



MedOne[®] *Agent Guide*



This guide was developed to make your job a little easier. It will answer your questions and direct you to the proper departments within American Medical Security, (AMS). This guide will also provide information about enrolling individuals under the Taxpayers Network Inc. (TNI).

Insurance products are administered and underwritten by American Medical Security.

MedOne Products are not marketed through TNI in all states. Refer to page 4 for availability by state.

This guide applies to all MedOne products. Check with your Broker Sales area for product details.

For state specific information, refer to the MedOne state product brochures or corresponding product state information insert, if applicable, for complete details.

Information in this guide is subject to change without prior notification.

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Some information may vary by state and product. Please refer to the sales materials.

Eligibility Requirements

Applicants

All applicants must be age 18 or over and under age 65, and not eligible for Medicare. All applicants must meet the insurer's underwriting requirements and be U.S. citizens or be in the U.S. by a permanent resident card. A copy of the permanent resident card (form I-551) is required. Eligible applicants must be members in good standing with the association (where applicable).

Please note: If a MedOne applicant had previous MedOne coverage with us, there must be a lapse in coverage of 6 months or greater. If there is not a lapse of 6 months or greater, the applicant is not eligible for new MedOne coverage.

Dependents

Eligible dependents must be a legal spouse and/or unmarried children under age 19 or to age 25 if a full-time student at an accredited school, college, or university.

"Children" means a child by birth, legal adoption, marriage (stepchild), or by foster care. The applicant must provide at least 50% support and maintenance for each child.

An unmarried child who is age 19 or older may be eligible for coverage if mentally or physically handicapped, not capable of self-sustaining employment, and chiefly dependent on the applicant for support and maintenance.

If both husband and wife are applying for separate coverages, only one may request coverage for their children.

Small Employer Groups

If the state in which the applicant resides has enacted small group reform laws which apply to a group of one (self-employed, sole proprietor, independent contractor, partner, or sole employee of Subchapter S or Chapter C Corporation), the health insurance plan must comply with those laws. If the applicant qualifies as a group of one, contact your Broker Sales area for available small group reform plans and rates.

EarlyCare

If your client needs to purchase coverage for a child only, choose from the MedOne products. Early Care coverage is ideal for parents who want protection for their child beyond group health insurance, or for grandparents who want to ensure grandchildren have coverage.

Parents or legal guardians can apply for coverage for eligible applicants. Eligible applicants include: unmarried children, age 14 days to 19 years, or to age 25 if the child is a full-time student. Parents or legal guardians must also be members in good standing with the TNI Association.

Children must satisfy eligibility requirements as disclosed above. The parent or legal guardian must sign the application. An added benefit is the inclusion of \$5,000 Term Life and AD&D insurance. The parent or legal guardian is the beneficiary. (See page 8 for Group Term Life and AD&D Life Insurance availability.)

Please note: Not all MedOne products include the EarlyCare options. In addition, with EarlyCare applications, the eligible applicant should be listed as the applicant on the application. A separate application must be completed for each eligible applicant.

MedOne products are marketed in association with TNI to TNI Members in the following states: AL, AR, AZ, DC, DE, FL, IA, IL, IN, MI, MO, MS, NC, NE, NM, OH, OK, PA, SC, TN, TX, UT, WV and WI.

TNI products can not be sold on the premises of any employer in WI.



Some information may vary by state and product. Please refer to the sales materials.

On-the-Job Protection is coverage for medical expenses due to an occupational illness or injury.

On-the-Job Protection is included for all eligible occupations in GA, KS and NC; and for all occupations in CO, FL, IA, MI & ND.

On-the-Job Protection is not available in KY.

This coverage is not intended to replace workers' compensation.

This list is not all-inclusive; other industries and occupations may be excluded for On-the-Job Protection, or may be ineligible for coverage.

On-the-Job Protection

On-the-Job Protection is automatically included for MedOne applicants and/or their spouses, except for those working in specific occupations. MedOne applicants and/or their spouses who are eligible for, but waive, workers' compensation are also eligible for On-the-Job Protection.

On-the-Job Protection will be excluded* for applicants and/or spouses working in the following occupations:

MANUFACTURING

- Chemical, drug, paint, soap, detergent, perfume workers.
- Electrical equipment workers.
- Loggers, lumber, wood, sawmill workers (except furniture).
- Machinery, engine, computer workers.
- Metal fabricators, tool and die makers, machine shop workers.
- Petroleum and asphalt workers.
- Rubber, plastic workers.
- Stone, clay, glass, concrete workers.
- Transportation equipment workers.

PUBLIC ADMINISTRATION

- Firefighters.
- Jail and correctional institution workers.
- Police officers, law enforcement and security personnel, detectives, private investigators.

RETAIL TRADE

- Cooks (Restaurant).
- Meat packing/slaughter workers.

SERVICES

- Carnival/circus workers.
- Cleaning/maintenance workers.
- Cosmetologists, hairdressers.
- Mountain guides.
- Pest control workers.
- Pyrotechnists.
- Salvage yard workers, junk dealers.
- Towing service workers.
- Zookeepers.

TRANSPORTATION & PUBLIC UTILITIES

- Bus, subway, cab, escort, limousine drivers.
- Construction (tunnel and heavy road) workers.
- Dockworkers, longshoremen, stevedores.
- Garbage collectors.
- Landfill workers.
- Railroad workers.
- Riggers (bridge, electric tower, radio, telephone).
- Sand, gravel, granite workers.
- Waste disposal (non-toxic) workers.

On-the-Job Protection will also be excluded when:

- The applicant and/or spouse is currently covered by workers' compensation.
- The applicant and/or spouse is required by law to have workers' compensation.

** The exclusion does not apply if the MedOne applicant is self employed or a sole proprietor and does not have worker's compensation coverage.*

Some information may vary by state and product. Please refer to the sales materials.

MedOne Ineligible Occupation List

- Air traffic controllers/pilots/crop dusters.
- Armed forces personnel.
- Asbestos/toxic chemical/toxic disposal workers.
- Athletes (professional, excluding bowlers and golfers).
- Bar owners and employees.
- Commercial fishers.
- Divers.
- Drivers (professional racing, testing).
- Explosives workers.
- Government employees.
- Jockeys (horse trainers/breakers).
- Miners.
- Oil rig workers/off-shore drillers/pipeline and natural gas workers.
- Rodeo participants.
- Ski instructors.
- Steel/iron workers.
- Truckers (long-haul).

Note: This list applies to any applicant and/or dependent spouse working in an occupation listed above. This list does not apply to business in CO, FL, IA, MI, and ND. This list does not apply to HIPAA-eligible individuals. We reserve the right to decline other occupations that may not be listed.

Pre-existing Condition Limitation

All medical plans include a pre-existing condition limitation.

Pre-existing condition means a condition, whether physical or mental, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received prior to the effective date of coverage under the plan.

Conditions that existed during the 12 months immediately prior to the effective date are covered only after a period of 12 months of continuous coverage under this plan.

Here is a listing of the states that have a different pre-existing condition limitation period.

	Months prior to effective date when the condition occurred	Months after effective date with or without any treatment or continued treatment
California	6	6
Indiana	6	12
Kansas	24	24
Kentucky	6	12
Michigan	6	12
New Mexico	6	16
North Dakota	6	6
Oklahoma	6	12
Utah	6	12
Wisconsin	6	12

Some information may vary by state and product. Please refer to the sales materials.

State legislative changes and your client's prior coverage status may affect the pre-existing condition limitation in various states.

We may waive the pre-existing limitation for conditions disclosed on the application; however, we may place an exclusion rider on certain condition(s) as allowed by state law.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) requires various changes to individual health insurance plans. In some states, the insurer must guarantee issue such plans to eligible persons who lose coverage under a prior group health plan. Such persons are not required to satisfy another pre-existing condition limitation. The new insurer may require copies of a Certificate of Creditable Coverage or similar documentation to determine how to apply the pre-existing condition limitation. Eligible individuals are guaranteed issue to either a health plan or state sponsored (risk pool) plan.

An eligible person means a person who meets all of the following requirements:

- Has a total of 18 or more months of continuous creditable coverage.
- Most recent prior creditable coverage was under a group health plan, and the group health plan was not terminated for fraud or intentional misrepresentation of material fact.
- Most recent prior creditable coverage was not terminated for nonpayment of premium by the individual.
- Is not eligible for coverage under Medicare or Medicaid.
- Has elected continuation coverage under COBRA or a similar state program, and has exhausted this coverage or will soon exhaust this coverage.
- Is not covered by another plan.
- Has had less than a 63-day break in coverage from the most recent group plan.

Creditable coverage includes health insurance coverage and other health coverage, such as coverage under other group health plans, short-term medical coverage, Medicaid, Medicare, military-sponsored health care, and similar plans. Creditable coverage does not include accident-only coverage, long-term care coverage, liability or workers' compensation insurance, automobile medical payment insurance, or other similar insurance.

Precertification

We require precertification in some states. Precertification requires the providers or insureds to call to verify that a procedure is covered under their plan, and is provided in the most appropriate setting.

Failure to precertify these procedures may result in a penalty of 10% of the eligible charges to the maximum penalty of \$1,000 per procedure, occurrence, or confinement. Precertification must be done at least 72 hours before the procedure or within 48 hours after an emergency procedure to avoid a penalty on the eligible charges. We also encourage clients to call when they have a confirmed pregnancy, although no penalties apply.

Some information may vary by state and product. Please refer to the sales materials.

Group Term Life and AD&D Insurance*

Using us as your one source for Medical and Term Life and AD&D Insurance gives you more time to strengthen existing client relationships and build new ones. Your clients will complete only one application and make only one monthly payment.

In the states of Arkansas, Indiana, Michigan, Mississippi, South Carolina, Tennessee, Texas, Utah, Washington D.C., and West Virginia, \$10,000 of Term Life and AD&D Insurance is automatically included for the primary applicant.

For TNI members only Term Life and AD&D is included in the states of: Illinois, Missouri, Nebraska, New Mexico, Ohio, Oklahoma, and Pennsylvania.

Term Life and AD&D is optional in the states of: Arizona, Delaware, Florida, Iowa, Kansas, Kentucky, Louisiana, North Carolina, and Wisconsin.

Term Life, Dependent Term Life and AD&D is not available in the states of: Alabama, Colorado (Individual Products), Georgia (Individual Products), and Virginia (Good Health Trust).

Dependent Term Life Insurance is also available for your client's eligible spouse and children. (Not available in GA)

Use Term Life and AD&D Insurance as the foundation for building lasting relationships with clients. Optional benefits are only available with a medical plan. Dependent Term Life coverage is only available to dependent family members covered on the medical plan. Voluntary optional benefits are not available with EarlyCare. Contact your Broker Sales area if you have any questions.

Additional Group Term Life and AD&D Insurance

This optional benefit provides financial security to your clients.

Term Life and AD&D benefits are available in \$1,000 increments up to \$300,000, subject to underwriting approval. To complete the underwriting approval, one or a combination of the following may be required: paramedical exam, EKG, or attending physician's statement.

MedOne Dental

Combining MedOne Dental with a MedOne health insurance plan gives your clients a more comprehensive package. When elected, MedOne Dental replaces the Careington International Discount Dental Program.

MedOne Dental delivers some of the same coverages as group dental programs. Coverages like coinsurance and a maximum benefit protection for major services (crowns, dentures, and root canals) are part of the plan. MedOne Dental allows a choice of dentists. Your clients also will have coverage for preventive care, including oral examinations and cleanings, without any waiting periods.

Coverage type for dental insurance (applicant/spouse, applicant/family, etc.) needs to match the coverage type elected for health insurance.

Dental coverage is an optional benefit available with MedOne medical coverage and cannot be continued or moved to another plan if medical coverage is terminated.

Dental coverage is not available for MedOne health insurance plans that are currently in-force.

Precertification penalty applies in the following states: AL, AR, AZ, DE, FL, KY, IL, IN, LA, MI, MS, NE, NM, OH, OK, SC, TN, TX, and WI.

** All Term Life and AD&D and Dependent Term Life coverages are group products, (in Kansas, Kentucky and Louisiana these are individual products) which are available to individuals.*

Some information may vary by state and product. Please refer to the sales materials.

Careington International Dental Discount Card

Although this is not an insurance benefit, AMS and Careington International have an agreement to provide MedOne insureds with a dental discount card program. Thousands of participating dentists nationwide present discounts on a variety of common dental services—from cleanings and exams to crowns and prosthetics.

Your Broker Sales area can give you more information about this dental care discount program.


Applications/Forms

The following pages contain a reduced version of a sample application(s) and forms. The referenced areas indicate sections that are most frequently missed. Missing information may delay the underwriting process.

Eligible applicants must be members in good standing with TNI when applying for insurance

Please note: The application must be completed by the applicant. The agent cannot complete the application on behalf of the client. In West Virginia the application must be completed by the agent in the presence of the applicant.

MEMBER APPLICATION TO TAXPAYERS NETWORK INC.


**THE
TAXPAYERS
NETWORK**

New/Existing Member Information — Name of Member Paying Dues

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____
If existing member, dues paid through: _____

Please enroll me as a member of Taxpayers Network Inc. (If I am not an existing member, the information I've provided will complete my TNI enrollment.)

Signature Required:

Taxpayers Network Inc. is a membership association recognized by the IRS as a 501(c)(4) nonprofit organization. Membership dues, contributions or gifts to Taxpayers Network Inc. are not deductible as charitable contributions for federal income tax purposes. Membership dues for Taxpayers Network Inc. are \$7 per month (\$84 per year). Members receive the educational newsletter *Taxpayers Network Quarterly* including coupons redeemable for booklets and paperbacks on selected important public issues. Members also receive a valuable package of benefits, discounts and options. Membership dues are subject to change without notice.

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Signatures


To avoid delays, please get all necessary signatures.

(In TNI states only)

Some information may vary by state and product. Please refer to the sales materials.

Coverage Information

Utah Member Application for Group Insurance



New Business Change in Benefits (specify requested date below in Coverage Information section) Dependent Add
This application is to be completed by the applicant applying for coverage. For child only, application is to be completed by the child's parent or legal guardian if child is not of legal age.

