



Thrivent Long-Term Care Insurance (LTCi) and CareForward®

Underwriting guide

This underwriting guide contains information for both Thrivent Long-Term Care Insurance and CareForward. Sections in the guide are identified as to whether they are specific to LTCi or CareForward, or both.

This guide should be used as a reference only. Always use the prequalification email and telephone number listed below if the applicant has health concerns.

The underwriting process consists of evaluating an applicant's medical history and lifestyle activities to determine insurability. The underwriter's decision to accept or decline an applicant is based on the overall risk profile and matching this risk to Thrivent's underwriting guide, which represents the risk tolerance we are willing to accept as a company.

Contact Information:

Thrivent Long-Term Care Insurance

- Email thrivent.ltc.underwriting@ltcg.com.
- Call 888-422-5737, say "Directory" and enter ext. 8895. Select option 3.

CareForward

- Email boxcareforwardprescreen@thrivent.com.
- Call 920-628-6256.

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LTCi: Best practices for submitting applications

Complete the Declaration of Insurability (DOI). Underwriting cannot start until the DOI is completed.

Use the prequalification email and number if the applicant has some health concerns.

Email thrivent.ltc.underwriting@ltcg.com.
Call 888-422-5737, say "Directory" and enter ext. 8895. Select option 3.

Tell applicants they may receive a phone call to complete a personal history interview or schedule the face-to-face assessment.

Provide complete doctor's information (full name, address, phone number).

Set expectations that medical records may be requested and a special authorization may be required from his or her physician to release those medical records.

Submit as Standard. The applicant will automatically be considered for Preferred.

Take money or complete the EFT form for the advanced premium payment.

(Note: For California residents, we cannot accept premiums with applications.)

LTCi: Underwriting requirements

Age 18 to 59	Age 60 to 69	Age 70+
<ul style="list-style-type: none">• Personal history interview, unless attending physician statement is requested for cause.	<ul style="list-style-type: none">• Attending physician statement, if seen by doctor in last 2 years.• Personal history interview and Minnesota Cognitive Acuity Screen. <p>If no doctor visit in last 2 years:</p> <ul style="list-style-type: none">• Face-to-face assessment with Minnesota Cognitive Acuity Screen.	<ul style="list-style-type: none">• Attending physician statement, if seen by doctor in last 2 years.• Face-to-face assessment with Minnesota Cognitive Acuity Screen.

Notes:

- Requirements may be ordered at any time due to cause, regardless of the proposed insured's age.
- Expected completion times for the PHI, PHI with Minnesota Cognitive Acuity Screen, and Face-to-Face assessments may vary based on the applicant's health history and personal circumstances.
- California applications: When available, an APS is obtained on all proposed insureds regardless of age and date of last consultation. For ages 18 to 59, a Face-to-Face assessment without the Minnesota Cognitive Acuity Screen will be obtained if the proposed insured has not seen a doctor in the past two years.

LTCi: Underwriting definitions

Attending Physician Statement (APS) is a copy of the medical records from the proposed insured's medical provider(s).

Face-to-Face assessment (FTF) includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic activities of daily living. Physical observations are made, and additional mobility and cognitive testing is included as well. Height, weight and blood pressure measurements will also be taken. Most FTF assessments are completed in 30 to 40 minutes.

MIB (Medical Information Bureau) database check is completed to obtain information in a coded format and serves as an alert for the underwriter to investigate unrevealed insurability problems. MIB is a not-for-profit organization established to prevent fraud in the insurance industry.

Personal History Interview (PHI) is completed by an interviewer to obtain or validate medical, nonmedical or clarification of information as needed. Most PHIs are completed in 10 minutes. If a Declaration of Insurability was not completed at the time the application was written, the applicant can expect to spend approximately 30 to 40 minutes to complete the entire interview.

Personal history interview with Minnesota Cognitive Acuity Screen (MCAS) includes testing in a variety of areas of cognition, including judgment, short-term memory, reasoning/orientation and comprehension. To help ensure favorable results, it is important that the applicant select a time and place free from distractions. If an applicant does not pass the cognitive screening, the application will be declined. Encourage an applicant to reschedule if the scheduled time does not allow for a distraction-free completion of the interview, because retesting is not allowed. Most PHIs with the MCAS are completed in 25 minutes. If a declaration of insurability was not completed at the time the application was written, the applicant can expect to spend approximately 50 to 60 minutes to complete the entire interview.

Prescription check (Rx check) is a search of a prescription database that is ordered and received electronically and does not require any assistance from the applicant.

LTCi: Citizenship/Residency

Thrivent permits the sale of insurance products to U.S. citizens or permanent residents of the U.S. who have a valid Tax Identification Number and are eligible for membership with Thrivent. The individual certifies that he or she is a U.S. citizen or U.S. Person (as defined on the W-9) by providing a tax identification number (TIN/SSN) on a W-9 and signing that form. No further documentation (such as a permanent residency card or visa) is required.

LTCi: Underwriting risk classes

The Thrivent LTCi underwriting risk classes are:

- Preferred
- Standard
- Class 1
- Class 2

NOTE: The Shared Care Benefit and Waiver of Elimination Period for Home Care and Adult Day Care (California: Waiver of Elimination Period for Home and Community-Based Care) riders are not available for applicants with a Class 1 or Class 2 risk class.

LTCi: Preferred underwriting checklist

The following is a list of criteria that must be met in order to be considered for preferred risk class:

- No tobacco product(s) used within the last two years.
- Physical exam within the past 24 months.
- Build within body mass index (BMI) 18 to 30.
- All questions answered “no” appropriately on the preliminary Declaration of Insurability.
- Average blood pressure levels 135/85 or below with no medication adjustments to improve control in the past six months.
- No disease or disorder of the heart, blood, or circulatory or immune system other than controlled hypertension; cholesterol is under good control, stable and not requiring medication adjustments to improve control.
- No history of cancer in the past 10 years (excludes non-melanocytic skin cancers).
- No history of chronic respiratory disease (excludes asthma not requiring daily treatment).
- No history of epilepsy, seizures, tremor (excluding benign essential tremor) or other neurological condition.
- No oral steroid or regular narcotic use in the past six months.
- No disease or disorder of the nervous system including psychiatric care (excludes mild anxiety and mild depression on no more than one medication with any antipsychotics).
- No history of hip replacement, osteoporosis, rheumatoid or psoriatic arthritis.
- No history of osteoarthritis requiring regular daily medication (other than OTC).
- No history of disabling spine or back condition.
- No history of diabetes mellitus.
- No history of ulcerative colitis or Crohn's disease.
- No history of falls within the past 12 months or multiple falls within the past 24 months.
- No history of home health care, adult day care, assisted living facility, nursing home or other custodial facility care.
- No condition causing crippling or limited motion or requiring adaptive devices.
- No current use of any aid or appliance for mobility.
- Has not been declined or rated for long-term care insurance in the past three years.

LTCi: Height and weight guide

Below is the build chart for both men and women for Thrivent LTCi. Consideration for preferred rates are acceptable with a BMI between 18 and 30. (See LTCi: Preferred Underwriting Checklist.)

Manual calculation on how to determine a BMI:

Example: Sara weighs 150 pounds and is 5' 4" inches tall.
Sara's height in inches is $(5 \times 12) + 4 = 64$ ".

1. Using the first part of the formula, we multiply her weight by 703. $(150 \times 703) = 105,450$
 2. Using the second part of the formula, we multiply Sara's height by itself. $(64 \times 64) = 4,096$
 3. Finally we divide the first figure by the second. $(105,450/4,096) = 25.74$
- Sara's BMI is 25.74.

NOTE: An applicant who is above the Class 1 maximum weight is ineligible for coverage.

