

MetLife[®]



Producer's Guide to Field Underwriting and New Business Procedures

**Individual
Long-Term Care
Insurance**

Effective as of April 2008

For Producer and Broker/Dealer Use Only—Not to be used with the General Public

The Producer’s Guide to LTCI Field Underwriting and New Business Procedures provides you with information necessary for a better understanding of field underwriting and the procedures related to application submission and underwriting of long-term care insurance (LTCI). The guide will help you determine if it would be appropriate to recommend that a client apply for a MetLife Long-Term Care Insurance (“LTCI”) policy, based on their medical condition. It will also provide you with guidance in completing the Medical Part of the LTCI application.

To better assist you, the following information is included in the guide:

- *Contact Information*
- *Things You Should Know Prior to Taking an Application*
- *Field Underwriting*
- *MetLife’s LTCI Underwriting Requirements*
- *New Business Processes*
- *Underwriting Guidelines*

Keep in mind that LTCI is a health-qualifying product, and not everyone will be able to obtain coverage. Proper field underwriting will assist in helping you to determine if it is appropriate for you to recommend that your client apply for MetLife LTCI. If you have questions at any time during the field underwriting or application process, it is recommended that you contact the underwriting department. You can also complete a health pre-screen of a potential applicant while speaking with an underwriter (refer to page 19 for more information on health pre-screening).

Note: This guide references two MetLife LTCI products: the VIP2 Policy Series and MetLife LTC LifeStage AdvantageSM. However, please keep in mind the following:

- *The LifeStage Advantage product may not be available in all states.*
- *There are different applications for VIP2 and LifeStage Advantage, and there may be differences in underwriting/new business processing, which will be noted in the guide where applicable.*
- *Please read through any product-specific material carefully, and if you have any questions, please contact the MetLife LTCI Resource/Sales Line.*

Underwriters make the final decision on insurability utilizing the MetLife LTCI Underwriting Guidelines.

Contact Information

Be sure to use the correct contact information provided below

MAIL AND FAX CONTACT

	MAIL	FAX
	Application	Outstanding Information
US Mail	MetLife LTCI PO Box 64911 St. Paul MN 55164-0911	Number will be provided by Case Manager handling application.
Overnight Mail	MetLife LTCI 7805 Hudson Road, Ste. 180 Woodbury, MN 55125 888-565-3761	

PHONE CONTACT

DISTRIBUTION	CALL	USING PROMPT
Agency Distribution Group (ADG) MetLife / New England Financial (NEF) / MetLife Resources (MLR)	LTCI Resource Line 888-799-0902	1 - Sales, Product or Competition Information 2 - Case Management/Status of an Application Currently in Underwriting 3 - Health Pre-Screens or Recent Underwriting Decisions 4 - Billing, Refunds or Payment Issues 5 - Commissions 6 - Multi-Life Program Advisors 7 - Licensing and Appointments
Independent Distribution Group (IDG) Brokerage (MLB)	LTCI Sales Desk 888-776-3882	1 - Sales, Product or Competition Information 2 - Case Management/Status of an Application Currently in Underwriting 3 - Licensing and Appointments 4 - Health Pre-Screens or Recent Underwriting Decisions 5 - Billing, Refunds or Payment Issues 6 - Commissions 7 - Multi-Life Program Advisors 8 - Regional Sales Vice Presidents
Independent Distribution Group (IDG) MetLife Investors (MLI)	MetLife Investors Sales Desk 800-848-3854 press 9 for Long-Term Care (LTC)	

Contact Information, continued

PRE-SCREEN AN APPLICANT

DISTRIBUTION	CALL	ONLINE	FAX
ADG (METLIFE/ NEF/MLR)	888-799-0902, prompt 3	web: ltcprescreen.metlife.com	866-875-0666
IDG MLB	888-776-3882, prompt 4	email: met_ltcprescreens@metlife.com	
IDG MLI	800-848-3854 prompt 9 for LTC		

LTC POST-ISSUE SUPPORT

Call 888-565-3761 for questions or assistance on in-force policies.

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SECTION 1

THINGS YOU SHOULD KNOW PRIOR TO TAKING AN APPLICATION

Producer Licensing and Appointments

All producers are required to:

- Hold a license in their state of residence
- Be appointed with the appropriate distribution channel
- Follow all licensing requirements in each state where he/she intends to sell, solicit or negotiate LTCI
- Complete any continuing education (CE) (general or specific) required by the state (including Partnership certifications)
- Follow RISK state rules when selling to clients who live in any state other than the producer's resident licensing state

For information regarding licensing and appointments, contact your agency's licensing and appointment personnel, or call the LTCI Resource/Sales Line (select the licensing prompt).

Do not submit an application if you are not properly licensed, appointed or do not have up-to-date CEs — it will delay the processing or result in the withdrawal of the application!

LTCI and HIPAA

Long-Term Care Insurance (LTCI) is subject to privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA's requirements are designed to ensure that an applicant's personal and health information are protected and kept confidential.

Two Authorization Forms:

- **Authorization to Release Medical Information**
 - Required by HIPAA
 - MUST be signed and submitted with the application
 - Included in the VIP2 and LifeStage Advantage applications
 - Failure to submit a properly signed form will STOP the underwriting process and delay the application.
 - *Prior to submitting the application, verify that the date of birth provided on this form is the same date of birth provided on "Person(s) Applying for Coverage" Part A.*
- **LifeStage Advantage:** The Authorization to Release Medical Information form included with the LifeStage Advantage application now matches the form used in the Life Insurance application. It includes language indicating that MetLife may obtain and disclose information from pharmacy-related service organizations, the Medical Information Bureau (MIB), and other Consumer Reporting Agencies.

• Authorization to Release Health Related Information to My Representative/Agent

- *Optional release* available to assist producers with client service issues.
- If signed by the applicant and included with application, MetLife LTCI Underwriters would be able to discuss limited details of an underwriting decision with the producer, who can then review the rationale behind this decision with the applicant.
 - Without this form, MetLife can only discuss information that was disclosed to the producer by the applicant during the application process.
- The form is valid for a 6-month period.
- Any information disclosed to producers pursuant to this authorization must be used appropriately and only in servicing the respective LTCI application.
- VIP2: form must be downloaded from iContact, eForms or applicable producer portal.
- LifeStage Advantage: form is included in the application.

Client Confidentiality for Declined or Postponed Applications

- The applicant receives a letter including the specific reasons for the decision.
- A separate decision letter is sent to the producer; it will not include any information that was not provided by the applicant to the producer during the application process, unless the Authorization to Release Health Related Information to My Representative/Agent form was obtained, signed and submitted.
- The applicant can also submit a written request to have a decision letter sent to their physician.
- They can discuss the information in their decision letter with their physician to determine if an appeal should be made.
- For more information on the approval/declination/appeal process, refer to pages 32-35.

Saving Age

Applicant **MUST** sign and date application

- If approved, the *premium* will be based on the age of the insured 30 days prior to the date the application was signed.
- *Underwriting requirements* are based on the applicant's age on the date the application was signed.
 - Saving Age does not affect the age-based underwriting requirements, only the premium!

LifeStage Advantage: Saving Age will not allow an applicant who recently turned 62 to qualify for the Simple Advantage plan design. To qualify for the Simple Advantage plan design, an applicant must be age 61 or younger at time of application.

Conditional Premium Receipt and Effective Date Rules

Conditional Premium Receipt:

- Premiums submitted with an application must be accompanied with a Conditional Premium Receipt (included in the application)
- Receipt provides Conditional Coverage, as long as all of the requirements below are met:
 - All Insurability Questions were answered “No” at time of application
 - An acceptable underwriting assessment, including a Phone Health Interview (PHI), Face-to-Face Interview (F2F), and/or Physical Exam (PE), if required are completed
 - Any required medical records (APS) or other medical documents have been received
 - The full amount of payment listed on Conditional Premium Receipt must be honored on its first presentation for payment
- If these requirements are met and there is a medical event, situation, or condition that occurred or was diagnosed after the application is signed, and there is no prior history related to this event or condition, then this new information would not adversely affect the underwriting decision.
- In the event that all of these requirements are satisfied:
 - Insured will be covered under conditional premium receipt as of the date the application was signed
 - Coverage will be governed by the terms and conditions of the policy applied for in the application
 - Any unpaid balance of the first full modal premium due must be paid upon delivery of the policy
 - **DO NOT** take cash or complete the Conditional Premium Receipt if applicant is either (1) part of a Multi-Life List Bill group; or (2) completing the Preliminary Request Form (commonly referred to as the TeleApp).

Effective Date Rules:

Effective date changes are **NOT** permitted

Individual Applications:

Effective dates are based on whether or not any premium is submitted with the application.

- **When premium is submitted with the application (Cash With App/CWA):**
 - Effective date = the date the last requirement is satisfied (Underwriting decision, all application issues resolved, spouse decision and licensing issues resolved).
 - The insured is covered under the Conditional Premium Receipt as of the date the application is signed.
- **When no premium is submitted with the application (No Cash With App):**
 - Effective date = 28 days after the last requirement is satisfied (Underwriting decision, all application issues resolved, spouse decision and licensing issues resolved).

Multi-Life Applications:

Effective dates are established during the Group qualification process, and may be dependent upon the type of bill selection (Direct Bill or List Bill)

- **Common Effective Date – requested during the qualification process**
 - Available with Direct Bill or List Bill
 - *Premium cannot be submitted with application*
 - A common effective date helps to ensure that most insureds will have policies with the same effective date. Groups that request a common effective date must establish the following during the qualification process:
 - Enrollment Period: begin and end dates between which applications will be taken
 - Common effective date for the group (generally 30 – 45 days after the end of the Enrollment Period, in order to allow enough time to process the applications through Underwriting)
 - To obtain the common effective date, all applications must be signed and submitted within the enrollment period, and policies must be issued prior to the common effective date.
 - If an application is taken outside of the Enrollment Period, or a policy is issued after the common effective date, the effective date of the policy will be the 1st of the month following the policy issue date

- **No Common Effective Date:**
 - **Direct Bill:**
 - **When premium is submitted with the application (Cash With App/CWA):**
 - Effective date = the date the last requirement is satisfied (Underwriting decision, all application issues resolved, spouse decision and licensing issues resolved).
 - The insured is covered under the Conditional Premium Receipt as of the date the application is signed.
 - **When no premium is submitted with the application (No Cash With App):**
 - Effective date = 1st of the month following the date the policy is released for issue
 - **List Bill:**
 - *Premium cannot be submitted with application*
 - If policy is issued prior to the date that the List Bill is generated, the effective date is the 1st of the next month.
 - If the policy is issued after the date that the List Bill is generated, the effective date is the 1st of the following month
 - EX: List Bill generates 15th of every month. If policy is issued 5/10, policy effective date is 6/1. If policy is issued 5/20, policy effective date is 7/1.

MetWINS

The MetWINS Illustration software can provide you with proposals for clients for both an individual sale and in a Multi-Life sale. If you have questions about the MetWINS Illustration software, please call the appropriate LTCI Resource/Sales Desk for assistance.

- MetWINS is updated 5 to 6 times a year (more frequently if there is a new product).
- Every version of MetWINS has an expiration date attached to it (usually 3 to 4 months after the current release was delivered to the field). If you do not continue to install the new versions, you will eventually hit an expiration date and be locked out of the system. Be sure to verify that you have the most recent version of MetWINS before this happens!
- For more information on how to download the most up-to-date version of MetWINS, speak to your agency support personnel or contact the appropriate LTCI Resource/Sales Desk.

IMPORTANT

When meeting with a client it is always recommended that the producer quote the Standard rate.

REASON

The client can better determine at the time of application if he/she can afford the premium if quoted at the Standard rating. If the client is accepted with a Preferred rating, the policy will be issued with the Preferred rating premium.

LTCI Suitability Requirements

It is important that a producer discuss the financial suitability of purchasing a Long-Term Care Insurance policy with each applicant.

- LTCI may not always be a financially suitable option for each applicant.
- It is important that an applicant be able to afford the premium now, and in the future, even in the event of a premium rate increase.
- Suitability Personal Worksheets are included with every MetLife LTCI application.
- If an applicant waives his/her right to complete a Suitability Personal Worksheet
 - The applicant should sign a copy of a suitability waiver or “Authorization to Proceed Form.”
 - VIP2: this waiver can be downloaded from the producer portals or iContact/eForms.
 - LifeStage Advantage: this waiver is included in the application packet.
 - If the signed waiver is not included with the application, the applicant may receive a letter verifying that he/she is waiving his/her right to complete the Worksheet.
- The state suitability requirements may change, so contact your LTCI Regional Sales Director/Regional Sales Vice President or the appropriate LTCI Sales/Resource Line if you have any questions.

Suitability Form Required:

If there is a missing or incomplete Suitability Personal Worksheet, or if a worksheet has been submitted and it has been determined that the applicant is not financially suitable for the purchase of LTCI:

- MetLife is required to follow up with the producer and applicant.
- A letter is sent to the applicant seeking confirmation that the producer did review suitability with the client.
- This letter must be signed by the applicant and returned to MetLife within 30 days (60 days in PA and TN) or the application will be withdrawn.

The following states have adopted the NAIC Long-Term Care Insurance Model Regulation (either the 1995, 1998 or 2000 version). With the adoption of this Regulation, these states require that residents who apply for LTCI complete a Suitability Personal Worksheet (included in the LTCI applications). The applicant must complete the worksheet (or specifically waive their right to do so in writing).

AL, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NYP Only, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WV, WI, WY

Partnership Policies: Any LTCI Partnership Policy sold in a state that has a Long-Term Care Partnership Program, whether the program was created prior to the Deficit Reduction Act of 2005 (“DRA”) — CA, CT, IN, and NY — or after the DRA (such as Idaho), requires a Suitability Personal Worksheet to be completed and submitted or waived by the applicant. This list of states will change throughout the year and updates will be released to producers as needed. Please contact the LTCI Sales/Resource Line for up-to-date information about Partnership Programs.

The above information regarding NAIC Suitability Requirements may change. This information is current as of 07/2008. If you have any questions about these requirements, please contact the MetLife LTCI Resource/Sales Line.

LTCI Suitability Requirements, Continued

Suitability Form Not Required:

If a Suitability Personal Worksheet is submitted from an applicant in one of the below states and the applicant is deemed not financially suitable for the purchase of LTCI:

- MetLife will send a letter to the applicant and producer indicating that the answers from the Suitability Personal Worksheet indicates that they may not be financially suitable to purchase LTCI. The applicant does have an opportunity to respond back to MetLife, indicating he/she still wishes to pursue coverage.

The states listed below have adopted the 1993 NAIC Long-Term Care Insurance Model Regulation regarding Suitability Personal Worksheets. These states do not require that an applicant complete (or specifically waive their right to do so in writing) a Suitability Personal Worksheet.

AK, MA, NV, NY, TX, WA, WV

Partnership Policies: If any of the above states approve a Partnership Program under the 2005 Deficit Reduction Act, any policy sold as a Partnership Policy must meet the 2000 NAIC Suitability Requirements, requiring that a Suitability Personal Worksheet be completed and submitted or waived.

The above information regarding NAIC Suitability Requirements may change. This information is current as of 07/2008. If you have any questions about these requirements, please contact the MetLife LTCI Resource/Sales Line.

Once you have discussed Suitability with the applicant, you should now take the time to conduct proper Field Underwriting. Please review the next section of this guide for more information about the Field Underwriting process.