Applicant's Social Security Number _____ Group No. (Home Office to assign) _____

APPLICANT/PERSON TO BE COVERED FOR CHILD ONLY

Last Name _____ First Name _____ Initial _____
 Home Address _____ City _____ State _____ Zip _____ County _____
 (PO Box not acceptable)
 Billing Address _____ City _____ State _____ Zip _____
 Home Phone No. (_____) _____ Best time to call _____ Alternate Phone No. (if applicable) (_____) _____
 Gender M F Date of Birth _____ Height _____ Weight _____ Single Married
 Primary Care Physician's Name _____
 Applicant's Occupation: _____ Spouse's Occupation: _____
 Beneficiary's Name (The beneficiary listed below is for applicable products only)
 Last _____ First _____ Initial _____ Relationship _____
 Yes No Are you a U.S. citizen? If no, list how long in the U.S.: _____ (Attach copy of valid permanent resident card)

DEPENDENT ENROLLMENT INFORMATION

(If more space is needed, attach an additional sheet of paper, sign and date it.)

Spouse (First Name & M.I., last name if different): _____ Soc. Sec. No. _____
 Gender M F Date of Birth _____ Height _____ Weight _____ Primary Care Physician's Name _____
 Child (First Name & M.I., last name if different): _____ Soc. Sec. No. _____
 Gender M F Date of Birth _____ Height _____ Weight _____ Primary Care Physician's Name _____
 Child (First Name & M.I., last name if different): _____ Soc. Sec. No. _____
 Gender M F Date of Birth _____ Height _____ Weight _____ Primary Care Physician's Name _____

ELIGIBILITY

Yes No Are you or any family members covered by Medicare/Medicaid? If yes, list family members and their effective date.
 Yes No Are you, any family member, or significant other pregnant or in the process of adoption or surrogacy (including those not applying for coverage)?
 Yes No Are you or any eligible dependent disabled, receiving disability payments, or hospital confined?
 Yes No Do you intend to resign, discontinue, or terminate an existing life policy or contract? If yes, please complete the Notice R regarding Replacement of Life Insurance.

COVERAGE INFORMATION	OPTIONAL BENEFITS
Medical: <input type="checkbox"/> Applicant <input type="checkbox"/> Applicant/Child(ren) <input type="checkbox"/> Applicant/Spouse Requested effective date _____ (Effective date may not be guaranteed) Network Name _____ Product Name _____ Copy/Deductible _____ Coinsurance _____ Upon signature of this application, I am indicating that I have selected the plan design within this Coverage Information section and that I fully understand the benefit levels of this plan. <input type="checkbox"/> I am a HIPAA Eligible Individual and I choose to apply for (HIPAA Eligible medical plan selected). <input type="checkbox"/> I am a HIPAA Eligible Individual but I choose to apply for the Non-HIPAA Eligible medical plan selected. I understand there is no guarantee of policy issuance and that the preceding condition limitations of the selected plan will apply regardless of my status as a HIPAA Eligible individual.	(Only available with Non-HIPAA Eligible medical plans) <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Accident Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Prescription Drug Buy-up Plan Selected: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Term Life/AD&D Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No Optional Term Life/AD&D Insurance (\$10,000 min. \$300,000 max.) Indicate amount: _____

Home Office Use Only
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Medical History

Depending upon state law, this information may be used in determining whether your application is approved for coverage.

MEDICAL HISTORY

A. Within the past five years, has any person to be insured ever had any symptoms that would cause an ordinarily prudent person to seek medical care, had any condition, diagnosis, consultation, routine follow-up, treatment, or therapy, been prescribed any medication, been monitored, or received counseling for any of the following? (Provide details to "Yes" answers below.)

1) Digestive Disorder	Yes	No	6) Genitourinary	Yes	No	10) Psychological	Yes	No
a. Irritable Bowel, Specific Colon	<input type="checkbox"/>	<input type="checkbox"/>	a. Prostate/Gland, Implants,	<input type="checkbox"/>	<input type="checkbox"/>	a. Anxiety, Panic Disorder	<input type="checkbox"/>	<input type="checkbox"/>
b. Colitis, Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>	b. Other Benign Condition	<input type="checkbox"/>	<input type="checkbox"/>	b. Depression, Major Depressive Disorder	<input type="checkbox"/>	<input type="checkbox"/>
c. Gastric Reflux, Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	c. Ovarian Cyst, Uterine Fibroid	<input type="checkbox"/>	<input type="checkbox"/>	c. Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>
d. Gallbladder Disease	<input type="checkbox"/>	<input type="checkbox"/>	d. Infertility Testing or Treatment	<input type="checkbox"/>	<input type="checkbox"/>	d. Obsessive Compulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>
e. Hepatitis, Other Liver Disorder	<input type="checkbox"/>	<input type="checkbox"/>	e. Medical Reproductive Organ Disorder	<input type="checkbox"/>	<input type="checkbox"/>	e. Schizophrenia, Schizoaffective Disorder	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Digestive or Intestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	f. Abnormal Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	f. Anorexia, Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>
2) Cardiovascular/Circulatory	Yes	No	f. Prostate Gland Disorder	<input type="checkbox"/>	<input type="checkbox"/>	g. Other Psychological Condition	<input type="checkbox"/>	<input type="checkbox"/>
a. High Blood Pressure/Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	g. Abnormal PSA Test	<input type="checkbox"/>	<input type="checkbox"/>	h. Neurological	Yes	No
b. Mitral Valve Prolapse, Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	g. Sexually Transmitted Disease	<input type="checkbox"/>	<input type="checkbox"/>	a. Central Palsy, Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest Pain, Heart Attack, Arrhythmia, Atrioa, Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	h. Urinary Tract Disorder	<input type="checkbox"/>	<input type="checkbox"/>	b. Epilepsy, Seizures, Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
d. Vascular Abnormality, Poor Circulation	<input type="checkbox"/>	<input type="checkbox"/>	i. Kidney Disorder	<input type="checkbox"/>	<input type="checkbox"/>	c. Headaches, Migraines	<input type="checkbox"/>	<input type="checkbox"/>
e. Stroke, Transient Ischemic Attack	<input type="checkbox"/>	<input type="checkbox"/>	7) Eye/Ears/Nose/Throat/Skin	Yes	No	d. Mental Retardation, Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Heart Condition or Disease	<input type="checkbox"/>	<input type="checkbox"/>	a. Arnie, Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	e. Multiple Sclerosis, Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
3) Respiratory/Lung	Yes	No	b. Ear, Nose, Throat, Mouth	<input type="checkbox"/>	<input type="checkbox"/>	f. Other Neurological Disease or Disorder	<input type="checkbox"/>	<input type="checkbox"/>
a. Allergies, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	c. Eye, Cataracts, Glaucoma, Other	<input type="checkbox"/>	<input type="checkbox"/>	g. Alzheimer's Disease, Dementia	<input type="checkbox"/>	<input type="checkbox"/>
b. Bronchitis, COPD, Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	d. Loss of Hearing, Deafness	<input type="checkbox"/>	<input type="checkbox"/>	h. Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>
c. Sleep Apnea, Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	e. Jaw Condition or TMJ	<input type="checkbox"/>	<input type="checkbox"/>	i. Autism, Pervasive Develop. Disorder	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Respiratory or Lung Disorder	<input type="checkbox"/>	<input type="checkbox"/>	f. Vision Impairment, Blindness	<input type="checkbox"/>	<input type="checkbox"/>	12) General	Yes	No
4) Musculoskeletal/Bone	Yes	No	8) Endocrine/Gland/Lymph/Blood	Yes	No	a. Abnormal Test Results	<input type="checkbox"/>	<input type="checkbox"/>
a. Arthritis or Rheumatism, Carpal Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	a. Blood Abnormality, Anemia	<input type="checkbox"/>	<input type="checkbox"/>	b. Burns	<input type="checkbox"/>	<input type="checkbox"/>
b. Neck, Back, Spinal Condition	<input type="checkbox"/>	<input type="checkbox"/>	b. Elevated Cholesterol/Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	c. Congenital Abnormality, Loss of Limb	<input type="checkbox"/>	<input type="checkbox"/>
c. Bone, Muscle, Joint Condition	<input type="checkbox"/>	<input type="checkbox"/>	c. Diabetes, Pancreas, Classified/Glucose	<input type="checkbox"/>	<input type="checkbox"/>	d. Edema	<input type="checkbox"/>	<input type="checkbox"/>
d. Fracture, Dislocation, Internal Fixation	<input type="checkbox"/>	<input type="checkbox"/>	d. Hormonal Disorder, Adrenal	<input type="checkbox"/>	<input type="checkbox"/>	e. Fibromyalgia, Chronic Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
e. Lipos, Connective Tissue Disease	<input type="checkbox"/>	<input type="checkbox"/>	e. Lymph Gland Disorder, Immune System	<input type="checkbox"/>	<input type="checkbox"/>	f. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
f. Osteoporosis, Osteopenia	<input type="checkbox"/>	<input type="checkbox"/>	f. Thyroid, Goiter	<input type="checkbox"/>	<input type="checkbox"/>	g. Organ or Tissue Transplant	<input type="checkbox"/>	<input type="checkbox"/>
5) Cyst/Tumor/Poly/Malignancy	Yes	No	9) Alcohol/Drug	Yes	No	h. Pain Disorder	<input type="checkbox"/>	<input type="checkbox"/>
a. Cancer, Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	a. Alcoholism, Alcohol Use (Or drink/abstain)	<input type="checkbox"/>	<input type="checkbox"/>	i. Surgical Implants	<input type="checkbox"/>	<input type="checkbox"/>
b. Cyst, Growth, Lump, Tumor, Polyp	<input type="checkbox"/>	<input type="checkbox"/>	b. Drug or Substance Abuse, Illicit Use	<input type="checkbox"/>	<input type="checkbox"/>	j. Chronic Infection	<input type="checkbox"/>	<input type="checkbox"/>
c. Hodgkin's or Non-Hodgkin's Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>				k. Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
						13) Other	Yes	No
						a. Health disorders not listed above	<input type="checkbox"/>	<input type="checkbox"/>

B. Yes No Have you or any eligible dependent ever been declined, postponed, ridened, rescinded, or rated up for medical, disability, or critical illness, life insurance, or long term care with another insurance carrier? If yes, explain: _____

C. Yes No In the past five years, have you or any person to be insured received treatment, received therapy, taken medication, or consulted a health care provider for any reason? If yes, explain: _____

D. Yes No Are you or any person to be insured currently taking any prescription medication, over-the-counter medication, vitamin therapy or alternative remedies (including herbs)? Please indicate the reason for use: _____

E. Yes No In the past five years, have you or any person to be insured been advised to have a test or treatment, been advised to obtain equipment or service, been advised of a condition that may require attention or treatment, or are you awaiting the results of any medical tests or investigation? Explain: _____

F. Yes No Within the past five years, has any person to be insured been advised to seek treatment for or been advised to limit alcohol or drug use, been a member of any alcohol or drug abuse support group, or used any controlled drug not prescribed by a doctor? If yes, explain: _____

G. Yes No Has any person to be insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex by a physician or member of the medical profession, or tested positive for HIV? If yes, list names: _____

H. Yes No Has anyone to be insured used tobacco products during the previous 12 months? If yes, list names: _____

(If more space is needed, attach an additional sheet of paper, sign and date it.)

Question No./Letter	Name	Illness/Impairment	Dates Treated	Medications/Treatment/Surgery/Physician's Name & Address

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Frequently Missed Information

To expedite processing—
 verify all questions are answered. The application will be returned to you if incomplete.

Member application form may vary by state.

Some information may vary by state and product. Please refer to the sales materials.

PRIOR COVERAGE					
<p><input type="checkbox"/> Yes <input type="checkbox"/> No: Are you or any dependents replacing health coverage that was in effect within the last 63 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No: Do you or any dependents have or intend to have any health insurance coverage, including COBRA and/or state continuation currently in force?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No: Have you or any dependents ever been previously covered by PacifiCare or AHS? If yes, list PacifiCare or AHS ID #: _____</p> <p>If you answered "Yes" to any of the above questions, please complete the following section. If you answered "No" to all questions, please proceed to the Terms and Conditions of Insurance section.</p>					
Name(s) of covered individual	Insurance Company Name, Address and Phone	Policy or Group Number	Type of Coverage (individual, employer group, short-term, COBRA, Medicare, other)	Effective Date	Termination Date
<p>HPAA Eligible Individual Determination - Please indicate yes or no to the following:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 1. As of the date on which you are applying for coverage, have you been insured under creditable coverage for at least 18 months with no more than a 63-day lapse in coverage?</p> <p><input type="checkbox"/> 2. Was your most recent period of coverage under a group health plan (employer-sponsored), a governmental plan, or a church plan?</p> <p><input type="checkbox"/> 3. If you were offered the option of continuation of coverage under COBRA, or a similar state continuation program, did you complete the allowable period of coverage?</p> <p><input type="checkbox"/> 4. Are you eligible for any of the following: a group health plan (employer-sponsored plan); Part A or Part B of Medicare; or a state plan under Medicaid, or any successor program?</p> <p><input type="checkbox"/> 5. Do you have other health insurance?</p> <p><input type="checkbox"/> 6. Was your most recent health insurance terminated for fraud, intentional misrepresentation of material fact, or individual nonpayment of premium?</p> <p>If you answered YES to questions 1 through 3 and NO to questions 4 through 6, you or your dependents may qualify as a HPAA Eligible Individual, and we may waive the pre-existing limitation for you and your dependents on selected plans. If qualifying as a HPAA Eligible Individual, please attach a certificate of creditable coverage from the prior plan, or any other documents to prove that you or your dependents had prior coverage.</p>					
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Prior Coverage Information

SIGNATURES	
Applicant's Signature X _____	Date _____
<small>(If for child only, signature must be the child's parent or legal guardian if the child is not of legal age)</small>	
<small>(Parent or Legal Guardian Name)</small>	
If signed by a representative of Applicant, please indicate the representative's authority to act on behalf of Applicant: _____	
Spouse's Signature X _____	Date _____
<small>(If spouse is to be covered)</small>	
Dependent's Signature (age 18 or older) X _____	Date _____
PRODUCER INFORMATION	
Producer Name (if applicable) _____	Producer ID _____ <small>(Only last 4 digits required)</small>
Producer Address _____	
Phone () _____	Fax () _____
General Agent Name/Number _____	
Licensed Producer Signature X _____	Date _____
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Signatures & Dates

To avoid delays, please get all necessary signatures and dates.