	Preferred	Standard	Standard (with stable/well controlled comorbid)	Class 1 (with comorbid)	Class 1 (without comorbid)	Decline (with comorbid)	Decline
	BMI: 18 - 30.9	BMI: 31 - 31.9	BMI: 32 – 36.9		BMI: 16 – 17.9 or BMI: 37 – 40.9		BMI : < 16 or ≥ 41
Height	Weight (pounds)						
4' 10"	86 - 148	149 - 152	153 - 176		77 - 85 or 177 - 195		≤ 76 or ≥ 196
4' 11"	89 - 153	154 - 158	159 - 182		79 - 88 or 183 - 202		≤ 78 or ≥ 203
5' 0"	92 - 158	159 - 163	164 - 189		82 - 91 or 190- 209		≤ 81 or ≥ 210
5' 1"	96 - 163	164 - 169	170 - 195		85 - 95 or 196 - 216		≤ 84 or ≥ 217
5' 2"	99 - 169	170 - 174	175 - 202		88 - 98 or 203 - 223		≤ 87 or ≥ 224
5' 3"	102 - 174	175 - 180	181 - 208		91 - 101 or 209 - 231		≤ 90 or ≥ 232
5' 4"	105 - 180	181 - 186	187 - 215		93 - 104 or 216 - 238		≤ 92 or ≥ 239
5' 5"	108 - 186	187 - 192	193 - 222		96 - 107 or 223 - 246		≤ 95 or ≥ 247
5' 6"	112 - 191	192 - 197	198 - 228		99 - 111 or 229 - 253		≤ 98 or ≥ 254
5' 7"	115 - 197	198 - 203	204 - 235		102 -114 or 236 - 261		≤ 101 or ≥ 262
5' 8"	119 - 203	204 - 209	210 - 243		105 - 118 or 244 - 269		≤ 104 or ≥ 270
5' 9"	122 - 209	210 - 216	217 - 250		109 - 121 or 251 - 277		≤ 108 or ≥ 278
5' 10"	126 - 215	216 - 222	223 - 257		112 - 125 or 258 - 285		≤ 111 or ≥ 286
5' 11"	129 - 221	222 - 229	230 - 264		115 - 128 or 265 - 293		≤ 114 or ≥ 294
6' 0"	133 - 228	229 - 235	236 - 272		118 - 132 or 273 - 301		≤ 117 or ≥ 302
6' 1"	137 - 234	235 - 242	243 - 280		121 - 136 or 281 - 310		≤ 120 or ≥ 311
6' 2"	140 - 241	242 - 248	249 - 287		125 - 139 or 288 - 318		≤ 124 or ≥ 319
6' 3"	144 - 247	248 - 255	256 - 295		128 - 143 or 296 - 327		≤ 127 or ≥ 328
6' 4"	148 - 254	255 - 262	263 - 303		132 - 147 or 304 - 336		≤ 131 or ≥ 337
6' 5"	152 - 261	262 - 269	270 - 311		135 - 151 or 312 - 345		≤ 134 or ≥ 346
6' 6"	156 - 267	268 - 276	277 - 319		139 - 155 or 320 - 354		≤ 138 or ≥ 355
6' 7"	160 - 274	275 - 283	284 - 328		142 - 159 or 329 - 363		≤ 141 or ≥ 364
6' 8"	164 - 281	282 - 289	290 - 336		146 - 163 or 337 - 371		≤ 145 or ≥ 372

LTCi: Field tip sheet

Before Taking the Application	<p>Be sure continuing education is current. Requirements differ from state to state.</p> <p>Ask Underwriting for a prescreen if there is a medical history concern. Call 888-422-5737, say "Directory" and enter ext. 8895. Select option 2. (Monday to Friday, 8 a.m. to 5 p.m. Central time.) Or email thrivent.ltc.underwriting@ltcg.com. Or submit a completed LTCi Health Prescreen Request Form to thrivent.ltc.underwriting@ltcg.com.</p> <p>If proposed applicant is prescreened as a likely decline, talk to Newman LTC about other planning options.</p>
Application Process	<p>Apply at standard rate. Clients will get preferred rates if they meet the requirements.</p> <p>Applicants who have not seen a physician in the last 24 months are not eligible for Preferred rate.</p> <p>LTCi contracts are issued and premiums become due as soon as underwriting is approved. Add a note to the Representatives' Supplement if you do not want the contract to issue immediately.</p> <p>While tentative decisions may be shared separately, underwriting decisions on all spouse/couple applications are offered together (not just cases with shared care or survivorship) so the proper discount can be applied. If one spouse/partner is declined, the decision is communicated immediately and any premium is refunded.</p> <p>Prepare spouse/partner applicants for what their plan will be if one spouse/partner gets declined.</p> <p>Prepare clients for the possibility of needing to sign additional provider-specific medical records release forms.</p> <p>Save time! Underwriting cannot begin until Declaration of Insurability is completed. Complete at time of application wherever possible to speed cycle time.</p> <p>If no money is submitted with the application, contracts are always sent to the financial advisor.</p> <p>NOTE: In California, we cannot accept premiums until an underwriting decision is made.</p>
Underwriting	<p>Underwriting takes time. Provide clients with the Your Underwriting Process brochure, which can be ordered from Storefront, item #34902.</p> <p>Underwriting requirements are different for LTCi than life insurance, so additional requirements may apply even if the applicant was recently approved for life insurance.</p> <p>Assessments are scripted and clinical in nature to protect the integrity of the assessment.</p> <p>The cognitive acuity screen requires a distraction-free environment. Let clients know it's OK to reschedule before the assessment starts if the scheduled time ends up not being ideal. Failing the screen results in a decline, regardless of what's in the medical records.</p> <p>Financial advisors will receive notification via email of decline decisions. The decline letters will be mailed directly to the client.</p>
Post-Issue	<p>Deliver contracts within 15 days. Make any coverage changes during the free look period to avoid delay in contract delivery.</p> <p>Coverage changes within the free look period do not require signed paperwork, however increases do require a Statement of Good Health and additional underwriting review.</p> <p>Coverage reductions after the free look period cannot be done retroactively; reduction in premium is not effective until the following contract month-a-versary.</p>

CareForward: Accelerated Underwriting

Accelerated Underwriting is a “triage” approach to provide an easier and faster underwriting process for proposed insureds who present a lower risk.

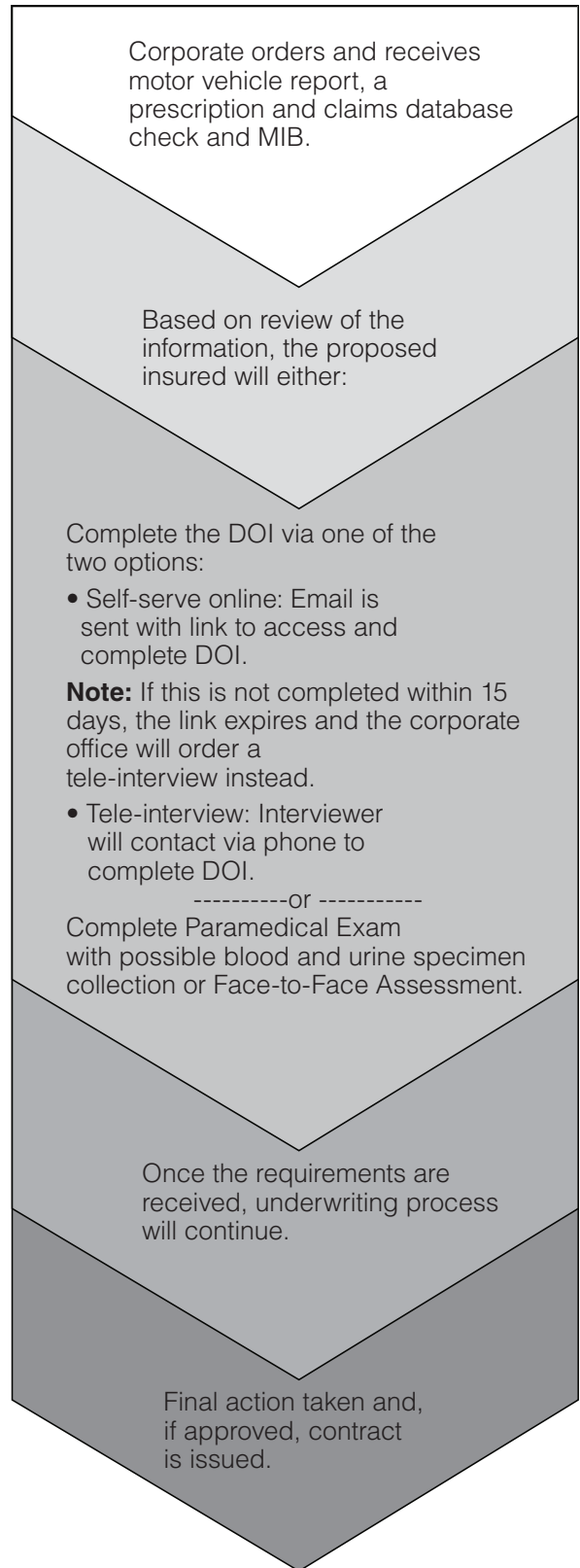
This approach attempts to balance the overall mortality and morbidity by gaining more information—without extra effort from the proposed insured—from additional sources, which could ultimately speed up the process (i.e., eliminate need for exam and blood chemistry profile).

To clarify, Accelerated Underwriting is not:

- “Simplified underwriting,” which offers a simple process (limited medical questions and no exam or fluids) as a trade-off for higher rates; or
- “Guaranteed issue,” which offers guaranteed coverage as a trade-off for higher rates.

CareForward: Accelerated Underwriting guidelines

- \$50,000 to \$500,000 in total initial face amount.
- Ages 18 to 60.
- Not available for applicants age 50 through 60 if the applicant has not seen a physician in the past 24 months.
- There is an automatic 10% holdout on Accelerated Underwriting applications.



CareForward: Frequently asked questions

What happens if a proposed insured doesn't get approved through the Accelerated Underwriting process?