SECTION 2 FIELD UNDERWRITING AND COMPLETING AN APPLICATION

Why Field Underwriting Is Important

- LTCI is a health-qualifying product, and unfortunately, some clients may not qualify for coverage.
- As a field underwriter, you should consider the applicant’s health history before an application is completed to help determine if it would be appropriate to recommend that he/she apply for MetLife’s Long-Term Care Insurance.
- Proper field underwriting will allow a producer to:
 - Include a complete health history for an applicant
 - Submit better business, thereby reducing the number of declined or deferred applications, as well as prevent disappointed clients
 - Prepare clients for “what to expect” during the underwriting process

1. Take the time to listen to and observe the applicant. Do you notice:

- Any difficulty getting out of the chair or walking across the room?
- Any tremors and/or tremulous handwriting?
- Forgetfulness, or the need to be “prompted” by a spouse, adult child or other person?

2. Certain medical conditions, combinations of conditions (co-morbidity), or prescribed medications may represent an increased risk for needing long-term care services and should raise red flags regarding an applicant’s potential insurability:

- Height-to-weight ratio outside the parameters listed on pages 55 and 56, particularly in combination with certain chronic conditions, such as arthritis, joint replacements, diabetes, heart disease, or respiratory disease.
- Tobacco use (see page 23) in combination with heart attack/heart surgery, circulatory disease, diabetes or chronic respiratory disease.
- Co-morbid conditions (see page 24 for more information on morbidity) may result in a declined, postponed or sub-standard rated policy (with potentially higher premium rates), while the condition(s) separately may be considered acceptable.

3. Review the “**Top Ten Questions A Field Underwriter Should Ask**” (see page 19) with the applicant.

- Once you have completed the Field Underwriting process and pre-screened the applicant, as much of the applicant’s health history as possible should be included in the “Health Questions” section of the application, so that the underwriters will be able to make a sound underwriting decision.

Top Ten Questions A Field Underwriter Should Ask

The following questions were designed to help obtain applicable health information from the applicant. After you have gone through these questions with the applicant, you can contact a MetLife LTCI underwriter who will provide guidance regarding insurability (see below for information on the pre-screen process).

1. Are you currently being treated for any medical condition(s)? If yes, what is that condition(s)?
2. How often do you see your doctor? When did you last see your doctor?
3. Has your doctor advised you that your condition is unstable? (An example of instability would be a response such as “My doctor has told me he/she would like to see my blood pressure lower.”)
4. What medications are you currently taking? (Ask to see the bottles, and write down prescription names.) Follow up by asking, **Why are you taking these medications?**
5. Have you had any recent medication changes?
6. Do you see any specialists? If yes, for what reason? When did you last see that specialist?
7. Do you have any limitations in activity? How far can you walk without resting or having pain in your extremities? Do you have any difficulty climbing stairs?
8. Do you use an assistive device such as a cane, walker, etc.?
9. Have you had any recent falls? Any falls within the last two years?
10. Have you had any significant illnesses, such as cancer, heart disease, diabetes or any hospitalizations or surgeries that we have not discussed?

Health Pre-Screening

With some applicants, it may be beneficial for you to contact the Underwriting Department to ask for guidance during the field underwriting process. This is called Health Pre-Screening. A MetLife Nurse Underwriter will be able to:

- Provide you with additional questions you should ask your client based on the health history provided during the initial field underwriting process.
- Provide guidance regarding your client’s potential insurability.
- Help you to provide your clients with guidance on what to expect and what is required during the underwriting process.

To Contact a Nurse Underwriter:

- **Call:** the appropriate LTCI Resource/Sales Line for your distribution channel:
ADG (MetLife/NEF/MLR): 888-799-0902, prompt 3
IDG (MGAs): 888-776-3882, prompt 4
MLI: 800-848-3854, prompt 9 for LTC
- **Online:** submit the Long-Term Care Insurance pre-screening form online at <http://ltcprescreen.metlife.com>
- **Email:** the request to met_ltcprescreens@metlife.com
- **Fax:** the request to 866-875-0666.

Christian Science Applicants

- If an applicant is a Christian Scientist, he/she must still go through the Underwriting Process.
- Based on the age of the client, we may require a Phone Health Interview or Face-to-Face Home Assessment.
- If medical records are a requirement for consideration, and there are none available, we would request the client's consent for a Physical exam, which will be conducted at MetLife's expense.
- If the appropriate requirements are not satisfied, we may not be able to consider a Christian Scientist applicant for LTCL.
- The Preferred Health Rating would not be available to any Christian Scientist applicant who is over the age of 61 and has not been seen by a physician for more than 2 years.
 - Regardless of whether the reason is based on religious beliefs or for any other reason, any applicant who has not seen a physician for more than 2 years may have significant undiagnosed conditions present, and therefore poses a greater risk.
 - Christian Scientist practitioners, are not recognized by MetLife as physicians – in most cases, they perform the healing arts, often consisting of prayer and meditation, without meeting the individual.
- At time of claim: If a **Christian Scientist Provider and/or Facility** caring for the insured meets ALL the requirements under the Provider/Assisted Living Facility definition in the contract, then we can reimburse for benefits. Provider/facility licensing and other determining criteria will need to be considered on an individual basis.

Specific Conditions and Corresponding Questions

The following questions may be appropriate if your client has any of the conditions listed below:

Arthritis (refer to page 67)

1. What type of arthritis do you have?
2. What joints are affected? Have you had any joint surgery or joint replacements?
3. Do you take any medication for this condition? What is the name/dose? Have you had any recent changes or additions to your medications?
4. Have you ever used steroids to treat your arthritis? If so, how much and for how long?
6. Do you have any limits in activity as a result of your arthritis? How far can you walk without resting? Do you have any difficulty with stairs?
7. What is your height and weight? (refer to pages 55 and 56)

Cancer (refer to pages 70 and 71)

Acceptability periods may vary by type of cancer and staging. Refer to cancer-specific Guidelines beginning on page 70 for diagnosis and specific stability period, or call the Pre-Screening Line to speak with an Underwriter.

For any type of cancer other than basal cell skin cancer, squamous cell cancer of the skin or early stage breast or prostate cancer, at least two years without surgery or treatment should have passed for the client to be considered for coverage.

1. What type of cancer did you have?
2. Do you know the stage?
3. Did you have any positive lymph nodes or did the cancer spread to other areas?
4. When was it diagnosed, and when was the last date of treatment or surgery?
5. If **prostate** cancer, do you know what your Gleason score was, when was your most recent PSA test done, and what is that number (refer to page 23)?

Cerebrovascular (refer to pages 87 and 88)

1. Have you ever had a Stroke or TIA (mini-stroke)? If yes, date of diagnosis?
2. What were your symptoms (i.e., weakness, paralysis, speech, visual or memory problem) and how long did they last?
3. Have you had any Carotid testing or surgery done?
4. Do you have any residual effects or functional limitations?
5. Do you take any medication for this condition? What is the name/dose?
6. Do you have any other medical conditions such as Hypertension, Heart Disease, other circulatory conditions or Diabetes?

Cognitive impairment

Listen for cues of cognitive impairment throughout your interview. Did the client remember your name and the appointment? Does the client report memory loss, or does a family member indicate concerns about the client's memory? If so, the following questions are appropriate:

1. Have you discussed memory loss with your doctor or family?
2. Have you had any memory testing? Do you have the results of that testing?
3. Do you manage your own finances?
4. Do you drive? If no, have you ever driven? If yes, why did you stop?
5. Do you do your own shopping?

Diabetes (refer to page 73)

1. How long have you had diabetes?
2. Do you take any medication or insulin? What dosage, and frequency?
3. Has your doctor advised you that your blood sugar level is in good control? For how long?
4. What is your blood sugar level or Hb A_{1c}? (refer to page 23)
5. What is your height and weight? (refer to pages 55 and 56)
6. Do you have any diabetes-related complications? (e.g., eye problems directly related to diabetes, kidney problems, circulatory problems, numbness and tingling of the extremities, non-healing wounds or skin ulcers, or any amputation).
7. Do you use any tobacco products? If yes, what? If not, did you ever/ When did you quit?

Hypertension/heart disease

1. Have you ever had high blood pressure or any heart condition? What is your diagnosis?
2. What medications are you taking, and how long have you taken them?
3. What testing or treatments have you had, including any surgeries?
4. Do you have any other heart or circulatory problems such as Atrial Fibrillation, Congestive Heart Failure, Cardiomyopathy, Peripheral Vascular or Carotid Artery Disease?
5. Has your doctor advised you that your condition is controlled/stable?
6. What was your most recent blood pressure (B/P) reading?

Mental Health/Psychiatric Conditions

1. Are you currently seeing a psychologist, psychiatrist, or counselor/therapist for any reason?
2. How often do you see them and for what reason?
3. Do you have a specific diagnosis?
4. When were you diagnosed?
5. What medications are you taking for this condition(s)?
6. Have there been any changes in your medication in the last 6 months?
7. Have you been hospitalized for this condition or any other mental health condition in the last 5 years?

Osteoporosis (refer to page 82)

1. Do you take medication for this condition?
2. Have you had any recent fractures (within the last 24 months)?
3. Have you had any loss in your height? (refer to pages 55 and 56)
4. Has your doctor done any bone density studies? If so, do you know your **T-score** level?
5. How has your doctor described your degree of osteoporosis (mild, moderate, severe)?

Respiratory Conditions (refer to page 85)

1. What type of respiratory condition/diagnosis do you have?
2. Do you currently, or have you ever smoked or used tobacco products? If so, what do you use and how often do you use it? If you previously used, when/why did you stop?
3. What medications and/or treatment do you or have you used?
4. Do you have any symptoms of shortness of breath?
5. Do you have any limitations?
6. Has your physician done any testing for your condition such as PFTs or Chest X-ray and if so, do you know the results?

Commonly Asked Questions

1. What is a TIA?

A TIA is a Transient Ischemic Attack, also known as a “mini-stroke.” It causes temporary interference with blood flow to the brain and may be a precursor to a stroke. Symptoms generally last for less than 24 hours and there is no residual impairment.

2. What is a PSA?

PSA (Prostate-specific antigen) is a substance produced by the prostate gland. A PSA blood test measures the amount of PSA in the bloodstream. Most men have PSA levels under 4 ng/mL. Elevated PSA levels may indicate prostate cancer or a noncancerous condition such as prostatitis or an enlarged prostate. (A biopsy is usually necessary to determine if cancer is present.) If test results are known, call the Pre-Screening Line to review the results with an underwriter.

3. What does MetLife consider “**tobacco use**”?

Use of cigarettes, pipe, cigars, chewing tobacco, snuff, or a smoking deterrent within the past 12 months.

4. What is an “**A_{1c}**”, or “**Hb A_{1c}**” or **Glycated hemoglobin**?

Glycohemoglobin measures the average blood glucose levels over a two to three month period. In people who are not diabetics, the reading is generally between 4%-6%; anything above that should be considered a sign of early diabetes. For diabetics, the optimal reading should be below 7%. Higher readings can lead to complications over time.

5. What is the importance and purpose of a **Bone Density “T score”**?

A bone density test, called DEXA (dual-energy X-ray absorption) measures bone mass to determine how compact and solid a bone is, compared to its size. A bone with high density is heavy and usually strong for its size; a bone with low density is lighter and usually more porous and weaker, and at increased risk for fractures. The “T” score defines osteopenia or osteoporosis and the more positive the number, the better.

6. If my client has not seen a doctor in several years, how will that affect his/her underwriting?

Any applicant who has not seen a physician in more than 2 years may have significant, undiagnosed conditions present and therefore poses a greater risk for insurability. If the client is age 61 or older, OR, regardless of age, has a history of a medical condition with no recent follow up, a physical exam may be ordered by a MetLife underwriter. This exam will be at MetLife’s expense. However, *the client will not be eligible for a “Preferred” rating.*

7. What if my client is **scheduled for surgery, testing or any rehabilitative services such as physical therapy**?

Applications should not be submitted until any surgery, laboratory testing, treatments (including rehabilitative services) or procedure(s) are satisfactorily completed, with known results and resolution .

8. If I can’t meet with my client face-to-face during the application process, **can I have him/her complete the application via phone or mail**?

While this process is strongly discouraged, there are specific rules and underwriting requirements when completing an application over the phone or via the mail. Please refer to page 52 to review these rules and requirements.

Mortality vs. Morbidity

It is important to understand the difference between mortality and morbidity.

- **Mortality:** measures the risk that a person is going to die earlier than average life expectancy for someone of that age. *This is a concern in underwriting Life Insurance.*
- **Morbidity:** measures the risk that a person will live with a debilitating condition that can impact their ability to function independently. *This is a concern in underwriting Long-Term Care Insurance.*
 - A chronic condition which impacts Activities of Daily Living (ADLs) may not affect a person's life expectancy, but may increase the risk of needing long-term care services.
 - Some examples of increased risk of morbidity are:
 - Arthritis that: a) causes joint deformities, b) affects weight-bearing joints, or c) in combination with an increased height to weight ratio, may represent a current or potential risk to limit activities or mobility.
 - Osteoporosis with reduced bone density increases the risk of fractures and may cause increased chronic pain representing a current or potential risk to limit activities or mobility.
 - Diabetes, in combination with an increased height to weight ratio, tobacco use, or any vascular condition, can lead to several debilitating complications such as a stroke, amputation and an increased need for long-term care services.
- Functionality and independence are important factors in underwriting LTCL.
- **Co-morbid Conditions:** When underwriting long-term care insurance, $1 + 1$ does not always = 2.
 - Co-morbid conditions are two or more conditions that in combination, amplify a person's risk for future long-term care needs.
 - Examples of co-morbid conditions:
 - Tobacco use may compound any effects of any known cardiovascular or respiratory disease.
 - Increased height to weight ratio may cause greater limitations to activity or mobility when combined with arthritis of weight-bearing joints.
 - If a medical condition is chronic and known to impact functioning, particularly Activities of Daily Living or Instrumental Activities of Daily Living (refer to page 54 for more information), the condition may cause a client to be declined for coverage.

Top Medical Conditions Leading to the Need for Long-Term Care Services

- Dementia
- Hypertension
- Arrhythmia/Atrial Fibrillation
- Diabetes Mellitus
- Cancers
- Bone and Joint Disorders
- Fractures
- Stroke (CVA)
- Chronic Obstructive Pulmonary Disease

To Speak With an Underwriter or to Pre-Screen an Applicant:

- **Call:** the appropriate LTCI Resource/Sales Line for your distribution channel:
ADG (MetLife/NEF/MLR): 888-799-0902, prompt 3
IDG (MGAs): 888-776-3882, prompt 4
MLI: 800-848-3854, prompt 9 for LTC
- **Online:** submit the Long-Term Care Insurance pre-screening form online at <http://ltprescreen.metlife.com>
- **Email:** the request to met_ltprescreens@metlife.com
- **Fax:** the request to 866-875-0666.

Completing an Application

Incomplete applications can delay the underwriting process!

- Fill out applications completely and correctly.
- Submit it to your home or managing agency to be “scrubbed.”
- Incomplete information will often require an unnecessary phone call from the LTCI home office to the applicant or producer/MGA, and may delay the application process!
- Once it is scrubbed for accuracy, it should be mailed to MetLife for processing.

**All applicants must reside in the United States
and all applications must be signed in the United States.**

There are different LTCI applications – be sure you are using the correct application.