Member application form may vary by state.

Some information may vary by state and product. Please refer to the sales materials.

Signatures & Dates
To avoid delays, please get all necessary signatures and dates including dependents age 18 and over.

SIGNATURE REQUIRED AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR UNDERWRITING

Please clearly print all information.

I hereby authorize those physicians, medical practitioners, hospitals, clinics, veterans administration facilities, medical information services, urgent care facilities, and other medical or medically related entities, insurance or reinsurance companies, and consumer reporting agencies that have information available as to the present or former physical health condition, including drug or alcohol abuse, and/or treatment of me or my dependents to release any and all such information, including, but not limited to, medical records, health-care provider notes, pharmacy data, laboratory tests and results, diagnosis, treatment, and prognosis, to American Medical Security Life Insurance Company (AMS) or its designees. I understand the information obtained by use of this authorization may be used to determine eligibility for issuance of health coverage and eligibility for benefits under an existing policy for me and my dependents. This authorization is not applicable to psychotherapy notes.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by AMS or its designees and may no longer be protected by state or federal privacy law.

I agree that a photographic copy of this authorization shall be as valid as the original and that this authorization shall expire 15 months from the latest signature date below. I understand that I may request a copy of this authorization. I understand that I may revoke this authorization at any time in writing, unless a claim has been filed in reliance on my authorization. Because this authorization is given as a condition of obtaining coverage, my revocation will not prevent AMS or its designees from the right to contest a claim under the policy if another law so allows. Should my dependents refuse to sign this authorization, I understand it may affect my enrollment in the health plan. I understand that all pages must be attached and complete, including this authorization, for this application to be considered complete and that incomplete applications may be rejected.

Applicant's Signature _____ Social Security Number _____ Date _____
 (If for child only, signature must be the child's parent or legal guardian if the child is not of legal age.)

If signed by a representative of Applicant, please indicate the representative's authority to act on behalf of Applicant.

Spouse's Signature _____ Date _____
 (If spouse is covered)

Signature of each covered dependent age 18 and over:

_____ Date _____ _____ Date _____
 _____ Date _____ _____ Date _____

Insurance products are underwritten by American Medical Security Life Insurance Company, a wholly owned subsidiary of PacificCare Health Systems, LLC.

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Payment Options
Help your client reduce cost by promoting Automatic Bank Draft.

Payment Authorization Form

A. APPLICANT INFORMATION

Last Name _____ First Name _____ SS# _____

B. INITIAL METHOD OF PAYMENT

Check Enclosed Credit Card (Complete Credit Card Authorization below)

CREDIT CARD AUTHORIZATION (AVAILABLE FOR FIRST MONTH PAYMENT ONLY)

VISA MasterCard

Cardholder's First Name _____ Middle Initial _____ Last Name _____
(As it appears on credit card)

Cardholder's Address _____ Cardholder's Phone Number _____

Credit Card Number: _____ Verification Code: _____ Expiration Date: (MM/YYYY)
(16 digits required) (3 digits required from back of credit card)

As a convenience, I request and authorize American Medical Security Life Insurance Company (AMS) to charge my credit card account, identified above, for the payment of my health plan premium and any fees for the payment option(s) designated. In submitting this payment authorization with my application, I understand that the initial premium for my health plan may be adjusted based on my medical history (or that of any dependent to be covered) and agree that the additional amount(s) required may be charged to this account. Further, I agree that should this card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, AMS will attempt to contact me, but shall be under no liability whatsoever, including any fees imposed by the card issuer, even though such dishonor may ultimately result in forfeiture of coverage.

Signature of Credit Cardholder _____ Date _____
(As it appears on credit card)

If the VISA/Mastercard request for payment is declined, a \$25 nonrefundable service fee may be applied when allowed by state law.
 Note: If effective date of coverage is the 15th of the month, you may be charged for 1 1/2 months of premium for the initial payment.

C. ONGOING METHOD OF PAYMENT

Automatic Monthly Bank Draft (Complete Bank Draft Authorization below)

Direct Bill Choose One: (Fees may apply)
 Quarterly Semi-Annual Annual

List Bill*

BANK DRAFT AUTHORIZATION

Type of Account: Checking Savings

Account Holder Name _____ Financial Institution _____
(As it appears on the financial institution records)

Routing Transit # (9 digits required) _____ Account Number (9 digits required) _____

I hereby authorize American Medical Security Life Insurance Company (AMS) to initiate debit entries to my account and the financial institution named above. AMS will not be held responsible for policy lapse or cancellation due to nonpayment of premium if the withdrawal is presented and not honored for any reason and the amount due is not paid. AMS is not responsible for charges I may incur from my bank due to late notification of the termination or change. This authorization is to remain in full force and effect until AMS has received written notice of my intention to terminate this authorization. I understand that I must give at least 30 days advance notice to terminate or change this authorization.

If payment is submitted by my employer, I will need to complete a payment disclaimer form, when required and/or permitted by state law.

If the automatic bank draft or direct payment by check transaction is returned for any reason, a \$25 nonrefundable service fee will be applied when allowed by state law.

Signature of Primary Applicant/Parent or Legal Guardian _____ Date _____

Signature of Account Holder _____ Date _____
(If other than Primary Applicant/Parent or Legal Guardian)

Insurance products are underwritten by American Medical Security Life Insurance Company, a wholly owned subsidiary of PacificCare Health Systems, LLC.

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Member application form may vary by state.

Some information may vary by state and product. Please refer to the sales materials.

TeleApp

Contact your Broker Sales area for information on TeleApp application (availability varies by state).

Online Application

Clients can visit your website to get a quote and apply for coverage (availability varies by state).

Case Submission Requirements

Have you remembered to include the following?

- Member Application(s) – include all necessary signatures and dates.
- Authorization to Release Medical Information for Underwriting.
- First month's total costs. Your agency checks and agency credit cards are not acceptable. An employer check may be acceptable with a properly completed payment disclaimer form.
- If selecting the Automatic Bank Draft billing mode:
 - Authorization and account information.
- If selecting payment by credit card (VISA/MasterCard) (available for first month only):
 - Card Holder's Name.
 - Credit Card number.
 - Expiration date.
 - Card Holder's Signature.
- If list bill, additional forms required. (where available by state regulations)

Additional requirements may be requested to facilitate the processing of a new application.

TNI Reference Numbers

Local number(920)434-3100

Toll Free number.....877-622-3100

RISK ASSESSMENT INTRODUCTION

This guide has been developed to enhance field underwriting opportunities and give customers a fair assessment of impairments to health-care coverage. At your fingertips is most of the underwriting information you'll need to successfully sell AMS' wide range of medical plans to your one-life clients. This guide is intended to outline the practices usually followed by the underwriting staff when making risk assessment decisions. **Please remember this information is to be used as a guide. Our final decisions may deviate from this guide based on information obtained throughout the underwriting process.**

We may obtain additional medical information or a clarification of medical information utilizing a verification phone call, medical records, or other sources as necessary during new business underwriting. Final action regarding an application is the ultimate decision of the underwriter based upon the complete medical facts. For this reason, field underwriting risk assessments should never be interpreted as a guarantee of underwriting action in any particular situation.

The applicant's failure to record complete and accurate information may result in denial of claims and/or rescission of coverage. The writing agent is not authorized to disregard an applicant's answer or to impose his or her own judgment as to what is or is not important to record. To further protect the writing producer, always instruct applicants to complete their own applications, including the medical history section.

The writing producer must be licensed and appointed to represent us in the state where the applicant resides.

Some information may vary by state and product. Please refer to the sales materials.

Following are some suggestions that will help the writing producer and proposed applicant(s) avoid misunderstanding over type and scope of coverage that the customer is requesting:

1. Furnish accurate and complete information on medical history including date, type of treatment, diagnosis, and physician, if appropriate.
2. **Only the underwriting department can make a final decision of whether coverage will be issued after completion of the underwriting process; therefore, never suggest or promise coverage will be issued. Never promise an effective date.**
3. If applicable, explain the anticipated rating or riders at the time of application to avoid misunderstanding and possible withdrawal of the application by the applicant at the time of offer. Make it clear to the applicant that the final decision as to the amount of any rating or the type and scope of any rider that may be attached to the contract is made by the insurance company. Where the alternative of a higher deductible is feasible, an offer for coverage with this option may be made as well.
4. The exclusions, limitations, provisions, and benefits provided under the plan should be clearly and accurately described to the proposed applicant. Be sure to use the plan brochures.

The purpose of all forms of insurance is to protect against future financial loss from an event that has not yet taken place. The underwriting process is designed to help insurance companies assess the relative risk of future loss on the part of any given applicant. For health insurance specifically, medical history is a strong predictor of risk. In situations where the choice to obtain coverage is up to the individual buyer, medical risk selection is designed to safeguard a company's ability to maintain affordable products for its customers.

Most individuals who choose to purchase health insurance coverage are "standard risks," which is to say that their risk of future financial loss due to medical expenses is no greater or less than most individuals of similar age, gender, and circumstances. Some individuals, however, have had medical events or conditions that increase their risk of loss significantly beyond that of a "standard risk." Some forms of health-care financing address this issue by raising the average cost to a level that allows the "standard" risk to subsidize the "nonstandard" risks. This approach is problematic in a marketplace where "standard" risks can choose to decide not to purchase coverage.

Medical risk selection begins with the proposition that when a person with "nonstandard" risk applies for insurance coverage, adjustments should be made (where practical) to make the value of the insurance coverage roughly equivalent for "standard" and "nonstandard" risks. In some cases, this can be done by excluding coverage for the condition causing the additional risk. In other cases, an increase in premium is an effective way to extend coverage for conditions that would otherwise be excluded. In some instances, the amount of extra premium (or the extent of excluded conditions) required to "standardize" a "nonstandard" risk is so great that the resulting contract would be of little or no real value to the buyer, and no offer of coverage is practical. AMS' practice is to decline coverage when the contract necessitates three or more riders.

When an offer of coverage cannot be offered on a primary applicant due to medical history, an "Amendment to Application" is available (based on availability by state) if the remainder of the family members wish to apply for coverage. A new completed application is not required in this situation. Only the "Amendment to Application" form is necessary. Please contact your Broker Sales area for more information.

The application is the most critical piece of information in the underwriting process. In addition to being part of the contract or certificate of coverage, it provides a place for applicants to explain aspects of their medical histories that may not always be clear in the medical records. Therefore the application should be completed as meticulously as possible, including details such as the type and duration of treatment given for a condition, medications taken, when and if completely recovered, any residual symptoms, and the names and addresses of the relevant physician(s). If an applicant has seen more than one physician, it's important to indicate which physician would have the relevant records.

Some information may vary by state and product. Please refer to the sales materials.

The medical conditions addressed in this guide are listed in the section named Medical Risk Manual. Each listing includes a range of probable underwriting actions.

Conditions that have the potential for future risk need to be researched before coverage is offered. Applications containing substantial medical history may require medical records before a final decision can be made. These conditions are noted in the Medical Risk Manual section with an asterisk (*). The conditions noted are not all-inclusive. It's important to note that when two or more conditions occur together, the risk is greater than either diagnosis by itself. For example, either hypertension or obesity alone may result in a rate increase, but together an applicant may be uninsurable due to the increased risk.

SUGGESTED QUESTIONS FOR FREQUENTLY ENCOUNTERED MEDICAL CONDITIONS

When applicants are completing the medical history section of an application, the agent can assist the underwriting process by asking additional questions and having the applicant record this information on the application. The underwriters' decisions can be more timely if the applicant supplies additional information, including the name(s) and address(es) of the consulting physician(s). Suggested questions are listed below.

Checkup

1. What was the date of and the reason for the checkup?
2. What symptoms prompted the checkup? Document even if symptoms appear minor.
3. What tests were done and what were the results of each?
4. Was any medication prescribed? What is the dosage?
5. Were any further studies recommended or planned by the physician?

Allergies, Asthma, Emphysema, Bronchitis, and other Respiratory Conditions

1. How many attacks occur per year? What was the date of the last attack?
2. Any days lost from work or school?
3. What medication was used to control the attack?
4. Between attacks, what medications are used and how frequently?
5. Are any nebulizers required? How often?
6. Did the applicant have to go to the emergency room or acute care facility? Was any hospitalization required? When and how many days?
7. Does the applicant smoke?

Arthritis

1. Type (e.g., rheumatoid, osteo, gouty, etc.)?
2. What joints are involved?
3. Date initially diagnosed?
4. Any restricted activities?
5. Past or present Gold Therapy? Steroids?
6. Current medication and/or treatment?
7. Any surgeries completed or anticipated?

Some information may vary by state and product. Please refer to the sales materials.



Back and Neck

1. What areas of the back or neck were affected?
2. How long did the symptoms last?
3. How was the ailment treated? For how long? Still taking medication?
4. Any days lost from work or school?
5. When was the last doctor visit?
6. Was there any radiation of pain or numbness to the legs or arms?
7. Any residuals or limitations?

Blood Pressure

1. Is medication being taken? How often? How long has the applicant been under treatment?
2. How often is the blood pressure checked? How often seen by a physician?
3. What were the last three blood pressure readings?
4. Has the applicant had an Echocardiogram (ECG or EKG)? If so, results.

Chest Pain

1. Give date of last episode.
2. Was the cause of the pain diagnosed? If yes, what was the diagnosis?
3. Was a bypass operation or coronary angiogram (catheterization) done or recommended?
4. Any ECG (EKG) and the results (list stress tests also). When was last ECG?
5. What other studies were done and what were the results of each?
6. Has the applicant ever been hospitalized for the condition?
7. What is the current treatment?
8. Are activities restricted?

