
Disability Income Insurance

IMPAIRMENT GUIDE

For Individual Disability Income and
Business Overhead Expense

AssurityBalance[®]

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DISABILITY INSURANCE MEDICAL IMPAIRMENT GUIDE

For policy form nos. A-D100, A-D106, I H0920

The following pages will provide you with a general guide to the probable underwriting action pertaining to many of the most commonly encountered medical impairments. By referring to this guide, you may be able to prepare your client for a special class rating, exclusion, or other coverage limitations based on their medical history.

Each case will be evaluated on its own merits. Some applicants may be found to have several minor impairments, none of which alone requires a special class rating. However, collectively, the applicant's health and, therefore, morbidity is compromised.

We have included many of the most common impairments that may be encountered. If you have questions about an impairment not listed, please contact the Home Office.

NOTE: This is an updated Impairment Guide. Any prior guide does not apply.

TERMS AND ABBREVIATIONS

BP	.....	Benefit Period
Decline	.....	Not an insurable risk
Exclude	.....	Exclusion rider will be added
IC	.....	Individual Consideration
PP	.....	Postpone
RFC	.....	Rate for cause
Table 1	25%	Rate up added to the premium
Table 2	50%	Rate up added to the premium
Table 3	75%	Rate up added to the premium
Table 4	100%	Rate up added to the premium
Us 0	.....	Usually standard, no table rating or exclusion
0	.....	Standard, no table rating or exclusion

IMPAIRMENTS, LISTED ALPHABETICALLY

Abscess

Brain

Present	-----	Decline
In history, one episode, cause known, adequately treated		
No sequelae		
0-2 yr	-----	PP
2-4 yr	-----	Table 2--Decline
	-----	2-yr or 5-yr BP
Over 4 yr	-----	0-Table 1
	-----	5-yr BP limitation on some cases
Others or sequelae present	-----	Decline

Breast

Present	-----	PP
In history, complete recovery	-----	Us 0

Kidney

Present	-----	PP
In history, normal post-treatment urinalysis		
0-6 mo, medically treated	-----	0--Exclude
0-6 mo, surgical treatment required	-----	PP
6 mo-1 yr	-----	Us 0
Over 1 yr	-----	0
In history, abnormal post-treatment Urinalysis	-----	IC

Liver

Present	-----	PP
In history, complete recovery		
0-1 yr	-----	PP
1-3 yr	-----	Exclude
Over 3 yr	-----	0-Exclude
Others	-----	IC

Lung

Present	-----	PP
In history		
No sequelae, no ratable cause		
0-1 yr	-----	Table 1-PP
Over 1 yr	-----	Us 0
With sequelae	-----	IC

Skin abscess (Boil, Carbuncle, Furuncle)

Single or recurrent episodes		
Diabetes and other diseases excluded	-----	Us 0
Otherwise	-----	IC

Acquired Immune Deficiency Syndrome (AIDS)

HIV infection, all stages	-----	Decline
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Acromegaly — Chronic excessive secretion of growth hormone, often resulting from pituitary tumor stimulating abnormal growth of body tissues, usually in adults.

All cases	-----	Decline
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Addison's Disease — Adrenal cortical insufficiency

Present

- 0-3 yr-----Decline
- More than 3 years from dx, no hypoadrenal crisis, good medication compliance,
no complications -----At least 90-day EP,
-----Table 4, 2-yr BP limitation
- More than 7 years from dx, no hypoadrenal crisis, good medication compliance,
no complications -----At least 90-day EP,
-----Table 2, 5-yr BP limitation

Alcoholism — See “Substance Abuse”

Alzheimer's Disease

All cases -----Decline

Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia (Menstrual Disorders)

Cause known ----- RFC

Severe symptoms, no associated psychiatric component----- RFC

Severe symptoms, associated psychiatric component----- RFC + psychiatric component

Cause unknown

Single episode

0-3 mo -----PP

Over 3 mo -----0

Recurrent

0-2 yr----- Exclude

Over 2 yr -----0

Amputation

Due to trauma (major limbs)

0-1 yr-----PP

Upper limbs

Loss of fingers

One hand

Ability to grip remains ----- Us 0

No ability to grip or loss of 3 or more digits ----- See “Loss of Hand”

Both hands ----- IC

Loss of hand(s)

One hand

0-5 yr----- Exclude

Over 5 yr -----Exclude-0

Both hands -----Decline

Loss of arm(s)

One arm -----Decline-Exclude

Both arms -----Decline

Lower limbs

Loss of toes

One foot ----- Us 0

One foot, loss of great toe or 3 or more digits----- See “Loss of Foot”

Both feet ----- IC

Loss of feet

One foot

0-5 yr----- Exclude

Over 5 yr -----Exclude-0

Both feet -----Decline

Loss of leg (s)

- One leg, below the knee with good Prosthesis ----- Exclude
- One leg, above the knee with good Prosthesis ----- Decline-Exclude
- Both legs ----- Decline

Other combinations ----- Us Decline

Loss of limb due to disease

- 0-3 yr ----- PP
- Over 3 yr ----- See above + RFC

Amyotrophic Lateral Sclerosis (ALS) — also called Lou Gehrig Disease is characterized by progressive loss of motor neurons of the central nervous system resulting in muscular weakness and atrophy.

All cases ----- Decline

Anemia — A blood disorder of various causes, characterized by a decrease in red blood cells. A list of a few different types follows:

Aplastic, Pancytopenia

All cases ----- Decline

Iron Deficiency

Depending on severity and time elapse since last episode ----- 0-Table 4-Decline

Pernicious

Depending on the severity, cause, and time elapsed since last episode ----- 0-Table 4-Decline

Hemolytic

Present RFC

Complete recovery

0-1 yr ----- PP

Over 1yr ----- Us 0

Aneurysm

Present ----- Decline

In history

Medical treatment only ----- Decline

Operated, no sequelae or complications

Aortic or intracranial, Time since resumed full activity

0-1 yr ----- PP-Decline

1-5 yr ----- Table 2-Decline

Over 5 yr ----- Us 0

Peripheral, Time since resumed full activity

0-1 yr ----- PP-Decline

1-3 yr ----- 0-Decline

Over 3 yr ----- Us 0

With prosthetic graft ----- IC

Dissecting Aneurysm

Present

Medical treatment only ----- Decline

Operated, no sequel ----- Us Decline

Angina Pectoris — See “Coronary Artery Disease”

Angioplasty, Coronary Bypass Surgery — See “Coronary Artery Disease”

Ankylosis — Immobility or stiffness of a joint due to trauma, surgery, or disease.

All cases ----- RFC

Ankylosing Spondylitis (Marie Strumpell Disease) — A disease of unknown cause that primarily affects the sacroiliac joints and spine, but may also involve other joints, especially the hip and shoulder joints.

Present	
Mild symptoms and signs, controlled with NSAID's	-----Table 1 or 2- plus
-----	----- Exclude- plus
-----	----- Limit to 2-yr or 5-yr BP
Others	-----Us Decline

Anorexia Nervosa

Present	-----Decline
In history, complete recovery, less than 15% underweight, no other rateable psychiatric disorder, no longer requires treatment	
0-5 yr	-----Decline
5-7 yr	----- Table 2 or 3-Decline
-----	----- 2-yr BP limitation
Over 7 yr	----- Table 1 or 2-Decline
-----	----- 2-yr or 5-yr BP limitation
Others	-----Us Decline

Aortic Regurgitation (Aortic Insufficiency) (AI)

Trivial or minimal AI	----- Table 1 or 2-Decline
Mild AI	----- Table 2 or 3-Decline
Moderate or severe AI	----- Decline
Resulting from a systemic disease regardless of severity	-----Us Decline

Aortic Stenosis — Stiffening and narrowing of the aortic valve or outflow tract.

Unoperated

To age 40	----- All cases, Decline
Over age 40	
Mild	-----Table 2-Decline
Moderate	-----Table 4-Decline
Severe	-----Decline

Associated cardiovascular impairment present -----Us Decline

Symptomatic aortic stenosis -----Decline

With valve replacement -----Decline

 Benefit Period limited to a maximum of 2 or 5 years

Arnold-Chiari Malformation

Not operated	-----Decline
Operated	
0-5 yr since surgery	-----Decline
Over 5 yr since surgery	
No residual neurological problem	----- IC
Residual neurological problem	-----Decline

Arrhythmia — There are many types and variations of arrhythmias that can be insignificant to serious conditions that require a pacemaker. Ratings may be Standard to Decline.

