

# Underwriting Guidelines

**Guidelines:** These guidelines provide information you should consider prior to submitting an application for Total Living Coverage (TLC). Use these guidelines as a quick reference for client assessment and screening tips, life and long term care (LTC) class information and specific underwriting criteria.

**Screening Tips:** Do not submit an application if your client:

- 1 Answers "yes" to any questions in the Pre-qualifying Questions
- 2 Has a disease or impairment that is unstable, uncontrolled or progressive
- 3 Has complications or residuals of any disease or impairment
- 4 Has had recent surgery and is not yet recovered and released from their doctor's care
- 5 Has been advised to have surgery or a work-up that has not yet been completed
- 6 Is currently receiving any disability benefits
- 7 Is overweight or underweight (see Build Chart)

**Recommendation:** After successful completion of the pre-qualifying questions, we suggest that you call 866 446.9852 (option 2) before submitting a TLC application if your client:

- 1 Has been recently diagnosed with a disease or impairment
- 2 Is taking multiple medications for a disease or impairment
- 3 Has multiple major diseases or impairments
- 4 Is taking more than 20 mg of steroids a day
- 5 Is taking narcotics (e.g., Demerol®, morphine, OxyContin®, Percodan®)

With Total Living Coverage, you can help your clients plan today so they can enjoy tomorrow. If you have questions regarding your client's insurability for TLC, please contact your TLC Team and we'll be glad to help you.

Universal Life Insurance with Long Term Care Benefits Underwritten by  
**Genworth Life Insurance Company**, Richmond, VA

©2006-2010 Genworth Financial, Inc. All rights reserved.

## Pre-Qualifying Questions

The following questions are designed to help you evaluate whether your client should apply for coverage. They are not all-inclusive. Absence of a condition that falls outside of a specified time frame is not a guarantee that insurance will be provided. Other conditions or time frames can result in declination of coverage. There is no substitute for asking each question on the application in the event an application is completed. If you have questions about your client's medical history, we encourage you to contact the underwriting department at **866 446.9852 (option 2)**.

- 1 Has your client used a walker, wheelchair, quad cane or motorized scooter in the past 12 months; or, during that same period, received care in a nursing home or other type of long term care facility?
- 2 Is your client currently being treated for Cancer with chemotherapy or radiation therapy; or has used oxygen, kidney dialysis or a respirator within the past 12 months?
- 3 Has your client suffered a Transient Ischemic Attack (TIA) in the last five years or more than one TIA during his/her lifetime?
- 4 Has your client been treated for: diabetes with insulin, stroke (CVA), Parkinson's Disease, Multiple Sclerosis, or Muscular Dystrophy?
- 5 Has your client been treated for non-insulin dependent diabetes with a history of TIA, heart disease or vascular disease?
- 6 Has your client been diagnosed with Alzheimer's disease or any other form of dementia, or taken medication for memory loss?
- 7 Has your client had a heart attack or repair of an abdominal aortic aneurysm within the past six months; heart bypass surgery (CABG) within the past three months; or heart valve replacement within the past year?
- 8 Does your client have cirrhosis of the liver, or had gastric/intestinal bypass surgery or an organ transplant (pending or received) within the past year?
- 9 Has your client had a mental disorder requiring hospitalization within the past year or attempted suicide within the past two years?
- 10 Has your client been treated for alcoholism within the past two years (detoxification and/or inpatient alcohol program) or, with this history, consumed alcohol within the past year?

## Underwriting Conditions

**It is likely that clients with any of the following conditions should not be written:** The conditions and time frames provided for in this guide are designed to help you evaluate whether your client should apply for coverage. They are not all-inclusive. Absence of a condition or a condition that falls outside of a specified time frame is not a guarantee that insurance will be provided. Other conditions or time frames can result in declination of coverage. There is no substitute for asking each question on the application in the event an application is completed.

