

<b>Carrier</b>	<b>F&amp;G</b>	<b>NLG</b>	<b>Ethos</b>	<b>Mutual of Omaha</b>	<b>North American</b>
<b>Age</b>	0-80	18-65	20-65	0-80	0-79
<b>Max Face Amount</b>	\$10 Million +	Up to \$3M (Check Age)	Up to \$1 Mil	\$10 mil +	\$10 mil +
<b>100% total and Permanent Disability</b>	Clarification of what is causing the disability initially and causing the pain would need to be clarified as well if there are any complications, severity of the disorder, if the applicant is compliant with treatment and follow up and current medical status.		Declined If - inpatient treatment related to condition within the last 5 years, disability or missed work/school (more than 10 days) in the last 12 months		

<p><b>ADD/ADHD</b></p>	<p>Any possible consideration would depend on the severity of the disorder or if there are any other mental or neurological disorders. severity looks at what the child's symptoms are and the manuals do not label the disorder as having "levels".</p> <p>If the disorder was diagnosed in the past 6 months or is still under investigation – an application would not be considered at this time.</p> <p>If the disorder is more severe or there are mental or neurological disorders as well – then most likely we will not be able to consider an application.</p>	<p>So, as long as they're able to do what a "normal" child of their age should be doing, they are generally okay. (Dressing themselves, eating functionally, controlling their bowel movements, etc).</p> <p>Generally, they're okay as long as the child is capable of what they should be doing for their age. Just make sure the agents disclose it.</p>		<p>Standard – Table 2</p>	
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<p><b>Alcohol/Drug Abuse</b></p>	<p>5+ years **** Typically, an applicant would not be considered unless the applicant is at least 3 years out since the completion of a single treatment with no relapses for possible rated coverage.</p> <p>If there is a history of relapse, multiple treatments – then it would be a situation where the person would need to have completed treatment for at least 5 years and then any possible offer is a situation of Individual consideration.</p> <p>Completion of treatment – means they are off all medications – so if they are medication to prevent relapses, cravings – this is considered part of treatment.</p> <p>For substance abuse we would</p>	<p>Drug abuse (total abstinence for 5 years) = No rating to Decline. Alcoholism (total abstinence &gt;2 years) Moderate rating to Standard. Client is uninsurable if abuse of any kind is less than the mentioned years.</p>	<p>Decline if - Illegal drug use or drug/alcohol abuse (past 10 years)</p>	<p>Criminal History/substance abuse - 10 year look back. If on any medications to prevent using, 10 years from the time they stop that medication</p>	<p>Substance Abuse - It all depends on the type of drug abused , date of last usage of medications/rehab details ? we would generally postpone for 3 years from the date of last substance abuse noted.</p>
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<b>COPD/Asthma</b>	<p>To properly classify Asthma we would need information as to how often do they have symptoms, type of medication prescribed, results of any pulmonary tests, if they are been off work for a period of time due to asthma or required hospitalization, are there any complications or residuals or tobacco use.</p> <p>If the attack was mild, no hospitalization, no daily symptoms, no residuals or complications, no indication of off works for several days, no indication of pulmonary tests showing low scores and no required use of continue steroids – possibly looking at Standard rates subject to clarification of the history and results of age/amount requirements.</p>		<p>Decline - Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis, pulmonary fibrosis, cystic fibrosis (CF), central sleep apnea, excludes: treated obstructive sleep apnea, mild asthma or single pulmonary embolisms (more than 5 years ago) obstructive sleep apnea, mild asthma or single pulmonary embolisms (more than 5 years ago)</p>	Standard – Table 8	
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<b>Autism</b>		<p>So, as long as they're able to do what a "normal" child of their age should be doing, they are generally okay. (Dressing themselves, eating functionally, controlling their bowel movements, etc).</p> <p>Generally, they're okay as long as the child is capable of what they should be doing for their age. Just make sure the agents disclose it.</p>			
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<p><b>Severe Anxiety, Depression, PTSD, Bipolar</b></p>	<p>possible Table D due to history of Bipolar. The rate assumes the Bipolar is controlled and stable.</p>	<p>tentative Express Standard NT1 without chronic illness rider. This quote assumes the condition is well controlled and the symptoms are stable.</p>	<p>Decline if history of suicidal thoughts or attempt within 10 years, hospitalization or inpatient treatment related to condition within the last 5 years, disability or missed work/school (more than 10 days) in the last 12 monthsdisorder, or other mental disorder with history of suicidal thoughts or attempt within 10 years, hospitalization or inpatient treatment related to condition within the last 5 years, disability or missed work/school (more than 10 days) in the last 12 months</p>	<p>Table 2-Decline (No IULE)</p>	
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<p><b>Bipolar w/ Marijuana use</b></p>	<p>f the Marijuana is not medical prescribed Marijuana – we would not be able to consider an application for coverage.</p> <p>If the applicant uses Medical Marijuana only (Applicant would need to have a Medical Marijuana card and medical records confirm the reason for the usage) – then this would be a situation of “Individuals consideration” as medical records would need to be obtain.</p> <p>The history of Bipolar – just based on what we know at this time would generate at least a possible Table 4 (Table D) subject to clarification if disorder is controlled, any complications/residuals, any hospitalization or suicide thoughts/action, if compliant with treatment and current status.</p>		<p>Severe anxiety, depression, PTSD, bipolar</p>	<p>This client would be declined</p>	<p>If submitted, file would need to be reviewed by Medical Director due to history of bipolar disorder and depression with marijuana usage and if insurable, a rating would be given at that time.</p>
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<b>Cancer</b>	<p>The carriers will need additional information to clarify. These area few questions I know they'll ask, but there could be more based off the answers below</p> <ol style="list-style-type: none"> <li>1) how the cancer was classified</li> <li>2) if any spreading or recurrences</li> <li>3) if any complications or residuals</li> <li>4) if there was any radiation AND if any surgery was done prior to radiation</li> <li>5) what the pathology results were as far as how the tumor (if applicable) was classified</li> <li>6) if the applicant is compliant with follow up care</li> </ol>	<p>Cancer 5+ years in the clear typically. Avoid usually when in 1-2 year range of remission</p>	<p>All cancers diagnosed within the past 10 years, excluding skin cancers (eg: basal cell skin cancer, squamous cell skin cancer, melanoma) and some cases of lymphoma</p>	<p>No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)</p>	
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**Child IUL**