- **State Specific Applications**
 - All applications, regardless of LTCI product, must be approved for use in the applicant’s state of residence, regardless of where it is signed
- **MetLife VIP2 Policy Series**
 - Individual Applications
 - Multi-Life Applications
 - Preliminary Request Form (available on limited basis only)
- **MetLife LTC LifeStage Advantage – where approved**
 - Individual Applications
 - Multi-Life Applications
 - Preliminary Request Form (available on limited basis only)

Ordering Applications:

- Individual and Multi-Life Applications ordered through the MetLife Fulfillment Center, are sent in state specific “Application Kits.”
 - **VIP2:** applications are for two individuals and include two copies of additional required forms.
 - **LifeStage Advantage:**
 - Individual application is for two individuals.
 - Multi-Life application is for one individual.
 - Additional required forms are included in a separate client packet.
- State specific Outlines of Coverage (“OOC”), a Shopper’s Guide to Long-Term Care and any other state required forms MUST be provided to the applicant
- Please note that for applications downloaded from the portal or eForms — you must download all of the required forms
- Preliminary Request Forms (available on limited basis only) — kits can be ordered by calling the LTCI Sales Desk

When completing the application, pay close attention to:

- **Applicant’s Personal Information** — Is it complete and accurate?
- **Insurability Questions** — These must all have a “yes” or “no” answer.
 - **Individual Application:** If the applicant answers “yes” to any of the insurability questions, the application should not be submitted for that applicant (except in the states of KS and VA, which require that the application be completed and submitted, however no premium should be collected with the application).
 - **Multi-Life Application:** If the applicant is applying for Simplified Underwriting and answers “yes” to any of the insurability questions, the application may be declined. You should contact the Underwriting Pre-Screen Line to speak with an Underwriter to determine if an application should be submitted, possibly through Modified Underwriting.
- **Coverage Selections** — Are the options chosen by the applicant valid?
- **Health Information** — Is it complete and accurate? (see below for more information)
- **Payment Selections** — Only one payment option, one payment method and mode should be chosen.
 - If monthly EFT was chosen, make sure to attach a voided check and have the account holder sign the application in the correct location.
- **Replacement Questions** — All MUST be completed, even if it is not a replacement policy.
- **Agreement and Acknowledgement** — Both the applicant and producer must sign.
- **The Agent’s Report** — This is the section verifying that the producer completed appropriate steps, and also indicates to whom commissions should be paid — make sure it is complete and accurate.
- **Commission Disclosure Release (ADG Only)** — this form is downloadable from eForms (VIP2) or as part of the Agent’s Report (LifeStage Advantage).
- **Conditional Premium Receipt** — if premium is collected at time of application,

both the applicant and producer must sign where indicated.

- **Authorization to Release Information (Medical Authorization)** — this is a requirement of HIPAA. If it is not signed, our Underwriting Department cannot process the application.
- **Authorization to Release Health Related Information to My Representative/ Agent Authorization** — This form can be downloaded from iContact/eForms (or the portal) to use with VIP2 applications, however it is included in the LifeStage Advantage applications. This form allows our underwriters to discuss the full reasoning behind underwriting decisions with the producer, should it be necessary.
- **Beneficiary Designation Form** — For use with the Return of Premium Rider (VIP2) or Benefit (LifeStage Advantage). If the applicant does not complete this form, the premium will automatically be returned to his/her estate should the rider/benefit take effect due to the death of the insured.
- **Personal Worksheet** — Is it required? If so, make sure it is completed or that the applicant has signed the waiver.
 - The Personal Worksheet is found in the front of the application for VIP2 applications and towards the back of the application for LifeStage Advantage applications.
 - The waiver can be downloaded from iContact/eForms or the portal for VIP2. It can be found in the LifeStage Advantage application, immediately after the Personal Worksheet.
- **Signatures** — Make sure all appropriate areas of the application and required forms have been signed.
- **Multi-Life Group Number** — Make sure this is listed on the Multi-Life application if the applicant is an eligible participant of an approved Multi-Life Discount Program group.

Preliminary Request Forms (available on limited basis only) — make sure that all information is accurate and complete. Due to the nature of the application process, it is imperative that you complete proper field underwriting before completing the Preliminary Request Form.

IMPORTANT

When meeting with a client it is always recommended that the producer quote the Standard rate.

REASON

The client can better determine at the time of application if he/she can afford the premium if quoted at the Standard rating. If client is accepted with a Preferred rating, the policy will be issued with the Preferred rating premium.

Health Questions:

The more information provided on the application, the easier it will be for the underwriters to make a decision regarding insurability.

- Provide as much detail as possible about the applicant’s medical history.
- Are all of the Health Questions in the application completed?
- Does each “yes/no” question have either a “yes” or “no” box checked? Blanks will cause our tracking system to register the question as incomplete, which can halt the processing of the application.
- If the applicant is unsure how to respond to a health question, please request that he/she contact his/her physician/medical practitioner for advice on the correct response.
- Are all medications that your client is currently using listed?
- **If your client has an upcoming surgery or other medical procedures scheduled, then the application will most likely be declined or postponed until the post-surgery/post-procedure treatment is completed. You may want to contact the underwriting department to pre-screen your client for insurability before taking an application!**

If you have questions about completing the application, speak to your agency’s new business contact person, your LTCI Regional Sales Director/Regional Sales Vice President or call the appropriate LTCI Sales/Resource Line.

Review the appropriate Annotated Application, which explains how an application should be completed. They can be ordered from the fulfillment center or downloaded from the portal or iContact/eForms.

Application Submission:

Once the application has been reviewed by your agency for completeness and accuracy it should be mailed to:

Regular Mail:

MetLife LTCI
PO Box 64911
St. Paul, MN 55164-0911

Overnight Mail:

MetLife LTCI
7805 Hudson Road, Suite 180
Woodbury, MN 55125
888-565-3761

If premium has been collected with the application, it should be mailed to the above address with the application. Please indicate in the conditional receipt the correct premium amount submitted with the application.

You can order pre-printed envelopes (Form # LTC00280) from the MetLife Fulfillment Center (1 800-Met-Stuf).

Status of an Application

You can check the status of an application by:

Phone:

ADG Producers (MetLife/NEF/MLR): 888-799-0902, prompt 2

MLB Producers: 888-776-3882, prompt 2

MLI Producers: 800-848-3854, prompt 9

eNewBusiness:

This system allows your Agency Contact Person (ACP) to check the status of LTCI applications. It is currently available to all MetLife and New England Financial agencies, and is being rolled out to MLI and MLB agencies. Once all agencies have access to eNewBusiness, it will replace the Pending Reports. Contact your LTCI Regional Sales Director or Regional Sales Vice President for more information.

Pending Reports:

These reports are emailed to MGAs and MLI firms who don't have access to eNewBusiness.

Information that will be communicated through eNewBusiness and Pending Reports:

- Receipt of an application by the MetLife LTCI Home Office
- Any outstanding requirements such as licensing, APS, missing signatures, etc.
- Underwriting decisions
- Any other information pertaining to the application
- Date policy was mailed and policy issue date

Please fax any missing requirements to Case Management:

This number is specific to each Case Manager. It will be provided to you by the Case Manager handling the case.

SECTION 3 UNDERWRITING PROCESS AND CLASSIFICATIONS

Underwriting Process and Classifications

Once the underwriting department has received all required information (i.e., complete application, and any additional health information), an underwriting decision is generally made within 2-3 business days.

Minimum Requirements for Eligibility Assumes That an Individual:

- Has no uninsurable conditions
- Is within an acceptable build range based on MetLife's Height/Weight Guide (see pages 55 and 56)
- Has no functional or cognitive concerns
- Must be able to perform Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) (see page 54 for more information).

For applicants who have any medical conditions, these conditions must be non-progressive, stable and well-controlled.

- MetLife offers three rate classes that are available to individual applicants:

1. **Preferred** — To qualify for this class (10% Discount), the applicant must:

- Be age 79 or younger
- Have not used tobacco in the last 12 months – (see page 23, #3)
- Have a height to weight ratio within “Preferred” limits on the MetLife Height/Weight Guide (see pages 55 and 56)
- Have received medical follow up within the last 2 years
- Not require the use of any assistive devices
- Not have been confined to a medical facility within the last 6 months (exception might be made for minor surgeries that have been completed and released from care)
- This class is only available to applicants with medical conditions that pose little or no risk for utilization of long-term care services, and which are stable and well-controlled
- Preferred Health Rating is not available to any individual who is applying for coverage through a Simplified Underwriting Multi-Life Group.

2. **Standard** — The majority of people eligible for MetLife's LTCI coverage will qualify for the Standard rate.

- Any insurable, chronic medical conditions should be stable, well-controlled and non-progressive.
- **Standard with Modifications** — In certain situations, where the client's medical condition precludes us from offering the benefits applied for, modified benefits may be offered as an Alternate Offer. Premiums will be billed at the Standard rate.

3. **Substandard** — This class may be offered to those applicants who have not met the stability period established by the MetLife LTCI Underwriting Guidelines, or when medical conditions pose a higher, but not immediate, risk for utilization of long-term care services.

- Average acceptance with a Substandard rating is less than 2% of all accepted applications

- This class will require a 50% surcharge to premium
- There may be a restriction or modification to benefits requested, including:
 - A longer elimination period
 - A shorter total lifetime benefit
 - A reduced Home Care percentage (based on state specific requirements)
- Coverage limitations - some optional features or riders may not be available for this class (varies by policy, i.e., VIP2 or MetLife LTC LifeStage Advantage)

If the Application is Accepted

- You or your Agency Contact Person (ACP) will be notified via eNewBusiness or the Pending Report (depending on your distribution channel—refer to page 29 for more information).
- Policies will be mailed within 3 business days of an accepted decision, as long as there are no pending licensing issues or application issues, and a decision has been made on a spouse's/partner's or household member's application (if applicable).

Note — Certain states require us to notify the applicant via letter if they are accepted at any rate other than Preferred. In such a situation, you will receive a copy of the letter. The following states require this letter, and it is included with the policy: AZ, CA, CT, GA, HI, IL, KS, ME, MA, MN, MT, NV, NJ, NC, OH, OR.

NY and VA: These states require detailed letters to be mailed directly to the applicant/insured. Due to HIPAA privacy regulations, the letter sent to you cannot disclose any health information that was not originally disclosed on the application, unless the Authorization to Release Health Related Information to My Representative form is completed (see page 11 for more information).

If the Application is Declined

- Not everyone will be accepted for LTCI coverage with MetLife; if declined
 - You or your Agency Contact Person will be notified by eNewBusiness or the Pending Report (depending on your distribution channel; see page 29 for more information)
 - A letter of declination is mailed to your agency
 - Five days later, a more detailed letter of declination is mailed to the applicant (this lag time allows you to contact the applicant before they receive their letter of declination)
 - The applicant's letter will contain specific reasons for the decision. Due to HIPAA privacy regulations, the letter sent to you cannot disclose any health information that was not originally disclosed on the application, unless the Authorization to Release Health Related Information to My Representative form is completed (see page 11 for more information).

Multi-Life Simplified Underwriting Cases: if an applicant who applies for VIP2 coverage through Simplified Underwriting is declined, he/she may be offered a “Decline Offer” if the group has 10 accepted policies. This offer will be at substandard rates, and may vary by state. ***This Decline Offer is not available with the LifeStage Advantage policy.***

If The Underwriting Decision on an Application is Postponed/Deferred

- In some instances, an underwriting decision on an application will be postponed until further proof of stability has been obtained.
- An example of this may be that an applicant has had treatment for cancer and has not yet met the specified stability period (refer to pages 70 and 71 for more information).
- In this situation, the client will receive a letter outlining the reasons for postponement and criteria for consideration. There are two types of Deferral Letters:
 - **Defer-ROS** — This letter indicates to the applicant that the criteria for acceptance has not been met, but it is anticipated to be met soon (within 6 months of the original application signature date)
 - Applicant must submit the required documentation indicating that all criteria have been met once that is the case
 - No new application is required if received within 6 months of the original application signature date, and found acceptable by underwriting
 - Original bill age is preserved if accepted for coverage
 - *If requirements listed in a Defer-ROS letter are not met within 6 months of the original application date, a new application will be required for consideration*
 - **Defer-NE** – This letter indicates to the applicant that the criteria for acceptance has not been met, but it is anticipated that it will be met in the future, though more than *6 months from the original application signature date*.
 - Once the criteria are met, applicant must submit a new application and meet new underwriting requirements based on his or her age at time of new application
- In both cases, MetLife does NOT contact the applicant for new information or a new application following issuance of a Deferral Letter.
- As the producer/agent, you should remind your client to fulfill these requirements once the criteria for acceptance have been met.

Appealing an Underwriting Decision

If the applicant is denied coverage or receives a rating other than Preferred, he/she may wish to appeal the underwriting decision. An appeal should not be requested unless the applicant or his/her physician feels the underwriting decision was based on incorrect or incomplete information.

- The following are the appropriate steps to appeal:
 - The applicant should review the decision letter with his or her doctor, since the letter generally reveals the details regarding the decision.

- If detailed information was not provided, the applicant can request that the information be sent to his/her doctor by submitting a written request to MetLife. (see address information below).

MetLife LTCI
 Attn: Appeals Committee
 PO Box 937
 Westport, CT 06881-0937
 Fax: 1-866-314-5922
 Email: IBLTCAppeals@metlife.com

- After the doctor reviews the reasons with the applicant, the doctor can submit new or clarifying medical information.
- The MetLife LTCI Underwriting Appeals Committee will review the information and reconsider the application.
- After the review by the MetLife LTCI Underwriting Appeals Committee, you will be notified of the Committee's decision, which you should relay to your client.
- If the original decision was upheld, then the case is closed at this time.
- If the decision was overturned, the change will be implemented.

Agency Distribution Group (MetLife and NEF) Only – Submitting declined business through the Enterprise GA (“EGA”) System:

- If an applicant was declined for LTCI coverage with MetLife, and an appeal was unsuccessful, there may be an option to submit the application to other select carriers, through the Enterprise GA (“EGA”) System.
- **MetLife:** Access the EGA System website at <http://metga.metlife.com> and select Met DECLINE, to obtain the necessary authorization form.
- **NEF:** Access the FieldFirst website at www.fieldfirst.nefn.com, select “Products,” “Enterprise GA Home,” “Products,” then click on “Long-Term Care.”
- Request that the applicant complete and sign the form (and include SS# for identification).
- Fax the completed form to EGA at **866-493-5073**.
- The case will be assigned to an EGA underwriter who will fax the request to MetLife LTC Underwriting.
- MetLife LTC Underwriting will forward the appropriate information.
- At this point, any questions regarding the application should be directed to Pauline Reid at EGA, 800-638-7253.
- EGA will notify you when the application is reviewed and a decision has been made by the other carriers.
- If you have questions about the process, you should contact the MetLife LTCI Resource Line at 888-799-0902, prompt 1.

SECTION 4

POST-ISSUE INFORMATION

Policy Delivery Requirements:

- **LTCI policies must be delivered to the Policy owner within 30 days of original policy approval.**
- The Policy Delivery Receipt must be signed and returned to MetLife LTC Home Office by the 27th day.
- If MetLife has not received proof of delivery by the **27th day**, from the date of final underwriting approval we will mail the Policy **directly** to the client in order to ensure delivery has occurred within this critical timeframe.
- **Mail** signed receipt and any requested policy changes to MetLife Long-Term Care (LTC) in the enclosed envelope addressed to:
 - MetLife LTC
 - PO Box 64911
 - St. Paul, MN 55164-0911
 - or **FAX** both sides to 651-501-4032.
- Any premium due (including premium submitted for policy changes) should be submitted separately in the enclosed envelope addressed to:
 - MetLife LTC, Dept. CH 10165
 - Palatine, IL 60055-0165.
 - (Using incorrect addresses will delay processing and placement.)*
- Policy delivery instructions with delivery due date are included with every new policy.

Preliminary Request Form Process: when delivering the policy, the producer must have the complete application signed by the applicant, and then mail it back to MetLife with the PDR.

If you have any questions, call 1-888-565-3761.

Note: if the applicant reports, or you notice, a significant change in the insured's health status at the time of delivery, you should not deliver the policy and notify MetLife LTCI Underwriting. The underwriter will want to look into what the change is and why it occurred.

