



Mutual of Omaha

Long-Term Care Insurance underwritten by:

**MUTUAL OF OMAHA INSURANCE COMPANY**

3300 Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

MUTUAL of OMAHA'S  
**WILD KINGDOM**

MUTUAL OF OMAHA INSURANCE COMPANY



Mutual of Omaha

# › MutualCare<sup>®</sup> Solutions Product & Underwriting Guide

LONG-TERM CARE INSURANCE



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Updated 7-17

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## MutualCare® Solutions

MutualCare® Solutions is a portfolio of LTCi products developed to address the needs of a changing LTCi marketplace. Since it was first introduced, long-term care insurance has continued to evolve and change. What started as nursing home-only coverage now offers insureds the flexibility to receive care in a variety of settings, including in their homes.

MutualCare® Solutions is the next generation of long-term care insurance products designed to provide the asset protection a whole new generation of Americans need while maintaining the viability and sustainability of the product line for years to come.

The MutualCare® Solutions portfolio includes two long-term care insurance policies: MutualCare® Secure Solution and MutualCare® Custom Solution.

**MutualCare® Secure Solution** is a traditional long-term care policy that allows people to plan ahead for their long-term care needs. By adding this measure of security to their retirement portfolio, they know that a portion of their long-term care expenses will be covered. MutualCare® Secure Solution is perfect for:

- Customers who are looking for easy-to-understand benefits and the security of knowing they have some measure of asset protection
- Agents who like a product with a simple design and traditional benefits

**MutualCare® Custom Solution** is a different approach to structuring policy benefits. It provides the flexibility to manage long-term care expenses and control how the dollars in the long-term care “account” are spent. MutualCare® Custom Solution is perfect for:

- Customers who want to customize a policy to fit their own unique needs
- Agents who are looking for a product with a strong premium solve capability





## Product Information

### Portfolio Overview

In creating MutualCare® Solutions, we took the features you told us you like (our cash benefit is one) and found a way to make two great new product options.

This chart gives you an overview of products in the MutualCare® Solutions portfolio and allows you to clearly see the differences...and the similarities.

	MutualCare® Secure Solution	MutualCare® Custom Solution
<b>Issue Ages</b>	30-79	
<b>Tax Status</b>	Tax Qualified Only	
<b>Partnership Qualified</b> (based on state approval, age of the applicant and inflation option selected)	Yes	
<b>Built-In Benefits</b>		
<b>Policy Limit</b>	Benefit multiplier determines policy limit (benefit multiplier x maximum monthly benefit = policy limit)  Options include 24, 36, 48 or 60 months	Pool of dollars determines policy limit  Options include \$50,000 to \$500,000 in \$500 increments
<b>Maximum Monthly Benefit</b>	\$1,500 to \$10,000 per month in \$1 increments	\$1,500 to \$10,000 per month in \$50 increments  (Subject to monthly benefit and policy limit combinations)
<b>Calendar Day Elimination Period</b>	90, 180 or 365 calendar days	0, 30, 60, 90, 180 or 365 calendar days
<b>Cash Benefit</b>	30% of home health care benefit up to initial maximum of \$2,400 per month	40% of home health care benefit up to initial maximum of \$2,400 per month
<b>Nursing Home Benefit</b>	100%	
<b>Assisted Living Facility Benefit</b>	50%, 75% or 100% of maximum monthly benefit	
<b>Home Health Care Benefit</b>	50%, 75% or 100% of maximum monthly benefit	
<b>Adult Day Care Benefit</b>	Up to 100% of the monthly home health care benefit	
<b>Stay-at-Home Benefits</b> <ul style="list-style-type: none"> <li>• Caregiver Training</li> <li>• Durable Medical Equipment</li> <li>• Home Modification</li> <li>• Medical Alert System</li> </ul>	Up to two times the maximum monthly benefit	
<b>Bed Reservation Benefit for Nursing Home &amp; Assisted Living Facility</b>	30 days per calendar year	
<b>Respite Care Benefit</b>	1 month per calendar year; no elimination period applies	
<b>Hospice Care Benefit</b>	Pays maximum monthly benefit; no elimination period applies	

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	MutualCare® Secure Solution	MutualCare® Custom Solution
<b>International Benefit</b>	Maximum monthly benefit for up to 12 months	
<b>Waiver of Premium</b> • Nursing Home • Assisted Living Facility • Home Health Care	Included; subject to eligibility requirements	
<b>Alternate Care Benefit</b>	Available when care coordination is used	
<b>Optional Partner* Benefits</b>		
<b>Shared Care</b>	Available	
<b>Security Benefit</b>	Available	
<b>Joint Waiver of Premium</b>	Not Offered	Available
<b>Survivorship Benefit</b>	Not Offered	Available
<b>Other Optional Benefits</b>		
<b>Waiver of Elimination Period for Home Health Care</b>	Available	
<b>Nonforfeiture – Shortened Benefit Period</b> (removes Contingent Nonforfeiture built into policy)	Available	
<b>Return of Premium at Death</b> (less claims paid) – Three Times Initial Maximum Monthly Benefit	Available	
<b>Return of Premium at Death</b> (less claims paid)	Not Offered	Available
<b>Return of Premium at Death</b> (less claims paid) – If Death Occurs Before Age 65	Not Offered	Available
<b>Professional Home Health Care</b>	Not Offered	Available
<b>Inflation Protection Options</b>		
<b>Inflation Protection Options</b>	Lifetime: 3%, 4%, or 5% compound  20-Year: 3% or 5% compound  No inflation protection	Inflation Percentage: 1% to 5% compound in .25% increments  Inflation Duration: Lifetime, 20, 15 or 10 years  No inflation protection
<b>Inflation Protection Buy-Up Option</b>	Not Offered	Available
<b>Premium Allowances</b>		
<b>Partner*</b> • Both Issued • One Issued	30% 15%	
<b>Preferred</b>	15%	
<b>Association/Sponsored Group</b>	5%	
<b>Producer</b>	5%	
<b>Common Employer</b>	5%	
<b>Premium Payment</b>		
<b>Lifetime</b>	Default	

\*Partner is defined as spouses who are legally married, domestic or civil union partners, or adults in a serious, committed personal relationship intended to be lifelong who have shared a common residence for the most recent three years, are not married to or a domestic or civil partner of anyone else, and are not related in any way that would bar marriage.

## Product Information

### Benefit Descriptions

We know you may need a little help remembering all the details of how our products work. So here's a brief description of all the benefits available.

- ✓ Indicates benefits that are built into the base policy
- ✚ Indicates optional benefits that are available at an additional cost

#### A

#### ✓ Alternate Care Benefit

We know there may be long-term care services or treatments that don't exist today yet may become standard practice in the future. This benefit provides coverage for qualified treatments or services not specifically listed in the policy when recommended by a care coordinator.

Note: The Alternate Care Benefit may cover the services of a Christian Science provider when the insured is eligible to receive Alternate Care benefits under the policy. Here's how it works:

- Services must be provided by an accredited Christian Science nurse as listed in the Christian Science Journal; and
- Services must be incurred while confined in a Christian Science nursing organization/facility currently recognized by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization

#### ✓ Assisted Living Facility Benefit

The policy provides options for the insured to receive 100 percent of the maximum monthly benefit (with the option to reduce to 75 percent or 50 percent) to help pay for services received in an assisted living facility.

#### B

#### ✓ Bed Reservation Benefit for Nursing Home & Assisted Living Facility

This benefit comes into play when the insured is confined to a nursing home or assisted living facility and requires hospitalization. Under this provision, the policy will pay up to 100 percent of the maximum monthly benefit for up to 30 days per calendar year to keep a bed available in the insured's facility until he or she returns.

#### C

#### ✓ Care Coordination Benefit

Our policies offer the optional services of a care coordinator who will assess the needs of the insured, develop an individualized plan of care and help arrange for long-term care services. Here's how it works:

- There's no elimination period to satisfy, which gives the insured immediate access to the services of a care coordinator
- Care coordinators are licensed health care professionals – typically registered nurses
- The use of a care coordinator is not required; however, some policy benefits are available only when a care coordinator is used
- Upon the recommendation of a care coordinator, the policy will pay a maximum limit of up to two times the home health care maximum monthly benefit for the following stay-at-home services:
  - Caregiver training
  - Durable medical equipment
  - Home modifications
  - Medical alert system

**✓ Cash Benefit**

The Cash Benefit is designed to give the insured – and his or her family – the ability to explore care options when the need for long-term care first arises. A percentage of the home health care maximum monthly benefit amount is available in cash to help pay for any expenses related to the insured’s long-term care needs. Here’s how it works:

- There’s no elimination period to satisfy in order to receive the Cash Benefit
- The Cash Benefit is paid in advance each month. If the insured is eligible for the Cash Benefit for less than an entire month, the benefit will be pro-rated based on the actual number of days the insured is eligible for the benefit in that month. (Note: It’s assumed each month consists of 30 days regardless of the actual number of days)
- No other benefits are available under the policy while the insured is receiving the Cash Benefit
- The insured may switch from a Cash Benefit to a Reimbursement Benefit by notifying us in writing. The insured has the option to switch between Cash and Reimbursement Benefits at any time
- Once the Cash Benefit has ceased, the insured must satisfy the policy’s elimination period in order for Reimbursement Benefits to begin
- Days in which the Cash Benefit is utilized do not count toward the elimination period for Reimbursement Benefits
- The Cash Benefit is not available for care received outside the United States, its territories, Canada or the United Kingdom

<b>MutualCare® Secure Solution</b>	<b>MutualCare® Custom Solution</b>
<p><b>Cash Benefit:</b></p> <ul style="list-style-type: none"> <li>• 30% of the home health care maximum monthly benefit, up to initial maximum of \$2,400* per month</li> </ul>	<p><b>Cash Benefit:</b></p> <ul style="list-style-type: none"> <li>• 40% of the home health care maximum monthly benefit, up to initial maximum of \$2,400* per month</li> </ul>

\* This amount may increase if inflation protection is added to the policy.

**E**

**✓ Calendar Day Elimination Period**

This waiting period represents the initial number of calendar days the insured must be chronically ill before benefits are payable under the policy. Here’s how it works:

- If the insured is not receiving cash benefits, the elimination period begins on the first day he or she is chronically ill and receives a covered long-term care service
- Subsequent days during which the insured is chronically ill will be used to satisfy the elimination period, even if a covered service is not received on those days
- The elimination period is cumulative and needs to be satisfied only once during the life of the policy
- There is no elimination period to satisfy if the insured elects to receive the Cash Benefit; however, once the insured switches to a Reimbursement Benefit, an elimination period will apply
- A 90-day elimination period is the default option. Additional options may be elected
- Elimination periods available for Class I and Class II risks are limited to 90, 180 or 365 days

<b>MutualCare® Secure Solution</b>	<b>MutualCare® Custom Solution</b>
<p><b>Elimination Period:</b></p> <ul style="list-style-type: none"> <li>• Options include 90, 180 or 365 calendar days</li> </ul>	<p><b>Elimination Period:</b></p> <ul style="list-style-type: none"> <li>• Options include 0, 30, 60, 90, 180 or 365 calendar days</li> </ul>



## Product Information

### H

#### ✓ Home Health Care Benefit

Most people prefer to receive long-term care services at home. The insured will receive 100 percent of the maximum monthly benefit (with the option to reduce to 75 percent or 50 percent) to help pay for home health care services.

#### ✓ Hospice Care Benefit

People who are terminally ill and not expected to live beyond six months need special care. The policy provides up to the maximum monthly benefit for hospice care services with no elimination period to satisfy.

### I

#### ✚ Inflation Protection

The cost of long-term care services is likely to be higher years down the road when the insured needs care. An optional inflation protection rider allows policy benefits to increase to assist with potential rising costs. Here's how it works:

- The current maximum monthly benefit and remaining policy limit increase annually by the percentage the insured selects
- The increase occurs on each policy anniversary date for the length of time the insured selects – either for the life of the policy or for a limited period of time

MutualCare® Secure Solution	MutualCare® Custom Solution
Lifetime: 3%, 4%, or 5% compound 20-Year: 3% or 5% compound No inflation protection	Inflation Percentage: 1% to 5% compound in .25% increments Inflation Duration: Lifetime, 20, 15 or 10 years No inflation protection Includes guaranteed buy-up option

#### ✚ Inflation Protection Buy-Up Option

The insured may increase the percentage of inflation applied to policy benefits (not to exceed 5 percent) on or before each policy anniversary date. The increase is effective on the policy anniversary following the election, with benefit increases occurring the following anniversary. The increase is available prior to the lesser of 20 years or age 75 (cannot be chronically ill).

Partnership qualification is determined on the inflation option effective issue. Partnership qualification cannot be gained by electing a buy-up of inflation after issue. Here's how it works:

- The buy-up option is only available on MutualCare® Custom Solution policies
- Each year, on or before the policy anniversary date, the insured can choose to increase his or her compound inflation protection to any percentage we offer. The insured must elect this option in writing
- The total level of inflation protection cannot exceed 5 percent
- The premium for the policy is based on the insured's age at the time of the buy up; however, actual premium will include a premium credit based on type of coverage and how long the policy has been in force
- The increase is effective on the policy anniversary following the election with benefit increases occurring on the following anniversary
- The increase is available prior to the lesser of 20 years or age 75
- The insured also has the option to buy down to a lower inflation percentage at any time while retaining any gains applied to the policy as a result of the inflation rider. Premium is based on the insured's age at policy issue and the policy's current rates

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

**✓ International Benefit**

This benefit is available to an insured who may be confined to a nursing home or assisted living facility or is receiving home health care or adult day care outside the United States, its territories, Canada or the United Kingdom. Here’s how it works:

- The International Benefit is equal to twelve times the maximum monthly benefit
- This benefit is paid regardless of the amount of incurred expenses in any given month (the incurred expense may be more or less than the maximum monthly benefit amount)
- No additional International Benefits are payable under the policy once the benefits paid equal the International Benefit lifetime maximum
- The Cash Benefit is not available in conjunction with the International Benefit

**J**

**+ Joint Waiver of Premium Benefit**

This optional rider waives premium for both partners when one partner is on claim. Here’s how it works:

- No premium will be due from the insured partner for as long as the other partner’s premium is waived
- When the waiver period ends under the other partner’s policy, premium payments for the insured partner will resume and must be paid to keep the policy in force
- If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived
- This Joint Waiver of Premium Benefit is not available in conjunction with:
  - Security Benefit
  - Partner Premium Allowance (one issued)
- The Joint Waiver of Premium Benefit is not offered for Class I or Class II health risks

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

**M**

**✓ Maximum Monthly Benefit**

This is the maximum dollar amount the policy will pay each month. Options range from \$1,500 to \$10,000 per month.

- \$5,000 maximum allowed for Class I and Class II health risks
- The total benefits for nursing home/assisted living or home health care, including all longterm care coverage (includes coverage from other companies), cannot exceed a Maximum Monthly Benefit of \$10,000 and/or a Policy Limit of \$500,000

Please Note: When providing prior or existing coverage information, the benefit amount should reflect current coverage amounts, not the initial amount of coverage.

MutualCare® Secure Solution	MutualCare® Custom Solution
<ul style="list-style-type: none"> <li>• Available in increments of \$1</li> </ul>	<ul style="list-style-type: none"> <li>• Available in increments of \$50</li> <li>• Amounts range from 1% to 4% of the policy limit. For example: the monthly benefit on a \$300,000 pool of dollars would range from \$3,000 to \$10,000</li> </ul>

## Product Information

### N

#### ✦ **Nonforfeiture – Shortened Benefit Period**

This allows coverage to continue on a reduced basis in the event the insured stops paying premiums. Here's how it works:

- The policy must have been in force for three years in order for this provision to take effect
- This rider replaces the contingent nonforfeiture language in the policy
- The Nonforfeiture – Shortened Benefit Period rider **MUST** be offered. If it is not selected, the contingent nonforfeiture benefit becomes the default

#### ✓ **Nursing Home Benefit**

Nursing home care is a very costly long-term care service. The policy provides 100 percent of the maximum monthly benefit amount to help pay for covered services received in a nursing home.

### P

#### ✓ **Policy Limit**

This is the maximum dollar amount payable over the remaining life of a policy. All benefits paid, except Care Coordinator and Waiver of Premium, will reduce the policy limit. The initial policy limit shown on the policy schedule may be adjusted if coverage is decreased or increased. If an optional inflation protection rider is attached to the policy, the remaining policy limit will be increased annually. The total benefits for nursing home/assisted living or home health care, including all long-term care coverage (includes coverage from other companies), cannot exceed a Maximum Monthly Benefit of \$10,000 and/or a Policy Limit of \$500,000.

<b>MutualCare® Secure Solution</b>	<b>MutualCare® Custom Solution</b>
<p>Uses a benefit multiplier to determine the initial policy limit (benefit multiplier x maximum monthly benefit = policy limit)</p> <ul style="list-style-type: none"> <li>• Options include 24, 36, 48 or 60 months</li> <li>• 60-month benefit multiplier and \$5,000 monthly benefit is the maximum allowed for Class I and Class II health risks</li> </ul>	<p>Uses a pool of dollars to determine the initial policy limit</p> <ul style="list-style-type: none"> <li>• Options include \$50,000 to \$500,000 in \$500 increments</li> <li>• \$300,000 policy limit and \$5,000 monthly benefit is the maximum allowed for Class I and Class II health risks</li> </ul>

**+ Premium Allowances**

We offer a variety of premium allowances that help people save money. The insured is eligible to receive one or more of the following premium allowances:

<b>Partner* (both issued) – 30 percent</b>	<b>Partner* (one issued) – 15 percent</b>
<p>If both partners are issued long-term care insurance from Mutual of Omaha, they each receive a 30 percent premium allowance.</p> <ul style="list-style-type: none"> <li>• Available when both policies are issued under the same policy form/product</li> <li>• Any partner that was previously issued under a different policy form/product is not eligible for the Partner Allowance</li> <li>• Please Note: Allowances will not be applied retroactively to partners issued with different effective dates, and will apply beginning on the second partner’s effective date</li> <li>• If one applicant cancels the contract and it results in a cancel back to issue or policy not taken, the 30 percent partner allowance will be replaced by the 15 percent Partner Allowance (one issued)</li> <li>• Not available with the Security Benefit</li> </ul>	<p>A 15 percent allowance is offered to an applicant whose partner is not issued long-term care insurance from Mutual of Omaha.</p> <ul style="list-style-type: none"> <li>• Includes any partner not meeting the criteria for Partner (both issued)</li> <li>• Not available with the Joint Waiver of Premium, Survivorship or Shared Care Benefits</li> </ul>
<b>Preferred – 15 percent</b>	<b>Producer – 5 percent</b>
<p>A 15 percent premium allowance is offered to applicants who are in good health.</p> <ul style="list-style-type: none"> <li>• The Preferred Allowance will be applied at the discretion of the underwriter</li> <li>• Can be combined with all partner allowances</li> </ul>	<p>You and your partner are each eligible for a 5 percent premium allowance when you purchase this Mutual of Omaha long-term care insurance policy</p> <ul style="list-style-type: none"> <li>• Not available with Association/Sponsored Group or Common Employer Allowances</li> <li>• A minimum of five applications is required, must be initially submitted together</li> </ul>
<b>Association/Sponsored Group – 5 percent</b>	<b>Common Employer** – 5 percent</b>
<p>Applicants who are members of a qualifying association group are eligible for a 5 percent premium allowance.</p> <ul style="list-style-type: none"> <li>• Also applies to the partner of the insured</li> <li>• Includes a compensation offset</li> <li>• Not available with the Producer Allowance</li> <li>• Not available to add after issue</li> </ul>	<p>Five or more applicants who share a common employer all are eligible for a 5 percent premium allowance.</p> <ul style="list-style-type: none"> <li>• Once the five-person minimum is met, other employees of the same company also will receive the Common Employer Allowance</li> <li>• Cannot be employer paid or sponsored</li> <li>• PRD is not available</li> <li>• Not available with Association/Sponsored Group or Producer Allowances</li> <li>• Not available to add after issue</li> </ul>

\*Partner is defined as spouses who are legally married, domestic or civil union partners, or adults in a serious, committed personal relationship intended to be lifelong who have shared a common residence for the most recent three years, are not married to or a domestic or civil partner of anyone else, and are not related in any way that would bar marriage.