Arteritis (Giant Cell Arteritis)

Complete recovery, no sequel	
0-2 yr	-----Decline
Over 2 yr	----- 0-table 2
-----	----- 5-yr BP Limitation

Initially detected on examination or more than 4 episodes/year or Coumadin therapy within last year ----- See "Chronic (constant)"

Chronic (constant)

- Completely evaluated, no underlying disease found ----- IC
- Completely evaluated, underlying disease found
 - Coronary artery disease, Cardiomyopathy, alcohol abuse or mitral stenosis present ----- Decline
 - Others ----- IC
- Associated with complications (e.g. TIA or CVA or bleeding on Coumadin) ----- Us Decline

Attention Deficit/Hyperactivity Disorder

In history

- No work or interpersonal problems, off medication-----0
- No work or interpersonal problems, continuing medication necessary, control good ----- Table 1-Decline, 5-yr BP limitation

Currently symptomatic

- Work and/or interpersonal problems present, control fair----- Table 2-Decline, 2-yr BP limitation
- Work and/or interpersonal problems present, control moderate to poor-----Decline

Back Sprain, Strain, Whiplash

With disc involvement -----See "Intervertebral Disc Disease"

No disc involvement

- Single episode, one week or less off work, complete recovery
 - 0-1 yr since episode----- Exclude
 - Over 1 yr since episode-----0-Exclude
- More than one episode or single episode with symptoms lasting up to four weeks
 - 0-2 yr since episode----- Exclude
 - 2-4 yr since episode-----0-Exclude
 - Over 4 yr since episode----- Us 0
- Others, including episodes with symptoms lasting more than four weeks ----- Exclude

Barrett's Esophagus

Good response to therapy, conscientious follow up

- No esophagoscopy in 2 yr or more -----PP
- Esophagoscopy with biopsy within prior 2 yr
 - No dysplasia on biopsy -----Exclude + table 2-Decline
 - Dysplasia on biopsy -----Decline

Following surgery or other treatment

- 0-1 yr-----PP
- Over 1 yr ----- IC

Poor response to therapy, complications including bleeding or stricture formation----- IC

Bell's Palsy — an acute peripheral neuropathy involving the seventh cranial nerve, which supplies the facial musculature on each respective side.

Probable viral etiology supported by typical course

- Present -----PP
- In history
 - Complete recovery -----0
 - Others ----- Exclude

Possibility of atypical cause (multiple sclerosis, tumor, etc.)

- All cases ----- IC

Blindness

One Eye Impaired

Process not progressive

Congenital or Traumatic

Corrected vision

Normal to Mild Low Vision in better eye

0-1 yr-----PP

Over 1 yr -----0

Corrected Vision

Moderate Low Vision or worse in better eye

0-1 yr-----PP

Over 1 yr -----IC

Process progressive -----Exclude affected eye +RFC

Both Eyes Impaired

Process not progressive

Corrected Vision Mild

Low Vision or better in better eye -----0

Corrected Vision

Moderate Low Vision in better eye ----- Exclude eyes +RFC

Corrected Vision

Severe Low Vision in better eye ----- Exclude eyes +RFC

Process progressive or due to Systemic disease ----- Exclude eyes +RFC

Boeck's Sarcoid (Sarcoidosis)

Pulmonary involvement (Stages 1, 2, and 3)

Present -----Decline

In history

Lung parenchymal lesions resolved,

With or without hilar adenopathy, no steroid treatment within past year

0-2 yr-----Decline

2-4 yr-----Table 1-Table 4

Over 4 yr -----Us 0

Extra pulmonary involvement (Stage 0) ----- Decline

Breast Nodules, Mass, Fibrocystic Breast Disease

No family history of breast cancer or family history unknown

Present, no nodules or biopsy findings (hyperplasia or dysplasia) of concern, good follow-up ----- Us 0

Undefined prominent nodules of concern -----PP

Biopsy demonstrating hyperplasia or dysplasia----- Exclude

Breast cancer in first degree family member

Fibrocystic disease, no nodules or biopsy findings (hyperplasia or dysplasia) of concern,

good follow-up ----- Exclude

Undefined prominent nodules of concern -----Decline

Biopsy demonstrating hyperplasia or dysplasia-----Decline

Bronchiectasis — Abnormal dilatation of bronchi due to chronic refractory infection.

Present

Unilateral

Minimal symptoms, no chronic lung disease present

Less than 10% underweight-----Table 2-Decline

Underweight 10% or more-----Table 3-Decline

Others, including emphysema, asthma or COPD-----Decline

Bilateral -----Decline

In history

Bilateral involvement, operated-----Decline

Unilateral involvement, operated, no sequelae

Segmental resection

0-6 mo -----PP

6 mo-2 yr -----Table 1-Decline

Over 2 yr -----Us 0

Lobectomy

0-1 yr-----PP

1-5 yr-----Table 1-Decline

Over 5 yr -----0-Table 1

Pneumonectomy-----Decline

With sequelae-----IC-Decline

Smoking or exposure to dust, occupational or environmental respiratory hazards -----Decline

Bronchitis

Acute

Present -----PP

In history

Occasional isolated episodes -----0

Recurrent episodes ----- See “Chronic Bronchitis”

Chronic (emphysema, COPD)

Mild

Non smoker

No complications-----Table 1-Table 3

With complications ----- IC

Still smoking----- Add +50 to above ratings

Moderate, not on steroid therapy

Non smoker

No complications-----Table 3-Decline

With complications -----Decline

Still smoking-----Decline

Severe ----- All cases: Decline

With exposure to dust, toxic air or other irritants-----Decline

Buerger’s Disease (Thromboangiitis Obliterans) — An idiopathic vasculitis affecting small and medium-sized blood vessels of the extremities with frequent occlusion of the vascular lumen.

Still smoking or diabetes mellitus or coronary heart disease-----Decline

Stopped smoking and no symptoms or complications

0-5 yr-----Decline

5-10 yr -----Table 1-Decline

Over 10 yr -----Us 0

Stopped smoking but symptoms persist and/or hypertension present -----Decline

Build — See Disability Build Chart

Bundle Branch Blocks — Abnormalities affecting the normal movement of the electrical impulses within the heart.

Right Bundle Branch Block

No other CV abnormality	
Incomplete -----	Us 0
Complete	
Asymptomatic, no associated problems, congenital-----	Us 0
Asymptomatic, no associated problems, acquired	
0-1 yr since onset-----	PP
1-5 yr since Onset -----	Table 2-Decline
-----	2-yr or 5-yr BP limitation
5-10 yr since onset -----	Table 1-Decline
Over 10 yr since onset -----	Table 1-0
Complete, associated CV disease present-----	RFC

Left Bundle Branch Block

No other CV abnormality	
Incomplete -----	Us 0
Complete, fully investigated	
No other CV abnormality	
0-2 yr since onset-----	PP
Over 2 yr since onset-----	Rate per Right Bundle Branch Block
Complete, associated CV disease present-----	RFC

Left Anterior Hemiblock (LAHB) or extreme LAD

No other CV abnormality -----	Us 0
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Left Posterior Hemiblock (LPHB)

No other CV abnormality -----	Us Decline
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Combination bundle branch blocks (bifascicular blocks)

No other CV abnormality -----	Us Decline
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Bursitis, Synovitis, Tenosynovitis — inflammation of a bursa between tendons and muscles, joint synovium or synovial sheath covering tendons.

Cause known

Not rheumatic	
Present -----	0-Exclude
In history, recovered one attack	
0-1 yr-----	0-Exclude
Over 1 yr -----	0
Two or more attacks	
0-2 yr-----	0-Exclude
Over 2 yr -----	0
Rheumatic	
Present, under treatment-----	Decline
In history -----	See Rheumatoid Arthritis

Cause unknown and others -----	IC
---------------------------------------	----

Bypass (Gastric), Gastroplasty, Gastric Stapling — Various surgical procedures developed to limit size of the stomach and amount of food ingested in treatment of morbid obesity.

Gastric bypass, gastric stapling or gastroenterostomy, no complications,doing well	
0-2 yr-----	PP
2-5 yr-----	Table 1-Table 2-Decline
-----	2-yr BP limitation
Over 5 yr -----	0-Table 1-Decline
-----	5-yr BP limitation

Gastric bypass, gastric stapling or gastroenterostomy, with complications, doing poorly----- IC
 Obesity surgical procedures of **jejunoileal bypass or balloon gastroplasty** ----- Decline
 ----- Ratings are in addition to rating for current build

Cancer — The size of the cancer and the extent of the spread at the time of diagnosis are described by the cancer’s “stage”. The degree to which cancer cells histologically resemble their tissue of origin is described by the cancer’s “grade”. (e.g. well-differentiated or poorly differentiated) Histological examination provides determination of two other important characteristics of cancers in addition to stage and grade, namely the organ of origin and the type of tissue (organs usually are composed of several different types of tissue). To summarize, cancers may be described by four general categories: type of tissue, organ of origin, stage and grade. An example would be characterizing a colon cancer as: “adenocarcinoma of the colon, stage X and grade Y”.

The majority of the information needed to underwrite a cancer risk must come from a physician or medical facility, therefore, we ask that the agent obtain detailed information regarding names, addresses, and phone numbers for all medical facilities and physicians involved with the treatment of a cancer risk. The underwriting of a cancer history may vary from **Standard** to **Decline**, depending on the information that is received.

