate to severe osteoporosis. . . . .	D
Associated with multiple falls, chronic dizziness, or gait disorder . . . . .	D
<b>Fracture-Non Traumatic</b> , in combination with any degree of osteoporosis, not on Antiresorptive medication, or with functional impairment. . . . .	D
<b>Frailty</b> . . . . .	D
<b>Friedrich's Ataxia</b> . . . . .	D
<b>Gastric Bypass/Banding</b> , after 2 years, fully recovered, no complications . . . . .	S
<b>Glaucoma</b> , stable vision, controlled eye pressures . . . . .	S
All others. . . . .	IC
<b>Glomerulonephritis</b> . . . . .	D
<b>Grave's Disease</b> , after 12 months . . . . .	S
<b>Guillain-Barre Syndrome</b> , after 12 months, no residuals . . . . .	S
<b>Head Injury</b> , after 6 months, no residuals . . . . .	S-IC
With residual functional or cognitive impairment. . . . .	D
<b>Heart Attack</b> . . . . .	see CAD
<b>Heart Valve Disorder</b> , operated 1 or 2 valves, fully recovered, after 6 months . . . . .	S
Unoperated, single valve, mild, no symptoms, no surgery planned . . . . .	S
Unoperated, single valve, moderate to severe, or surgery planned . . . . .	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA. . . . .	D
<b>Hemochromatosis</b> , after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts . . . . .	S-IC
<b>Hemophilia</b> . . . . .	D
<b>Hepatitis</b> , any chronic, active, or alcohol related, or with residual liver damage . . . . .	D
<b>Hepatitis A or B</b> , after 6 months, fully recovered. . . . .	S
<b>Hepatitis C</b> After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR . . . . .	IC
Currently treated, or treated within 2 years. . . . .	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment . . . . .	D
Virus detectable by PCR . . . . .	D
<b>Herniated Disc/Degenerative Disc Disease (DDD)</b> Unoperated, no ADL limitations, not advised to have surgery . . . . .	S
Operated, after 6 months, full recovery, no hardware . . . . .	S
Operated, after 6 months, full recovery, hardware . . . . .	Class I
Operated or unoperated, requires daily narcotics or implantable stimulator for pain control . . . . .	D
Operated or unoperated with ADL limitations. . . . .	D
<b>High Blood Pressure</b> , after 6 months, compliant with treatment: Average BP <160/90. . . . .	S
Average BP <170/94. . . . .	Class I
Average BP >170/94, or any, noncompliance with treatment . . . . .	D

## Medical Impairments (continued)

<b>Hip Replacement</b> , one hip after 3 months, full recovery, no use of assistive devices, no longer receiving physical therapy. . . . .	S
Both hips, fully recovered . . . . .	Class I
Surgery recommended or planned. . . . .	D
<b>HIV Positive</b> . . . . .	D
<b>Hodgkin's Disease</b> stage I, after 3 years, fully recovered . . . . .	S
All others, fully recovered, after 5 years . . . . .	IC
<b>Home Health Care</b> received within 6 months . . . . .	D
<b>Huntington's Chorea</b> . . . . .	D
<b>Hydrocephalus</b> with or without shunt . . . . .	D
<b>Hypothyroidism</b> . . . . .	S
<b>IADL Impairment</b> . . . . .	D
<b>Idiopathic Thrombocytopenia Purpura (ITP)</b> Platelet count > 50,000 for 1 year. . . . .	Class I
<b>Immune Deficiency</b> . . . . .	D
<b>Implantable Stimulator</b> . . . . .	D
<b>Incontinence</b> , urinary, stress, manages independently . . . . .	S
Urinary, uncontrolled, or requires assistance with management . . . . .	D
Stool. . . . .	D
<b>Irritable Bowel Syndrome</b> , controlled, weight stable . . . . .	S
Uncontrolled or with weight loss . . . . .	D
<b>Joint Replacement</b> , one joint after 3 months, fully recovered, no use of assistive devices. . . . .	S
2 or more, fully recovered, no limitations . . . . .	Class I-IC
Surgery recommended or planned. . . . .	D
<b>Kidney Disorder</b> , mild renal insufficiency, stable 2 years . . . . .	S-IC
Moderate to severe . . . . .	D
Kidney failure, single episode, fully recovered after 2 years. . . . .	S-IC
Kidney Transplant . . . . .	D
Kidney removal (1), after 2 years, with stable kidney function. . . . .	S
Polycystic Kidney Disease . . . . .	D
Dialysis . . . . .	D
Chronic Kidney Failure . . . . .	D
<b>Knee Replacement</b> , one knee after 3 months, fully recovered no use of assistive devices, no longer receiving physical therapy. . . . .	S
Both knees, fully recovered . . . . .	Class I
<b>Labrynthitis</b> . . . . .	see Dizziness
<b>Lacunar Infarct</b> Single . . . . .	see Stroke
Single in combination with white matter or small vessel ischemia. . . . .	D
Multiple. . . . .	D
<b>Left Atrial Enlargement</b> >5.0 cm. . . . .	D

