



Asset Flex (AD120)

Retail Life Third-Party Distribution

Advanced Markets Network



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Use of this guide

This Broker’s Underwriting Guide outlines the requirements for Asset Flex (AF) underwriting. This guide can also be used as a screening tool for you to determine an indication of a proposed insured’s insurability and rate classification, though it’s important to note that the final determination of insurability and rate classification will be made by the underwriter.

Notes about this guide/underwriting for Asset Flex

- Asset Flex provides both life and long-term care insurance benefits, resulting in an underwriting process that differs substantially from the normal life insurance and LTC underwriting process.
- Some of the medical conditions that would normally preclude an individual from being insured are indicated with the letters NI (**Not Insurable**) on the list of medical conditions provided in this guide. However, this guide does not include all possible medical conditions, or variations of conditions, nor does it reflect the range of severity in each condition.
- Multiple conditions often lead to a declination even though none of those conditions, when considered individually, would lead to a declination. Please note that conditions not disclosed on the Application are sometimes uncovered during the underwriting process.
- This guide does not replace any existing policies or procedures.

Underwriting Guidelines

Asset Flex is a life insurance product that permits the policy owner to accelerate the face amount to help pay for qualified long-term care services. Therefore, the underwriting process will assess risk from both a mortality and morbidity perspective resulting in a separate and distinct rating for life insurance and the long-term care component. Below is an explanation of the various components.

Assessing Functional Limitations

A proposed insured must be independent in all Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) listed below. No assistance from another person, no cueing (prompting), standby (spotter if unsteady), or other forms of supervision must be needed to perform the ADLs or IADLs.

Activities of Daily Living (ADLs) - The proposed insured must be independent in all six ADLs as defined below.	
Bathing	Washing oneself in either a tub, a shower, or by sponge bath; including the task of getting into or out of the tub or shower.
Continence	Maintaining control of bowel and bladder functions; or when unable to maintain control of bowel and bladder functions, maintaining a reasonable level of personal hygiene.
Dressing	Putting on and taking off all items of clothing, necessary braces, fasteners, or artificial limbs.
Eating	Self-feeding by getting food into the body from a receptacle (such as a plate, cup, or table).
Toileting	Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene tasks.
Transferring	Moving in and out of a bed or a chair.
Instrumental Activities of Daily Living (IADLs) -The proposed insured must be independent in all IADLs as defined below.	
Using the telephone	Preparing meals/cooking
Managing finances	Taking transportation
Shopping	Laundry
Housework	Taking all medications



Assessing Cognitive Function

Cognitive impairment from dementia and other disorders is the number one claimed event for LTC insurers. The assessment of mental status and cognitive function is probably one of the most critical and most difficult aspects of LTC underwriting. With the advancing age of many clients, it is extremely important to determine a client's current cognitive status as reliably as possible during the underwriting process.

Cognitive function is a person's ability to:

- Think clearly
- Live safely alone
- Care for themselves independently

Co-Morbid Factors

Co-morbid factors are two or more medical conditions that can make an already existing disease worse. Medical conditions can exist alone and not be of concern to the underwriter. However, when present in certain combinations or with an already existing primary condition, they are significant risk factors for potential long-term care services because they may predispose the individual for the use of the LTC portion of the policy sooner than if the disease were present without them. For example, cigarette smoking, high blood pressure, being overweight and high cholesterol can compound and accelerate already existing disease states such as diabetes mellitus, heart disease, peripheral vascular disease, or carotid artery disease. The outcome could include a stroke, heart attack, amputation and/or chronic debilitation and a patient could soon require long-term care services. If an individual has emphysema (chronic obstructive pulmonary disease), then cigarette smoking, shortness of breath on exertion, and being underweight can compound and make the condition worse.

Stability Periods

The proposed insured is assumed to have completely recovered from any condition(s) unless otherwise specified. Stability periods are expressed in the number of months that the proposed insured is:

- Disease free after recovery
- Stable with a disorder and being treated
- Free of complications or co-morbid factors

The stability period begins on the last date that the proposed insured has received any form of treatment for that condition, e.g., last date of chemotherapy, last date of physical or rehabilitative therapy, date when the condition became stable, etc. Please see the "Values Assigned to Medical Conditions" table that starts on page 12 and refer to the 'Stability in Months' column to determine the debit points associated with different periods by condition. An individual is considered to have no residual impairments, unless otherwise specified.

