



Agent Guide and Underwriting Guidelines

for

Assured Solutions & Assured Solutions Plus
Long-Term Care Insurance Plans

Underwritten by United *of* Omaha Life Insurance Company

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Important Note:

Availability of benefits and options described in this booklet may vary by state.

The application for your state will indicate what is available for sale.

Please contact your Marketing Office for assistance. See Page 3

Marketing Offices

- Sales Support
- Contracting
- Licensing
- Supplies
- Quotes

Shaded states on map

American Independent Marketing (AIM)

511 West A Street
Yakima, WA 98902

P.O. Box 9366
Yakima, WA 98909

1-800-672-7202 (phone)

1-800-829-0391 (fax)

Texas, Louisiana, Oklahoma

1-800-525-1727 (phone)

1-817-545-3363 (fax)

Non-shaded states on map

GOLDENCARE USA

10700 County Road 15
Plymouth, MN 55441

1-800-842-7799 (phone)

1-866-863-8608 (fax)



**General
Agent**

Webex Training

E-Mail

AIM

www.aimfortlc.com

www.aimfortlc.com

<http://goldencareusa.webex.com>

info@aimfortlc.com

GOLDENCARE USA

www.goldencareusa.com

www.goldencareagent.com

<http://goldencareusa.webex.com>

info@goldencareusa.com

United of Omaha Contact Information

New Business

Agents may initially submit applications to their Marketing Office to assure they are complete and filled out correctly. Agents should then send applications directly to the address below.

Regular Mail

Long-Term Care Service Office
PO Box 64901
St Paul, MN 55164-0901

Expedited Mail – FedEx/UPS

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

Premium Submission

Other than initial premium (“cash with app”) For example: renewals, balances, shortages, etc.

United of Omaha
PO Box 30154
Omaha, NE 68103-1252

Claims

7:00 a.m. – 5:00 p.m. CST M-F

Phone 1-877-894-2478

Customer Service

7:00 a.m. – 5:00 p.m. CST M-F

Phone 1-877-894-2478

Billing and Collection
New Business Service
Policy Issue

Licensing

Please call your Marketing Office for assistance. See contact information on Page 3

Underwriting

8:00 a.m. – 4:30 p.m. CST M-F

Phone 1-800-551-2059

Prequalification
Risk Selection Email Itcunderwriting@mutualofomaha.com

Status Reports

You may check policy/underwriting status by visiting the Sales Professional Access (SPA) Web site at www.mutualofomaha.com. Simply click on the “Sales Professionals” link to access the login page.

Click on “Brokerage Reporting” and select “Pending Case–Health.”

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

Go to www.mutualofomaha.com, then click “Need to Register?”

Follow the on-screen instructions to complete the process.

If errors are encountered during this process, call 1-800-847-9785 for technical assistance.

Licensing and Appointments

Please call your Marketing Office if you need assistance.

Appointment Requirements

(May vary by state.)

Non-Pre-appointment States –
(All states except GA, MT, PA, WA)

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

Pre-appointment States – GA, MT, PA, WA

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

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

How to Obtain/Submit Paperwork

Look to your Marketing Office for the support you need! See Page 3 for contact information. Once your paperwork is submitted to your Marketing Office, you will be advised of any missing information. You may contact your Marketing Office at any time to check the status of your appointment.

Background Checks

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

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

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

Note: It is nearly impossible to get an agent approved if something turns up on his/her background that was not disclosed.

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

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

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

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

Errors and Omissions Insurance

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

Continuing Education – Long-Term Care

Copies of continuing education certificates are required for agents soliciting in the following states: Agents may access the websites below for additional details.

- California www.insurance.ca.gov
- Colorado* www.dora.state.co.us
- Illinois www.idfpr.com
- Indiana www.in.gov/idoi
- Maryland www.mdinsurance.state.md.us
- Washington www.insurance.wa.gov
- Massachusetts requires company specific product training

*In Colorado, CE is not required for non-resident agents.

Welcome Letter

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

Supplies You Will Need

Your Starter Kit will include the following materials:

Brochures – Describes plan features and benefit options (may vary by state).

Rate Books

Application Packets – Contains an individual application and vital forms required in the applicant's resident state. A separate application must be completed and submitted for each applicant.

Replacement Forms (Contained in the Application Packet.) – If coverage is to be replaced, this form must accompany the application and comply with requirements, if any, in the state in which the application is signed. There are two copies of the form in the Application Packet. Be certain to leave the 2nd copy with the applicant. Please note that it is the applicant's responsibility to cancel coverage with their current carrier.

Long-Term Care Personal Worksheet (Contained in the Application Packet.) – This form must be completed and submitted with each application.

"The Importance of an Accurate Health History" – This brochure provides underwriting information and contains details about the Telephone Interview and Face-to-Face Examination. To better prepare the applicant for this underwriting requirement, agents should review the brochure with the applicant and help them fill-in necessary information.

Guide To Health Insurance For People With Medicare – This government publication must be provided to applicants who are age 65 or older at the time of application.

LTC Shopper's or Buyer's Guide – If required in the state where the application is taken, provide applicant with the appropriate guide at the time of application.

Supply Order Form – To help ensure each state's requirements are met.

Reprint of A.M. Best Report – United of Omaha Life Insurance Company has been rated "A" Excellent by A.M. Best Company. You may wish to provide your clients with a copy of the reprint.

To reorder supplies, please contact your Manager (if any) use the Supply Order Form, or call the number listed in the Marketing Offices Directory on Page 3.

The Application Process

Things to Remember

- The application packet contains the application plus any vital forms required by the client's resident state.

Note: Non-resident state applications or forms will not be accepted.

- If the application is taken in person the agent must be licensed in the state where the application is signed. For mailed-in applications, the agent must be licensed in the state where the application was solicited. Details for Non-Witnessed Applications are on Page 9.
- Although many long-term care sales are made to married couples, each spouse is underwritten individually and, upon approval, is issued his or her own policy. A separate application must be completed for each applicant.