## Medical Impairments (continued)

<b>Leukemia</b>	
Acute, after 3 years . . . . .	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years . . . . .	Class I
Stage II-IV . . . . .	D
<b>Lou Gehrig's Disease</b> . . . . .	D
<b>Lupus</b> , discoid, after 12 months . . . . .	S
Systemic . . . . .	D
<b>Lyme Disease</b> , after 12 months, fully recovered, no residuals . . . . .	S-IC
Undergoing treatment or with residuals . . . . .	D
<b>Lymphedema</b> , medically managed, no limitations . . . . .	S
With limitations or history of skin ulcers . . . . .	D
<b>Lymphoma</b>	
Stage I or II, after 2 years, in complete remission . . . . .	S-IC
Stage III or IV, after 4 years, in complete remission . . . . .	S-IC
Low-grade . . . . .	D
<b>Macular Degeneration</b> , one eye . . . . .	S
Both eyes . . . . .	IC-D
<b>Manic Depression</b> . . . . .	see Bipolar
<b>Marfan's Syndrome</b> . . . . .	D
<b>Medicaid Recipient</b> . . . . .	D
<b>Medullary Sponge Kidney</b> . . . . .	IC
<b>Memory Loss</b> . . . . .	D
<b>Meniere's Disease</b> , after 6 months, symptoms controlled, no limitations . . . . .	S
Associated with falls . . . . .	D
<b>Meningioma</b> removed, after 12 months, no limitations . . . . .	S-IC
Surgery planned . . . . .	D
<b>Meningitis</b> , after 12 months, fully recovered . . . . .	S-IC
Present . . . . .	D
<b>Mental Retardation</b> . . . . .	D
<b>Mital Valve Prolapse</b> . . . . .	S-IC
<b>Mixed Connective Tissue Disease</b> . . . . .	D
<b>Monoclonal Gammopathy</b> , after 1 year . . . . .	IC-D
<b>Multiple Myeloma</b> . . . . .	D
<b>Multiple Sclerosis</b> . . . . .	D
<b>Murmur</b> . . . . .	see Heart Valve Disorder