It is important to consider both the stability of the medical condition and the status and stability of the client's functional and cognitive status. A stable medical history does not preclude the possibility of functional impairment and decline or cognitive deterioration.



Underwriting Requirements

The Part 2 portion of the application may be completed either by the client using the Self-Completion Part 2 (SCP2) online option or by a Telephone Application Interview (TeleApp) with a New York Life representative.

Self-Completion Part 2 (SCP2)

Self-Completion Part 2 (SCP2) is an option available for clients under age 59 ½ that allows them to complete the Part 2 portion of their application online, at their own convenience. This option can be used instead of a telephone interview and is available 24 hours a day, seven days a week. It can be completed on any device (laptop, tablet, mobile phone, etc.).

During the Self-Completion process, the client will be prompted to answer questions regarding personal and health history, such as:

- Income and net worth
- Travel plans outside of the United States
- Name/location of physicians, hospitals, and other medical facilities that have provided care within the last 10 years
- Medical conditions, date(s) of diagnosis, and treatment(s)
- All prescribed medications and how often they are taken

Telephone Application Interview (TeleApp)

The Telephone interview will be completed with a New York Life representative. The representative will ask questions regarding personal and health history, such as:

- Income and Net Worth
- Travel plans outside of the United States
- Name/Location of physicians, hospitals and other medical facilities that have provided care within the last 10 years
- Medical conditions, date(s) of diagnosis and treatment(s)
- All prescribed medications and how often they are taken

A TeleApp representative will contact your client to complete the interview or if preferred, your client may contact the TeleApp team at 866-695-8277 to complete the interview.

Asset Flex Application Supplement

This supplement contains health questions regarding morbidity and other long term care coverage. The supplement is completed during the TeleApp interview.

Cognitive Screening or Enhanced mental skilled test (EMST)

For certain benefits and ages, the proposed insured will be required to complete an Enhanced Mental Skills Test (EMST) cognitive screening. The EMST is a memory exercise which involves the consideration of the proposed insured's medical history, functional performance, and cognitive function including recall and orientation. The EMST is administered by the New York Life TeleApp representative during the telephone interview.



Attending Physician's Statement (APS)

- Required for specific ages and premium amounts, or at underwriter's discretion
- A meaningful APS is required, and the lack of such may result in lower face amount benefits and not offering extension of benefits rider. A meaningful APS contains records that demonstrate a proposed insured has established ongoing medical care.

Asset Flex AD120 Underwriting Chart

Premium Amount	Ages 30–59	Ages 60–65	Ages 66–75
Equal to or less than \$150,000 of aggregate premium	TeleApp or SCP2 Part 2, TeleApp or SCP2 Asset Flex Supplement	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST, APS
Greater than \$150,000 of aggregate premium	TeleApp or SCP2 Part 2, TeleApp or SCP2 Asset Flex Supplement, APS	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST, APS	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST, APS

Note: A Medical Information Bureau (MIB), Prescription History (RXD), and Motor Vehicle Record (MVR) reports will be requested on all applications regardless of age or premium amount.

An Attending Physician's Statement (APS) is required for Asset Flex as indicated above. An APS may also be obtained for cause at the underwriter's discretion. EMST is a memory exercise that performs a cognitive screening and is completed during the TeleApp interview.

Minimum Financial Requirements for the Owner

There are minimum financial requirements for the owner of an Asset Flex policy as follows:

Owner	Income	Net Worth	Single Premium
Age 70 or younger	≥ \$20,000	N/A	≤ 50% of Net Worth
Age 71 or older (A)	≥ \$20,000	≥ \$50,000	≤ 25% of Net Worth
Age 71 or older (B)	≥ \$20,000	≥ \$200,000	≤ 50% of Net Worth
Corporate Owner	≥ \$20,000	N/A	≤ 25% of Net Worth

Mortality Class Rating for the Asset Flex Death Benefit

- Tobacco & Non-Tobacco through Class 4.
- A rating above Class 4 will be a decline for Asset Flex.

LTC rating classifications

The LTC portion of the Asset Flex policy is underwritten using the "Values Assigned to Medical Conditions" chart located on page 12. For more details, see LTC Rating Classification Factors below.

- A rating classification of PREFERRED is assigned if Applicant is assigned 0, 1, 2 or 3 debit points.
- A rating classification of STANDARD 1 is assigned if Applicant is assigned 4 debit points.
- A rating classification of STANDARD 2 is assigned if Applicant is assigned 5 or 6 debit points.
- 7 or more debit points = Decline for Asset Flex.