The proposed insured advances to full underwriting and may be contacted by a paramed service provider to have a paramedical examination or physical measurements completed and blood and urine collected. If the health questions have been completed online or via a tele-interview, the examiner will not ask those questions again. Other underwriting requirements, such as medical records, may also be obtained.

Will CareForward application be considered for Accelerated Underwriting if I also submit a life insurance application on a proposed insured?

New business life Insurance applications eligible for Accelerated Underwriting and submitted at the same time as CareForward may be considered for Accelerated Underwriting if the combined face amount equals \$100,000 to \$1 million. Full underwriting is required if the combined face amount exceeds \$1 million.

Which CareForward applications are not eligible for Accelerated Underwriting and will need to go through the full underwriting process?

- CareForward applications submitted with a traditional Long-Term Care Insurance application or a traditional Long-Term Care Insurance application is currently pending will need to go through the full underwriting process.
- CareForward applications with any impairments that could have an anticipated Class 1 risk class.
- Any Thrivent application rated or declined in the past. Includes any previously rated or declined benefit riders.
- Face amount of pending CareForward and life insurance product eligible for Accelerated Underwriting exceeds \$1,000,000 or an in force life insurance contract was approved through Accelerated Underwriting and the in force and pending CareForward face amount exceeds \$1,000,000.
- Individuals who have gone through full underwriting within the past 12 months.

Will the proposed insured need to complete multiple Declaration of Insurability (DOI) forms if applying for CareForward and another Thrivent product?

Yes, multiple DOI's will need to be completed. Filing standards vary based on product line. Thrivent must have the state-approved DOI completed for each product applied for.

Will my client be eligible for CareForward if they were rated or declined for life insurance in the past?

If a client has had a previous Thrivent life insurance application or benefit rider(s) rated or declined, it is unlikely they will be eligible for CareForward. If the reason for the adverse decision has improved or no longer exists, you can contact Underwriting to review eligibility for CareForward.

Will my client be eligible for CareForward if they were rated Class 2 or declined for Thrivent Long-Term Care Insurance in the past?

If a client has had a Thrivent Long-Term Care Insurance application rated Class 2 or declined, it is unlikely they will be eligible for CareForward. If the reason for the adverse decision has improved or no longer exists, you can contact underwriting to review eligibility for CareForward.

Can my client apply for any underwritten changes once a contract is in force?

CareForward does not allow for any underwritten changes after issue. Increases in coverage, adding or increasing a rider, or any change in risk or tobacco class are not available on CareForward.

Questions

Underwriting:

- Call: Underwriting Status Line at 920-628-6256
- Email: boxcareforwardprescreen@thrivent.com

CareForward: Thrivent Health Center of Excellence (HCoE):

- Call: LTC Sales Desk at 920-628-6172
- Email: boxltcsupport@thrivent.com

CareForward: Underwriting requirements

Insurance Amount	Age		
	18 to 39	40 to 60	61 to 75
\$50,000 - \$249,999	Tele-Interview or eDOI Oral Fluid*	Tele-Interview or eDOI Paramed or Physical Measurements, BCP/UA*	Paramed, BCP/UA, Face-to-Face Assessment
\$250,000 - \$500,000	Tele-Interview or eDOI Paramed or Physical Measurements, BCP/UA*	Tele-Interview or eDOI Paramed or Physical Measurements, BCP/UA*	Paramed, BCP/UA, Face-to-Face Assessment

	Accelerated Underwriting		Full Underwriting
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*Requirements may be ordered by the operations center if the case is deemed not eligible for or did not pass through the Accelerated Underwriting guidelines. The Tele-Interview/eDOI may be replaced by a paramed. Physical Measurements may replace the full paramedical examination if the Tele-Interview/eDOI was completed.

- Thrivent reserves the right to request additional requirements based on the individual situation.
- An APS should not be a substitute for an exam. An APS may be obtained in addition to the exam.
- All requirements must be completed by a Thrivent-approved facility.

CareForward: Underwriting definitions

In general, underwriting requirements can be used up to one year through age 70, and up to six months over age 70.

Attending Physician's Statement (APS) is a copy of the medical records from the proposed insured's medical provider(s).

Blood Chemistry Profile/Urinalysis (BCP/UA) is a Blood Chemistry Profile including Human Immunodeficiency Virus (HIV) testing. Includes urine specimen. The state-specific Notice & Consent form must be signed by the proposed insured before the blood sample is drawn. Lab work done at a physician's office does not replace the insurance BCP/UA requirement.

Declaration of Insurability (DOI) is a form that captures an insured's non-medical and medical history. This can be completed via a Tele-Interview conducted by a trained professional, eDOI sent to the applicant to complete electronically through secure email, or in-person by a paramedical examiner.

Face-to-Face Assessment includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic activities of daily living. Physical observations are made, and additional mobility and cognitive testing are included as well. Height, weight and blood pressure measurements will also be taken. The assessment is conducted by a paramedical examiner.

MIB (Medical Information Bureau) is a check against the MIB database. MIB is a non-profit organization established to prevent fraud in the insurance industry.

MVR (Motor Vehicle Report) is a report of a driver's moving violations, accidents and license sanctions.

Oral Fluid test including HIV testing. The state-specific Notice & Consent form must be signed by the proposed insured before the specimen is collected.

Paramed is an examination completed by a paramedical examiner, which includes the declaration of insurability, height, weight, blood pressure readings and pulse.

Personal History Interview (PHI) is completed by an interviewer to obtain or validate medical, nonmedical or clarification of information as needed.

Physical Measurement are height, weight, blood pressure readings and pulse completed by a paramedical examiner.

Prescription or Claims Check is a search of prescription and claims databases that is ordered and received electronically and does not require any assistance from the applicant.

CareForward: Citizenship/Residency

Thrivent permits the sale of insurance products to U.S. citizens or permanent residents of the U.S. who have a valid Tax Identification Number and are eligible for membership with Thrivent. The individual certifies that he or she is a U.S. citizen or U.S. Person (as defined

on the W-9) by providing a tax identification number (TIN/SSN) on a W-9 and signing that form. No further documentation (such as a permanent residency card or visa) is required.

CareForward: Underwriting risk classes

Requirements for Nontobacco consideration:

- If specimen/sample is received and/or required, results must be negative for nicotine/cotinine.
- Occasional cigar or pipe (including hookah) use (no more than one cigar or pipe [including hookah] per week over the prior 12 months).
 - No other tobacco/nicotine use within the prior 12 months.

The CareForward risk classes are:

- Nontobacco
- Tobacco
- Nontobacco Class 1
- Tobacco Class 1

CareForward: Height and weight guide

	Nontobacco or Tobacco Risk class (without comorbid)	Nontobacco or Tobacco Risk class (with stable/well controlled comorbid)	Class 1 (with comorbid)	Class 1 (without comorbid)	Decline (with comorbid)	Decline
	BMI 18 – 31.9	BMI 32 – 36.9		BMI: 16 – 17.9 or BMI: 37 – 40.9		BMI : < 16 or ≥ 41
Height	Weight (pounds)					
4' 10"	86 - 152	153 - 176		77 - 85 or 177 - 195		≤ 76 or ≥ 196
4' 11"	89 - 158	159 - 182		79 - 88 or 183 - 202		≤ 78 or ≥ 203
5' 0"	92 - 163	164 - 189		82 - 91 or 190 - 209		≤ 81 or ≥ 210
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5' 2"	99 - 174	175 - 202		88 - 98 or 203 - 223		≤ 87 or ≥ 224
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5' 10"	126 - 222	223 - 257		112 - 125 or 258 - 285		≤ 111 or ≥ 286
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6' 7"	160 - 283	284 - 328		142 - 159 or 329 - 363		≤ 141 or ≥ 364
6' 8"	164 - 289	290 - 336		146 - 163 or 337 - 371		≤ 145 or ≥ 372

LTCi and CareForward: Uninsurable conditions

Please note this list is not inclusive. All applications are subject to underwriting review.

NOTE: In addition to the listing of uninsurable conditions for both LTCi and CareForward, the following conditions are **not insurable for CareForward**.

Angina Pectoris/Chest Pain	Coronary Artery Stent
Ataxia	Diabetes, Type I
Bone Marrow Transplant	Defibrillator
Chronic Active Hepatitis	Multiple Myeloma
Chronic Atrial Fibrillation	Myasthenia Gravis
Chronic pancreatitis or multiple episodes	Myocardial Infarction (Heart Attack)
Congestive Heart Failure	Paralysis (excluding Bell's palsy)
Coronary Artery Disease	Skin Ulcers
Coronary Artery Bypass Surgery	

A	
Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)	Angina, intestinal
Acute Hemorrhagic Polioencephalitis	Angiophacomatosis (von Hippel-Lindau's Disease)
Adrenoleukodystrophy, X-linked (ALD)	Arteritis, Giant Cell (involving the aorta), in past 36 months
Alcoholic Cardiomyopathy	Arteritis, Granulomatous (involving the aorta), in past 48 months
Alpha-1 Antitrypsin Deficiency	Assistance or Supervision of Activities of Daily Living (ADLs) (bathing, bowel or bladder control, dressing, eating, moving in or out of bed or chair, taking medication, toileting, walking)
Alveolitis, Cryptogenic Fibrosing, active in past 24 months	Assistive devices (catheter, chairlift, dialysis, hospital bed, motorized scooter, oxygen equipment, quad cane, respirator, stair lift, walker, wheelchair)
Alzheimer's Disease	Ataxia (any form)
American Trypanosomiasis, active	Autoimmune or Immunological Disorder NOS, currently being evaluated or treated with immunosuppressant drugs or corticosteroids within past 24 months
Amputation, due to disease	Autonomic Nervous System Insufficiency (Shy-Drager Syndrome)
Amyotonia, congenital	Autonomic Neuropathy, active
Amyotrophic Lateral Sclerosis (ALS)	
B	
Bedsore, treated in past 48 months	Blastomycosis, active
Beriberi, cerebral (Wernicke-Korsakoff Syndrome)	Bowel Disease, Ischemic
Biliary Cirrhosis (Primary), active in the past 60 months	Buerger's Disease, active
Binswanger's Disease	

LTCi and CareForward: Uninsurable conditions (continued)

C	
Cancer of the Bone, Brain, Esophagus, Liver, Lung, Kidney, Ovary, Pancreas, Stomach or any Metastatic Cancer	Chronic Myelomonocytic Leukemia (CML)
Cardiomyopathy, Alcoholic	Churg-Strauss Syndrome, active in past 24 months
Cerebroside Lipoidosis (Gaucher's Disease)	Cirrhosis of the Liver
Cerebral Beriberi (Wernicke-Korsakoff Syndrome)	Colitis, Ischemic
Chagas' Disease, active	Creutzfeldt-Jakob Disease
Cholangitis, Sclerosing, active in past 24 months	Cryptococcosis
Chorea	Cryptogenic Fibrosing Alveolitis, active in past 48 months
Chronic Granulocytic Leukemia (CGL)	Cystic Fibrosis
Chronic Kidney Disease, not including stones	
D	
Decubitus Ulcers, treated in past 48 months	Down Syndrome (Trisomy 21)
Degeneration, Hepatolenticular	Duchenne-Aran Disease (Progressive Muscular Atrophy)
Dementia (irreversible), all forms	
E	
Emphysema (or other lung disorder requiring the use of oxygen)	Erb-Goldflam Disease
Encephalopathy, Subacute Spongiform (Creutzfeldt-Jakob Disease)	Esophageal Varices
Eosinophilic Fasciitis, active	
F	
Fasciitis, Eosinophilic, active	Frequent or persistent forgetfulness or memory loss
Fibrosis, Cystic	Friedreich's Ataxia
Fibrosis, Idiopathic Pulmonary, active in past 48 months	Frontotemporal Dementia
G	
Gangrene (as a result of systemic disease)	Goodpasture Disease, Goodpasture Syndrome
Gaucher's Disease	Granulomatous Arteritis (involving the aorta), active in past 48 months
Giant Cell Arteritis (involving the aorta), in past 36 months	
H	
Hamman-Rich Syndrome, active in past 24 months	Hippel's Disease
Heart-Lung Transplant	Tested positive for exposure to Human Immunodeficiency Virus (HIV) infection; been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)
Hematoma, Subdural, treated in the past 24 months	Hodgkin's Disease
Hemiplegia	Hunter's Disease
Hepatolenticular Degeneration (Wilson Disease)	Huntington's Chorea
Hereditary Hemorrhagic Telangiectasia	Hydrocephalus, with/without shunt
Hereditary Spinal Ataxia	

LTCi and CareForward: Uninsurable conditions (continued)

I	
Idiopathic Pulmonary Fibrosis, active in past 48 months	Interstitial Pneumonitis (chronic), active in past 24 months
Immunological or autoimmune disorder NOS, currently being evaluated or treated with immunosuppressant drugs or corticosteroids within past 24 months	Intestinal Angina
Inclusion Body Myositis	Ischemic Bowel Disease
Interstitial Plasma Cell Pneumonia, active in past 24 months	Ischemic Colitis due to systemic atherosclerosis
J	
Jakob-Creutzfeldt Disease	Joseph's Disease
K	
Kaposi's Disease (Xeroderma Pigmentosum)	Korsakoffs Syndrome
Kaposi's Sarcoma	Kuru
Kennedy's Disease	
L	
Lambert-Eaton Syndrome	Lipoidosis, Cerebroside
Lesch-Nyhan Syndrome	Locomotor Ataxia
Leukemia	Long-Term Care Services (assisted care living facility, nursing home, other custodial facility, home health care services, adult day care services)
Leukodystrophy, all forms	Lou Gehrig's Disease
Leukoencephalopathy, Progressive Multifocal	Lues (Stage IV Syphilis/Tabes Dorsalis)
Lewy Body Dementia	Lung Transplant
Lipochoondrodystrophy	Lymphoid Interstitial Pneumonia (LIP), active
Lipodystrophy, Intestinal	Lymphoma Disorder
M	
Malnutrition, treated in past 36 months	Moyamoya Disease
Marie's Disease	Mucopolysaccharidosis I, II
Melanosia Lenticularis	Multiple Sclerosis
Mental Retardation (all forms)	Muscular Atrophy, Progressive
Mesothelioma, actively treated in the past 36 months	Muscular Dystrophy (all forms)
Mild Cognitive Impairment (MCI)	Myasthenia Gravis, generalized and treated within past 60 months
Monoplegia	Myotonia Congenita
Morquio Syndrome	Myelomeningocele
Motor Neuron Disease	
N	
Neurofibromatosis	Normal Pressure Hydrocephalus, with or without shunt
Neuropathy, Autonomic, active	

LTCi and CareForward: Uninsurable conditions (continued)

O	
Open Spina Bifida	Osler-Weber-Rendu Disease (Telangiectasis)
Oppenheim's Disease	Osteochondritis Deformans Juvenilis
Organ Transplant (other than cornea)	Ostogenesis Imperfecta (I, II, III or IV)
Organic Brain Syndrome	
P	
Paralysis Agitans (Parkinson's Disease)	Progressive Multifocal Leukencephalopathy
Paraplegia	Pneumonia, Interstitial Plasm Cell, active in past 24 months
Parkinsonian dementia	Pneumonia, Lymphoid Interstitial, active
Parkinson's Disease	Pneumonitis, Interstitial (chronic), active in past 24 months
Peutz-Jeghers Syndrome	Polioencephalitis, Acute Hemorrhagic
Pick's Disease	Polychondritis, relapsing
Pneumocystitis Pneumonia	Polyneuritic Psychosis
Portal Hypertension	Progressive Muscular Atrophy
Post-Polio Syndrome	Pseudobulbar Palsy
Posterolateral Sclerosis	Pseudomyxoma Peritonei
Primary Progressive Aphasia (PPA)	Psychosis, Polyneuritic
Q	
Quadriplegia	
R	
Recklinghausen's Disease	Renal Failure
Renal Dialysis, in past 36 months	
S	
Schizophrenia or other forms of psychosis	Slow Virus Infections (Kuru, Creutzfeldt-Jakob, Leukoencephalopathy, etc.)
Sclerosing Cholangitis, active in past 24 months	Spina bifida, open
Sclerosis, Amyotrophic Lateral	Spinal Bulbar Muscular Atrophy (SBMA)
Sclerosis, Posterolateral	Stroke
Senility	Subacute Spongiform Encephalopathy (Creutzfeldt-Jakob Disease)
Shaking Palsy	Supranuclear Palsy
Shy-Drager Syndrome (Autonomic Nervous System Insufficiency)	Syphilis, Stage IV (Tabes-Dorsalis, Lues)
T	
Tabes-Dorsalis (Syphilis, Stage IV: Lues)	Transplants (Heart-Lung, Lung, Small Bowel, Multivisceral)
Telangiectasia, Hereditary Hemorrhagic	Trisomy 21 (Down Syndrome)
Torulosis (Cryptococcosis)	Trypanosomiasis, American, active
Transient Ischemic Attack (TIA)	
U	
Ulcers, Decubitus, treated in past 48 months	

LTCi and CareForward: Uninsurable conditions (continued)

V	
Varices, Esophageal	Von Recklinghausen's Disease
Von Hippel-Lindau Disease	
W	
Waldenstrom's Disease or Syndrome	Wilson's Disease
Wernicke-Korsakoff Syndrome	Wiskott-Aldrich Syndrome
Whipple's Disease	
X	
Xeroderma Pigmentosum	
Z	
Zellweger Syndrome	

LTCi and CareForward: Red flag medications

Please note this list is not inclusive. All applications are subject to underwriting review.

Brand Name	Generic Name	Condition
Abilify	aripiprazole	Psychosis
Adriamycin	doxorubicin hydrochloride	Cancer
Akineton	biperiden	Parkinson's Disease
Antabuse	disulfiram	Alcoholism
Aricept	donepezil	Memory Loss
Arimidex	anastrozole	Breast Cancer
Artane	trihexyphenidyl	Parkinson's Disease
Avonex	interferon beta-1a	Multiple Sclerosis
Betaseron	interferon beta-1b	Multiple Sclerosis
Camptosar Injection	irinotecan hydrochloride	Colorectal Cancer
Casodex	bicalutamide	Prostate Cancer
Cognex	tacrine	Memory Loss
Cogentin	benztropine mesylate injection	Parkinson's Disease
Compazine	prochlorperazine	Psychosis
Comtan	entacapone	Parkinson's Disease
Copaxone	tacrine	Multiple Sclerosis
Cytosan	cyclophosphamide	Cancer
Depade	naltrexone	Alcoholism
Depo-Provera	medroxyprogesterone	Cancer
Eldepryl	selegiline hcl	Parkinson's Disease
Enbrel	etanercept	Arthritis
Eulexin	flutamide	Cancer
Exelon	rivastigmine	Dementia
Fareston	toremifene	Breast Cancer
Femara	letrozole	Breast Cancer
Forteo	teriparatide	Severe Osteoporosis
Gleevec	imatinib mesylate	Chronic Myeloid Leukemia
Geodon	ziprasidone	Schizophrenia
Gilenya	fingolimod	Multiple Sclerosis
Haldol	haloperidol injection	Psychosis
Hexalen	altretamine	Cancer

LTCi and CareForward: Red flag medications (continued)

Brand Name	Generic Name	Condition
Hydergine	ergoloid mesylate	Memory Loss
Imuran	azathioprine	Advanced Rheumatoid Arthritis
Kadian	morphine sulfate	Severe Chronic Pain
Kemstro	baclofen	Multiple Sclerosis
Lodosyn	carbidopa	Parkinson's Disease
Loxitane	loxapine	Psychosis
Lupron	leuprolide acetate	Prostate Cancer
Methadone	methadone hydrochloride	Severe Chronic Pain
Namenda, Ebixa, Axura	memantine	Alzheimer's
Namzaric	donepezil + memantine	Alzheimer's
Navane	thiothixene Hcl	Psychosis
Neupogen	filgrastim injection	Cancer
Nolvadex	tamoxifen citrate	Cancer
Parlodel	bromocriptine mesylate	Parkinson's Disease
Permax	pergolide mesylate	Parkinson's Disease
Platinol	cisplatin	Cancer
Razadyne	galantamine	Alzheimer's
Requip	ropinirole Hcl	Parkinson's Disease
ReVia	naltrexone	Drug Addiction/Alcoholism
Risperdal	risperidone	Psychosis
Seroquel	quetiapine fumarate	Psychosis
Sinemet	carbidopa-levodopa	Parkinson's Disease
Stelazine	trifluoperazine	Psychosis
Suboxone	buprenorphine and naloxone	Narcotic (Opiate) Addiction
Thorazine	chlorpromazine	Psychosis
Tysabri	natalizumab	Multiple Sclerosis
Vivitrol	naltrexone	Drug Addiction/Alcoholism
Xeloda	capecitabine	Cancer
Zoladex	goserelin acetate	Cancer
Zyprexa	olanzapine	Schizophrenia

LTCi and CareForward: Medical impairment guide

The severity of medical conditions varies among individuals, and insurability will depend on stability, comorbidities and compliance with treatment. If medical testing has been advised but not yet completed, the case may be postponed or declined. Current or recent tobacco use may have a significant impact on insurability, based on medical condition(s).

Thrivent is unable to list all conditions. If you have any medical history concerns, ask Underwriting for a prescreen.

Thrivent Long-Term Care Insurance

- Email: thrivent.ltc.underwriting@ltcg.com
- Call: 888-422-5737, say "Directory" and enter ext. 8895. Select option 3.

CareForward

- Email: boxcareforwardprescreen@thrivent.com
- Call: 920-628-6256

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Acoustic Neuroma	Complete removal, no evidence of regrowth, stable for > 36 months.	Standard	Complete removal, no evidence of regrowth, stable for > 36 months.	Standard
	Diagnosis, < 36 months, regrowth, weight unstable or complications or tumor recurrence in past 120 months.	Decline	Diagnosis, < 36 months, regrowth, weight unstable or complications or tumor recurrence in past 120 months.	Decline
Addison's Disease	Firm diagnosis, limited daily steroid use, symptoms and weight stable for 12 to 36 months.	Standard may be available	Firm diagnosis, limited daily steroid use, symptoms and weight stable for 12 to 36 months.	Standard may be available
	Symptoms or weight unstable, workup planned or in process, diagnosis < 12 months or new medication prescribed in the past 6 months.	Decline	Symptoms or weight unstable, workup planned or in process, diagnosis < 12 months or new medication prescribed in the past 6 months.	Decline
Amputation	Due to trauma, independent in activities of daily living (ADLs), 12 to 24 months of stability based on joint affected and any limitations.	Standard may be available	Due to trauma, independent in activities of daily living (ADLs), 12 to 24 months of stability based on joint affected and any limitations.	Standard may be available
	Due to disease, currently or in the past 24 months on workers compensation or disability.	Decline	Due to disease, currently or in the past 24 months on workers compensation or disability.	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Anemia	<p>Firm diagnosis, symptoms and blood counts stable 6 to 12 months.</p> <p>New diagnosis or no firm diagnosis, symptoms and blood counts unstable for 6 to 12 months.</p>	<p>Standard/Rated may be available</p> <p>Decline</p>	<p>Firm diagnosis, symptoms and blood counts stable 6 to 12 months.</p> <p>New diagnosis or no firm diagnosis, symptoms and blood counts unstable for 6 to 12 months.</p>	<p>Standard/Rated may be available.</p> <p>Decline</p>
Aneurysm <ul style="list-style-type: none"> • Aortic -abdominal/thoracic <ul style="list-style-type: none"> o Unoperated o Operated • Brain/Cerebral <ul style="list-style-type: none"> o Unoperated o Operated 	<p>Size stable, asymptomatic and no surgery recommended, < 5 centimeters.</p> <p>> 12 months stability, no complications.</p> <p>Incidental finding, no history of bleeding, size stable for 48 months with stable MRI/MRA.</p> <p>> 24 to 60 months from clipping or other treatment with no sequelae with stable MRI/MRA.</p>	<p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p>	<p>Size stable, asymptomatic and no surgery recommended, < 3.5 centimeters to age 69, 3.5 to 4.0 centimeters age 70 and up. Time since diagnosis > 24 months.</p> <p>> 48 months stability, no complications.</p> <p>Unoperated.</p> <p>> 24 to 60 months from clipping or other treatment with no sequelae with stable MRI/MRA.</p>	<p>Standard may be available</p> <p>Standard may be available</p> <p>Decline</p> <p>Standard may be available</p>
Angina Pectoris (Chest Pain)	<p>Stable, controlled with medication > 12 months.</p> <p>Unstable, frequent medication changes/hospitalizations or tobacco use.</p>	<p>Standard /Rated may be available</p> <p>Decline</p>	<p>Stable, asymptomatic, controlled with medication with no recent treatment changes for > 24 months.</p> <p>Unstable, noncompliant with regular physician follow up, frequent medication changes/hospitalizations or tobacco use in the past 12 months.</p>	<p>Standard/Rated may be available</p> <p>Decline</p>

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Anxiety	Mild, not interfering with daily activities, stable with or without medication.	Standard may be available	Mild symptoms, stable for > 36 months, no related hospital or ER visits, no other mental health history, no history of alcohol or drug dependency, stable medication regimen for > 24 months.	Standard may be available
	History of severe acute anxiety or severe chronic anxiety with symptoms and treatment now mild > 24 months.	Rated may be available	New onset with mild symptoms in past 12 months. Mild symptoms in the past 36 months, responsive to treatment, stable medication regimen for 12 to 24 months.	Rated may be available
	Severe acute anxiety or severe chronic anxiety interfering with function and daily activities < 24 months.	Decline	Severe acute anxiety or severe chronic anxiety interfering with function and daily activities < 36 months.	Decline
	Multiple ER visits in past 24 months.	Decline	Related hospitalization or multiple ER visits, or single ER visit in the past 12 months.	Decline
	Psychiatric in-patient treatment in the past 48 months.	Decline	Psychiatric in-patient treatment.	Decline
Arthritis • Degenerative/ Osteoarthritis	Mild symptoms and controlled, confirmed with X-ray findings, no ADL/IADL deficits, managed with OTC non-steroidal medication.	Standard may be available	Mild symptoms and controlled, confirmed with X-ray findings, no ADL/IADL deficits, managed with OTC non-steroidal medication.	Standard may be available
	Large/small joint inflammation limiting mobility or independent function in the past with improved normal activity and function, no planned or recommended surgery, 12 to 24 months stability depending on joint affected and comorbidities.	Standard/Rated may be available	Large/small joint inflammation limiting mobility or independent function in the past with improved normal activity and function, no planned or recommended surgery, 12 to 24 months stability depending on joint affected and comorbidities.	Standard/Rated may be available