Note: Only the applicant for insurance may complete and sign the application.

- Please be certain all answers are legible. White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant.
- "N/A" is not an acceptable answer. Instead the question should be answered "no" or "none."
- Agents are asked to include a copy of their quote with the application packet.

How to Complete the Application

General Questions

All questions must be answered – including best time to call. Please be certain to tell the applicant that a representative will call to arrange a Telephone Interview or a Face-to-Face Examination.

Other Coverage

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

Long-term care laws are strict regarding replacement compliance.

Health Insurability Questions – (See Underwriting Guidelines Section on Page 20 for assistance)
(Medication and Physician Information – Health Questions)

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

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

Benefit Selection

Check or fill-in all appropriate sections.

For Product Information and Guidelines, see Pages 12 through 16.

- The total daily benefit for Nursing Home/Assisted Living or Home Health Care, including all long-term care policies in force, cannot exceed \$500.
- The 5% Compound Lifetime Inflation Benefit must be offered to all applicants. Policies for Assured Solutions Plus will automatically contain the Guaranteed Purchase Option if the applicant does not select a benefit increase option.
- The Non-Forfeiture Benefit – Shortened Benefit Period MUST be offered. If not chosen, the Contingent Non-Forfeiture benefit will be added.

Important Reminder: If the 5% Compound Lifetime Inflation Benefit and/or the Non-Forfeiture Benefit is not elected, the applicant must initial the rejection statement on the signature page of the application.

Plan Information

Indicate the premium mode desired. Also indicate whether the applicant wishes to have coverage (if approved) issued as of the Date of Application or the Date Policy Is Issued (“My Chosen Effective Date”).

Notice Before Lapse or Termination

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

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

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

Authorization to Withdraw Funds by United of Omaha

If the applicant wishes to pay monthly premiums via pre-authorized bank draft, this section must be completed. A voided check must accompany the application if future premiums will be drawn out of an account other than the account used for the initial premium.

Producer Statement/Conditional Premium Receipt

Agents must complete all sections prior to application submission.

Non-Witnessed Applications

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

- Answer Question 2 on the Producer Statement *“I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured”* as “no.”
- On the line next to *“If No, explain”* indicate that the application was completed over the telephone.
- On the bottom of page one of the application write *“Solicitation State”* and list the state to which the application was mailed.

Premium Discounts

35% Spouse Discount When both spouses apply for and are issued coverage.

15% Married Discount When only one spouse applies for coverage or if both spouses apply and only one is issued coverage.

10% Two-Person Household Discount When both persons apply for and are issued coverage.

A Two-Person Household is defined as two adults age 18 or older, living together on a continuous basis for at least 12 months.

Rate Classifications

Please refer to the Medical Impairments section (pages 27-38) and Build Chart (on page 23) to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred discount to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines (on page 23), taking certain medications (on page 26), or have a health condition indicated as uninsurable.

Rate classes are:

- Preferred – 15% discount: May be applied at the underwriter's discretion. Refer to Preferred Criteria on Page 22.
- Select – 100%: Applicant is considered a standard risk and is eligible for all policy benefit options
- Class I – 125%: Applicant is considered to be a higher risk for utilization of Long-Term Care services. *
- Class II – 150%: Applicant is considered to be a significantly higher risk for utilization of Long Term Care services. Class II is reserved for use at underwriter discretion only. A case should not be quoted Class II unless pre-qualified by an underwriter. *

*Maximum allowable benefits for Class I and II health risks are a 5-year benefit period and a minimum 90 day elimination period. Not all policy benefit options are available.

Refer to page 27 – Medical Impairments – Class I and Class II Health Risks.

Payment of Premiums

Please use the following modal factors to calculate premium.

- Monthly Bank Draft .09
- Quarterly .26
- Semi-Annual .51
- Annual 1.00
- Group List Bill-Submit no money with the application

Monthly Mode A check covering two months of premium should accompany the application.

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

Note: In order to process the application, a minimum of one month's premium must be submitted with the application, regardless of mode. If the full modal premium is not submitted at the time of application, the balance must be collected upon policy delivery and sent to the "Premium Submission" address on Page 4. New business will not be processed COD. There is no Policy Fee.

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

Product Information

There are 4 plans available.

- Assured Solutions – Tax-Qualified
- Assured Solutions Plus – Tax-Qualified
- -----
- Assured Solutions – Non Tax-Qualified
- Assured Solutions Plus – Non Tax-Qualified

The primary differences between Tax-Qualified and Non Tax-Qualified Plans are:

Tax-Qualified

Requires care be needed for at least 90 days.
Policy includes Cash Benefit.
Spouse Security Benefit Option
Additional Rate Guarantee Option

Non Tax-Qualified

Covers care based on Medical Necessity.
Policy covers Informal Care.

The Basics

Where? Care Settings

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

How Long? Maximum Lifetime Benefit

- The Maximum Lifetime Benefit is determined by the Benefit Multiplier selected.
- Choices are 2, 3, 4, 5, 6, 8 years or Unlimited Lifetime Coverage.
- To reach the Maximum Lifetime Benefit, multiply the number of years in the Benefit Multiplier by 365, then multiply that amount by the NH Daily Benefit.

How Much? Maximum Daily Benefit

- Nursing Home – \$50 to \$500 (in \$10 increments) – Maximum: \$500
- Professional Home Health Care: 100%, 200% or 300% of Nursing Home – Maximum: \$600
- Basic Home Health Care – If 200% or 300% Professional Option is chosen, Maximum: \$300. If the 100% Prof. Option is chosen Maximum is \$250.
- Assisted Living Facility: 50%, 60%, 70%, 80% or 100% of Nursing Home* – Maximum: \$500

*Total daily benefits for all LTC policies in force (including other companies) cannot exceed \$500. However, the policy will pay daily Professional Home Health Care benefits up to \$600, if elected.