<b>Condition at any time:</b>	<ul style="list-style-type: none"> <li>• ALS (Lou Gehrig’s Disease)</li> <li>• Alzheimer’s Disease</li> <li>• Cirrhosis of the liver</li> <li>• Cystic Fibrosis</li> <li>• Dementia</li> <li>• Frequent or persistent memory loss</li> <li>• Huntington’s Chorea</li> <li>• Multiple Sclerosis (MS)</li> <li>• Muscular Dystrophy (MD)</li> </ul>	<ul style="list-style-type: none"> <li>• Organ Transplant (except cornea and kidney)</li> <li>• Parkinson’s Disease</li> <li>• Schizophrenia or other forms of psychosis</li> <li>• Senility</li> <li>• Stroke</li> <li>• More than one Transient Ischemic Attack (TIA)</li> </ul>
<b>Diabetes at any time with:</b>	<ul style="list-style-type: none"> <li>• Heart Disease or Circulatory/Vascular Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Transient Ischemic Attack (TIA)</li> <li>• Treatment with Insulin</li> </ul>
<b>Client currently has or is being treated with:</b>	<ul style="list-style-type: none"> <li>• Cancer treated with chemotherapy or radiation</li> <li>• Complications with pregnancy (i.e. toxemia, eclampsia, pre-eclampsia)</li> </ul>	<ul style="list-style-type: none"> <li>• Kidney Failure/Disease treated with Dialysis</li> <li>• Lung Disorder treated with Oxygen</li> </ul>
<b>Condition within 3 months</b>	<ul style="list-style-type: none"> <li>• Heart Bypass Surgery (CABG)</li> </ul>	
<b>Condition within 6 months</b>	<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm corrected surgically</li> </ul>	<ul style="list-style-type: none"> <li>• Heart Attack</li> </ul>
<b>Within 1 year, client needs assistance or supervision with:</b>	<ul style="list-style-type: none"> <li>• Bathing</li> <li>• Bowel or Bladder Control</li> <li>• Dressing</li> <li>• Eating</li> </ul>	<ul style="list-style-type: none"> <li>• Moving in and out of bed/chair</li> <li>• Toileting</li> <li>• Walking</li> </ul>
<b>Within 1 year, client uses or advised to use the following services:</b>	<ul style="list-style-type: none"> <li>• Adult day care</li> <li>• Home health care</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing home or assisted living or any other long term care facility</li> </ul>
<b>Within 1 year, client uses or advised to use the following devices:</b>	<ul style="list-style-type: none"> <li>• Hospital bed</li> <li>• Kidney Dialysis</li> <li>• Motorized scooter</li> <li>• Oxygen</li> </ul>	<ul style="list-style-type: none"> <li>• Quad cane</li> <li>• Walker</li> <li>• Wheelchair</li> </ul>
<b>Condition within 1 Year</b>	<ul style="list-style-type: none"> <li>• Gastric/intestinal bypass</li> <li>• Mental disorder requiring hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Organ transplant (pending or received)</li> <li>• Valve replacement</li> </ul>

Continued on next page

<b>Condition within 2 Years</b>	<ul style="list-style-type: none"> <li>Alcoholism treatment (detoxification and/or inpatient Alcohol program) or history of treatment and currently using or used with the last year</li> <li>Suicide attempt</li> </ul>
<b>Condition within 3 Years</b>	<ul style="list-style-type: none"> <li>Alcohol or drug dependency</li> <li>Cancer other than basal or squamous cancer of the skin</li> <li>Hodgkin's Disease or lymphoma</li> <li>Illegal drug use (other than marijuana)</li> <li>Leukemia</li> </ul>
<b>Condition within 4 Years</b>	<ul style="list-style-type: none"> <li>Cancer: bone, brain, lung, liver, ovary, pancreas, stomach, or any metastatic cancer</li> </ul>
<b>Condition within 5 Years</b>	<ul style="list-style-type: none"> <li>DUI/DWI (more than one)</li> <li>Transient Ischemic Attack (TIA)</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Non-discharged Bankruptcy (personal), Chapter 7</li> <li>On Probation/Parole</li> </ul>

**Client currently taking any of the following medications**

**Brand Name**

**Generic**

Antabuse®	disulfiram
Aricept®	donepezil hcl
Artane®	trihexyphenidyl
Avonex® (if for MS)	interferon beta 1a
Betaseron® (if for MS)	interferon beta 1b
Campral®	acamprosate calcium
Cogentin®	benztropine mesylate
Cognex®	tacrine
Comtan® (if for Parkinson's Disease)	entacapone
Copaxone® (if for MS)	glatiramer acetate
Depade®	naltrexone
Eldepryl® (if used for Parkinson's Disease)	selegiline
Exelon®	ravastigmine
Hydergine®	ergoloid mesylate
(Various names)	interferon
Larodopa®/L-Dopa® (if for Parkinson's Disease)	levodopa
Mirapex® (if for Parkinson's Disease)	pramipexole
Namenda®	memantadine
Parlodel® (if for Parkinson's Disease)	bromocriptine
Permax® (if for Parkinson's Disease)	pergolide
Razadyne®	galantamine hydrobromide
ReVia®	naltrexone
Sinemet® (if for Parkinson's Disease)	carbidopa/levodopa
Suboxone®	buprenorphine/naloxone
Symmetrel® (if for Parkinson's Disease)	amantadine
Vivitrol®	naltrexone