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Arthritis <ul style="list-style-type: none"> Degenerative/ Osteoarthritis (continued) Psoriatic Rheumatoid 	Large joint inflammation limiting mobility or independent function in the past 24 months. Large or small joint surgery in the past 6 months. Active ongoing rehab program for pain or limitations. Surgery planned or recommended in the past 24 months.	Decline	Large joint inflammation limiting mobility or independent function in the past 24 months. Large or small joint surgery in the past 6 months. Active ongoing rehab program for pain or limitations. Surgery planned or recommended in the past 24 months.	Decline
	Active psoriatic arthritis > 12 months, chronic psoriatic arthritis stable for 12 to 24 months, joint surgery 12 to 24 months, diagnosis stable.	Standard/ Rated may be available	Active psoriatic arthritis > 12 months, chronic psoriatic arthritis stable for 12 to 24 months, joint surgery 12 to 24 months, diagnosis stable.	Standard/ Rated may be available
	Active psoriatic arthritis in past 12 months, chronic psoriatic arthritis stable for < 12 months, history of 2 or more joint replacements, surgery planned or recommended, diagnostic workup planned or in progress.	Decline	Active psoriatic arthritis in past 12 months, chronic psoriatic arthritis stable for < 12 months, history of 2 or more joint replacements, surgery planned or recommended, diagnostic workup planned or in progress.	Decline
	Diagnosed > 18 months, joint surgery > 12 months, history of 1 to 3 joint replacements.	Standard/ Rated may be available	Diagnosed > 18 months, joint surgery > 12 months, history of 1 to 3 joint replacements.	Standard/ Rated may be available
	Diagnosed < 18 months, large joint inflammation in the past 12 months, multiple flares described as severe or progressive in the past 24 months, joint surgery < 12 months, history of 4 or more joint replacements, workup planned or in process, surgery planned or recommended in the past 24 months.	Decline	Diagnosed < 18 months, large joint inflammation in the past 12 months, multiple flares described as severe or progressive in the past 24 months, joint surgery < 12 months, history of 4 or more joint replacements, workup planned or in process, surgery planned or recommended in the past 24 months. Taking any other medication other than an NSAID.	Decline
Asthma	Condition stable for 6 to 24 months, no tobacco > 36 months.	Standard may be available	Condition stable for 6 to 24 months, no tobacco > 36 months.	Standard may be available
	History of steroid tapers, tobacco use, weight loss, uncontrolled.	Rated/Decline	History of steroid tapers, tobacco use, weight loss, uncontrolled.	Rated/Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Atrial fibrillation (AF)	Paroxysmal/isolated or chronic atrial fibrillation, resolved or stable with low risk factors for stroke, diabetes or heart disease, stability for 12 to 24 months.	Standard/ Rated may be available	Isolated atrial fibrillation, paroxysmal < 4 episodes > 12 to 24 months ago and currently stable, no cardioversion or ablation; or significant risk factors or instability. No tobacco > 60 months.	Standard/Rated may be available
	Paroxysmal or chronic atrial fibrillation, cardioversion, pacemaker, ablation or surgery < 12 months ago; or significant risk factors or instability.	Decline	Paroxysmal < 12 months ago, or 4 episodes or more, chronic atrial fibrillation, cardioversion, pacemaker, ablation or surgery or significant risk factors or instability, anticoagulant.	Decline
Attention Deficit Hyperactivity Disorder (ADHD, ADD)	New onset of mild ADHD < 12 months with normal cognitive and social function with no complicating anxiety or depression, well-controlled.	Standard may be available	Mild to moderate ADHD, currently asymptomatic and stable with or without medication.	Standard/Rated may be available
	Moderate to severe, acute/chronic that is interfering with function/daily activities in the past 36 months.	Decline	Severe ADHD, other mood disorder.	Decline
Back Pain	Mild or intermittent, non-debilitating or non-limiting symptoms, no surgery recommended, minimal medications. Surgery in the past 6 to 24 months, and/or epidural or facet steroid injection(s) in the past 6 to 24 months. Varies by age, cause and severity.	Standard/ Rated may be available	Mild or intermittent, non-debilitating or non-limiting symptoms, no surgery recommended, minimal medications. Surgery in the past 6 to 24 months, and/or epidural or facet steroid injection(s) in the past 6 to 24 months. Varies by age, cause and severity.	Standard/Rated may be available
	Severe or debilitating symptoms, functional limitations, moderate medication use. Workup or surgery planned or recommended. Surgery in the past 6 to 12 months (varies by type of surgery and age), epidural or facet steroid injections in the past 6 months age < 65, in past 12 months >= 65.	Decline	Severe or debilitating symptoms, functional limitations, moderate medication use. Workup or surgery planned or recommended. Surgery in the past 6 to 12 months (varies by type of surgery and age), epidural or facet steroid injections in the past 6 months.	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Cancer (Malignancy)				
Cancer: Breast	<p>Stage 0 (TIS, in situ), treatment and disease-free for < 6 months.</p> <p>Stage I, treatment and disease-free for 6 to 12 months.</p> <p>Stage II, treatment and disease-free for 12 to 24 months.</p> <p>Recurrence (local), currently disease-free for > 24 months.</p> <p>Any stage III or IV, active disease or treatment, recurrence in past 24 months, metastasis in past 60 months, complications, surgery recommended or planned.</p>	<p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p> <p>Decline</p>	<p>Stage 0 (TIS, in situ), treatment and disease-free for < 6 months.</p> <p>Stage I or II treatment and disease-free for 6 to 132 months.</p> <p>Stage I, II or III, age of diagnosis < 40, Stage III or IV, 4 or more lymph nodes involved or any recurrent breast cancer.</p>	<p>Standard may be available</p> <p>Standard/Rated may be available</p> <p>Decline</p>
Cancer: Colon/Rectal	<p>In situ (polyp), treatment and disease-free.</p> <p>Stage I, treatment and disease-free for < 12 months.</p> <p>Stage II, treatment and disease-free for 12 to 24 months.</p> <p>Stage III, treatment and disease-free for > 36 months.</p> <p>Recurrent or metastasis, disease-free for > 60 months.</p> <p>Stage IV, active disease or treatment, recurrence or metastasis in past 60 months, complications, surgery recommended or planned.</p>	<p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p> <p>Standard may be available</p> <p>Decline</p>	<p>Stage 0, treatment and disease-free.</p> <p>Stage I, treatment and disease-free for 72 to 84 months.</p> <p>Stage II, treatment and disease-free for 96 to 108 months.</p> <p>Stage III or IV.</p>	<p>Standard may be available</p> <p>Standard/Rated may be available</p> <p>Standard/Rated may be available</p> <p>Decline</p>