Mailing Premium Payments:

- A billing statement is included with the policy should there be any additional premium due
- “**Lock Box #10165**” should be written on any check collected from the applicant
 - Monthly Check-O-Matic (“EFT”)
 - If there is a bill with the policy, the insured should remit payment immediately. EFT deductions will begin in the 2nd policy month and MetLife is not able to electronically deduct more than one premium payment at a time. If the bill sent with the policy is not paid, the insured may be in danger of lapsing coverage, even if the EFT deductions occur.
- Premium checks should be mailed with the bill in the envelope provided with the policy, which is addressed to:

Regular Mail:

MetLife LTCI
Dept. CH 10165
Palatine, IL 60055-0165

Overnight Mail:

MetLife LTCI
7805 Hudson Road
Suite 180
Woodbury, MN 55125
888-565-3761

Coverage Changes:

Certain changes to the policy (i.e., reduction in benefits) may be made after the application has been accepted.

- *No changes can be made to a policy that has been accepted and issued Sub-Standard or as an Alternate Benefit Offer.*
- For specific information contact the MetLife LTCI Resource Line/Sales Desk.

At the Time of Delivery:

- Request coverage changes on the back of the signed PDR and mail back to MetLife.
- Leave the issued policy with the insured.
- Any approved changes in the policy will be included in a new policy, or via an endorsement/new schedule of benefits page to the originally issued policy.
- If you notice a significant change in the insured’s health status at the time of delivery:
 - Do not accept any requests for changes.
 - Do not deliver the policy, even if there is conditional receipt.
 - This will not eliminate or alter the conditional receipt, but the producer should notify MetLife LTCI Underwriting.
 - The underwriter will want to review what the change of health is and why and when it occurred.

Coverage Changes, Continued:

30-Day Free Look Period:

- The insured has 30 days to review the policy or return it for a full refund.
- The 30-Day Free Look Period *starts on the date on which the policy was delivered and the PDR was signed by the client.*
- Any requests for changes should be made in writing and signed by the insured.
- Some Optional Riders cannot be added after the 30-Day Free Look Period.

After the 30-Day Free Look Period:

- Changes may require a new application and underwriting. Call the MetLife LTCI Sales Desk (or the insured can call Customer Service at 888-565-3761) for coverage change rules.
- Bill Mode/Frequency changes are restricted to Billing Anniversary Dates, unless the insured is no longer paying via EFT or list bill.

Sub-Standard or Alternate Benefit Offers:

- Coverage changes cannot be made to applications that are accepted as Sub-Standard or as Alternate Benefit Offers.
- The insured has the right to request a review of new health information for a possible change in his/her health rating.
- Contact MetLife LTCI Underwriting for more information.

Note: if an applicant wishes to change coverage between policies (i.e., VIP2 to LifeStage Advantage), he/she must cancel their current policy in writing and apply for a new policy at attained age rates.

Mail any Coverage Change Requests (after the free look) to:

MetLife LTCI Underwriting

PO Box 64911

St. Paul, MN 55164-0911

(Must be in writing by insured, and may require a new application)

SECTION 5 METLIFE'S LTCI UNDERWRITING REQUIREMENTS

MetLife's Long-Term Care Insurance Underwriting Requirements are Based on:

- The client's age — individuals age 18 – 84 are eligible to apply for coverage
- The client's medical history **and date of last medical exam**
- The client's cognitive awareness
- The client's ability to perform Activities of Daily Living (ADLs –refer to page 54) and to function independently on a day-to-day basis

Note: Multi-Life underwriting requirements differ from Individual underwriting requirements — make sure you are assisting your client in completing the correct application, and are reviewing the correct requirements!

Note: An underwriter may require additional information and/or order an Attending Physician's Statement (APS), Phone Health Interview (PHI) or Face-to-Face Interview if health concerns warrant!

Regular Individual Underwriting Requirements

Age	55 & Under	56–60	61–69	70+
Application	Yes	Yes	Yes	Yes
Phone Health Interview (PHI)	If health concerns warrant	Yes Initiated by MetLife	Yes Initiated by MetLife	If health concerns warrant
Medical Records (APS)	If health concerns warrant	If health concerns warrant	Yes	Yes
Face-to-Face Health Interview	If health concerns warrant	If health concerns warrant	If health concerns warrant	Yes
Physical Exam (PE) at MetLife's Expense	If health concerns warrant	If health concerns warrant	If applicant has not seen a physician in past 2 years	If applicant has not seen a physician in past 2 years

Applicants of any age:

- Additional requirements may be necessary if the producer did not meet with the client in person when completing the application.
- If health concerns warrant, medical records may be requested from a physician or specialist other than the applicant's primary care physician.
- LifeStage Advantage: MetLife reserves the right to request a pharmacy screen or information from the Medical Information Bureau (MIB) to further evaluate insurability.

Application

Applicants ages 18 – 84: Everyone must complete and submit the appropriate LTCI application to MetLife (including the Authorization to Release Medical Information, which is required by HIPAA).

Phone Health Interview (PHI)

- **Applicants ages 56 – 60** (or younger if health concerns warrant):
 - A PHI is required and will be performed by a nurse in order to obtain a better understanding of the applicant’s health history.
 - The interview will last approximately 15 – 25 minutes, depending on the information discussed.
- **Applicants ages 61 – 69** (or younger if health concerns warrant):
 - A PHI is required and will also include a memory exam.
- To make the process easier, it is important that the PHI is scheduled during a time when the applicant is free from distractions.
- Please advise the applicant to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations
- Please indicate in the application the best time (morning, afternoon or evening) to reach the applicant. Every effort will be made to accommodate your client’s preference.

Medical Records (Attending Physician’s Statement/APS)

- **Applicants ages 61– 84** (or younger if health concerns warrant):
 - Medical records (APS) from the primary care physician are required.
 - If your client does not have current medical records (has not seen a physician in the last 2 – 3 years), please document this in the application, under the heading “Details.”
 - A physical exam by a medical professional will be requested at MetLife’s expense.
 - **Note:** If the applicant has not had a regular medical exam within the past 2 – 3 years, a Preferred rating is not available.
 - If health concerns warrant, medical records may be requested from a physician or specialist other than the applicant’s primary care physician.
- MetLife reserves the right to request a pharmacy screen or information from the Medical Information Bureau (MIB) to further evaluate insurability.
- **Ordering Medical Records:**
 - If required based on age, ordering at the time of submitting the application will save time during the underwriting process.
 - We must receive notification that this has been done — document this in the application to avoid duplicate orders and unnecessary expense.
 - If the applicant has not seen a physician in over 3 years, do not order medical records; rather, note this in the application in order to alert the underwriter.
 - This will allow you or your ACP to monitor the progress of the request.

• **Order Medical Records Online:**

1. From EMSI:

- Your agency needs an account set up at <https://eol5.emsinet.com> (more information regarding setting up an account is available in the Administrative Procedures Guide).
- If your agency uses EMSI for another MetLife product, you must make sure that you are ordering through the LTCI specific account to ensure the records are sent to the LTC home office.
- Once an account is set up, you or your Agency Contact Person should be able to order records online.

2. From Parameds.com:

- Your agency needs an account set up at www.parameds.com (more information regarding setting up an account is available in the Administrative Procedures Guide).
- If your agency uses Parameds.com for another MetLife product, you must make sure that you are ordering through the LTCI specific account to ensure the records are sent to the LTC home office.
- Once an account is set up, you or your Agency Contact Person should be able to order records online.

3. From a vendor other than EMSI or Parameds.com:

- **Medical records must be received from the medical facility only. They cannot be sent by the Agent/Agency. Please do NOT include medical records with the application.** Please have any other vendors that your office may use to obtain medical records, mail them directly to:

MetLife LTCI
PO Box 64911
St. Paul, MN 55164-0911

• **Remember:**

- Order the APS from the applicant's primary care physician
- Fax a completed and signed HIPAA authorization form to the vendor
- Include any additional authorization forms required by the doctor/medical facility
- Include any special medical facility member number or ID number on the HIPAA form
- Records must come directly from the doctor/health care provider or vendor. An APS sent from a producer or agency will not be accepted
- Don't hold an application at your office once an APS has been ordered
- **If there is no indication that a required APS has been ordered, or if the underwriter determines that an APS is necessary, MetLife will order the APS. However, this may lengthen the underwriting process.**

Face-to-Face Interview (F2F)

- **Applicants ages 70 – 84** (or younger if health concerns warrant) require a F2F interview
 - It **must** be conducted in the applicant's home.
 - The F2F will last approximately 50 – 60 minutes
 - The assessment will be conducted by a medical professional from an agency designated by MetLife to review the applicant's medical history and daily activities. The applicant's height, weight and blood pressure will be verified, and a memory exam will be conducted.
- Please advise the applicant to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations
- Please indicate in the application the best time (morning, afternoon or evening) to reach the applicant. Every effort will be made to accommodate your client's preference.

Physical Examination (PE)

- A physical examination, including blood and urine testing, may be required in the following situations:
 - The applicant has not seen a physician in recent years (within 2 – 3 years, depending on the applicant's age and prior medical history).
 - Recent medical records are not available.
- Document the date of the applicant's last physical examination in the application.
- If a physical examination is needed, the underwriter will schedule the examination at MetLife's expense.
- If the applicant is age 61 and older, and has not had a regular medical exam within the past 2 years, a Preferred rating is not available.

Additional requirements may be necessary if the producer did not meet with the client in person when completing the application.

Multi-Life Discount Program Underwriting Requirements

Note: If a Multi-Life Group has a Simplified Underwriting Program it does not mean everyone completes Simplified Underwriting Requirements — pay attention to the age and participant requirements below.

Requirements for applicants age 65 or younger only:

<p>If the Applicant is the Employee¹</p>	<p>Simplified Underwriting Program — Voluntary or Employer-Paid:</p> <ul style="list-style-type: none"> • Complete Simplified Application Sections (5 health questions) • Preferred Health Discount <i>Not</i> Available <p>Modified Underwriting Program — Voluntary or Employer-Paid:</p> <ul style="list-style-type: none"> • Complete Modified Application Sections • Additional Requirements: APS, PHI, F2F, PE may be requested if health concerns warrant • Preferred Health Discount <i>IS</i> Available
<p>If the Applicant is the Employee's Spouse/Partner²</p>	<p>Simplified Underwriting Program — Voluntary:</p> <ul style="list-style-type: none"> • Complete Modified Application Sections • Additional Requirements: APS, PHI, F2F, PE may be requested if health concerns warrant • Preferred Health Discount <i>Not</i> Available <p>Simplified Underwriting Program — Employer-Paid:</p> <ul style="list-style-type: none"> • Complete Simplified Application Sections (6 health questions) • Preferred Health Discount <i>Not</i> Available <p>Modified Underwriting Program — Voluntary or Employer-Paid:</p> <ul style="list-style-type: none"> • Complete Modified Application Sections • Additional Requirements: APS, PHI, F2F, PE may be requested if health concerns warrant • Preferred Health Discount <i>IS</i> Available
<p>If the Applicant is an Eligible Family Member³</p>	<p>Simplified Underwriting Program — Voluntary or Employer-Paid:*</p> <ul style="list-style-type: none"> • Complete Modified Application Sections • Additional Requirements: APS, PHI, F2F, PE may be requested if health concerns warrant • Preferred Health Discount <i>Not</i> Available <p>Modified Underwriting Program — Voluntary or Employer-Paid:*</p> <ul style="list-style-type: none"> • Complete Modified Application Sections • Additional Requirements: APS, PHI, F2F, PE may be requested if health concerns warrant • Preferred Health Discount <i>IS</i> Available

¹ Employees must be “actively at work space” which means working 30 hours or more per week and are W-2 employees

² Spouses can include, where permitted by law, Domestic Partners and Civil Union Partners

³ Eligible Family Members include: Adult Children 18 and over, Parents (including step and in-laws), Grandparents (including step and in-laws).

Requirements for applicants ages 66 – 84 only:

All Eligible Applicants (Employee, Spouse/Partner or Eligible Family Member)

Simplified Underwriting Program — Voluntary or Employer-Paid:

- Complete Modified Application Sections: All Ages
- PHI: Ages 66 – 69 (or younger if health concerns warrant)
- APS: Ages 66 – 84 (or younger if health concerns warrant)
- F2F: Ages 70 – 84 (or younger if health concerns warrant)
- Preferred Health Discount *Not* Available

Modified Underwriting Program — Voluntary or Employer-Paid:

- Complete Modified Application Sections: All Ages
- PHI: Ages 66 – 69 (or younger if health concerns warrant)
- APS: Ages 66 – 84 (or younger if health concerns warrant)
- F2F: Ages 70 – 84 (or younger if health concerns warrant)
- PE: All Ages (may be requested if health concerns warrant)
- Preferred Health Discount *IS* Available

Additional requirements may be necessary if the producer did not meet with the client in person when completing the application.

MetLife's Multi-Life Discount Program Underwriting Requirements Are Based On:

- The applicant's attained age — individuals age 18 – 84, who meet the Multi-Life requirements are eligible to apply for coverage.
- The Multi-Life program that has been approved for the entire group that the applicant is eligible to apply through (Modified or Simplified).
- The applicant's medical history **and date of last medical exam**
- The applicant's cognitive awareness.
- The applicant's ability to perform Activities of Daily Living (ADLs — refer to page 54) and to function independently on a day-to-day basis.

An underwriter may require additional information and order an Attending Physician's Statement (APS), Phone Health Interview (PHI) or Face-to-Face Interview (F2F) if health concerns warrant!

LifeStage Advantage: MetLife reserves the right to request a pharmacy screen or information from the Medical Information Bureau (MIB) to further evaluate insurability.

Multi-Life underwriting requirements differ from Individual underwriting requirements — make sure you are assisting your client in completing the correct application, and are reviewing the correct requirements!

If the Multi-Life Discount Program Selected by the Employer is a *Modified Underwriting Program*:

- All applicants must meet the Modified Underwriting Requirements.
- Preferred Health Discount is available to any qualified, approved applicant.

Modified Underwriting Requirements:

Application

- **Applicants ages 18 – 84:** Everyone must complete and sign the Modified Underwriting section of the Multi-Life Application (including the Authorization to Release Medical Information, which is required by HIPAA).

Phone Health Interview (PHI)

- **Applicants ages 66 – 69** (or younger if health concerns warrant):
 - A PHI is required and will be performed by a nurse in order to obtain a better understanding of the applicant's health history.
 - The interview will last approximately 15 – 25 minutes, depending on the information discussed.
 - To make the process easier, it is important that the PHI is scheduled during a time when the applicant is free from distractions.
- Please advise the applicant to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations
- Please indicate in the application the best time (morning, afternoon or evening) to reach the applicant. Every effort will be made to accommodate your client's preference.

Medical Records (Attending Physician's Statement/APS)

- **Applicants ages 66 – 84** (or younger if health concerns warrant):
 - Medical records (APS) from the primary care physician are required
 - If required based on age, ordering at the time of submitting the application will save time during the underwriting process (refer to pages 43 and 44 for information on ordering medical records).
 - We must receive notification that this has been done — document this in the application to avoid duplicate orders and unnecessary expense.
 - If your client does not have current medical records (has not seen a physician in the last 2 – 3 years), please document this in the application, under the heading "Details."
 - A physical exam by a medical professional will be requested at MetLife's expense.
 - **Note:** If the applicant has not had a regular medical exam within the past 2 – 3 years, a Preferred rating is not available.
 - If health concerns warrant, medical records may be requested from a physician or specialist other than the applicant's primary care physician.
 - LifeStage Advantage: MetLife reserves the right to request a pharmacy screen or information from the Medical Information Bureau (MIB) to further evaluate insurability.

Face-to-Face Interview (F2F)

- **Applicants ages 70 – 84** (or younger if health concerns warrant) require a F2F interview
 - It **must** be conducted in the applicant's home.
 - The F2F will last approximately 50 – 60 minutes.
 - The assessment will be conducted by a medical professional from an agency designated by MetLife to review the applicant's medical history and daily activities. The applicant's height, weight and blood pressure will be verified, and a memory exam will be conducted.
- Please advise the applicant to have the following available:
 - Current medication bottles
 - Names of physicians
 - Dates of any surgeries or hospitalizations
- Please indicate in the application the best time (morning, afternoon or evening) to reach the applicant. Every effort will be made to accommodate your client's preference.

Physical Examination (PE)

- A physical examination, including blood and urine testing, may be required in the following situations:
 - The applicant has not seen a physician in recent years (within 2 – 3 years, depending on the applicant's age and prior medical history).
 - Recent medical records are not available.
- Document the date of the applicant's last physical examination in the application.
- If a physical examination is needed, the underwriter will schedule the examination at MetLife's expense.
- If the applicant is age 61 and older, and has not had a regular medical exam within the past 2 years, a Preferred rating is not available.

Additional requirements may be necessary if the producer did not meet with the client in person when completing the application.

If the Multi-Life Discount Program Selected by the Employer is a *Simplified Underwriting Program*:

- Only the following applicants are **eligible for Simplified Underwriting Requirements**:
 - An employee (actively at work on the date the application is signed)
 - who is 65 or younger;
 - who applies during the initial enrollment period (or within 90 days of date of hire); and
 - who selects a plan that meets the Simplified Underwriting Program Benefit Limitations (see below)
 - A spouse* (only if the employer is paying the spouse's premium)
 - who is 65 or younger;
 - who applies during the initial enrollment period (or within 90 days of employee's date of hire); and
 - who selects a plan that meets the Simplified Underwriting Program Benefit Limitations (see below)
- All other applicants must meet the **Modified Underwriting Requirements (see page 48 for requirements)**
 - An employee over age 65
 - Employer-paid spouses* over age 65
 - Non-employer-paid spouses* of any age
 - Employees not actively at work on the date they sign an application
 - An employee or employer-paid spouse* age 65 or younger who wishes to apply for coverage above the Simplified Underwriting Program Benefit Limitations (see below)
 - All other eligible family members
- Preferred Health Discount is *NOT* available to any applicant in a Simplified Underwriting group, regardless of underwriting requirements to which they are subjected

* Spouses can include, where permitted by law, Domestic Partners and Civil Union Partners.

Simplified Underwriting Requirements

Application

- **Eligible applicants ages 18 – 65:** Complete and sign the Simplified Underwriting section of the Multi-Life Application (including the Authorization to Release Medical Information, which is required by HIPAA).
- There are no other underwriting requirements for applicants who are eligible to apply for Simplified Underwriting through an approved Simplified Underwriting Multi-Life Group.

Note: There is no decline offer available to an applicant with Simplified Underwriting within a group offering the LifeStage Advantage product. If an applicant answers “yes” to one of the insurability questions, contact the MetLife LTC UW Pre-screen Line to speak with an underwriter. The underwriter may suggest that the applicant complete the Modified Underwriting requirements to apply for coverage.

Simplified Underwriting Program Benefit Limitations*

VIP2 Policy Series:

- **Maximum Benefit Period (BP):** 5 Years
- **Maximum Daily Benefit Amount (DBA):** \$300
- **Maximum Total Lifetime Benefit (TLB):** \$547,500

MetLife LTC LifeStage Advantage:

- **Simple Advantage:**
 - **MBA:** \$3K or \$6K
 - **TBA:** \$75K, \$100K, \$200K, \$300K, (\$400K, or \$500K N/A)
- **Custom Advantage:**
 - **MBA:** \$3K, \$6K, \$9K (\$12K and \$15K N/A)
 - **TBA:** \$75K, \$100K, \$200K, \$300K, \$400K or \$500K (\$1MM N/A)

*State Variations may apply to these limitations.

Contact your Multi-Life Program Coordinator for more information about eligibility and program underwriting requirements:

ADG (MetLife/NEF/MLR): 888-799-0902, prompt 6

IDG (MGAs): 888-776-3882, prompt 7

MLI: 800-848-3854, prompt 9, prompt 3

Applications Taken Via Phone or Mail:

NOTE: All applicants must reside in the United States, and all applications must be signed in the United States!

It is always best to take a Long-Term Care Insurance application in person. The producer acts as a “field underwriter” when he/she meets with the applicant face-to-face.

However, if circumstances arise where the producer is unable to meet with the applicant in person, and instead takes the application through the mail or by telephone, please note that MetLife will process such applications, provided:

- The producer has reviewed the application thoroughly and signed all required sections before submitting it to MetLife;
- The producer advises the applicant that there will be additional underwriting requirements;
- The producer certifies that any required written disclosure statement was given to the applicant no later than the date the application was signed; *and*
- The producer must disclose how the application was completed, i.e., by mail or phone, entering disclosure information in Question 1 on the Agent Report page and then completing and signing the certification statement in Question 9 on the Agent Report page.

Note:

- If the applicant is known by/has been previously seen by the producer, but he/she did not witness the signature on the application, this should be noted on the Agent Report page of the application.

Additional Underwriting Requirements May Apply for LTCI Applications Taken Via the Phone or Mail:

Individual Applications (non Multi-Life)

Phone Health Interview:	Required for all applicants up to age 65.
Medical Records:	Required for age 61 and older; <i>and</i> At underwriter’s discretion if under age 60.
In Home Assessment (Face-to-Face):	Required for all applicants age 66 and older.

Multi-Life Modified Applications

Phone Health Interview:	Required for all applicants up to age 65.
Medical Records:	Required for age 65 and older; <i>and</i> At underwriter’s discretion if under age 64.
In Home Assessment (Face-to-Face):	Required for all applicants age 66 and older.

Multi-Life Simplified Applications

No additional underwriting is needed for eligible employees age 65 and under who complete the Simplified application. Spouses of eligible employees, whose premium is paid by the employer, and have not been seen by the agent, may be contacted by our underwriting department.

**SECTION 6
METLIFE LTCI
UNDERWRITING GUIDELINES**

Assumptions for All Underwriting Guidelines

All underwriting guidelines assume the following:

1. **Complete recovery, unless otherwise specified.** Complete recovery means treatment is completed and the disease/condition in question has been successfully managed and controlled without progression.
2. **No surgery or diagnostic testing is planned or recommended.** Any surgery or diagnostic testing to be performed should signal you to postpone taking the application (1) in case of surgery, for at least three months after recovery from surgery, or (2) in the case of diagnostic testing, until the tests have been completed and results known.
3. **No residual impairments** (an impairment that was due to an illness or injury, which limits the client's functionality).
4. **The applicant has no functional limits, unless otherwise specified, and is independent in all Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs).** That is, they need no assistance, cueing, standby, or other form of supervision from another person to perform the following tasks:

IADLs

Using the Telephone
Managing Finances
Taking Transportation
Shopping
Preparing/Cooking Meals
Laundry
Housework
Taking all Medications

ADLs

Bathing
Dressing
Transferring out of Bed or Chair
Control of Bowel/Bladder (Continence)
Using the Toilet
Eating

5. **The applicant is able to walk around**, both inside and outside, without the assistance of another person and does not wander or get lost.
6. **The applicant does not use a wheelchair, walker, quad cane or oxygen.**
7. **The applicant shows no evidence of any cognitive impairment, including Alzheimer's disease, dementia, or other organic memory or mental health problem** which interferes with a person's ability to think clearly, live safely alone and care for himself or herself independently. Anyone who requires prompting, cueing or other forms of supervision to perform routine activities is not cognitively intact.
8. **The applicant must not be currently residing in a Nursing Home, Assisted Living Facility, or receiving Home Health Care Services, or attending Adult Day Care.**

Height and Weight Guide

Within the LTCI industry, height and weight tables are used for the purpose of assessing whether a person has an increased risk of morbidity (for more information, please refer to page 24). The following tables set forth MetLife's guidelines, for Males and for Females, for the minimum weight for consideration for LTCI, the maximum weight for a Preferred rating, the maximum weight for consideration for most significant medical conditions,** and the maximum weight for consideration for LTCI. Anyone outside the parameters listed on the following tables is considered a high risk for use of LTC services and will be considered for coverage on an individual basis.

HEIGHT AND WEIGHT CHART – FEMALE*

* This table is for reference only!

Height		Minimum Weight (lbs.) for Consideration	Maximum Weight (lbs.) for		
			Preferred Rating	** Most Significant Medical Conditions	Consideration
4'8"	(56")	86	157	178	209
4'9"	(57")	88	161	182	213
4'10"	(58")	90	165	186	217
4'11"	(59")	91	169	189	222
5'	(60")	93	173	193	226
5'1"	(61")	95	177	197	231
5'2"	(62")	98	182	202	236
5'3"	(63")	100	186	206	240
5'4"	(64")	102	190	210	245
5'5"	(65")	105	196	216	251
5'6"	(66")	108	201	221	257
5'7"	(67")	111	207	227	262
5'8"	(68")	114	212	232	268
5'9"	(69")	118	219	239	275
5'10"	(70")	121	225	246	283
5'11"	(71")	125	232	252	290
6'	(72")	128	238	259	297
6'1"	(73")	132	244	265	304
6'2"	(74")	136	250	271	310

** **Most significant medical conditions**, including, but not limited to, Diabetes Mellitus, Arthritis, Joint Replacements, Emphysema, and Heart Disease, are impacted by an increased height to weight ratio. A client who has one of these conditions, combined with an increased height to weight ratio, may be declined for coverage. Please contact the underwriting department for more detailed information.

HEIGHT AND WEIGHT CHART – MALE*

* This table is for reference only!

Height		Minimum Weight (lbs.) for Consideration	Maximum Weight (lbs.) for		
			Preferred Rating	** Most Significant Medical Conditions	Consideration
4'10"	(58")	95	176	197	228
4'11"	(59")	97	180	200	233
5'	(60")	99	184	204	237
5'1"	(61")	101	188	208	242
5'2"	(62")	103	193	213	247
5'3"	(63")	105	197	217	251
5'4"	(64")	107	201	221	256
5'5"	(65")	110	207	227	262
5'6"	(66")	113	213	233	269
5'7"	(67")	116	219	239	274
5'8"	(68")	119	224	244	280
5'9"	(69")	121	233	253	289
5'10"	(70")	124	239	260	297
5'11"	(71")	127	246	266	304
6'	(72")	130	252	273	311
6'1"	(73")	134	258	279	318
6'2"	(74")	139	264	285	325
6'3"	(75")	144	271	292	332
6'4"	(76")	149	277	298	338

** **Most significant medical conditions**, including, but not limited to, Diabetes Mellitus, Arthritis, Joint Replacements, Emphysema, and Heart Disease, are impacted by an increased height to weight ratio. A client who has one of these conditions, combined with an increased height to weight ratio, may be declined for coverage. Please contact the underwriting department for more detailed information.

Medications Commonly Associated with Uninsurable Conditions

Any medication taken by a client is significant, and should be reported on the application.

The following medications, **if currently taken for the conditions specified**, indicate fairly significant health problems, which are typically uninsurable.

If a client indicates that he or she is currently taking any of these medications for the conditions specified, you **should not** recommend to the client that he/she apply for MetLife's LTCI. For more information, contact the Underwriting department by calling the appropriate Resource Line for your distribution channel.

Drug	Condition
Abilify.....	Schizophrenia
Adriamycin.....	Cancer
Akineton.....	Parkinson's Disease/symptoms
AL-721.....	AIDS/ARC/HIV
Antabuse.....	Chronic Alcoholism
Aranesp.....	Anemia of chronic disease
Aricept.....	Memory Loss
Artane.....	Parkinson's Disease
AZT.....	AIDS/HIV
Baclofen.....	Spasticity in Multiple Sclerosis/Spinal Injury
Baraclude.....	Chronic active Hepatitis B
Betaseron.....	Multiple Sclerosis
Blenoxane.....	Cancer
Clozaril.....	Psychiatric
Cogentin.....	Parkinson's Disease
Cognex.....	Memory Loss
Copaxone.....	Multiple Sclerosis
Cytosan.....	Cancer
d4T.....	AIDS/ARC
Dantrium.....	Spasticity in Multiple Sclerosis/Spinal Injury
Dopar.....	Parkinson's Disease
Doxorubicin.....	Cancer
Eldepryl.....	Parkinson's Disease
Epogen.....	Anemia of chronic disease
Ergamisol/Etoposide.....	Cancer treatment
Ergoloid Mesylate.....	Memory Loss

Drug	Condition
Eulexin	Cancer
Exelon	Memory Loss
Foscarnet.....	AIDS/ARC/HIV
Ganite	Cancer-related conditions
Geodon.....	Psychiatric
Gleevec	Cancer Treatment
Haldol.....	Psychiatric
Hexalen	Cancer
Hydergine	Memory Loss
Hydrea.....	Cancer
Invega.....	Schizophrenia
Kemadrin	Parkinson's Disease/symptoms
Larodopa.....	Parkinson's Disease/symptoms
Levodopa.....	Parkinson's Disease/symptoms
Megace	Cancer
Mestinon	Myasthenia Gravis
Methadone.....	Substance Abuse
Mirapex.....	Parkinson's Disease/symptoms
Mutamycin.....	Cancer
Myleran.....	Cancer
Naltrexone.....	Narcotic or Alcohol Addiction
Namenda.....	Alzheimer's Disease
Narcotic use	Significant Pain control
Neosar	Cancer
Neupogen.....	Cancer
Neupro	Parkinson's Disease
Oxycontin.....	Narcotic Pain Management
Parlodel.....	Parkinson's Disease
Permax.....	Parkinson's Disease
Platinol.....	Cancer
Procrit	Anemia of chronic disease
Procyclidine	Parkinson's Disease
Prostigmin	Myasthenia Gravis
Prolixin	Antipsychotic

Drug	Condition
Razadyne.....	Alzheimer’s disease
Reminyl.....	Memory Loss/Alzheimer’s disease
ReVia.....	Opiate or Alcohol addiction
Roferon-a.....	AIDS/ARC/HIV
Sinemet.....	Parkinson’s Disease
Steroids.....	More than 5 mg taken on a daily basis
Symmetrel.....	Parkinson’s Disease
TACE.....	Cancer
Tacrine.....	Memory Loss
Teslac.....	Cancer
Tysabri.....	Multiple Sclerosis
Wellferon.....	Cancer, Chronic Hepatitis B & C, HIV
Zidovudine.....	AIDS
Zofran.....	Used for nausea in conjunction with Cancer treatment
Zoladex.....	Cancer

Uninsurable Diagnoses and Conditions

The following is a list of the most common conditions/diagnoses, limitations or living situations that would cause an applicant to be declined for coverage. This list is meant to serve as a general guide to uninsurable conditions, and is not meant to be all-inclusive.

If a client indicates that he/she has been diagnosed with any of the following conditions, you **should not** recommend to the client that he/she apply for MetLife's LTCI.

For more information, contact the underwriting department by calling the appropriate Resource Line for your distribution channel.

Acquired Immune Deficiency Syndrome (AIDS)

ADL Limitations (refer to page 54)

Adult Day Care (current use)

Alcoholism with ongoing alcohol use

Alzheimer's Disease

Amputation (due to disease)

Amyotrophic Lateral Sclerosis (ALS)

Assisted Living Facility (current use)

Ataxia (any form)

Buerger's Disease/Thromboangitis Obliterans

Catheter use for bladder function

Charcot Joint (Neurogenic Arthropathy)

Charcot-Marie Tooth Disease (Peroneal Muscular Atrophy)

Chronic Organic Brain Syndrome (OBS)

Cirrhosis of the Liver

CREST Syndrome

Cystic Fibrosis

Decubitus Ulcers (Bed Sores)

Dementia

Demyelinating Disease

Dialysis - Hemodialysis or Peritoneal

Ehlers-Danlos Syndrome

Esophageal Varices

Failed Insurance Cognitive Screen (DWR, SPMSQ, EMST, etc.)