\*\*Important Notice: This long-term care policy is not designed to be compliant with ERISA or Title VII or similar state laws and generally is not appropriate for an employer sponsored plan. Employers ‘sponsorship’ includes but not limited to: paying a portion of the premium, payroll deduction, list billing and endorsing or promoting the solicitation of the coverage during working hours. Please have your client’s consult a legal or tax advisor or other qualified professional for more information.

## Product Information

### + Professional Home Health Care

This optional rider makes additional benefits available when home health care services are provided by a nurse\* or skilled professional specializing in physical, respiratory, occupational or speech therapy, audiology, nutrition or chemotherapy administration. If the cost of services exceeds the home health care maximum monthly benefit in any given month, this benefit provides up to an additional 100 percent of the home health care maximum monthly benefit.

\*Additional funds for home health care provided by a nurse are limited to 365 days over the life of the policy. This rider cannot be dropped after issue.

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

## R

### ✓ Respite Care Benefit

The policy pays for one month of respite care per calendar year. This benefit is intended to provide temporary services of another person or facility in order to give the insured's regular, unpaid caregiver a break from providing care.

### + Return of Premium at Death (minus claims paid) – Three Times Initial Maximum Monthly Benefit

This optional rider returns up to three times the maximum monthly benefit of the policy, minus claims paid, upon the insured's death after the policy has been in force for a 10-year period. For the purposes of this rider, the maximum monthly benefit is the lesser of three times the initial maximum monthly benefit, or three times the current maximum monthly benefit, excluding the whole amount of any inflation protection increases that may have been received. This rider cannot be dropped after issue.

- Not available for applicants over age 64
- Not available with Shared Care

### + Return of Premium at Death (minus claims paid)

This optional rider returns premium paid on the policy, minus claims paid, upon the insured's death. This rider cannot be dropped after issue.

- Not available for applicants over age 64
- Not available with Shared Care

### + Return of Premium at Death (minus claims paid) – If Death Occurs Before Age 65

This optional rider returns premium paid on the policy, minus claims paid, if the insured dies before age 65. This rider cannot be dropped after issue.

- Not available for applicants over age 64

ROP Option	MutualCare® Secure Solution	MutualCare® Custom Solution
ROP – Three Times Maximum Monthly Benefit	Available	Available
ROP at Death	Not Offered	Available
ROP – If Death Occurs Before Age 65	Not Offered	Available



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**+ Security Benefit**

This optional rider provides an additional benefit without a reduction in the policy limit when the insured is receiving benefits and his or her partner is alive. The additional funds may be used to help pay for care or living expenses for an uninsured partner. Here’s how it works:

- Pays the insured an additional 60 percent of the reimbursement benefit each month, excluding the cash benefit if any, for covered services received
- The Security Benefit will not reduce the policy limit
- The Security Benefit is only available with Partner (one issued) Allowance
- The Security Benefit is not offered for Class I or Class II health risks or for issue ages over age 69

**+ Shared Care Benefit**

This optional rider allows one insured to access benefits under a partner’s policy. Here’s how it works:

- Benefits must be identical at the time of policy issue
- Once benefits have been exhausted under the insured’s policy, but the need for long-term care services continues, he or she may access benefits under a partner’s identical policy until a minimum of 12 times the current maximum monthly benefit remains
- If one partner dies while both policies are in force, the surviving partner will receive the deceased partner’s remaining policy limit with no effect on the surviving partner’s premium. If an inflation option was chosen, the new total amount will inflate accordingly
- The Shared Care Benefit is only available when both partners apply for coverage at the same time and are issued identical policies
- The Shared Care Benefit is not available with:
  - Security Benefit
  - Return of Premium at Death (minus claims paid)
  - Return of Premium at Death (minus claims paid) – Three Times Initial Maximum Monthly Benefit
  - Partner Premium Allowance (one issued)
- The Shared Care Benefit is not offered for Class II health risks or if Underwriting determines one or both applicants pose a greater than normal risk

MutualCare® Secure Solution	MutualCare® Custom Solution
Not offered to Class I health risks with: <ul style="list-style-type: none"> <li>• A benefit multiplier greater than 36 months</li> <li>• A maximum monthly benefit greater than \$5,000</li> </ul>	Not offered to Class I health risks with: <ul style="list-style-type: none"> <li>• A policy limit greater than \$180,000</li> <li>• A maximum monthly benefit greater than \$5,000</li> </ul>

## Product Information

### + Survivorship Benefit

This optional rider allows an insured to have a paid-up policy in the event his or her partner dies. Here's how it works:

- If the insured's partner dies after the policy has been in force for 10 years or more, no further premium is due on the insured's policy
- If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived
- The Survivorship Benefit is not available in conjunction with:
  - Security Benefit
  - Partner Premium Allowance (one issued)
- The Survivorship Benefit is not offered for Class I or Class II health risks

MutualCare <sup>®</sup> Secure Solution	MutualCare <sup>®</sup> Custom Solution
Not Offered	Available

## W

### + Waiver of Elimination Period for Home Health Care

This optional rider enables the insured to receive home health care benefits without having to satisfy an elimination period. This rider cannot be dropped after issue. Here's how it works:

- Once expenses are incurred for covered home health care services or adult day care, the elimination period for home health care or adult day care will be waived
- Days on which the elimination for home health care is waived will be used to satisfy the elimination period for other benefits available under the policy. The elimination period for nursing home and assisted living will begin to be satisfied on a calendar-day basis
- This rider is not available for Class I or Class II health risks

### ✓ Waiver of Premium

This benefit means no premium is due while the insured receives covered long-term care services. Here's how it works:

- After the policy's elimination period has been satisfied, no further premium payments are required effective on the date benefits are first paid for nursing home, assisted living or at least eight days of home health care or adult day care in any continuous 30-day period
- Premium also is waived if the insured is receiving the cash benefit
- The premium payment mode does not affect the waiver of premium start date; however, any portion of premium paid beyond the start date will not be refunded. Instead, we will credit such premium to any future premium payments that come due
- Once the waiver of premium ends, the insured must resume premium payments to keep the policy in force

## Our Underwriting Philosophy

We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs)

Activities of Daily Living	Instrumental Activities of Daily Living
<ul style="list-style-type: none"> <li>• Eating</li> <li>• Toileting</li> <li>• Transferring</li> <li>• Bathing</li> <li>• Dressing</li> <li>• Continence</li> </ul>	<ul style="list-style-type: none"> <li>• Shopping</li> <li>• Meal preparation</li> <li>• Housework</li> <li>• Laundry</li> <li>• Managing money</li> <li>• Taking medication</li> <li>• Using the telephone</li> <li>• Walking outdoors</li> <li>• Climbing stairs</li> <li>• Reading/writing</li> <li>• Transportation</li> </ul>

## Issue Ages

Applicants between the ages of 30 and 79 will be considered for coverage. There may be age limitations for some policy options.

## Save Age

Premium will be based on the applicant's age at the time the application is signed. If the applicant's date of birth is within 30 days of the application signing date, premium will be based on the younger age.

## Suitability

A long-term care personal worksheet is included in the application packet and must be submitted with each application. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This policy is not available to anyone who meets Medicaid eligibility guidelines
- If the applicant does not disclose financial information or if the disclosed information indicates the policy is not suitable, the applicant will receive a letter asking them if they want to continue with the application

## Eligibility

The application clearly identifies impairments that make an applicant ineligible for coverage. You should NOT submit an application for anyone who:

- Answers "yes" to any question in the Health Insurability Questions section the application
- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels
- Has previously been declined LTC coverage

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- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a “decline” in the Medical Impairment section
- Has a living environment (as noted during the face-to-face interview) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months
- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)

### **NOTE:**

*Higher-risk applicants may receive an adjusted offer or reduced benefits and/or higher premium. You will be notified if the approved policy is different than applied for.*

## Underwriting Rules

All available options may be added to the policy 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
- Addition premium will be required for optional benefits
- Optional benefits still being marketed may be added at the time of sale or within 60 days of policy issue with underwriter approval
- The total benefits for nursing home/assisted living or home health care, including all long-term care coverage (includes coverage from other companies), cannot exceed a Maximum Monthly Benefit of \$10,000 and/or a Policy Limit of \$500,000

## Rate Classes

The Medical Impairments section and the Build Chart will help you determine the appropriate rate class to quote.

- Applications should not be submitted for anyone who is over or under the weight guidelines, has an uninsurable health condition or is taking a medication associated with an uninsurable health condition
- It's recommended that an applicant never be quoted better than Select (the underwriter will add a Preferred allowance to the policy, if appropriate)

# Underwriting Guidelines

- Certain policy limits are placed on Class I and Class II health risks, including:
  - Maximum 60-month benefit multiplier
  - Maximum \$300,000 policy limit
  - Maximum \$5,000 monthly benefit
  - Minimum 90-day elimination period
  
- In addition, not all policy benefits are available for Class I and Class II health risks, including:
  - Security Benefit
  - Joint Waiver of Premium Benefit
  - Survivorship Benefit
  - Shared Care Benefit (available for Class I health risks with a maximum 36-month benefit multiplier, \$180,000 policy limit and/or \$5,000 maximum monthly benefit)
  - Waiver of Elimination Period for Home Health Care

Preferred	Select	Class I	Class II
15% allowance at underwriter discretion	100%	125%	150%
Applicant is considered a preferred risk and is eligible for all policy benefit options	Applicant is considered a standard risk and is eligible for all policy benefit options	Applicant is considered to be a higher risk for utilization of long-term care services	Applicant is considered to be a significantly higher risk for utilization of long-term care services  Reserved for use at underwriter discretion. Do not quote Class II unless prequalified by an underwriter

**REMEMBER...**

*Quote the applicant based on their health as it is listed in the Underwriting Guidelines or how you have been advised to quote by underwriting, if applicable.*

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## Underwriting Guidelines

### Criteria for Preferred Underwriting

In order to qualify for preferred underwriting and the 15 percent preferred premium allowance, applicants must meet ALL of the following criteria:

1. An applicant must have seen a physician for a head-to-toe physical exam and complete metabolic profile within the past two years
2. He or she must not have been declined, rated or denied reinstatement for long-term care insurance within the last three years
3. The applicant must have been tobacco free for the past two years
4. He or she must fall within the minimum and preferred maximum range on the build chart
5. An applicant must not use a cane
6. He or she must not take any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medication
  - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
  - Medication for controlled cholesterol (cholesterol less than 250)
  - Medication for temporary, acute conditions
7. The applicant must not be diagnosed with or treated for any of the following:
  - Asthma
  - Atrial fibrillation
  - Blood disease or disorder (excluding treated iron deficiency anemia)
  - Blood clotting disorder
  - Cancer (excluding basal cell or squamous cell skin cancer)
  - Carotid artery disease
  - Chronic fatigue syndrome
  - Chronic obstructive pulmonary disease (COPD)
  - Chronic pain
  - Degenerative disc disease
  - Diabetes
  - Emphysema
  - Fibromyalgia
  - First degree relative diagnosed with Alzheimer's or dementia
  - Heart disease, including coronary artery disease and heart valve disorder (excluding mitral valve prolapse or controlled high blood pressure average reading less than 140/90 for the past six months)
  - Hepatitis
  - Herniated disc
  - Joint replacement
  - Moderate osteoarthritis
  - Neurological disease or disorder
  - Peripheral arterial/vascular disease
  - Polymyalgia rheumatica
  - Psychiatric disease or disorder (excluding seasonal affective disorder or mild or resolved situational depression)
  - Respiratory disease or disorder, excluding acute bronchitis, pneumonia, or exercise induced, reactive or extrinsic asthma
  - Rheumatoid arthritis
  - Sleep apnea
  - Spinal stenosis
  - Stroke
  - TIA (transient ischemic attack)
  - Tremor

**Build Chart – Unisex**

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
4'8"	80	129	156	178
4'9"	83	134	161	185
4'10"	86	139	167	191
4'11"	89	143	173	198
5'0"	92	148	179	205
5'1"	95	153	185	211
5'2"	98	158	191	218
5'3"	101	164	197	226
5'4"	104	169	204	233
5'5"	107	174	210	240
5'6"	111	180	217	248
5'7"	114	185	223	255
5'8"	118	191	230	263
5'9"	122	196	237	271
5'10"	125	202	244	279
5'11"	129	207	251	287
6'0"	133	214	258	295
6'1"	136	220	265	303
6'2"	140	226	273	311
6'3"	144	232	280	320
6'4"	148	238	287	329
6'5"	152	245	295	337
6'6"	156	251	303	346

- 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 Class II will be declined
- An applicant above the Class I Maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented in medical records or obtained during a face-to-face interview

## Uninsurable Health Conditions

Acoustic Neuroma (unoperated)	Connective Tissue Disease
Acromegaly	Cor Pulmonale
ADL Deficit	CREST Syndrome
AIDS/ARC	Crohn's (multiple flares or with complications)
Adult Day Care within 6 months	Cushing's Syndrome
Agoraphobia	Cystic Fibrosis
Alcohol 4 or more drinks daily	
Alcoholism with any current alcohol use	Defibrillator (implanted)
ALS	Dementia
Alzheimer's Disease	Dermatomyositis
Amputation due to disease, other than cancer	Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Amputation 2 or more limbs	Dialysis
Amyloidosis	Dilated Cardiomyopathy
Ankylosing Spondylitis	Disabled, except <50% VA disability
Anorexia	Down's Syndrome
Aplastic Anemia	Dwarfism
Arnold-Chiari Malformation	Dystonia
Arrhythmia (uncontrolled)	
Arteriovenous Malformation (AVM) (unoperated)	Ehlers-Danlos
Arthritis requiring narcotic pain medication	Epilepsy (>2 seizures/year)
Asperger's Syndrome	Epstein-Barr Virus (within 2 years)
Assisted Living Facility (resident within 6 months)	
Ataxia	Fibromuscular Dysplasia
Avascular Necrosis (unoperated)	Fibromyalgia (disabling)
	Frailty
Back Pain (disabling or requiring narcotic pain medication)	Friedrich's Ataxia
Bell's Palsy (present)	
Benign Positional Vertigo (BPV) (with falls)	Gaucher's
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)	Glomerulonephritis
Blindness (not adapted or with ADL/IADL limitations)	
Bowel Incontinence	Head Injury (residual functional or cognitive impairment)
Buerger's Disease	Heart Transplant
Bulimia	Hemiplegia
Bullous Pemphigoid (active)	Hemophilia
	Hepatitis (chronic, active, alcohol related, residual liver damage)
Cardiomyopathy (dilated)	HIV Positive
Castleman's	Hoarding
Cerebral Aneurysm (unoperated)	Home Health Care (within 6 months)
Cerebral Palsy	Huntington's Chorea
Cerebrovascular Accident (CVA) (2 or more)	Hydrocephalus
Charcot Marie Tooth	IADL Deficit
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)	Immune Deficiency
Cirrhosis	Implantable Stimulator
Complex Regional Pain Syndrome	Irritable Bowel Syndrome (uncontrolled or with weight loss)
Confusion	

**Uninsurable Health Conditions (continued)**

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  
Myelodysplastic Syndrome  
Myelofibrosis  
Myasthenia Gravis (generalized)

Neurofibromatosis  
Neurogenic Bowel or Bladder  
Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers), or severe  
Nursing Home resident (within 6 months)

Occupational Therapy (within 3 months\*)  
\*contact Underwriting to prequalify if within 3 months  
Organ Transplant  
Organic Brain Syndrome  
Osteoporosis (T score -4.0 or worse)  
Oxygen use

Pancreas Transplant  
Pancreatitis (alcohol related, or >2 episodes)  
Paralysis  
Paraplegia  
Parkinson’s Disease  
Pemphigus Vulgaris  
Physical Therapy (within 3 months\*)  
\*contact Underwriting to prequalify if within 3 months  
Pick’s Disease  
Polycystic Kidney Disease  
Polymyositis  
Polyneuropathy  
Post Herpetic Neuralgia

Post Polio Syndrome (with progressive weakness, fatigue, or limitations)  
Pregnancy (Is pregnant or receiving medical treatment to become pregnant)  
Primary Biliary Cirrhosis  
Pseudotumor Cerebri  
Psychiatric Hospitalization (within 3 years, or 2 or more)  
Psychosis  
Pulmonary Hypertension

Quad Cane use  
Quadriplegia

Reflex Sympathetic Dystrophy  
Retinal Vein Occlusion (2 or more)

Schizophrenia  
Scleroderma  
Sclerosing Cholangitis  
Shingles (within 6 months)  
Sjogren’s Syndrome (systemic)  
Social Withdrawal  
Speech Therapy (within 3 months\*)  
\*contact Underwriting to prequalify if within 3 months

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

## Uninsurable Medications

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications. Please consult the Underwriting Department if you have questions regarding the listed medications.