Cardiomyopathy — a disorder of the heart muscle which may be primary or may result from other diseases or toxins.
 All cases -----Decline

Carpal Tunnel Syndrome

Present
 Mild signs and symptoms -----0-Exclude
 Moderate to severe or chronic signs and symptoms----- Exclude
 In history
 Unoperated, one episode,
 Recovered
 0-1 yr-----0-Exclude
 Over 1 yr -----0-Exclude
 Operated or 2 or more episodes
 All cases ----- Exclude
 Others ----- Exclude

Cataract

Unoperated
 Senile
 Unilateral, other eye normal -----0-Exclude
 Bilateral, visual acuity of one eye must be 20/60 or better----- Table 2-Exclude
 Congenital or traumatic -----0-Table 1-Exclude
 Others ----- RFC
Operated, complete recovery
 No visual impairment----- Us 0
 Others -----Rate for visual impairment

Cerebral Vascular Accident (Stroke)

Ischemic stroke
 Single attack, complete recovery, no other ratable impairment, minimal or no sequelae
 Chronic Coumadin anticoagulation required treatment-----Decline
 Back at work full-time
 0-5 yr-----Decline
 5-10 yr -----Table 2-Decline
 Over 10 yr-----Table 2-Decline
 Others -----Decline

Intracranial hemorrhage

(Non-smokers with no other abnormalities)

Intracerebral hemorrhage

Intracranial lesion present-----Decline

Single episode, complete recovery minimal or no sequelae, no other cardiovascular or other rateable impairment, back at work full-time

0-5 yr-----Decline

5-10 yr-----Table 2-Decline

10-15 yr-----Table 1-Decline

Over 15 yr-----Table 1-Decline

Others-----Decline

Subarachnoid hemorrhage

Single episode

Complete recovery, minimal or no sequelae, no known aneurysm, no other cardiovascular or other rateable impairment, back at work full-time

Not operated-----Rate as Cerebral hemorrhage

Operated

0-3 yr-----Decline

3-5 yr-----Table 2-Decline

5-10 yr-----Table 1-Table 2

Over 10 yr-----Table 1-0

Others-----IC

Stroke with

Diabetes mellitus-----Decline

Cardiovascular or renal disease-----Decline

Ratable hypertension-----Decline

Current cigarette smoker-----Us Decline

Cerebral Palsy

Minimal involvement, normal mentation, self-supporting, no seizures

Working full-time-----Table 1-Decline

-----5-yr BP limitation

Others-----IC

Cervical Sprain, Strain, Whiplash

With disc involvement----- see intervertebral disc disease

No disc involvement

Single episode, one week or less off work, complete recovery

0-1 yr since episode----- Exclude

Over 1 yr since episode-----0-Exclude

More than one episode or single episode with symptoms lasting up to four weeks

0-2 yr since episode----- Exclude

2-4 yr since episode-----0-Exclude

Over 4 yr since episode----- Us 0

Others, including episodes with symptoms lasting more than four weeks----- Us Exclude

Chiropractic Adjustments/Maintenance

Current----- Exclude

History of, full recovery, no underlying disease or disorder-----0-Exclude

Cholelithiasis, Cholecystectomy, Cholecystitis — See “Gallbladder Disease”

Cholesterol — See “Hyperlipidemia”

Chondromalacia — See “Knee Disorders”

Chorea — Involuntary muscle contraction, usually producing jerking movements, isolated or in repetitive fashion.

Hereditary

Huntington’s Chorea, Wilson’s Disease or ataxia-telangiectasia-----Decline

Sydenham’s chorea ----- See Rheumatic Fever

Others

Cause known----- RFC

Cause unknown-----Decline

Chronic Fatigue Syndrome, Myalgic Encephalomyelitis (ME)

Present -----Decline

In history, complete recovery, working full-time at usual occupation

0-2 yr since recovery-----PP

Over 2 yr since recovery ----- IC

Chronic Obstructive Pulmonary Disease (COPD) — See “Emphysema”

Cirrhosis of the Liver — See “Liver Diseases”

Colic, Renal — See “Kidney Diseases”

Colitis

Irritable bowel syndrome, Spastic, other causes ruled out ----- Us 0

Stable pattern over 1 yr-----0

Others -----PP

Mild Ulcerative Colitis

Time from last exacerbation

0-6 mo -----PP

6 mo-2 yr ----- Exclude, Table 2-Decline

----- 5-yr BP limitation

Over 2 yr -----0, Exclude-Decline

Moderate Ulcerative Colitis

Time from last exacerbation

0-2 yr-----PP

2 yr-5 yr ----- Exclude, Table 2-Decline

----- 2-yr BP limitation

Over 5 yr ----- Exclude, Table 1, -Decline

----- 5-yr BP limitation

Severe Ulcerative Colitis -----Decline

Screening colonoscopy

Done less often than every 3 yr -----Decline

Dysplasia found on biopsy at screening colonoscopy----- IC

History of systemic steroid or immunotherapy (methotrexate, 6-mercaptopurine, azathioprine or cyclosporine) treatment

Less than 90 days over the previous yr----- Table 2 + basic rating

More than 90 days over the previous yr----- IC

Extra-intestinal manifestations of ulcerative colitis (sclerosing cholangitis,

arthropathy, skin or eye involvement -----Decline

Cyst — An abnormal sac containing gas, fluid, or a semisolid material.
 After removal and recovery-----0

Cystic Fibrosis
 All cases -----Decline

Cystitis (Trigonitis) — Infection of the urinary bladder, usually bacterial, may be secondary to obstruction of urinary flow.
 Acute, present -----Exclude-0
 In history -----Us 0
 Chronic or recurrent -----Exclude-Us 0

Deafness (Hearing Impairment)

Not Progressive
 Unilateral impairment stable for more than 18 months
 Less than 70% hearing loss -----0
 More than 70% hearing loss -----Exclude-0
 Bilateral impairment stable for more than 3 years
 Less than 30% hearing loss -----0
 31%-50% hearing loss -----Exclude-0
 More than 50% hearing loss -----Decline-Exclude
 If occupation requires highly accurate hearing ability -----Decline
 If occupation is the cause of the hearing impairment (where unimpaired hearing is otherwise not an occupational requirement) ----- Exclude
 Progressive hearing loss within the last 3 years ----- IC

Diabetes Mellitus

Type I Insulin Dependent Diabetes Mellitus
 All cases -----Decline

Type II Non-Insulin Dependent Diabetes Mellitus (maximum BP: 5 years)

Age at Application	Years Elapsed Since Diagnosis	
	Up to 10 yrs	Over 10 yrs
Under 30	Decline	Decline
30-39	Table 3	IC
40-49	Table 2	Table 3
50 up	Table 1-0	Table 2

Degenerative Joint Disease — See “Arthritis”

Dermatitis — a general term to describe skin disorder in which eruptions and papular lesions are present.
 Mild to Moderate
 Present -----Exclude-0
 Acute, recovered -----0
 Severe or chronic-----Exclude-0

Dilatation and Curettage (D&C) — Dilatation of the cervical opening and scraping of the uterine walls.
 All cases ----- RFC

Dislocations

Hip Dislocations
 Operated, single episode, complete recovery
 0-1 yr----- Exclude
 Over 1 yr -----Exclude-0

Unoperated, with mild to moderate residuals or recurrent episodes ----- Exclude
 Severe deformity with restriction of activity ----- Decline

Dislocations of shoulder, knee, elbow, wrist

Single episodes within 2 yr ----- Exclude-0
 Two or more episodes within 2 yr ----- Exclude
 2 yr and over ----- 0

Diverticulitis, Diverticulosis — Saccular outpouchings of intestinal wall (Diverticulosis)
 most frequently found in the distal colon.

Diverticulitis

Present ----- PP
 In history
 0-6 mo ----- PP
 Over 6 mo, no complications ----- 0
 Over 6 mo, with complications ----- IC
 Operated, complete recovery
 0-6 mo ----- Exclude-0
 Over 6 mo, no colostomy ----- 0
 Over 6 mo, colostomy present ----- IC

Diverticulosis ----- Us 0

Dizziness, Vertigo

Cause known, no occupational or avocational risk ----- RFC

Cause unknown, no occupational or avocational risk

Single episode, complete recovery

To age 40 ----- Us 0
 Over age 40, Time since single episode
 0-1 yr ----- PP
 Over 1 yr ----- Table 2-0

2 or 3 episodes

To age 40, Time since last episode
 0-3 yr ----- Decline
 3-5 yr ----- Table 3-0
 Over 5 yr ----- Table 2-0

Over 3 episodes ----- IC

Avocational risk present -----

Time since last attack

0-3 yr ----- Decline
 3-5 yr ----- IC
 Over 5 yr ----- IC

Down's Syndrome

All cases ----- Decline

Drug Abuse, Chemical Abuse

Marijuana (cannabis, hashish, pot)

Current Use (smoker rates, limit 5-yr BP)

Occasional (1-2 x per mo) ----- Table 1-Table 2
 Moderate (3-6 x per mo) ----- IC Table 4
 Frequent (over 6 x per mo) ----- Decline

In History

0-2 yr ----- rate as current
 2-4 yr (if frequent) ----- Table 2-0
 Over 4 yr (all cases) ----- Us 0

Other drugs, one type only, sedatives, tranquilizers, opiates, stimulants, cocaine or hallucinogens
 Current use -----Decline
 In history from date of last use
 0-5 yr-----Decline
 5-7 yr-----Table 4-0
 Over 7 yr -----Table 1-Us 0
Cross-addiction (Polydrug use, one of the drugs being alcohol)-----Decline

Duodenal Ulcer — See “Ulcer”

Duodenitis, Gastritis

Acute, single attack
 0-6 mo -----Exclude-0
 Over 6 mo -----0
 Chronic and/or recurrent
 Good therapeutic response, Time since last attack
 0-1 yr-----Exclude-0
 Over 1 yr -----Us 0
 Poor therapeutic response-----Decline

Electrocardiogram — Provides findings suggesting the presence of myocardial ischemia or other metabolic myocardial problems. Electrocardiographic evidence of acute or prior myocardial infarction may be present when these events have occurred. It demonstrates the presence of abnormal cardiac rhythms (arrhythmias) and, very frequently their mechanisms. It reveals abnormalities of the cardiac conduction system (bundle branch and hemifascicular conduction blocks and the characteristic pattern of Wolff-Parkinson-White syndrome)

Embolism, Pulmonary — An embolism, usually a blood clot, most frequently arising in the lower extremities or pelvis, which travels to the lung via the venous circulation, resulting in varying degrees of pulmonary vascular obstruction.