Forgetfulness, that is frequent or persistent

Hepatitis, Chronic

HIV Positive
Home Health Care (current use)
Hospitalization (currently in hospital or anticipated admission)
Huntington's Chorea/Huntington's Disease
Marfan's Syndrome
Medical Equipment (current use of Hoyer Lift, motorized cart,
walker, quad cane, wheelchair or respirator)
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Neurogenic Bladder
Nursing Home (current use)
Oxygen Use
Paraplegia, Paralysis, or Quadriplegia
Parkinson's Disease
Polymyositis
Portal Hypertension
Postero-Lateral Sclerosis
Progressive Muscular Atrophy
Progressive Systemic Sclerosis
Psychiatric Disorders with recent or multiple hospitalizations
Renal Failure/Renal Insufficiency (chronic)
Schizophrenia
Scleroderma (active)
Senility (all forms)
Spinal Muscle Atrophy
Transplant (organ, other than cornea or kidney)
Vasculitis (all forms)

Medical Abbreviations and Common Terms

A_{1c}	Glycohemoglobin (test used to determine average blood sugar levels in a person with diabetes)
ADLs	Activities of Daily Living
AICD	Automatic, Implantable Cardioverter-Defibrillator
ASHD	Arteriosclerotic Heart Disease
BMD	Bone Mineral Density
BMI	Body Mass Index (pertains to height/weight ratio)
BUN	Blood Urea Nitrogen (test of kidney function)
CAD	Coronary Artery Disease
CHF	Congestive heart failure
CR	Complete Recovery. Applicant has recovered from the illness or injury, and now has no functional impairments or complications as a result of the illness or injury.
CVA	Cerebrovascular Accident (also known as a Stroke)
DME	Durable Medical Equipment, such as a walker, cane, wheelchair, oxygen, etc.
EF	Ejection Fraction (test used to determine heart strength and volume of cardiac output)
ER	Emergency Room
ETT	Exercise Tolerance Test (also known as a Stress Test)
GERD	Gastroesophageal Reflux Disease
GI	Gastrointestinal
IADLs	Instrumental Activities of Daily Living
IC	Individual Consideration
LTC	Long-Term Care
LTCI	Long-Term Care Insurance
MI	Myocardial Infarction (also known as Heart Attack)
NOC	Not Otherwise Classified
O/A	Osteoarthritis
POA	Power of Attorney
PFT	Pulmonary Function Tests (used to measure lung capacity and ability to move air in and out)

- PSA** Prostate Specific Antigen (blood test that screens for benign Prostate Disease or Cancer)
- PT** Physical Therapy
- R/A** Rheumatoid Arthritis
- R/O** Rule Out (concern has been ruled out, or not validated)
- SLE** Systemic Lupus Erythematosus (chronic autoimmune disease)
- SOB** Shortness of Breath; could be an indication of respiratory (lung) or cardiac (heart) problem
- TIA** Transient Ischemic Attack (also known as a Mini-Stroke) Temporary interference with blood flow to the brain, with no residual effect. May be a precursor to a Stroke.
- WNL** Within Normal Limits

Medical Conditions, Definitions and General Underwriting Guidelines

The following is a list of medical conditions commonly identified by clients during the sales process, which is intended to give a general idea of whether a client may be insurable based on MetLife's LTCI Underwriting Guidelines. "Stability in months" means the number of months a person has been both disease and treatment free; or if a condition is chronic, the number of months the disease or limitation has been successfully managed without progression. Cases where multiple conditions or limitations are present will require individual consideration. "Underwrite Cause" means the underwriter will look for the reason (the specific illness or injury) underlying the impairment and use those underwriting guidelines to appropriately rate the applicant.

The ratings listed in the following conditions are suggested as a possibility, but there may be other conditions or situations that may affect the rating. It is ALWAYS better to quote Standard, and if the client is eligible to receive the Preferred Health Discount, this will be automatically applied.

For more information, contact the underwriting department by calling the Resource Line applicable to your distribution channel or using the Pre-Screening website at <http://ltcprescreen.metlife.com>.

A

ACOUSTIC NEUROMA

A benign tumor of the auditory cranial nerve.

Total surgical removal, stable	6 months/Standard
Partial surgical removal or treated with radiotherapy, no progression, stable.	48 months/ Individual Consideration
Untreated due to small size, no adverse effects	48 months/ Individual Consideration

ADDISON'S DISEASE

Adrenal insufficiency.

Treated with replacement dose of Prednisone, hydrocortisone, cortisone, or dexamethasone.	12 months/Standard
Hospitalization for adrenal crisis	Uninsurable
Co-existing hypotension	Uninsurable

ADL LIMITATION

Assistance needed with one or more Activities of Daily Living

<i>(refer to page 54)</i>	Uninsurable
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ADULT DAY CARE

Current use of an Adult Day Care Center.	Uninsurable
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ATTENTION DEFICIT (HYPERACTIVITY) DISORDER (ADD/ADHD)

Current treatment, no co-existing psychiatric disorders or meds	3 months/Preferred
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AIDS

<i>Acquired Immune Deficiency Syndrome.</i>	Uninsurable
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ALCOHOLISM

Treated and abstinent, no liver disease	24 months/Standard
Untreated/Current use of Alcohol or Alcohol deterrent	Uninsurable

ALZHEIMER'S DISEASE

<i>Memory loss; deterioration of intellectual function.</i>	Uninsurable
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AMAUROSIS FUGAX

Fleeting blindness caused by impaired blood flow to the retina

Cause identified and treated, resolved, no tobacco use	Individual Consideration
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AMPUTATION

Due to trauma, single limb, independent in ADLs	6 months/Standard
Due to trauma, multiple limbs	Uninsurable
Due to disease process	Uninsurable

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig’s Disease)

A degenerative neurological disorder marked by progressive muscular weakness and atrophy..... Uninsurable

ANEMIA

Blood condition where red blood cells are reduced — can be symptomatic of various diseases.
Chronic blood loss

- Cause Known, corrected 3 months/Standard
- Cause Unknown, uncorrected, ongoing need for transfusion(s) ... Uninsurable
- Iron Deficiency, corrected 3 months/Standard
- Pernicious with B12 injections, no neurological impairment..... 3 months/Standard
- Sickle Cell Disease Uninsurable
- Sickle Cell Trait Individual Consideration
- Aplastic Anemia, not classified, stable Individual Consideration

ANEURYSM

Abnormal dilation of a blood vessel.

Abdominal

- Operated 3 months/Standard
- Unoperated, size less than 4 cm, stable Individual Consideration
- Cigarette use Uninsurable

Thoracic

- Operated 6 months/Standard
- Unoperated Uninsurable
- Cigarette use Uninsurable

Cerebral

- Operated without rupture 12 months/Standard
- Unoperated/rupture Uninsurable

ANGINA

Chest pain or discomfort that occurs when heart muscle does not get enough blood.

- Stable, controlled, no symptoms 6 months/Standard
- Symptomatic, unstable or tobacco use Uninsurable
- Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

ANGIOPLASTY/STENT

Mechanical dilating of a narrowed/blocked blood vessel through a minimally invasive surgical procedure. A stent, or mechanical framework, may be inserted to keep the vessel open.

- No current symptoms, completely resolved, stable cardiac/vascular testing . . . 3 months/Standard
- Symptoms continue or tobacco use Uninsurable
- Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

ANXIETY

Controlled with medications, no hospitalization,
 no residual impairment 6 months/Standard
 Panic attacks and/or anxiety that caused functional disability
 or required hospitalization, now stable 24 months/Standard
 Uncontrolled, functional limits, unstable, symptomatic. Uninsurable

ARRHYTHMIA (also see Atrial Fibrillation)

Irregular heartbeat.

Mild, controlled with medication, cardioversion, or ablation 3 months/Standard
 Defibrillator implanted (AICD). Individual Consideration
 Pacemaker inserted, stable. 6 months/Standard
 Significant, unstable condition Uninsurable

ARTERIOSCLEROTIC HEART DISEASE (ASHD)

(See Coronary Heart Disease)

ARTERITIS (Temporal, Giant Cell)

Inflammation of the lining of an artery, most often occurring in the temple; can cause blindness or stroke.

Asymptomatic, completely resolved and no residual
 impairments (steroids 5 mg or less per day may be considered). 12 months/Standard

ARTHRITIS/OSTEOARTHRITIS (OA)

Degenerative breakdown and loss of cartilage of one or more joints.

(Also see Rheumatoid/Psoriatic Arthritis)

Mild condition, no medications, no functional limits, asymptomatic . . 0 months/Preferred
 Arthroscopy/repair, single episode, no restrictions, no limits, active. . . 3 months /Preferred
 Mild/moderate condition, prescription medications, no functional limits,
 no/minimal joint deformities, single point cane used only outside. . . . 6 months/Standard
 Severe condition, requiring medical equipment, or functional limits. . . Uninsurable
 Surgery recommended, not yet performed (also see Joint Replacement) Uninsurable
 Height/weight ratio that exceeds guidelines with disease of
 weight-bearing joints (see pages 55 – 56) Uninsurable

ASBESTOSIS

Scarring of Lung Tissue from inhaled asbestos fibers Individual Consideration

ASSISTED LIVING FACILITY

Currently residing in facility. Uninsurable

ASTHMA

Seasonal or exercise-induced, no regular need for inhalers, active 6 months /Preferred
 Mild, controlled with medication, no tobacco use,
 no recent use of oral steroids 6 months/Standard
 Moderate, controlled with medication, no tobacco use,
 no recent oral steroid use 12 months/Standard
 Severe, frequent exacerbations, frequent need for oral steroids,
 use of oxygen, functional limits, tobacco use Uninsurable
 Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

ATAXIA

Defective Muscular Coordination Uninsurable

ATRIAL FIBRILLATION

Abnormal heart rhythm resulting in quivering of upper heart chambers and irregular heart beat
 Stable after successful ablation procedure,
 on appropriate anticoagulation, non-smoker 3 months/Standard
 Stable, on appropriate cardiac medication treatment regimen and/
 or appropriate anticoagulation, non-smoker 6-12 months/ Standard
 Atrial fibrillation with diabetes Individual Consideration
 Atrial fibrillation with recent hospitalization, tobacco use, TIA, CVA
 or significant Heart Valve disease.. Uninsurable

ATRIAL-VENTRICULAR (A-V) HEART BLOCK

First or second degree, no surgery recommended, asymptomatic 6 months/Standard
 Complete block, pacemaker inserted, stable 6 months/Standard

B

BACK DISORDERS

Single episode, minor muscle strain, remote history, resolved 6 months/Preferred
 Degenerative Disc Disease, no functional limits 6 months/Standard
 Back Pain, conservative treatment, no functional limits 6 months/Standard
 Treated with regular use of controlled substance/narcotic. Uninsurable
 Herniated Disc, Pinched Nerve, Sciatica, conservative treatment,
 no functional limits 3 months/Standard
 Spinal Stenosis
 Unoperated, completely resolved, no residual impairments 3 months/Standard
 Operated, completely resolved, no residual impairments 6 months/Standard
 Functional limits Uninsurable
 Scoliosis
 Incidental finding, no functional limits 0 months/Preferred
 Severe, restrictive, or functional limits Uninsurable

BARRETT’S ESOPHAGUS

A change in the type of cells of the esophagus after long-term exposure to stomach acid, such as from chronic gastroesophageal reflux (GERD); can increase risk of developing esophageal cancer

Controlled, stable 3 months/Standard

BELL’S PALSY

Unilateral facial paralysis.

No residual impairments 0 months/Standard

BIPOLAR DISORDER

Diagnosed within last 24 – 60 months, stable, regular follow up Individual Consideration

Hospitalization within last 60 months or more than once

in the past 10 years, or signs of functional or cognitive impairment Uninsurable

BLINDNESS

Long-term history of stability and independence, with no functional limits . . 0 months/Standard

Successful adaptation to recent visual loss Individual Consideration

Significant vision loss, or ongoing progression, ADL/IADL limits Uninsurable

BRONCHIECTASIS

Chronic irreversible dilatation of portions of the airways (bronchi), usually with a secondary infection.

Mild, diagnosed more than 12 months, no treatment or symptoms,

no related surgical resection, PFT’s stable 6 months/Standard

Mild, diagnosed more than 12 months, with treatment,

no current symptoms, PFT’s stable 24 months/Standard

Severe or cystic disease Uninsurable

With symptoms, daily or frequent oral steroids,

frequent antibiotic use, tobacco use Uninsurable

In combination with significant cardiac or other respiratory disease Uninsurable

Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

BRONCHITIS

Inflammation of mucous membranes of the bronchial tubes.

Acute, treated, completely resolved, no residual 0 months/Standard

Chronic (see Emphysema)

BURSITIS

Inflammation of a bursa (fluid-filled sacs that lubricate/cushion areas where muscles and tendons glide over bones)

Single episode, no restrictions, no limits, active 0 months /Preferred

Mild inflammation, multiple joints or treatments,

no functional limits, asymptomatic 3 months/Standard

BYPASS GRAFT

Heart or Vascular Surgery.

Heart, limbs, resolved, no further symptoms	6 months/Standard
Tobacco use	Uninsurable
Height/weight ratio outside of guidelines (see pages 55 – 56)	Uninsurable

C

CANCER

Acceptability periods may vary by Cancer type and staging. Higher stages at time of diagnosis or cancer that recurs may require longer stability period.

Disease free, treatment completed, no positive lymph nodes at time of diagnosis, no metastasis	24 months/Standard
Metastasis, but disease free	10 years/Standard

Bladder

Cancer in situ/stage 0, after treatment	0 months/Standard
Cancer in situ/stage 0, after final treatment	24 months/Preferred
Stage 1, after final treatment	36 months/Preferred

Breast

Ductal or Lobular Carcinoma in situ, stage 0	0 – 12 months/Standard dependent on age, treatment
Ductal or Lobular Carcinoma in situ, stage 0	0 – 36 months/Preferred dependent on age, treatment
Early stage (stage 1), treatment or surgery completed, no positive lymph nodes, no metastasis	12 months/Standard
Treatment completed, no positive lymph nodes, no metastasis, continued treatment with Tamoxifen, Arimidex	24 months/Standard
Treatment completed, disease free, with positive lymph nodes found at time of diagnosis	7-10 years dependent on grade of tumor/Standard

Cervical

Cancer in situ /stage 0	0 months, dependent on treatment and medical follow-up/Preferred
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Colon

Cancer in situ /stage 0, after surgical treatment, released from surgeon’s care	0 months/ Standard
Cancer in situ /stage 0, after final treatment	24 months/ Preferred
Stage I, after final treatment	36 months/ Preferred

Prostate

Early stage (stage 1 or 2), treatment or surgery completed,
no positive lymph nodes, no metastasis, with a Gleason score of
7 or below, PSA <1 post Radiation, < 0.5 post surgery 12 months/Standard
Any stage, no history positive nodes or distant metastases 10 years/Preferred

Skin

Basal cell carcinoma 0 months/Preferred
Squamous cell 0 months/Standard
Melanoma in situ/stage 0/Clark’s level 1, after treatment 0 months/Standard
Melanoma in situ/stage 0, after treatment, single occurrence 12 - 24 months, dependent
on location/Preferred

Thyroid

Stage I and II, after final treatment, normal labs 12 - 24 months, dependent
on type and stage /Preferred

Uterine

Cancer in situ/stage 0, after surgical treatment,
released from surgeon’s care 0 months/Standard
Cancer in situ/stage 0, after final treatment 12 months/Preferred
Stage IA and IB, after final treatment 24 months/Preferred

CARDIOMYOPATHY

Disease of the heart muscle.

Acute, resolved, no current treatment 12 months/Standard
Chronic, symptomatic or progressive Uninsurable

CAROTID ARTERY DISEASE

Operated, endarterectomy, stable, no symptoms, no history of TIA or CVA . . 6 months/Standard
Unoperated, partial obstruction less than 50%, stable, no symptoms,
no history of TIA or CVA 6 months/Standard
Symptomatic, or tobacco use Uninsurable

CARPAL TUNNEL SYNDROME

Soreness and weakness of the thumb and wrist.