### Medication

3TC

Abacavir

Abilify

Acamprosate

Adefovir

Adriamycin

Akinetin

Alkeran

Amantadine

Ambrisentan

Anastrozole

Antabuse

Apokyn

Apomorphine

Aptivus

Aricept

Arimidex\*

Aripiprazole

Artane

Asenapine

Atazanavir

Atripia

Aubagio

Avinza

Avonex

Axona

Azathioprine

Azilect

AZT

Baclofen\*

Baraclude

Benzatropine

Bendopa

Betaseron

Biperiden

Boceprevir

Bupresnorphine

Busulfan

Butrans

Campral

Caprylidene

Capaxone

Carbidopa\*

Carboplatin

Cee Nu

Cellcept

Cerefolin\*

Chlorambucil

Chlorpromazine

Chlorprothixene

Cisplatin

Codeine

Cogentin

Cognex

Combivir

Comtan

Copaxone

Crixivan

Cyclophosphamide

Cycloserine

Cyclosporine

Cytoxan

D4T

D-Cycloserine

Dantrium

Dantrolene

Darunavir

DDC

DDI

Delavirdine

Demerol

Deprenyl

DES

Didanosine

Diethylstilbestrol

Dilaudid

Dimethyl Fumarate

Disulfiram

Dolophine

Donepezil

Doxorubicin

Dronabinol

DuoNeb

Duragesic

Efavirenz

Eldepryl

Eligard

Emtricitabine/

Tenofovir/Efavirenz

Emtriva

Enfuvirtide

Entacapone

Entecavir

Eplusa

Epivir

Epoetin

Epogen

Epzicom

Ergoloid

Ethoproopazine

Etoposide

Exelon

Fanapt

Fentanyl

Fluphenazine

Fosamprenavir

Furosemide

>60 mg/day

Fuzeon

Gablofen

Galantamine

Geodon

Glatiramer

Gleevac

Gold

Haldol

Haloperidol

Harvoni

Hepsera

Herceptin

Hivid

Hydergine

Hydrea

Hydrocodone

Hydromorphone

Hydroxyurea\*

Ibrance

Iloperidone

Imatinib

Imuran\*

Incivek

Indinavir

Insulin

>50 units/day

Interferon

Indinavir

Intravenous

Immunoglobulin

Invega

Invirase

ISENTRESS

Isoxsuprine

IVIg

Kadian

Kaletra

Kemadrin

Kemstro

Lamivudine

Lanzac

Lasix

>60 mg/day

Latuda

L-Dopa

L-Methylfolate\*

Lenalidomide

Letairis

Lexiva

Leukeran

Leuprolide

Levodopa

Lioresal

Lomustine

Lopinavir/Ritonavir

Lorcet

Lortab

Lupron

Maraviroc

Marinol

Megace

Megestrol

Mellaril

Melphalan

Memantine

Meperidine

Mercaptopurine\*

Mesoridazine

Mestinon

Metanx

Methadone

Methotrexate

>25 mg/week

Mirapex\*

Mitoxantrone

\*Underwriter discretion



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Morphine  
MS Contin  
Mycophenolate  
Myerlan  
  
Naloxone  
Naltrexone  
Namenda  
Namzeric  
Narcotics  
    >3 doses per week  
Natalizumab  
Natrecor  
Navane  
Nelfinavir  
Neoral  
Nesiritide  
Neulasta  
Neupro  
Nevirapine  
Niloric  
Nivolumab  
Norvir  
Novatrone  
nPEP  
Nucynta  
  
Olanzapine  
Oncovin  
Opdivo  
Oxycodone  
Oxycontin  
  
Palbociclib  
Paliperidone  
Paraplatin  
Parlodel  
Parmipexole\*  
Parsidol  
Pegasys  
Pegfilgrastim  
Peg-Intron  
Percocet  
Percodan  
Pergolide  
Permax  
Perphenazine  
Platinol  
Plegridy  
Pramipexole  
Prednisone  
    >10 mg/day  
Pregvisomant  
PrEP  
Prezista  
Procrit  
Procyclidine  
Profenamine  
Prolixin  
Pyridostigmine  
  
Quetiapine  
  
Raltegravir  
Rasagiline  
Razadyne  
Rebetol  
Rebif  
Recombinant

Reminyl  
Remodulin  
Requip\*  
Rescriptor  
Retrovir  
Revlimid  
Rexulti  
Reyataz  
Ribavirin  
Rilutek  
Riluzole  
Rispedal  
Risperdone  
Ritonavir  
Rivastigmine  
Ropinirole\*  
Rotigotine  
Roxicet  
  
Sandimmune  
Saphris  
Saquinavir  
Selegiline  
Selzentry  
Serentil  
Seroquel\*  
Sinemet\*  
Somavert  
Stalevo  
Stavudine  
Stelazine  
Streptozocin  
Suboxone  
Sustiva  
Symmetrel  
  
Tacrine  
Tapentadol  
Taractan  
Tasmar  
Tecfidera  
Telaprevir  
Telbivudine  
Tenofovir  
Teriflunomide  
Teslac  
Testolactone  
Thioridazine  
Thiotepa  
Thiothixene  
Thorazine  
Tipranavir  
Tolcapone  
Tramadol  
Trastuzumab  
Trelstar-LA  
Trepstinil  
Trexall  
    >25 Mg/Week  
Trihexyphenidyl  
Trilafon  
Triptorelin  
Trizivir  
Truvada  
Tylenol #3  
TYSABRI  
Tyzeka

Ultram  
Urso\*  
Ursodiol\*  
  
Valycte  
Valganciclovir  
Vasodilan  
Vayacog  
VePesid  
Vertex  
Vicodin  
Victrellis  
Videx  
Vincristine  
Viracept  
Viramune  
Viread  
Vivitrol  
  
Zalcitibine  
Zanosar  
Zelapar  
Zelodox  
Zerit  
Ziagen  
Zidovudine  
Ziprasidone  
Zyprexa

\*Underwriter discretion

Note: Applicants considered insurable and taking Disease-Modifying Anti-rheumatic Drugs (DMARDS) will be rated as Class I or Class II

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## Alzheimer's Disease/Dementia

Aricept	Razadyne
Artane	Reminyl
Axona	Hydergine
Caprylidene	Memantine
Cerefolin*	Metrifonate
Cognex	Namenda
D-Cyloserine	Namzeric
Ergoloid	Niloric
Exelon	Rivastigmine
Galantamine	Tacrine
Isoxsuprine	Vasodilan
L-Methylfolate*	Vayacog

## Multiple Sclerosis

Avonex  
Baclofen\*  
Betaseron  
Copaxone  
Dantrium  
Dantrolene  
Glatiramer  
Kemstro  
Lioresal  
Natalizumab  
Novantrone  
Rebif  
Recombinant

## Parkinson's Disease

Akinetin	Parlodel
Amantadine	Parsidol
Apokyn	Pergolide
Artane	Permax
Azilect	Pramipexole
Biperiden	Procyclidine
Bendopa	Profenamine
Benzatropine	Rasagiline
Carbidopa*	Requip*
Cogentin	Ropinirole*
Comtan	Rotigotine
Deprenyl	Selegiline
Entacapone	Sinemet*
Eldepryl	Stalevo
Ethopropazine	Symmetrel
Kemadrin	Tasmar
L-Dopa	Tihexyphenidyl
Levodopa	Tolcapone
Mirapex*	Zelapar
Neupro	

\*Underwriter discretion

## 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								

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## 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.

**S\*** May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met

**S** Select coverage issued at select rates

**Class I** 25 percent rating, maximum 60-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

**Class II** 50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum 60-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

**IC** Individual Consideration

**D** Decline

### Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered . . . . . S  
Unoperated, stable for 2 years, diameter <5 cm no change by serial CT/US within the past 2 years . . . . . S  
Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years . . . . . D

**Acoustic Neuroma** surgically removed, after 6 months, no residuals . . . . . S  
Unoperated . . . . . D

**Acromegaly** . . . . . D

**ADD/ADHD** . . . . . S\*  
Stable 1 year . . . . . S  
Not stable 1 year, or disabled . . . . . D

**Addison's Disease**, after 3 years, controlled . . . . . S  
After 6 months, controlled . . . . . Class I-IC

**ADL Deficit** . . . . . D

**AIDS/ARC** . . . . . D

**Adult Day Care** within 6 months . . . . . D  
After 6 months . . . . . IC

**Agoraphobia** . . . . . D

**Alcohol** regular consumption of 4 or more drinks per day . . . . . D  
Advised by a physician to limit, or stop alcohol consumption due to  
alcohol induced health, social problems or DUI/DWI within the past 3 years . . . . . D  
Binge drinking, 5 or more drinks in a day, 1 or more days per week . . . . . D  
If advised to cut down on alcohol use due to health or social problems, there is evidence of reduced  
alcohol use with no ill effects, after 1 year . . . . . IC

**Alcohol Abuse/Alcoholism**  
At least 3 years of sobriety, active in a support group . . . . . S  
Less than 3 years of sobriety . . . . . D

**Alpha-1 Antitrypsin Deficiency** . . . . . D

**ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)** . . . . . D  
Familial ALS . . . . . IC

**Alzheimer's Disease** . . . . . D

**Amaurosis Fugax/Amnesia, Transient Global** After 6 months, full recovery . . . . . S  
≥ 2 episodes . . . . . D

**Medical Impairments (continued)**

**Amputation** due to trauma, after 12 months, one limb, no limitations. . . . . S  
 Due to Cancer . . . . . S-IC  
 Due to disease other than cancer . . . . . D  
 Two or more limbs regardless of cause . . . . . D

**Amyloidosis** . . . . . D

**Ankylosing Spondylitis** . . . . . D

**Anemia** cause identified, managed, stable lab work for 12 months, documented in medical records . . . . S\*-IC  
 Not fully evaluated, cause unknown, not adequately managed, or Aplastic . . . . . D

**Angina** . . . . . handle as CAD

**Angioplasty** . . . . . handle as CAD

**Aneurysm** operated, after 6 months, fully recovered . . . . . S  
 Other than Cerebral or Thoracic, unoperated, stable for 2 years . . . . . IC  
 Cerebral, unoperated . . . . . D  
 Cerebral, with rupture or bleed. . . . . handle as CVA  
 Cerebral, more than one episode. . . . . D  
 Thoracic, present, operated or unoperated . . . . . D

**Anorexia Nervosa**  
 Current or within 10 years . . . . . D  
 Resolved at least 10 years . . . . . S-IC  
 Antithrombin Deficiency . . . . . handle as Blood Clotting Disorder

**Anxiety**  
 <70 years of age, after 6 months, controlled with medication, fully functional, situational. . . . . S\*  
 >70 years of age, after 2 years, controlled with medication, fully functional,  
 no psychiatric hospitalizations in the past 3 years . . . . . S-IC  
 Regardless of age, two or more psychiatric hospitalizations, or disabled . . . . . D

**Aortic Regurgitation or Stenosis** . . . . . handle as Heart Valve Disorder

**Antiphospholipid Syndrome** . . . . . handle as Blood Clotting Disorder

**Arnold-Chiari Malformation** . . . . . D

**Arrhythmia** excluding Atrial Fibrillation  
 Controlled . . . . . S\*-IC  
 Uncontrolled . . . . . D

**Arteriovenous Malformation (AVM)**  
 >1 year since surgical repair, no residuals . . . . . Class I  
 Unoperated, or operated with residual impairment . . . . . D

**Arthritis**  
 Mild after 3 months, by X-ray findings and symptoms, controlled, no ADL/IADL deficits  
 managed with nonsteroidal medication . . . . . S\*  
 Moderate after 1 year, by X-ray findings and symptoms, stable, controlled on nonsteroidal  
 medication, no ADL/IADL deficits . . . . . S-IC  
 > 60 years of age stable for 1 year . . . . . S  
 < age 60 stable for 1 year . . . . . Class I  
 Advanced after 1 year, by X-ray findings and symptoms, stable for 6 months, not requiring  
 >2 Synvisc, or taking fewer than 4 doses of narcotic pain medication  
 per week, no surgery recommended or planned . . . . . Class I  
 Severe, by symptoms or X-ray findings show bone on bone, or ADL/IADL deficits. . . . . D  
 Any severity within 12 months of starting injections, or advised to have surgery,  
 therapy, or additional injections, or with significant joint deformities . . . . . D

The form M28871 may be used as a prescreen tool for clients with arthritis/degenerative joint disease.

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### Medical Impairments (continued)

<b>Rheumatoid Arthritis</b> mild, moderate, stable for 1 year, no limitations . . . . .	Class I-IC
In remission 10 years, asymptomatic, no treatment . . . . .	S
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold . . . . .	D
Severe disease, or with ADL/IADL deficits. . . . .	D
Any, taking a medication indicated for severe arthritis on Uninsurable Medication list, or requiring more than 3 doses of narcotic pain medication per week, or with significant joint deformities . . . . .	D
<b>Asbestosis</b> . . . . .	handle as COPD
<b>Asperger's Syndrome</b> . . . . .	D
<b>Asthma</b>	
Mild, 1-2 exacerbations per year . . . . .	S*
Moderate, 3-5 exacerbations per year . . . . .	S-Class I
Severe, or with ≥ 5 exacerbations per year. . . . .	D
Moderate or severe, with tobacco use. . . . .	Class I-D
<b>Assisted Living Facility Resident</b> within 6 months . . . . .	D
<b>Ataxia or Muscular Incoordination</b> , chronic . . . . .	D
Acute self-limiting, after 6 months. . . . .	IC
<b>Atrial Fibrillation/Flutter</b> single episode, after 6 months, maintained in sinus rhythm . . . . .	S
Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder. . . . .	S-IC
>6 episodes per year, no history of TIA, CVA, or unoperated Heart Value Disorder. . . . .	Class I
Chronic, after 6 months, controlled on prescription blood thinner . . . . .	Class I
Any atrial fibrillation with Coumadin, Warfarin, Eliquis, Pradaxa, Xarelto, Effient use . . . . .	Class I
Watchman Device, after 6 months . . . . .	IC
Diagnosed or hospitalized, or cardioverted within 6 months . . . . .	D
With history of TIA, CVA, Congestive Heart Failure or moderate to severe unoperated Heart Valve Disorder. . . . .	D
Chronic, not on prescription blood thinner. . . . .	D
Average BP reading >159/89 . . . . .	D
Chronic, in combination with Diabetes . . . . .	Class II
<b>Atrial Septal Defect</b> after 6 months, repaired, asymptomatic . . . . .	S
All others . . . . .	IC
<b>Autism</b> . . . . .	D
<b>Autoimmune Disorder</b> . . . . .	handle as specific condition
<b>Autoimmune Hepatitis</b> . . . . .	D
<b>Avascular Necrosis</b> , after 6 months, treated no residual limitations. . . . .	IC
After 6 months "no treatment". . . . .	S
Untreated or with any limitations. . . . .	D
Surgically repaired, no limitations, no residuals after 6 months. . . . .	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, or advised to have epidural steroid injections, therapy, or surgery . . . . .	D
<b>Balance Disorder</b> , after 6 months, resolved . . . . .	S-IC
Less than 6 months, or currently present . . . . .	D
<b>Barrett's Esophagus</b> . . . . .	S
<b>Behcet's Disease</b> . . . . .	D



**Medical Impairments (continued)**

**Bell's Palsy** resolved . . . . . S\*

< 1 year . . . . . D

> 1 year stable, no functional limitations. . . . . S

Present . . . . . D

**Benign Essential Tremor** . . . . . handle as Tremor

**Benign Positional Vertigo (BPV)**

Not associated with falls. . . . . S\*

Associated with falls. . . . . D

**Benign Prostatic Hypertrophy (BPH)**

Age <60

PSA 0-4.0 . . . . . S\*

PSA 4.1-6.0 with negative biopsy & repeat PSA . . . . . S

PSA >6.0 with negative biopsy & repeat PSA . . . . . S-IC

Age 60-69

PSA 0-6. . . . . S\*

PSA 6.1-10 with negative biopsy & repeat PSA . . . . . S

PSA >10.1-15 with negative biopsy & repeat PSA . . . . . Class I

PSA >15. . . . . D

Age >70

PSA 0-10. . . . . S

PSA 10.1-15 with negative biopsy & repeat PSA . . . . . Class I

PSA >15. . . . . D

All others . . . . . IC

**Bipolar**

After 3 years, controlled on medication, fully functional not disabled . . . . . Class I

<3 years duration, or psychiatric hospitalization within the past 5 years . . . . . D

2 or more psychiatric hospitalizations. . . . . D

**Blindness**

Fully adapted, independent with ADL/IADLs. . . . . S

Not adapted or with ADL/IADL limitations. . . . . D

Receiving disability benefits. . . . . D

**Blood Clotting Disorder**

Diagnosed with hypercoagulable state, no history of blood clots . . . . . S-Class I

MFTHR gene mutation, after six months, stable, asymptomatic . . . . . S

History of single blood clot, resolved >6 months, currently on anticoagulation therapy. . . . . Class I

History of multiple clots, TIA, CVA, Greenfield/IVC (inferior vena cava) filter, or history of clot while adequately anticoagulated or not on anticoagulation therapy . . . . . D

**Blood Pressure**  
(Handle as High Blood Pressure)

**Bone Marrow Transplant** . . . . . D

**Brain MRI, abnormal.** . . . . . handle as Cerebrovascular Disease

**Brain Stimulator** . . . . . D

**Brain Tumor**, benign, stable 2 years, no surgery planned, no limitations. . . . . S-IC

With regrowth after surgery . . . . . D

**Broken Bones** . . . . . handle as Fracture

**Bronchitis**

Acute 2, or fewer episodes per year. . . . . S\*

Chronic . . . . . handle as COPD

## Underwriting Guidelines

### Medical Impairments (continued)

<b>Bronchiectasis</b> .....	handle as COPD
<b>Buerger's Disease</b> .....	D
<b>Bulimia</b>	
Current or within 10 years .....	D
Resolved at least 10 years .....	S-IC
<b>Bullous Pemphigoid</b> in remission 2 years, not on steroids .....	IC
Active disease .....	D
<b>Cancer/Carcinoma/Sarcoma</b>	
Any not specifically listed below, not Stage IV, single cancer, 2 years since date of last treatment, full recovery, no recurrence .....	S-IC
Any site, tobacco use within 12 months .....	Class I-D
Any site, Stage IV, after 5 years cancer free .....	Class I
Any site, 2 or more cancers, other than non-melanoma skin cancer, cancer free for 5 years after most recent occurrence .....	Class I-D
Any site, treated with bone marrow transplant, or stem cell transplant .....	D
<b>Bladder</b> , transitional/superficial/non-invasive, treated, fully recovered .....	S
With on going BCG treatment .....	D
With tobacco use within the past year .....	D
Invasive, after 3 years .....	IC
Recurrent .....	IC
<b>Breast</b>	
In situ, treatment completed, full recovery, no recurrence .....	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
<b>Skin</b>	
Basal cell .....	S*
Squamous cell, of the skin .....	S*
Squamous cell, other than skin, 2 years since date of last treatment, full recovery, no recurrence .....	S-IC
<b>Melanoma</b>	
Stage 0 or I or Clark's Level I-IV, after 3 months .....	S
Stage II or III, after 2 years .....	S
Stage IV, after 5 years .....	Class I-IC
<b>Neuroendocrine Tumor</b> .....	D
<b>Pancreas</b> , 5 years since date of last treatment, full recovery, no recurrence .....	S
<b>Prostate</b>	
Stage I or II, after 12 months, surgically removed, current PSA <0.1 .....	S
Treated with radiation, after 12 months, current PSA <0.5 .....	S
Stage III, after 2 years surgically removed, current PSA <0.1, or treated with radiation, current PSA <0.5 .....	S
Stage IV, after 5 years cancer free .....	Class I
Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score <6, and current PSA <0.5 .....	Class I-D
Age >70, Stage I or II, stable PSA, Gleason <6, watchful waiting .....	Class I
<b>Cardiomyopathy</b> hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction ≥45% and stable for 2 years .....	Class I-IC
Acute, self-limiting, resolved after 2 years .....	S
Dilated .....	D
<b>Carotid Artery Disease/Stenosis</b> , fully recovered, after 6 months, tobacco free 12 months .....	S
Operated, tobacco use within 12 months .....	D
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months .....	S
Operated, in combination with heart disease, tobacco free 12 months .....	Class I
>50% stenosis in combination with other peripheral vascular disease .....	D

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**Medical Impairments (continued)**

History of TIA or CVA, with unoperated valvular heart disease. . . . . D  
 Operated or unoperated in combination with Type I or Type II diabetes,  
     <50% stenosis, no insulin use within 6 months, tobacco free 12 months . . . . . S  
     50-70% stenosis, insulin use within 6 months, tobacco free 12 months . . . . . Class I  
     <50% stenosis, tobacco use within 12 months . . . . . Class I  
     50-70% stenosis, tobacco use within 12 months . . . . . D  
     50-70% stenosis with operated heart valve disorder, or mild, unoperated heart valve disorder. . . . . S  
     50-70% stenosis with unoperated, moderate heart valve disorder . . . . . Class II  
     >70% stenosis. . . . . D

**Carpal Tunnel Syndrome**  
 Unoperated . . . . . S\*  
 Operated, after 3 months, recovered. . . . . S\*

**Castleman’s** . . . . . D

**Catheter**, urinary independently manages, not due to neurogenic bladder . . . . . S

**Celiac Disease** after 1 year, controlled. . . . . S

**Cerebral Palsy** . . . . . D

**Cerebrovascular Accident (CVA)** . . . . . handle as Stroke

**Cerebrovascular Disease**  
 Brain imaging findings of single lacunar infarct, tobacco free 12 months . . . . . Class I  
 Single lacunar infarct, tobacco use within 12 month . . . . . D  
 Two or more lacunar infarcts . . . . . D  
 Small vessel ischemia or white matter changes considered normal for age. . . . . S-IC  
 Abnormal for age. . . . . D  
 Brain atrophy/volume loss. . . . . D

**Chelation Therapy** other than for hemochromatosis received within 6 months. . . . . D

**Cervical Spondylosis**  
 Mild . . . . . S  
 Moderate to severe . . . . . Class I-IC

**Charcot Marie Tooth** . . . . . D

**Chronic Bronchitis** . . . . . handle as COPD

**Chronic Fatigue**, stable after 12 months, no functional limitations . . . . . S-IC  
     5 year maximum  
     benefit period, minimum  
     90-day elimination period

Any functional limitations. . . . . D

**Chronic Hepatitis** . . . . . handle as Hepatitis

**Chronic Pain**  
 Requiring more than 3 doses of narcotic pain medication per week or TENS Unit or implantable  
     stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months . . . . . D  
 All others . . . . . IC  
     5 year maximum  
     benefit period

**Chronic Regional Pain Syndrome**. . . . . D

**Cirrhosis** . . . . . D

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### Medical Impairments (continued)

<b>Claudication</b> .....	handle as Peripheral Vascular Disease
<b>Closed Head Injury</b> .....	handle as Head Injury
<b>Clotting Disorder</b> .....	handle as Blood Clotting Disorder
<b>Cognitive Impairment</b> .....	D
Declined by another carrier due to cognitive screening or memory impairment and have not had favorable, complete Neuropsychological testing .....	D
Declined by another carrier due to failed cognitive screening and have undergone complete, favorable Neuropsychological testing prior to applying with us .....	IC
<b>Colitis</b> , including infection or allergic reaction, single episode, resolved, after 6 months .....	S*
Ischemic Colitis, fully recovered, after 6 months .....	S
Ischemic Colitis, ongoing symptoms or hospitalization within the past 6 months .....	D
Ulcerative Colitis .....	handle as Crohn's
<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 .....	S*-IC
<b>Concussion</b> .....	handle as Head Injury
<b>Confusion</b> .....	D
<b>Congestive Heart Failure (CHF)</b> single episode, recovered, after 12 months .....	S
Chronic, mild, well controlled, Lasix <60mg/day. ....	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder, or ejection fraction <45% .....	D
<b>Connective Tissue Disorder</b> .....	D
<b>Continuing Care Retirement Community</b> , within 6 months .....	D
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	
Mild, tobacco free for 12 months .....	S
Mild, tobacco use within the last one year diagnosed by chest X-ray only, no treatment, 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, tobacco use within the last one year, on medication, or symptomatic .....	D
Severe, using oxygen, or home nebulizer treatments .....	D
Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer treatments within the past 6 months .....	D
Any, FEV1 <65% .....	D
The form M28872 may be used as a prescreen tool for clients with Chronic Obstructive Pulmonary Disease (COPD).	
<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 or Carotid Artery Disease, tobacco free 12 months .....	Class I-IC
With PVD or Carotid Artery Disease, tobacco use within 12 months .....	D
In combination with diabetes, tobacco use within 6 months .....	D

**Medical Impairments (continued)**

In combination with diabetes, tobacco free 12 months. . . . . Class I-IC  
 With poorly controlled hypertension (average BP >158/89), or chronic congestive heart failure,  
 or ejection fraction <45% . . . . . D

**Corneal Transplant** . . . . . S\*

**CPAP** . . . . . handle as Sleep Apnea

**CREST Syndrome** . . . . . D

**Crohn’s** in remission at least 2 years . . . . . S  
 After 2 years, 1-2 flares per year . . . . . Class I  
 With DMARDS . . . . . Class I  
 Multiple flares or with complications . . . . . D

**Cushing’s Syndrome** . . . . . D

**Cystic Fibrosis** . . . . . D

**Deep Brain Stimulator** . . . . . D

**Deep Venous Thrombosis**, after 6 months, single episode, recovered, no Greenfield/  
 IVC (inferior vena cava) filter, no underlying clotting disorder . . . . . S\*  
 Recurrent . . . . . S-IC  
 In combination with underlying clotting disorder . . . . . handle as Blood Clotting Disorder

**Defibrillator/Automatic Implantable Cardiac Defibrillator** . . . . . D

**Degenerative Disc Disease** . . . . . handle as Herniated Disc

**Degenerative Joint Disease** . . . . . handle as Arthritis

**Dementia** . . . . . D

**Demyelinating Disease** . . . . . D

**Depression**  
 2 or more psychiatric hospitalizations for any reason . . . . . D  
 Mild stable on medication 6 months . . . . . S\*  
 Seasonal Affective Disorder . . . . . S\*  
 Depression medication for menopause, no diagnosis of depression . . . . . S\*  
**Situational** recovered, no psychiatric hospitalizations in the past 3 years . . . . . S\*  
**Major** <70 years of age, after 6 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  
 >70 years of age, situational, no longer on medication, after six months,  
 no psychiatric hospitalization within the past 3 years . . . . . S\*  
**Any**, with suicide attempt or suicidal ideation . . . . . handle as Suicide Attempt/Suicidal Ideation

**Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS)**  
 ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric  
 hospitalizations after ECT/TMS . . . . . S  
 With subsequent psychiatric hospitalization . . . . . D

**Dermatomyositis** . . . . . D

**Diabetes Insipidus**, controlled on medication . . . . . S

**Diabetes Type II**, Present < 20 years, 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

# Underwriting Guidelines

## Medical Impairments (continued)

<b>Diabetes Type I or II</b> , Present < 20 years, 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	
<50% stenosis, no insulin use within 6 months, tobacco free 12 months . . . . .	S
50-70% stenosis, insulin use within 6 months, tobacco free 12 months . . . . .	Class I
<50% stenosis, tobacco use within 12 months . . . . .	Class I
50-70% stenosis, tobacco use within 12 months . . . . .	D
>70% stenosis . . . . .	D
Retinal artery occlusion, single episode . . . . .	Class II, 2 years
Retinal vein occlusion, single episode . . . . .	Class I
Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 months . . . . .	D
Coronary Artery Disease or other heart disease/disorder, tobacco free 12 months . . . . .	Class I-IC
Diabetic macular edema, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy . . . . .	D
Retinopathy, mild non progressive . . . . .	Class I
Skin ulcers or amputation . . . . .	D
Peripheral Vascular Disease, or history of TIA or Stroke . . . . .	D
Average BP reading >158/89 . . . . .	D
Hemoglobin Alc>8.0, or noncompliant with treatment . . . . .	D
Microalbumin >20mg/dl or Microalbumin ratio >30 . . . . .	D
Serum creatinine > 1.3 . . . . .	D
Chronic Atrial Fibrillation . . . . .	Class II
Present ≥ 20 years . . . . .	D

The form M28851 may be used as a prescreen tool for clients with Diabetes.

<b>Dialysis</b> . . . . .	D
<b>DiGeorge Syndrome</b> . . . . .	D
<b>Difficulty walking</b> . . . . .	handle as Balance Disorder
<b>Disabled</b> , collecting any type of disability benefits, other than VA disability . . . . .	D
Aged out of disability benefits, or retired due to disability . . . . .	D
VA Disability for mental nervous condition . . . . .	D
<b>DISH</b> (Diffuse Idiopathic Skeletal Hyperostosis) . . . . .	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 3 years . . . . .	D
<b>Dwarfism</b> . . . . .	D

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**Dystonia** ..... D

**Echocardiography**  
 Left Atrium >5.0 cm ..... D  
 Ejection Fraction <45% ..... D

**Ehlers-Danlos Syndrome** ..... D

**Ejection Fraction <45%** ..... D

**Electric Scooter Use** ..... D

**Emphysema** ..... handle as COPD

**Epilepsy** After 1 year, controlled with medication, no seizures for 1 year ..... S  
 1 or 2 seizures per year ..... Class I  
 Poorly controlled ..... D

**Epstein-Barr Virus** 2 years treatment free, full recovery, no residuals ..... S  
 <2 years since treatment, currently treated, or present ..... D

**Factor II** ..... Class I

**Factor V Von Leiden** ..... handle as Blood Clotting Disorder

**Factor VII** ..... D

**Factor VIII** ..... D

**Factor IX** ..... D

**Factor X** ..... D

**Factor XI** ..... D

**Factor XII** ..... D

**Fainting** ..... handle as Dizziness

**Falls**, single episode ..... S-IC  
 Multiple episodes, or with injuries ..... IC-D

**Familial Tremor** ..... handle as Tremor

**Family History** (mother, father, sibling) of any form of Dementia, including but  
 not limited to Alzheimer’s ..... S  
 maximum benefit  
 period 5 years

> 1 family member ..... D

**Fatigue**, after 12 months, resolved ..... S\*  
 Within 12 months, or with functional limitations ..... IC-D

**Fatty Liver** incidental finding, not diagnosed as NASH ..... S-IC

**Feeding tube** ..... D

**Fibromuscular Dysplasia** ..... D

**Fibromyalgia** after 1 year, well controlled, no ADL/IADL deficits ..... S-IC  
 5 years maximum  
 benefit period, minimum  
 90-day elimination period

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### Medical Impairments (continued)

Taking fewer than 4 doses of narcotic pain medication per week . . . . .	IC
Poorly controlled, or disabling, or requiring more than 3 doses of narcotic pain medication per week . . . . .	D
<b>Foot Drop</b> unilateral, mild, nonprogressive for at least 2 years . . . . .	IC
All others . . . . .	D
<b>Fracture-Traumatic</b> , one bone, non-spinal, no limitations . . . . .	S*
Spine Fracture, full recovery, after 6 months . . . . .	S
In combination with mild osteoporosis T-score <-2.9 . . . . .	S
In combination with moderate to severe osteoporosis T-score -3.9 or worse . . . . .	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 Medication, or with functional impairment . . . . .	D
<b>Frailty</b> . . . . .	D
<b>Friedrich's Ataxia</b> . . . . .	D
<b>Fuch's Dystrophy</b> . . . . .	S*
<b>Gastric Bypass/Banding/Sleeve</b> , after 2 years, fully recovered, no complications . . . . .	S
<b>Gaucher's Disease</b> . . . . .	D
<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>Handicap Placard</b> . . . . .	Class I
<b>Hashimoto's</b> . . . . .	S*
<b>Head Injury</b> , after 6 months, no residuals . . . . .	S-IC
With residual functional or cognitive impairment, or multiple head injuries . . . . .	D
<b>Heart Attack/Heart Disease</b> . . . . .	handle as Coronary Artery Disease
<b>Heart Transplant</b> . . . . .	D
<b>Heart Valve Disorder/Insufficiency/Murmur/Regurgitation/Stenosis</b> , operated 1 or 2 valves, fully recovered, after 6 months . . . . .	S
Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned . . . . .	S
Unoperated, moderate 1 or 2 valves . . . . .	Class I-IC
Unoperated, 1 or 2 valves, severe, or surgery recommended or planned . . . . .	D
Moderate to severe, unoperated with Atrial Fibrillation, or history of TIA or CVA . . . . .	D
Operated with mechanical valve, on Coumadin or warfarin . . . . .	Class I
Operated with bioprosthetic valve . . . . .	S
With shunt mild, minimal, after 6 months . . . . .	S
Shunt with recent echocardiogram . . . . .	IC
With Carotid Artery Disease . . . . .	handle as Carotid Artery Disease
<b>Hematuria</b> , Nontobacco, stable after 3 months . . . . .	S*
Tobacco with negative work up . . . . .	S
Tobacco with no work-up . . . . .	D
<b>Hemiplegia</b> . . . . .	D

**Medical Impairments (continued)**

**Hemochromatosis**, after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests . . . . S-IC

**Hemophilia** . . . . . D

**Hepatitis**, any chronic, active, or alcohol related, or with residual liver damage . . . . . D  
 After 2 years, successfully treated, or cleared spontaneously, with most recent 2 consecutive PCR lab work as undetectable . . . . . S-IC

**Autoimmune** . . . . . D

**Hepatitis A or B**, after 6 months, fully recovered . . . . . S

**Hepatitis C**  
 After 2 years, successfully treated with antiviral medication, or cleared spontaneously without treatment, virus undetectable by PCR . . . . . IC  
 Currently treated, or treated within 1 year . . . . . D  
 Unresponsive to antiviral medication, or never treated with antiviral medication, or virus not cleared spontaneously without treatment . . . . . D  
 Virus detectable by PCR – polymerase chain reaction . . . . . D

**Hereditary Hemorrhagic Telangiectasia** . . . . . D

**Herniated Disc/Degenerative Disc Disease (DDD)**  
 Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned . . . . . D  
 Unoperated, mild or moderate, after 6 months . . . . . S-IC  
 Unoperated, severe . . . . . D  
 Operated, after 6 months, full recovery, no residuals or ongoing symptoms . . . . . S  
 Operated, after 6 months, full recovery, hardware no ongoing problems, no plans to remove hardware . . . . . S  
 Operated or unoperated, requiring more than 3 doses of narcotic pain medication per week, or physical therapy within 6 months, or advised to have therapy, injections, surgery, or implantable stimulator for pain control . . . . . D  
 Epidural steroid injection, or trigger point injection, after 6 months mild to moderate disease . . . Class I-IC  
 Epidural steroid injection, or trigger point injection, after 6 months severe disease . . . . . D  
 More than 2 injection series per year . . . . . D  
 Operated or unoperated with ADL limitations . . . . . D

**High Blood Pressure**, after 3 months, compliant with treatment:  
 Average BP <140/90 . . . . . S\*  
 Average BP <160/90 . . . . . S  
 Average BP <170/94 . . . . . Class I  
 Average BP >170/94, or any, noncompliance with treatment . . . . . D

**High Risk Sexual Behavior** or prescription for, or taking nPEP or PrEP, within 6 months . . . . . D

**Hip Replacement** . . . . . handle as Joint Replacement

**HIV Positive** . . . . . D

**Hoarder** . . . . . D

**Hodgkin’s Disease** stage I, after 3 years, fully recovered . . . . . S  
 All others, fully recovered, after 5 years . . . . . IC  
 Treated with bone marrow or stem cell transplant . . . . . D

**Home Health Care** received within 6 months . . . . . D

**Huntington’s Chorea** . . . . . D

**Hydrocephalus** with or without shunt . . . . . D

**Hypogammaglobulinemia** . . . . . D

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### Medical Impairments (continued)