Single attack
 0-6 mo -----PP
 Over 6 mo -----0
 Others -----IC
 Chronic Coumadin therapy, no complications -----2-yr or 5-yr BP limitation--Decline
 Chronic Coumadin therapy, complications-----IC Us Decline

Emphysema (COPD) — See **Bronchitis**

Encephalitis — Diffuse inflammation of brain tissue which may also involve the meningeal lining of the brain and spinal cord, in which case the process is termed meningoencephalitis.

Present -----Decline
 In history
 Single episode, complete recovery, no sequelae
 Time since resolution of encephalitis
 0-6 mo -----PP
 6 mo-1 yr -----Decline-0
 Over 1 yr -----0
 Other, including recurrent or with sequelae -----Us Decline

Endometriosis — Condition in which endometrial tissue occurs outside the uterus, usually within the pelvic cavity.

Present
 Minimal symptoms, non-disabling -----Exclude-0
 Severe or recurring-----Decline-Exclude

In history

Operated or post menopausal not requiring treatment

0-6 mo ----- PP-0

Over 6 mo ----- Us 0

Epilepsy, Seizure Disorder

Cause known ----- RFC + ratings below + “history of”

Cause unknown, first seizure before age 40, thoroughly investigated, good compliance with treatment

Partial seizure disorder

0-2 yr from initiation of treatment -----Decline

Over 2 yr from initiation of treatment

Well controlled ----- Table 1-0

Moderately well controlled -----Table 1-Decline

Poorly controlled -----Decline

Absence seizures (petit mal)

0-2 yr from initiation of treatment -----Decline

Over 2 yr from initiation of treatment

Well controlled ----- Table 1-0

Moderately well controlled -----Table 1-Decline

Poorly controlled -----Decline

Generalized seizures (grand mal)

0-3 yr from initiation of treatment -----Decline

Over 3 yr from initiation of treatment

Well controlled -----Table 1-Decline

Moderately well

Controlled -----Table 1-Decline

Poorly controlled -----Decline

History of

First seizure after age 40 ----- IC

Surgical treatment for seizure control ----- IC

Status epilepticus -----Decline

Poor therapeutic compliance -----Decline

Alcohol use -----Decline

Esophageal Disorders

Atresia — congenital malformation with manifestation of gastric regurgitation soon after birth, requiring surgical correction

No functional or postoperative sequels-----0

Others-----IC

Esophagitis—inflammation of the esophagus, usually due to acid reflux

Cause known

Asymptomatic or symptoms controlled ----- Us 0

Moderately symptomatic (or worse ----- Exclude-IC

Severe symptoms -----Decline

Cause unknown

Mild symptoms ----- Exclude

Moderate to severe symptoms -----Decline

Gastroesophageal Reflux Disease (GERD)

Cause known ----- RFC

Cause unknown

Mild symptoms ----- Us 0

Moderate to severe symptoms ----- Exclude-Decline

Barrett's Esophagus -----See Barrett's Esophagus

Stricture — Narrowing of the esophagus

Present

Mild, not requiring treatment -----Exclude-0

Therapeutic dilatation required, time since last treatment

0-1 yr----- Exclude

Over 1 yr-----Exclude-0

Surgical treatment, complete postoperative recovery

0-6 mo ----- Exclude

Over 6 mo -----0

Varices of Esophagus

All cases -----Decline

Fibrocystic Breast Disease (Mammary Dysplasia) — many cysts of varying sizes form along the mammary ducts with resultant breast tenderness and lumpiness.

No family history of breast cancer or family history unknown

Present, no nodules or biopsy findings (hyperplasia or dysplasia) of concern, good follow-up ---- Us 0

Undefined prominent nodules of concern-----PP

Biopsy demonstrating hyperplasia or dysplasia----- Exclude

Breast cancer in first degree family member

Fibrocystic disease, no nodules or biopsy findings (hyperplasia or dysplasia) of concern, good follow-up ----- Exclude

Undefined prominent nodules of concern-----Decline

Biopsy demonstrating hyperplasia or dysplasia-----Decline

Fibromyalgia, Fibrositis, Fibromyositis — An illness characterized by symptoms of fatigue, altered sleep and chronic pain, often with associated stiffness, most prominently affecting the axial skeleton, shoulders and hips.

Present -----Decline

In history

Single episode

0-3 yr from symptom resolution -----Decline

3-5 yr from symptom resolution -----Table 1-Decline

----- 2-yr or 5-yr BP limitation

5-7 yr from symptom resolution -----Table 1-Decline

----- 5-yr BP limitation

Over 7 yr from symptom resolution -----0

Others, more than one episode -----Us Decline

Fractures

Skull fracture — See “Concussion, Cerebral”.

Spinal fracture, surgically repaired — See “Intervertebral Disc Disease-Operated”

Others

Complete recovery, no complications ----- Us 0

With internal fixation, no complications----- Exclude

Removal of internal fixation device recommended and/or planned ----- PP, pending recovery from surgery

Others ----- Us Exclude-IC

Pathological fracture-----Decline

Gallbladder Disease (Cholecystitis, Cholelithiasis) — Inflammation of the gallbladder (cholecystitis), usually resulting from gallstones blocking the cystic duct (cholelithiasis); attacks of biliary colic may occur without inflammation.

Unoperated

- Single episode, recovered without sequelae
 - 0-2 yr since episode ----- Exclude-0
 - Over 2 yr since episode ----- Exclude-0
- Recurrent episodes, recovered without sequelae
 - 0-3 yr since last episode ----- Exclude
 - Over 3 yr since last episode ----- Exclude-0
- Sequelae present after one or more episodes ----- Exclude-0

Operated, open surgery, complete recovery

- 0-6 mo since surgery ----- PP
- Over 6 mo since surgery ----- 0

Operated, laproscopic surgery, complete recovery

- 0-2 mo since surgery ----- PP
- Over 2 mo since surgery ----- 0

Other procedures, including papillotomy (via ERCP), lithotripsy and cholecystostomy ----- IC

Recurrence of symptoms after surgical treatment ----- IC

Gastric Ulcer — See “Ulcer”

Gastritis; Duodenitis — Inflammation of the lining of the stomach (gastritis) or the duodenum (duodenitis).

May be acute or chronic.

Acute, single attack

- 0-6 mo ----- Exclude-0
- Over 6 mo ----- 0

Chronic and/or recurrent

Good therapeutic response, time since last attack

- 0-1 yr ----- Exclude-0
- Over 1 yr ----- Us 0

Poor therapeutic response ----- Decline

Giant Cell Arteritis (Temporal Arteritis)

Complete recovery, no sequelae

- 0-2 yr ----- Decline
- Over 2 yr ----- Table 2-0
- 5-yr BP limitation

Gilbert’s Syndrome — Inherited disorders involving defective metabolism of bilirubin.

Fully investigated

Diagnosis (Gilbert’s or Dubin-Johnson) confirmed ----- Us 0

Unexplained isolated bilirubin elevation (diagnosis not established) ----- IC

Bilirubin elevated in association with other abnormal liver tests ----- Decline

Others ----- Decline

Glaucoma — Disease of the eye characterized by increased intraocular pressure.

Primary

Operated or under good medical control, vision unimpaired ----- Exclude

Others ----- Exclude-Table 1 or more

Secondary ----- RFC

Glycosuria (Glucosuria) — Presence of sugar in the urine may be due to a variety of disorders or may be present normally. May be indicative of diabetes mellitus.

Diabetes mellitus either diagnosed or not excluded with certainty----- Rate as Diabetes Mellitus
Diabetes mellitus excluded -----0

Goiter — See “Thyroid Disorder”

Gout, Hyperuricemia

Present

No cardiovascular or renal abnormalities
Mild, infrequent attacks (Less than 1 yearly) -----Exclude-Table 1, 2-0
Moderate, recurrent (Not more than 2 yearly) -----Decline-Table 3
Severe, chronic or more than 2 yearly-----Decline

In history

No cardiovascular or renal abnormalities
Single attack, complete recovery
0-2 yr-----Exclude-Table 1, 2-0
2-3 yr----- Table 2-0
Over 3 yr -----0
With associated hypertension ----- add one Table to above
With renal involvement -----Decline
With cardiovascular disease -----Decline
Others ----- IC

Grand Mal — See “Epilepsy”

Headache

Cause known

Primary headache
Mild, occasional, no work absences ----- Us 0
Moderate, recurrent, associated work absences (1-3 days per yr)-----Exclude-0
Severe or persistent, associated work absences (7 or more days per yr) ----- Decline-0
Secondary headache ----- RFC-Decline

Cause unknown

Mild, occasional, no associated signs or symptoms, no change in character, applicant
less than age 40, negative medical work up, no work absences
0-2 yr from onset -----PP
Over 2 yr from onset ----- Us 0
All others ----- IC

Heart Attack — See “Coronary Artery Disease”

Heart Failure (CHF) — Inability of the heart to generate adequate cardiac output, usually due to significant intrinsic heart disease.

All cases -----Decline

Heart Murmur (Functional)

Organic disease ruled out -----0
Others ----- IC

Heart Valve Replacement

All cases -----Decline

Heat Stroke

Single episode	
Complete recovery	0
Others	IC

Hemochromatosis — Abnormal iron metabolism resulting in increase in total iron stores and iron deposition in tissues leading to fibrosis of affected organ which can ultimately result in organ failure.