No residual impairments 0 months/Preferred

CATARACTS

Minimal, no visual impairment, with/without surgical correction. . . . 0 months/Preferred

CEREBRAL PALSY

*A chronic condition affecting body movements and muscle coordination as a result of damage
to the brain before or during birth.*

Mild, no functional or cognitive limits, successful adaptation 0 months/Standard
Significant functional or cognitive limits,
ADL or IADL assistance needed Uninsurable

CHRONIC FATIGUE SYNDROME (CFS)

Minimal symptoms, with no functional limits 6 months/Standard
 In combination with depression, fibromyalgia..... Individual Consideration

CHRONIC NEUROLOGICAL DISEASE Uninsurable

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Chronic lung disease (see Emphysema).

CIRRHOSIS OF THE LIVER

Chronic liver disease. Uninsurable
 Primary Biliary Cirrhosis, if older age, asymptomatic, labs WNL Individual Consideration

COLITIS, CROHN’S DISEASE OR ULCERATIVE

Inflammation of the colon.

Controlled with appropriate medication (low dose steroid may be acceptable if 5 mg or less per day), non-limiting 12 months/Standard
 Irritable bowel syndrome, controlled, non-limiting..... 6 months/Standard
 Use of significant medications
 (Antineoplastic, Imuran, 6MP, Remicade) Individual Consideration
 Uncontrolled, frequent flares, or oral steroids more than 5 mg per day Uninsurable
 Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

COLOSTOMY OR ILEOSTOMY

Independent in care Underwrite cause

CONGESTIVE HEART FAILURE (CHF)

A condition in which the heart is unable to adequately pump blood throughout the body and allows blood to back up into the lungs, the liver, and the extremities

Single episode, resolved, no current treatment needed, EF >50% 12 months/Standard
 Multiple episodes, chronic compensated CHF, medications needed to control symptoms, tobacco use, EF <50% Uninsurable

CONNECTIVE TISSUE DISEASE Underwrite specific diagnosis

CORONARY HEART DISEASE (CAD, ASHD)

Narrowing and hardening of the arteries supplying blood and oxygen to the heart muscle.

Asymptomatic, treated/controlled with medication, EF > 50%..... 3 months/Standard
 Symptomatic, frequent medication changes, EF < 50% frequent hospitalizations or surgery planned Uninsurable
 Tobacco use Uninsurable
 Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

CROHN’S DISEASE (See Colitis)

D

DEFIBRILLATOR Individual Consideration

DEMENTIA

Progressive impairment of intellectual function. Uninsurable

DEMYELINATING DISEASE

Progressive muscle weakness of extremities, may lead to paralysis. Uninsurable

DEPRESSION

Situational, recovered, no treatment 3 months/Preferred

Mild/situational, stable medication dose, no electric shock therapy,
no hospitalization, no functional limits or cognitive impairments 12 months/Standard

Moderate/severe, stable medication dose, no electric shock therapy,
no hospitalization, no functional limits or cognitive impairments 24 months/Standard

With Chronic Fatigue Syndrome, Fibromyalgia, Anxiety,
history alcohol/substance abuse, or significant medical condition Individual Consideration

Hospitalized in last 60 months, electric shock therapy in
last 120 months, signs of functional or cognitive impairment,

uncontrolled, unstable, symptomatic Uninsurable

DIABETES

Controlled with blood sugar regularly less than 180, $A_{1c} < 8$, no
disease complications such as vascular disease, kidney disease, or
any significant heart disease, no tobacco use for 24 months 6 months/Standard

Mild retinopathy, PVD, or neuropathy, with no limits,
and excellent control. Individual Consideration

Insulin dose 100 units or less, stable, no complications Individual Consideration

Type I DM, under age 40 Uninsurable

Significant complications, or frequent medication changes needed
to control in last 12 months Uninsurable

Uncontrolled blood sugar, consistently more than 180. Uninsurable

Elevated $A_{1c} > 8.5$ within past 12 months Uninsurable

Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

DIALYSIS, HEMODIALYSIS OR PERITONEAL Uninsurable

DISABILITY Underwrite cause

DIVERTICULOSIS

Controlled, stable, no limits 0 months/Preferred

DIVERTICULITIS

Resolved, stable, no limits 3 months/Standard

DIZZINESS/VERTIGO

Acute viral labyrinthitis, completely resolved, no residual impairments 3 months/Preferred
 Meniere’s disease, stable, non-limiting 3 months/Standard
 Cause unknown, asymptomatic, no co-existing neurological
 impairment, negative work-up, completely resolved,
 no residual impairments 6 months/Standard
 Cause unknown, ongoing problem Uninsurable

DRUG ABUSE (history of)

Treated, with current abstinence, no residual issues 24 months/Standard
 Use within past 24 months Uninsurable

DYSTONIA

A neurological movement disorder which causes involuntary contractions of muscles
 Torticollis, Dysphonia, no functional limits, use of Botox injections . . . Individual Consideration
 Progressive, functional limits Uninsurable

E

EDEMA

Localized swelling. Underwrite Cause

EMPHYSEMA/COPD/CHRONIC BRONCHITIS

Chronic, irreversible lung disease.
 No medications or symptoms, ONLY present on X-ray or
 physician diagnosis, no tobacco use 12 months/Standard
 Mild, no symptoms, no treatment 12 months/Standard
 Mild, no symptoms, intermittent or daily medications, no oral steroids . . . 24 months/Standard
 Symptomatic, treatment with multiple medications, or steroids Uninsurable
 Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable
 Ongoing or recent tobacco use Uninsurable

ENCEPHALITIS, INFECTIOUS

Inflammation of the brain.
 Resolved, no functional limits or residual effects, no cognitive impairment . . 6 months/Standard

ENDOCARDITIS, INFECTIOUS

Inflammation of the lining of the heart chambers and valves.
 Single episode, fully resolved, stable 6 months/Standard
 Residual heart damage, impaired heart function, symptoms Uninsurable

EPILEPSY

Seizure disorder.
 Well controlled, non-limiting, seizure free. 12 months/Standard
 Uncontrolled, or a seizure within last 12 months Uninsurable

ESOPHAGEAL STRICTURE

A narrowing or constriction of the esophagus.

Treated with dilatation, no limits, height/weight ratio within guidelines (see pages 55 – 56) 6 months/Standard

ESOPHAGEAL VARICES

Swollen, twisted veins in the esophagus, usually secondary to

cirrhosis of the liver. Uninsurable

F

FALLS

History of multiple falls, no functional limits, no fractures Individual Consideration/
Underwrite cause

FIBROMYALGIA

Muscle inflammation; pain, tenderness and stiffness in joints.

No functional limits 12 months/Standard

In combination with Depression, Chronic Fatigue Syndrome,
or other musculoskeletal disease Individual Consideration

Regular use of controlled substance or with cognitive concerns Uninsurable

FRACTURES

Broken bones.

Extremities, non-weight bearing, no functional impairment,
condition resolved, no Osteoporosis 3 months/Preferred

Extremities, weight-bearing, no functional impairment,
condition resolved, no Osteoporosis 6 months/Standard

Functional disability or limitation Uninsurable

Skull, completely resolved, no residual impairment,
no cognitive impairment 12 months/Standard

Vertebral, due to accident, no functional limits 6 months/Standard

Vertebral or hip, due to/or in combination with Osteoporosis Uninsurable

Paget’s disease Uninsurable

G

GALLBLADDER DISEASE

Gallstones, operated or unoperated, resolved, no residual 0 months/Preferred

GASTRIC BYPASS SURGERY

Height/Weight within guidelines (see pages 55 – 56), normal blood values. . . 6 months/Standard

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Abnormal backflow (reflux) of food, stomach acid, and other digestive juices into the esophagus

Controlled, no inflammation or limits0 months/Preferred

GLAUCOMA

Disease of the eye, can lead to blindness if untreated.

Controlled, minimal treatment required, no visual impairments.0 months/Preferred

Multiple medications, residual impairment Individual Consideration

GOUT

Joint inflammation caused by increased Uric Acid in the blood (See Arthritis)

Simple, minimal medication, controlled, stable, no recent flares0 months/Preferred

Severe, frequent flares Individual Consideration

GUILLAIN BARRE SYNDROME

Progressive muscular weakness of extremities; may lead to paralysis.

Single episode, completely resolved, no residual impairment6 months/Standard

With residual impairment, or residual Polyneuropathy Uninsurable

H

HEAD INJURY

Completely resolved, no residual impairment12 months/Standard

With residual impairment, functional or cognitive limits,

ADL or IADL assistance needed Uninsurable

HEADACHE/MIGRAINES

Treated with conservative therapy, non-debilitating6 months/Preferred

Multiple medications, no functional limits Standard

Functional limitations, use of controlled substances Individual Consideration

HEART ATTACK (Myocardial Infarction/MI)

Asymptomatic, completely resolved, stable cardiac testing, no tobacco use ..6 months/Standard

Tobacco use Uninsurable

Cardiac test results indicating poor cardiac function/EF.< 50% Uninsurable

Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

HEART SURGERY

(See also Angioplasty/Stent, Bypass Graft, Heart Valve Replacement)

Asymptomatic, completely resolved, stable cardiac testing, no tobacco use ..6 months/Standard

Cardiac test results indicating poor cardiac function/EF.< 50% Uninsurable

Tobacco use..... Uninsurable

Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

HEART VALVE DISEASE

Asymptomatic, controlled/stable with medication	6 months/Standard
Symptoms or functional impairment.	Uninsurable
Significant disease, in combination with atrial fibrillation	Uninsurable
Cardiac test results indicating poor cardiac function/EF < 50%.	Uninsurable
Tobacco use	Uninsurable
Height/weight ratio outside of guidelines (see pages 55 – 56)	Uninsurable

HEART VALVE REPLACEMENT

Operated, stable, no functional limits	6 months/Standard
In combination with atrial fibrillation	Uninsurable
Cardiac test results indicating poor cardiac function/EF < 50%	Uninsurable
Tobacco use	Uninsurable
Height/weight ratio outside of guidelines (see pages 55 – 56).	Uninsurable

HEMOCHROMATOSIS (Iron Overload)

A disease of iron metabolism; iron accumulates in body tissues.

Blood values controlled and stable, no evidence of any organ damage.	24 months/Standard
Evidence of organ damage (heart or liver)	Uninsurable

HEPATITIS

Inflammation of the liver.

Hepatitis A, resolved, no residual disease, no functional limits, LFT's in normal range	0 months/Standard.
Hepatitis A, full recovery, no residual disease, no functional limits, LFT's in normal range	12 months/Preferred
Hepatitis B identified/treated, no residual disease, no functional limits, LFT's in normal range	12 months/Standard
Hepatitis B carrier	Individual Consideration
Hepatitis C, D, E, G	12 – 60 months, depending on type & treatment/ Individual Consideration
Any other chronic liver disease or fibrosis	Uninsurable

HERNIATED INTERVERTEBRAL DISC (See Back Disorders)

HIATAL HERNIA

Hernia of the stomach.

Controlled without complications	0 months/Preferred
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HIGH BLOOD PRESSURE (Hypertension)

Controlled with up to 3 medications, well controlled,
 stable B/P less than 140/85. 6 months/Preferred
 Controlled, requires multiple medications,
 B/P less than 160/95 3 months/Standard
 Uncontrolled/Readings at or more than 160/95. Uninsurable
 Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

HIV Uninsurable

HOME HEALTH CARE

Currently receiving services. Uninsurable

HUNTINGTON’S CHOREA

A progressive disease of the central nervous system. Uninsurable

HYDROCEPHALUS

An accumulation of excess cerebrospinal fluid in the head, causing harmful pressure on the brain
 Shunt placement/revision, asymptomatic, stable Individual Consideration
 after 60 months

I

IMBALANCE; GAIT DISTURBANCE Underwrite Cause

IMMUNE DEFICIENCY DISORDER

Suppressed immune system. Uninsurable

IMMUNE SYSTEM DISORDERS. Underwrite Cause

INCONTINENCE

Loss of sphincter muscle control (degree may vary from mild to significant).
 Stress incontinence/bladder, minimal/controlled, daily medication
 no use of protective undergarment 0 months/Preferred
 Stress incontinence, no residual impairment, use of minimal
 protective undergarment, independent in care 0 months/Standard
 Significant incontinence, any social or functional limits. Uninsurable
 Neurogenic bladder, use of catheter (internal or external) Uninsurable
 Bowel Incontinence Uninsurable

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

(See Guideline Assumptions, page 54, for complete list.)
 Minimal assistance reported Individual Consideration/
 Underwrite cause
 Regular Assistance required Uninsurable

IRRITABLE BOWEL SYNDROME (IBS) (See Colitis)

J

JOINT REPLACEMENT (hip, knee, shoulder)

Physical Therapy completed, completely resolved, no residual impairment, no walker, quad cane or wheelchair 6 months/Standard
 With complications, symptoms or functional impairment Uninsurable
 Surgery recommended but not performed Uninsurable
 Height/weight ratio outside of guidelines (see pages 55 – 56) Uninsurable

K

KIDNEY DISEASE/KIDNEY CONDITION

Acute episode, single occurrence, completely resolved, normal labs . . . 6 months/Standard
 Chronic or frequent episodes, dialysis, abnormal labs Uninsurable
 Removal of kidney, not Cancer, no residual problem, normal labs 6 months/Standard
 Kidney donor, recovered, no complications, normal blood work 6 months/Preferred
 Polycystic Kidney Disease Individual Consideration
 Renal Insufficiency, labs stable, no co-morbid conditions, no progression. . Individual Consideration

KIDNEY STONES

Small granular mass present in the kidney.
 Single episode, completely resolved 3 months/Preferred
 Multiple episodes, unoperated or operated, completely resolved 3 months/Standard

KNEE DISORDER/MINOR SURGERY (Arthroscopy)

No damage to joint, no functional limits, repaired,
 Height/weight ratio within guidelines (see pages 55 – 56) 3 months/Preferred

L

LEUKEMIA (A chronic or acute cancer of the white blood cells of the bone marrow and blood.)

Acceptability periods vary by Cancer type and staging. Higher stages at time of diagnosis or cancer that recurs may require longer stability period.
 Low stage, Treatment free, stable platelet count/blood values 24 months/Standard
 All other stages, based on presence/absence of lymph node involvement and other symptoms, presence/absence of recurrences 24 – 120 months/ Standard

LEUKOPENIA

Abnormal decrease of white blood cells. Underwrite Cause

LUPUS

Connective Tissue Disease.

- Discoid, inactive, no evidence of systemic disease 6 months/Standard
- Systemic Lupus (SLE), over age 50, in remission, Labs/ANA test
near normal, no steroids or immunosuppressant use Individual Consideration
after 60 months

LYME DISEASE

Recurrent inflammatory disorder characterized by fever, fatigue, malaise, headache, and a stiff neck.