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Cancer: Kidney	Stage I, II and IIIA, treatment and disease-free for 12 to 24 months.	Standard may be available	Stage I or II, treatment and disease-free for > 60 months, no tobacco for > 60 months.	Standard/Rated may be available
	Stage IIIB, treatment and disease-free for > 60 months.	Standard may be available		
	Stage IV, ureteral cancer, active disease or treatment, recurrence or metastasis in past 60 months, complications, surgery planned or recommended.	Decline	Stage III or IV.	Decline
Cancer: Prostate	Stage I, treatment and disease-free for < 12 months.	Standard may be available	Stage I, Gleason < 7, treatment and disease-free for > 24 months.	Standard may be available
	Stage IIA, Gleason < 7, treatment and disease-free for 12 to 24 months.	Standard may be available	Stage IIA, Gleason < 7, treatment and disease-free for > 24 months.	Standard may be available
	Stage IIA, Gleason > 7, treatment and disease-free for 24 to 36 months.	Standard may be available	Stage III Gleason < 7, treatment and disease free for 120 months.	Standard may be available
	Stage IIB or III, Gleason < 7, treatment and disease-free for 24 to 48 months.	Standard may be available		
	Stage IIB or III, Gleason > 7 or stage not available, treatment and disease-free for 48 to 60 months.	Standard may be available		
	Stage IV, active treatment or disease, recurrent or metastasis in past 48 months, complications, planned or recommended surgery.	Decline	Stage IV, or any stage with Gleason > 7, workup or surgery planned or recommended.	Decline
Carotid Artery Disease	Unilateral or bilateral stenosis 30% to 49%; carotid surgery 12 to 24 months ago, no tobacco for > 24 months.	Standard/Rated may be available	Unilateral or bilateral stenosis 30% to 50%; carotid surgery 12 to 24 months ago, no tobacco for > 24 months.	Standard/Rated may be available
	Unilateral or bilateral stenosis > 49%, carotid surgery planned or completed in past 12 months, workup or surgery recommended, tobacco use < 24 months.	Decline	Unilateral or bilateral stenosis > 60%, carotid surgery completed in past 60 months, workup or surgery recommended, tobacco use < 36 months.	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Chronic Pain	<p>Diagnosed > 12 months, not progressive, with mild non-debilitating or non-limiting symptoms, no narcotic medications for > 36 months.</p> <p>New onset with unstable symptoms in the past 12 months, or symptoms are moderate to severe, debilitating, limiting or interfering with daily activities in the past 36 months.</p>	<p>Standard/ Rated may be available</p> <p>Decline</p>	<p>Diagnosed > 12 months, not progressive, with mild non-debilitating or non-limiting symptoms, no narcotic medications for > 36 months.</p> <p>New onset with unstable symptoms in the past 12 months, or symptoms are moderate to severe, debilitating, limiting or interfering with daily activities in the past 36 months.</p>	<p>Standard/Rated may be available</p> <p>Decline</p>
COPD (Chronic Obstructive Pulmonary Disease)	<p>Mild, stable for 6 to 24 months, no tobacco use for > 24 months.</p> <p>Moderate to severe, oxygen use or nebulizer treatments, hospitalization, tobacco use < 24 months.</p>	<p>Standard/ Rated may be available</p> <p>Decline</p>	<p>Mild, stable for 6 to 24 months, no tobacco use for > 60 months.</p> <p>Moderate to severe, oxygen use or nebulizer treatments, hospitalization, tobacco use < 60 months.</p>	<p>Standard/Rated may be available</p> <p>Decline</p>
Crohn's Disease/ Inflammatory Bowel Disease	<p>Single flare, stable 12 to 48 months, well-controlled.</p> <p>Multiple flares, stable 24 to 48 months, well-controlled.</p> <p>Chronic, active flares, surgery planned, weight loss.</p>	<p>Standard/ Rated may be available</p> <p>Standard/ Rated may be available</p> <p>Decline</p>	<p>Mild disease, stable for > 24 months current age > 44; stable for > 60 months age 30 to 44; no tobacco for > 60 months.</p> <p>Mild disease with symptoms in the last 24 months, moderate or severe disease; current age < 30, disease > 10 years and no colonoscopy in the last 2 years, tobacco use < 36 months.</p>	<p>Standard/Rated may be available</p> <p>Decline</p>
Depression	<p>Mild, not interfering with daily activities, stable with or without medication, no symptoms.</p> <p>History of mild and uncomplicated depression with some current but stable symptoms with no evidence that symptoms have interfered with daily activities in the past 36 to 60 months.</p>	<p>Standard may be available</p> <p>Standard/ Rated may be available</p>	<p>Mild, no changes in medications for 12 to 24 months, no more than one ER visit in the past 24 months, no hospitalization, no history of suicide attempt.</p>	<p>Standard/Rated may be available</p>

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Depression (continued)	Chronic, recurrent depression or new onset depression interfering with daily activities in the past 36 months.	Decline	Chronic, recurrent depression or new onset depression interfering with daily activities in the past 60 months.	Decline
	Suicidal ideation or single attempt in past 60 months.	Decline	Suicidal ideation or single attempt in past 60 months or multiple suicide attempts.	Decline
	Multiple suicide attempts < 120 months.	Decline		
Diabetes Mellitus	New onset, < 12 months, A1C of 7.5% or less when diagnosed, no complications and stable comorbidities.	Standard may be available	Type II DM for greater than 24 months and < 20 years, well controlled, A1C of < 7.0%, self-monitors blood sugar regularly with readings of 125 to 150, no changes in medication, nonsmoker > 60 months.	Standard may be available
	Stable, diagnosed > 12 months, stable medication dose, comorbidities stable/controlled, no complications, A1C stable: 7.6% to 8.5%.	Standard/ Rated may be available	Type II diagnosed 12 to 24 months, A1C 7.0% to 7.5% in past 12 months, self-monitors blood sugar regularly with readings of 151 to 169, nonsmoker for > 36 months.	Rated may be available
	New onset or unstable for 12 months, (A1C 7.5% or >), significant comorbidities, end organ damage, poor compliance with treatment.	Decline	Type II, new onset or unstable for 12 months, (A1C 7.5% or >), significant comorbidities, end organ damage, poor compliance with treatment.	Decline
	Additional factors that would affect insurability: <ul style="list-style-type: none"> • Current smoker or quit < 24 months. • BMI > 38 or BMI < 17. • Skin/foot ulcers < 60 months ago. • Neuropathy or claudication, symptomatic < 24 months. • Stroke/TIA < 60 months ago. • MI, CABG, PTCA, carotid surgery or peripheral vascular surgery < 24 months. • Diabetic > 20 years or diagnosed before age 40. 	Decline	Additional factors that would affect insurability: <ul style="list-style-type: none"> • Current smoker or quit < 36 months. • BMI > 38 or BMI < 17. • Skin/foot ulcers. • Neuropathy or claudication, symptomatic < 24 months. • Stroke/TIA, MI, CABG, PTCA, carotid surgery or peripheral vascular surgery. • Diabetic > 20 years or diagnosed before age 30. 	Decline
			Type I (all cases).	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Dizziness/Fainting	Workup completed and no symptoms in the last 6 months with no significant findings.	Standard may be available	Workup completed and no symptoms in the last 6 months with no significant findings.	Standard may be available
	Other.	Rated/ Decline	Other.	Rated/Decline
Epilepsy/Seizures	Depends on type of seizure/severity of episode (focal, grand mal, petite mal), firm diagnosis, medications stable, typically > 12 months since last seizure.	Standard/ Rated may be available	Depends on type of seizure/severity of episode (focal, grand mal, petite mal), firm diagnosis, well controlled seizures, without driving restrictions, stable for > 24 months, managed with up to 2 medications.	Standard/Rated may be available
	New onset of seizure in past 12 months, grand mal within past 6 months, multiple seizures in past 12 months.	Decline	Poorly controlled, driving restrictions, stable < 24 months, managed with > 2 medications, history of injury related to seizures.	Decline
Fatty Liver (Nonalcoholic Fatty Liver—NASH)	Asymptomatic with normal liver functions > 12 months ago.	Standard may be available	Symptoms resolved > 48 months ago, no treatment required, no alcohol consumption, normal liver function tests within the past 24 months.	Standard may be available
	Biopsy showing stage I fibrosis, normal to slightly elevated liver functions, otherwise stable > 12 months.	Rated may be available	Symptoms resolved in past 24 to 48 months, no treatment required, alcohol consumption of 1 to 2 drinks per month, elevated liver function tests in the past 24 months at < 2 times normal.	Rated may be available
	Newly diagnosed < 12 months, advanced disease, elevated liver functions, complications.	Decline	Symptomatic in the past 24 months, work up or biopsy recommended or planned, not yet completed, alcohol consumption > 2 drinks per month, or alcoholism recovered < 60 months ago, advanced disease, elevated liver function tests >= 2 times normal or not testing in the past 24 months.	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Fibromyalgia	Mild/moderate symptoms, nonlimiting and nonprogressive on minimal medication for 12 to 24 months.	Standard/ Rated may be available	Mild/moderate symptoms, nonlimiting and nonprogressive on minimal medication for 12 to 24 months.	Standard/Rated may be available
	New onset, progressive, severe, limiting and debilitating.	Decline	New onset, progressive, severe, limiting and debilitating.	Decline
Gastric Bypass	Bariatric surgery, no complications, stable BMI and comorbidities stable for 12 to 24 months.	Standard/ Rated may be available	Bariatric surgery, no complications, stable BMI and comorbidities stable for 12 to 24 months.	Standard/Rated may be available
	Bariatric surgery < 12 months, unstable BMI, complications, significant comorbidities, hospitalizations.	Decline	Bariatric surgery < 12 months, unstable BMI, complications, significant comorbidities, hospitalizations.	Decline
Glaucoma	Onset > 12 months, preserved vision, controlled eye pressures, stable for 12 to 24 months.	Standard/ Rated may be available	Onset > 12 months, preserved vision, controlled eye pressures, stable for 12 to 24 months.	Standard/Rated may be available
	Poorly controlled, limiting or progressive visual loss, stable < 24 months.	Decline	Poorly controlled, limiting or progressive visual loss, stable < 24 months.	Decline
Heart Attack (Myocardial Infraction (MI))	<p>Single MI, age < 75 in past 6 to 24 months, age >= 75 in past 24 to 48 months, more than one MI, stable for 48 to 60 months, no smoking or quit in the past 36 months, no complications, no significant comorbidities.</p> <p>Single MI, age < 75 in past 6 months, age >= 75 in past 24 months, more than one MI in the past 24 months, current smoker or quit < 24 months ago, complications, significant comorbidities.</p>	<p>Standard/ Rated may be available</p> <p>Decline</p>	All cases.	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Hemochromatosis (Iron Overload)	Diagnosed > 12 months ago, asymptomatic, normal liver functions tests (LFT's), stable weight, compliance to treatment.	Standard/ Rated may be available	Diagnosed > 12 months ago, asymptomatic, normal liver functions tests (LFT's), stable weight, compliance to treatment.	Standard/Rated may be available
	Diagnosed < 12 months ago, elevated liver functions, active liver inflammation, complications and significant comorbidities, weight loss, poor compliance.	Decline	Diagnosed < 12 months ago, elevated liver functions, active liver inflammation, complications and significant comorbidities, weight loss, poor compliance.	Decline
Joint Disorder	Arthroscopic surgery > 6 months, released from care, fully recovered, no use of assistive devices or receiving physical therapy.	Standard may be available	Arthroscopic surgery > 6 months, released from care, fully recovered, no use of assistive devices or receiving physical therapy.	Standard may be available
	Anticipated, planned or recommended arthroscopic surgery, maintaining active lifestyle, BMI < 41.	Rated may be available	Anticipated, planned or recommended arthroscopic surgery, maintaining active lifestyle, BMI < 41.	Rated may be available
	Shoulder or knee replacement, released from care, fully recovered, no use of assistive devices or receiving physical therapy.	Standard may be available	Shoulder or knee replacement, released from care, fully recovered, no use of assistive devices or receiving physical therapy.	Standard may be available
	Hip replacement > 12 months, fully recovered, no use of assistive devices or receiving physical therapy.	Standard may be available	Hip replacement > 12 months, fully recovered, no use of assistive devices or receiving physical therapy.	Standard may be available
	Hip fracture/replacement, released from physical therapy, stable recovery 6 to 12 months.	Rated may be available	Hip fracture/replacement, released from physical therapy, stable recovery 6 to 12 months.	Rated may be available
	Bilateral knee, hip or shoulder replacement > 18 months, fully recovered, released from physical therapy.	Standard may be available	Bilateral knee, hip or shoulder replacement > 18 months, fully recovered, released from physical therapy.	Standard may be available
	Bilateral knee, hip or shoulder replacement 12 to 18 months, released from physical therapy, stable recovery.	Rated may be available	Bilateral knee, hip or shoulder replacement 12 to 18 months, released from physical therapy, stable recovery.	Rated may be available

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Kidney Disease	<p>Firm diagnosis, symptoms and renal functions stable for 12 to 24 months.</p> <p>Diagnosis < 12 months, dialysis, recent surgery completed or planned, edema, abnormal kidney functions, complications.</p>	<p>Standard may be available</p> <p>Decline</p>	<p>Firm diagnosis, symptoms and renal functions stable for 12 to 24 months.</p> <p>Diagnosis < 12 months, dialysis, recent surgery completed or planned, edema, abnormal kidney functions, complications.</p>	<p>Standard may be available</p> <p>Decline</p>
Kidney Transplant	<p>Successful transplant, 12 to 24 months, renal function and weight stable, dialysis > 36 months ago, quit smoking > 36 months, no complications.</p> <p>Renal transplant < 12 months, renal function and weight unstable in the past 12 months, dialysis in the past 36 months, current smoker or quit < 36 months, any complications or additional surgery planned or recommended.</p>	<p>Rated may be available</p> <p>Decline</p>	<p>All cases.</p>	<p>Decline</p>
Lupus—Discoid	<p>Stable > 12 months, no complications.</p>	<p>Standard may be available</p>	<p>Stable > 12 months, no complications.</p>	<p>Standard may be available</p>
Lupus—Systemic Lupus Erythematosus (SLE)	<p>SLE in remission for > 36 months, acceptable current treatment regimen, mild to moderate symptoms.</p> <p>Any history of severe SLE, diagnosis or active < 36 months.</p>	<p>Standard/ Rated may be available</p> <p>Decline</p>	<p>SLE mild symptoms, > than 36 months since cessation of treatment.</p> <p>SLE moderate to severe symptoms.</p>	<p>Standard may be available</p> <p>Decline</p>
Neuropathy	<p>Varies by cause and severity, 6 to 48 months stability.</p> <p>Unstable, workup or surgery planned or onset < 6 months.</p>	<p>Standard/ Rated may be available</p> <p>Decline</p>	<p>Varies by cause and severity, 6 to 48 months stability.</p> <p>Unstable, workup or surgery planned or onset < 6 months.</p>	<p>Standard/ Rated may be available</p> <p>Decline</p>

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Osteoporosis	Asymptomatic, no fractures, stable T-score (-2.5 to -2.9) with current treatment.	Standard may be available	Asymptomatic, no fractures, stable T-score (-2.5 to -2.9) with current treatment.	Standard may be available
	History of fragility fracture but otherwise acceptable risk, stable T-score (-3.0 to -3.9), stability > 24 to 48 months.	Rated may be available	History of fragility fracture but otherwise acceptable risk, stable T-score (-3.0 to -3.9), stability > 24 to 48 months.	Rated may be available
	Fragility fracture within 24 months, multiple fractures, symptomatic, workup planned, severe T-scores (-4.0 or worse) or noncompliance/ untreated (-3.5 or worse).	Decline	Fragility fracture within 24 months, multiple fractures, symptomatic, workup planned, severe T-scores (-4.0 or worse) or noncompliance/ untreated (-3.5 or worse).	Decline
Oxygen Use	N/A	Decline	N/A	Decline
Pancreatitis	Isolated episode, full recovery, symptoms stable in the past 6 months.	Standard may be available	Isolated episode, full recovery, symptoms stable in the past 6 months.	Standard may be available
	Chronic or relapsing with mild symptoms requiring Rx, stable for > 12 months.	Standard may be available	Chronic or relapsing no symptoms for > 48 months.	Standard may be available
	Symptomatic or < 6 months.	Decline	Isolated episode < 6 months since recovery or symptoms, chronic or relapsing with symptoms < 48 months.	Decline
Peripheral Vascular Disease	Chronic but stable, no complications or recurrence for 12 to 24 months.	Standard may be available	Mild or mild, no comorbidities, asymptomatic for > 24 months.	Standard/Rated may be available
	Diagnosis < 12 months, residual neuropathy, stasis ulcers or other sequelae.	Decline	Moderate or severe or comorbidities.	Decline
Sleep Apnea	Mild to moderate, stable comorbidities, on CPAP with compliance noted > 12 months.	Standard/Rated may be available	Mild to moderate, stable comorbidities, on CPAP with compliance noted > 12 months.	Standard/Rated may be available
	Severe, on CPAP with evidence of good compliance > 24 months.	Rated may be available	Severe, on CPAP with evidence of good compliance > 24 months.	Rated may be available
	Severe, ongoing symptoms, noncompliance, significant comorbidities.	Decline	Severe, ongoing symptoms, noncompliance, significant comorbidities.	Decline

LTCi and CareForward: Medical impairment guide (continued)

Condition	LTCi: Stability Period	LTCi: Potential Decision	CareForward: Stability Period	CareForward: Potential Decision
Spinal Surgery	Depending on the type of surgery completed, recovery and stability for 6 to 24 months.	Standard/ Rated may be available	Depending on the type of surgery completed, recovery and stability for 6 to 24 months.	Standard/Rated may be available
	Surgery recommended and not completed, residuals, underlying condition or comorbidities and/or < 6 to 24 months since procedure.	Decline	Surgery recommended and not completed, residuals, underlying condition or comorbidities and/or < 6 to 24 months since procedure.	Decline
Thyroid Disorder (not including cancer)	Symptoms controlled and treatment stable for > 6 to 12 months depending on actual diagnosis.	Standard/ Rated may be available	Symptoms controlled and treatment stable for > 6 to 12 months depending on actual diagnosis.	Standard/Rated may be available
	Newly diagnosed, unstable, poor medication compliance < 12 months.	Decline	Newly diagnosed, unstable, poor medication compliance < 12 months.	Decline
Ulcer/Gastric	Single episode, fully recovered or up to 2 episodes, symptoms stable with treatment, normal labs with no further workup indicated, stability > 12 to 24 months.	Standard/ Rated may be available	Single episode, fully recovered or up to 2 episodes, symptoms stable with treatment, normal labs with no further workup indicated, stability > 12 to 24 months.	Standard/Rated may be available
	Current symptomatic disease, more than 2 episodes, recent or related surgery or workup recommended or planned < 12 to 24 months.	Decline	Current symptomatic disease, more than 2 episodes, recent or related surgery or workup recommended or planned < 12 to 24 months.	Decline