Diagnosis within 2 yrs	PP
Diagnosis more than 2 yrs previously	
Asymptomatic, good compliance with regular phlebotomy schedule.	
No end organ damage, normal Ferritin and transferrin saturation levels	Decline-Table 4
Symptomatic, poor compliance with phlebotomy schedule and other therapy, evidence of end organ damage, Ferritin and transferrin saturation levels consistently above normal levels	Decline

Hemophilia

All cases	Decline
-----------	---------

Hemoptysis — Coughing up blood or blood-streaked sputum originating from some point in the respiratory passages or upper airway.

Single episode	
Cause known	RFC
Cause unknown, no sequels	
Fully investigated	
0-6 mo	PP
6mo-2 yr	Table 2-0
Over 2 yr	Us 0
Others	IC
More than one episode	Decline

Hemorrhoids

Unoperated or recurrent	
Mild symptoms, small to moderate hemorrhoids	Exclude
Large hemorrhoids, significant bleeding problems or surgery recommended	Decline-Exclude
Operated	
Complete recovery	
0-2 mo	PP
Over 2 mo	0
Post operative problems, others	IC

Human Papilloma Virus (HPV)

Present	PP
In history	
HIV infection ruled out, no sequelae	0
Others	IC

Huntington's Chorea — Involuntary muscle contraction, usually producing jerking movements, isolated or in repetitive fashion.

Hereditary	
Huntington's Chorea, Wilson's Disease, orataxia-telangiectasia	Decline
Sydenham's chorea	See "Rheumatic Heart Disease"
Others	
Cause known	RFC
Cause unknown	Decline

Hyperglycemia — See “Diabetes Mellitus”

Hyperlipoproteinemia — Four basic forms of fat (lipid) are found in the blood: **triglyceride, cholesterol, phospholipid, free fatty acid**. These are transported around the body via the blood stream by lipoproteins, molecular complexes which contain both hydrophobic and hydrophilic lipids. **Hyperlipoproteinemia** is an excess concentration of lipoproteins in the blood which may result from a primary (genetic) disorder or which may be secondary to an acquired disease which affects metabolism such as **diabetes, hypothyroidism, kidney or liver disorders or alcoholism**. **Triglyceride** levels that are consistently excessively elevated may, in some cases, predispose to development of pancreatitis. The serum **Cholesterol** level is a well documented predictor of coronary artery disease, the cholesterol/HDL cholesterol ratio has been found to express the degree of risk for CAD more accurately than the total cholesterol level alone. The rating on this risk group can vary anywhere from Zero to Decline.

Hypertension — Increased blood pressure on the arterial walls. It may be a symptom of a disease or a disease process in itself. Most individuals can achieve control through diet, weight reduction, drug therapy or a combination. Uncontrolled or inadequately controlled hypertension will result in ratings from Table 1 to Decline. Documented, well-controlled and uncomplicated cases will frequently be issued standard. It is a cardiovascular risk factor and must be evaluated carefully. When found to exist with other cardiovascular problems or risk factors, it may require a special class rating even though the readings on the exam were normal.

Hyperthyroidism, Hypothyroidism — See “Thyroid Disorders”

Hysterectomy — Surgical removal of the uterus. **Total abdominal hysterectomy (TAH)** refers to removal of the uterus, ovaries and fallopian tubes. **Partial hysterectomy** refers to removal of the uterus alone.

- Cause not malignant, no sequelae
- 0-6 mo ----- PP-0
- Over 6 mo, fully recovered -----0

Intermittent Claudication

- All cases -----Decline

Intervertebral Disc (Herniated, Slipped disc, or Bulging) — Abnormal protrusion of disk or disk material, which may impinge on spinal nerve roots or the spinal canal. Surgical treatment includes **laminectomy**, spinal fusion.

- Currently symptomatic**----- Exclude
- Unoperated**
- Single episode, no continuing therapy, complete recovery
- 0-2 yr from last treatment ----- Exclude
- 2-4 yr from last treatment -----Exclude-0
- Over 4 yr from last treatment -----0
- Recurrent episodes, no continuing therapy
- 0-5 yr from last treatment ----- Exclude
- Over 5 yr from last treatment ----- Exclude--2-yr or 5-yr BP limitation
- Operated**
- Complete recovery, no residuals
- 0-3 yr from last treatment ----- Exclude
- 3-6 yr from last treatment ----- Exclude--2-yr or 5-yr BP limitation
- Over 6 yr from last treatment -----Exclude-0
- Others** -----Decline-Exclude

Kidney Disease/Disorder

Kidney Stone, colic, renal colic — See “**Urolithiasis**”

Nephrectomy (Surgical removal of a kidney)

Due to unilateral congenital or benign, nonprogressive disease, remaining kidney normal, stable and acceptable renal function, normal urinalysis, no hypertension

- 0-6 mo -----Us PP
- 6 mo-2 yr -----Exclude-0
- Over 2 yr -----0
- Others -----IC

Due to malignant tumor — See “**Cancer**”.

Nephritis, Glomerulonephritis, Nephrotic Syndrome

Acute, no sequelae, normal urinalysis and BP

Single attack

- 0-1 yr-----Table 1-Table 2
- 1-3 yr-----Table 2-0
- Over 3 yr -----Us 0

History of 2 or more attacks -----Decline

Chronic -----Decline

Others

- Diagnosis uncertain -----Decline
- Not well-evaluated, poor follow-up, poorly controlled hypertension or with abnormal renal function tests-----Decline

Neurogenic bladder — Dysfunction of the bladder due to central or peripheral nerve injury or lesion

Present -----Decline

In history, no CNS lesion or injury, complete recovery -----IC

If due to CNS lesion or injury -----Decline

Polycystic Kidney Disease-----Decline

Pyelonephritis, Pyelitis — Bacterial infection of the kidney, occasionally leading to Kidney abscess

Acute attack, complete recovery

Single attack

- 0-1 yr-----Exclude-0
- Over 1 yr -----0

Two or more acute attacks

- 0-2 yr-----Exclude
- Over 2 yr -----Exclude-0

Chronic -----Decline

Pyelonephrosis, Hydronephrosis

Unilateral

Present, congenital, no problems-----IC

Present, others -----PP

In history, no symptoms, normal urinalysis

Unoperated

- 0-1 yr-----Exclude-0
- Over 1 yr -----Us-0

Operated

- 0-6 mo-----PP
- 6 mo-2 yr -----Exclude-0
- Over 2 yr -----0

Others -----IC

Bilateral

Present -----Decline

In history -----IC

Knee Injuries

Single episode, first and mild second degree sprain or strain

Minimal or no weight-bearing occupational requirements

Complete recovery

0-1 yr from injury -----Exclude-0

Over 1 yr from injury ----- Us 0

Residual joint laxity and/or symptoms

0-1 yr from injury -----Exclude-0

Over 1 yr from injury ----- Exclude

Significant weight-bearing occupational (or avocational) requirements

Complete recovery

0-2 yr from injury ----- Exclude

Over 2 yr from injury ----- Exclude-Table 2

Residual joint laxity and/or symptoms ----- Exclude

More than one episode, moderate second degree or third degree sprain or strain,

significant cartilage damage,surgical repair required

Minimal or no weight-bearing occupational requirements

Complete recovery

0-1 yr from injury or surgical repair, whichever most recent ----- Exclude

Over 1 yr from injury or surgical repair, whichever most recent -----Exclude-0

Residual joint laxity and/or symptoms ----- Exclude

Significant weight-bearing occupational (or avocational) requirements

Complete recovery

0-3 yr from injury or surgical repair, whichever most recent -----PP

Over 3 yr from injury or surgical repair, whichever most recent ----- Exclude

Residual joint laxity and/or symptoms ----- Exclude

Labyrinthitis, Meniere’s Disease — Disturbance of the inner ear of unknown cause. Frequently appears in the association with recent upper respiratory infection.

Labyrinthitis/vestibular neuronitis

Present -----PP

In history, no sequelae, over 6 mo since last attack

Single episode ----- Decline-0

Recurrent episode, resolving trend----- Decline-Us 0

Recurrent episodes, not resolving----- Rate as Meniere’s Disease

Purulent labyrinthitis

Present -----Decline

In history, fully recovered ----- IC

Meniere’s Disease, no underlying disease

Present -----Decline

In history

0-3 yr-----Decline

3-5 yr----- Decline-Table 1 or 2

Over 5 yr ----- Table 1-0

Leukemia

All cases -----Decline

Liver Disease/Disorder

Cirrhosis	-----	Decline
Fatty Liver, Steatosis of Liver		
Present, cause known	-----	RFC
Cause unknown, abnormal liver tests	-----	Us Decline
Abnormal liver tests due to other causes	-----	RFC-Decline

Lupus, Discoid — Limited form of lupus, confined to inflammatory patches involving the skin

Present or within 1 yr	-----	PP
In history, definite diagnosis, no evidence of systemic lupus, no urinary abnormalities		
1-5 yr	-----	Table 3-0
Over 5 yr	-----	Table 2-0
Others	-----	Us Decline

Lupus, Systemic Erythematosus — Chronic inflammatory connective tissue disorder of unknown cause that may involve joints, kidneys, serous surfaces and blood vessel walls.