How Soon? Elimination Period

- 0, 30, 60, 90, 180 or 365 days. *
- The Elimination Period is cumulative and needs to be satisfied only once in a lifetime.
- The Elimination Period applies to all coverages. However, if the 30, 60, 90, 180 or 365 Day Elimination Period is chosen, the applicant has the option to Waive the Elimination Period for HHC and have the selected Elimination Period only apply to NH or ALF.

*The following options are only available with Assured Solutions Plus:

- 60% and 80% Assisted Living Facility
- 0 and 365 Day Elimination Period

Features & Options

The following charts indicate built-in features and optional benefits for Assured Solutions and Assured Solutions Plus. Benefits may vary by state.

Built-In Features	Assured Solutions	Assured Solutions Plus
NH Confinement	Included	Included
NH Ambulance Benefit	Included	Included
Bed Reservation (NH and ALF)	Included	Included
ALF Confinement	Included	Included
Respite Care	Included	Included
Hospice Care	Included	Included
Professional & Basic Daily HHC	Included	Included
International Benefit	Included	Included
Additional Benefit for Injury	Not available	Included
Cash Benefit (TQ only)	Included	Included
Waiver of Premium	Included	Included
Care Coordination	Included	Included
Caregiver Training	Included	Included
Durable Medical Equipment	Included	Included
Home Modification	Included	Included
Medical Alert System	Included	Included
Informal Caregiver (Non-TQ only)	Included	Included
Alternate Care	Included	Included
5-Year Rate Guarantee (Additional Years available – See Optional Benefits chart.)	Included	Included
Return of Premium (less claims) if death before Age 65. (See Optional Benefits chart for other options.)	Not available	Included, unless another optional ROP is chosen

Optional Benefits	Assured Solutions	Assured Solutions Plus
Monthly Basic & Professional HHC Payments_	Option	Option

Spousal Benefit Options

Spouse Security Benefit (TQ Only)	Not available	Option
Spouse Shared Benefit	Option	Option
Spouse Waiver of Premium and Survivorship Benefit	Not available	Option

Inflation Options_

Guaranteed Purchase Option	Not available	Included*
5% Simple Inflation	Option	Option
Compound Lifetime Inflation (2.5%, 3%, 3.5%, 4%, 4.5%, 5%)	Option	Option
5% Compound – 10 Year	Option	Option
5% Compound – 20 Year	Option	Option

Return Of Premium Benefit Options (Rop) – Death At Any Age

Full ROP	Not available	Option
ROP Less Claims	Not available	Option

Nonforfeiture Options

Shortened Benefit Period	Option	Option
Contingent Non-Forfeiture	Included*	Included*

Other Options

HHC Waiver of Elimination Period	Option	Option
Extended Rate Guarantee (TQ Only)	Not available	Option
Restoration of Benefits	Not available	Option

Premium Payment Options

Lifetime Pay (default)	Included	Included*
10-Year	Not available	Option
20-Year	Not available	Option
To-Age-65	Not available	Option

* Included unless a different option/benefit is selected. Additional limitations may apply.

Underwriting Rules For Optional Benefits

- All available options may be added to the Plan selected, unless a specific combination of options is not allowed by underwriting rules.
- Underwriting will be the same for the base policy and selected optional benefits.
- Additional premium will be required for all optional benefits.
- Options may be added at time of sale or within 30 days of policy issue with Underwriter approval.
- See Class I and Class II Health Risks (page 16) for list of unavailable options.

Spouse Shared Benefit

Each spouse must apply for and be issued identical benefits and options at the same time, unless such benefit and/or option is not available due to age.

This benefit is not available if any of the following applies:

- Underwriting indicates a higher than normal risk of premature death based on health history
- Unlimited Lifetime Coverage is selected.
- The policy includes the Guaranteed Purchase Option
- The Full ROP Benefit or the ROP Less Claims Benefit is elected
(It is available if ROP Death before Age 65 is a built-in policy feature)
- The Spouse Security Benefit is elected.
- Applicants do not meet the policy definition of "spouse."
- Principal insureds are Class I or Class II health risks.

Spouse Waiver of Premium and Survivorship Benefit

Both spouses must apply for and be issued this benefit at the same time.

This benefit is only available with Assured Solutions Plus.

Both spouses must be insured for a minimum of 10 years before the Survivorship Benefit can go into effect. There are no time requirements for the Waiver of Premium Benefit.

This benefit is not available if any of the following applies:

- Either spouse is a Class I or Class II health risk.
- The Spouse Security Benefit is selected
- A Limited Payment Option is selected
- Applicants do not meet the policy definition of "spouse."

Spouse Security Benefit

This benefit is only available with Assured Solutions Plus. There are no underwriting requirements for the dependent (uninsured) spouse.

This benefit is not available if any of the following applies:

- A Non Tax-Qualified Plan is selected.
- A Spouse Waiver of Premium and Survivorship Benefit and/or Spouse Shared Benefit is selected.
- Principal insureds have Issue ages greater than 69.
- Principal insureds are Class I or Class II health risks.
- Applicant does not meet the policy definition of "spouse."

Note: Since only one spouse is applying for coverage, the 35% Spouse Discount will not apply. The applicant will be entitled to the 15% Married Discount.

5% Inflation Protection – Lifetime Option

Important: This Option must be offered to all applicants. If this Option is not elected, the Rejection Statement on the signature page of the application must be initialed by the applicant.

Non-Forfeiture Benefit – Shortened Benefit Period

Important: The Option must be offered to all applicants. If this Option is not elected, the Rejection Statement on the signature page of the application must be initialed by the applicant.

Return Of Premium Benefit Options – Death at Any Age.

These Options are only available with Assured Solutions Plus.

These Options are not available if any of the following applies:

- The policy includes the Spouse Shared Benefit, unless the built-in ROP less than Age 65 is included, in which case Spouse Shared Benefit is also allowed.
- The applicant is Age 65 or older.