Epilepsy, Seizures, or Fainting Spells

1. Describe the type of seizure (grand mal/petit mal).
2. What were the dates of the first episode and latest episode?
3. How frequent are the seizures?
4. What studies have been done? MRI/CT scan confirming diagnosis?
5. How treated? What medications are taken? Date the physician was last seen?

Heart Murmur

1. When was it first diagnosed?
2. Name of the type of murmur (if known). Was it called "functional," "innocent," or "organic"?
3. How was it diagnosed? What tests were done and dates? (e.g., Echocardiogram)
4. Is there any restriction of activities?
5. Any treatment given or recommended? Further studies planned?

Some information may vary by state and product. Please refer to the sales materials.

Hypoglycemia, Hyperglycemia, or Glucose Intolerance

1. When was the disorder first diagnosed?
2. Is it controlled by diet or medication? If by medication, provide the name of medications and amounts taken each day (oral or injected). How often is the sugar level checked? Is the sugar level checked with urine or blood tests? Results?
3. What were the date and results of the latest blood sugar test? Had he/she fasted?
4. Is there any history of diabetic coma or hospitalizations?
5. Are there any associated complications such as eye problems or circulatory/kidney problems?

Kidney, Bladder, or other Urinary Tract Disorders

1. Give the name of the disorder.
2. How many episodes in the past two years?
3. What tests were done and what were the results? Any surgery recommended?
4. How was the disorder treated? Give name of any medications.
5. Is the applicant still taking medication?
6. If a kidney stone (urinary stone) was present, was it passed on own, removed, or still present?

Mental and Emotional Histories, including Anxiety, Depression and any form of Counseling

1. What was the diagnosis?
2. How was the ailment treated and by whom? Any hospitalization? When, where, how long?
3. What were the dates and types of counseling, psychotherapy, etc.?
4. What medications were taken and are any medications being taken currently? If none, when was medication discontinued?
5. Is the applicant still under medical care? Name of doctor/therapist?
6. Was the illness triggered by a situational event?

Stomach, Intestine, Colon

1. What was the diagnosis? Was an ulcer found? What type?
2. What type of treatment and for how long?
3. When was medication last taken? Name of the medication? On any special diet?
4. Was there any bleeding?
5. Was any hospitalization required? When and for how many days?
6. Was any abdominal surgery performed? When? What type?

Thyroid

1. Is the applicant hyperthyroid (overactive) or hypothyroid (underactive)? Are nodules present?
2. How was the ailment treated (medication, surgery)?
3. What medication is taken and the amounts?

Some information may vary by state and product. Please refer to the sales materials.

Tumor, Polyp, Cyst

1. Where was the growth located?
2. When was it removed and how (surgery, burned off, radiation)?
3. Was the growth benign, premalignant or malignant?
4. Was any treatment or follow-up needed after it was removed?

Other Conditions (Not listed)

Include the complete name, address, zip code, and telephone number of the attending physician (and specialty, if known).

1. When was the doctor visit? (Give dates and reason for visit.)
2. What tests were done?
3. What did the doctor call the ailment or disorder?
4. Was medication prescribed? If yes, include the name of the medication.
5. Is medication still being taken? If not, when was it stopped and why?
6. Are there any symptoms or episodes? How often? Include dates.
7. Is there any residual impairment?
8. Were any other doctors seen?
9. Is the applicant having any kind of routine medical follow-up or special test for any disorder? (e.g., cancer screening, PSAs, lab tests, EKGs, CAT Scans, MRIs)

Commonly Used Drugs

Accutane.....Acne
 Aciphex.....Gastrointestinal
 Aldomet.....High Blood Pressure
 Aldoril.....High Blood Pressure
 Allopurinol.....Gout
 Alupent.....Asthma
 Ambien.....Sedative
 Amitriptyline.....Anxiety/Fibromyalgia
 Amoxicillin.....Antibiotic
 Anaprox.....Nonsteroidal Anti-inflammatory Drug
 Antabuse.....Alcohol Abuse
 Antivert.....Dizziness
 Apresoline.....High Blood Pressure
 A.S.A.....Aspirin
 Atarax.....Antihistamine
 Atenolol.....Cardiovascular
 Atromid.....Cholesterol
 Augmentin.....Antibiotic
 Azulfidine.....Gastrointestinal/Crohn’s Disease
 Bactrim.....Urinary Tract Infection
 Beclovent.....Asthma
 Beconase Inhaler.....Asthma
 Biaxin.....Antibiotic
 Brethine.....Asthma
 Calan.....Cardiovascular
 Capoten.....High Blood Pressure
 Carafate.....Ulcer
 Cardizem.....Cardiovascular
 Catapres.....High Blood Pressure

Ceftin.....Antibiotic
 Celebrex.....Nonsteroidal pain
 Chlorothiazide.....Diuretic
 Cipro.....Bladder Infection
 Claritin.....Allergies
 Clinoril.....Nonsteroidal Anti-inflammatory Drug
 Clonidine.....High Blood Pressure
 Compazine.....Anxiety or Gastrointestinal
 Corgard.....Cardiovascular
 Coumadin.....Blood Thinner
 Cylert.....Attention Deficit Disorder
 Darvocet.....Tranquilizer/Pain Killer
 Decadron.....Steroid/Arthritis
 Demerol.....Pain
 Dexedrine.....Stimulant/Diet Pill
 Diabinese.....Diabetes Mellitus
 Diazepam.....Tranquilizer
 Digoxin.....Cardiovascular, Congestive
Heart Failure
 Dilantin.....Convulsion/Seizure
 Donnatal.....Gastrointestinal
 Elavil.....Anxiety
 Enduron.....Diuretic
 Entex.....Decongestant
 Feldene.....Nonsteroidal Anti-inflammatory Drug
 Fiorinal.....Headaches
 Fosamax.....Osteoporosis
 Gleevec.....Cancer
 Glucophage.....Diabetes Mellitus
 Glucotrol.....Diabetes Mellitus
 Glyburide.....Diabetes Mellitus



Some information may vary by state and product. Please refer to the sales materials.

Gold Shots.....	Rheumatoid Arthritis	Prevacid	Gastrointestinal
Halcion	Sedative	Prilosec.....	Gastrointestinal
Haldol.....	Psychosis	Procan-SR.....	Antiarrhythmic
Hydrochlorothiazide (HCTZ).....	Diuretic	Procardia	Cardiovascular
Hydrodiuril	Diuretic	Propranolol.....	Cardiovascular
Hygroton.....	Diuretic	Proventil.....	Asthma
Imipramine.....	Depression	Provera.....	Hormone
Imitrex.....	Migraines	Prozac.....	Depression
Inderal	Cardiovascular	Questran.....	Cholesterol
Indocin.....	Nonsteroidal Anti-inflammatory Drug	Quinidine	Antiarrhythmic
Insulin.....	Diabetes Mellitus	Reglan	Gastrointestinal
Isoptin.....	Cardiovascular	Regroton	High Blood Pressure
Isordil.....	Cardiovascular	Relafen	Nonsteroidal Anti-inflammatory Drug
Keflex.....	Antibiotic	Remeron	Depression
Lanoxin.....	Cardiovascular, Congestive Heart Failure	Rescriptor.....	AIDS/HIV
Lasix.....	Diuretic	Restoril.....	Sedative
Levaquin	Antibiotic	Retrovir (Formally known as AZT).....	HIV/AIDS
Levodopa.....	Parkinson's Disease	Ritalin.....	Attention Deficit Disorder
Levoxyl	Thyroid	Rufen.....	Nonsteroidal Anti-inflammatory Drug
Librium.....	Anxiety	Sinequan.....	Depression
Lipitor.....	Cholesterol	Singulair.....	Asthma
Lithium.....	Psychosis	Slo-bid.....	Asthma
Lopid	Cholesterol	Synthroid	Thyroid
Lopressor.....	Cardiovascular	Tagamet	Gastrointestinal
Lorazepam	Tranquilizer	Tamoxifen	Cancer
Lozol	Diuretic	Tegretol	Convulsions
Luvox	Depression	Tenormin	Cardiovascular
Maxzide.....	High Blood Pressure	Theobid.....	Asthma
Meclizine	Dizziness	Theo-dur	Asthma
Mellaril	Psychosis	Thorazine	Psychosis
Methotrexate.....	Cancer, Rheumatoid Arthritis	Timoptic.....	Glaucoma
Mevacor.....	Cholesterol	Tofranil	Depression
Micronase	Diabetes Mellitus	Tolectin.....	Nonsteroidal Anti-inflammatory Drug
Minipress	High Blood Pressure	Tolinase	Diabetes Mellitus
Moduretic	Diuretic	Tranxene.....	Anxiety
Nadolol	Cardiovascular	Unipres	High Blood Pressure
Naldecon.....	Antihistamine	Valium	Anxiety
Naprosyn	Nonsteroidal	Vanceril.....	Asthma
.....	Anti-inflammatory Drug	Vasotec.....	Cardiovascular
Nasalide.....	Allergies	Ventolin.....	Asthma
Neurontin	Pain, Nerve Involvement	Verapamil	Cardiovascular
Nitro-bid.....	Chest Pain	Viagra.....	Impotence
Nitro-dur	Chest Pain	Visken	Cardiovascular
Nitroglycerin.....	Chest Pain	Vistaril.....	Antihistamine
Norpace.....	Antiarrhythmic	Wellbutrin.....	Anxiety/Depression
Nortriptyline.....	Anxiety	Xanax	Anxiety
Ortho-novum	Hormones	Zantac	Gastrointestinal
Pamelor.....	Anxiety	Zestril.....	High Blood Pressure
Paxil.....	Anxiety	Zithromax.....	Antibiotic
Pepcid	Gastrointestinal	Zocor	Cholesterol
Percodan.....	Pain	Zolofl.....	Anxiety
Persantine.....	Angina	Zovirax	Herpes
Phenobarbital	Convulsions/Seizures	Zyloprim	Gout
Prednisone	Steroid	Zyrtec.....	Allergies

Some information may vary by state and product. Please refer to the sales materials.

Common Medical Terms and Definitions

Amenorrhea

Absence of menstruation.

Anemia

A reduction in hemoglobin or in the volume of packed red blood cells.

Angina

Severe pain and constriction about the heart, caused by an insufficient supply of blood to the heart.

Anorexia

Lack or loss of appetite for food.

Aphasia

Loss of ability to communicate orally or in writing and to understand spoken or written language.

Apnea

Cessation of breathing.

Atrophy

Wasting away of an organ, muscle, or other tissue.

Bradycardia

A slow heart rate, less than 60 beats per minute.

Calculus

A stone-like mass.

Cancer

Any malignant growth or tumor.

Cellulitis

An inflammation of the skin and subcutaneous tissues.

Cephalgia

A general term referring to headache from any cause.

Claudication

Characterized by severe pain in the legs during walking and relieved by rest (usually referred to as intermittent claudication).

Congenital

Disorders or defects existing at birth and originating during the gestation period.

Cretinism

Arrested physical and mental development with wasting of bones and soft tissues; due to lack of thyroid function.

Cyst

A thin-walled sac in which there is retention of blood, other fluid, or semisolid secretions.

Diplopia

Double vision.

Diverticulum

A small pouch or sac in the muscular wall of a tubular organ.

Dysmenorrhea

Painful menstruation.

Dysphagia

Pain or difficulty in swallowing.

Some information may vary by state and product. Please refer to the sales materials.

Dyspnea

Difficult or labored breathing.

Dysuria

Painful or difficult urination.

Ectopic

Located away from the normal position; tubal or ovarian pregnancy.

Edema

Presence of abnormally large amounts of fluid in the tissues of the body.

Enuresis

Involuntary voiding of urine, especially during sleep.

Epistaxis

Nosebleed.

Euthyroid

Normally functioning thyroid gland or normal thyroid hormone levels.

Febrile

Having a fever.

Flaccid

Weak or soft.

Hematoma

A mass or collection of blood that has escaped from the vascular system into the soft tissues.

Hemiplegia

Paralysis limited to one side of the body.

Hemoptysis

Coughing up blood.

Hypertrophy

Abnormal enlargement of a tissue or organ.

Idiopathic

Of unknown cause.

Infarct

An area of tissue death due to deprivation of blood.

Ischemia

A deficiency of oxygen to a tissue or organ due to inadequate blood supply.

Lymphadenopathy

Disease of the lymph nodes characterized by enlargement.

Lysis

A loosening, releasing, or dissolving.

Malaise

A vague feeling of generalized bodily aching or discomfort.

Malignant Melanoma

The deadliest of the skin cancers.

Metastasis

The spread of malignancy or transfer of disease from one organ to another or another part of the same organ.

Some information may vary by state and product. Please refer to the sales materials.

Metrorrhagia

Uterine bleeding occurring at irregular intervals and sometimes prolonged.

Morbidity

The condition of being sick or affected with disease.

Necrosis

Death of tissue.

Nocturia

Excessive urination at night.

Nystagmus

Involuntary, rhythmic, rapid oscillation of the eyeball.

Orthopnea

Inability to breathe with comfort except in the upright position.

Paranoia

A mental disorder characterized by delusions of persecution.

Paraplegia

Paralysis of both legs and the lower part of the body.

Paresthesia

Abnormal sensation on the skin surface.

Paroxysmal

Characterized by sudden recurrences of pain, spasm, or other attacks.

Pes Planus

Flat foot.

Plantar

Pertaining to the sole of the foot.

Polycythemia

Excessive number of circulating red blood cells.

Polyuria

Passage of a large quantity of urine.

Postprandial

The time after a meal.

Prognosis

Forecast concerning the probable course and severity of an illness, injury, or operation.

Pruritus

Marked itching of the body's surface.

Purulent

Characterized by the formation of or presence of pus.

Quadriplegia

Paralysis of all four extremities.

Remission

A lessening of manifestations of disease which often have recurrences.

Stenosis

A narrowing or contraction of a duct, canal, vessel, or heart valve.

Some information may vary by state and product. Please refer to the sales materials.

Syncope

A sudden temporary loss of consciousness.

Thrombosis

The formation or presence of a blood clot in the circulatory system.