## Medical Impairments (continued)

<b>Muscular Dystrophy</b> .....	D
<b>Myasthenia Gravis</b> , ocular, after 1 year .....	S
Generalized .....	D
<b>Myelodysplasia</b> .....	D
<b>Myelofibrosis</b> .....	D
<b>Myocardial Infarction</b> .....	see Coronary Artery Disease
<b>Narcolepsy</b> effectively treated .....	S-IC
Untreated or resulting in accidents or injury .....	D
<b>NASH</b> – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week	
No fibrosis by liver biopsy .....	Class I
Mild fibrosis .....	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis .....	D
Weight above Select maximum .....	D
<b>Neurofibromatosis</b> .....	D
<b>Neurogenic Bowel or Bladder</b> .....	D
<b>Neuropathy</b> , mild, fully evaluated, no limitations .....	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, or skin ulcers .....	D
<b>Nursing Home Confinement</b> , after 6 months, full recovery, no limitations .....	IC
Within 6 months .....	D
<b>Obesity</b> .....	see Weight chart
<b>Obsessive Compulsive Disorder</b> , after 3 years, controlled on medication	
Fully functional .....	S-IC
Limits functional ability .....	D
Psychiatric hospitalization within 5 years .....	D
<b>Organic Brain Syndrome</b> .....	D
<b>Organ Transplant</b> .....	D
<b>Osteopenia</b> , on medication .....	S
<b>Osteoarthritis</b> .....	see Arthritis
<b>Osteomyelitis</b> .....	see Avascular Necrosis
<b>Osteoporosis</b> , T score -2.5 – -2.9, on medication, no history of nontraumatic fractures .....	S
T score -3.0 – -3.4, on medication, no history of nontraumatic fractures .....	Class I
T score -3.5 or worse .....	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations .....	D
<b>Oxygen use</b> .....	D

## Medical Impairments (continued)

<b>Pacemaker</b> , after 3 months . . . . .	S-IC
Recommended or surgery pending . . . . .	D
<b>Paget's Disease</b> , no symptoms and no limitations . . . . .	IC
With symptoms or history of fractures . . . . .	D
<b>Pancreas Transplant</b> . . . . .	D
<b>Pancreatitis</b> , after 12 months, single episode, fully recovered. . . . .	S
Related to alcohol use, or 2 or more episodes. . . . .	D
<b>Panic Attack/Disorder</b> . . . . .	see Anxiety
<b>Paralysis</b> . . . . .	D
<b>Paraplegia</b> . . . . .	D
<b>Parkinson's Disease</b> . . . . .	D
<b>Pemphigus Vulgaris</b> . . . . .	D
<b>Peripheral Neuropathy</b> . . . . .	see Neuropathy
<b>Peripheral Vascular Disease</b>	
Mild, tobacco free 12 months, no symptoms, no limitations after 6 months . . . . .	S
Moderate, or in combination with coronary artery disease, after 6 months . . . . .	Class I-IC
Severe, or tobacco use within 12 months. . . . .	D
Average BP reading >159/89. . . . .	D
Any, with limitations, history of leg ulcers, TIA, diabetes, pending surgery, or stent placement or surgery within the past 6 months . . . . .	D
<b>Physical Therapy</b> received within 6 months. . . . .	D
<b>Pick's Disease</b> . . . . .	D
<b>Pituitary Adenoma</b> removed, after 12 months, no limitations. . . . .	S
Stable x3 years, no surgery planned . . . . .	IC
Surgery planned . . . . .	D
<b>Pneumonia</b> , after 3 months, single episode, fully recovered . . . . .	S
Associated with chronic lung disease. . . . .	see COPD
<b>Polio</b> fully recovered, no limitations, no assistive devices . . . . .	S
Fully recovered, no limitations, leg brace. . . . .	IC
With recurrence or limitations . . . . .	D
<b>Post Polio Syndrome</b> after 2 years, nonprogressive, no limitations, no assistive devices. . . . .	IC
Progressive weakness or fatigue, or with limitations . . . . .	D
<b>Polycystic Kidney Disease</b> . . . . .	D
<b>Polycythemia Vera</b> after 2 years, managed with medication or Phlebotomy, platelets < 450,000 . . . . .	Class II, 2 years 180 day elimination
<b>Polymyalgia Rheumatica</b> mild, after 1 year, no limitations . . . . .	S
Moderate, no functional limitations . . . . .	Class I-IC
Severe, or with limitations. . . . .	D