## Underwriting Classes

### Life Insurance<sup>1</sup>

Preferred No Nicotine Use (PNN)  
 Standard No Nicotine Use (SNN)  
 Standard Nicotine Use (SNU)

### LTC Insurance

Preferred  
 Standard

## Underwriting Requirements

Face Amounts	Preferred Life Rates		Standard Life Rates	
	\$50,000 - \$600,000	\$600,001 - \$1,200,000	\$50,000 - \$600,000	\$600,001 - \$1,200,000
<b>Ages 18-59</b>	<ul style="list-style-type: none"> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>
<b>Ages 60-69<sup>2,3</sup></b>	<ul style="list-style-type: none"> <li>• APS</li> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• EKG</li> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• EKG</li> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>
<b>Ages 70-79<sup>2,4,5</sup> No Lifetime EBR Benefit</b>	<ul style="list-style-type: none"> <li>• APS</li> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• EKG</li> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• EKG</li> <li>• Paramed Exam</li> <li>• HOS &amp; Blood</li> </ul>
<b>Ages 70-79<sup>2,4,5</sup> With Lifetime EBR Benefit</b>	<ul style="list-style-type: none"> <li>• APS</li> <li>• Paramed LTC Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• EKG</li> <li>• Paramed LTC Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• Paramed LTC Exam</li> <li>• HOS &amp; Blood</li> </ul>	<ul style="list-style-type: none"> <li>• APS</li> <li>• EKG</li> <li>• Paramed LTC Exam</li> <li>• HOS &amp; Blood</li> </ul>

**List of Terms:** • HOS – Home Office Specimen • APS – Attending Physician Statement • Paramed LTC Exam – Cognitive, Activities of Daily Living and Mobility tests (may be ordered through Portamedic or EMSI)

<sup>1</sup> Substandard life ratings may be available. Substandard risks may be subject to payout period and other benefit limitations.

<sup>2</sup> If proposed insured is Age 60 - 79 and has had an exam with his/her attending physician within the last six months, with measured height/weight, blood and urine, we will be able to use such data in lieu of a current Paramed Exam.

<sup>3</sup> If proposed insured is Age 60 - 69 and has not seen a doctor in the past 24 months, in lieu of a current APS, we require: Paramed Exam, HOS, Blood and EKG.

<sup>4</sup> If proposed insured is Age 70 - 79 and has not seen a doctor in the past 15 months, in lieu of a current APS, we require: Paramed Exam, HOS, Blood and EKG.

<sup>5</sup> Ages 70+ require LTC Phone Cognitive Interview (EMST) if the LTC Monthly Maximum exceeds \$15,000.

## Preferred Life Criteria

### Ages 18 - 64

<b>Impairments</b>	No diseases, disorders or activities that would affect mortality.
<b>Family History</b>	For either parent, no cardiovascular or cancer death prior to age 61.
<b>Cholesterol</b> (treated or untreated)	Cholesterol maximum: 270
<b>CHOL/HDL Ratio:</b>	Cholesterol/HDL ratio cannot exceed 6.0.
<b>Blood Pressure</b>	Currently controlled and average reading in last 2 years (including treatment) does not exceed: <ul style="list-style-type: none"> <li>• 140/90 for ages 60 and younger</li> <li>• 150/90 for ages 61 to 64</li> </ul>
<b>Driving History</b>	No DWI / DUI, reckless driving, license revocation or suspension in the last five years.
<b>Nicotine</b>	No use of nicotine or nicotine substitutes in the last three years. Occasional cigar use is considered no nicotine if 12 or less per year and current nicotine test is negative. (For Standard No Nicotine: No use of nicotine or nicotine substitutes in the last 12 months.)
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for, alcohol or substance abuse in the last 10 years.
<b>Cancer History</b>	Preferred class is not available if any cancer history (except basal cell carcinoma).
<b>Aviation</b>	Flat extra (available in most cases) or exclusion rider.
<b>Hazardous Occupation or Avocation</b>	Coverage available. May require a flat extra.
<b>Build</b>	See Build Chart for minimum and maximum height and weight.