All cases	-----	Decline
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Lyme Disease

Present	-----	Decline
In history, complete recovery		
No sequelae	-----	0
With sequelae	-----	IC

Mallory-Weiss Syndrome — Esophageal laceration or rupture may be caused spontaneously by violent vomiting or retching in the presence of esophageal disease or may occur iatrogenically. May be associated with excessive alcohol use.

Cause known	-----	RFC
Cause unknown, alcohol ruled out		
One or two episodes		
0-1 yr	-----	PP
Over 1 yr	-----	IC, Us Exclude
More than two episodes		
0-2 yr	-----	Decline
Over 2 yr	-----	IC

Meniere’s Disease — See “Labyrinthitis”

Meningitis — Inflammation of the brain covering (meninges) and often of the spinal canal

Acute bacterial or viral

Complete recovery		
No sequelae		
0-6 mo	-----	PP
Over 6 mo	-----	0
With sequelae	-----	IC
Due to tuberculosis	-----	See “Tuberculosis”
Others	-----	IC

Mental Retardation

All cases -----Decline

Migraines — See “Headaches”

Mitral Insufficiency (Regurgitation) — Occurs when blood leaks backwards into the left atrium across an incompetent mitral valve during systolic ventricular contraction.

Trivial, minimal -----0
Mild -----Table 1-Decline
----- 2-yr or 5-yr BP limitation
Moderate ----- IC
Severe -----Decline
Surgical insertion of prosthetic mitral valve -----Decline
Surgical repair of native mitral valve ----- IC
History of rheumatic fever, rheumatic heart disease or bacterial endocarditis
 0-2 yrs since last episode-----Decline
 More than 2 yrs since last episode----- Rate per above
Others -----IC-U's Decline

Mitral Stenosis — Refers to a reduction in the area through which blood may flow across the mitral valve.

All cases -----Decline

Mitral Valve Prolapse (MVP)

Diagnostic echocardiogram not done (diagnosis based on physical examination findings only ----- IC
Confirmed with echocardiogram
 Mild ----- Table 2-0
 Moderate -----Table 1-Decline
----- 2-yr or 5-yr BP limitation
 Severe -----Decline
 Others ----- IC

Multiple Sclerosis

All cases -----Decline

Murmurs, Functional — An auscultatory murmur that is not a result of an abnormality and that does not represent an adverse cardiovascular finding.

Organic disease ruled out -----0
Otherwise ----- IC

Muscular Dystrophy — Progressive weakness and atrophy of muscles, without sensory involvement.

All cases -----Decline

Myelitis — Inflammation of the spinal cord, most frequently at the mid to lower thoracic level, which evolves over a several week period, producing varying degrees of impairment of spinal cord function.

Present -----Decline
In history
 0-5 yr ----- PP
 Over 5 yr
 Complete recovery, no adverse sequelae, no evidence for evolving multiple sclerosis ---Exclude-0
 ----- 5-yr BP limitation
 Mild residual deficits, no progression, ambulatory and functional, no evidence
 for evolving multiple sclerosis-----Decline-Exclude
 ----- 2-yr BP limitation
 Others -----Us Decline

Myocardial Infarction

All cases -----Decline

Narcolepsy — Excessive daytime sleepiness, may have associated sudden collapse due to loss of postural tone (cataplexy).

Cause known ----- RFC

Cause unknown

Mild attacks, good response to medication, no occupational hazard, no driving criticism

Time since last attack

0-3 yr -----Decline

3-5 yr -----Table 2-Decline

----- 2-yr or 5-yr BP limitation

Over 5 yr -----Table 1-Decline

----- 5-yr BP limitation

Others ----- IC

Nephrectomy — See “Kidney Disease/Disorder”.

Nervous Conditions — See “Psychiatric Disorders”.

Optic Neuritis — Inflammation of the optic nerve, usually presenting as impairment affecting one eye which may include partial or total loss of vision.

Present -----PP

In history

Cause known----- RFC+ visual impairment

Cause unknown

0-5 yr -----IC/Us Decline

Over 5 yr ----- IC

Osteomyelitis — infection of bone.

Due to tuberculosis ----- IC

Other causes

Present -----PP

In history

One bone involved one episode, full recovery with no residual impairment

0-1 yr ----- Exclude

1-3 yr -----0-Exclude

Over 3 yr -----0

More than one bone or recurrent/chronic, time since last attack

0-2 yr -----Decline

2-5 yr -----Decline-Exclude

Over 5 yr -----0-Exclude

With residual impairment -----Us Decline

Osteoporosis

Incidental finding, no symptoms-----0-IC

Others -----IC-Decline

Ovarian Cysts

Present

No complications, benign report-----0-Exclude

Others ----- IC

Paraparesis	
Bladder and bowel function under good control, self-supporting, working full-time	
0-5 yr	Decline
Over 5 yr	Table 1-Decline
	5-yr BP limitation
Others	Decline

Parkinson’s Disease

All cases	Decline
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Peptic Ulcer — See “Ulcer”

Peripheral Vascular Disease

All cases	Decline
-----------	---------

Peritonitis — Inflammation of the peritoneum (lining of the abdominal cavity), frequently due to infectious process.

Present	Decline
In history	
Cause known	RFC
Cause unknown, recovered without complications	
0-6 mo	PP
6 mo -1 yr	Exclude
1-2 yr	Exclude-0
Over 2 yr	0
Others	IC

Pleurisy — Inflammation of the pleura that covers the lung surface and inner chest wall.

Present	Decline
In history	
Cause known	RFC
Cause unknown	
Single attack	
0-6 mo	PP
Over 6 mo	0
More than one attack	IC

Pneumonia

Present	PP
In history	
Single episode	0
Multiple episodes	
0-1 yr	IC
Over 1 yr	Decline-0

Pneumothorax

Traumatic	
Present	PP
In history	
Complete resolution	Exclude-0
Others including bilateral pneumothoraces	IC
Spontaneous	
Present	PP

In history
 Single attack, complete resolution -----Exclude-0
 More than one attack
 Complete resolution -----Exclude-0
 Others including bilateral pneumothoraces-----PP

Poliomyelitis

Present -----Decline
In history
 0-3 yr -----PP
 Over 3 yr
 Extent of residual disability
 None -----Us 0
 Minimal-----Exclude-0
 Moderate but functional (impairment of one or more limbs and/or ambulatory
 assistance device required), good work record
 Sedentary Occupation ----- Exclude
 Non-sedentary occupation ----- Exclude
 ----- 2-yr or 5-yr BP limitation
 Severe disability -----Us Decline
Post-polio syndrome ----- IC

Pregnancy

Currently pregnant
 Up to 6th month—no prior or current complication ----- Exclude
 Over 6th month—no prior or current complications -----PP
 With current complications -----Decline
 History of prior pregnancy complications ----- Exclude-Decline

Prostate Disorders

Abscess

Present -----PP
 In history
 Single attack, complete recovery----- Us 0
 Chronic, time since last attack
 0-1 yr-----0-Exclude
 Over 1 yr -----0
 Others ----- IC

Prostatitis

Present -----PP
 In history
 Single attack, complete recovery----- Us 0
 Chronic, time since last attack
 0-1 yr-----Exclude-0
 Over 1 yr -----0
 Others ----- IC

Benign Prostatic Hypertrophy (BPH)

Present, no symptoms or complications, no indication of malignancy
 Slight enlargement, minimal, if any, symptoms -----Exclude-0
 Moderate enlargement and/or moderate symptoms -----Exclude-0
 Severe enlargement and/or severe symptoms ----- Exclude
 Surgical treatment contemplated or planned -----PP

In history

Operated, no sequelae, good result, no malignancy

0-6 mo ----- PP

Over 6 mo ----- Us 0

Others ----- IC

Malignant ----- See "cancer" or Decline

Psoriasis — Chronic skin disorder characterized by hyperproliferation resulting in silvery scales that overlie erythematous patches.

Mild- moderate ----- Table 1-0

Severe or treated with methotrexate ----- Table 1-Decline

Psoriatic Arthritis

Present and active ----- Decline

In history

0-5 yr ----- Decline

Over 5 yr minimal symptoms no other complications ----- Table 1-Decline

----- 5-yr BP limitation

Over 5 yr minimal symptoms no other complications

In physically demanding occupations ----- Table 4--Decline

----- 2-yr BP limitation

Others ----- Decline

Psychiatric Disorders

Most psychiatric (mental or nervous disorders) will not be insurable. **Guidelines are tentative and a final decision will depend on our review of complete medical records.**

Situational anxiety — mild, not work-related, no current symptoms, if diagnosed within the past year, an offer of a 5 year Benefit Period with a 90 day Elimination Period and an exclusion for any "mental or nervous disorder" may be made. Over one year without symptoms or need for treatment, an offer for standard rates without an exclusion may be considered.

Depression — situational or mild, not work related, no current symptoms, good control for 1 year (if on medication currently), an offer of a 5 year Benefit Period with a 90-day Elimination Period and an exclusion for any "mental or nervous disorder" may be considered.

Due to reinsurance considerations, the above guidelines are for amounts of coverage of \$2500 base and lower. All larger amounts will be individual consideration.

Other and more serious psychiatric conditions will not be insurable. In addition, psychiatric conditions in combination with other physical conditions, in most cases, will not be insurable.

Pulse — Rapid, slow, irregular — A pulse irregularity may be a symptom of underlying heart disease or some other serious medical condition. Our handling will vary according to the underlying cause.

Pyelitis — See "Kidney Disease/Disorder"

Pylonephrosis, Pylonephritis — See "Kidney Disease/Disorder"

Radiculitis — Inflammation of a spinal nerve root. It is usually secondary to a disease or injury to the spine and should be handled for the primary impairment.

Cause known ----- RFC

Cause unknown	
Single episode	
0-2 yrs-----	Exclude
Over 2 yrs-----	0
Multiple Episodes	
Within 4 yrs of last episode-----	Exclude
Over 4 yrs from last episode-----	0

Raynaud’s Disease/ Phenomenon

Consider nonsmoking only	
Cause known (phenomenon) and condition stable with no likelihood of gangrene-----	RFC-Decline
Cause unknown (disease) stable and not disabling	
Mild (pain and numbness of fingers relieved by warmth), no occupational concerns-----	0-Decline
-----	5-yr BP limitation
Moderate (soft tissue atrophy), no occupational concerns-----	Table 1-Decline
-----	5-yr BP limitation
Severe (ulceration)-----	Decline
Sympathectomy or medical treatment and no further symptoms	
0-1 yr-----	PP
1-5 yr-----	Table 2-0
Over 5 yr-----	Us 0

Rectal Disorders

Fissure	
Primary, not due to another illness	
Present-----	Exclude-0
Operated, complete recovery	
0-3 mo-----	PP
Over 3 mo-----	0
Present, due to another illness-----	RFC
Others-----	IC

Fistula	
Cause known-----	RFC
Cause unknown	
Unoperated, no evidence of Crohn’s disease or malignancy-----	Exclude-0
Operated, complete recovery, no recurrence	
0-3 mo-----	PP
Over 3 mo-----	0
Others-----	IC

Renal Colic — See “Kidney Disease/Disorder”

Rheumatic Heart Disease — One manifestation of acute rheumatic fever which also may affect joints, skin, and central nervous system. Rheumatic fever is felt to result from an autoimmune reaction caused by group A streptococcal pharyngeal infection in which antibodies are produced that cross-react with cardiac valvular tissue.

Rheumatic heart disease--Active rheumatic carditis-----	Decline
In history, complete recovery, no heart valvular damage or arrhythmia	
Single attack	
0-1 yr-----	PP
1-3 yr-----	Table 2-0
Over 3 yr-----	Us 0

More than one attack	
0-3 yr since last attack	-----Decline
3-5 yr since last attack	-----Decline to table 2
Over 5 yr since last attack	-----0-Table 1
Valvular damage, others	-----IC

Rheumatoid Arthritis — characterized by inflammation of the synovial tissue that lines the joints but is a systemic disease that may involve multiple organ systems.

Present and active	-----Decline
In history	
0-5 yr	-----Decline
Over 5 yr	
Mild no complications	-----Decline-Exclude
-----	-----2-yr or 5-yr BP limitation
Moderate or Severe, Including those treated with steroids, gold or anti-malarial medication	-----Decline

Sarcoidosis — A disease of unknown origin which manifests itself by lesions of inflamed tissue, usually in the lungs, lymph nodes, eyes, or skin, although, the liver may also be involved.

Stages--

0. Extra pulmonary manifestation only, chest x-ray normal
1. Pulmonary hilar adenopathy only.
2. Pulmonary hilar adenopathy plus parenchymal lung involvement
3. Parenchymal lung involvement only

Applicants with this impairment should be classified based on chest /x-ray findings and pulmonary function tests and preferably should have had a period of at least 2 years follow-up

Individuals with Stage 1 and Stage 2 with resolution within 2 years generally have a good prognosis

Chronic Sarcoidosis, Stage 3 or those with no resolution of disease in 2 years have a worse long-term prognosis

Sarcoidosis, demonstrating ocular, liver, renal, central nervous system and cranial nerve or cardiac involvement, hypercalcemia or disfiguring skin involvement frequently cannot be considered for coverage

Sleep Apnea

Central or mixed sleep apnea	-----Decline
Obstructive sleep apnea	
Any sleep apnea without post treatment polysomnogram documenting therapeutic effectiveness	-----Decline
Mild	
Untreated	-----Decline
Treated (including CPAP or NCPAP), good response	
0-2 yrs since therapy initiated	-----PP
2-5 yrs since therapy initiated	-----Table 2-Decline
5-7 yrs since therapy initiated	-----Table 1-Decline
Over 7 yrs since therapy initiated	-----IC
Moderate	
Untreated	-----Decline
Treated (including CPAP or NCPAP), good response	
0-3 yrs since therapy initiated	-----PP
3-6 yrs since therapy initiated	-----Table 3-Decline
6-10 yrs since therapy initiated	-----Table 2-Decline
Over 10 yrs since therapy initiated	-----IC

Severe	-----	Decline
Others		
Those outside above parameters	-----	IC
Those having an indicated rating for hypertension or obesity		
High blood pressure or build rating above Table 1	-----	IC
High blood pressure or build rating above Table 2	-----	Decline
Those non-compliant with treatment	-----	Decline
Those having had surgical treatment including UPPP	-----	Rate per above
-----	-----	“Mild”, “Moderate” or “Severe” criteria
Those with a history of cardiac disease, chronic lung disease, alcohol abuse, prior motor vehicle accident (MVA), or diabetes mellitus	-----	Decline

Sleeping Sickness — See “Encephalitis”

Spina Bifida

Spina bifida is a congenital disorder where the bone of the spinal canal fails to close completely, with possible protrusion of the spinal cord and/or the spinal canal contents. Spina bifida occulta is a milder version in which the bony defect is covered by skin, so there is no protrusion of the spinal canal contents. Complications will occasionally arise over time.

Spina Bifida Occulta

Present (no symptoms)	-----	0-Exclude
(with symptoms)	-----	Decline
Operated, full recovery		
0-6 mo	-----	PP
Over 6 mo	-----	0-Exclude
Others, including residual symptoms	-----	IC

Spina Bifida Cystica

Present	-----	Decline
Operated, full recovery		
0-1 yr	-----	PP
Over 1 yr	-----	0-Exclude
Others including residual symptoms	-----	Us Decline

Spinal Stenosis

A narrowed spinal canal space originating from another disease process such as arthritis, tumor, or spondylolisthesis.

Present (no symptoms)	-----	0-Exclude
(with symptoms)	-----	Decline
Operated, full recovery		
0 - 1yr	-----	PP
Over 1 yr	-----	0-Exclude
Others, including residual symptoms	-----	Us Decline

Spondylitis

Inflammation of the vertebrae. Cause range from an injury to a progressive disease.

All cases	-----	RFC
-----------	-------	-----

Spondylolisthesis

The forward displacement of one vertebrae over another. It may be an asymptomatic, incidental finding on x-ray, or may be associated with lower back pain.

Present (no symptoms)	-----	0-Exclude
(with symptoms)	-----	Exclude
Symptomatic in past, currently asymptomatic		

One symptomatic episode, no sequelae, no ongoing treatment	
0-3 yr-----	Exclude
3-6 yr-----	Exclude
-----	5-yr BP limitation
Over 6 yr -----	Us 0
With sequelae or recurrent episodes-----	Us Exclude

Spondylosis

A bony defect of the vertebral joint caused by degenerative changes of arthritis, which may ultimately compress nerve roots.

Unoperated -----	Exclude
Operated	
Full recovery, no residuals	
0-2 yr-----	Exclude
Over 2 yr -----	Us 0
Others -----	Exclude

Stroke — See “Cerebral Vascular Accident-Stroke”

Substance Abuse

Alcoholism

With current use of alcohol-----	Decline
In history, no current use, no relapse, no abnormal findings	
0-5 yr-----	Decline
5-7 yr-----	Table 2-Decline
Over 7 yr -----	0-Table 2

Drug Abuse, Chemical Abuse

Current use -----	Decline
In history, from date of last use	
0-5 yr-----	Decline
5-7 yr-----	0-Table 4
Over 7 yr -----	0-Table 1
Cross addiction (polydrug use, one of the drugs being alcohol)-----	Decline

Marijuana Use (cannabis, hashish, pot)

Current use (tobacco rates)	
Occasional (1-2 x per mo) -----	Table 1-2
Moderate (3-6 x per mo) -----	Table 1-4
Frequent (Over 6 x per mo)-----	Decline
In history	
0-2 yr-----	Rate as current
2-4 yr (if frequent) -----	0-Table 4
Over 4 yr (all cases)-----	Us 0

Suicide Attempt or Suicide Gesture

Single attempt, complete recovery and not requiring treatment, no history of psychosis, no continuing suicidal ideation,

0-5 yr -----	Decline
Over 5 yr -----	IC
Suicidal ideation	
0-3yr -----	Decline
Over 3 yr -----	IC
Others, including repeated attempts-----	Decline

Surgery Planned

All cases -----PP

Syncope — See “Dizziness”

Synovitis, Tenosynovitis — See “Bursitis”

Tachycardia

Rapid heart beat. Action will depend upon the number and frequency of attacks as well as the particular type of tachycardia.