<b>Hypoparathyroidism/Hyperparathyroidism</b> .....	S*
<b>Hypothyroidism/Hyperthyroidism</b> .....	S*
<b>IADL Impairment</b> .....	D
<b>Idiopathic Hypertrophic Subaortic Stenosis (IHSS)</b> .....	handle as Cardiomyopathy
<b>Idiopathic Thrombocytopenia Purpura (ITP)</b>	
Platelet count >50,000 for 1 year .....	Class I 3 years
<b>Imbalance</b> .....	handle as Balance Disorder
<b>Immune Deficiency</b> .....	D
<b>Impaired Glucose Tolerance/Elevated Blood Sugar/Elevated Hgb A1C</b>	
Glucose $\leq$ 125, creatinine $\leq$ 1.3 .....	S*
A1c <6.0 .....	S
A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section .....	S
A1c 6.1-6.4 with condition listed as comorbid under diabetes section .....	handle as Diabetes
A1c >6.4 .....	handle as Diabetes
Creatinine >1.3 .....	D
<b>Implantable Stimulator</b> .....	D
<b>Incontinence, urinary, stress, manages independently</b> .....	
Urinary, uncontrolled, or requires assistance with management .....	S*
Stool .....	D
<b>Interstitial Cystitis</b>	
Mild, well established diagnosis, OTC meds only .....	S
Moderate, tricyclic antidepressants, other neuropathic agents, Elmiron .....	Class I
Severe, bladder instillations, TENS, surgical cases .....	D
<b>Interstitial Lung Disease</b> .....	handle as COPD
<b>Irritable Bowel Syndrome, controlled, weight stable</b> .....	
Uncontrolled or with weight loss .....	S*
<b>Joint Injections/Stem Cell, mild to moderate disease, fully functional, no surgery recommended,</b>	
1-2 single injection(s) per year .....	S
Mild to moderate disease, fully functional, no surgery recommended,	
3-4 single injection(s) per year .....	IC-D
Mild to moderate disease, fully functional, no surgery recommended,	
2 injection series per year .....	Class I
Mild to moderate disease, fully functional, no surgery recommended,	
>2 injection series per year .....	IC-D
Severe disease .....	D
Spinal injections .....	handle as Herniated Disc or Spinal Stenosis
<b>Joint Replacement, one joint after 3 months, fully recovered, no use of assistive devices,</b>	
no longer receiving physical therapy .....	S
Two joints build not rateable, fully recovered, no limitations .....	S-IC
Two or more joints, rateable build .....	D
Three joints, build not rateable .....	Class I-D
More than 3 joints .....	D
Surgery recommended or planned .....	D
<b>Kidney Disorder, diagnosed with mild renal insufficiency, stable 2 years</b> .....	
Creatinine <1.5, no proteinuria, not diabetic, well controlled blood pressure .....	S-IC

**Medical Impairments (continued)**

Creatinine >1.5..... D  
 Isolated event, now resolved, after 1 year..... S\*  
 Kidney failure, single episode, fully recovered after 2 years..... S-IC  
 Kidney Transplant..... D  
 Kidney removal (1), after 1 year, with stable kidney function..... S  
 Polycystic Kidney Disease..... D  
 Dialysis..... D  
 Chronic Kidney Failure..... D  
**Kidney Transplant**..... D  
**Kidney Donor** after six months, normal function in remaining kidney..... S  
**Knee Replacement**..... handle as Joint Replacement  
**Labrynthitis**..... handle as Dizziness  
**Lacunar Infarct**  
 Single..... handle as Stroke  
 Single in combination with white matter or small vessel ischemia..... D  
 Multiple..... D  
**Lap Band Surgery**..... handle as Gastric Bypass  
**Left Atrial Enlargement/Left Atrial Volume, ≥5.0 cm.**..... D  
 Left atrial volume ≥ 34 ml/m2..... D  
**Leukemia**  
 AML, CML, Hairy Cell..... D  
 Acute, after 3 years..... IC  
 CLL  
 Stage 0 or I, WBC <15,000 for 2 years..... Class I  
 Stage II-IV in remission 4 years..... S-IC  
 Treated with bone marrow or stem cell transplant..... D  
**Leukopenia, stable 2 years WBC >2.5**..... S-IC  
**Liver Transplant**..... D  
**Living Environment** noted during face-to-face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding..... D  
**Lou Gehrig’s Disease**..... D  
**Low Back Pain**..... handle as Back Pain/Strain  
**Lung Transplant**..... D  
**Lupus, discoid, after 12 months**..... S  
 Systemic..... D  
**Lyme Disease, after 12 months, fully recovered, no residuals.**..... S\*-IC  
 Undergoing treatment, or with residuals, or with chronic disease..... D  
**Lymphedema, medically managed, no limitations**..... S  
 With limitations or history of skin ulcers..... D  
**Lymphoma**  
 Stage 0, after 1 year successful treatment..... S-IC  
 Stage I or II, after 2 years, in complete remission..... S-IC  
 Stage III after 4 years, in complete remission..... S-IC  
 Stage IV after 5 years, in complete remission..... Class I

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## Medical Impairments (continued)

Low-grade, after 1 year, not requiring treatment . . . . .	Class I
Cutaneous T Cell Stage I, stable 3 years . . . . .	Class I
Stage II or greater, or Stage I not stable 3 years . . . . .	D
Treated with bone marrow or stem cell transplant . . . . .	D
<b>Macular Degeneration</b> , one eye . . . . .	S
Both eyes . . . . .	IC-D
<b>Manic Depression</b> . . . . .	handle as Bipolar
<b>Marfan's Syndrome</b> . . . . .	D
<b>Marijuana</b> . . . . .	D
<b>Medicaid Recipient</b> . . . . .	D
<b>Medullary Sponge Kidney</b> . . . . .	IC
<b>Melanoma</b> . . . . .	handle as Cancer
<b>Memory Loss</b> , present or within 1 year . . . . .	D
Resolved for at least 1 year . . . . .	IC
<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
Incompletely removed, stable imaging for 2 years, no residual neurological impairment . . . . .	Class I
Surgery planned . . . . .	D
Recurrs after surgery . . . . .	D
Stable at least 3 years, surgery not planned . . . . .	IC
<b>Meningitis</b> , after 12 months, fully recovered . . . . .	S-IC
Present . . . . .	D
<b>Mental Retardation</b> . . . . .	D
<b>MFTHR</b> . . . . .	handle as Blood Clotting Disorder
<b>Microalbuminuria</b>	
> 20 . . . . .	D
Microalbumin ratio > 30 . . . . .	D
<b>Migraines</b> , not daily, controlled with medication, no restrictions or limitations . . . . .	S*
With oxygen use . . . . .	S
<b>Mild Cognitive Impairment</b> . . . . .	D
<b>Mitral Valve Prolapse</b> . . . . .	S*-IC
<b>Mixed Connective Tissue Disease</b> . . . . .	D
<b>Monoclonal Gammopathy</b> , after 1 year . . . . .	IC-D
After 3 years, stable labs . . . . .	IC
<b>Moyamoya</b> . . . . .	D
<b>MRSA</b>	
Single occurrence recovered after 1 year . . . . .	S
1 recurrence 18 months after recurrence . . . . .	Class I
<b>Multiple Myeloma</b> . . . . .	D



**Medical Impairments (continued)**

**Multiple Personality Disorder** ..... D

**Multiple Sclerosis** ..... D

**Muscular Dystrophy** ..... D

**Myasthenia Gravis**, ocular, after 1 year..... S  
Generalized ..... D

**Mycosis Fungoides** ..... handle as Lymphoma Cutaneous T Cell

**Myelodysplastic Syndrome** ..... D

**Myelofibrosis** ..... D

**Myocardial Infarction** ..... handle as Coronary Artery Disease

**Narcolepsy** effectively treated ..... S-IC  
Untreated or resulting in accidents or injury ..... D

**Narcotic Pain Medication**  
Reason for narcotic pain medication use ..... handle as specific medical impairment  
All others, use of narcotic pain medication for acute (not to exceed 14 days)  
self-limiting condition or taking fewer than 4 doses of narcotic pain medication per week ..... IC  
All others, requiring more than 3 doses of narcotic pain medication per week ..... D

**NASH** – 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, 90-day elimination, Class II-IC  
Moderate to severe fibrosis or cirrhosis ..... D  
Weight above Select maximum ..... D

**Nebulizer** use, within 6 months, other than for acute infection with no  
underlying respiratory disease ..... D

**Neurofibromatosis** ..... D

**Neurogenic Bowel or Bladder** ..... D

**Neuropathy**, mild, fully evaluated, no limitations ..... S-IC  
Not fully evaluated, related to diabetes or alcohol, or with history of falls,  
imbalance, or gait disorder, or skin ulcers, or severe ..... D

**Neutropenia**, stable 2 years neutrophils >1,000 ..... S-IC

**Non Hodgkin’s Lymphoma** ..... handle as Lymphoma

**Nursing Home Confinement**, after 6 months, full recovery, no limitations ..... IC  
Within 6 months ..... D

**Obesity** ..... handle as Build chart

**Obsessive Compulsive Disorder**, after 3 years, controlled on medication  
Fully functional ..... S-IC  
Limits functional ability ..... D  
Psychiatric hospitalization within 5 years ..... D

**Occupational Therapy** ..... handle as Physical Therapy

**Optic Neuropathy or Neuritis**, refer to specific cause ..... IC  
Related to Multiple Sclerosis ..... D

**Organic Brain Syndrome** ..... D

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### Medical Impairments (continued)

<b>Organ Transplant</b> .....	D
<b>Osler-Weber-Rendu Syndrome</b> .....	D
<b>Osteoarthritis</b> .....	handle as Arthritis
<b>Osteomyelitis</b> .....	handle as Avascular Necrosis
<b>Osteoporosis</b> , T score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year .....	S*
T score -2.5 to -2.9, with tobacco use .....	Class I
T score -3.0 to -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year .....	Class I
T score -3.0 to -3.9, tobacco use within 1 year .....	Class II
T score -4.0 or worse .....	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year .....	D
<b>Oxygen</b> use, including lung condition, sleep apnea, etc. ....	D
Intermittent use with migraine headaches .....	S
<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
Recurrent, resolved with Cholecystectomy .....	S
Related to alcohol use, or 2 or more episodes, or chronic .....	D
<b>Panic Attack/Disorder</b> .....	handle as Anxiety
<b>Paralysis</b> .....	D
<b>Paraplegia</b> .....	D
<b>Parkinson's Disease</b> .....	D
<b>Parkinsonism</b> .....	D
<b>Patent Foramen Ovale</b> surgically corrected after 6 months .....	S
Surgically corrected, single TIA or CVA prior to surgery .....	Class I-IC
Surgically corrected, TIA or CVA after surgery .....	D
Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder .....	S-IC
<b>Pemphigus Vulgaris</b> .....	D
<b>Periodic Limb Movement Disorder</b> .....	S
Severe or with injuries .....	D
<b>Peripheral Neuropathy</b> .....	handle as Neuropathy
<b>Peripheral Vascular/Arterial Disease</b>	
Mild, ABI >.80, tobacco free 12 months, no symptoms, no limitations after 6 months .....	S
Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months .....	Class I-IC
Severe, ABI <.40 or any with tobacco use within 12 months, operated or unoperated .....	D
Average BP reading >159/89 .....	D

**Medical Impairments (continued)**

Any, with limitations, history of leg ulcers, TIA, diabetes, carotid stenosis >50%,  
operated, or unoperated, pending surgery, or stent placement or surgery within  
the past 6 months, or progressive, or with more than 2 surgical procedures . . . . . D

**Physical Therapy**

Acute, self-limiting . . . . . S\*  
Completed, after 3 months for knee and hip, recovered . . . . . S\*-IC  
Completed, after 6 months for back, recovered . . . . . S\*-IC  
Current . . . . . D  
Age <65, within 3 months for an acute, self-limiting condition . . . . . IC

**Pick's Disease** . . . . . D

**Pituitary Adenoma** removed, after 12 months, no limitations. . . . . S  
Stable x3 years, no surgery planned . . . . . IC  
Surgery planned . . . . . D

**Plantar Fasciitis**. . . . . S\*

**Platelet Abnormality**. . . . . handle as specific condition

**Pneumonia**, after 3 months, single episode, fully recovered. . . . . S\*  
Associated with chronic lung disease . . . . . handle as COPD

**Polio** fully recovered, no limitations, no assistive devices. . . . . S  
Fully recovered, no limitations, leg brace . . . . . IC  
With recurrence or limitations . . . . . D

**Post Polio Syndrome** after 2 years, nonprogressive, no limitations, no assistive devices . . . . . IC  
Progressive weakness or fatigue, or with limitations . . . . . D

**Polycystic Kidney Disease** . . . . . D

**Polycythemia Vera** after 2 years, managed with medication or  
Phlebotomy, platelets <450,000 . . . . . Class II, 2 years  
90-day elimination

**Polymyalgia Rheumatica** mild, after 1 year, no limitations . . . . . S  
Moderate, no functional limitations. . . . . Class I-IC  
Severe, or with limitations . . . . . D

**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

**Power of Attorney (POA)**, active, due to applicant's medical or cognitive impairment . . . . . D  
All others . . . . . IC

**Pregnancy** . . . . . D  
Currently attempting and/or planning within the next year, or undergoing fertility treatment,  
or evaluation for same . . . . . D

**Primary Biliary Cirrhosis** . . . . . D

**Prostate Specific Antigen (PSA)**. . . . . handle as BPH

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### Medical Impairments (continued)

#### Prosthetic Limb

One, limb loss due to trauma or cancer . . . . . S-IC  
More than one, or limb loss due to disease other than cancer . . . . . D

**Protein C or S Deficiency** . . . . . handle as Blood Clotting Disorder

**Proteinuria**, with kidney disease or diabetes . . . . . D

**Pseudotumor Cerebri** . . . . . D

**Psoriasis**, mild to moderate, controlled with medication . . . . . S\*  
Severe . . . . . IC  
With DMARD use . . . . . Class I

**Psoriatic Arthritis** . . . . . handle as Rheumatoid Arthritis

**Psychosis**. . . . . D

**Pulmonary Edema** . . . . . D

**Pulmonary Embolism**, after 6 months, single episode, fully recovered . . . . . S\*-IC  
Present, multiples, Greenfield/IVC (inferior vena cava) filter, or underlying coagulation  
disorder that is not treated with prescription blood thinner (other than aspirin) or occurred  
while adequately anticoagulated . . . . . D

**Pulmonary Fibrosis**, localized, nonprogressive, normal PFT's, after 2 years . . . . . IC  
Active, progressive disease, abnormal PFT's. . . . . D

#### Pulmonary Hypertension

Incidental findings, no symptoms . . . . . S  
Incidental finding < 40 RVSP, stable echocardiogram for 1 year. . . . . S  
All others . . . . . D

**Quad Cane Use** . . . . . D

**Quadriplegia** . . . . . D

**Raynaud's** . . . . . S\*

**Reactive Airway Disease**. . . . . S\*-IC

**Reflex Sympathetic Dystrophy (RSD)** . . . . . D

**Renal Disease/Failure**. . . . . handle as Kidney Disorder

**Residential Care Facility Resident** within 6 months. . . . . D

**Restless Leg Syndrome** . . . . . S\*

#### Retinal Artery Occlusion

One . . . . . Class I  
One, in combination with Diabetes . . . . . Class II, 2 years  
Two or more . . . . . D

#### Retinal Vein Occlusion

One . . . . . S  
One, in combination with Diabetes . . . . . Class I  
Two or more . . . . . D

**Retinitis Pigmentosa** . . . . . handle as Blindness

**Medical Impairments (continued)**

**Rheumatoid Arthritis** ..... handle as Arthritis

**Sarcoidosis**  
 In remission 10 or more years ..... S  
 In remission 3 years, treatment free ..... Class I  
 Currently treated ..... D  
 Disease present outside the lungs ..... D

**Sciatica** ..... S-IC

**Schizophrenia** ..... D

**Scleroderma** ..... D

**Sclerosing Cholangitis** ..... D

**Scoliosis**  
 Mild, normal gait, no impairment of internal organ function, normal PFTS ..... S\*  
 Moderate, no impairment of internal organ function, normal PFTS ..... IC  
 Severe, or with impaired gait, or abnormal PFTS ..... D  
 Any degree, with chronic pain or limitations ..... D

**Scooter Use** ..... D

**Seizures** ..... handle as Epilepsy

**Shingles**, after 6 months, fully recovered ..... S\*  
 Present, or with residuals, or postherpetic neuralgia ..... D

**Short Stature**, due to chronic disease or genetic disorder ..... D

**Shy-Drager Syndrome** ..... D

**SICCA** ..... handle as Sjogren’s Syndrome

**Sickle Cell Anemia** ..... D  
 Trait only, no active disease ..... S\*  
 Active disease ..... D

**Sick Sinus Syndrome**  
 With pacemaker ..... S  
 Without pacemaker, no symptoms ..... IC  
 Without pacemaker, with dizziness or fainting, or pacemaker recommended but not done ..... D

**Sjogren’s Syndrome**  
 Mild, dryness of eyes and mouth only ..... S\*  
 In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with  
 other organ involvement ..... D

**Skin Cancer** ..... handle as Cancer

**Sleep Apnea** Mild AHk 14.9 events per hour, after 3 months with or without treatment ..... S\*  
 Moderate AHI 15 -29.9 events per hour, after 3 months, responsive to treatment ..... S-IC  
 Severe ≥ 30 events per hour, or noncompliant with treatment,  
 unresponsive to treatment, or with supplemental oxygen ..... D  
 Pending workup or sleep study ..... D  
*Treatment is considered as CPAP, BiPAP, or dental device.*

**Social Security Disability** receiving ..... D

**Social Withdrawal** ..... D

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<b>Small Bowel Transplant</b> .....	D
<b>Speech Therapy</b> .....	handle as Physical Therapy
<b>Spina Bifida</b> .....	D
<b>Spinal Stenosis</b> operated, fully recovered, no residuals or ongoing symptoms, after 6 months .....	S
Unoperated, no ADL limitations, mild or moderate .....	S-IC
Unoperated, severe or surgery recommended .....	D
Operated or unoperated, within 6 months, or ADL/functional limitations, or chronic pain requiring more than 3 doses of narcotic pain medication per week, or advised to have therapy, injections, surgery, or implantable stimulator for pain control .....	D
Epidural Steroid injection, after 6 months, mild to moderate spinal stenosis .....	Class I-IC
Epidural steroid injection, after 6 months, severe spinal stenosis .....	D
More than 2 injection series per year .....	D
Operated, 2 or more prior back surgeries with ongoing chronic/recurrent back pain requiring treatment .....	D
<b>Stem Cell Injections</b> .....	handle as Joint Injections
<b>Stem Cell Transplant</b> .....	D
<b>Stent</b> .....	handle as specific condition
<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 chronic, or PAF .....	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
Peripheral Arterial/Vascular Disease, other than carotid artery disease .....	D
Patent Foramen Ovale (PFO) unoperated .....	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery .....	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery .....	D
Clotting Disorder .....	D
<b>Subarachnoid Hemorrhage</b> .....	handle as Stroke
<b>Subdural Hematoma</b> , after 6 months, recovered, no residuals .....	S
<b>Suicide Attempt</b>	
One, after 5 years .....	S-IC
More than one .....	D
<b>Suicidal Ideation</b> within 2 years .....	D
<b>Supraventricular Tachycardia (SVT)</b> .....	S*-IC
<b>Surgery</b> , requiring general anesthesia, planned, not completed .....	D
<b>Syncope</b> , acute, negative workup, after 3 months, no residual .....	S*
Vasovagal with injury .....	D
Recurrent .....	D