Based on the information provided – we would need to know the following:

What is the amount of coverage inforce on the parents?

What is the household income of the parents?

What are the occupations of the parents?

What is the net worth of the parents?

Do any siblings have similar amounts of coverage? If not – why?

How was the amount arrived at and what is the purpose of the coverage?

Any other coverage on the child? If so, need details.

If the child and parents are not US citizens or have permanent residence cards – we'll then need to follow guidelines for Foreign nationals when reviewing the case and obtain additional

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<p><b>Child IUL - Parents w/ no coverage</b></p>	<p>F&amp;G guidelines state that parents should have coverage on themselves and this can include Group insurance but not be their only source of insurance.</p> <p>With that said – F&amp;G will consider up to a max of \$200,000 (both inforce and applied for) on a child without clarifying the amount of coverage on the parents. Please keep in mind if the child has coverage with another company – we would clarify what the parents and siblings have inforce.</p> <p>While F&amp;G would not investigate amounts up to \$200,000 – it is discouraged to use this as a way to get around the parents not having coverage.</p>	<p>If the parents aren't insured, we can go up to \$100/mo or have a 100k death benefit.</p> <p>If both parents are uninsurable, we can potentially go higher.</p>			
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<b>Congestive heart failure</b>		Table 6 to Decline	Heart disease, congestive heart disorder, heart failure, valve disorder, cardiomyopathy , coronary artery disease, peripheral vascular/artery disease, pulmonary hypertension, carotid artery disease		
<b>CPAP</b>	possible Standard rates subject to clarification medical history regarding severity of sleep apnea, when diagnosed and started CPAP, if any complications or residuals, if any continued symptoms and if compliant with symptoms.				

<b>Diabetes</b>	with a recent diagnosis of Diabetes – we would not consider an application at this time. Possible reconsideration after 6 months if documentation from a physician is available to determine how well controlled the Diabetes has been, if the applicant is compliant with treatment and follow up and if any development of complications/residuals	Decline if - Diabetes if uncontrolled (glycohemoglobin in A1C 10.0 and above) or if complications present (amputation, retinopathy, kidney, or vascular disease) or in combination with cardiac, stroke, or morbid obesity	Decline <age 30, associated with physical complications (eyes, kidneys, neuropathy, amputation), A1C >9.5 (past 12 months), fasting blood sugar >200 (past 12 months), non-fasting blood sugar >250 (past 12 months), no testing or check up within the last 12 months, BMI >41.49	IULE - Decline if diagnosed before age 45 Type I, over age 20 . . . . Table 2 – 8 Type II, over age 20 . . . Standard – Table 8	
<b>Diabetes w/ Neuropathy</b>	Call for Risk Assesment	Call for Risk Assesment	Call for Risk Assesment	Call for Risk Assesment	Call for Risk Assesment
<b>Dialysis</b>	Dialysis is a automatic decline	Dialysis is a decline	Decline	Dialysis is a decline	Dialysis is a decline