- Acute infection, one episode, now fully resolved, no residual 6 months/Standard
- Ongoing symptoms, recurrent infection, or ongoing treatment Uninsurable
- Complications of disease or functional limits Uninsurable

LYMPHOMA (Hodgkin’s, Non-Hodgkin’s) *Cancer that involves lymphatic tissue, including the lymph nodes. Acceptability periods vary by type and staging. Higher stages at time of diagnosis or cancer that recurs may require longer stability period.*

- Hodgkin’s, low stage, disease and treatment free, labs WNL,
no recurrence 12 - 24 months/Standard
- Hodgkin’s, all other stages, based on presence/absence of lymph node
involvement and other symptoms, presence/absence of recurrences . . . 24 – 120 months/Standard
- Non-Hodgkin’s, all stages, based on presence/absence of lymph node
involvement and other symptoms, presence/absence of recurrences . . . 24 – 120 months/Standard

M

MACULAR DEGENERATION

- Stable, no progression, good vision, no functional limits 6 months/Standard
- Progression, poor vision, or functional limits Uninsurable

MANIC-DEPRESSION

(See Bipolar Disorder)

MEDICAL EQUIPMENT (Current Use)

- Single point cane; brace, no limits Individual Consideration
- Hoyer Lift, motorized cart or device, walker, wheelchair,
quad cane, respirator, oxygen use Uninsurable

MEMORY LOSS/FORGETFULNESS

- Episode of short-term memory loss or forgetfulness,
now completely resolved, negative work-up,
24-month stability, cognitive exam results normal Individual Consideration
- With history of depression or anti-depressant medication,
functional impairment, neurological work-up or progression,
failed cognitive exam Uninsurable

MENIERE’S DISEASE

Recurrent and progressive symptoms include ringing in ears and dizziness

Treated, resolved, no symptoms 3 months/Preferred
 Ongoing treatment, no limits 3 months/Standard

MENINGITIS

Inflammation of the brain.

Resolved, no residual or functional limits, no cognitive impairment . . . 6 months/Standard

MENTAL RETARDATION Uninsurable

MITRAL VALVE PROLAPSE (MVP)

Stable, mild, controlled, no symptoms or limits. 3 months/Preferred

MONOCLONAL GAMMOPATHY (MGUS)

Labs and bone marrow within normal limits, no anemia/
 kidney disease/bone lesions, no treatment Individual Consideration

MULTIPLE SCLEROSIS

An inflammatory disease of the central nervous system. Uninsurable

MUSCULAR DYSTROPHY

Progressive muscle atrophy Uninsurable

MYASTHENIA GRAVIS

Progressive muscular weakness and fatigue.

Systemic, stable and in remission for at least 7 years Individual Consideration
 Ocular form of MG, no systemic involvement, stable for at least 36 months . . Individual Consideration

N

NARCOLEPSY

Chronic, recurrent attacks of drowsiness and sleep.

Controlled, with or without medication, no functional limits 6 months/Standard
 Symptomatic, untreated, with cataplexy Uninsurable

NEPHRITIS, GLOMERULONEPHRITIS

Inflammation of the kidney. (See Kidney Disease/Condition)

NEUROGENIC ARTHROPATHY (Charcot’s Joint) Uninsurable

NEUROGENIC BLADDER Uninsurable

NEUROPATHY

A disease of the nerves.

Non-progressive, no functional limits	6 months/Standard
Mild, with Diabetes	Individual Consideration
Progressive or due to alcoholism	Uninsurable

NURSING HOME

Current use	Uninsurable
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O

ORGANIC BRAIN SYNDROME (OBS)

Acute/chronic mental disorders, brain damage.	Uninsurable
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OSTEOARTHRITIS (See Arthritis)

OSTEOMYELITIS

Bone infection.

No functional limits, complete recovery	12 months/Standard
Chronic, active	Uninsurable

OSTEOPOROSIS

Bone loss.

Osteopenia, preventative treatment	0 months/Preferred
T score of -3.5 or better, treated, asymptomatic, no fractures, no functional limits.	0 months/Standard
Compression fractures, symptomatic, hip fracture, or with functional limits.	Uninsurable
Severe Osteoporosis (<i>worse than -4.0 T-score</i>)	Uninsurable
Height/weight ratio outside of guidelines (see pages 55 – 56)	Uninsurable

OXYGEN USE.	Uninsurable
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P

PACEMAKER

Pacemaker inserted, stable, asymptomatic	6 months/Standard
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PAGET’S DISEASE

Chronic inflammation of bones that can lead to joint deformity and elevated serum Alkaline Phosphatase.

Asymptomatic, localized, no fractures, no residual impairment	12 months/Standard
Severe disease, pathologic fractures, peripheral nerve compromise, significantly abnormal blood values.	Uninsurable

PANCREATITIS

Inflamed pancreas.

Acute, completely resolved, no residual 12 months/Preferred
 Chronic, recurrent, ongoing treatment, or related to alcohol use Uninsurable

PARALYSIS/PARESIS

Loss of voluntary function.

Partial, mild, no functional limits Underwrite Cause

PARAPLEGIA

Paralysis of lower portion of the body, and of both legs. Uninsurable

PARKINSON’S DISEASE

Chronic nervous disease; tremors, muscular weakness, gait disorder. Uninsurable

PERICARDITIS

Inflammation of the sac enclosing the heart.

Acute episode, no heart impairment, completely resolved 6 months/Standard

PERIPHERAL NEUROPATHY

Disease of the peripheral nerves.

Non-progressive, no functional limits 6 months/Standard
 Mild, with Diabetes Individual Consideration
 Progressive, or due to alcoholism Uninsurable
 Unknown etiology Individual Consideration

PERIPHERAL VASCULAR DISEASE

*Disease of the arteries and veins of the extremities —
 interferes with adequate flow of blood to and from the extremities.*

Good pulses, non-smoker, no Diabetes, no claudication, no functional limits 3 months/Standard
 Mild, with Diabetes Individual Consideration
 No pulses, claudication or skin ulcers, tobacco use or functional limits Uninsurable

PLATELET DISORDERS

Reduced or increased platelet counts

Labs near normal, with no significant concerns Underwrite Cause

PNEUMONIA

Inflammation of the lungs caused primarily by bacteria, viruses, or chemical irritants.

Single episode, completely resolved 3 months/Preferred

POLIO

An acute viral disease, may lead to subsequent atrophy of muscle groups.

Minimal residual impairment, no functional limits.	0 months/Standard
Evidence of progressive muscle weakness, lower extremities	Uninsurable
Post Polio Syndrome.	Uninsurable

POLYCYTHEMIA, ESSENTIAL THROMBOCYTOSIS

An excess of red blood cells.

Primary/Asymptomatic	12 months/Standard
Secondary	Underwrite Cause
Controlled with phlebotomy no more than every 3 months	Individual Consideration
History of TIA	Uninsurable

POLYCYTHEMIA VERA

A chronic bone-marrow disorder.

Stable hemoglobin and hematocrit, treatment with aspirin or dipyridamole	12 months/Standard
History of TIA, congestive heart failure, neurologic complaints, or current treatment with hydroxyurea, 6 MP or any antineoplastic	Uninsurable
Controlled with phlebotomy no more than every 3 months	Individual Consideration

POLYMYALGIA RHEUMATICA (PMR)

Muscle pain in shoulder and hip, with no sign of inflammatory arthritis or muscle disease.

No continued steroids, completely resolved, no residual impairment . . .	6 months/Standard
Currently receiving treatment, no related medical problems, no functional limits, no symptoms, steroids 5 mg or less, stable for 12 months	Individual Consideration

POLYMYOSITIS

<i>Connective tissue disease.</i>	Uninsurable
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POLYPS

Tumor

Benign, completely resolved	3 months/Preferred
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PORTAL HYPERTENSION

<i>Increased blood pressure due to an obstructed liver.</i>	Uninsurable
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PROSTATE DISORDERS, BENIGN (E.G., BPH)

Enlarged prostate, not due to malignancy

No obstructive symptoms, PSA (Prostate Specific Antigen)

within normal limits for age/condition, most recent PSA

within last 6 months, regular medical follow up. 0 months/Preferred

Surgical treatment, completely resolved, normal PSA. 3 months/Standard

PSA greater than 10.0 Uninsurable

Chronic obstructive disease with regular catheterization Uninsurable

PSYCHIATRIC DISORDERS

(Refer to the specific diagnosed condition)

PULMONARY EMBOLI

Obstruction of the pulmonary artery or one of its branches.

Completely resolved, no residual impairments Underwrite Cause

PULMONARY FIBROSIS

Mild Individual Consideration

PULMONARY HYPERTENSION

Mild Individual Consideration

R

RAYNAUD’S DISEASE/SYNDROME Underwrite Cause

REFLEX SYMPATHIC DYSTROPHY Individual Consideration

RESPIRATORY DISEASE

Any disease that interferes with ventilation of lungs/breathing, causing pulmonary insufficiency.

Not otherwise classified, completely resolved, no residual impairment . . . 6 months/Standard

Severe — frequent exacerbation, oxygen use, activity

restriction or tobacco use. Uninsurable

RESTLESS LEG SYNDROME (RLS) 3 months/Standard

RETINAL DETACHMENT AND/OR HEMORRHAGE

Separation of the inner layer of the retina, leading to loss of function.

Non-Diabetic, complete recovery 6 months/Standard

Visual loss. Individual Consideration

RETINITIS PIGMENTOSA

Progressive Visual Loss Uninsurable

RHEUMATOID ARTHRITIS/PSORIATIC ARTHRITIS

Mild/moderate disease, medications, no functional limits, no/minimal joint deformities, no recent flares	12 months/Standard
History of joint replacement surgery	Individual Consideration
Use of Methotrexate less than or equal to 20 mg/week, Enbrel, or Remicade	Individual Consideration
Severe disease, requiring medical equipment, or functional limits	Uninsurable
Steroid use more than 5 mg daily	Uninsurable
Severe joint deformities	Uninsurable
Height/weight ratio that exceeds guidelines with disease of weight-bearing joints (see pages 55 – 56)	Uninsurable

S

SARCOIDOSIS

<i>Granular tumor/lesions affecting body organs and tissues.</i>	
Single episode, resolved, localized	24 months/Standard
Systemic disease, symptoms, tobacco use or ongoing treatment	Uninsurable

SCHIZOPHRENIA Uninsurable

SCIATICA

(See Back Disorders)

SCLERODERMA

Chronic disease of the skin and certain organs. Uninsurable

SCOLIOSIS

(See Back Disorders)

SEIZURE DISORDER

(See Epilepsy)

SENILITY

(See Alzheimer’s Disease/Dementia) Uninsurable

SHUNT

(See Hydrocephalus)

SJOGREN’S SYNDROME

Over 50 years old, minimal symptoms/treatment, 24 months stability . . . Individual Consideration

SLEEP APNEA

Short cessation of breathing during sleep.

Mild, no functional limits.	3 months/Standard
CPAP, surgery, full recovery, no complications	6 months/Standard
Combined with significant cardiac or respiratory conditions	Uninsurable
Height/weight ratio that exceeds guidelines (see pages 55 – 56)	Individual Consideration

SPINAL CORD DISORDERS Uninsurable

SPINAL MUSCLE ATROPHY Uninsurable

SPINAL STENOSIS

(See Back Disorders)

STROKE (Cerebrovascular Accident — CVA)

Brain hemorrhage, sudden loss of consciousness followed by paralysis.

Stroke: with residual impairment, or in combination with diabetes, circulatory or heart disease, or tobacco use, or multiple occurrences. . .	Uninsurable
Single episode, no residual, no co-morbid.	60 months/Substandard 120 months /Standard

As result of brain tumor, tumor completely removed, no cognitive or functional residual, no co-morbid.	60 months/Individual Consideration
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SUBARACHNOID HEMORRHAGE/INTERCRANIAL BLEEDING

Brain hemorrhage/bleeding, not identified as a Stroke. Underwrite Cause

SURGERY

<i>Any anticipated or recommended surgery.</i>	Postpone application until surgery and recovery complete, with complete resolution, and no functional limits
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SYNCOPE

Fainting

Cause known, resolved, no further issue	Underwrite Cause/Standard
Cause unknown, single episode, investigated, resolved, not TIA	12 months/Standard
Multiple episodes	Uninsurable

T

THROMBOPHLEBITIS, SUPERFICIAL, WITH NO ULCERS

Inflammation of a vein, associated with blood clot.

One episode, no further treatment necessary, resolved.	3 months/Preferred
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THROMBOCYTOPENIA (Idiopathic Thrombocytopenia Purpura or ITP)

Abnormal decrease in the number of blood platelets.

- Operated, splenectomy, no residual impairments 24 months/Standard
- Unoperated, no treatment, asymptomatic, stable blood values 12 months/Standard
- All other types of Thrombocytopenia Underwrite Cause

THROMBOSIS, DEEP VEIN (DVT)

Blood clot.

- One episode, no further treatment necessary, resolved 6 months/Preferred
- Greenfield Filter in place, anticoagulated Individual Consideration

THYROID DISORDERS

- Controlled 0 months/Preferred

TIA (Transient Ischemic Attack)

Temporary interference with blood supply to brain. (Sometimes called “Mini-Stroke.”)

- Single episode, completely resolved, no residual impairment 60 months/Standard
- Multiple episodes, arrhythmia, residual impairment, vascular disease uncorrected, tobacco use, diabetes, or heart disease Uninsurable

TOBACCO USE

- Current use/use within past 12 months, with no co-morbid conditions . . . Standard
- In combination with cardiac, respiratory, or vascular disease; or with history of TIA, Stroke, Diabetes, or certain cancers Uninsurable

- TRANSIENT GLOBAL AMNESIA** 12 – 60 months/Individual Consideration

TRANSPLANT, ORGAN

- Corneal, no visual limits 12 months/Standard
- Kidney, Bone Marrow 60 months/ Individual Consideration
- All others Uninsurable

TRANSURETHRAL RESECTION (TURP)

Surgical resection of the prostate – may be for benign or malignant condition.

- Benign, no residual incontinence, PSA @ Acceptable level 3 months/Standard
- Cancer, no residual incontinence, PSA @ Acceptable level 12 – 120 months based on stage/treatment

TREMORS

Continuous involuntary quivering.

- Benign, essential, no residual impairment, no progression, no functional limits 12 months/Standard
- Cause unknown or current neurological work-up Uninsurable
- Other types of tremors Underwrite Cause

METLIFE LTCI UNDERWRITING GUIDELINES

TUBERCULOSIS

Infectious respiratory disease.

Treated/Inactive	12 months/Standard
Active	Uninsurable

TUMORS, BRAIN/SPINAL CORD

Operated or treated, not otherwise classified, rule out Cancer, completely resolved, no residual impairments	24 – 48 months, depending on type and grade/ Individual Consideration
Benign, Unoperated due to small size, no effects or progression	48 months/Individual Consideration
Cancer, treated/resolved, no limits	Underwrite Cause, based on staging

U

ULCERS OF SKIN

Open sore or lesion.

Due to vascular disease, operated, resolved, no functional limits, no tobacco use	24 months/Standard
Active or chronic history	Uninsurable
Resulting in amputation	Uninsurable
Decubiti (bed sores)	Uninsurable
Diabetes related	Uninsurable

ULCERS, DUODENAL OR PEPTIC

Stomach ulcers.

No history of bleeding, resolved with medication	0 months/Preferred
History of bleeding, no functional limits, controlled with medication. .	6 months/Standard

UREMIA, END STAGE RENAL DISEASE

<i>Toxic blood condition</i>	Uninsurable
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V

VARICOSE VEINS (no stasis ulcers)

Enlarged, twisted, superficial veins.

No underlying vascular disease 0 months/Preferred

Symptomatic, no functional limits 0 months/Standard

VARICES, ESOPHAGEAL

Usually secondary to cirrhosis of the liver Uninsurable

VASCULITIS (see also specifics under **ARTERITIS**)

Inflammation of a blood or lymph vessel Uninsurable

VERTEBRAL OR SPINAL DISORDER

Also see Back Disorders

No functional limits, no medical equipment, no residual impairments 6 months/Standard

With functional limits, need for medical equipment, chronic pain or recommended surgery Uninsurable

Height/weight ratio outside of guidelines (see pages 55 – 56). Uninsurable

W

WEIGHT

(See Height and Weight Guide on pages 55 - 56)

Height/weight ratio that exceeds guidelines, in combination with certain chronic conditions (e.g., Diabetes, Arthritis affecting weight-bearing joints, Joint Replacements, Respiratory Disease, Heart Disease, etc.) Uninsurable

Height/weight ratio that exceeds Maximum Consideration listed on Height and Weight Guide on pages 55 - 56 Uninsurable

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