**Medical Impairments (continued)**

**Systemic Lupus** ..... D

**Temporal Arteritis**, after 12 months, fully recovered .....S-IC

**TENS Unit**  
 Past use ..... IC  
 Current use ..... D

**Thalassemia**  
 Minor ..... S  
 Major ..... D

**Thrombocythemia** ..... D

**Thrombocytopenia**, without splenectomy, platelet count >50,000 for 1 year. .... Class I 3 years  
 With splenectomy, platelet count normal for 1 year without medication or treatment. .... S

**Thrombocytosis**, platelet count >650,000. .... D  
 Platelet count <650,000, stable 2 years. .... Class I

**Thrombosis** ..... handle as DVT

**Timed Get Up and Go (TGUG)**  
 <11 seconds. .... S\*  
 12-20 seconds ..... IC  
 >20 seconds. .... D

**Tic Douloureux** ..... handle as Trigeminal Neuralgia

**Tobacco Use** within 2 years. .... S  
 Tobacco use within 1 year in combination with comorbid condition. .... Class I-D  
 Celebratory cigar up to 1 per month ..... S\*

**Torticollis** resolved with Botox, after 6 months ..... S

**Tourette’s Syndrome** fully functional, no limitations ..... IC  
 Any functional limitations. .... D

**Transgender/Transsexual**  
 Completed all gender reassignment surgeries, recovered, no additional surgery planned ..... S  
 Treated with hormones, psychotherapy, no gender reassignment surgery planned ..... S  
 Surgery planned, not completed ..... D  
 \*Note: premium rate will be based upon chromosomal makeup

**Transient Global Amnesia** ..... handle as TIA

**Transient Ischemic Attack (TIA)** single episode, fully recovered after 1 year ..... Class I  
 Two or more ..... D  
 In combination with any of the following:

- Atrial Fibrillation, chronic or PAF ..... D
- Unoperated carotid stenosis ..... D
- Unoperated heart valve disorder, mild ..... Class I
- Operated or unoperated heart valve disorder moderate to severe ..... D
- Previous stroke, moderate or severe. .... 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
- Peripheral Arterial/Vascular Disease, other than carotid artery disease ..... D

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### Medical Impairments (continued)

Patent Foramen Ovale (PFO) unoperated . . . . .	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery . . . . .	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery . . . . .	D
Clotting Disorder. . . . .	D
<b>Transplant</b> (except corneal) organ, bone marrow, stem cell . . . . .	D
<b>Transverse Myelitis</b> . . . . .	D
<b>Tremor</b> fully evaluated, benign familial, no limitations, mild to moderate . . . . .	S
Not fully evaluated, with limitations, or gait disturbance. . . . .	D
Benign Essential Tremor age >65, present at least 10 years, not progressive, no limitations . . . . .	S*
<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>Turner's Syndrome</b> . . . . .	D
<b>Ulcerative Colitis</b> . . . . .	handle as Crohn's
<b>Undifferentiated Connective Tissue Disease</b> . . . . .	D
<b>Uveitis</b> . . . . .	S*
<b>Valvular Heart Disease</b> . . . . .	handle as Heart Valve Disorder
<b>Varicose Veins</b> . . . . .	S
With history of leg ulcers or pending surgery . . . . .	D
<b>Venous Insufficiency</b> . . . . .	S
With history of leg ulcers or pending surgery . . . . .	D
<b>Ventricular Tachycardia</b>	
Controlled on medication 6 months . . . . .	S
With implantable defibrillator . . . . .	D
<b>Ventriculoperitoneal Shunt</b> . . . . .	D
<b>Vertigo</b> . . . . .	handle as Dizziness
<b>Von Hippel-Lindau</b> . . . . .	D
<b>Von Willebrand's Disease</b> . . . . .	D
<b>Waldenstrom's Macroglobulinemia</b> . . . . .	D
<b>Walker Use</b> . . . . .	D
<b>Watchman Device</b> . . . . .	handle as Atrial Fibrillation
<b>Weakness</b> , other than related to acute, self-limiting condition. . . . .	D
<b>Wegener's Granulomatosis</b> . . . . .	D
<b>Weight Loss</b> , unexplained, or not fully evaluated. . . . .	D
<b>Weight Loss Surgery</b> , after 2 years fully recovered, no complications, no revisions planned . . . . .	S-IC

## Medical Impairments (continued)

<b>Wheelchair Use</b> .....	D
<b>Wilson's Disease</b> .....	D
<b>Wolff-Parkinson-White Syndrome</b> , after 6 months, ablated, not present. ....	S*
Uncontrolled, or with fainting, or low blood pressure, or ablation or surgery recommended, but not done .....	D
Present, not structural heart damage, no treatment required .....	S
<b>Workers' Compensation</b> receiving .....	D

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## Completing the Application

### General Guidelines

The MutualCare® Solutions application packet contains the application plus all forms required in the applicant's state of residence. Follow these guidelines when submitting an application:

- **Use the correct application** – Be sure to use the application for the client's state of residence. Non-resident state applications will not be accepted. You will be required to submit the correct state application before a policy can be issued
- **You must have the appropriate state license** – If the application is taken in person, you must be licensed in the state where the application is signed. For mail-in applications, you must be licensed in the state where the application is completed and mailed. (A special note about Kansas: If you take an application on a Kansas resident, you must be appointed both in Kansas and in the state where the application is signed)
- **Only the applicant may sign** – Many long-term care sales are made to married couples. Keep in mind that each applicant is underwritten individually and, upon approval, both partners are issued their own policies. Only the applicant for insurance may complete and sign the application
- **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
- **Don't use "N/A"** – "N/A" is not an acceptable answer. Instead, use "no" or "none" when answering a question on the application
- **Consider including a quote** – Providing a copy of the quote when you submit the application packet is beneficial but not required
- **Keep the check separate** – Do not attach the check to the application
- **Watch the date** – Applications must be received by Mutual of Omaha within 30 days of the application date. Applications that are more than 30 days old will require you to submit a new, complete, currently dated application. Premium will be based on the applicant's age as of the new application signing date

#### **REMEMBER...**

*Your LTC training must be up-to-date or your application cannot be accepted.*

*Verify the correct Social Security number is filled out.*

*Write clearly as all items have to be entered into the underwriting system.*

*Verify the routing number and account numbers are correct for Automatic Bank Account Withdrawal (verify with clients check).*

*Confirm and state if it is a checking or savings account for Automatic Bank Account Withdrawal.*

There are now two ways to submit long-term care business; traditional paper applications and via an electronic application. The e-app will allow you to complete and submit long-term care applications online. It will also ensure the application is completed in its entirety before submitted. Both applications can be found on Sales Professional Access (SPA).

### Steps for Completing the Application

There's a lot to remember when completing an application. Here's a rundown of what you need to know so you don't skip a step.

#### Step 1: General Information

Make sure you answer all general information questions, including the best time to call the applicant. If you don't initiate the personal health interview at the time of sale, be sure to tell the applicant that a representative will call them to schedule a telephone interview or a face-to-face interview.

#### Step 2: Premium Allowances

Answer all questions in the premium allowances section. Applicants may be eligible for premium allowances based on their answers.

#### Step 3: Replacement Coverage

Be sure to provide all requested information. If a Mutual of Omaha policy will replace an existing long-term care policy, replacement form(s) must be completed based on the applicant's state of residence and the prior coverage must be shown on the application. Remember the laws are strict regarding long-term care replacement.

Please Note: When providing prior or existing coverage information, the benefit amount should reflect current coverage amounts, not the initial amount of coverage.

#### Step 4: Health Insurability

Provide complete and accurate information about the applicant's health status (see the Health-Related Guidelines section for assistance). Also, be sure to include the address and phone number of the applicant's primary care physician. While answers to health insurability questions are verified via medial records and/or during the personal health interview, failure to disclose an existing condition can result in denial of a future claim related to that condition.

#### Step 5: Benefit Selection

Be sure to complete all appropriate sections.

Please Note:

- The total benefits for nursing home/assisted living or home health care, including all long-term care coverage (includes coverage from other companies), cannot exceed a Maximum Monthly Benefit of \$10,000 and/or a Policy Limit of \$500,000
- The 5 percent compound lifetime inflation option must be offered to all applicants. If not elected, the applicant must check the "no" box in the inflation protection option section of the application. An inflation protection option or "no inflation" must be selected
- The Nonforfeiture – Shortened Benefit Period must be offered. If not chosen, the applicant must check the "no" box in the appropriate section of the application and the Contingent Nonforfeiture Benefit will become the default

## Completing the Application

### Step 6: Premium Options

For Initial Premium payment, indicate one of the following:

- Check
- Automatic Bank Account Withdrawal

For Recurring Premium payment, indicate one of the following:

- Direct Bill
- Automatic Bank Account Withdrawal

Also indicate premium mode desired and the modal premium amount.

### Step 7: Effective Date

Indicate how the applicant wishes to have coverage issued, if approved. Options include:

- Date of the application
- Date the policy is issued
- Requested effective date of coverage (for replacements only). This can be up to 60 days from the date the application is signed

Coverage Effective Date Rules		
Considerations	Date of Application	Date Policy Is Issued
Premium Required with Application	Yes	No
Conditional Coverage/Temporary Insurance during underwriting; provides coverage based on health of insured at time of application	Available (based on conditional receipt or temporary insurance criteria)	Not Available
Premium charged	As of date of application	As of date issued
Premium not received with application	Effective date will be changed to Issue Date	Effective date is Issue Date

**For Policies with Shared Care:** Effective date allowed to move up to 30 days following issue in order for both policies to share the same effective date.

**For all other Policies:** Any requests received to adjust the effective date from application date to issue date will not be granted.

**NOTE:** Subsequent applications submitted will not be accepted if the application is received within 6 months of the original application date. Applications received **after** the 6-month period will be handled as an Internal Replacement if the original policy is still in force.

### Step 8: Notice Before Lapse or Termination

This section must always be completed. However, if the applicant does not wish to designate a person to receive a lapse or termination notice when payment is 30 days past due, he or she must check the appropriate box.

### Step 9: Agreements and Acknowledgements

Have each applicant sign and date this section and include the city where the application was signed. Check the appropriate box and provide an explanation, if indicated. Then be sure to sign the application yourself.

## Step 10: Authorization to Disclose Personal Information

This section gives Mutual of Omaha Insurance Company permission to obtain information needed to complete the underwriting process. Please make certain the applicant signs and dates this page. Failure to do so will result in processing delays and a non-issued policy.

## Step 11: Producer Statement/Conditional Premium Receipt

Don't forget to complete this section. Be sure to include your contact information, or that of a designated contact, so we can reach you if we have questions or need additional information.

Please Note: We currently support a maximum of three producers completing this section.

## Underwriting Requirements

In order to determine an applicant's eligibility, additional information may be requested following submission of the application. This chart provides a quick overview.

MIB	Pharmaceutical Check	Medical Records	Personal Health Interview	Cognitive Assessment
All applicants	All applicants	UW discretion	<b>Telephone</b> <ul style="list-style-type: none"> <li>Ages 30-64</li> </ul> <b>Face-to-Face</b> <ul style="list-style-type: none"> <li>Ages 65-79</li> <li>Younger ages at underwriter discretion</li> </ul>	<b>Included with telephone and face-to-face interview</b> <ul style="list-style-type: none"> <li>Age 60-79</li> <li>Younger ages if history of CVA, TIA, memory loss or depression, or if application was mailed</li> </ul>

**NOTE:** Medical Information Bureau (MIB), Pharmaceutical Check and Medical Records may be requested on all applicants in order to assist the underwriter in making an informed decision regarding the applicant's insurability.

**Ages 65-79:** A complete head-to-toe physical examination and complete metabolic profile (CMP)\* chemistry lab panel is required within the past 24 months.

**Ages 30-64:** A complete physical assessment – an examination routinely completed during a visit for a specific concern (e.g., migraine or sinusitis appointment) – is required within the past 24 months. Any additional lab and testing will be requested at the discretion of the underwriter. This may include, but is not limited to: complete metabolic profile (CMP), specific labs, such as a prostate specific antigen (PSA), or radiology studies, such as mammogram or bone density scan.

**All ages:** A complete head-to-toe physical examination and complete metabolic profile (CMP) chemistry lab panel is required within the past 24 months to qualify for preferred rates, a benefit period greater than five years, or a maximum monthly benefit greater than \$8,000.

\*A CMP is required ages 65+ and may be required for ages 30-64 at the underwriters discretion. We will then offer two options.

A Comprehensive Metabolic Panel is a group of blood tests that provide an overall picture of your body's chemical balance and includes the following; albumin, alkaline phosphatase, ALT, AST, BUN, calcium, chloride, CO2, creatinine, glucose, potassium, sodium, total billrubin and total protein.



## Completing the Application

Option #1 – Have the CMP completed by the applicant with their physician and at their expense. The CMP can be:

1. Sent directly to us
2. Or upon notification of completion we can request the results directly from the physician

If the client has completed this medical requirement with a different physician, please provide us with the full name, address and phone number of that provider so medical records can be obtained.

Option #2 – Have the CMP completed by a paramedical vendor at our expense. Should this option be chosen the following should be noted:

(For insurability purposes only) Allow us to pay the expense of the CMP, by completing it with one of our approved paramedical vendor's listed below. You will need to order and request a "complete blood profile only":

- APPS (American Para Professional Systems, Inc.) – <http://www.appslive.com/>
- EMSI (Examination Management Services, Inc.) – <http://www.emsinet.com/>
- Exam One – <http://examone.com/>
- SMM (Superior Mobile Medics) – <http://www.superiormobilemedics.com/>

If you decide to utilize Option 2, your client will be provided with a lab slip/reference number. We will need this reference number and sample taken date to be submitted via email to [lrc\\_new\\_business@mutualofomaha.com](mailto:lrc_new_business@mutualofomaha.com), ATTN: (Case Manager Name). Lab completion will take approximately 7 days.

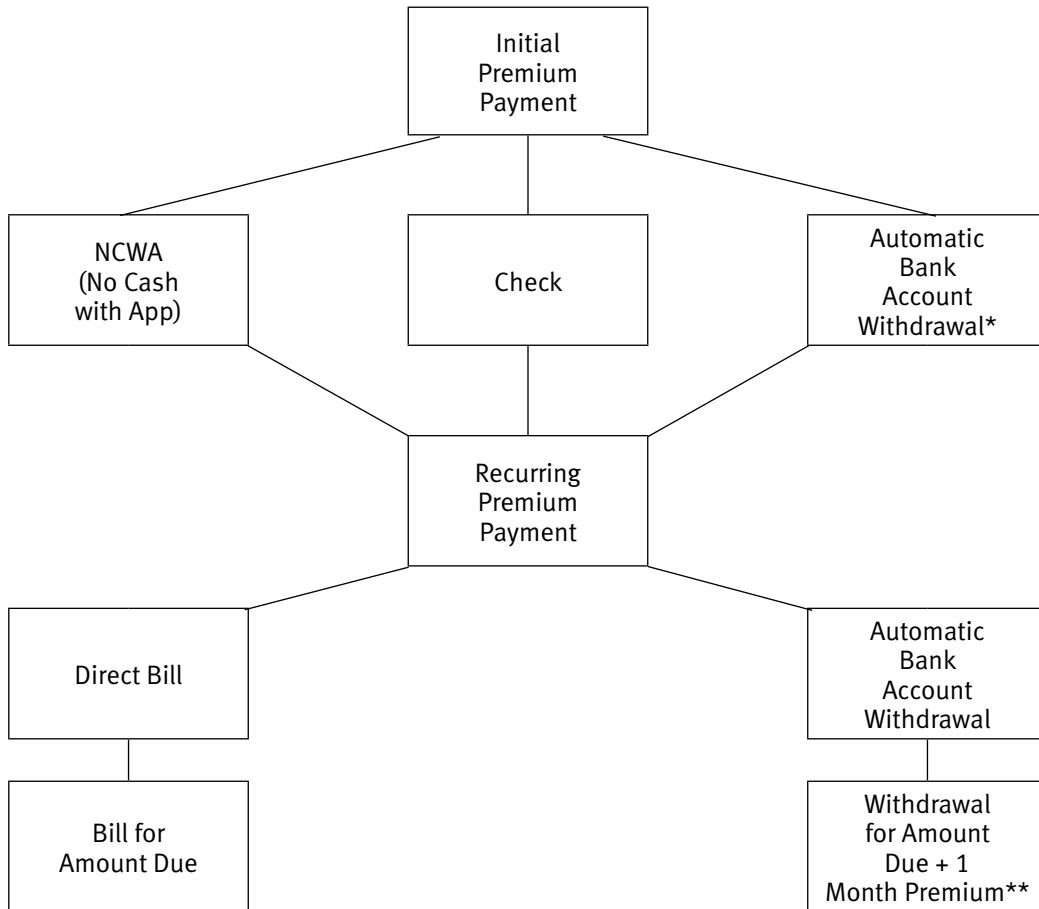
## Preparing Your Client for the Personal Health Interview

- Explain what comes next in the underwriting process using the Next Steps brochure (M28399).
- Let the applicant know he or she will be required to complete a personal health interview and help him or her compile a list of doctors' names and medications
- Recommend your client set aside one hour for the interview and explain the importance of giving the interview his or her full attention
- Give the applicant a heads up that a cognitive interview also may be conducted
- Indicate on the application the best time to contact the applicant for a telephone or face-to-face interview. A representative will call your client to schedule an interview after the application is received
  - For a telephone interview: the scheduler will set up a convenient time with your client. It may be possible to do the interview at the time of the initial call if both your client and the interviewer are available
  - For an in-person interview: the interviewer will schedule a convenient time with your client
- If hearing loss prevents an applicant from completing a telephone interview, include a note with the application that a face-to-face interview is needed. For deaf applicants, please indicate if they are able to read lips or communicate using sign language
- If an interpreter is needed, please notify us as soon as possible prior to the interview date
- A face-to-face interview must be conducted in the applicant's home where he or she resides. It cannot be completed at their place of work, a relative's home or in a public place, such as a restaurant (Home includes: Primary residence, owned vacation home or owned 2nd residence. It does not include a recreational vehicle (RV) even if it is the applicant's residence).

## Submitting the Application and Initial Premium

Applications can be submitted through your normal channels or directly to our Long-Term Care Service Office, depending upon your currently established process.