### Ages 65 - 79

<b>Impairments</b>	No diseases, disorders or activities that would affect mortality.
<b>Family History</b>	<ul style="list-style-type: none"> <li>• <b>For ages 65-74:</b> No cancer death in either parent prior to age 61.</li> <li>• <b>For ages 75-79:</b> No family history limitation.</li> </ul>
<b>Cholesterol</b> (treated or untreated)	Total cholesterol must be between 150 and 300. HDL must be greater than 40.
<b>Blood Pressure</b>	Currently controlled (treated or untreated) and average reading in last two years does not exceed 150/90.
<b>Driving History</b>	No DWI / DUI, reckless driving, license revocation or suspension in last 5 years.
<b>Nicotine</b>	No use of nicotine or nicotine substitutes in the last three years. Occasional cigar use considered no nicotine if 12 or less per year and current nicotine test is negative.
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for, alcohol or substance abuse in the last 10 years.
<b>Cancer History</b>	Preferred class not available if any cancer history (except basal cell carcinoma).
<b>Aviation</b>	Flat extra (in most cases) or exclusion rider.
<b>Hazardous Occupation or Avocation</b>	Coverage available. May require a flat extra.
<b>Build</b>	See Build Chart for minimum and maximum height and weight.

## Preferred LTC Rate Guidelines

<b>Nicotine Use</b>	The proposed insured must not have used nicotine within the past three years.
<b>Medications</b>	The proposed insured must not have taken prescription medications for high blood pressure or arthritis within the past three years. LTC preferred is available if blood pressure is well controlled for the past 12 months.
<b>Assisted Care</b>	The proposed insured must not have used home care, adult day care, nursing home care, assisted living care or any other long term care within the past three years.
<b>Height &amp; Weight</b>	Height and weight are within Preferred minimum and maximum limits (see Build Chart).

**Conditions:** In the past five years (10 years for cancer), the proposed insured must not have received medical advice or treatment, been medically diagnosed, or consulted with a health professional for any of the following conditions:

- Alcoholism
- Amputation
- Angina
- Angioplasty
- Arthritis (with prescription medications)
- Asthma
- Arterial surgery
- Atrial fibrillation
- Blackout spells
- Brain disorder
- Cancer (except basal cell carcinoma)
- Carotid artery surgery
- Chronic bronchitis
- Congestive heart failure
- Convulsions
- COPD
- CREST syndrome
- Depression
- Diabetes (no insulin)
- Disabling back or spine condition
- Drug addiction
- Emphysema
- Epilepsy
- Fainting spells
- Fibromyalgia
- Heart attack
- Heart surgery
- Hodgkin’s disease
- Immune system disorder
- Injury due to falls or imbalance
- Joint replacement
- Kidney failure
- Leukemia
- Mental illness
- Mental retardation
- Multiple myeloma
- Myasthenia gravis
- Organ transplant
- Osteoporosis
- Paralysis
- Post-polio syndrome
- Rheumatoid arthritis
- Scleroderma
- Skin ulcers
- Systemic Lupus
- Transient ischemic attack
- Tremor
- Any condition causing crippling or limited motion or requiring adaptive devices

# Build Chart

Height (feet & inches)	Acceptable Weight		Preferred Life & LTC Weight		Diabetic	
	Minimum	Maximum	Minimum	Maximum	Minimum Weight (all)	Maximum Weight (all)
4'6"	71	166	83	125	71	141
4'7"	73	172	86	129	73	146
4'8"	76	180	89	134	76	151
4'9"	79	185	93	139	79	157
4'10"	82	192	96	143	82	162
4'11"	84	198	99	148	84	168
5'0"	87	205	102	153	87	174
5'1"	90	212	106	158	90	180
5'2"	93	219	109	164	93	186
5'3"	96	226	113	169	96	192
5'4"	99	233	116	174	99	198
5'5"	102	241	120	180	102	204
5'6"	106	248	124	186	106	210
5'7"	109	256	127	191	109	217
5'8"	112	263	131	197	112	223
5'9"	115	271	135	203	115	230
5'10"	119	279	139	209	119	237
5'11"	122	287	143	215	122	244
6'0"	126	295	147	221	126	251
6'1"	129	303	151	227	129	258
6'2"	133	312	155	233	133	265
6'3"	136	320	160	240	136	272
6'4"	140	329	164	246	140	279
6'5"	144	337	169	253	144	287
6'6"	147	346	173	260	147	294
6'7"	151	355	178	266		
6'8"	155	364	182	273		

Total Living Coverage universal life insurance with long term care benefits is subject to the terms, issue limitations and conditions of Policy Form No. ULPLTCIPGLI (11/05) et al., and Rider Form Nos. ULRABRIPGLI (11/05) et al., ULREBRIPGLI (11/05) et al., ULRROIPGLI (11/05) et al. and ULRGMBRIPGLI (11/05) et al. or ULRGMBRIPGLI (0709) et al. Policy, benefits and riders may not all be available in all states. Terms and conditions may vary by state. All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

All guarantees are based on the claims-paying ability of the issuing insurance company.

Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc.