



**INDIVIDUAL LONG TERM CARE INSURANCE**

P R O D U C E R  
U N D E R W R I T I N G

**G u i d e**

For Producer Information Only

**New York  
LTC 03**

First Unum Life Insurance Company  
99 Park Avenue, 6th Floor  
New York, NY 10016  
[www.unumprovident.com](http://www.unumprovident.com)



# Individual Nursing Home and Home Care Insurance Underwriting Guide

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# Introduction

The Underwriting Guide has been developed to assist you with the sales, administration and field underwriting of Nursing Home and Home Care Insurance products. The Guide will provide you with an understanding of the risk selection process for applicants and will serve as an aid in determining an applicant's insurability.

The primary objective of the underwriting process is to collect, review and assess all relevant information on a Long Term Care applicant and to evaluate the risk to the Company associated with issuing coverage. To achieve optimum results, the underwriting process must begin with the Producer. Determination of the applicant's financial status (personal worksheet), current physical condition, need for Nursing Home and Home Care Insurance and complete health history is required at the time the application is taken. You have the advantage of seeing the applicant, assessing his/her risk and determining coverage eligibility.

We are all on the same team with the common goal of acquiring profitable business. Obtaining complete, accurate information from the applicant up front will enable us to make a more timely underwriting decision. The UnumProvident Long Term Care Underwriter will make the final risk determination.

Within the Guide we will address:

The appointment process, state requirements, replacement business, the application process, the products being marketed (please refer to your sales representative to confirm which product or products are marketed in your state), multi-life sales and medical guidelines. It is important that you be familiar with our processes prior to selling LTC insurance.

This Guide is not all-inclusive. You will, from time to time, encounter a situation and/or medical condition that is not listed in this Guide. When this does occur, or should you require further clarification on any of our guidelines, please contact your UnumProvident Representative. For quotes, call your UnumProvident Representative or our Sales Support Center.

Our Sales Support Center can be reached at: 1-877-322-7222.

Our Sales Support Center Fax Number is: 1-877-410-7768.

Our Enhanced Sales Program can be reached at: 1-877-322-7222.

Our Customer Service Number is : 1-800-331-1538.

Our Underwriting Pre-qualification Line is: 1-888-278-1176.

# New Business

## **Agent Appointment**

Be sure you are properly licensed and appointed with the appropriate UnumProvident Corporation subsidiary: First Unum Life Insurance Company, Unum Life Insurance Company of America or Provident Life and Accident Insurance Company (depending on product or products marketed in your state) before you take an application. Rules vary from State to State and some states have additional continuing education requirements or testing requirements prior to obtaining a license to sell Long Term Care Insurance. Please see your specific state's web-site for all licensing requirements in the states you are selling in.

To obtain an appointment, please call our Producer appointment desk at 1-800-633-7491.

## **State of Residence**

Policies will be issued based on the state of residence unless coverage is being made available through an employer. In situations where the employer is paying for or sponsoring the purchase of Long Term Care insurance, the application used can be that of the state the applicant works in.

In all situations, the Producer must be properly licensed in the state in which the application is taken and the contract is delivered prior to soliciting business.

## **Live/Work Rules**

- In all cases, the guidelines listed require the approval of the Long Term Care underwriting area.
- The premiums must contain an employer paid or sponsored discount (3+ employee lives).

As long as an employer has endorsed/sponsored or paid for a UnumProvident Long Term Care Insurance policy, an applicant can complete an application for either the state they work in, or the state they live in.

- If a client chooses an application in a state he/she lives in, the application, quote and all policy forms need to be for that state.
- If a client chooses an application in a state he/she does not live in or does not work in, the application, quote and all policy forms need to be from the state of residence.
- If a client chooses an application in the state he/she works in, then the application, quote and policy forms may be from either the state of residence or the state he/she works in. In this situation the employer must either endorse/sponsor or fund the LTC policy.

The Producer must be licensed to sell LTC in both the state that the application is taken in (sale and solicitation) and the delivery state of the applicant.

All First Unum LTC coverage must be solicited within NY. A First Unum appointed broker can not take a First Unum application outside of NY. First Unum is only licensed to do business in the state of NY and, therefore, no Unum Life Insurance Company of America or Provident Life and Accident Insurance Company coverage may be solicited in NY.

One on One sale, no employer endorsement/sponsorship or funding:

The individual will be issued a quote, application and policy form in the residence state.

## **Live/Work Rules continued**

### **Examples**

#### **1. ILTC Voluntary or Employer Funded coverage:**

*The employer lives in State A and the employee lives in State B, in what state can the employee purchase coverage?*

The employee can purchase coverage in State A because he/she works there or in State B because he/she lives there.

*The employer lives in State A and the employee and spouse live in state B, in what state can the employee and spouse purchase coverage?*

Both the employee and spouse can purchase coverage in State A or B. However, the spouse can only purchase in State A (work state) if the employee has also purchased in State A.

New York – we advise that the spouse purchase coverage in the state in which he/she lives, as they have no direct ties to benefits approved in the State of New York.

#### **2. Billing for a Voluntary or ER Funded coverage is done directly to the applicant:**

*The employer lives in State A and the employee lives in State B, in what state can the employee purchase coverage?*

The employee can purchase coverage in either state. The employer sponsorship of the LTC coverage is the trigger. Whenever possible, the bill should be sent to the workplace.

*The employer lives in State A and the employee and spouse live in State B, in what state can the employee and spouse purchase coverage?*

The employee and spouse can purchase coverage in either state. An employer sponsorship of the LTC coverage needs to exist. Whenever possible, the bill should be sent to the workplace. The spouse can only purchase in State A (work state) if the employee has also purchased in State A.

New York – we advise that the spouse purchase coverage in the state in which he/she lives as they have no direct ties to benefits approved in the State of New York.

### **Restrictive States**

We are required to ensure that a Producer is appointed in recognized restrictive states before the Producer solicits business in that state.

Should we receive an application dated prior to the Producer's appointment effective date in a restrictive state, the application cannot be processed.

Restrictive States:    North Carolina        Utah  
                                 Pennsylvania        Washington

New Hampshire broker appointments must be received within 15 days of submitted business.

### **State Requirements**

The application booklet contains all state specific requirements. Forms within the booklet labeled "Applicant Retains This Page" must be left with the applicant. All required forms must be completed and dated prior to submission.

Additional forms that must be given to the applicant at the time of solicitation include the:

Outline of Coverage,  
Shoppers Guide, and  
Conditional Receipt and Replacement forms (if applicable).

A Medicare Guide To Health Care Brochure should be given to each applicant eligible for Medicare and a Face-to-Face Assessment brochure should be given to each applicant age 70 and over.

## **Replacement Business**

### **Alabama, Kentucky, New York, Pennsylvania and Wisconsin**

Compensation for replacement policies is limited to the amount that would be paid by the replacing insurer as renewal premium.

### **California**

Compensation for a replacement policy will be paid at the renewal commission scale if the premium for the replacement policy is equal to or less than the original policy's premium. However, if the replacement premium exceeds the original policy's premium, the amount that exceeds the original premium will be paid using UnumProvident's first year commission scale and the balance will be paid using the renewal commission scale.

It will be the Producer's responsibility to provide us with the original policy's Schedule of Benefits showing the original premium paid. If we do not receive the original premium Schedule of Benefits, all premium will be paid at the renewal commissions scale.

### **Indiana and North Carolina**

When an inforce UnumProvident LTC policy is being replaced with a UnumProvident LTC policy, commissions payable will be paid at the renewal commission scale rate if the premium for the replacement policy is equal to or less than the original policy's premium. However, if the replacement premium exceeds the original policy's premium, and the benefits under the new policy are greater than the benefits under the old policy, the amount that exceeds the original premium will be paid with UnumProvident's first year commission scale and the amount under the original premium will be paid at renewal commission scale.

When an inforce UnumProvident LTC policy is replacing another carrier's LTC policy, the broker will need to submit, with the application, the old policy schedule showing old policy provisions – old benefit amount, old benefit percentage, or old benefit coverage (i.e. Nursing Facility only) and the old premium amount.

We will pay UnumProvident first year commission scale if the benefits under the new policy are greater than the old policy benefits and the new premium is greater than the premium paid on the replaced policy.

It will be the Producer's responsibility to provide UnumProvident with the original policy's Schedule of Benefits showing the original benefits and the original premium paid. If we do not receive the original Schedule of Benefits, all premium will be paid at the renewal commission scale.

### **Virginia**

When an inforce UnumProvident LTC policy is being replaced with a UnumProvident LTC policy, commissions payable will be paid at the renewal commission scale rate if the premium for the replacement policy is equal to or less than the original policy's premium. However, if the replacement premium exceeds the original policy's premium and the benefits under the new policy are greater than the benefits under the old policy, the amount that exceeds the original premium will be paid with UnumProvident first year commission scale and the amount under the original premium will be paid at renewal commission scale.

When an inforce UnumProvident LTC policy is replacing another carrier's LTC policy, the new policy will be issued with first year commission scale on the entire policy.

Group Long Term Care is not subject to the replacement rules listed above.

### **Power of Attorney/Conservatorship**

UnumProvident will accept applicants who have a Power of Attorney agreement providing it is not activated due to any past or present mental or physical disabilities. In all circumstances, the applicant will be required to sign the LTC application. Applicants who have a Conservator appointed by the courts will not be eligible for coverage.

### **Medicare and Medicaid**

Individuals with Medicare and Medicare Supplement policies may apply for Long Term Care coverage. Individuals eligible for Medicaid or similar government programs should determine if there is a need for additional coverage.

UnumProvident does not participate in any state partnership program.

### **Automatic Payment Plan**

The Automatic Payment Plan allows premium payments to be deducted from a policyholder's checking account upon request. The forms required to activate the plan are contained in the LTC application booklet.

Trust accounts are not eligible to participate in this program.

### **Delivery Requirements**

All delivery requirements will be indicated on the transmittal letter that accompanies the policy.

You have 30 days from the mailing date of the policy to deliver the policy and obtain any outstanding delivery requirements.

The application will not go into paid status and commissions will not be paid to you until all delivery requirements are met.

# The Application Process

## **The Application**

The application and all other required forms must be completed in full, and signed and dated in ink by the applicant.

All questions on the application must be directed to and answered by the individual applying for coverage.

If any of the questions in the Insurability Profile (Part 2), the Insurance History (Part 3) or the Medical Profile are incomplete or not answered, please do not submit the application.

Anyone wishing to purchase coverage for someone other than themselves may do so, however, the application must be completed and signed by the applicant.

The application is valid for 180 days after the application is signed.

When a prepayment is made with the application, the applicant's signature must be obtained on the appropriate pages of the application. Please note that you can only take one month's worth of premium in California and New Hampshire, regardless of the billing mode.

## **Changes to the Application**

All changes made to the application must be initialed by the applicant. The Producer cannot assume this responsibility.

## **Submitting the Application**

It is important that the application be submitted as soon as it is complete along with all the required forms. This will allow the timely ordering of any requirements that will be necessary to the underwriting process.

Complete applications should be sent to:

New Business Service Center  
2W, PO Box 180156  
Chattanooga, TN 37401

## **Non-Disclosure Policy**

Complete and accurate information is critical to the underwriting process. If significant information is not disclosed on the application, it could result in a declination of coverage whether the undisclosed information would have resulted in a declination or not. Additionally, undisclosed information could result in a decline without reconsideration in the future.

## **Obtaining Quotes**

There are several ways that you can obtain a quote from UnumProvident.

- You can obtain a CD from our quote center at: 1-888-226-7954;
- You can download the quote system to your PC by logging on to UnumProvident.com and selecting "Sales Partners", "Login";
- You can call the Sales Support Center for a quote at 1-877-322-7222.
- For individual sales, we are pleased to offer Producers direct access to sales professionals that can provide point-of-sale assistance, product positioning, cross sell opportunities, and access to marketing materials.
- Multi-life Employer Paid or Sponsored Sales can either work with their local sales representative to obtain quotes, large case proposals, GSI and non GSI offers and enrollment support; or they can be assisted by our Sales Support Center's Rating and Implementation Services.

# Policy Dating

## **Dating Definitions**

Approval Date	The date the underwriter approves issuance of the policy
Issue Date	The date the policy is issued
Policy Date	The date from which premium will be charged
Effective Date	The date coverage begins
Insurability Date	The date the application was signed by the applicant if the application is prepaid

## **Dating Rules — Individual Sale**

The dating of a policy, at the time of issue, is based on a number of factors. The following guidelines will be applied based on the characteristics of the case:

Prepaid Application	The policy date will be the current date plus ten days. The effective date will be the insurability date as determined by the underwriter.*
Non-prepaid Application	The policy date will be the current date plus ten days. The effective date will be the current date plus ten days.

\* In Colorado, the effective date will be the current date plus 10 days.

## **Conditional Receipt**

Conditional receipt is a term that applies to the concept of accepting premium with an application and thereby freezing the applicant's insurability date. If the application is approved in medical underwriting, the effective date is the date that the application is signed.\*

If the application is not approved, the company will have no liability under the conditional receipt and will refund the money to the applicant. Also, if the applicant becomes disabled during the underwriting process due to a condition that was not disclosed on the application, the company will have no liability.

\*In Colorado, the effective date will be the policy date.

## **Rating Age**

The rating age is the applicant's age as of the date that the application is signed. Premium is calculated using this age. The rating will not change after this date.

# Coverage

## Plan Design Availability

LTC 03	
Daily Benefit*	Metro \$100 - \$350 in \$10 increments non-metro \$70 - \$350 in \$10 increments
Elimination Period**	20, 30, 60, 90, and 180 days
Benefit Duration	2, 3, 4, 5, 6, 10 years or Lifetime

\* If you choose a 50% Total Home Care Benefit you must select a Facility Benefit equal to or greater than \$200.00.

If you choose a 75% Total Home Care Benefit you must select a Facility Benefit equal to or greater than \$150.00.

If you choose 100% Total Home Care Benefit you must select a Facility Benefit equal to or greater than \$100.00.

\*\* A 20 or 30 day elimination period is not available to 80 year old applicants.

## Discounts

UnumProvident offers various discounts to their clients based on certain criteria determined by the product sold. Please consult your sales representative to confirm which product is available for sale in your state.

### Spousal/Domestic Partner Discounts

#### LONG TERM CARE INSURANCE (LTC 03)

A 10% discount is applied to spouses/domestic partner (civil union in VT) for coverage provided one spouse is not considered an 'automatic decline' based on the medical underwriting criteria provided in this guide.

Spouses/domestic partners applying for coverage at different times will receive a 10% discount upon approval of the latter applicant. The discount applied to the earlier approved applicant will not be retroactive.

In Michigan and South Dakota we offer a 10% spousal discount to any married couple (husband and wife) regardless if both apply for coverage.

In New Jersey we offer a 5% spousal discount to any married couple (husband and wife) regardless if both apply for coverage.

To be considered eligible for a spousal/domestic partner discount, you must be legally married (husband or wife), part of a civil union or have lived together for at least six consecutive months prior to enrollment, are at least 18 years of age, not related by blood to a degree that it would prohibit a legal marriage, and neither one is legally married, and neither one has been certified as a member of another Domestic Partnership.

In Michigan, New Jersey and South Dakota both spouses do not need to apply for coverage in order for the spousal discount to apply.

# Billing Discounts

## **Multi-life Discounts**

A 5% multi-life discount will be available to employee groups of 3 or more lives.

Kentucky requires 5 or more lives.

## **2 Year Pre-Payment Discounts**

A 10% 2 year pre-payment discount on the initial bill is available on the second year of premium if two full years are paid upon approval of the policy.

This option is not available in combination with the Accelerated Payment Options. The 2 year pre-payment discount is only available on the initial bill, and not in subsequent years after the second year. The 2 year pre-payment discount does not apply to the maximum discount.

The 2 year pre-payment option is not available in ND and NH.

## **Accelerated Payment Options**

We offer two accelerated billing methods to pay premium: 10 year and (to age 65) options. Each allows the insured to pay their premium over the course of a specified period of years. Any period of time on claim counts toward the years and once the premiums have been paid for the specified time period no future rate increases can occur on your policy. The accelerated payment option is not available in combination with the 2 year pre-payment option.

Should the insured change their premium mode, there is no credit for past premiums paid toward the new payment mode.

**Calculating Discounts in Combination with Ratings**

In instances where both a discount and a rating (due to medical history) are required, they will be applied to the base rate as a cumulative percentage, not a sequential percentage.

**Billing Modal Factors**

	LONG TERM CARE INSURANCE (LTC03)
Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.085

**Large Case (Guaranteed Standard Issue) Program**

The Large Case Program is a Guaranteed Standard Issue offer for Long Term Care Insurance coverage with limited/modified underwriting. The coverage is only available to qualified voluntary groups of over 200 employees.

Funding	Voluntary
Minimum Number of Eligible Lives	200
Participation	10% of the defined class
Plans	<ul style="list-style-type: none"> <li>• \$2k - \$6k monthly NH benefit (Adv Plus)</li> <li>• \$60 - \$200 daily LTC facility benefit (LTC Insurance Product)</li> <li>• 50% - 100% PHC LTC 03 or</li> <li>• 60% - 100% PHC Adv Plus or</li> <li>• 50% - 60% TCHC</li> <li>• 2-6 Year BP</li> <li>• 90 Day EP</li> <li>• Inflation</li> </ul>
Actively at Work	30 hours minimum requirement
Ages	Less than 15% over age 65
Rates	Class I
Underwriting	Modified Underwriting
Process	Submit Large Case Offer Worksheet with census to your sales representative to obtain an offer
Buy-Ups	Available, subject to full underwriting

Please contact your sales representative for more details.

Qualified lives = the number of individuals who qualify for coverage based on the defined class and meet medical insurability requirements.

# Initial Eligibility Requirements

Long Term Care Insurance is offered to applicants between the ages of 18-80. To be eligible for coverage, an applicant (aged 70-80) is required to have been seen by a primary care physician and have had a complete physical examination within the past three years.

## Qualifying the Applicant

### **Best Prospects**

Marketing efforts should be focused on those individuals who will truly benefit from the protection that Long Term Care Insurance provides. Although we don't financially underwrite Long Term Care applicants, an individual's ability to pay premium and the amount of their total assets should be considered.

Before completing an application, an individual's qualifications for coverage should be reviewed. The underwriting of Long Term Care Insurance differs from the underwriting of other products (i.e. life or disability insurance). There are unique factors an underwriter must consider when assessing the risk of an applicant. The following information provides some important considerations in determining an applicant's qualifications. If you have any questions about an applicant's eligibility, please call your sales representative to discuss further.

**Age** - Typically, individuals between the ages of 50 and 69 are most aware of the need for Long Term Care Insurance based on personal experience. These individuals are often married couples or single females.

**Income** - Individuals interested in Long Term Care Insurance generally have incomes between \$40,000 and \$125,000 with adequate disposable income to pay insurance premiums. As a general rule, the insured may not be able to afford premiums that exceed 7% of their income.

**Personal Independence Factors** - Applicants who maintain a level of personal independence typically present a more favorable risk profile.

- Handles their own finances
- Participates in hobbies and activities outside the home
- Drives a car
- Works full or part-time
- Has a spouse in good health
- Is active socially

**Medical History** - Medical histories requiring care and/or treatment can present an increased risk. Some of the factors evaluated at time of underwriting are as follows:

- Conditions requiring the care of a physician and/or family member
- Conditions requiring medication (both prescribed and over-the-counter)
- Multiple medical conditions are of more significance than each condition alone
- Multiple medications taken for the same or different conditions are of more significance than each medication alone
- Adherence to recommended treatment

**Cognitive Status** - Deterioration or loss of intellectual capacity requiring another person's assistance or verbal cueing to protect the individual or others can be the result of Alzheimer's disease or similar forms of senility. The cognitive status of an applicant is an important factor.

**Functional Capacity** - The ability to perform the Activities of Daily Living (bathing, dressing, transferring, eating, continence, and toileting) as well as the ability to perform the Instrumental Activities of Daily Living (e.g. shopping, meal preparation, taking medications, and managing personal finances) are important factors in determining the level of risk associated with an applicant.

### **Uninsurable Scenarios**

- A condition exists which is on the Automatic Decline list.
- The applicant lives outside of the United States. We do not have filed or approved contracts outside the U.S.
- The applicant uses equipment such as a walker, wheelchair, urinary catheter, oxygen, respirator, quad cane, crutches or is on dialysis.
- The applicant is residing in an assisted living facility, nursing facility or is receiving adult day care or home care.
- A Power of Attorney has been activated due to a past or present mental or physical disability.
- The applicant shows signs of cognitive impairment, is unable to participate in the application process or is disoriented (not oriented to person, place or time, shows signs of confusion, is unable to recall his/her own medical history or lacks judgement).
- The applicant is unable to perform or needs assistance performing any Activity of Daily Living or two or more Instrumental Activities of Daily Living.
- The applicant is receiving disability payments, other than for a minor VA disability.
- The applicant is over the age of 80.
- Weight exceeds the Acceptable Range on the Height and Weight Table in the back of this guide.

## Suitability

If the applicant intends to pay premium with money received only from annual income, a rule of thumb is that the applicant may not be able to afford the coverage if the premium will be more than 7% of his/her annual income. If long term care is being purchased to protect the applicant's assets, and total assets (excluding the home) are less than \$30,000, the applicant may wish to consider other options for financing their long term care.

### **Personal Worksheet**

If the Personal Worksheet is state required:

- It must be completed and submitted with the application.
- If the applicant does not submit a Personal Worksheet with the application, a copy of the signed worksheet must be obtained prior to issuing coverage.
- If the applicant submits a Personal Worksheet with the application but declines to disclose financial information, the box 'I do not wish to disclose the information' is checked and the applicant signs the form. The applicant will be contacted by phone to confirm that they still want to proceed with the application process.

If the Personal Worksheet is not state required:

- It does not have to be completed but should still be kept in the file if submitted.

# Risk Classifications

## **Preferred (Health) Discount**

A Preferred (Health) Discount of 20% (NJ = 10%) is available to individuals in exceptional health, who have had a comprehensive physical examination within the past two years if age 65 or over, and have not smoked for one year. Additionally, the individual must meet the Preferred Range on the Height and Weight Table in the back of this guide.

Note: A paramedical exam does not constitute a complete physical examination and will not qualify an applicant for the Preferred (Health) Discount.

Eligibility for the Preferred (Health) Discount will be determined by the underwriter upon review of the application and all appropriate requirements. The Preferred (Health) Discount should not be quoted to the applicant or be expected by the applicant.

## **Class I**

Class I premium indicates an individual has no uninsurable conditions, is within Acceptable Range on the Height and Weight Table and has no functional ADL (Activities of Daily Living ) or IADL (Instrumental Activities of Daily Living) losses.

## **Class II**

Class II premium indicates an individual is not in optimal health and does have a medical condition(s) and/or limitations that present additional risk to losing ADLs. The applicant would not have existing ADL losses. A risk rating of 25% additional premium will be applied to Select Class I rate.

## **Class III**

Class III premium indicates an individual is not in optimal health and does have a medical condition(s) and/or limitations that present additional risk to losing ADLs. The applicant would not have existing ADL losses. A risk rating of 50% additional premium will be applied to Select Class I rate.

## **Plan Limitations for Premium Class II and III**

- 6 year benefit duration with inflation; or
- 10 year or Lifetime benefit duration without inflation
- No Total Home Care benefit greater than 50%
- No daily benefit amount greater than \$200 (\$6,000 per month)

# Underwriting Requirements

The following are the requirements necessary to determine an applicant's eligibility for coverage and will be requested at our expense.

## **Attending Physician Statement (APS)**

An Attending Physician Statement is a copy of an applicant's medical records obtained by us from a treating physician and is requested routinely for all applicants age 65 and older and at younger ages for cause. (Attending Physician Statements provided by a self-treating physician or a physician treating a family member do not satisfy this requirement.)

A **'complete physical exam'** is a thorough review of a patient's medical history, a verbal and physical review of body systems, corresponding diagnostic work-up and appropriate lab testing.

Individuals applying for LTC coverage who are 65 or older are required to have had a complete physical exam within the past two years in order to be eligible for the Preferred (Health) Discount. Applicants 70 and older who have not had a complete physical exam within the past three years will not be eligible for coverage.

If a complete physical exam is required to complete the underwriting process, and is not included within the initial Attending Physician Statement, the expense of obtaining the exam is the responsibility of the applicant.

## **Face-to-Face Assessment**

A Face-to-Face Assessment is an in-home interview conducted by a health care professional to ask pertinent questions of an applicant's medical history, evaluate physical and mental functionality as well as lifestyle factors. This Assessment is a routine requirement on all applicants aged 70 and older and at younger ages for cause.

## **Paramedical Interview/Exam**

The Paramedical Interview and/or Exam consists of a series of questions related to an applicant's medical history asked by a health care professional and can include a check of one's height, weight, pulse and blood pressure. This Exam is required for all applicants aged 65-69 who have not had a complete physical exam by a physician within the last three years or medical records are not available. This exam may be performed in instances where the applicant is a self-treating physician or the applicant's physician is a family member. If a paramed exam is used in lieu of a complete physical, Preferred rates will not be available.

If abnormalities are noted in the Exam, coverage will be postponed until they can be addressed and treated or resolved by a physician. Any follow-up to the Exam will be done at the applicant's expense.

	APS	Face-to-Face Assessment	Parameds if History not Available
Age 65 and over or at Underwriter Discretion	✓		✓
Age 70 and over or at Underwriter Discretion	✓	✓	

Note: A paramed exam will not be accepted in lieu of a complete physical on applicants ages 70-80.

# Automatic Decline List

## **Uninsurable Conditions**

The conditions listed below represent the more common uninsurable scenarios.

---

AIDS, ARC  
Alcoholism, ongoing  
Alzheimer's Disease  
Ambulation (i.e. unsteadiness, shuffling, instability)  
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)  
Asthma with Smoking  
Ataxia

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Catheter Use  
Chronic Fatigue Syndrome  
Chronic Pain  
Cirrhosis of the Liver  
COPD with Smoking

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Dementia  
Diabetes (complicated and/or uncontrolled)  
Dialysis  
Disabled Applicant (applicant receiving disability payments, i.e. LTD, SSDI, etc.)  
Down Syndrome  
Drug Abuse (ongoing)

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Falls (multiple or recent, irrespective of injury sustained); with dizziness, syncope, cerebrovascular disorders or gait disturbance  
Fibromyalgia

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Hairy Cell Leukemia  
Hepatitis C, with a Positive RNA Load  
Hodgkins Disease, within 5 years  
Huntington's Chorea (Disease)  
Hydrocephalus

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Liver Cancer

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Memory Loss  
Multiple Myeloma  
Multiple Sclerosis  
Muscular Dystrophy  
Myasthenia Gravis

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Narcotic Pain Medication (Pain Management, Daily Use)  
Neurogenic Bladder

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Obesity (As defined in the Height and Weight Table in the back of this guide)  
Organ Transplant  
Organic Brain Syndrome  
Osteoporosis with Compression Fractures  
Oxygen Use

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Paralysis  
Parkinson's Disease  
Progressive Muscular Atrophy  
Polycystic Kidney Disease  
Post Polio Syndrome  
Pulmonary Fibrosis

**Uninsurable Conditions (continued)**

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Quadriplegia

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Renal Failure/Renal Insufficiency (chronic or active)

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Schizophrenia  
Scleroderma

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Temporal Arteritis

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Wilson's Disease

*Note: This list is representative of common uninsurable conditions.*

# Medications Commonly Associated with Uninsurable Conditions

Abilify (Anti-Psychotic)  
Adalimumab (Rheumatoid Arthritis)  
Akineton (Parkinson's)  
Amantadine (Parkinson's)  
Anakinra (Moderate/Severe Rheumatoid Arthritis)  
Antabuse (Alcoholism)  
Arava (Rheumatoid Arthritis/Severe Arthritis)  
Aricept (Dementia)  
Aripiprazole (Anti-Psychotic)  
Artane (Parkinson's)  
Atamet (Parkinson's)  
Aurothioglucose (Severe Arthritis)  
Avonex (Multiple Sclerosis)  
Azasan (Immunosuppressive/Many Conditions)  
Azithioprine (Immunosuppressive/Many Conditions)

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Baclofen (Multiple Sclerosis)  
Benzotropine (Parkinson's)  
Betaseron (Multiple Sclerosis)  
Biperiden (Parkinson's)  
Bromocriptine (Parkinson's)

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Carbex (Parkinson's)  
Carbidopa (Parkinson's)  
Chlorambucil (Cancer)  
Chlorpromazine (Anti-Psychotic)  
Clopidogrel (Recent Stroke)  
Clozapine (Anti-Psychotic)  
Clozaril (Anti-Psychotic)  
Cogentin (Parkinson's)  
Cognex (Dementia)  
Copaxone (Multiple Sclerosis)  
Cuprimine (Rheumatoid Arthritis/Severe Arthritis)  
Cyclosporine (Immunosuppressive/Many Conditions)  
Cyclophosphamide (Immunosuppressive/Many Conditions)  
Cytosan (Immunosuppressive/Many Conditions)

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Dantrium (Multiple Sclerosis)  
Dantrolene (Multiple Sclerosis)  
Deltasone >10mg/day (Steroid)  
Depen (Rheumatoid Arthritis/Severe Arthritis)  
Disulfiram (Alcoholism)  
Donepezil (Dementia)  
Dopar (Parkinson's)

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Eldepryl (Parkinson's)  
Endocet (Pain Management, Daily Use)  
Epoetin Alfa (Anemia)  
Epogen (Anemia)  
Erythropoietin (Anemia)  
Exelon (Dementia)

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Galantamine (Dementia)  
Gengraf (Immunosuppressive/Many Conditions)  
Glatiramer (Multiple Sclerosis)

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Haldol (Anti-Psychotic)  
Haloperidol (Anti-Psychotic)  
Humira (Rheumatoid Arthritis)  
Hydroxychloroquine (Immunosuppressive/Many Conditions)

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Imuran (Immunosuppressive/Many Conditions)  
Interferon Beta-1a or Beta-1b Injection (Multiple Sclerosis)

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Kineret (Moderate/Severe Rheumatoid Arthritis)

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L-dopa/Levodopa (Parkinson's)  
Larodopa (Parkinson's)  
Leflunomide (Rheumatoid Arthritis/Severe Arthritis)  
Leukeran (Cancer)  
Lioresal (Multiple Sclerosis)

## Medications Commonly Associated with Uninsurable Conditions (continued)

Lodosyn (Parkinson's)  
Loxapine (Anti-Psychotic)  
Loxitane (Anti-Psychotic)

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Memantine hydrochloride (Dementia)  
Mercaptopurine/6-MP (Immunosuppressive/Many Conditions)  
Methotrexate >10mg/week total (Immunosuppressive/Many Conditions)  
Mirapex (Parkinson's)  
Moban (Anti-Psychotic)  
Molindone HCL (Anti-Psychotic)

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Namenda (Dementia)  
Navane (Anti-Psychotic)  
Narcotic Pain Medication (Pain Management, Daily Use)  
Neoral (Immunosuppressive/Many Conditions)

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Olanzapine (Anti-Psychotic)  
Oxycodone (Pain Management, Daily Use)  
OxyContin (Pain Management, Daily Use)

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Parcopa (Parkinson's)  
Parlodel (Parkinson's)  
Penicillamine (Rheumatoid Arthritis/Severe Arthritis)  
Percocet (Pain Management, Daily Use)  
Percolone (Pain Management, Daily Use)  
Pergolide (Parkinson's)  
Permax (Parkinson's)  
Perphenazine (Anti-Psychotic)  
Plaquenil >400mg/day (Immunosuppressive/Many Conditions)  
Plavix (Recent Stroke)  
Pramipexole (Parkinson's)  
Prednisone >10 mg/day (Immunosuppressive/Many Conditions)  
Procrit (Anemia)  
Purinethol (Immunosuppressive/Many Conditions)

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Quetiapine (Anti-Psychotic)

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Razadyne (Dementia)  
Requip (Parkinson's)  
Reminyl (Dementia)  
Rheumatrex (Immunosuppressive/Many Conditions)  
Risperdal (Anti-Psychotic)  
Risperidone (Anti-Psychotic)  
Rivastigmine (Dementia)  
Ropinirole (Parkinson's)  
Roxicet/Roxilox (Pain Management, Daily Use)  
Roxicodone (Pain Management, Daily Use)

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Sandimmune (Immunosuppressive/Many Conditions)  
Selegiline (Parkinson's)  
Seroquel (Anti-Psychotic)  
Sinemet (Parkinson's)  
Solganal (Severe Arthritis)  
Stelazine (Anti-Psychotic)  
Symadine (Parkinson's)  
Symmetrel (Parkinson's)

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Tacrine (Dementia)  
Tasmar (Parkinson's)  
Thiothixene (Anti-Psychotic)  
Thor-Prom (Anti-Psychotic)  
Thorazine (Anti-Psychotic)  
Tolcapone (Parkinson's)  
Trexall (Immunosuppressive/Many Conditions)  
Trifluoperazine (Anti-Psychotic)  
Trihexyphenidyl/ Trihexane (Parkinson's)  
Trilafon (Anti-Psychotic)  
Tylox (Pain Management, Daily Use)

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Zyprexa (Anti-Psychotic)

*These medications may be taken for conditions other than those shown. If you have questions regarding a medication or condition, please contact your Sales Representative.*

## Medical Risk Selection Guide — LTC 03 Only

This section deals with single impairments and is intended as a medical risk selection guide only, not an Underwriting Manual. It can generally be assumed that a combination of three or more conditions listed here may result in a co-morbid situation and lead to a rating or declination. Co-morbid conditions will be evaluated on a case by case basis with consideration made to the severity of conditions. For example, a diabetic could be considered for coverage. However, if the diabetes is combined with significant obesity and/or heart disease and/or a circulatory condition, the case would be declined.

Pref – Acceptable Preferred with Underwriter Approval  
 CI – Class I Standard Rates  
 CII – Class II 25% Rating  
 CIII – Class III 50% Rating  
 PP – Postpone  
 D – Decline

Condition	Underwriting Action
<b>A</b>	
AIDS, ARC	<b>D</b>
ALCOHOL DEPENDENCY OR EXCESSIVE USE/DRUG DEPENDENCY <ul style="list-style-type: none"> <li>• Completely alcohol/drug free - 36 months</li> <li>• Ongoing use or complications (i.e. abnormal lab/testing, hospitalization)</li> <li>• Illicit drug use</li> </ul>	<b>CI</b> <b>D</b> <b>D</b>
ALZHEIMER'S DISEASE	<b>D</b>
AMBULATION (i.e. Unsteadiness, shuffling, instability)	<b>D</b>
AMPUTATION <ul style="list-style-type: none"> <li>• Due to trauma, now completely stable and independent</li> <li>• Due to disease (i.e. Diabetes, Atherosclerosis or co-morbid factors)</li> </ul>	<b>Individual Consideration</b> <b>D</b>
AMYOTROPHIC LATERAL SCLEROSIS (ALS) (Lou Gehrig's Disease)	<b>D</b>
ANEMIA <ul style="list-style-type: none"> <li>• Mild/Moderate - asymptomatic</li> <li>• Severe, chronic or undetermined cause</li> </ul>	<b>CI</b> <b>D</b>
ANEURYSM <ul style="list-style-type: none"> <li>• CEREBRAL                             <ul style="list-style-type: none"> <li>– Status post aneurysm repair 12 months</li> <li>– Not surgically treated</li> <li>– Residual limitations</li> </ul> </li> <li>• ABDOMINAL, AORTIC, THORACIC                             <ul style="list-style-type: none"> <li>– Status post successful aneurysm repair 12 months</li> <li>– If not surgically treated will consider</li> <li>– Residual limitations</li> <li>– If size is greater than 6 cm or surgery recommended</li> </ul> </li> </ul>	<b>CI</b> <b>D</b> <b>D</b>  <b>CI</b> <b>CII</b> <b>D</b> <b>PP</b>
ANGINA <ul style="list-style-type: none"> <li>• Asymptomatic for 6 months</li> <li>• Status post heart attack, stable and controlled angina after 12 months</li> <li>• Symptomatic</li> </ul>	<b>CI</b> <b>CI/CII/CIII</b> <b>D</b>

Condition	Underwriting Action
<b>ANXIETY</b> <ul style="list-style-type: none"> <li>Mild, situational, treated with 1 Rx and/or counseling, stable - 0 months</li> <li>Mild, situational, treated with 2 or more Rx and/or counseling, stable - 36 months</li> <li>Mild, situational, treated with 2 or more Rx and/or counseling, stable - 6 months</li> </ul>	<b>Pref</b> <b>Pref</b> <b>CI</b>
<b>ARRHYTHMIA/IRREGULAR HEART BEAT (except Atrial Fibrillation)</b> <ul style="list-style-type: none"> <li>Asymptomatic, no treatment required</li> <li>Management with oral medication, no underlying pathology for 6 months</li> <li>Co-morbid factors (i.e. Cardiomyopathy, Valvular Disease, Diabetes, Vascular Disease)</li> </ul>	<b>Pref/CI</b> <b>CI</b> <b>D</b>
<b>ARTHRITIS (See Rheumatoid, Osteoarthritis or specific joint)</b>	
<b>ASTHMA/BRONCHITIS</b> <ul style="list-style-type: none"> <li>Mild, non-smoker</li> <li>Moderate, non-smoker</li> <li>Complicated, multiple hospitalizations, chronic steroid or oxygen use, heart condition or continued smoking</li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>
<b>ATAXIA</b>	<b>D</b>
<b>ATRIAL FIBRILLATION</b> <ul style="list-style-type: none"> <li>Post surgical AF, single episode</li> <li>Lone AF, one episode, no co-morbid factors, 6 months stability</li> <li>AF associated with hyperthyroidism, resolved, 36 months stability</li> <li>Chronic or Paroxysmal AF, &lt; 65 with or without anticoagulation, 6 months stability</li> <li>Chronic or Paroxysmal AF, ≥ 65, well controlled with anticoagulation, 6 months stability</li> <li>AF with prior TIA, stroke, significant diabetes, congestive heart failure, significant coronary artery disease, or unstable</li> </ul>	<b>Pref</b> <b>CI</b> <b>Pref</b> <b>CII</b> <b>CIII</b> <b>D</b>
<b>B</b>	
<b>BACK DISORDERS (Spinal, Disc, Spondylolisthesis, Spondylosis, Spinal Stenosis, Sciatica, Radiculitis)</b> <ul style="list-style-type: none"> <li>No functional limitation, no or mild symptoms, no current treatment</li> <li>Status post laminectomy, discectomy, spinal fusion stable - 12 months</li> <li>Chronic pain, multiple surgeries, compression fractures, progressive muscle weakness or wasting, daily narcotic use, functional limitations</li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>
<b>BARRETT'S ESOPHAGUS</b> <ul style="list-style-type: none"> <li>Stable, controlled, negative work up for cancer</li> </ul>	<b>CI/CII</b>
<b>BASAL CELL CARCINOMA</b>	<b>Pref</b>
<b>BRAIN DISORDER, ORGANIC BRAIN DISORDER</b>	<b>D</b>
<b>BRONCHIECTASIS</b> <ul style="list-style-type: none"> <li>Non-smoker, mild, stable – 0 months</li> </ul>	<b>Pref</b>
<b>BRONCHITIS: See Asthma</b>	
<b>BY-PASS SURGERY: See Coronary Artery Disease</b>	
<b>C</b>	
<b>CANCER</b> The criteria for cancer assumes that there is no metastasis or recurrence of the disease. Cancer stability periods are based on the stage of each individual cancer. Please contact your UnumProvident representative for details. A cancer history that occurred 10 or more years ago may qualify for the Preferred Discount with the exception of Bladder; Head and Neck and certain Prostate Cancers. Here are the criteria for some of the more commonly seen cancers.	

Condition	Underwriting Action
<b>CANCER (Continued)</b>	
<ul style="list-style-type: none"> <li>• BLADDER CANCER <ul style="list-style-type: none"> <li>– Inverted Papilloma</li> <li>– In situ, Stage 0 to Stage I</li> <li>– Stage II or greater; 4 or more recurrences or untreated carcinoma in situ</li> </ul> </li> </ul>	<b>Pref</b> <b>CI</b>  <b>D</b>
<ul style="list-style-type: none"> <li>• BREAST CANCER <ul style="list-style-type: none"> <li>– In situ to Stage I</li> <li>– Stage II to IIIb</li> <li>– Stage IV</li> </ul> </li> </ul>	<b>Pref/CI</b> <b>CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• COLORECTAL CANCER <ul style="list-style-type: none"> <li>– Stage 0 to Stage I</li> <li>– Stage II to III</li> <li>– Stage IV</li> </ul> </li> </ul>	<b>Pref/CI</b> <b>CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• KIDNEY CANCER (Renal Cell Carcinoma) <ul style="list-style-type: none"> <li>– Stage I</li> <li>– Stage II to IIIa</li> <li>– Stage IIIb, IIIc, IV</li> </ul> </li> </ul>	<b>Pref/CI</b> <b>CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• LUNG CANCER <ul style="list-style-type: none"> <li>– Benign Lung Neoplasms, no smoking</li> <li>– Stage 0 to II, no smoking</li> <li>– Stage III to Stage IV</li> </ul> </li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• MALIGNANT MELANOMA <ul style="list-style-type: none"> <li>– In Situ to Breslow Thickness of 4mm (to Clark Level IV)</li> <li>– Breslow Thickness &gt;4mm (Clark Level V)</li> </ul> </li> </ul>	<b>Pref/CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• PROSTATE CANCER <ul style="list-style-type: none"> <li>– Stage A to B0</li> <li>– Stage B1 to C1</li> <li>– Stage C2 or greater</li> </ul> </li> </ul>	<b>Pref/CI</b> <b>CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• THYROID CANCER <ul style="list-style-type: none"> <li>– Benign Adenoma</li> <li>– Stage I to Stage II</li> <li>– Stage III to Stage IV</li> </ul> </li> </ul>	<b>Pref</b> <b>Pref/CI</b> <b>D</b>
<ul style="list-style-type: none"> <li>• UTERINE CANCER <ul style="list-style-type: none"> <li>– Benign fibroids</li> <li>– Stage I to II</li> <li>– Stage III to Stage IV</li> </ul> </li> </ul>	<b>Pref</b> <b>Pref/CI</b> <b>D</b>
<b>CARDIOMYOPATHY</b>	
<ul style="list-style-type: none"> <li>• Hypertrophic cardiomyopathy, stable, mild symptoms, no history of atrial fibrillation or significant Coronary Artery Disease</li> </ul>	<b>CI</b>
<ul style="list-style-type: none"> <li>• Hypertrophic cardiomyopathy, not stable, symptoms moderate or severe or history of atrial fibrillation or significant Coronary Artery Disease, or defibrillator</li> </ul>	<b>D</b>
<b>CAROTID ARTERY DISEASE / STENOSIS</b>	
<ul style="list-style-type: none"> <li>• Asymptomatic, not requiring surgery, (less than 70% stenosis) or 6 months from Endarterectomy</li> </ul>	<b>CI</b>
<ul style="list-style-type: none"> <li>• Symptomatic, &gt; 70% stenosis, TIA, or Stroke</li> </ul>	<b>D</b>
<b>CATARACTS</b>	<b>Pref</b>
<b>CATHETER USE</b>	<b>D</b>
<b>CEREBRAL PALSY</b>	
<ul style="list-style-type: none"> <li>• Demonstrated stability, not receiving disability benefits, no associated uninsurable conditions</li> </ul>	<b>Individual Consideration</b>
<ul style="list-style-type: none"> <li>• Not stable, requiring ongoing equipment use, receiving disability benefits or with decreased functioning</li> </ul>	<b>D</b>

<b>Condition</b>	<b>Underwriting Action</b>
<b>CHOLESTEROL</b> • Stable, controlled, no co-morbid factors	<b>Pref</b>
<b>CHRONIC FATIGUE SYNDROME</b>	<b>D</b>
<b>CIRRHOSIS OF THE LIVER</b>	<b>D</b>
<b>COLITIS</b> • Ulcerative, mild symptoms, controlled - 12 months • Ischemic	<b>CI</b> <b>D</b>
<b>CONGESTIVE HEART FAILURE</b> • Stable for 36 months, no functional limitations • Stable for 24 months, with mild functional limitations • History of TIA or stroke, or current history of significant atrial fibrillation, diabetes mellitus, coronary artery disease or hypertension, or with smoking	<b>CI</b> <b>CII</b> <b>D</b>
<b>COPD/EMPHYSEMA</b> • Mild to moderate disease, stable, treated and no functional limitations • Recent hospitalization • Severe, multiple hospitalizations, steroid use above limits, oxygen use, heart conditions or continued smoking	<b>CI</b> <b>PP 12 Months</b> <b>D</b>
<b>CORONARY HEART/ARTERY DISEASE</b> • Asymptomatic, no co-morbid factors • Status Post Myocardial Infarction, Angina, Angioplasty, By-pass • Evidence of unstable Angina, Congestive Heart Failure, co-morbid factors (Significant obesity, hypertension, heart disease, diabetes, peripheral vascular disease or smoking)	<b>Pref/CI/CII</b> <b>CI/CII/CIII</b> <b>D</b>
<b>CROHN'S DISEASE</b> • Medically managed, no permanent ostomy, stable - 24 months • Complicated, multiple surgeries or steroid use above limits	<b>CI</b> <b>D</b>
<b>D</b>	
<b>DEFIBRILLATOR USE</b>	<b>Individual Consideration</b>
<b>DEMENTIA</b>	<b>D</b>
<b>DEPRESSION</b> • Major depression or dysthymia • Generalized depression	<b>Individual Consideration</b> <b>Pref/CI</b>
<b>DIABETES</b> Stable, controlled, Glucose readings < 200, HgbA1c < 9.0%, no complications (neuropathy, retinopathy, peripheral vascular disease, organ damage) or co-morbid factors (significant obesity, heart disease, hypertension, peripheral vascular disease or smoking) regular follow-up and • Diabetes resolved (normal blood sugar and HgbA1c) due to diet and/or exercise • Age 50 or older at time of diagnosis, diagnosed < 10 years ago, oral medication, diet controlled or insulin • Onset between ages 35 and 50, diagnosed < 10 years ago, oral medication, diet controlled or insulin	<b>Pref</b> <b>CI</b> <b>CII</b>

Condition	Underwriting Action
<b>DIABETES (Continued)</b> <ul style="list-style-type: none"> <li>Onset after age 50 or diagnosed &lt; 10 years ago, insulin</li> <li>Onset under age 35 or diagnosed &gt; 10 years ago, oral medication, diet controlled or insulin</li> <li>Complicated, Uncontrolled</li> </ul>	<b>CII</b> <b>CIII</b> <b>D</b>
<b>DIALYSIS</b>	<b>D</b>
<b>DISABLED APPLICANT</b> <ul style="list-style-type: none"> <li>Applicant receiving disability payments, other than a minor VA benefit or FAA disability, i.e. LTD, SSDI, etc.</li> </ul>	<b>D</b>
<b>DIZZINESS</b> <ul style="list-style-type: none"> <li>Benign, Positional, Stable - 6 months</li> <li>Etiology unclear</li> <li>Co-morbid factors, i.e. falls, neurological symptoms, cardiac condition</li> </ul>	<b>CI</b> <b>PP</b> <b>D</b>
<b>DRUG ABUSE: (See Alcohol/Drug Abuse)</b>	
<b>E</b>	
<b>EMPHYSEMA (See COPD)</b>	
<b>ENDOCARDITIS</b> <ul style="list-style-type: none"> <li>Fully recovered 12 months</li> <li>Active, symptomatic, cardioneclerosis, history of cardioversion</li> </ul>	<b>CI</b> <b>D</b>
<b>EPILEPSY/SEIZURES</b> <ul style="list-style-type: none"> <li>Controlled, no complications</li> <li>Uncontrolled, without firm diagnosis</li> </ul>	<b>Pref/CI</b> <b>D</b>
<b>EQUIPMENT USE</b> <ul style="list-style-type: none"> <li>Straight Cane, no co-morbid factors</li> <li>Quad Cane (four prong cane), crutches, walker, wheelchair, commode, hoier lift, etc. when related to an acute condition, temporary use</li> <li>Quad Cane (four prong cane), straight cane, crutches, walker, wheelchair, commode, hoier lift, etc. when related to a chronic or age related condition, frailty, osteoporosis or falls</li> </ul>	<b>Individual Consideration</b> <b>PP</b> <b>D</b>
<b>EYE DISORDERS (Retinal Detachment, Vascular Retinopathy, Macular Degeneration, Retinitis Pigmentosa)</b> <ul style="list-style-type: none"> <li>Completely independent, stable for 12-24 months</li> <li>Evidence of progressive sight loss, co-morbid factors</li> </ul>	<b>CI</b> <b>D</b>
<b>F</b>	
<b>FALLS</b> <ul style="list-style-type: none"> <li>Multiple or recent, (irrespective of injury sustained); with dizziness, syncope, cerebrovascular disorder, osteoporosis or gait disturbance</li> </ul>	<b>D</b>
<b>FIBROMYALGIA</b>	<b>D</b>
<b>FRACTURES</b> <ul style="list-style-type: none"> <li>Single episode, fully recovered, not requiring surgery, no or mild symptoms, not a hip, knee or ankle</li> <li>Single episode, fully recovered, involving hip, knee, or ankle, not requiring joint replacement, no or mild symptoms</li> <li>Multiple falls, compression fractures, underlying condition (i.e. osteoporosis)</li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>

Condition	Underwriting Action
<b>G</b>	
<b>GASTRIC BYPASS (Bariatric Surgery)</b> <ul style="list-style-type: none"> <li>No complications - 24 months</li> </ul>	<b>CI</b>
<b>GERD (Gastroesophageal Reflux Disorder)</b>	<b>Pref</b>
<b>GLAUCOMA</b> <ul style="list-style-type: none"> <li>Two medications, stable, without vision loss – 12 months</li> <li>Two or more medications, stable, with minor vision loss – 12 months</li> </ul>	<b>Pref</b> <b>CI</b>
<b>GOUT</b> <ul style="list-style-type: none"> <li>No functional limitations, well controlled with medications</li> <li>Status post joint replacement, stable 6 months</li> <li>Chronic, severe or with frequent attacks</li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>
<b>H</b>	
<b>HEAD INJURY</b> <ul style="list-style-type: none"> <li>Stable condition with no residual paralysis or cognitive deficit – 24 months</li> <li>Stable condition with no residual paralysis or cognitive deficit – 12 months</li> <li>Existing functional or cognitive impairment or shunt that is still present</li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>
<b>HEART ATTACK (MYOCARDIAL INFARCTION) (See Coronary Heart/Artery Disease)</b>	
<b>HEMOCHROMATOSIS, BRONZE DIABETES</b> <ul style="list-style-type: none"> <li>Stable, regular phlebotomy, normal iron studies and normal liver enzyme tests</li> <li>Complicated, untreated, prior TIA, stroke, diabetes, atrial fibrillation/flutter or excessive alcohol use</li> </ul>	<b>CI</b> <b>D</b>
<b>HEMOPHILIA</b> <ul style="list-style-type: none"> <li>Mild, well controlled, no co-morbid factors</li> <li>Moderate, well controlled, no co-morbid factors</li> <li>Severe, uncontrolled, with co-morbid factors (co-morbid factors include: falls, major bleeds, stroke or TIA)</li> </ul>	<b>CI</b> <b>CII</b> <b>D</b>
<b>HEPATITIS</b> <ul style="list-style-type: none"> <li>Alcoholic: Fully recovered, no use for 5 years, or longer</li> <li>Alcoholic: Present</li> <li>Hepatitis A, Fully recovered</li> <li>Hepatitis B, Fully recovered - 24 months</li> <li>Hepatitis C, Treated, Negative Viral RNA Load - 24 Months</li> <li>Hepatitis C, Treated, Positive Viral RNA Load</li> </ul>	<b>CI</b> <b>D</b> <b>CI</b> <b>CI</b> <b>CI</b> <b>D</b>
<b>HIP REPLACEMENT</b> <ul style="list-style-type: none"> <li>Full recovery, no functional limitations - 6 months</li> <li>Multiple surgeries, chronic pain, daily narcotic use, restricted activities or unsteady gait</li> </ul>	<b>CI</b> <b>D</b>
<b>HIV POSITIVE</b>	<b>Call your UnumProvident Representative</b>
<b>HODGKINS DISEASE</b> <ul style="list-style-type: none"> <li>Fully recovered from therapy 5 years - Stage I/II</li> <li>Fully recovered from therapy 5 years - Stage III/IV</li> <li>Active disease</li> </ul>	<b>CI</b> <b>CIII</b> <b>D</b>

Condition	Underwriting Action
HUNTINGTON'S CHOREA (DISEASE)	<b>D</b>
HYDROCEPHALUS (including shunted and normal pressure)	<b>D</b>
<b>HYPERTENSION</b> <ul style="list-style-type: none"> <li>• BP ≤ 140/90 (0-3 medications) no history CAD, angioplasty, PVD, renal disease, CABG, cerebrovascular disease</li> <li>• BP between 141/91 and 159/99 (0-3 medications)</li> <li>• BP &gt; 180/110 and/or with the presence of significant co-morbid conditions</li> </ul> (Smoking moves the applicant down a class rating)	<b>Pref</b> <b>CI</b> <b>D</b>
<b>I</b>	
<b>INCONTINENCE</b> <ul style="list-style-type: none"> <li>• Mild urinary or stress incontinence</li> <li>• Bowel incontinence</li> </ul>	<b>Pref</b> <b>D</b>
<b>IRRITABLE BOWEL</b> <ul style="list-style-type: none"> <li>• Mild symptoms, no GI bleeding, stable - 0 months</li> </ul>	<b>Pref</b>
<b>K</b>	
<b>KIDNEY/RENAL FAILURE</b> <ul style="list-style-type: none"> <li>• Renal failure or insufficiency, acute more than 12 months from recovery</li> <li>• Renal failure or insufficiency - current, acute or chronic</li> <li>• Kidney transplant, Dialysis</li> </ul>	<b>CI</b> <b>D</b> <b>D</b>
<b>KNEE REPLACEMENT</b> <ul style="list-style-type: none"> <li>• Full recovery, no functional limitations - 6 months</li> <li>• Multiple surgeries, chronic pain, daily narcotic use, restricted activities, or unsteady gait</li> </ul>	<b>CI</b> <b>D</b>
<b>L</b>	
<b>LEUKEMIA</b> <ul style="list-style-type: none"> <li>• Chronic Lymphocytic Leukemia (CLL)               <ul style="list-style-type: none"> <li>• If diagnosed and treated within 2 years, ≥ 70 at time of diagnosis, Stage I or II</li> <li>• If diagnosed and treated more than 2 years ago, &lt; 70 at time of diagnosis, Stage I or II</li> <li>• Stage III or IV</li> </ul> </li> <li>• Acute Lymphocytic Leukemia (ALL) disease and treatment free 5 years</li> <li>• Acute Myelogenous Leukemia (AML) disease and treatment free 5 years</li> <li>• Chronic Myelogenous Leukemia (CML) w/bone marrow transplant, disease and treatment free 5 years</li> <li>• Multiple Myeloma, Hairy Cell Leukemia</li> </ul>	<b>CI</b> <b>D</b> <b>D</b> <b>CI</b> <b>CI</b> <b>CIII</b> <b>D</b>
<b>LOU GEHRIG'S DISEASE (Amyotrophic Lateral Sclerosis)</b>	<b>D</b>
<b>LUPUS</b> <ul style="list-style-type: none"> <li>• Discoid, not SLE, stable - 6 months</li> <li>• Systemic Lupus Erythematosus if in remission 5 years with no renal, cardiac or central nervous system involvement</li> </ul>	<b>CI</b> <b>CI</b>
<b>LYMPHOMA</b> <ul style="list-style-type: none"> <li>• All types, disease and treatment free - 5 years</li> <li>• All types, disease and treatment free - 10 years</li> </ul>	<b>CIII</b> <b>CI</b>

Condition	Underwriting Action
<b>M</b>	
<b>MEMORY LOSS</b> References made in medical records, either reported by applicant, family member or documented by a physician to any of the following: <ul style="list-style-type: none"> <li>• Poor memory</li> <li>• Forgetfulness</li> <li>• Confusion</li> <li>• Any memory complaints or difficulties</li> </ul>	<b>D</b>
<b>MENOPAUSE (with or without Hormone Therapy)</b>	<b>Pref</b>
<b>MULTIPLE CHEMICAL SENSITIVITY</b>	<b>D</b>
<b>MULTIPLE MYELOMA</b>	<b>D</b>
<b>MULTIPLE SCLEROSIS</b>	<b>D</b>
<b>MUSCULAR DYSTROPHY</b>	<b>D</b>
<b>MYASTHENIA GRAVIS</b>	<b>D</b>
<b>N</b>	
<b>NEUROGENIC BLADDER</b>	<b>D</b>
<b>NON-HODGKIN'S LYMPHOMA</b>	<b>Individual Consideration</b>
<b>O</b>	
<b>OBESITY (As defined by our Height and Weight Table in the back of this guide)</b>	<b>D</b>
<b>ORGAN TRANSPLANT</b>	<b>D</b>
<b>ORGANIC BRAIN SYNDROME (OBS)</b>	<b>D</b>
<b>OSTEOARTHRITIS</b> <ul style="list-style-type: none"> <li>• Mild</li> <li>• Moderate</li> <li>• Severe, involving only a single joint area</li> <li>• Severe, affecting multiple areas</li> </ul>	<b>Pref</b> <b>CI</b> <b>CII</b> <b>D</b>
<b>OSTEOPOROSIS</b> <ul style="list-style-type: none"> <li>• Mild</li> <li>• Moderate, no limitations</li> <li>• Severe, Compression fractures, or falls</li> </ul>	<b>CI</b> <b>CII/CIII</b> <b>D</b>
<b>OSTOMY (See specific condition)</b>	
<b>OXYGEN USE</b>	<b>D</b>
<b>P</b>	
<b>PACEMAKER</b> <ul style="list-style-type: none"> <li>• Asymptomatic for 6 months</li> </ul>	<b>CI</b>
<b>PAGET'S DISEASE OF BONE</b> <ul style="list-style-type: none"> <li>• Not widespread, no symptoms, no current or past treatment</li> <li>• With current or past treatment, no or mild symptoms – 24 months</li> <li>• Symptomatic, extensive or history of compression fractures</li> </ul>	<b>Pref</b> <b>CI</b> <b>D</b>

Condition	Underwriting Action
<b>PANCREATITIS</b> <ul style="list-style-type: none"> <li>Acute episode, stable, normal weight maintenance - 12 months</li> <li>Chronic or active pancreatitis</li> </ul>	<b>CI</b> <b>D</b>
<b>PARALYSIS</b> <ul style="list-style-type: none"> <li>Quadriplegia</li> </ul>	<b>D</b>
<b>PARKINSON'S DISEASE</b>	<b>D</b>
<b>PEPTIC ULCER DISEASE (Gastric, Duodenal, Esophageal, Jejunal, Stomach)</b> <ul style="list-style-type: none"> <li>Normal weight maintenance, well controlled</li> <li>History of Gastrointestinal bleeds, hospitalization, evidence of weight loss</li> </ul>	<b>CI</b> <b>PP 12 months</b>
<b>PERIPHERAL NEUROPATHY</b> <ul style="list-style-type: none"> <li>Mild, non limiting, non progressive – 24 months</li> <li>Progressive, painful, uncontrolled or complicated</li> </ul>	<b>CI</b> <b>D</b>
<b>PERIPHERAL VASCULAR DISEASE</b> <ul style="list-style-type: none"> <li>Asymptomatic, no co-morbid factors</li> <li>Functional limitations, restriction of daily activities, claudication or co-morbid factors (significant obesity, heart disease, diabetes or smoking)</li> </ul>	<b>CI</b> <b>D</b>
<b>POLIOMYELITIS (POLIO)</b> <ul style="list-style-type: none"> <li>No functional limitations</li> <li>Clinical evidence of post polio syndrome, change in muscle strength or functioning, increased fatigue</li> </ul>	<b>CI</b> <b>D</b>
<b>POLYCYSTIC KIDNEY DISEASE</b>	<b>D</b>
<b>POLYCYTHEMIA VERA</b> <ul style="list-style-type: none"> <li>Stable 24 months, treatment with Phlebotomy</li> <li>Surgery required, abnormal lab values, weight loss, complications</li> </ul>	<b>CI/III</b> <b>D</b>
<b>POLYMYALGIA RHEUMATICA</b> <ul style="list-style-type: none"> <li>No limitations, stable, in remission - 24 months</li> <li>Symptomatic or complications</li> </ul>	<b>CI</b> <b>D</b>
<b>POST POLIO SYNDROME</b>	<b>D</b>
<b>POST TRAUMATIC STRESS DISORDER</b> <ul style="list-style-type: none"> <li>Fully resolved, no further treatment</li> <li>All others</li> </ul>	<b>Pref</b> <b>Individual Consideration</b>
<b>PREGNANCY</b> <ul style="list-style-type: none"> <li>Currently Pregnant</li> </ul>	<b>Pref/CI</b>
<b>PROGRESSIVE MUSCULAR ATROPHY</b>	<b>D</b>
<b>PROSTATIC HYPERTROPHY (BPH), PROSTATITIS</b> <ul style="list-style-type: none"> <li>PSA &lt; 10, no or mild symptoms</li> <li>PSA &lt; 10, mild incontinence, self managed</li> <li>Tests suggestive of cancer; See Prostate Cancer</li> </ul>	<b>Pref</b> <b>CI</b> <b>CI/II</b>

Condition	Underwriting Action
PULMONARY FIBROSIS	<b>D</b>
<b>R</b>	
RENAL FAILURE/RENAL INSUFFICIENCY (chronic or active)	<b>D</b>
RHEUMATOID ARTHRITIS	<b>CI</b>
<ul style="list-style-type: none"> <li>Stable, treated, no functional limitations - 12 months</li> <li>Unstable, chronic pain, joint deformities or multiple joint replacements, compression fractures or steroid use above limits</li> </ul>	<b>D</b>
<b>S</b>	
SARCOIDOSIS	<b>Pref</b>
<ul style="list-style-type: none"> <li>Mild, single-site sarcoid, stable, no limitations - 24 months</li> <li>Mild, single-site sarcoid, stable, no limitations - 0 months</li> <li>Multiple site sarcoidosis - 12 months</li> <li>With heart or central nervous system involvement or use of oxygen</li> </ul>	<b>CI</b> <b>CI</b> <b>D</b>
SCHIZOPHRENIA	<b>D</b>
SCLERODERMA	<b>D</b>
SEIZURES (See Epilepsy)	
SLEEP APNEA	<b>Pref</b>
SMOKING	<b>CI</b>
<ul style="list-style-type: none"> <li>Smoking is defined as smoking a pipe, cigar or cigarettes within the past 12 months. Smoking does not include chewing or other non-smoked nicotine delivery systems. (Smoking in combination with certain diseases will lower the risk class rating by one class)</li> </ul>	
STEROID USE, IMMUNOSUPPRESSIVE TREATMENT (Underwritten based on underlying condition)	
<ul style="list-style-type: none"> <li>Acceptable limits <ul style="list-style-type: none"> <li>Deltasone <math>\leq</math> 10mg/day</li> <li>Plaquenil <math>\leq</math> 400mg/day</li> <li>Prednisone <math>\leq</math> 10mg/day</li> <li>Methotrexate <math>\leq</math> 10mg/week</li> </ul> </li> <li>Treatment with two or more of the above medications</li> </ul>	<b>D</b>
STROKE (CVA, TIA)	<b>CI</b> <b>CI</b>
<ul style="list-style-type: none"> <li>Single episode, 10 years out, no residuals or co-morbid factors</li> <li>Single episode, 3 years out, no residual weakness</li> <li>Multiple strokes or TIAs, persistent co-morbid factors (i.e. cardiovascular disease, valvular disease, carotid stenosis, diabetes or smoking)</li> </ul>	<b>D</b>
SYNCOPE (FAINTING, PASSING OUT)	
<ul style="list-style-type: none"> <li>See underlying cause</li> <li>Unconfirmed diagnosis or frequent episodes</li> </ul>	<b>D</b>
<b>T</b>	
TEMPORAL ARTERITIS	<b>D</b>
THROMBOCYTOPENIA	<b>CI</b>
<ul style="list-style-type: none"> <li>Idiopathic, platelet count <math>&gt;</math> 80,000, stable - 24 months</li> </ul>	

Condition	Underwriting Action
<b>THROMBOPHLEBITIS/PHLEBITIS</b> <ul style="list-style-type: none"> <li>• Superficial, fully recovered</li> <li>• Deep, single episode, fully recovered - 6 months</li> <li>• Co-existing condition (i.e. recurrent episodes, Diabetes, Coronary Artery Disease)</li> </ul>	<b>CI</b> <b>CI</b> <b>D</b>
<b>THYROID DISEASE (Hyper/Hypothyroidism)</b> <ul style="list-style-type: none"> <li>• Controlled with medication or by surgery</li> </ul>	<b>Pref</b>
<b>TICS, TREMORS</b> <ul style="list-style-type: none"> <li>• Benign, simple tics, 12 months stability</li> <li>• Benign, familial tremors, 12 months stability</li> <li>• Benign, familial tremors, 60 months stability</li> </ul>	<b>Pref</b> <b>CI</b> <b>Pref</b>
<b>TOURETTE SYNDROME (GILLES de la TOURETTE SYNDROME)</b> <ul style="list-style-type: none"> <li>• Stable - 12 months</li> <li>• Stable - 60 months</li> </ul>	<b>CI</b> <b>Pref</b>
<b>TRANSIENT GLOBAL AMNESIA (TGA)</b> <ul style="list-style-type: none"> <li>• Single episode, confirmed diagnosis, no complications, no co-morbid factors, stable and normal cognitive function - 36 months</li> <li>• Single episode, confirmed diagnosis, no complications, no co-morbid factors, stable and normal cognitive function - 12 months</li> </ul>	<b>Pref</b> <b>CI</b>
<b>TRANSIENT ISCHEMIC ATTACK (TIA) (See Stroke)</b>	
<b>U</b>	
<b>ULCER (See Peptic Ulcer Disease)</b>	
<b>ULCERATIVE COLITIS (See Colitis)</b>	
<b>V</b>	
<b>VALVULAR HEART DISEASE</b> <ul style="list-style-type: none"> <li>• Mitral Valve Prolapse, mild, asymptomatic</li> <li>• Valve replacement surgery, no co-morbid factors, 12 months stability</li> <li>• Mild to moderate Aortic/Mitral Disease, asymptomatic, no co-morbid factors</li> <li>• Severe Aortic/Mitral Disease, asymptomatic, no co-morbid factors</li> <li>• Severe symptomatic, unstable or with co-morbid factors (significant obesity, heart disease, hypertension, peripheral vascular disease, diabetes or smoking)</li> </ul>	<b>Pref</b> <b>CI</b> <b>CI</b> <b>CIII</b> <b>D</b>
<b>VERTIGO</b> <ul style="list-style-type: none"> <li>• Benign, positional with successful treatment, stable - 6 months</li> <li>• Unclear etiology</li> <li>• Evidence of co-existing condition, neurological symptoms, demyelinating disease, tumor, stroke</li> </ul>	<b>CI</b> <b>PP</b> <b>D</b>
<b>W</b>	
<b>WEIGHT (See Height and Weight Table in the back of this guide)</b>	
<b>WILSON'S DISEASE</b>	<b>D</b>

## Height and Weight Table - Females ages 18 and over

Height	Underweight	Average Weight	Preferred Range	Acceptable Range
4' - 8"	78	111	94 - 163	164 - 191
9"	79	113	96 - 166	167 - 195
10"	80	115	97 - 170	171 - 199
11"	82	117	99 - 174	175 - 203
5' - 0"	84	120	102 - 178	179 - 208
1"	86	123	104 - 182	183 - 213
2"	88	126	107 - 186	187 - 218
3"	90	129	110 - 191	192 - 223
4"	92	132	112 - 196	197 - 229
5"	94	135	115 - 200	201 - 234
6"	97	139	118 - 205	206 - 239
7"	99	142	120 - 210	211 - 245
8"	102	146	125 - 215	216 - 251
9"	105	150	127 - 221	222 - 257
10"	108	154	131 - 228	229 - 264
11"	111	159	135 - 236	237 - 272
6' - 0"	115	164	139 - 244	245 - 282
1"	118	169	143 - 252	253 - 291
2"	121	174	148 - 260	261 - 300
3"	124	179	152 - 268	269 - 309
4"	127	184	156 - 276	277 - 318

Note: An applicant weighing less than the weight indicated in the 'Underweight' column or greater than the high-end of the 'Acceptable Range' will be uninsurable.

## Height and Weight Table - Males ages 18 and over

Height	Underweight	Average Weight	Preferred Range	Acceptable Range
5' - 0"	92	131	111 - 180	181 - 213
1"	94	134	114 - 184	185 - 217
2"	96	137	116 - 188	189 - 222
3"	99	141	120 - 193	194 - 227
4"	102	145	123 - 198	199 - 232
5"	104	149	126 - 203	204 - 238
6"	107	153	130 - 208	209 - 244
7"	110	157	133 - 214	215 - 250
8"	113	161	136 - 220	221 - 257
9"	116	165	140 - 226	227 - 264
10"	119	170	144 - 232	233 - 271
11"	122	174	148 - 238	239 - 278
6' - 0"	125	179	152 - 244	245 - 285
1"	128	183	155 - 251	252 - 292
2"	132	188	160 - 258	259 - 299
3"	135	193	164 - 265	266 - 307
4"	139	199	169 - 272	273 - 315
5"	143	204	173 - 279	280 - 323
6"	147	210	178 - 286	287 - 331
7"	151	216	183 - 293	294 - 339
8"	155	221	188 - 300	301 - 347

## Comorbid Build

In certain diseases, individuals within the Comorbid Range will be moved down one risk class.

Comorbid Range (unisex)

Height	Weight
4' - 8"	156 - 191
9"	162 - 195
10"	168 - 199
11"	175 - 203
5' - 0"	179 - 213
1"	186 - 217
2"	192 - 222
3"	198 - 227
4"	204 - 232
5"	211 - 238
6"	217 - 244
7"	224 - 250
8"	231 - 257
9"	238 - 264
10"	244 - 271
11"	251 - 278
6' - 0"	259 - 285
1"	266 - 292
2"	274 - 300
3"	281 - 309
4"	288 - 318
5"	296 - 323
6"	303 - 331
7"	311 - 339
8"	319 - 347

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