ABBREVIATIONS AND TERMS USED IN MEDICAL RISK MANUAL

ADC: Action Depends on Cause. When this abbreviation appears, the disorder is usually secondary to another disorder or an acute event such as an accident. The underwriting action for the listed disorder will depend upon the primary cause.

APS: Attending Physician's Statement required. Underwriting will request medical records from the attending physician (or current physician) having relevant information about the disorder. Conditions requiring medical records are noted with asterisks (*). Underwriting reserves the right to order medical records if the applicant's medical history needs further clarification, even if the condition is not noted as such.

DEC: Decline. When this abbreviation appears, the listed disorder carries a financial risk that cannot be effectively rated without creating a contract with questionable value for the applicant.

PP: Postpone consideration. When this abbreviation appears, the listed disorder carries a temporary financial risk that cannot be effectively determined until some change (surgery, passage of time in recovery) has taken place.

RATE: When the action is noted as rate, a premium increase is likely to be offered for the condition referenced. The combined risk presented by multiple coexisting conditions is often greater than the sum of the risks presented by each disorder individually. For example, a hypertensive may be eligible, but an obese hypertensive may not be.

RIDER: If the probable action is to exclude a condition, "rider" will be indicated. In those states where exclusion riders are not permitted, a rating will be considered or the application may be declined. Where the alternative of a higher deductible is feasible, an offer for coverage with this option may be made as well.

Rx: Prescribed medications.

Std: Standard. When this abbreviation appears, coverage may be offered without an elimination rider or premium increase for the condition referenced.

UW: Underwriter.

Some information may vary by state and product. Please refer to the sales materials.

Declined Condition List

We do our best to offer coverage to as many applicants as possible. Unfortunately, some medical risks are too substandard, based on the amount of the incoming premium. To save time and effort, we are publishing a list of declined conditions (where allowed by law). **This is not an all-inclusive list.** See detailed medical risk section to follow.

HIV+, AIDS, or AIDS-Related Complex (ARC)	Hyperthyroidism
Addison's Disease	Idiopathic Thrombocytopenia Purpura (ITP)
Adrenal Gland Disorders	Intestinal Bypass (Ileal Bypass)
Age 60+, if not seen by a physician in past 12 months* (see side note)	Intracranial Hemorrhage/Stroke/TIA
Alcoholism (within 8 years)	Kaposi's Sarcoma
Alzheimer's Disease	Kidney Dialysis/Renal Failure/Polycystic Kidney
Aneurysm	Leukemia
Aplastic Anemia	Lou Gehrig's Disease/ALS
Ascites	Lymphoma
Autism	Marfan's Syndrome
Barrett's Esophagus	Meniere's Disease (flare up within 5 years)
Biliary Atresia	Mental Retardation
Bipolar Disorder (manic depressive)	Multiple Sclerosis
Cancer/Melanoma	Muscular Dystrophy
Cardiomegaly	Myasthenia Gravis
Cerebral Palsy (moderate/severe)	Narcolepsy
Chronic Interstitial Cystitis	Nephrotic Syndrome
Chronic Obstructive Pulmonary Disease	Obesity (morbid)/gastric stapling
Cirrhosis of the Liver	Optic Neuritis
Clotting Deficiency	Organ & Bone Marrow Transplants (pre and post)
Congenital Heart Disease	Organic Brain Syndrome
Congestive Heart Failure/Cardiomegaly	Pacemaker
Coronary Congenital Defects (tetralogy of fallot, transposition of the great vessels)	Paget's Disease
Coronary Artery Disease/angina (angioplasty, bypass, and MI)	Pancreatitis (acute within 5 years of treatment)
Crohn's Disease/Ulcerative Colitis/Regional Enteritis	Pancreatitis (chronic)
Cushing's Disease	Paralysis
Cystic Fibrosis	Paranoid Disorders
Diabetes (oral or injectable medications)	Parkinson's Disease
Down's Syndrome	Pending Inpatient Surgery
Driving while intoxicated (multiple offenses)	Peripheral Neuropathy/Peripheral Vascular Disease
Drug Abuse or Substance Abuse (within 7 years)	Pituitary Gland Disorders
Eating Disorders (within 7 years of treatment)	Pneumocystis Pneumonia
Emphysema	Polycythemia
Encephalitis (with residuals)	Polymyositis
Epilepsy/Seizures (grand mal within 4 years)	Pregnancy (current)
Esophageal Varices	Primary Pulmonary Hypertension
Fibromyalgia (within 3 years)	Psychotic Disorders/Major Depression/Bipolar/Schizophrenia
Gastrointestinal Bleeding (depending on cause)	Rheumatoid Arthritis (crest syndrome, scleroderma)
Glomerulonephritis (chronic)	Sarcoidosis
Growth Deficiencies (requiring growth hormone treatment)	Septal Defect (heart)
Heart Disease (mitral or aortic stenosis, angina, cardiomyopathy, congestive heart failure, endocarditis, Kawasaki disease, fibrillation, atherosclerosis, valve replacement)	Sickle Cell Anemia
Hemiplegia	Spina Bifida
Hemochromatosis	Stroke/CVA
Hemolytic Anemia	Suicide Attempt
Hemophilia/Thrombocytopenia	Systemic Lupus Erythematosus
Hepatitis—(any of the following: B, C, and alcoholic)	Thrombocytopenia
Hodgkin's Disease	Transient Ischemic Attack (TIA)
Huntington's Chorea	Tuberculosis
Hydrocephalus	Tuberous Sclerosis
	Valley fever (within 3 years)
	Vasculitis
	Ventricular Septal Defect
	Wegener's Granulomatosis

Some information may vary by state and product. Please refer to the sales materials.

** We'll consider the 60+ year old applicant when the following is received: Results of a complete physical exam (at the applicant's expense) to include:*

- vital signs
- review of bodily systems
- notation of all medication(s) being taken
- chemistry panel
- for male applicants, PSA (Prostate Specific Antigen)
- for female applicants, Pap and Mammogram

(Form is to be completed only when not seen by a licensed medical doctor in the last 12 months; not to be used in place of full medical records.)

Form is to be completed by a licensed medical doctor only.

MedOne Medical Risk Manual

The probable underwriting actions listed below are based upon the present status of the medical condition unless otherwise indicated.

* Medical Records Required.

A rating may apply in place of a rider.

A

Abnormal Uterine Bleeding

- Unoperated (2+ episodes)
 - Present to 4 years.....Rider
 - More than 4 yearsStandard
- Hysterectomy (non-malignant cause)
 - Present to 3 months.....Rider
 - More than 3 monthsStandard

Acne

- Mild, uncomplicatedStandard
- Others, treated with AccutaneRider

Addison’s Disease.....Decline

Adjustment disorders

- MildRate for Rx
- Moderate to severe.....Decline

Adrenal Gland DisordersDecline

Affective DisorderDecline

Age 60+

- * If seen by a physician in past
 - 12 months.Standard/Rate/Decline
- If not seen by a physician in past
 - 12 months.PP

AIDS/AIDS-Related Complex.....Decline

* **Alcoholism**

- Present to 8 years.....Decline
- More than 8 years with no recurrence and current liver function tests normalStandard to Decline
- DWI/DUIRate/Decline

Allergies

- Present, testing in progress.....Rider
- Seasonal, over the counter meds.....Standard
- Nonseasonal, Immunotherapy, SteroidsRider

Alzheimer’s DiseaseDecline

AmputationADC

Amyotrophic Lateral Sclerosis (ALS).....Decline

Anal Fissure

- Unoperated.....Rider
- Operated, complete recovery.....Standard

Anemia

- Aplastic.....Decline
- Hemolytic.....Decline
- * Iron Deficiency
 - MildStandard
 - ModerateRate/Decline
 - SevereDecline

* Pernicious

- MildRate
- Moderate to severe.....Decline
- OthersDecline

AneurysmDecline

AnginaDecline

* **Ankylosing Rheumatoid Spondylitis**

- Spine
 - Operated, complete recovery.....Rider
 - Unoperated.....Decline
- Other Joints
 - Symptomatic.....Decline
 - Asymptomatic
 - 0-5 years.....Rider
 - More than 5 yearsRate

* **Anorexia Nervosa**

- Present to 7 years.....Decline
- History of, recovered, normal weight maintained, psychotherapy discontinued
 - More than 7 yearsStandard

Anxiety/Adjustment Disorders

- MildStandard/Rate for Rx
- Moderate to severe.....Decline

Appendicitis

- Unoperated or operated less than 6 mos.....PP
- Operated, complete recovery
 - More than 6 monthsStandard
 - Others.....Contact AMS UW

Arrhythmia, Irregular Heart BeatsDecline

Arteriosclerotic Heart DiseaseDecline

* **Arthritis**

- Mild, on Rx.....Rider
- ModerateRider
- Severe.....Decline

AscitesDecline

* **Asthma**

- Mild.....Rider
- ModerateRider
- Severe.....Decline

Athlete’s Foot

- Mild.....Standard
- SevereRider

AutismDecline

B

Bartholin’s Cyst

- Present.....Rider
- History of, recovered.....Standard

* **Basal Cell Carcinoma**

- Present.....Rider/Decline
- Operated, complete removal, confined to epidermis, no metastasisStandard/Rider
- Others.....Contact AMS UW

Some information may vary by state and product. Please refer to the sales materials.

Bell's Palsy
 PresentDecline
 History of, recoveredStandard
 Recovered with residualsRider

Biliary AtresiaDecline

Bleeding from GI Tract/RectumADC

BlindnessADC

Bone Marrow TransplantationDecline

Bone SpurRider

Brain TumorDecline

Breast Augmentation/Implants
 Saline implants
 0-3 yearsRate/Rider
 More than 3 yearsStandard
 Silicone implantsRider
 If any leakage or surgery suggestedDecline

Bronchitis
 AcuteStandard
 SevereRider/Decline
 ChronicDecline

BuildSee Build Chart

*** Bulimia**
 Present to 7 yearsDecline
 History of, recovered, normal weight maintained, psych treatment discontinued more than 7 yearsStandard

Bursitis
 Acute, single attack
 Present to 6 monthsRider
 More than 6 monthsStandard
 Recurrent/chronic
 Present to 2 yearsRider
 More than 2 yearsStandard

Bypass, CoronaryDecline

Bypass, Intestinal (Ileal Bypass)Decline

C

Caesarean Section
 History ofStandard

Cancer
 * Testicular, local more than 8 yearsRate
 * Thyroid, local more than 7 yearsRate/Standard
 Lymph Node InvolvementDecline
 * Remission more than 5 years
Individual Consideration
 All othersDecline

Candidiasis
 PresentRider/Decline
 History of, recovered, (genitorinary)
 1-2 episodesStandard
 More than 2 episodes, or chronic
 Within 2 yearsRider
 More than 2 yearsStandard

Carcinoma in Situ
 Anus, oral cavity, pharynx, penis, scrotum, vulva
 PresentDecline
 * Operated, complete removal with no recurrence or residuals
 Within 3 yearsDecline
 More than 3 yearsRate/Decline
 OthersDecline

CardiomegalyDecline

CardiomyopathyDecline

Carpal Tunnel Syndrome
 PresentRider
 Surgically correctedStandard

Cataracts
 Congenital or Traumatic
 UnoperatedRider
 Operated, complete recoveryStandard/Rate
 Senile, not due to disease
 UnoperatedRider
 Operated
 Less than 3 yearsRider
 More than 3 yearsStandard/Rate
 With lens implantRate

Cerebral PalsyDecline

Cerebral-Vascular Accident (CVA or Stroke)Decline

Cervicitis
 PresentRider
 History of, recovered, single episodeStandard
 Recurrent episodes
 Less than 2 yearsRider
 More than 2 yearsStandard

*** Chest Pain**
 Cause knownADC
 Cause unknown, symptoms/treatment suggestive of coronary artery diseaseDecline

Chiropractic Care (Subluxation)Rider
Note: If specific diagnosis/condition is disclosed, refer to that disorder

Cholesterol, elevated lipidsRate/Decline

Chronic Obstructive Pulmonary Disease (COPD)Decline

Cirrhosis of the liverDecline

Cleft Lip/Cleft Palate
 Present, no other congenital defectsRider
 Surgically corrected, no residuals, all stages complete
 Less than 3 yearsRider
 More than 3 yearsStandard

Clotting DeficiencyDecline

*** Colitis**
 Spastic or irritable bowel, presentRate
 History of, or one attack in past 24 monthsStandard
 Recurrent attacks
 Less than 2 years since last attackRider
 More than 2 yearsStandard

Collagen Diseases (Connective Tissue Disease)
 History of localized scleroderma, no subcutaneous involvementDecline

** Medical Records Required.*

A rating may apply in place of a rider.

Some information may vary by state and product. Please refer to the sales materials.

* Medical Records Required.

A rating may apply in place of a rider.