Note: Any selected ROP Option, except the ROP less than Age 65, may be removed following policy issue. The premium will be reduced and no premium will be refunded.

Extended Rate Guarantee Option

This Option is only available with Assured Solutions Plus – Tax-Qualified.
(Class I or II health risks are not eligible for this Option)

The policy includes a built-in 5-Year Rate Guarantee. Applicants may choose to add up to 5 more years for a total rate guarantee period of 6, 7, 8, 9 or 10 years.

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

Premium Payment Options

Lifetime Pay

Premiums paid through the life of the policy is the default

Limited Pay

Limited Pay is only available with Assured Solutions Plus.

The Pay to Age 65 Option is only available to issue ages 54 or less.

Any Limited Pay Option may be removed at the request of the insured. The premium after removal will be based on the insured's original issue age. No premium credit (refund or an advance of the paid-to-date) will be given.

This benefit is not available if any of the following applies:

- The Spouse Waiver of Premium and Survivorship Benefit is selected.
- The policy includes the Guaranteed Purchase Option;
- The applicant is a Class I or Class II health risk

Class I And Class II Health Risks

Maximum allowable benefits: 5 year benefit period and a minimum 90-day elimination period.

The following options are not available:

- Spouse Security Benefit
- Spouse Shared Benefit
- Spouse Waiver of Premium and Survivorship Benefit
- 10 and 20 Year Premium Payment Option
- To Age 65 Premium Payment Option
- Extended Rate Guarantee
- Waiver of Home Care Elimination Period

Applications and Policy Issue

Issue Ages

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

Application Received Date

Please be sure that the application is complete and filled in correctly. Agents may initially send applications to their Marketing Office as a "double-check." Agents are then requested to send applications directly to the Long Term Care Service Office (New Business) – See Page 4.

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

Suitability

A completed Long-Term Care Personal Worksheet is included in each application packet. It must be submitted with each application. Agents are responsible for verifying that selected coverage is affordable for the applicant.

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

Coverage Effective Date (if policy is issued)

At the time of application, the applicant can specify to have a Coverage Effective Date based on the "Date of Application" or the "Date Policy is Issued (My Chosen Effective Date)."

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

Replacements and Conversions

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

Save Age

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

Foreign Nationals

Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 ("Green Card").

Downgrades – Benefit Decreases

Benefit decreases are allowed. Please refer to the Downgrades/Premium Paying Period Changes chart on Page 18.

Upgrades – Benefit Increases

Benefit increases may be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (form M24181), please see the Upgrade section on Page 18 for details.

Downgrades: Dropped and/or Reduced Coverage

Dropped Coverage:	
<ul style="list-style-type: none"> • Inflation Protection • ROP • Restoration of Benefits • Shortened Benefit Period • Nonforfeiture • Spouse Survivorship/ Spouse Waiver • Spouse Security Benefit • Spouse Shared Benefit • Monthly Basic & Professional Home Health Care 	<ul style="list-style-type: none"> o Same policy number. o Continuing benefits keep original issue age. o Continuing benefits continue to pay renewal compensation. o Effective on original effective date if requested within 60 days of original effective date. o If requested more than 60 days after issue, effective date is approval date. o Show date of dropped coverage. o Print new policy and new Schedule Page.

Reduced Coverage	Impact
<p>Reduce:</p> <ul style="list-style-type: none"> • daily benefit amount; or • benefit maximum(s) <p>Increase:</p> <ul style="list-style-type: none"> • length of Elimination Period. 	<ul style="list-style-type: none"> o Same policy number. o All benefits keep original issue age. o Continuing benefits continue to pay renewal compensation. o Effective on original effective date if requested within 60 days of original effective date. o If requested more than 60 days after issue, effective date is approval date. o Show date of reduction. o Print new Endorsement with benefit change and new Schedule Page.

Upgrades

Any option and/or benefit increase may be applied for at time of sale or within 30 days of policy issue. Such option or benefit increase, if approved, will appear in a re-issued policy bearing the same number as the initial policy. Premium will be based on the applicant's age at the initial policy issue.

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

Changes To Premium Paying Period	
Convert From Limited Pay to Lifetime Pay.	<ul style="list-style-type: none"> o Same policy number. o No underwriting required. o Lifetime premium at original age. o No credit given for payment made during limited pay period. o Pay renewal commissions based on lifetime premium paying period. o Effective on original effective date if change requested within 60 days of original effective date. o If change request more than 60 days after issue, effective date is approval date. o Print new policy and new Schedule Page.

Reinstatements

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

Agents should tell their client to contact Customer Service to initiate the reinstatement. (See page 4) They will be mailed an application for completion. The underwriter may or may not require that a current phone interview and medical records be obtained. If reinstatement is approved, the client must pay all back premiums within 35 days of reinstatement approval. If money is not received on a timely basis, the former insured will be ineligible for reinstatement and will need to reapply for coverage with premium at current age.

Status Reports

You may check policy/underwriting status by visiting the Sales Professional Access (SPA) Web site at www.mutualofomaha.com. For details, see page 4.

IMPORTANT UNDERWRITING GUIDELINES

Underwriting Requirements

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

Please be certain to inform each applicant that a telephone interview or Face-to-Face Examination will be conducted. Be sure to provide the applicant with the brochure entitled "The Importance of an Accurate Health History" and help them fill-in necessary information.

- Telephone Interview – Required for every applicant age 71 and under
- Face-to-Face Examination – Required for every applicant age 72 and above. Younger ages at underwriter discretion.

Note:

- An applicant who does not read, speak, and understand English well enough to complete the interview in English is ineligible for coverage. A translator cannot be used to assist with the interview.
- If an applicant's hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a Face-to-Face Examination is needed. For deaf applicants, indicate if they are able to read lips or communicate with sign language.
- The Face-to-Face Examination must be completed in the applicant's home. It cannot be completed at their place of work, a relative's home, or a public place such as a restaurant.

Medical records will be ordered on all applicants age 65 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

Please Note:

- A doctor visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those age 70 or younger wishing to qualify for a Preferred Rate Class.

Telephone Interview	Cognitive (telephonic or Face-to-Face)	Face-to-Face Interview	Medical Records
<ul style="list-style-type: none"> • Ages 18 - 71 	<ul style="list-style-type: none"> • Ages 70 - 79 • Younger ages if history of CVA, TIA, memory loss, depression 	<ul style="list-style-type: none"> • Ages 72 - 79 • Younger ages at underwriter discretion 	<ul style="list-style-type: none"> • Ages 65 - 79 • Younger ages at underwriter discretion

Underwriting Philosophy

The underwriting philosophy of United of Omaha's Long-Term Care Underwriting Department involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

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

ADL's	IADL's
Eating	Shopping
Toileting	Meal preparation
Transferring	Housework
Bathing	Laundry
Dressing	Managing money
Continence	Taking medication
	Using the telephone
	Walking outdoors
	Climbing stairs
	Reading/writing
	Transportation

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

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

Preferred Rate Criteria

Applicant must meet ALL of the following criteria to receive Preferred.

1. Age 71 or younger
2. Tobacco free for the past two years
3. Is not taking any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medications
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
 - Medication for controlled cholesterol
 - Medication for temporary, acute conditions
4. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
 - Balance Disorder, difficulty walking or weakness
 - Blood disease or disorder
 - Cancer (excluding basal cell skin cancer)
 - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
 - Diabetes
 - Fibromyalgia
 - Heart disease (excluding controlled high blood pressure)
 - Kidney or liver disease or disorder
 - Neurological disease or disorder
 - Osteoporosis
 - Paget's Disease
 - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
 - Rheumatoid arthritis
5. No use of a single point cane
6. Has not been declined, rated or denied reinstatement for Long-Term Care Insurance within the past three years
7. Has seen their physician for a checkup within the last two years
8. Height and Weight must be within the Minimum and Preferred Maximum range on the Build Chart

Build Chart

Height	Minimum	Preferred Maximum	Standard Maximum	25% Rate Up Maximum
5'0"	93	165	195	241
5'1"	95	171	205	246
5'2"	96	177	215	251
5'3"	98	183	218	258
5'4"	101	189	225	264
5'5"	104	195	230	272
5'6"	106	202	235	279
5'7"	110	207	242	286
5'8"	113	211	250	291
5'9"	117	215	256	298
5'10"	121	220	263	307
5'11"	124	225	275	312
6'0"	128	229	280	321
6'1"	132	233	286	329
6'2"	136	237	295	337
6'3"	139	242	300	346
6'4"	142	251	305	355
6'5"	144	260	326	365
6'6"	148	266	335	375

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

Uninsurable Health Combinations

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

A shaded box indicates an uninsurable health condition.

Uninsurable Health Conditions

ADL impairment
AIDS/ARC
Adult Day Care Recipient within 6 months
Agoraphobia
Alcohol consumption of 4 or more drinks per day
Alcoholism with current alcohol consumption
ALS (Lou Gehrig's Disease)
Alzheimer's Disease
Amputation due to disease
Amputation two or more limbs due to trauma
Arrhythmia uncontrolled
Cerebral aneurysm—unoperated
Cerebral Palsy
Cirrhosis
Confusion
Cystic Fibrosis
Defibrillator—Implantable
Dementia
Dialysis
Dilated Cardiomyopathy
Disabled
Down's Syndrome
Frailty
Heart Transplant
Hemiplegia
Hemophilia
HIV Positive
Home Health Care within past 6 months
Huntington's Chorea
Hydrocephalus
IADL impairment
Immune Deficiency
Kidney Transplant
Liver Transplant
Lupus—Systemic
Medicaid Recipient
Memory Loss
Mental Retardation
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia
Neurogenic Bowel or Bladder
Nursing Home Confinement
 within past 6 months
Organ Transplant
Organic Brain Syndrome
Oxygen use
Pancreas Transplant
Paralysis
Paraplegia
Parkinson's Disease
Physical Therapy within past 6 months
Pick's Disease
Psychosis
Pulmonary Hypertension
Quad Cane use
Quadriplegia
Reflex Sympathetic Dystrophy
Schizophrenia
Scleroderma
Social Withdrawal
Systemic Lupus
Underweight
Walker use
Weakness
Weight Loss—unexplained, unintentional
Wheelchair use