-----Cases may be 0-Denial

Tendonitis — See “Bursitis”

Testicle Disorder

Epididymitis

Present -----PP

Single episode ----- Us 0

Chronic or recurrent ----- IC

Cryptorchidism, Undescended Testicle

Present ----- Exclude

Operated, no sequelae, no complications

0-3 mos -----PP

Over 3 mos ----- Us 0

Operated, adverse sequelae, complications present, tumor found----- IC

Removal of testicle ----- RFC

Thyroid Disorders

Thyroid Nodules; Multinodular Goiter

Present, no symptoms

Multinodular -----0-Exclude

Single Nodule, malignancy ruled out----- Table 1-Exclude

Symptomatic, others (including substernal or Intrathoracic)-----Decline

In history

Operated, complete recovery or treated and under good control ----- Us 0

Hyperthyroidism, Grave’s disease

Control not properly established -----Decline

Treated, well controlled

0-2 yr-----0-Exclude

Over 2 yr ----- Us 0

Hypothyroidism

Treated and under satisfactory control -----0

Not treated, minimal signs and/or symptoms----- 0-Table 1

Chronic thyroiditis, Hashimoto’s thyroiditis

Present, not euthyroid -----PP

Present, euthyroid (with or without thyroid hormone supplementation) ----- Us 0

Subacute thyroiditis

Present -----PP

Resolved, euthyroid-----0

Simple (Nontoxic) goiter

Euthyroid state with or without treatment -----0

Tic Douloureux (Trigeminal Neuralgia)

Neuralgia present-----	PP
In history	
Cause known-----	RFC
Cause unknown, single attack, mild non-disabling, no sequelae	
0-1 yr-----	Exclude
Over 2 yr -----	0-Exclude
Recurrent or severe attacks	
0-2 yr-----	PP
2-4 yr-----	Exclude
Over 4 yr -----	0-Exclude
Trigeminal neuralgia	
Present, time since last attack	
0-2 yr-----	Decline
Present, pattern stable for 2 yr or more, no underlying multiple sclerosis or tumor -----	Exclude
In history, complete recovery, no recurrence, no sequelae, no underlying multiple sclerosis or tumor	
0-2 yr-----	Exclude
Over 2 yr -----	Us 0

Transient Ischemic Attack (TIA) — A temporary focal neurological deficit of at least 30 seconds duration resulting from cerebral ischemia. Generally, TIA's have a sudden onset and last less than one hour.

Single attack, unoperated, complete recovery, no other ratable impairment, no neurological sequelae	
Chronic coumadin anticoagulation required treatment -----	Decline
Working full-time at normal occupation, no coumadin or anticoagulation	
0-2 yr -----	Decline
2-5 yr -----	Table 3-Decline
Over 5 yr -----	Table 3-Decline
With sequelae -----	IC
More than one episode -----	Decline
Operated, complete recovery	
Endarterectomy-----	Table 2-Decline
Others -----	IC
-----	5-yr BP limitation
TIA with	
Diabetes Mellitus-----	Decline
Cardiovascular or renal disease -----	Decline
Ratable hypertension -----	Decline
Currently cigarette smoker-----	Us Decline

Tremor, Essential or Familia — A rhythmic oscillation of a body part, usually the distal limbs, chin, head, or tongue. An essential or familial tremor is a dominantly inherited action tremor that usually presents in middle age but may appear as early as adolescence.

Cause known -----	RFC
Cause unknown, well investigated, neurological disease ruled out, good response to treatment	
Onset prior to 50	
Mild and stable, no occupational concerns -----	Exclude
Others, including occupations requiring fine motor abilities of upper extremities-----	IC

Tuberculosis (TB)

Positive skin test (PPD) for tuberculosis, no active disease	
Current prophylactic treatment-----	PP

Prophylactic treatment completed	
0-3 mo -----	PP
Over 3 mo -----	0
Prior pulmonary tuberculosis, successfully treated, no sequelae	
0-1 yr-----	Exclude-Decline
Over 1 yr -----	0-Exclude
Current pulmonary tuberculosis (primary infection or reactivation)-----	Decline
Others, including history of extrapulmonary disease or TB requiring surgical treatment -----	Us Decline

Ulcer (Peptic, Gastric, Duodenal)

Peptic Ulcer

Site identified (either duodenal or gastric, see below)	
Site unidentified -----	Rate as "Gastric Ulcer"

Duodenal Ulcer

Present, under treatment, symptoms controlled, no hematemesis, no work absences -----	0-Exclude
Present, others -----	PP
Recurrent duodenal ulcer	
0-2 yr-----	0-Exclude
Over 2 yr -----	0
In history	
0-2 yr-----	0-Exclude
Over 2 yr -----	0

Gastric Ulcer

Present, under treatment, symptoms controlled, biopsy benign, no hematemesis, no work absences -----	Exclude - Us 0
Present, others -----	PP
Recurrent gastric ulcer, biopsy benign	
0-2 yr-----	Decline
Over 2 yr -----	IC
In history, biopsy benign	
0-2 yr-----	0-Exclude
Over 2 yr -----	Us 0
History of prior surgical treatment for peptic ulcer disease -----	IC

Underweight/Overweight — see build charts

Dwarfism (adult height less than 4'8") -----	Decline
Giantism (height more than 6'7")	
Due to pituitary adenoma -----	Decline
Others with normal build characteristics	
True Giantism -----	Decline
Giantism ruled out	
Height 6'7" to 6'10" -----	0-Decline
Height over 6'10" -----	IC-Decline

Urolithiasis, Kidney Stones, Renal Calculus, Nephrolithiasis

Normal kidney function, urinalysis, BP, no other history of renal problems	
Present	
Asymptomatic -----	Exclude
Symptomatic or surgical treatment	
Contemplated -----	PP
Single kidney (agenesis or nephrectomy)-----	Decline
In history	
Stone passed or removed by Cystoscope or lithotripsy	

One or two episodes	
0-2 yr-----	0-Exclude
Over 2 yr-----	Us 0
More than two episodes	
0-2 yr-----	0-Exclude
Over 2 yr-----	0-Exclude
Stone removed surgically no recurrence	
One operation	
0-2 yr-----	0-Exclude
Over 2 yr-----	Us 0
More than one operation-----	Decline
Abnormal kidney function, urinalysis or BP, history of renal or ureteral problems-----	IC

Uterine Disorders

Endometriosis

Present	
Minimal symptoms, non-disabling-----	0-Exclude
Severe or recurring-----	Exclude to Decline
In history	
Operated or post menopausal not requiring treatment	
0-6 mo-----	0-PP
Over 6 mo-----	Us 0

Endometritis, Pelvic Inflammatory Disease (PID)

Single episode, not operated	
Complete recovery	
0-1 yr-----	0-Exclude
Over 1 yr-----	0
Recurrent or chronic	
0-1 yr-----	PP
1-3 yr-----	0-Exclude
Over 3 yr-----	0
Operated, complete recovery	
Unilateral, other ovary or tube	
Unaffected-----	0
Bilateral or hysterectomy	
0-6 mo-----	PP
Over 6 mo-----	0-Exclude
Hysterectomy	
Cause not malignant, no sequelae	
0-6 mo-----	0-PP
Over 6 mo-----	Us 0
Cause malignant or with sequelae-----	see Tumors

Varicose Veins

Abdomen, esophagus or thorax-----	Decline
Legs	
Present, no ulcer or edema and not disabling	
Mild, no support worn-----	0
Moderate, support worn no other complications-----	0-Table 3 (or Exclude)
Severe, support worn no other complications-----	Exclude
With edema-----	Exclude

With ulceration -----Decline
 Operated, complete recovery
 0-6 mo ----- Exclude
 Over 6 mo ----- Us 0

Venous Thrombosis

Present -----PP
 In history
 No edema or other sequel
 One attack
 0-1 yr-----PP-Table 2
 Over 1 yr ----- Us 0
 More than one attack
 0-1 yr ----- PP
 2-3 yr-----PP-Table 2
 Over 3 yr ----- Us 0
 With persisting edema
 One attack
 Mild edema----- Exclude
 Moderate edema-----Decline
 More than one attack -----Decline

Vertigo (Dizziness)

Cause known, no occupational or avocational risk----- RFC
 Cause unknown, no occupational or avocational risk
 Single episode, complete recovery
 To age 40----- Us 0
 Over age 40, Time since single episode
 0-1 yr----- PP
 Over 1 yr ----- 0-Table 2
 2 or 3 episodes
 To age 40, Time since last episode
 0-3 yr-----Decline
 3-5 yr----- Table 1-2
 Over 5 yr ----- 0-Table1
 Over age 40, Time since last episode
 0-3 yr-----Decline
 3-5 yr----- 0-Table 3
 Over 5 yr ----- 0-Table 2
 Over 3 episodes ----- IC
 Avocational risk present, Time since last attack
 0-1 yr-----Decline
 3-5 yr----- IC/limit BP to 2-yr
 ----- + Exclude avocation
 Over 5 yr ----- IC/limit BP to 5-yr
 ----- + Exclude avocation

Weight loss (not due to diet)

This may be a sign of disease and must be evaluated.

Whiplash

With disc involvement -----	See Disc disease
No disc involvement	
Single episode, one week or less off work, complete recovery	
0-1 yr since episode-----	Exclude
Over 1 yr since episode-----	0-Exclude
More than one episode or single episode with symptoms lasting up to four weeks	
0-1 yr since episode-----	Exclude
2-4 yr since episode-----	0-Exclude
Over 4 yr since episode-----	Us 0
Others, including episodes with symptoms lasting more than four weeks -----	Exclude

If an impairment is not listed, please call the Underwriting Department.

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We're proud of our history of integrity, financial accountability...and helping people through difficult times.

Revisions to this Guide

Date	Page	Update
7/10/2010	1	Policy form numbers added to include Century+ product
5/19/2010	all	Newly created