ConcussionADC	Sebacous/Sublingual/Branchial
Congenital Heart DiseaseDecline	Present, no critical organsRider
Congestive Heart FailureDecline	RemovedStandard
* Convulsions	Involvement of critical organsDecline
Grand mal, generalized, myoclonic,	Others.....Contact AMS UW
clonic-tonic, atonicDecline	Cystic FibrosisDecline
More than 5 years since last seizureRider	Cystitis
Jacksonian, focal, partial, petit mal, absence	Single episode, mild, current urinalysis
0-5 years since last seizureDecline	normalStandard/Rate
5 years since last seizureStandard	Recurrent episodesRider
Coronary Congenital DefectsDecline	Chronic Interstitial.....Decline
Coronary Heart DiseaseDecline	Cystocele, Rectocele, Urethrocele
Costochondritis	Present.....Rider
PresentRate	History of, operated, complete recovery
Resolved.....Standard	Less than 6 monthsRider
Crohn's Disease (Regional Enteritis)	More than 6 monthsStandard
PresentDecline	D
* Cushing's Disease	Deafness
PresentDecline	Unilateral, slight to moderate.....Standard
Benign cause, history of, recovered, unilateral	All Others.....Rider
involvement. Tumor excised,treated with radiation,	DementiaDecline
no evidence of hypertension, adrenal function normal	Depression, Major or ManicDecline
More than 7 yearsStandard/Rate	Dermatitis
Cyst, except Ovarian	Mild.....Standard
Baker's	Frequent or severe attacks.....Rider
UnoperatedRider	Deviated Nasal Septum
Operated, recovered.....Standard	Unoperated.....Rider
Breast, biopsied, no family history of	Operated, complete recovery.....Standard
breast cancer.....Standard	Diabetes
Chocolate/Follicular Present, BenignRider	Oral or injectable medications.....Decline
History of, spontaneous	Diet ControlledRate/Decline
disappearanceStandard/Rate	Discoid Lupus Erythematosus
Operated, unilateral oophorectomy	Present to 3 years.....Decline
or removal of cystStandard	History of, complete recovery
EpithelialStandard/Rider	More than 3 yearsStandard
Liver, present.....Decline	* Diverticulitis (colon)
Lung, presentDecline	Unoperated
Operated, complete recovery, no residual	One attack
pulmonary impairment of function.....Standard	Present to 2 years.....Rider
Nabothian, present.....Rider	More than 2 yearsRate
History of, recovered single episodeStandard	Multiple attacks
Recurrent episodes	Less than 1 yearDecline
Less than 2 yearsRider	More than 1 yearRate/Rider
More than 2 yearsStandard	Down's SyndromeDecline
Pancreatic	* Drug Abuse/Drug Use
Unoperated.....Decline	Present to 7 years.....Decline
Operated	More than 7 yearsRate/Decline
Less than 2 yearsDecline	Dysmenorrhea
More than 2 yearsStandard/Rate	Present to 2 yearsRider
Pilonidal	More than 2 yearsRate
Present or recurrent.....Rider	E
RemovedStandard	EarachesSee Otitis
Renal, 1 cyst	
UnoperatedRider	
Operated, recovered, urinalysis normalStandard	

Some information may vary by state and product. Please refer to the sales materials.

Eczema
Mild.....Standard
Frequent or severe attacks.....Rider
* Edema.....ADC

EmphysemaDecline

EncephalitisDecline

Endocarditis
With residuals.....Decline
RecoveredRate/Decline

* **Endocervicitis, Cervicitis**.....ADC

Endometriosis
Total Hysterectomy, recoveredStandard
All Others.....Rider
Unoperated.....Rider

Endometritis
PresentDecline
Recovered to 1 yearADC
More than 1 yearStandard

Epididymitis
Cause known.....ADC
Cause unknown
Present or less than 2 years since last attackRider
Single episode or more than 2 years
since last attack.....Standard

* **Epilepsy**
Grand mal, generalized, myoclonic,
clonic, atonic.....Decline
0-5 years since last seizureDecline
More than 5 years since last seizureRider
Jacksonian, focal, partial, petit mal, absence
0-5 years since last seizureDecline
5 years since last seizureStandard

Epstein-Barr Virus
Prompt recovery, no residualsStandard
All othersADC

Esophageal Reflux/Esophagitis
Cause known.....ADC
Cause unknown, no surgery anticipated, controlled
with Rx.....Rider

Esophageal VaricesDecline

Esotropia (Cross Eye), Exotropia (Wall Eye), Strabismus (lazy eye), Hypertropia
Unoperated.....Rider
Surgery complete, recovered
Less than 2 yearsRider
More than 2 yearsStandard

F

* **Fatty Liver**
Cause known.....ADC
Cause unknown, presentDecline
History of, recovered, no residuals, liver function
tests normal, no alcohol or toxic substance exposure
more than 1 yearStandard

Fibrillation, Atrial or Ventricular.....Decline

Fibrocystic Disease of the Breast
Malignancy ruled out, mammography completed,
mild no treatment.....Standard/Rider
Mammography not doneRider

Fibroids, Uterine (Leiomyomas, Myomas, Tumors)
Present, no surgery anticipatedRider
Surgery anticipated or completed
Less than 3 monthsRider
Operated
More than 3 monthsStandard

Fibromyalgia
Within 3 yearsDecline
More than 3 years.....Rate/Decline

Fracture
Multiple fracture presentPP
Spinal cord damage.....Decline
Others
Present to 3 yearsRider/Standard
More than 3 yearsStandard
With pins or hardwareRider

G

Gallbladder Conditions
Cholecystitis, one attack, complete recovery
Less than 2 yearsRider
More than 2 yearsStandard
Multiple attacks,
Present to 5 years.....Rider
More than 5 years.....Standard/Rider
Cholelithiasis (stones)
PresentRider
Operated, no stones remaining
Less than 3 monthsRider
More than 3 monthsStandard

* **Gastric Stapling**
Surgery complete to 4 years, weight stable....Decline
More than 4 years, weight stableRate

Note: Ratings in addition to rating for current build.

Gastritis/Gastroenteritis
PresentPP
History of, recoveredStandard
Occasional mild attacksStandard
Frequent or chronic
1-3 years since last attack.....Rate/Decline
More than 3 years since last attackStandard

Gastroesophageal Reflux (GERD)
Cause known.....ADC
Cause unknown, no surgery anticipated, controlled
with Rx.....Rider

Gastrointestinal Bleeding
(dependent on the cause).....Decline

Glaucoma/adequately controlled
Simple, controlled with Rx.....Rider
Operated less than 3 years.....Rider
Operated more than 3 yearsStandard
Secondary glaucoma.....ADC

** Medical Records Required.*

A rating may apply in place of a rider.

Some information may vary by state and product. Please refer to the sales materials.

* Medical Records Required.

A rating may apply in place of a rider.

* Glomerulonephritis	Decline
Operated by nephrectomy.....	See Nephrectomy
Unoperated	
Acute, complete recovery, urinalysis and blood pressure normal, no complications	
One attack	
Present to 3 years since attack	Decline
More than 3 years	Rate/Standard
Two attacks	
Present to 5 years since last attack.....	Decline
More than 5 years.....	Standard/Rate/Decline
Chronic	Decline
Goiter	
Present and Toxic (hyperthyroid).....	Decline
Nontoxic (Euthyroid)	
Solitary nodule, malignancy ruled out	Rider
Solitary nodule, malignancy not ruled out	Decline
Gout, Gouty Arthritis	
Infrequent attacks, uncomplicated, no other cardiovascular impairments.....	Standard/Rider
Others.....	Decline
Growth Disorder	
If growth hormone treatment.....	Decline
Gynecomastia	
Unoperated.....	Rider
Operated, complete recovery.....	Standard
H	
Hay Fever	
Present, testing in progress.....	Rider
Seasonal, over the counter meds	Standard/Rider
Nonseasonal, Immunotherapy, or on steroids.....	Rider
Headache	
Mild, occasional, no Imitrex or other similarly priced medication	Standard
Severe or frequent	Rider/Decline
* Head Injuries	
Complete recovery, no residuals	
Unconscious less than 1 hour	
Less than 6 months ago	PP
More than 6 months ago	Standard
With residuals and all others.....	Decline
Hearing Loss	
Unilateral slight to moderate.....	Standard
Others.....	Rider
Heart Attack/Myocardial Infarction	Decline
Heartburn	ADC
Heart Enlargement	Decline
Heart Failure	Decline
* Heart Murmur	
Functional/Innocent without underlying heart disorders.....	Rate
Others.....	Decline
Hemiplegia	Decline
Hemochromatosis	Decline
Hemophilia	Decline
Hemorrhoids	
Unoperated, asymptomatic.....	Standard
Unoperated with recurrence, surgery anticipated ..	Rider
Operated, complete recovery.....	Standard
* Hepatitis A, B, C	
Hepatitis A	
Present to 6 months	Decline
More than 6 months	Standard/Rate
Hepatitis B, C, & Alcoholic.....	Decline
Hernia	
Operated, complete recovery	
Less than 1 year	Rider
More than 1 year	Standard/Rider
Unoperated.....	Rider
Herniated Disc/Ruptured Disc	
Present to 5 years	Rider
More than 5 years	Standard/Rider
Herpes (Genital)	
Single episode	Rate
If on Rx	Rider
Multiple episodes	
Present to 3 years	Rider
More than 3 years	Rate
Hip Replacement	
Present to 5 years	Rider
5-10 years.....	Standard
More than 10 years.....	Rider
HIV Positive	Decline
Hives	
Infrequent attacks.....	Standard
Frequent, severe attacks	Rider
Hodgkin's Disease	Decline
Huntington's Chorea	Decline
Hydrocele	
Unoperated.....	Rider
Operated, complete recovery.....	Standard
Hydrocephalus	Decline
* Hydronephrosis	
Present to 1 year	Decline
Unoperated, recovered, all tests normal	
More than 1 year	Standard
Operated	
Present to 2 years	Decline
More than 2 years	Standard
Hyperactivity	
Mild, on Rx.....	Rate
Moderate to severe.....	Decline
History of, no residuals	Standard
* Hyperglycemia	ADC

Some information may vary by state and product. Please refer to the sales materials.

Hypertropia, Strabismus (lazy eye) Esotropia (cross eye), Exotropia (wall eye)

- Unoperated.....Rider
- Operated, complete recovery
 - Less than 2 yearsRider
 - More than 2 yearsStandard

*** Hypertension/High Blood Pressure**

- All applicants
 - Blood Pressure Inquiry.....ADC
 - 12 month average readings less than 150/90, one Rx or diet controlledRate
 - 12 month average reading more than 151/91 or on multiple RxRate/Decline

*** Hypoglycemia**

- Mild, infrequent, stableStandard
- Severe or frequent.....Decline

Hypothyroidism

- All cases with adequate controlStandard
- CretinismDecline

I

Idiopathic Thrombocytopenia Purpura (ITP)Decline

Impetigo

- Mild, Infrequent.....Standard
- Severe or frequentRider

Immune System Disorder

- * Selective Immunoglobulin A Deficiency Mild, infrequent, no associated impairmentsRate/Decline
- All others.....Decline

InfertilityRider

Intermittent ClaudicationDecline

Intestinal Bypass (Ileal Bypass)Decline

*** Iron Deficiency**

- Mild.....Standard
- Moderate.....Rate/Decline
- Severe.....Decline

Irregular Heartbeats, Arrhythmia,.....Decline

Irritable Bowel Syndrome

- PresentRate
- History of, or one attack in past 24 months....Standard
- Recurrent attacks
 - Within 2 years since last attackRate/Decline
 - More than 2 years since last attackStandard

J

Joint Replacement

- Anticipated surgeryDecline
- Replacement due to injury,physical therapy completed, no other joint problemsRider affected joint
- Hip Replacement
 - Present to 5 years.....Rider
 - 5-10 yearsStandard
 - More than 10 yearsRider

K

Kaposi's SarcomaDecline

Kidney Dialysis/Renal FailureDecline

Kidney Stones

- Present
 - UnilateralRider
 - BilateralDecline
 - History ofRider
 - More than 5 years one episodeStandard

Knee Disorders

- Sprain/Strain
 - Single episode within 1 yearRider
 - More than 1 yearStandard
- Chondromalacia
 - Unoperated or operated
 - Within 1 yearRider
 - Operated more than 1 yearStandard
- Fracture
 - Recovered, good mobility.....Standard
 - Operated, no pins or hardware
 - Within 1 yearRider
 - More than 1 yearStandard
 - Operated, with pins or hardwareRider

L

Labyrinthitis

- PresentPP
- History of, complete recovery Single episode ...Standard
- Recurrent episodes.....Contact AMS UW

LeukemiaDecline

Liver Disorders.....See specific disorder

Lordosis

- Unoperated or those treated by back brace only
 - Mild to ModerateRider
 - SevereDecline
- Operated with insertion of Harrington rods, hooks or spinal fusion
 - Complete recovery, no complications
 - Less than 1 yearPP
 - 1-3 years.....Rider
 - More than 3 yearsStandard

Lupus, SystemicDecline

Lyme Disease

- PresentPP
- History of, recovered, treated with Antibiotics
 - Less than 6 monthsPP
 - More than 6 months.....Standard/Rate/Decline
- With neurologic, cardiac manifestation
 - Less than 2 yearsPP
 - More than 2 yearsStandard

** Medical Records Required.*

A rating may apply in place of a rider.

Some information may vary by state and product. Please refer to the sales materials.

* Medical Records Required.

A rating may apply in place of a rider.

* Lymphadenopathy	
Cause known, single node, serious condition ruled out.....Standard	
Multiple nodes, no systemic involvement	
Less than 1 year.....PP	
More than 1 year.....Standard	
Cause unknown	
Present.....Decline	
History of, recovered	
Single node	
Less than 6 months.....PP	
More than 6 months.....Standard	
Multiple nodes	
Less than 2 years.....PP	
More than 2 years.....Contact AMS UW	
LymphomaDecline	
M	
Macular DegenerationRider	
Manic Depression/BipolarDecline	
Marfan's SyndromeDecline	
Mastitis	
Malignancy ruled out, mammography completed, mild, no treatment.....Standard	
Mammography not done.....Rate/Rider	
MelanomaDecline	
Meniere's Disease	
(With flare up within 5 years.....Decline	
More than 5 years.....Rate/Decline	
Meningitis	
Present.....Decline	
History of mycotic or tuberculosis.....Decline	
History of, recovered, bacterial or viral	
Less than 6 months.....PP	
* More than 6 months.....Standard/Rate	
Menorrhagia, Metrorrhagia, Dysfunctional Uterine Bleeding	
Unoperated (2+ episodes)	
Present to 4 years.....Rider	
More than 4 years.....Standard	
Hysterectomy (non-malignant cause)	
Present to 3 months.....Rider	
More than 3 months.....Standard	
Menstrual DisorderSee specific disorder	
Mental RetardationDecline	
Migraine	
Mild, occasional, no Imitrex or other similar priced Rx.....Standard	
Severe or frequent.....Rider	
* Mitral Valve Prolapse	
Best cases: functional murmur, no cardiovascular symptoms, normal ECG, controlled with Rx.....Rate/Decline	
Mononucleosis	
Definite diagnosis, uncomplicated, prompt recovery.....Standard	
Multiple SclerosisDecline	
Muscle Spasms	
Currently symptomatic.....Rider	
Asymptomatic	
Less than 3 years.....Rider	
More than 3 years.....Standard	
Muscular DystrophyDecline	
Myasthenia GravisDecline	
Myocardial InfarctionDecline	
Myocarditis	
With influenza or other acute infection, recovered ... Standard	
With acute Rheumatic Fever, single attack	
Less than 2 years.....Decline	
More than 2 years.....Standard	
MyopiaStandard	
N	
NarcolepsyDecline	
* Nephrectomy (Unilateral)	
No urinary abnormality since operation, other kidney normal, urinalysis normal; due to trauma, congenital abnormality, benign tumor or solitary cyst	
Present to 1 year.....Decline	
More than 1 year.....Standard/Rate/Decline	
Due to nephritis, hydronephrosis, abscess, or stone	
Present to 2 years.....Decline	
More than 2 years.....Rate/Decline	
Due to malignancy.....Decline	
Due to polycystic kidney disease or Tuberculosis.....Decline	
* Nephritis (Glomerulonephritis)	
Operated by nephrectomy.....See Nephrectomy	
Unoperated	
Acute, complete recovery, urinalysis and blood pressure normal, no complications	
One attack	
Present to 3 years.....Decline	
More than 3 years.....Standard/Rate	
Two attacks	
Present to 5 years since last attack....Decline	
More than 5 years.....Standard/Rate	
Chronic.....Decline	
Nephrotic SyndromeDecline	
Neuralgia/Trigeminal Neuralgia	
Unoperated	
Present.....Decline	
History of, or operated, recovered	
Present to 2 years.....Rider	
More than 2 years.....Standard	

Some information may vary by state and product. Please refer to the sales materials.

Neuritis

- Nonspecific neuritis, simple neuritis
 - PresentRate/Decline
- History of, recovered
 - Cause knownADC
 - Cause unknown, single mild episode
 - Less than 3 monthsPP
 - More than 3 months.....Standard
 - Cause unknown, recurrent or severe
 - Less than 2 yearsDecline
 - More than 2 yearsStandard
 - Optic neuritisDecline

Neuropathy

- Autonomic.....Decline
- Guillain-Barre syndrome
 - PresentDecline
 - History of, complete recovery, no residuals, physical and occupational therapy complete
 - Present to 6 months.....PP
 - More than 6 months.....Standard

O

* **Obesity/Build**See Build Chart

Obsessive Compulsive

- MildRate/Standard
- Moderate
 - PresentDecline
 - History of, complete recovery, no continuing psychotherapy or Rx.....Standard
- Severe.....Decline
 - History of, complete recovery, no continuing psychotherapy,medication only
 - Present to 6 yearsDecline
 - More than 6 years.....Standard/Rate to Decline

Organic Brain SyndromeDecline

Osteoarthritis

- Mild, on Rx.....Rider
- ModerateRider
- Severe.....Decline

Osteopenia/Osteoporosis

- Mild, asymptomatic, incidental finding on X-rayStandard/Rate/Decline
- Moderate and Severe/Disabling.....Decline
- Due to Cushing's disease, hyper-thyroidism, or long-term steroid usageDecline

Otitis Externa/Media

- Acute
 - Single episode, recovered.....Standard
 - Multiple episodes, recovered
 - Less than 5 per year, clears with RxStandard
 - More than 5 per yearRider
 - Acute with fluid or hearing loss.....Rider

Chronic

- Present with tubes or buttons, recurrent infectionRider
- Asymptomatic, history of surgical correction
 - Present to 3 years.....Rider
 - More than 3 yearsStandard
- Symptomatic, possibility of tubesRider

Ovarian Cyst

- Present
 - Benign, malignancy ruled outRider
 - Others.....Decline
- History of, complete recovery, no residuals
 - Spontaneous disappearanceStandard/Rate
- Operated
 - Benign
 - Unilateral oophorectomy or removal of cyst onlyStandard
 - Bilateral oophorectomy
 - Present to 6 months.....Rider
 - More than 6 months.....Rate/Decline
 - MalignantDecline

P

PacemakerDecline

Paget's Disease.....Decline

* **Palpitations**ADC

Pancreatitis (acute within 5 years of treatment) ..Decline

* **Panic Disorder**

- Mild
 - PresentRate
 - History of, complete recovery, no continuing psychotherapy or medication.....Standard
- Moderate
 - PresentDecline
 - History of, complete recovery, no continuing psychotherapyor medication
 - Standard
- Severe.....Decline

Pap Smears

- Normal.....Standard
- Mild squamous atypiaStandard/Rider
- Mild dysplasia, moderate and severe dysplasia, Carcinoma-in-situRider/Decline
- Positive for malignancy, squamous cell carcinoma.....Decline

ParalysisDecline

Paranoid DisordersDecline

Parkinson's DiseaseDecline

** Medical Records Required.*

A rating may apply in place of a rider.

Some information may vary by state and product. Please refer to the sales materials.

* Medical Records Required.

A rating may apply in place of a rider.

* Pelvic Inflammatory Disease (PID)		Pneumonia, Pneumonitis	
Present.....	Rider	Present	Decline
History of, complete recovery, no residuals		History of, complete recovery	
Unoperated		Single episode	Standard
Single acute episode		Multiple episodes, no predisposing pulmonary or systemic disease	
Less than 1 year	Rider	Less than 2 years	Decline
More than 1 year	Standard	More than 2 years	Standard
Recurrent episodes		Pneumocystis Pneumonia/Pneumocystis Carinii ..	Decline
Less than 3 years since last episode	Rider/Decline	Pneumothorax	
More than 3 years	Standard	Traumatic	
Operated, no recurrence	Standard	Complete recovery	Standard
Peripheral Vascular Disease	Decline	Spontaneous Unilateral, complete recovery	
* Phlebitis, Thrombophlebitis, Thrombosis		1 or 2 episodes	Standard
Present to 1 year	Decline	3 or more episodes or bilateral	Decline
Superficial phlebitis, complete recovery.....	Standard	* Poliomyelitis	
Deep thrombosis, single site		Present	Decline
Single acute attack, complete recovery, no Rx currently		History of, recovered	
1-2 years.....	Rider	Mild/Moderate	Rider
More than 2 years	Standard	Severe	Decline
Multiple attacks, complete recovery, no Rx currently		Polycystic Kidney Disease	Decline
1-2 years	Decline	Polycystic Ovarian Disease	Rider
2-4 years.....	Rider	Polycythemia	Decline
More than 4 years	Standard	Polymyositis	Decline
* Phobias		* Polyp, Papilloma	
Mild		Cervix/Endometrial	
Present	Rate	Present	Decline
History of, complete recovery, no continuing psychotherapy or Rx	Standard	Operated, complete recovery	Standard
Moderate		Colon	
Present	Decline	Present	Decline
History of, complete recovery, no continuing psychotherapy or Rx.....	Standard	Operated, complete recovery	
Severe.....	Decline	1-3 years.....	Rider
Pilonidal Cyst		More than 3 years	Standard
Present on exam, or incised only, or recurrent.....	Rider	If more than 3 polyps	
Operated, complete recovery.....	Standard	Less than 5 years	Decline
Pink Eye	Standard	More than 5 years	Rider
Pituitary Adenoma	Decline	Larynx/Vocal Cord	
Pituitary Gland Disorders	Decline	Present	Decline
Plagiocephaly		Operated, complete recovery	
Present.....	Rider	Less than 4 years	Decline
History of, surgically corrected	Standard	More than 4 years	Standard
Plantar Fasciitis		Nasal	
Unoperated		Present	Rider
Over the counter Rx	Standard	Operated, complete recovery	
Other treatment	Rider	Less than 3 years	Rider
Operated, complete recovery		More than 3 years	Standard
Less than 3 months	Rate	Others.....	Contact AMS UW
More than 3 months	Standard	Pregnancy (Current)	Decline
* Pleurisy	ADC	Prostate Cancer	Decline
		* Prostatic Hypertrophy (BPH)	Rider
		Prostatitis	
		PSA test reading more than 4.0	PP/Decline
		Mild, infrequent episodes, urinalysis	
		Normal	Standard
		Chronic.....	Rider

Some information may vary by state and product. Please refer to the sales materials.

Psoriasis
 Mild, uncomplicatedStandard
 OthersRider

* **Psoriatic Arthritis**
 MildRider
 OthersDecline

Psychiatric ImpairmentsSee specific diagnosis

* **Pulmonary Embolism**ADC

Pulmonary HypertensionDecline

* **Pyelonephritis**
 Operated (nephrectomy), complete recovery
 Less than 2 yearsDecline
 More than 2 yearsRate
 Unoperated, complete recovery, urinalysis normal,
 one attack
 Less than 1 yearDecline
 More than 1 yearStandard
 Multiple attacksDecline

R

Radiculitis/Sciatica
 Cause knownADC
 Cause unknown, Single episode
 Present to 2 yearsRider
 More than 2 yearsStandard/Rate
 Cause unknown, Recurrent episodes,
 recovered
 0-4 years since last episodeRider
 More than 4 yearsStandard

* **Raynaud's Disease**
 Mild, not progressive or disabling, no atrophic
 changes
 Present to 2 years since diagnosisRider
 More than 2 yearsRider
 With sympathectomy, complete recovery
 0-2 yearsPP
 More than 2 yearsRider
 Others or SevereDecline

* **Reactive Airway Disease**
 MildRider
 ModerateRider
 SevereDecline

Rectocele
 PresentRider
 History of, operated, no residual urinary problems
 Less than 6 monthsRider
 More than 6 monthsStandard

Reflux
 Cause knownADC
 Cause unknown, no surgery anticipated, controlled
 with RxRider

Regional Enteritis
 PresentDecline

Renal FailureDecline

* **Respiratory (Syncytial) Virus (RSV)**
 No respiratory problems since RSV, single episode
 more than 6 months ago, no hospitalizations
 anticipatedRate
 OthersDecline

* **Retinal Detachment**Rider

* **Retinal Hemorrhage**ADC

Rheumatoid ArthritisDecline

Rhinitis
 Present, testing in progressRider
 Seasonal, over the counter medsStandard/Rider
 Nonseasonal, with immunotherapy, steroidsRider

Rosacea
 Infrequent attacks, mildStandard
 Frequent or severe attacksRider

Rotator Cuff Syndrome
 Surgery anticipatedDecline
 No Surgery anticipated
 Present to 1 yearDecline
 1-3 yearsRider
 3 years and upStandard

Surgery completed, no ongoing therapyStandard
 Surgery completed, ongoing therapyRider

Ruptured Appendixsee Appendicitis

Ruptured Disc
 Present to 5 yearsRider
 More than 5 years, complete recovery, no RxStandard

S

Sarcoidosis, PulmonaryDecline

SchizophreniaDecline

Sciatica/Radiculitis
 Cause knownADC
 Cause unknown, Single episode
 Present to 2 yearsRider
 More than 2 yearsStandard/Rate
 Cause unknown, Recurrent episodes, Recovered
 0-4 years since last episodeRider
 More than 4 yearsStandard

SclerodermaDecline

Scoliosis
 Unoperated or those treated by back brace only
 Mild-ModerateRider
 SevereDecline
 Operated with insertion of Harrington rods, hooks
 or spinal fusion
 Complete recovery, no complications
 Less than 1 yearPP
 1-3 yearsRider
 More than 3 yearsStandard
 With herniated disc treatment by fusionRider

Seborrhea
 Infrequent attacks, mildStandard
 Frequent or severe attacksRider

* *Medical Records Required.*

A rating may apply in place of a rider.

Some information may vary by state and product. Please refer to the sales materials.

* Medical Records Required.

A rating may apply in place of a rider.

* Seizures	
Febrile seizures, workup done, epilepsy ruled out	
Ages 0-10	Standard
Grand mal, generalized, myoclonic, clonic-tonic, atonic	Decline
More than 5 years since last seizure	Rider
Jacksonian, focal, partial, petit mal, absence	
0-5 years since last seizure	Decline
More than 5 years since last seizure	Standard
Septal Defect	Decline
* Sexually Transmitted Disease	
Condyloma	Rider
Herpes	Rider
Others	Contact AMS UW
Shingles	
Infrequent attacks, mild	Standard
Frequent or severe attacks	Rider
Sinusitis	
Infrequent acute attacks, recovered	Standard
Chronic	
Unoperated	Rider
Operated	
Less than 3 years	Rider
More than 3 years	Standard
Sleep Apnea	Rate/Rider/Decline
Spermatocoele	
Unoperated	Rider
Operated, complete recovery	Standard
Spina Bifida	Decline
Sprain or Strain (whiplash, muscle spasms)	
Currently symptomatic	Rider
Symptomatic	
0-3 years	Rider
More than 3 years	Standard
* Squamous Cell Carcinoma	
Present	Rate/Decline
Operated, complete removal, confined to epidermis, no metastasis	Standard
Others	Contact AMS UW
Stones, Kidney or Ureter	
Present	
Unilateral	Rider
Bilateral	Decline
History of	Rider
Strabismus (lazy eye), Esotropia (cross eye), Exotropia (wall eye), Hypertropia	
Unoperated	Rider
Surgery complete, recovered	
Less than 2 years	Rider
More than 2 years	Standard
Strain (back)/Subluxation	
Currently Symptomatic	Rider
Asymptomatic	Rate/Standard
Surgery anticipated	See Herniated Disc
Stroke	Decline
Suicide Attempt	Decline

* Syncope (fainting)	
Cause known	ADC
Cause unknown, one or two episodes, adequate neurological workup	
Less than 5 years since last episode	Decline
More than 5 years	Standard
More than two episodes in 5 years	Decline
Systemic Lupus Erythematosus (SLE)	Decline

T	
Temporomandibular Joint Syndrome (TMJ)	
Present	Rider
History of, complete recovery	
Less than 5 years since last symptoms	Rider
More than 5 years	Standard
Tendinitis	
Acute	
Single attack, uncomplicated	
Less than 6 months	Rider
More than 6 months	Standard
Recurrent attacks/Chronic	
Less than 2 years	Rider
More than 2 years	Standard
Thrombocytopenia	Decline
* Thrombophlebitis, Thrombosis, Phlebitis	
Present to 1 year	Decline
Superficial phlebitis, complete recovery	Standard
Deep thrombosis, single site	
Single acute attack, complete recovery, nomedication currently	
1-2 years	Rider
More than 2 years	Standard
Multiple attacks, complete recovery, no medication currently	
1-2 years	Decline
2-4 years	Rider
More than 4 years	Standard
Thyroid Gland Disorders Goiter (enlargement)/Hyperthyroidism	
Present	Decline
History of, Removal/Adequate control with Rx	
Less than 1 year	Rider
More than 1 year	Standard
Cretinism	Decline
Hypothyroidism, all cases with adequate control	Standard
TIC Doloureux/Trigeminal Neuralgia	
Unoperated, Present	Decline
History of, recovered	
Less than 2 years	Rider
More than 2 years	Standard
Tonsillitis	
Unoperated	
Chronic episodes	Rider
Acute or infrequent attacks	Standard
Tonsillectomy, recovered	Standard
Transient Ischemic Attack (TIA)	Decline

Some information may vary by state and product. Please refer to the sales materials.

Transplants.....Decline

Tremor

Benign essential tremor.....Rider
Others.....Decline

Trichomoniasis

PresentDecline
History of, complete recovery, no residuals
Less than 6 monthsRate
More than 6 monthsStandard

Tubal Pregnancy

History of, recovered.....Standard

Tuberculosis.....Decline

Tuberous SclerosisDecline

Tumor

MalignantDecline

U

Ulcerative ColitisDecline

*** Ulcerative Proctitis**

Less than 3 MonthsDecline
3 Months to 3 yearsRider
More than 3 years.....Rate/Rider

*** Ulcers, (Duodenal, Gastric, Peptic)**

Unoperated, PresentDecline
History of, complete recovery
Single episode, without bleeding
Less than 2 yearsDecline
More than 2 yearsRate
Operated/Multiple episodesDecline

Undescended Testicle

Unoperated.....Rider
Operated, complete recovery.....Standard

*** Urethral Stricture**

Present.....Rider/Decline
Single episode, corrected by dilatation,urinalysis normal
Less than 2 yearsRider
More than 2 yearsStandard
Recurrent episodes, corrected by dilatation, urinalysis normal, no kidney or bladder involvement
Less than 3 years since last episode.....Rider
More than 3 yearsRider

Urethritis

Single episode, urinalysis normal
Less than 1 yearRider
More than 1 yearStandard
Recurrent episodesADC

Urethrocele

Present.....Rider
Operated, complete recovery.....Standard

Urticaria

Infrequent attacks, mildStandard
Frequent or severe attacks.....Rider

V

Vaginitis

History of, recovered
Acute episodesStandard

Valve Replacement (heart).....Decline

Varicocele

Unoperated.....Rider
Operated, complete recovery.....Standard

Varicose Veins/Chronic Venous Insufficiency

Varicose VeinsRider
Chronic venous insufficiency.....Decline

VasculitisDecline

Ventricular Septal Defect (VSD)Decline

*** Vertigo**ADC

Vitreous Floaters

All casesStandard

W

Warts (not genital)

Infrequent attacks, mildStandard
Frequent or severe attacks.....Rider

Wegener's Granulomatosis.....Decline

Whiplash

Currently symptomatic.....Rider
AsymptomaticRider

Wolff-Parkinson-White Syndrome (WWW)

If successfully treated by radio frequency catheter ablation.....Standard
Others.....Decline

** Medical Records Required.*

A rating may apply in place of a rider.

Some information may vary by state and product. Please refer to the sales materials.

Impairment riders are not currently used in KY, MS, or UT.

Most-Utilized Impairment Riders

- Treatment for allergies including complications thereof.
- Migraine or headaches.
- Injury, disease, disorder of spine (including neck and back) or its nerve roots, ligaments, discs, muscles.
- Treatment for asthma and/or reactive airway disease including complications thereof.
- Gastroesophageal reflux disease or disorder to include any treatment for or complications thereof.
- Treatment for asthma, reactive airway disease or allergies including complications thereof.
- Disease or disorder of the _____ knee(s) and any complications thereof.
- Urinary calculus or stone including complications thereof.
- Disorder of _____ to include surgical repair or removal of internal fixation device.
- Genital herpes.
- Acne, including any operations or treatment for or complications thereof.
- Disease or disorder of lumbar/sacral spine or nerve roots, ligaments, discs, muscles. Fracture by trauma excepted.
- Injury, disease, disorder of cervical spine or nerve roots, ligaments, discs, muscles. Fracture by trauma excepted.
- Disorder of the eye(s) and any complications thereof.
- Disorder of the _____ shoulder(s) and any complications thereof.
- Endometriosis of the abdominal or pelvic organs including complications thereof.
- Glaucoma and any treatment or complications thereof.
- Treatment for breast neoplasm to include breast cancer or complications thereof.

Impairment riders may have a length of time assigned or be permanent. Typically a temporary rider will be assigned for 24 months. After the 24 month period, the client can request in writing, along with medical records, to have the rider removed. If no request is received, the rider will remain in effect. These requests are subject to underwriting approval. A permanent rider can not be removed.

Some information may vary by state and product. Please refer to the sales materials.

BUILD CHART – MALES				
Ages 15 and over				
HEIGHT Ft. In.	STANDARD WEIGHT IN LBS.	OVERWEIGHT RATING WEIGHT IN LBS.*		
		*10%	*20%	*35%
5-0	91-174	175	187	199
1	94-180	181	193	205
2	98-187	188	200	213
3	101-193	194	207	220
4	104-199	200	213	226
5	107-204	205	219	233
6	110-211	212	226	240
7	113-217	218	232	246
8	117-223	224	239	254
9	120-230	231	247	262
10	123-236	237	252	268
11	126-242	243	260	276
6-0	130-249	250	267	283
1	134-257	258	276	293
2	138-264	265	283	300
3	142-272	273	291	310
4	145-279	280	299	317
5	149-286	287	306	325
6	153-294	295	315	334
7	157-302	303	323	343
8	161-309	310	331	351

Any body build not meeting the standard build range will be subject to a medical review, which may result in a premium rating or decline.

**The percentage of increase is an approximate rating. The percentages are based on an average premium of \$240 per month from a sample population. The actual percentage of increase will vary depending on the premium generated.*

BUILD CHART – FEMALES				
Ages 15 and over				
HEIGHT Ft. In.	STANDARD WEIGHT IN LBS.	OVERWEIGHT RATING WEIGHT IN LBS.*		
		*10%	*20%	*35%
4-8	76-155	156	167	177
9	78-160	161	172	182
10	80-164	165	176	186
11	82-167	168	179	190
5-0	84-171	172	184	195
1	86-176	177	189	200
2	88-180	181	193	205
3	91-186	187	200	211
4	93-190	191	204	216
5	95-195	196	209	221
6	97-199	200	214	226
7	100-205	206	220	233
8	103-211	212	226	239
9	106-218	219	234	248
10	108-222	223	239	252
11	112-231	232	248	262
6-0	116-238	239	256	271
1	119-244	245	262	277
2	121-250	251	268	284
3	124-256	257	275	290
4	128-263	264	282	299

Some information may vary by state and product. Please refer to the sales materials.

Field Testing/Paramedic Services

In some states a non-invasive paramedic exam is required on the primary applicant age 18 to age 60. Contact your Broker Sales area for a state listing.

Effective Date

Applicants should not cancel their present plan until they receive written confirmation from the home office. If the coverage is approved, the underwriter will contact you to determine if your client would like the effective date to be the first or the fifteenth of the month following the approval date. Exceptions to these effective dates may be considered if the client has prior coverage and wants to avoid a lapse between coverages. We will not back date any effective date prior to the signature date of the application. Applications are valid for only 60 days following signature date.

If an applicant is issued for a fifteenth of the month effective date, and automatic bank draft or credit card is chosen as the payment option, the initial draft of the account will be for 1 1/2 months of premium.

Submitting Premium

Premium is due on the first day of each month. There is a 31 day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period unless we have been provided with prior written notice of termination. If premium is not received by the end of the grace period, all insurance will end as of the due date for premium and no expenses incurred during the grace period will be considered for benefits.

Some products may require quarterly, semi-annual, or annual premium payment, in which case premium is due on the first month in the multiple-month period. Failure to pay accordingly may result in termination.

Administration fees can be waived by choosing the Automatic Bank Draft option. With this method, the client's account will be charged for all amounts due on or around the first of each month.

If your client has selected the direct-bill method of payment*:

- Checks or money orders should be made payable to American Medical Security.
- The perforated stub from the billing statement should be included with payment.
- The envelope provided should be used to submit premium or, if there is no envelope available, send to the appropriate address below. The lockbox in Phoenix will serve customers in Arizona, Colorado, Kansas, Nevada, New Mexico, Oklahoma, Texas, and Utah. All other states will be served by the Louisville location.

Regular mail —

American Medical Security
P.O. Box 78548
Phoenix, AZ 85062-8548

American Medical Security
P.O. Box 9001004
Louisville, KY 40290-1004

Express mail —

American Medical Security
Attn: Automated Lockbox
1820 E. Sky Harbor Circle South
Phoenix, AZ 85034-9700

American Medical Security
Attn: Automated Lockbox
6716 Grade Lane Bldg 9
Louisville, KY 40213

Some information may vary by state and product. Please refer to the sales materials.

Western Union Quick Collect: available for express payments.

If you have questions regarding an account or billing method, or if your clients have questions regarding their account or billing method, the Administration Department will be happy to help. (Please see the extension listed on the billing statement.) Call AMS at (800) 232-5432, 24 hours a day, 365 days a year.

** Note: This is not available on all MedOne products, contact your Broker Sales area for details.*

Premium rates

Premium rates are calculated based on a variety of factors. As allowed by state law, these factors may include geographic location, provider network, distribution channels, selected benefits, age, gender, tobacco use, classes, health status of applicant and applicant's dependents, length of time insured under the plan, health status of an entire pool of insureds in which the applicant is included, administrative costs, and other factors. The initial premium rates are guaranteed for the first 12 months of coverage providing the applicant maintains residence in the geographic location. Thereafter, we reserve the right to periodically adjust the premium rates charged for coverage under the policy. We will provide advance written notice a minimum of 30 days prior to the effective date of a premium change, unless state law requires additional notice.

Premiums may also change on the next premium due after the date when:

- Applicant or applicant's dependent attains a higher age;
- A dependent is added to or terminated from the insurance plan; or
- Any benefit is changed, including but not limited to, increases or decreases in a benefit, or the addition or removal of a benefit from the insurance plan.

If a premium change is for one of the reasons stated above, we will notify the applicant as soon as possible about the change.

If we find that premiums are incorrect, we will:

- Make a refund for any amount of overpaid premiums; or
- Request payment for any amount of underpaid premiums.

We reserve the right to adjust administrative and/or service fees. We will notify the applicant prior to any change.

Adding a Dependent

All dependents added to an existing contract will be underwritten for all lines of coverage where permitted by law or regulation (exception: newborns or adopted children applying within 31 days of their eligibility date). A completed, signed, and dated application must be received for a spouse and/or child(ren), including newborns. The application should include the name and detailed medical and personal information for each dependent.

Effective Date of Coverage

If we receive the application within 31 days of marriage, birth, or adoption, the coverage will be effective on the date of marriage, birth, or adoption.

Change in Dependent Status

Information regarding a change in a covered dependents' status must be submitted in writing to us within 31 days of the change (i.e., divorce or dependent child gets married).

Some information may vary by state and product. Please refer to the sales materials.

Primary Insured Change

Underwriting and Administration will guarantee an offer of continued coverage when there is a primary insured change due to death, divorce, primary insured turns age 65 and becomes eligible for Medicare or when the primary insured is called up for active military duty. In all instances, the coverage will be repriced based on the risk of the family members continuing coverage.

Beneficiary Change

Your client must complete the beneficiary area on a new application or fill out the Change Request Form. The client must sign and date the application or form. The change cannot be made effective prior to the date we receive the request.

Plan Changes

Plan changes must comply with the following guidelines, and are allowed only at time of anniversary renewal:

- If your client is on a MedOne plan and wants to move to another MedOne plan with less benefits, submit this request in writing, accompanied by the quote.
- If your client is on a MedOne plan and wants to move to another MedOne plan with greater benefits, he or she must submit this request in writing, accompanied by the quote. The client must satisfy underwriting requirements.
- Plan changes must be received within 30 days prior to or 45 days after the renewal date.

Note: A new application is needed if vehicle is changing. (Example: Non-TNI to TNI)

Coverage Termination

Your client may terminate insurance at anytime by providing us written notice prior to the requested termination date. The termination date will be the first of the month. Insurance will terminate at 12:01 am Central Standard Time on the termination date.

Coverage is guaranteed renewable except when:

- Premium was due and not paid.
- We determine fraud or material misrepresentation.
- We do not renew all plans with the same type and level of benefits in the insured's state.
- We no longer sell similar health coverage in a given state.
- The insured/member moves to a state where, by law, we are not licensed to do business.
- The insured/member no longer resides or works in the network service area if covered by a network plan.
- The group Policy terminates.

If medical coverage is cancelled, all other coverages terminate on the same day.

Some information may vary by state and product. Please refer to the sales materials.

Dependent Termination

Coverage for dependents terminates on the date coverage for a client terminates.

To remove a dependent from coverage, the client must send a written and signed request. This request must include the requested termination date and/or the date of the following:

- Spouse is no longer a lawful spouse due to divorce or separation.
- Child marries.
- Child reaches the age of 19 (age 25 if a full-time student at an accredited school, college, or university) and is not mentally or physically handicapped.
- Child ceases to be enrolled as a full-time student.

All coverages terminate at the end of the month.

Reinstatement

If your client's coverage has lapsed for nonpayment of premium, your client may be able to apply for reinstatement of coverage (not available in all states). If available in your client's state, the termination letter your client will receive outlines how the process works. Reinstatement is not guaranteed and may be subject to a non-refundable fee.

Some information may vary by state and product. Please refer to the sales materials.

(800) 232-5432 • www.eAMS.com



P.O. Box 19032, Green Bay, WI 54307-9032
(920) 661-1111 • (800) 232-5432

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