## Medical Impairments (continued)

Polymyositis/Dermatomyositis .....	D
Polyneuropathy .....	D
Post Herpetic Neuralgia .....	D
Post Traumatic Stress Disorder (PTSD), after 12 months, controlled, fully functional .....	S-IC
After 12 months, not adequately controlled or with functional impairment .....	D
Pregnancy .....	D
Undergoing fertility evaluation or treatment .....	D
Prostate Specific Antigen (PSA) steadily rising .....	D
Rising and falling .....	S-IC
Psoriasis, mild to moderate, controlled with medication .....	S
Severe .....	IC
Psoriatic Arthritis .....	see Arthritis
Psychosis .....	D
Pulmonary Edema .....	D
Pulmonary Embolism, after 6 months, single episode, fully recovered .....	S-IC
Present, multiples, or underlying coagulation disorder .....	D
Pulmonary Fibrosis, localized, nonprogressive, normal PFT's, after 2 years .....	IC
Active, progressive disease, abnormal PFT's .....	D
Pulmonary Hypertension .....	D
Quad Cane Use .....	D
Quadriplegia .....	D
Reflex Sympathetic Dystrophy (RSD) .....	D
Renal Disease/Failure .....	see Kidney Disorder
Restless Leg Syndrome .....	S
Retinitis Pigmentosa .....	see Blindness
Rheumatoid Arthritis .....	see Arthritis
Sarcoidosis .....	see COPD
Sciatica .....	S-IC
Schizophrenia .....	D
Scleroderma .....	D
Scoliosis	
Mild .....	S
Moderate to severe .....	IC
Seizures .....	see Epilepsy

## Medical Impairments (continued)

<b>Shingles</b> , after 6 months, fully recovered. . . . .	S
Present, or with residuals. . . . .	D
<b>Shy-Drager Syndrome</b> . . . . .	D
<b>Sickle Cell Anemia</b> . . . . .	D
Trait only, no active disease. . . . .	S
Active disease . . . . .	D
<b>Sjogren's Syndrome</b>	
Mild, dryness of eyes and mouth only. . . . .	S
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement . . . . .	D
<b>Skin Cancer</b> . . . . .	see Cancer
<b>Sleep Apnea</b> responsive to treatment. . . . .	S
Severe or unresponsive to treatment . . . . .	D
<b>Social Withdrawal</b> . . . . .	D
<b>Spina Bifida</b> . . . . .	D
<b>Spinal Stenosis</b> operated, fully recovered, after 12 months. . . . .	S
Unoperated, mild to moderate . . . . .	Class I-IC
Unoperated, severe or surgery recommended. . . . .	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring daily narcotics . . . . .	D
<b>Stroke</b>	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months. . . . .	Class I
Two or more . . . . .	D
In combination with any of the following:	
Atrial Fibrillation . . . . .	D
Unoperated carotid stenosis. . . . .	D
Heart valve disorder . . . . .	D
Average blood pressure reading >159/89. . . . .	D
Previous TIA(s) . . . . .	D
Diabetes . . . . .	D
Residual weakness or functional loss . . . . .	D
Tobacco use within the past 12 months . . . . .	D
Occurred while adequately anticoagulated . . . . .	D
<b>Surgery</b> , requiring general anesthesia, planned, not completed . . . . .	D
<b>Syncope</b> . . . . .	see Dizziness
<b>Systemic Lupus</b> . . . . .	D
<b>Temporal Arteritis</b> , after 12 months, fully recovered. . . . .	S-IC
<b>TENS Unit</b>	
Past use . . . . .	IC
Current use . . . . .	D
<b>Thalassemia</b>	
Minor. . . . .	S
Major . . . . .	D