<b>Disability</b>	Table D (Table 4) - Clarification of what is causing the disability initially and causing the pain would need to be clarified as well if there are any complications, severity of the disorder, if the applicant is compliant with treatment and follow up and current medical status.		Decline - Unable to work more than 30 consecutive days due to injury/illness within the past 12 months		
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<p><b>DUI</b></p>	<p>If single DUI offense, no other violations – if within 5 years – looking at possible Standard rates.</p> <p>If DUI was 6 years ago – single offense, no other violations – looking at possible Preferred rates.</p> <p>Any possible offer is subject to the results of the age/amount requirements.</p> <p>Two DUI's, no other driving violations, no substance treatment - possible \$5.00 flat extra per thousand for 3 years. Current DUI awaiting charges, eligible at standard but a flat rate of \$3.50 for a min of 3 years.</p>	<p>DUI - Postpone 1 year from violation date. Then tentative Standard NT with a temporary flat extra of \$2.50 per thousand of coverage for 3 years. This quote assumes no other driving violations in the last 5 years. The license must be in good standing too.</p>	<p>Decline if - DUI, DWI, hit-and-run, or reckless driving within the past 5 years, or suspended/revoked driver's license within the past yearsuspended or revoked</p> <p>Major violations: none within 5 years</p> <p>Minor violations: few to none within 3 years</p>	<p>Current DUI awaiting charges - postponed. 10 year lookback for IULE</p>	<p>Current DUI awaiting charges - standard with \$5 per \$1000 temporary flat extra charge for 3 years with noted DUI: Assuming driving privileges are not revoked; No health issues &amp; all else fits with in the rate class.</p>
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<p><b>Felony</b></p>	<p>Felony criminal history is “Individual consideration” as it would depend on the type of felony, if there are other violations, when they finished any probation or parole and what the current status is regarding stable home life and employment.</p> <p>Based on the information provided below – if the felony was a single felony (no other convictions), she was not charged with drug trafficking and she has a stable home life, employment – possibly looking at Standard rates subject to clarification of personal and medical history and results of the age/amount requirements.</p> <p>Decline without consideration of time - felonies against another person is the main reason. Murder, rape, assault</p>	<p>Technically they say felony is a decline. But 10-15+ years should be fine. If it's their only one and everything else is good then they should be fine</p> <p>Just make sure they disclose it.</p>	<p>Decline - Felony/misdemeanor (past 10 years or pending charges), or currently on probation or parole</p>	<p>Eligible to apply if past 10 years of being released off probation from the felony charge</p>	<p>Large Criminal history or specific type of assault would be decline.</p> <p>5 years since released from probation. case by case depending on charges. Standard \$5 per \$1000 of temporary flat extra charges for 5 years would apply.</p>
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<p><b>Hashimoto's disease</b></p>	<p>Hashimoto's disease for an adult – possible consideration will depend on how well controlled the disorder is, any complications or residuals.</p> <p>Typically Adults with this type of disorder either enter Hyperthyroidism or Hypothyroidism.</p> <p>Most Adults with Hypothyroidism – as long as controlled and no complications or residuals – possible Standard rates.</p> <p>Adults with Hyperthyroidism – are Individual consideration as there is more of a risk of complications such as rapid heart rates, weight loss, etc.</p> <p>For Juveniles – if they have Hyperthyroidism – we are unable to consider an application.</p> <p>If they have Hypothyroidism</p>	<p>Unable to consider a client for coverage on a Juvenile with Hashimoto's Disease</p>		<p>Standard</p>	<p>Based on the information provided on Juvenile Hashimoto's Disease, it's possible we could offer a Standard rating; Assuming adequate treatment, currently euthyroid, confirmed normal cognitive and physical development; however the full file would need reviewed formally and referred to the MD for the final determination.</p>
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<b>Heart Attack</b>		Heart attack (depends on age/severity) No rating to Decline. Angioplasty/Bypass or MI/Heart Attack in the last six months; or in combination with history of diabetes, stroke and/or continued tobacco use	Declined if - Heart disease, congestive heart disorder, heart failure, valve disorder, cardiomyopathy, coronary artery disease, peripheral vascular/artery disease, pulmonary hypertension, carotid artery disease	Single attack, no complication, 2 years since resolution . . . Standard – Table 2 With complications . . . Decline	
<b>HIV</b>	We will underwrite HIV positive clients; at best it will be highly rated table 6-8	NO HIV	Decline	Decline	All HIV cases require a formal application with full underwriting and review from the Medical Director. Not able to provide a tentative rating before hand, but rating will be high
<b>Hypothyroidism</b>	No issues or complications, standard +			Controlled with medication . . . . Standard	