The applicant has the option to submit a minimum of two month's premium with the application. Keep in mind, a Conditional Receipt or Temporary Insurance Agreement is only applicable if premium is submitted with the application. Other factors also should be considered. This chart shows the options.



Note: If submitting premium – two months minimum required (one month in CA).

\*Withdrawal will occur within three days of receipt of application.

\*\* If there is a shortage at issue and issue date is 20 days or less from withdrawal date, the withdrawal will occur the following month. If the issue date is more than 20 days from withdrawal date, the withdrawal will occur in the same month.

### REMEMBER...

*All checks should be made payable to Mutual of Omaha Insurance Company. Do not attach the check to the application.*



## Recurring Premium Processing

For Recurring Premium Payment, indicate the premium mode desired and the modal premium amount.

**4 Recurring Premium Payment:**  
(Annual Direct Bill Mode is default if no option selected)

Modal Premium: \$ \_\_\_\_\_

Annual Direct Bill

Semiannual Direct Bill

Quarterly Direct Bill

Monthly Automatic Bank Account Withdrawal  
Note: Complete and Sign Payment Authorization below.

**4 Recurring Premium Payment:**  
(Annual Direct Bill Mode is default if no option selected)

Modal Premium: \$ \_\_\_\_\_

Annual Direct Bill

Semiannual Direct Bill

Quarterly Direct Bill

Monthly Automatic Bank Account Withdrawal  
Note: Complete and Sign Payment Authorization below.

**Payment Authorization**  
(Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)

Specify the date premiums will be withdrawn (1st through the 28th of the month): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Complete information below or attach a voided check.

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_  
(Do not use Debit/Credit Card numbers)

Specify the date premiums will be withdrawn (1st through the 28th of the month): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Complete information below or attach a voided check.

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_  
(Do not use Debit/Credit Card numbers)

When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We **CANNOT** establish electronic payments from foreign banks.

I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.

**X** \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature as Shown on Account

**X** \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature as Shown on Account

Use the following modal factors to calculate premium:

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

If the applicant wishes to pay monthly premiums through the Monthly Bank Draft, the Recurring Premium Mode section of the application must be completed. If future premiums will be drawn from an account other than the account used for the initial premium, a voided check must accompany the application.

**NOTE:** The Automatic Bank Account Withdrawal for recurring premium is only available through Monthly Bank Draft mode. All other modes for recurring premium payment will be through done through direct bill.

## Completing the Application

### Missing Requirements

An application will be withdrawn within 90 days of receipt if an underwriting determination cannot be made due to missing requirements, including health interview, medical records or underwriter requested medical follow-up, or in the event application corrections have not been received. \*

- A case may be reopened if missing requirements are received within 90 days of the application signing date. The underwriter may request a Statement of Good Health or personal health interview. The original application and premium age will be used
- If requirements are received longer than 90 days after the application signing date, a new application and health interview will be required. Updated medical records also may be requested. Premium will be calculated based on the attained age of the applicant

\*California – If cash is submitted with the application and an underwriting decision has not been made due to missing requirements as above, we must refund the cash submitted 60 days from the date of the application. We will advise the client, in writing, that the cash is being refunded and we will continue to process their application unless they advise otherwise.

### Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website. Log in using your seven-digit production number. Select the “Reports” tab. Then select the link labeled “Med Supp, LTC, DI and Other Health Products” to view your case status report.

### Appealing an Underwriting Decision

Applications that are declined and policies that are rated or issued other than applied for are eligible for reconsideration through an appeal process. To ensure privacy, the specific reason for a policy being declined or rated/issued other than applied for is shared only with the applicant. After reviewing the letter with the applicant please review the information in this guide for our handling of the applicant’s condition(s). If the applicant disagrees with the specific reason given in the letter, he or she has the right to submit additional information. Here’s how the appeal process works:

- Please contact the underwriter involved in the case in regard to what specific medical information would be needed to satisfy a successful appeal
- A notice of appeal, which includes additional information that may have a bearing on our decision must be submitted in writing by the applicant and/or his or her physician within 30 days of receipt of the letter (some states vary slightly). Informal (verbal) appeals will be considered at the request of General Managers, District Sales Managers and Brokerage Managers
- A decision letter will be sent to the applicant within 30 days of receipt of the appeal information
- The 30-day period for review of the policy and billing notice of premium due are independent of the appeal process. Partner policies also are independent of the appeal process and should be delivered accordingly
- The application date will determine whether the original application can be used along with a Statement of Good Health or if a new application will be required

### Other Application-Related Questions

#### What if I have a non-English speaking applicant?

If you and the applicant are not fluent in the same language, an interpreter must be present to translate all questions and responses.



## Completing the Application

- It is the applicant’s responsibility to have an interpreter available to meet with you 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 a policy. You may serve as an interpreter if you and the applicant are fluent in the same language
- In addition to questions on the application and the applicant’s responses, the interpreter is required to translate all comments you make as well as information contained in marketing materials and forms
- With the assistance of an interpreter, you should ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Be sure to include a note with the application that a translator will be needed for the health interview and indicate what language

### What’s the process for non-witnessed applications?

Non-witnessed applications are those completed via mail, telephone or online. Only applications mailed in the United States will be accepted. As the agent, you must:

- Be licensed in the state where the application is signed
- Answer “no” to question 2 on the Producer Statement section of the application: “I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured”
- Indicate how the application was completed. Use the line that reads, “If No, explain”

### What about an applicant who is active duty military or traveling outside the United States?

All applicants must be in the United States to complete and sign the application, complete the health interview, have an established United States physician they have seen within the last 24 months and accept delivery of the policy. This includes members of the military and U.S. citizens traveling abroad. Those traveling to an OFAC sanctioned country (Office of Foreign Assets Control) are ineligible for coverage.

### What if my client is a foreign national?

Foreign nationals must be living in the United States for at least 36 continuous months to be eligible for coverage. Also, policies will not be issued to those who do not have a valid “Green Card” (Permanent Resident Card Form I-551). If the applicant meets residency requirements, include the Foreign National and Foreign Travel Questionnaire (L5719) with the application.

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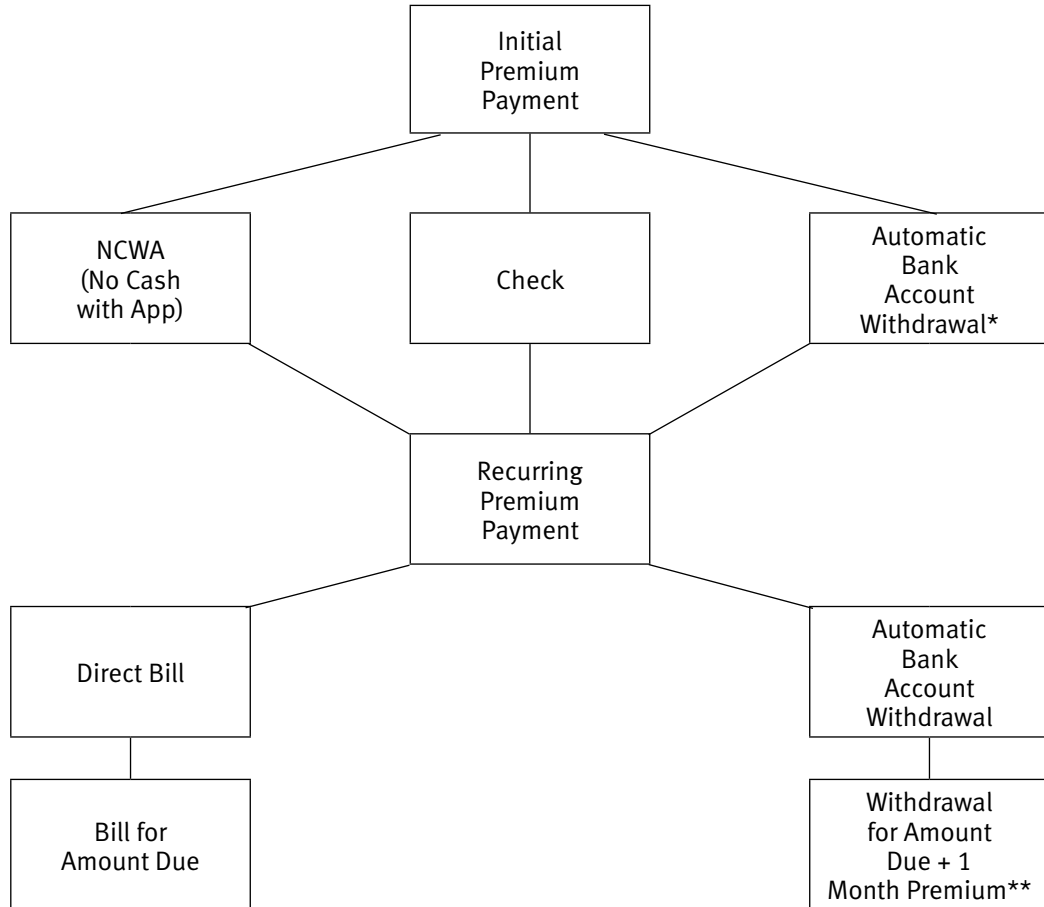
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### Initial Premium Processing

Applications can be submitted through your normal channels or directly to our Long-Term Care Service Office, depending upon your currently established process.

The applicant has the option to submit a minimum of two month's premium with the application. Keep in mind, a Conditional Receipt or Temporary Insurance Agreement is only applicable if premium is submitted with the application. Other factors also should be considered. This chart shows the options.



Note: If submitting premium – two months minimum required (one month in CA).

\*Withdrawal will occur within three days of receipt of application.

\*\* If there is a shortage at issue and issue date is 20 days or less from withdrawal date, the withdrawal will occur the following month. If the issue date is more than 20 days from withdrawal date, the withdrawal will occur in the same month.

#### **REMEMBER...**

*All checks should be made payable to Mutual of Omaha Insurance Company. Do not attach the check to the application.*



Indicate the amount of initial premium collected and payment method on the Application (Section K, #3):

Section K PREMIUM INFORMATION	
Applicant A	Applicant B
<b>1 Premium Option:</b> <input type="checkbox"/> Lifetime	<b>1 Premium Option:</b> <input type="checkbox"/> Lifetime
<b>2 Select Effective Date:</b> <input type="checkbox"/> Date of Application (Initial Premium Required) <input type="checkbox"/> Date Policy is Issued <input type="checkbox"/> For Replacements Only, Requested Effective Date of Coverage _____ (up to 60 days from application date)	<b>2 Select Effective Date:</b> <input type="checkbox"/> Date of Application (Initial Premium Required) <input type="checkbox"/> Date Policy is Issued <input type="checkbox"/> For Replacements Only, Requested Effective Date of Coverage _____ (up to 60 days from application date)
<b>3 Initial Premium Payment:</b> Initial Premium Collected: \$ _____ Two Months Minimum <input type="checkbox"/> Check <input type="checkbox"/> Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.	<b>3 Initial Premium Payment:</b> Initial Premium Collected: \$ _____ Two Months Minimum <input type="checkbox"/> Check <input type="checkbox"/> Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.

**Check Submission Process**

If the application is submitted by **mail** and the initial premium payment is made via check, include the check with the application and send to:

<b>General Mail:</b> Long-Term Care Service Office P.O. Box 64901 St. Paul, MN 55164-0901	<b>Expedited Mail:</b> Long-Term Care Service Office 7805 Hudson Rd., Suite 180 Woodbury, MN 55125-1591
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If the application is submitted by **fax**, fax to 1-888-539-4672 and include a copy of the initial premium check as the last page of the fax. Write the policy number on the check and mail the check to:

<b>General Mail:</b> Mutual of Omaha P.O. Box 30154 Omaha, NE 68103-1254	<b>Expedited Mail:</b> First National Bank Attn: Stop 2203 Box 30154 1620 Dodge St. Omaha, NE 68197-2203
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## Premium Processing

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### E-app Submission Process

If an **E-app** is submitted, attach a copy of the check in .pdf format to the Attachment section of the Application Information page (see below).

Application Information	
<b>Product:</b>	Long Term Care
<b>Residential State:</b>	AK
<b>Commission Code:</b>	ZZ
<b>Created:</b>	12/29/2014 12:11 PM
<b>Type:</b>	Single Application
<b>Applicant A:</b>	test a
<b>Status:</b>	Signed - Ready to Submit
<b>Attachment:</b>	<input type="text"/> Browse...
<b>Review:</b>	<input type="button" value="Submit to Back Office"/>
<b>Actions:</b>	<input type="button" value="View"/> <input type="button" value="Edit"/>

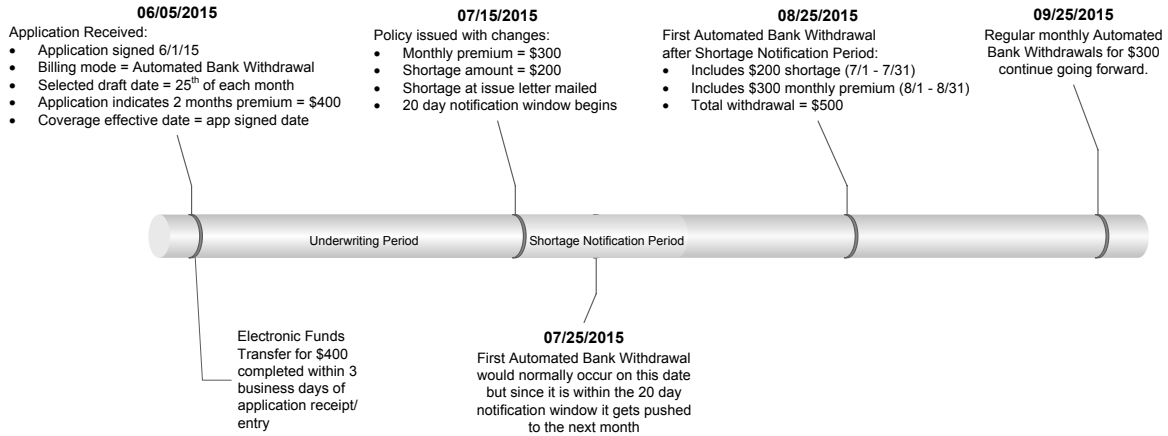
### Automatic Bank Account Withdrawal Process

If Automatic Bank Account Withdrawal is selected for the initial premium payment, the application may be sent by mail or fax, or an e-app may be submitted as outlined above. The Payment Authorization section (K #4) must be completed for Initial and/or recurring premium payments.

Payment Authorization (Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)	
Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)	Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)
<p>When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We <b>CANNOT</b> establish electronic payments from foreign banks.</p> <p>I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.</p>	
 <input checked="" type="checkbox"/> _____ Authorized Signature as Shown on Account    Date	 <input checked="" type="checkbox"/> _____ Authorized Signature as Shown on Account    Date

This will occur within 3 business days of receipt of application

**IMPORTANT TO NOTE:** If there is a Premium Shortage at Issue and the applicant selected Monthly Automatic Bank Account Withdrawal for their Recurring Premium Payment, a notification letter will be sent to the Policyholder and a copy to the producer. Depending on the day of the month that was selected for the Automatic Bank Withdrawal, the shortage may be taken within the same month or taken the following month. (see timeline below)



If there is no Premium Shortage at Issue, regular Monthly Automated Bank Withdrawals will occur based on the date indicated on the application.

## Recurring Premium Processing

For Recurring Premium Payment, indicate the premium mode desired and the modal premium amount.



<p><b>4 Recurring Premium Payment:</b> (Annual Direct Bill Mode is default if no option selected)</p> <p>Modal Premium: \$ _____</p> <p><input type="checkbox"/> Annual Direct Bill</p> <p><input type="checkbox"/> Semiannual Direct Bill</p> <p><input type="checkbox"/> Quarterly Direct Bill</p> <p><input type="checkbox"/> Monthly Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.</p>	<p><b>4 Recurring Premium Payment:</b> (Annual Direct Bill Mode is default if no option selected)</p> <p>Modal Premium: \$ _____</p> <p><input type="checkbox"/> Annual Direct Bill</p> <p><input type="checkbox"/> Semiannual Direct Bill</p> <p><input type="checkbox"/> Quarterly Direct Bill</p> <p><input type="checkbox"/> Monthly Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.</p>
<p><b>Payment Authorization</b> (Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)</p>	
<p>Specify the date premiums will be withdrawn (1st through the 28th of the month): _____</p> <p>Bank Name: _____</p> <p>Complete information below or attach a voided check.</p> <p>Bank Routing Number: _____</p> <p>Bank Account Number: _____ (Do not use Debit/Credit Card numbers)</p>	<p>Specify the date premiums will be withdrawn (1st through the 28th of the month): _____</p> <p>Bank Name: _____</p> <p>Complete information below or attach a voided check.</p> <p>Bank Routing Number: _____</p> <p>Bank Account Number: _____ (Do not use Debit/Credit Card numbers)</p>
<p>When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We <b>CANNOT</b> establish electronic payments from foreign banks.</p> <p>I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.</p>	
<p> <b>X</b> Authorized Signature as Shown on Account    Date _____</p>	<p> <b>X</b> Authorized Signature as Shown on Account    Date _____</p>

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## Premium Processing

Use the following modal factors to calculate premium:

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

If the applicant wishes to pay monthly premiums through the Monthly Bank Draft, the Recurring Premium Mode section of the application must be completed. If future premiums will be drawn from an account other than the account used for the initial premium, a voided check must accompany the application.

**NOTE:** The Automatic Bank Account Withdrawal for recurring premium is only available through Monthly Bank Draft mode. All other modes for recurring premium payment will be through done through direct bill.

## Recurring Premium

### Premium Submission

**General Mail:**  
Mutual of Omaha  
P.O. Box 30154  
Omaha, NE 68103-1254

**Expedited Mail:**  
First National Bank  
Attn: Stop 2203  
Box 30154  
1620 Dodge St.  
Omaha, NE 68197-2203

## Policy Delivery

If you are delivering the policy direct to your client, be sure it's delivered timely. The policy includes a 30-Day Free-Look Period, which provides your client 30 days from the date of delivery to review the policy. If during that time your client is not satisfied with the policy, they may return it to you or to us. We will refund all premiums paid within 30 days of the return directly to the payer. The policy will then be considered never to have been issued.

## Upgrades

The insured may apply for a currently marketed policy option or benefit increase at the time of sale or within 60 days of policy issue. If the upgrade is approved, the change will appear either on an updated Schedule of Benefits page or a re-issued policy bearing the same number as the initial policy. Premium for the upgrade will be based on the applicant's age at initial policy issue.