Uninsurable Medications

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

3TC	AIDS	Megace	Cancer
Alkeran	Cancer	Megestrol	Cancer
Amantadine	Parkinson's Disease	Mellaril	Psychosis
Amiodarone	Heart Arrhythmia	Melphalan	Cancer
Aricept	Dementia	Memantine	Alzheimer's Disease
Artane	Dementia	Methotrexate	Rheumatoid Arthritis >20mg/week
Avonex	Multiple Sclerosis		
AZT	AIDS	Metrifonate	Dementia
		Mirapex	Parkinson's Disease
Baclofen	Multiple Sclerosis	Myleran	Cancer
Betaseron	Multiple Sclerosis		
		Namenda	Alzheimer's Disease
Carbidopa	Parkinson's Disease	Narcotics	Chronic Pain
Cogentin	Parkinson's	Navane	Psychosis
Cognex	Dementia	Nelfinavir	AIDS
Copaxone	Multiple Sclerosis	Neoral	Immunosuppression, Severe Arthritis
Cordarone	Heart Arrhythmia		
Cytoxan	Cancer, Severe Arthritis, Immunosuppression	Paraplatin	Cancer
		Parlodel	Parkinson's Disease
D4T	AIDS	Permax	Parkinson's Disease
DDC	AIDS	Prednisone	COPD, Rheumatoid Arthritis >10mg/day
DDI	AIDS		
DES	Cancer	Procrit	Kidney Failure, AIDS
		Prolixin	Psychosis
Eldepryl	Parkinson's Disease		
Epogen	Kidney Failure, AIDS	Reminyl	Dementia
Ergoloid	Dementia	Requip	Parkinson's Disease
Exelon	Dementia	Retrovir	AIDS
Gold	Rheumatoid Arthritis	Rebif	Multiple Sclerosis
		Riluzole	ALS
Haldol	Psychosis	Risperdal	Psychosis
Herceptin	Cancer	Ritonavir	AIDS
Hydrea	Cancer		
Hydergine	Dementia	Sandimmune	Immunosuppression, Severe Arthritis
		Sinemet	Parkinson's Disease
Imuran	Immunosuppression, Severe Arthritis	Stelazine	Psychosis
Insulin	Diabetes >50 units/day	Symmetrel	Parkinson's Disease
Interferon	AIDS, Cancer, Hepatitis, Multiple Sclerosis		
		Teslac	Cancer
Indinavir	AIDS	Thiotepa	Cancer
Invirase	AIDS	Thorazine	Psychosis
Kemadrin	Parkinson's Disease	VePesid	Cancer
Lasix	Heart Disease >60 mg/day	Vincristine	Cancer
L-Dopa	Parkinson's Disease	Viramune	AIDS
Leukeran	Cancer, Severe Arthritis		
		Zanosar	Cancer
		Zoladex	Cancer
Levodopa	Immunosuppression, Parkinson's Disease		
Lioresal	Multiple Sclerosis		
Lomustine	Cancer		

Medical Impairments

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

Conditions listed as Class I or IC will normally require an APS

S	Standard coverage issued at standard rate	
Class I	25% rating maximum benefit period of 5 years, minimum elimination period of 90 Days	
Class II	50% rating may be offered by underwriting when multiple medical impairments are present, maximum benefit period of 5 years, minimum elimination period of 90 days	
IC	Individual Consideration	
D	Decline	
	Accoustic Neuroma surgically removed, after 6 months, no residuals	S
	Unoperated	D
	Addison's Disease after 3 years, controlled	S
	After 12 months, controlled	Class 1 – IC
	ADL Deficit	D
	AIDS/ARC	D
	Adult Day Care recipient	D
	Agoraphobia	D
	Alcohol regular consumption of 4 or more drinks per day	D
	Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems.	D
	Alcoholism recovered at least 3 years, active in a support group, and no current alcohol use	S
	Still drinking	D
	ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
	Alzheimer's Disease	D
	Amaurosis Fugax	see TIA
	Amputation due to trauma, after 12 months, one limb, no limitations	S
	Due to disease	D
	Two or more limbs	D
	Ankylosing Spondylitis	D
	Anemia cause identified	S – IC
	Not fully evaluated, cause unknown, or Aplastic	D
	Angina	see CAD
	Angioplasty	see CAD
	Aneurysm operated, after 6 months, fully recovered	S
	Other than Cerebral, unoperated, stable for 2 years	IC
	Cerebral, unoperated	D

Anxiety	
< 70 years of age, after 12 months, controlled with medication, fully functional	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S – IC
Arrhythmia excluding Atrial Fibrillation	
Controlled	S – IC
Uncontrolled	D
Arthritis after 1 year	
Mild, controlled, no ADL/IADL deficits	S
Moderate, controlled, no ADL/IADL deficits	Class I
Severe, uncontrolled, or ADL/IADL deficits	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations	Class I – IC
On Prednisone >10mg/day, or Methotrexate >20mgs/week, or Gold	D
Severe disease, or with ADL/IADL deficits	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, requiring chronic narcotic usage	D
Asbestosis	see COPD
Asthma	see COPD
Assisted Living Facility Resident	D
Ataxia or muscular incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, controlled on medication	S
Chronic, after 6 months controlled on Coumadin	Class I
Diagnosed or hospitalized within 6 months	D
With history of TIA, CVA, or Heart valve disorder	D
Chronic, not on Coumadin	D
Average BP reading >159/89	D
Avascular necrosis, after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Balance Disorder after 6 months, resolved	S – IC
Less than 6 months, or currently present	D
Bell's Palsy resolved	S
Present	D
Bipolar	
After 3 years, controlled on medication, fully functional	S
< 3 years duration, or psychiatric hospitalization within the past 5 years	D
Blindness	
One eye	S
Both eyes	IC – D
Broken Bones	see Fracture
Brain Attack	see CVA
Bronchitis	see COPD
Bronchiectasis	see COPD
Buerger's Disease	D

Cancer surgically removed, or fully treated, full recovery, no recurrence	
Bladder, transitional, treated, fully recovered	S
Invasive, after 3 years	IC
Recurrent	IC
Breast	
In situ, treatment completed	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I – IC
Colon, after 2 years	S – IC
Skin	
Basal cell	S
Squamous cell	S
Melanoma	
Stage I after 3 months	S
Stage II or III, after 2 years	S
Stage IV after 5 years	Class I – IC
Prostate	
Stage A or B, after 12 months, surgically removed current PSA \leq 0.1	S
Treated with radiation, current PSA \leq 0.5	S
Stage C, after 2 years, current PSA \leq 0.1	S
Stage D	D
Age \geq 70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex, Initial Gleason Score < VI, and current PSA \leq 0.5	Class I – D
All other cancers, or multiple sites, or metastatic, 2 years since date of last treatment, no current evidence of disease	IC – D
Any cancer, 2 years since date of last treatment, no current evidence of disease, smoker	Class I – D
Cardiomyopathy hypertrophic, no CHF, no hospital stays, syncope, or palpitations, Ejection fraction >45% and stable for 2 years	Class I – IC
Dilated	D
Carotid Artery Disease/Stenosis operated, fully recovered, nonsmoker, after 6 months	S
Operated, still smoking	Class I – IC
Unoperated, <70% stenosis, no symptoms, nonsmoker	S
Unoperated, <70% stenosis, no symptoms, smoker	IC – D
History of TIA or CVA, or Valvular heart disease, or Type I diabetes	D
Type II diabetes, carotid stenosis >50%, or still smoking	D
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	see Stroke
Cerebrovascular Disease brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes	D
Claudication	see Peripheral Vascular Disease
Chronic Bronchitis	see COPD
Chronic Fatigue after 12 months, no functional limitations	IC
Any functional limitations	D
Chronic Hepatitis	see Hepatitis
Chronic pain	
Requiring daily narcotics or with ADL/IADL limitations	D
All others	IC

Cirrhosis	D
Colitis/Crohn's stable 1 year no hospitalizations	Class I
With complications or not well controlled	D
Collagen Vascular Disease	D
Colostomy/Ileostomy, cares for independently, handle as per cause	S – IC
Requires assistance to care for	D
Confusion	D
Cor Pulmonale	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	S
Chronic, mild, well controlled, Lasix <40mg/day	Class I – IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder	D
COPD (Chronic Obstructive Pulmonary Disease)	
Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I – IC
Moderate, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months	D
Any, FEV1 <65%	D
Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, nonsmoker	S
After 6 months, stable, no limitations, smoker	Class I
After 6 months, in combination with controlled Type II diabetes, nonsmoker	Class I
With controlled Type I diabetes, nonsmoker	Class I – IC
With controlled Type 1 diabetes, smoker	D
With poorly controlled hypertension (average BP >158/89), or congestive heart failure, or PVD, or ejection fraction <45%	D
With poorly controlled Type I or Type II diabetes	D
CREST Syndrome	D
Cystic Fibrosis	D
Deep Venous Thrombosis, after 6 months, single episode, recovered	S
Recurrent	IC – D
Degenerative Disc Disease	see Spinal Stenosis
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Dementia	D
Demyleinating Disease	D
Depression	
<70 years of age, after 12 months, controlled with medication, fully functional	S
≥70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S – IC

Diabetes	
Type I controlled, stable 6 months, no complications, nonsmoker, insulin <50 units/day	Class I
Type I controlled, with history of hypertension, or heart disease, nonsmoker	Class I – IC
Type I controlled, no comorbidities, smoker	Class I – IC
Type I controlled, smoker, heart disease	D
Type I or Type II with retinopathy, or neuropathy, or nephropathy	D
Type I or Type II with peripheral vascular disease, history of TIA or CVA	D
Type II controlled stable 6 months, no complications	S
Type II, after 6 months in combination with heart disease, nonsmoker	Class I
Type I or Type II insulin more than 50 units/day	D
Type I or Type II average BP reading >159/89	D
Type I or Type II Hemoglobin A1c >9.0, or noncompliance with treatment	D
Dialysis	D
Difficulty walking	see Balance Disorder
Disabled collecting any type of disability benefits	D
Dizziness after 6 months, evaluated, resolved	S
Multiple episodes or associated with falls, or not fully evaluated	D
Within 6 months, or not fully evaluated	D
Down's Syndrome	D
Drug Abuse treated, active in support group, drug free for 5 years	Class I – IC
Within 5 years	D
Electric Scooter Use	D
Emphysema	See COPD
Epilepsy controlled with medication, no seizures for 1 year	S
1 or 2 seizures per year	Class I
Poorly controlled	D
Fainting	see dizziness
Falls single episode	S – IC
Multiple episodes, or with injuries	IC – D
Fatigue, after 12 months, resolved	S
Within 12 months, or with functional limitations	IC – D
Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits	S
Poorly controlled, or disabling	D
Fracture-traumatic, one bone, after 3 months, fully recovered, no limitations	S
In combination with mild osteoporosis	S
In combination with moderate to severe osteoporosis	D
Associated with multiple falls, chronic dizziness, or gait disorder	D
Fracture-Non traumatic, in combination with any degree of osteoporosis, not on Antiresorptive medication, or with functional impairment	D
Frailty	D
Friedrich's Ataxia	D
Glaucoma stable vision, controlled eye pressures	S
All others	IC
Glomerulonephritis	D

Grave's Disease after 12 months	S
Guillan-Barre Syndrome, after 12 months, no residuals	S
Head Injury after 6 months, no residuals	S – IC
With residual functional or cognitive impairment	D
Heart Attack	see CAD
Heart Valve Disorder, operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, single valve, mild, no symptoms, no surgery planned	S
Unoperated, single valve, moderate to severe, or surgery planned	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Hemochromatosis after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts	S – IC
Hemophilia	D
Hepatitis A or B after 6 months fully recovered	S
C, after 2 years, successfully treated with Interferon	IC
C, currently treated	D
C, unresponsive to Interferon	D
Hepatitis, any, chronic, active, or alcohol related	D
Herniated Disc	see Spinal Stenosis
High Blood Pressure, after 6 months compliant with treatment:	
Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
HIV Positive	D
Hodgkin's Disease stage I, after 3 years fully recovered	S
All others, fully recovered, after 5 years	IC
Home Health Care received within 6 months	D
Huntington's Chorea	D
Hydrocephalus	D
Hypothyroidism	S
IADL Impairment	D
Immune Deficiency	D
Incontinence, urinary, stress, manages independently	S
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Irritable Bowel Syndrome, controlled, weight stable	S
Uncontrolled, or with weight loss	D
Joint Replacement one joint after 3 months, fully recovered, no use of assistive devices	S
2 or more fully recovered, no limitations	Class I – IC
Surgery recommended or planned	D