<b>ITIN/Foreign Nationals</b>	Accepts Tax ID for identification (ITIN) - Unable to consider an application on Foreign Nationals if their occupations are Diplomats, Government leaders or political figures.	Accepts Tax ID (ITIN) as long as living in us 8/12 months. Foreign National - we do not consider coverage on politically exposed persons (PEP's)		No	only allows an ITIN if the applicant has on of the acceptable VISA type found in the Foreign National guide (either green cards or permanent US citizenship or a valid VISA is established)
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<p><b>Juvenile Asthma</b></p>	<p>If the Applicant is Age 21 or Age 22 – we would handle as an adult with Asthma. We would not look back to when they were first diagnosed for this particular disorder.</p> <p>Based on the information provided below – mild asthma, no continued use of medication and no indication of any complications or residuals and no tobacco use – possible Preferred rates subject to clarification of medical history and results of Age/amount requirements.</p> <p>If the applicant is a juvenile – 21 or 22 months old – regret we would not be able to consider at this time. The child would need to be older in order to determine how the child reacts to treatment, if there are any complications, etc</p>	<p>It's case by case. If they're older now, like adult, should be fine. Make sure to disclose on application</p>	<p>apnea, excludes: treated obstructive sleep apnea, mild asthma or single pulmonary embolisms (more than 5 years ago)</p>		
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<b>Juvenile Build</b>					
<b>Juvenile Diabetes</b>	Decline	Decline if diagnosed before age 20		Decline Always	Decline
<b>Juvenile w/ Mood Disorder</b>	Applications on Juveniles where Mood disorders diagnosed (except for Attention deficit disorders) regret are not considered for possible coverage until the children are older – adult age – Age 18	Applications on Juveniles where Mood disorders diagnosed are not considered for possible coverage until the children are older – adult age – Age 18			possible standard to table 2 NT due to Anxiety. Assuming Anxiety is stable; no hospitalization/ SI in past 5 years, no missed work, no alcohol/drug misuse/abuse in last 10 years; well controlled risk factors and no other ratable medical impairments
<b>lung fibrosis</b>		Interstitial lung disease (lung fibrosis) is not an acceptable condition			

<p><b>Marijuana</b></p>	<p>Marijuana over age 18 (eligible)          "A "yes" answer to the use of Marijuana does not automatically require an exam and labs. An application may be reviewed under the Exam Free program.</p> <p>With that said - clarification of the Marijuana usage will be required and the Underwriter does have the discretion of ordering and exam and labs if the history warrants the items being needed or the age/amount requires an exam and labs. Individuals who smoke Marijuana are classified as Nontobacco unless we learn of tobacco use or have positive Nicotine findings on a test.</p> <p>For Marijuana usage it will depend on:</p> <ul style="list-style-type: none"> <li>- How often they use Marijuana – if</li> </ul>	<p>Smoke it once per month - non smoker rates</p> <p>Eating Edibles, 2-3 times per month - non smoker rates</p> <p>More frequent - smoker</p> <p>Weekly - smoker rates, possibly decline</p> <p>we would go by what is put on the app</p> <p>If they're unemployed - no.</p> <p>If they are working full time, no speeding tickets, good credit score, slam dunk.</p>	<p>Call Risk Assessment</p>	<p>Over age 18 . . . Standard – Decline</p>	<p>Marijuana over age 21 (decline if under age 21)</p>
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<b>Military</b>	<p>Military - possible Preferred or Standard rates subject to clarification of what their duties will be for the military, if any deployment orders, and the results of the Age/amount requirements and amount being applied for.</p> <p>Please note if any duties involving special forces, demolition teams or other high risk jobs – flat ratings may be applied.</p>				
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<p><b>Multiple sclerosis</b></p>	<p>For Multiple sclerosis – we would need to clarify the following:</p> <p>When was the disorder diagnosed?  Was it classified as progressive or relapsing-remitting?  What degree of disability do they experience – mild, moderate, severe or extreme?  (basically how much does it impact their ability to perform daily function, ability to be employed, impact their ability to be socially active)  What type of treatment are they receiving?  Any other complications or residuals from the disorder?  Any other significant medical history?</p> <p>We would request either a telephone interview or medical records to clarify the history.</p>	<p>Table 2 - Decline</p>	<p>Decline if Any other than epilepsy/seizures, multiple sclerosis, Bell's palsy, restless leg syndrome, narcolepsy, vertigo, migraine</p>	<p>Table 2-Decline (No IULE)</p>	<p>In order to rate accurately please help me with exact date of diagnosis, degree of disability (mild/moderate/severe)? With the noted details, limited details, we can offer Table 2, assuming multiple sclerosis, greater than 1 year since diagnosis, degree of disability nor more than mild, (i.e. ranging from without symptoms to minimal disability i.e. slight weakness or gait disturbance), and if otherwise medically qualifies.</p>
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<b>Organ Transplant</b>	Decline	Decline	Decline	Decline	
<b>Overweight Juvenile</b>	Decline	Express 2 - Decline		Decline	Minimum Table 6
<b>Probation</b>	No coverage for someone on probation. Will be eligible when off probation for a minimum of one year with proof of when it was lifted	No coverage for someone on probation. No specific time off of probation to be eligible, need to be working, case by case.	Decline if - Felony/misdemeanor (past 10 years or pending charges), or currently on probation or parole		postponement period after probation may vary between 2-5-10-20 years based on the type (M/F)
<b>Rheumatoid Arthritis</b>	It will depend on the severity and type of treatment being used. There are many variables, but for the most part Rheumatoid Arthritis is usually insurable. If you provide the first diagnosis, the symptoms, if there is any disability and treatment we can give an estimate. Typical table B (Express standard is the equivalent of Table B.)	Typically standard express 1, chronic illness might be off of the table. Depends on severity, ADL, and meds	No Rider	decline for IULE	In order to accurately rate, please help me with the age of the applicant, date of diagnosis of Rheumatoid arthritis and treatment details if any? Typically starting at Table 2



<b>Sarcoidosis</b>	<p>What organs are involved with this condition?  When was he diagnosed?  Does he work?  Is he able to complete all activities of daily living?  Does he take any other medications?  What is his height and weight?</p>	Same		Same	Same
<b>Seizures</b>	<p>When was last seizure?  How often do they have seizures?  How severe is the seizure when they have one?  Any hospitalizations?  What medications?</p>	Decline - Epilepsy/Seizures diagnosed within one year			

<b>Stroke</b>	Cannot consider for coverage until it has been 36 months from the time of the stroke, we can revisit at that time. Typically a Table F depending on severity and history	Stroke - Express Standard NT2 without chronic illness rider, critical illness rider and critical injury rider (these riders are not available with this rate class period)	Any other than epilepsy/seizures, multiple sclerosis, Bell's palsy, restless leg syndrome, narcolepsy, vertigo, migraine	Decline - IULE 1 year since event . . . . Table 4 plus flat - Decline	Stroke - Table 6
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<p><b>Suspended DL</b></p>	<p>not be eligible for coverage based on the driving history listed below of multiple speeding tickets.</p> <p>Possible reconsideration one year after her last violation subject to current driving status and age/amount requirements. (Not knowing the amount of excessive speed over the posted limit may impact when we could possible consider.) Basically, there are too many tickets between 2022 and 2023 that are causing the issue.</p> <p>If she receiving any more citations during this time frame, that will cause issues with any possible reconsideration.</p>	<p>Decline until reinstated</p>	<p>Must have - Valid license not currently suspended or revoked</p> <p>Major violations: none within 5 years</p> <p>Minor violations: few to none within 3 years</p>	<p>if it was due to reckless driving or a DUI, those are covered on the application, and would cause a decline. If it was something like not paying a ticket, we are okay with that.</p> <p>one more stipulation. If she has had 4 or more moving violations in the last five years would also be a decline.</p>	<p>If license is suspended, we would postpone until it's reinstated. If license is reinstated, they would be eligible for coverage, subject to details</p> <p>Speeding (mph over the posted limit) in each category</p>
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<b>Tobacco/Nicotine Rates</b>	Stopped after 1 year - Standard rates. Stopped after 2 years - preferred rates	Stopped after 1 year - Select Stopped after 3 Years - Preferred Stopped after 5 Years - Elite			
<b>UW Guides</b>	<a href="https://drive.google.com/file/d/1VEuJ3EgndgQOh54KAle35I_uk0O65_7O/view">https://drive.google.com/file/d/1VEuJ3EgndgQOh54KAle35I_uk0O65_7O/view</a>	UW Guide - https://merrillconnect.iscorp.com/nlg/viewDocument.action?itemNbr=62797	<a href="https://online.flippingbook.com/view/318795893/2/#zoom=true">https://online.flippingbook.com/view/318795893/2/#zoom=true</a>		