- A Benefit Change Request form (M24710) must be signed and dated by both you and the applicant prior to processing
- A Statement of Good Health form (M24181) also is required

If the insured wishes to apply for an upgrade after the 60-day period, it is recommended that he or she retain the initial policy and apply for a second policy with the desired upgrades. Premium for the new policy will be based on the insured's age at the time of application.

## Downgrades

Benefit decreases are allowed. If the decrease is requested within 60 days of the original effective date, it will be effective on the original effective date. If the decrease is requested after the 60-day period, the effective date of the change is the next renewal date following approval of the decrease. The decrease will appear either on an updated Schedule of Benefits page or a re-issued policy bearing the same number as the initial policy. Continuing benefits will keep the original issue age and will continue to earn renewal compensation.

Drop Coverage	Reduce Coverage
<p><b>Allowable Features:</b></p> <ul style="list-style-type: none"> <li>• Inflation Protection</li> <li>• Nonforfeiture – Shortened Benefit Period</li> <li>• Survivorship Benefit</li> <li>• Joint Waiver of Premium</li> <li>• Shared Care Benefit (if partner's benefits have not been accessed)</li> <li>• Security Benefit</li> </ul> <p>Subject to rider termination provisions</p>	<p><b>Allowable Reductions:</b></p> <ul style="list-style-type: none"> <li>• Inflation Protection</li> <li>• Maximum Monthly Benefit</li> <li>• Policy Limit</li> </ul> <p><b>Allowable Increase:</b></p> <ul style="list-style-type: none"> <li>• Elimination Period</li> </ul> <p>Subject to rider termination provisions</p>

## Reinstatements

An insured may be eligible for policy reinstatement if his or her attained age is within current product age eligibility and the policy has been lapsed for less than 180 days.

- The insured must contact Customer Service to initiate reinstatement. They will be asked to complete an application
- At underwriter discretion, a current telephone interview and medical records may be required

## Administrative Handling

- If reinstatement is approved, the insured must pay all back premium within 35 days of reinstatement approval. If not received in that timeframe, the insured will become ineligible for reinstatement and will be required to reapply for coverage at his or her current age
- Reinstatement is not available when the policy is terminated as of the effective date
- To be eligible for reinstatement there must have been coverage in force and premium paid

## Licensing and Appointments

### Non-appointment states (all states except MT & PA)

- If you are properly licensed in your state, you may solicit business prior to becoming appointed with Mutual of Omaha
- Applications must be submitted along with contracting paperwork
- Policies cannot be issued until the effective date of your appointment

### Pre-appointment states (MT & PA)

- You must be properly licensed and appointed with Mutual of Omaha BEFORE soliciting business
- If an application is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Note: Pre-appointment requirements do not apply to agents holding a broker license

## Background Checks

All new agents are subject to a background check, which includes:

- Credit history
- Insurance department actions
- Federal and county criminal records

Be sure to disclose all information and answer each question on the information sheet truthfully. If answering “yes” to any question, an explanation (signed and dated by you) and any supporting documentation must accompany the contracting paperwork.

- Background checks are conducted by an outside entity and typically take three to five business days. If an issue is found, you will be contacted to resolve it, if possible
- No information regarding the finding of the background check can be discussed with your MGA
- If Mutual of Omaha declines to appoint you, both you and your MGA, if applicable, will be notified in writing
- All existing agents must have a background check when an appointment is added or if the last background check is more than two years old

### **NOTE:**

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



## Errors and Omissions Insurance

Proof of Errors and Omissions insurance in the amount of \$1,000,000 per claim is required for all Mutual of Omaha Insurance Company products.

## Long-Term Care Training

Training is required in order for you to sell long-term care insurance and/or partnership-qualified policies in states where partnership programs are approved. Contact your state Department of Insurance for more information on partnership requirements in your state. Remember, you must take the required refresher course to keep your training up to date.

Mutual of Omaha has joined forces with LTCiTraining.com to bring you the industry's most comprehensive partnership training courses.

- Developed by industry expert, Phyllis Shelton
- Meets mandated NAIC and Deficit Reduction Act partnership training requirements
- ClearCert certified
- Technical support provided
- May be free for agents who sell Mutual of Omaha's LTCi products (contact your marketer for details)
- Training can be accessed through Sales Professional Access (SPA)

## General Partnership Requirements

- **Licensing** – You must be licensed in the state where the applicant is physically located at the time of the partnership-qualified sale. (If the applicant is a resident of Kansas, you must be licensed in Kansas regardless of where the sale is made. For example, if an application is signed in Nebraska for an applicant who resides in Kansas, you must be licensed in both states)
- **Training** – You must have completed partnership training for the state in which the application is signed. (In Kansas, you also must have completed partnership training for the state in which the client resides.) Reciprocity rules will apply. Training must be completed prior to the date the application is signed or the application cannot be accepted.
- **Application** – You must use the application for the state in which the client resides

## Long-Term Care Continuing Education

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

## Common Employer Referral Program

Targeting people with a common employer is a good way to generate multiple sales with minimal effort. It's easier than a true multi-life sale because there's no group approval to obtain. So when you're asking for referrals, be sure to ask prospective clients for names of co-workers.

### Common Employer Referral Premium Allowance

When five or more employees who work for a common employer purchase a long-term care policy from you, they each save 5 percent on their premium. Here's how it works:

- Complete the Common Employer information in the allowance section of the application. There is also an indicator on page 1 of the application to help our service representatives look for this information
- Submit the Common Employer Questionnaire (M28378) as a cover sheet along with the initial five applications. Be sure to include the names of all applicants plus the name of their common employer



## Sales & Marketing Information

- Subsequent applications can be submitted under the common employer referral program. Just indicate the common employer group number on all subsequent applications
- The Common Employer referral allowance is available to the employee and his or her partner

Important Notice: This long-term care policy is not designed to be compliant with ERISA or Title VII or similar state laws and generally is not appropriate for an employer sponsored plan. Employers 'sponsorship' includes but not limited to: paying a portion of the premium, payroll deduction, list billing and endorsing or promoting the solicitation of the coverage during working hours. Please have your client's consult a legal or tax advisor or other qualified professional for more information.

*If the Common Employer Cover Sheet is not submitted, applications are likely to be processed without the Common Employer allowance or they will be returned to you to resubmit when the five-application minimum is met.*

## Association and Sponsored Group Marketing

Marketing to associations is a cost-effective and efficient way to target groups of individuals who share a common occupation or interest. That allows you to build your business through the power of a third-party agreement. This marketing approach gives you potential sales not only for the members and their partner, but it also offers referral business and collateral sales.

### Association/Sponsored Group Premium Allowance

A 5 percent premium allowance is available if the insured and/or his or her eligible partner is a member of an approved association. Here's how it works:

- An association must have:
  - At least 100 members
  - Been in existence for at least two years
  - Officers and bylaws
  - Members who pay dues or fees on a regular basis and vote on officers and matters of policy
- Associations are not eligible if they:
  - Are formed for the purpose of obtaining insurance
  - Are formed to promote political views
  - Primarily consist of members with hazardous occupations

**Association/Sponsored Group Approval Process**

Follow these steps to get a new association/sponsored group approved.

**Step 1:** Submit the Proposal Request Form with the association’s by-laws to [association.marketing@mutualofomaha.com](mailto:association.marketing@mutualofomaha.com).

Note: Notification of approval will be completed in 5-7 business days.

**Step 2:** Once approval is obtained, submit the signed Marketing Plan and a signed Affiliation Agreement to [association.marketing@mutualofomaha.com](mailto:association.marketing@mutualofomaha.com).

Note: Formal approval will be sent via email noting the Association/Sponsored Group number that should be used when completing the application.

**Additional Details for Approved Associations**

- All applications are individually underwritten
- Due to employer benefit laws, employees of members are not eligible for coverage using the Association Marketing program
- To keep the group open and eligible for program benefits, you must issue the number of applications agreed upon in the marketing plan within the agreed timeframe
- After the initial evaluation period, there must be 10 issued application every 12 months to keep the group open
- Approved marketing materials available to help you communicate with the association and its members can be found on Sales Professional Access
- You are permitted exclusive marketing rights to that association
- A strong Marketing Plan is required, as well as, consideration would be taken on how many members are within the producer’s state they are licensed in

**Examples of groups that DO qualify for the Association Marketing Program**

Please Note: This is not an all inclusive listing of qualified associations, but rather should be used as a guidance to assist in identifying the types of organizations that are good fits for the Program.

- Chambers of Commerce – The Program benefits extend to the individual members (dues paying member) and eligible spouse or partner
- Business or Professional Organizations – Associations made up of members that are business owners or in a professional occupation are qualified for this program. Examples: Realtors, Lawyers, Restaurant Owners, CPA’s etc.
- Labor Unions – As long as the occupation of the labors would not be considered Hazardous
- Credit Unions – Closed only – These memberships are exclusively limited to a specified professional or trade group. Examples: Teachers Unions, Municipal Employees, or Employees of a Specific Company
- Condos/Homeowner’s Associations, Retirement Communities – These members must be linked through common property or share common equity and have active involvement, such as regular meetings, newsletter, etc.
- Alumni Association of a Higher Educational Institution – Must be from a college, university, or graduate school. Members must have received a degree or honorary degree from such institution
- Fraternal Organizations – Organizations that represent the relationship between its members as akin to brotherhood and are active in membership involvement activities
- Co-Op Organizations – As long as the co-op would not be considered hazardous such as long term chemical or dust exposure

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### Examples of groups that **DO NOT** qualify for the Sponsored Group Program

Based on the minimum requirements guidelines of the Program and suitability, the following groups are examples of those that do not qualify for the Association Marketing Program and benefits.

- Citizens or Cultural Groups – These include any groups that are not trade, occupational or professional, and who may have only cultural heritage in common
- Charitable/Philanthropic Organizations or Associations – Organizations such as the American Heart Association, American Cancer Society, Red Cross, PBS, etc. are not eligible
- Customer Groups and Discount Clubs – Organizations where the relationship with members is primarily a customer relationship. There is no active relationship between its members, or those whose primary purpose is to offer a member discount are not eligible
- Bank Customers – Customers or customer groups within banks are not eligible
- Credit Card Holders – Holders of credit cards or cards from an oil company or department store are not eligible
- Investment Clubs or Members of a Particular Investment Fund – Investors in a club or who invest in particular funds are not eligible
- Open Credit Unions – We will not accept Credit Unions whose membership is open to anyone and where there is only a customer relationship
- Fitness Centers – Members of health clubs or fitness centers are not eligible
- Employees of a Business or Member Employees – Due to employer-benefit laws, employees of members are not eligible for the program benefits. Example: Employee groups and employees of a Chamber of Commerce member company
- Church Organizations – Members of a church/congregation/temple, or any organization within a church are not eligible
- Social/Senior Clubs – While these groups may present excellent opportunities for marketing certain products, they would be considered too social in nature to qualify for the program benefits
- HMOs or PPOs – Members of HMOs or PPOs are not eligible

### **“Power Up” your business through Association Marketing!**

After the association is approved and set up, work your Marketing Plan.

Position yourself as the expert to build relationships and trust with the members.

A variety of Marketing materials are available to communicate with the membership. Most can be customized with your contact information.

Get more information on Sales Professional Access or contact our Sales Support Area.

The Association Marketing Department may be reached directly at [association.marketing@mutualofomaha.com](mailto:association.marketing@mutualofomaha.com) or by calling 800-624-5554.

## Understanding the Long-Term Care Claims Process

When the need for long-term care services arises, the agent is often the first person a policyholder contacts. That's why it's important for you to know how the claims process works in order to understand your role.

### Step 1: Making initial contact

Mutual of Omaha's claims department wants to be notified as soon as possible when it's believed there may be a need for long-term care services. There are two ways the initial contact can be made:

- The insured may contact you. If you are the first point of contact, please notify the claims department as soon as possible to let us know a claim is coming
- The insured can contact Mutual of Omaha's claims department directly during normal business hours. The appropriate phone number is listed in the policy

### Step 2: Gathering information

Once we receive the initial notification, a representative from Mutual of Omaha's claims department will talk with the insured to gather more information. We'll send the insured a claims packet that includes the claim form and a list of documentation needed to evaluate the claim and determine eligibility. This may include things like medical records and provider bills:

#### Medical Records

We may need to contact medical providers to collect additional information that can help us determine the need for long-term care services and eligibility for benefits under the policy

#### Provider Bills

We'll ask the insured to submit bills for any expenses they may have already incurred to determine if those services are covered under the policy

### Step 3: Explaining how the policy works

Not all long-term care insurance policies are the same, so a claims representative will explain the benefits of the policy to the insured. This may include:

- Elimination period
- Care coordination services
- Payment of benefits
- Waiver of premium

#### Elimination Period

There are two different types of elimination periods – calendar day and service day. A claims representative will explain which type of elimination period the policy contains. For example:

- 90 calendar days means the waiting period begins the first day covered services are received and ends 90 days later
- 90 service days means the waiting period begins the first day covered services are received and ends after services are received for 90 days (not necessarily consecutive days)

#### Care Coordination Services

If the policy includes the services of a care coordinator, the claims representative will explain how this provision works. A care coordinator is a licensed health care professional – typically a registered nurse – who becomes the insured's point of contact with Mutual of Omaha. The care coordinator will work with the insured to develop an individualized plan of care, help to arrange for long-term care services and monitor the care the insured receives.

## Understanding the Claims Process

Keep in mind there's usually no elimination period for care coordination. That means if the policy contains a care coordination provision, the insured may have immediate access to the services of a caring professional who will work closely with them to ensure care needs are met.

### Payment of Benefits

Some policies may contain an option that allows insureds to choose how they prefer to receive policy benefits. If the policy contains this option, the insured can elect to receive either a cash benefit or a reimbursement benefit.

- A cash benefit is a percentage of the policy's maximum monthly benefit amount and is payable each month the insured is eligible for benefits. There's no elimination period to satisfy, and the cash can be used to pay any long-term care related expense
- A reimbursement benefit simply reimburses the insured for actual long-term care expenses incurred, up to the maximum daily or monthly benefit provided by the policy

### Waiver of Premium

The policy may contain a waiver of premium benefit, which means the insured won't have to make premium payments while receiving benefits. However, it's important for the insured to continue paying premiums until notified that no further premium is due.

### Step 4: Determining benefit eligibility

Each policy states how the insured is eligible for benefits. For example, the policy may state that a licensed health care practitioner must submit a plan of care certifying the insured is chronically ill. That means for a period of at least 90 days, he or she needs help with two or more activities of daily living (bathing, dressing, eating, transferring, toileting and continence) or requires continual supervision due to a severe cognitive impairment.

Typically, it takes approximately 10 business days to determine eligibility, providing we have access to all the information we need. Once eligibility has been confirmed, we'll notify the insured or their representative/power of attorney.

If it's determined the insured is not eligible for benefits at this time, we'll send a letter explaining the decision and detailing the options. Keep in mind that the insured's health situation and need for care may change quickly, which means that even if they're not eligible for benefits initially, they may become eligible at a later date. If their condition worsens, we ask that they contact the claims department to re-evaluate their claim.

### Step 5: Paying the claim

After satisfying the policy's elimination period,\* the insured will become eligible to receive benefit payments. Once an eligible expense is received, it takes approximately 10 business days to approve it and issue a check. Payment can be sent directly to the insured, to his or her representative/power of attorney or to any long-term care service provider designated by the insured (i.e., a nursing home).

Each time a bill is submitted for reimbursement and a claim is paid, the insured will receive an explanation of benefits (EOB) statement showing the amount of the maximum lifetime benefit paid to date. This allows the insured to track benefits that have been paid and to calculate the remaining benefit amount.

\*Remember if the policy includes a cash benefit and that option is elected, there is no elimination period to satisfy.

## The Role of the Agent

If you become aware of a potential claim, be sure to notify us as soon as possible. Please use this checklist to provide the following information about your client:

- Name
- Phone number
- Mailing address (so we can send a claims packet)
- Email address
- Policy number
- Policyholder's representative/power of attorney
- Type of claim (i.e., home health care, assisted living, nursing home)

Remember...as an insurance agent, **you may not act on behalf of your client** unless you are authorized to do so. HIPAA regulations require that all claims dealings must be between Mutual of Omaha and the insured or his or her representative/power of attorney.

## Claims Department Contact Information

There are different phone numbers based on the type of policy the insured owns. Please be sure to use the correct number.

### Legacy Policies (policies sold from 1987 to 2004)

Phone: 800-268-6443

Hours: Monday-Thursday: 7 a.m. – 5:30 p.m. CST

Friday: 7 a.m. – 5 p.m. CST

### Modern Policies (LTC04 and later; modern policies have 33-xxxxxx numbers)

Phone: 877-894-2478

Hours: Monday-Friday: 7 a.m. – 5 p.m. CST

## Contact Information

### Application Submission

**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 (if premium is not submitted with the application)

**General Mail:**

Mutual of Omaha  
P.O. Box 30154  
Omaha, NE 68103-1254

**Expedited Mail:**

First National Bank  
Attn: Stop 2203  
Box 30154  
1620 Dodge St.  
Omaha, NE 68197-2203

### LTC Service Office

**Customer Service:**

- New Business Service and Status
- Policy Issue
- Billing & Collection

Phone: 877-894-2478  
Hours: 7 a.m. to 5 p.m. CT; M-F

**Application Requirements:**

- Missing application requirements
- Authorizations

Phone: 800-275-5528  
Fax: 888-539-4672

**Medical Information**

Fax: 800-921-9335

**Claims:**

Phone: 800-268-6443  
Hours: 7 a.m. to 5 p.m. CT; M-F

**Miscellaneous:**

- Delivery Requirements
- Policy Change Requests
- Correspondence

Fax: 952-833-5410

### General Contact Information

**Licensing:**

Phone: 800-867-6873  
Hours: 8 a.m. to 4:30 p.m. CT; M-F

**Underwriting:**

Prequalification/Risk Selection  
Email: [ltcunderwriting@mutualofomaha.com](mailto:ltcunderwriting@mutualofomaha.com)  
  
Discuss a Pending/Approved/Decline Risk Selection Decision with an Underwriter  
Phone: 800-551-2059  
Hours: 8 a.m. to 4:30 p.m. CT; M-F

**Sales Support:**

- Appointments
- Contracts & Licensing
- Proposals
- Sales & Product Support
- e-App usability questions

Agency: 877-617-5589  
Brokerage: 800-693-6083  
Email: [sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com)  
Hours: 7:30 a.m. to 5:30 p.m. CT; M-F