Kidney Disorder, mild renal insufficiency, stable 2 years	S – IC
Moderate to severe	D
Kidney failure, single episode, fully recovered after 2 years	S – IC
Kidney Transplant	D
Kidney removal (1) after 2 years with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Labrynthitis	see Dizziness
Leukemia	
Acute, after 5 years	IC
CLL after 3 years	IC – D
Liver Transplant	D
Lou Gehrig’s Disease	D
Lupus, discoid, after 12 months	S
Systemic	D
Lyme Disease after 12 months fully recovered, no residuals	S – IC
Ungergoing treatment or with residuals	D
Lymphoma	
Stage I or II after 2 years, in complete remission	S – IC
Stage II or IV, after 4 years, in complete remission	S – IC
Low-grade	D
Macular Degeneration one eye	S
Both eyes	IC – D
Manic Depression	see Bipolar
Medicaid Recipient	D
Memory Loss	D
Meniere’s Disease after 6 months, symptoms controlled, no limitations	S
Associated with falls	D
Meningioma removed, after 12 months, no limitations	S – IC
Surgery planned	D
Meningitis after 12 months fully recovered	S – IC
Present	D
Mental Retardation	D
Mitral Valve Prolapse	S – IC
Mixed Connective Tissue Disease	D
Monoclonal Gammopathy, after 1 year	IC – D
Multiple Myeloma	D
Multiple Sclerosis	D
Murmur	see Heart Valve Disorder
Muscular Dystrophy	D
Myasthenia Gravis, ocular, after 1 year	S
Generalized	D

Myelodysplasia	D
Myelofibrosis	D
Myocardial Infarction	see Coronary Artery disease
Narcolepsy effectively treated	S – IC
Untreated or resulting in accidents or injury	D
Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy, mild, fully evaluated, no limitations	S – IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, or skin ulcers	D
Nursing Home Confinement after 6 months, full recovery, no limitations	IC
Within 6 months	D
Obesity	see Weight chart
Obsessive Compulsive Disorder after 3 years, controlled on medication	
Fully functional	S – IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Organic Brain Syndrome	D
Organ Transplant	D
Osteopenia, on medication	S
Osteoarthritis	see Arthritis
Osteomyelitis	see Avascular Necrosis
Osteoporosis mild, on medication, no history of nontraumatic fractures	S
Moderate, no history of nontraumatic fractures	Class I
Severe T score –3.5 or worse	D
Any, with history of nontraumatic fracture, or not on treatment, or with functional limitations	D
Oxygen use	D
Pacemaker after 3 months	S – IC
Recommended or surgery pending	D
Paget's Disease, no symptoms and no limitations	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis after 12 months, single episode, fully recovered	S
Related to alcohol use, or 2 or more episodes	D
Panic Attack/Disorder	see Anxiety
Paralysis	D
Paraplegia	D
Parkinson's Disease	D

Peripheral Neuropathy	see Neuropathy
Peripheral Vascular Disease	S
Mild, nonsmoker, no symptoms, no limitations, after 6 months	Class I – IC
Moderate, or in combination with coronary artery disease, after 6 months	D
Severe, or still smoking	D
Average BP reading >159/89	D
Any, with limitations, history of leg ulcers, diabetes, or pending surgery	D
Physical Therapy received within 6 months	D
Pick's Disease	D
Pituitary Adenoma removed, after 12 months, no limitations	S
Stable x3 years, no surgery planned	IC
Surgery planned	D
Pneumonia after 3 months, single episode, fully recovered	S
Associated with chronic lung disease	see COPD
Polio fully recovered and no limitations	S
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polymyalgia Rheumatica mild, after 1 year, no limitations	S
Moderate, no functional limitations	Class I – IC
Severe, or with limitations	D
Polymyositis/Dermatomyositis	D
Pregnancy	D
Psoriasis, mild to moderate, controlled with medication	S
Severe	IC
Psoriatic Arthritis	see Arthritis
Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism, after 6 months, single episode fully recovered	S – IC
Present, multiples, or underlying coagulation disorder	D
Pulmonary Fibrosis, localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	D
Quad Cane Use	D
Quadriplegia	D
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Retinitis Pigmentosa	IC – D
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S – IC

Shingles after 6 months, fully recovered	S
Present, or with residuals	D
Schizophrenia	D
Scleroderma	D
Seizures	see Epilepsy
Sickle Cell Anemia	D
Trait only, no active disease	S
Sjogren's Syndrome mild, dryness of eyes and mouth only	S
In combination with Rheumatoid Arthritis, Connective Tissue Disease or with other organ involvement	D
Skin Cancer	see Cancer
Sleep Apnea responsive to treatment	S
Severe or unresponsive to treatment	D
Social Withdrawal	D
Spina Bifida	D
Spinal Stenosis operated, fully recovered, after 12 months	S
Unoperated, mild to moderate	Class I – IC
Unoperated, severe or surgery recommended	D
Any, with epidural injections within 6 months, functional limitations, or chronic pain requiring daily narcotics	D
Stroke	
Single episode, fully recovered after 2 years, no limitations, nonsmoker	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Smoking within the past 12 months	D
Occurred while adequately anticoagulated	D
Surgery, requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D
Temporal Arteritis after 12 months fully recovered	S – IC
Thrombocytopenia	IC
Thrombocytosis	IC
Tourette's Syndrome fully functional, no limitations	IC
Any functional limitations	D
Transient Global Amnesia	see TIA

Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Previous stroke	D
Diabetes	D
Average BP reading >159/89	D
Residual weakness or functional loss	D
Smoking within the past 12 months	D
Occurred while adequately anticoagulated	D
Tremor fully evaluated, benign familial, no limitations	S
Not fully evaluated, with limitations, or gait disturbance	D
Tuberculosis after 12 months, treated fully recovered, normal PFT's	S
Present or with lung damage or other organ involvement	D
Ulcerative Colitis	see Colitis
Underweight	D
Valvular Heart Disease	see Heart Valve Disorder
Vertigo	see Dizziness
Von Willebrand's Disease	D
Walker Use	D
Weakness	D
Wegener's Granulomatosis	D
Weight Loss, unexplained, or not fully evaluated	D
Wheelchair Use	D
Wolff-Parkinson-White Syndrome after 6 months, ablated, not present	S
Uncontrolled	D