## Medical Impairments (continued)

<b>Thrombocythemia</b> .....	D
<b>Thrombocytopenia</b> platelet count >50,000 .....	Class I, 3 years
<b>Thrombocytosis</b> .....	D
<b>Torticollis</b> resolved with Botox, after 6 months .....	S
<b>Tourette's Syndrome</b> fully functional, no limitations .....	IC
Any functional limitations .....	D
<b>Transient Global Amnesia</b> .....	see TIA
<b>Transient Ischemic Attack (TIA)</b> single episode, fully recovered after 1 year .....	Class I
Two or more .....	D
In combination with any of the following:	
Atrial Fibrillation .....	D
Unoperated carotid stenosis .....	D
Heart valve disorder .....	D
Previous stroke .....	D
Diabetes .....	D
Average BP reading >159/89 .....	D
Residual weakness or functional loss .....	D
Tobacco use within the past 12 months .....	D
Occurred while adequately anticoagulated .....	D
Other peripheral vascular disease .....	D
<b>Transverse Myelitis</b> .....	D
<b>Tremor</b> fully evaluated, benign familial, no limitations .....	S
Not fully evaluated, with limitations, or gait disturbance .....	D
<b>Trigeminal Neuralgia</b>	
After 12 months managed with antispasmodics or anticonvulsants, no limitations .....	S
6 months after surgery resolved .....	S
Poorly controlled or disabling .....	D
<b>Tuberculosis</b> after 12 months, treated, fully recovered, normal PFT's .....	S
Present or with lung damage or other organ involvement .....	D
<b>Ulcerative Colitis</b> .....	see Crohn's
<b>Underweight</b> .....	D
<b>Valvular Heart Disease</b> .....	see Heart Valve Disorder
<b>Ventriculoperitoneal Shunt</b> .....	D
<b>Vertigo</b> .....	see Dizziness
<b>Von Willebrand's Disease</b> .....	D
<b>Walker Use</b> .....	D
<b>Weakness</b> .....	D
<b>Wegener's Granulomatosis</b> .....	D
<b>Weight Loss</b> , unexplained, or not fully evaluated .....	D
<b>Wheelchair Use</b> .....	D
<b>Wolff-Parkinson-White Syndrome</b> , after 6 months, ablated, not present .....	S
Uncontrolled .....	D





<b>United LTCi Solutions State Special Matrix</b>		
<b>STATE</b>		<b>STATE DIFFERENCES</b>
1.	<b>ALABAMA</b>	• <b>National rules</b>
2.	<b>ALASKA</b>	• <b>National rules</b>
3.	<b>ARIZONA</b>	• Spouse Shared Care Benefit cannot reduce benefits under the spouse's policy below 24 months (instead of national's 12 months)
4.	<b>GEORGIA</b>	• <b>National rules</b>
5.	<b>ILLINOIS</b>	• No rate guarantee available.
6.	<b>IOWA</b>	• <b>National rules</b>
7.	<b>KANSAS</b>	• No separate ALF option • No 180 or 365 Elimination Periods.
8.	<b>LOUISIANA</b>	• <b>National rules</b>
9.	<b>MAINE</b>	• <b>National rules</b>
10.	<b>MICHIGAN</b>	• <b>National rules</b>
11.	<b>MINNESOTA</b>	• <b>National rules</b>
12.	<b>MISSISSIPPI</b>	• <b>National rules</b>
13.	<b>NEBRASKA</b>	• <b>National rules</b>
14.	<b>NEW HAMPSHIRE</b>	• <b>National rules</b>
15.	<b>NORTH CAROLINA</b>	• <b>National rules</b>
16.	<b>NORTH DAKOTA</b>	• <b>National rules</b>
17.	<b>OKLAHOMA</b>	• <b>National rules</b>
18.	<b>SOUTH CAROLINA</b>	• <b>National rules</b>
19.	<b>SOUTH DAKOTA</b>	• Minimum NH Monthly Benefit is \$3,000.00 • No 180-day or 365-day Elimination Periods.
20.	<b>UTAH</b>	• <b>National rules</b>
21.	<b>WEST VIRGINIA</b>	• <b>National rules</b>
22.	<b>WISCONSIN</b>	• No Rate guarantee available • No Simple Inflation available • Minimum Nursing Home Monthly Benefit is \$1,800 (\$60/day X 30 days) - \$2,000 is used on the application.
23.	<b>WYOMING</b>	• <b>National rules</b>



Mutual of Omaha

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INSURANCE COMPANY**

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Long-Term Care Insurance underwritten by:

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