Note: Reinsurance **is not** available with Asset Flex.



Tobacco Use?	Mortality up to Class 4 with Standard Morbidity	Mortality up to Class 4 With Sub-Standard 1 Morbidity	Mortality up to Class 4 With Sub-Standard 2 Morbidity
Not a Tobacco User	Preferred Non-Tobacco	Standard 1 Non-Tobacco	Standard 2 Non-Tobacco
Current Tobacco User	Preferred Tobacco	Standard 1 Tobacco	Standard 2 Tobacco

LTC rating classification factors

Brokers can determine their client’s likely rating classification for the LTC portion of the policy by the number of debit points, if any, a client has based on their medical history. After determining a client’s potential rating classification, Brokers can advise its' client as to what the rating might be, **but the client must be advised that the final rating classification is assigned by the underwriter.** To estimate rating classification, you can:

1. Assess the proposed insured’s medical history, either by asking them questions or by completing the application.
2. Reference the debit points assigned to the medical conditions section in this guide on page 12, to assign the appropriate number of debit points for each illness, condition, height, weight, and smoking status.
3. Add up the debit points and reference the LTC Rating Classes in the section above.

Pre-screening Client

Gather the following information from the potential client to assist you in determining whether a client’s health history is eligible to apply for Asset Flex:

- Last recorded height and weight
- Specific diagnosis of the impairment
- Date of diagnosis or onset
- Treatment, including date and specific medication prescribed or procedure performed
- Frequency and duration of episodes
- Date of most recent episode

Tests completed, including date and results

- Date of the last visit to the treating physician
- Full recovery date
- Hospitalization

Considerations in Assessing Cancer Risk

When assessing the medical history of cancer, there are several factors that are considered. The stability period must be met before submitting an application. The stability period begins on the last date of treatment for the disease. For a list of required stability periods for cancer, see Medical Conditions chart that begins on page 12. In this chart, the stability period is referenced as ‘Stability in Months.’

The condition of the proposed insured at the time of application and at the time of treatment is a concern if:

- There was lymph node involvement (metastases)
- No recent studies such as bone scans or x-rays that would rule out any recurrence
- Clinical signs or symptoms of recurrent disease, such as weight loss or fatigue



When Your Client is Likely Uninsurable

A proposed insured is uninsurable for Asset Flex if he or she:

- Suffers from a cognitive impairment, including Alzheimer's disease, dementia or other organic memory or mental health problems, which interferes with ability to think clearly, live safely alone, and care for themselves independently. Even MCI (mild cognitive impairment) is not insurable.
- Requires prompting, supervision, cueing or physical assistance to perform routine activities.
- Is unable to walk around both inside and outside.
- Has not completed recommended surgery or diagnostic testing.
- Does not meet the stability period for a particular condition.
- Uses a wheelchair, walker, a quad cane, or oxygen.
- Requires assistance from another individual to perform any one of the Activities of Daily Living (ADLs – see list on page 3).
- Is unable to perform Instrumental Activities of Daily Living (IADLs see list on page 3) or is taking certain medication(s) that can potentially indicate a poor risk selection.

This section does not contain all uninsurable conditions. If you are questioning the appropriateness of a certain condition, please contact your underwriter.

Pre-screening questions for common conditions

Please ask the following pre-screen questions for a determination of potential insurability for these conditions: Arthritis, Atrial Fibrillation (AFib) and Arrhythmia, Balance Problem or Falls, Diabetes, Hepatitis, High Blood Pressure (Hypertension), Osteoporosis, Respiratory Disorders, or Tremors.

Arthritis – Osteoarthritis or Rheumatoid

- What type of arthritis do you have?
- What type of medication or treatment is currently being administered?
- Do you use steroids, injection therapy or IV infusion therapy? Use of these treatments may impact insurability. Continual use is unacceptable. If these treatments have been discontinued for six months, AF can be considered, if overall stability and history of condition is otherwise acceptable.
- Where is the arthritis (fingers, hands, knees, or back)?
- Are you fully active with the condition?
- Has surgery been recommended? If yes, the risk is unacceptable.
- Do you use Methotrexate? If yes, the risk may be unacceptable (Individual Consideration).
- Do you use any type of walking aid, such as a cane, walker, or wheelchair?
- If yes to cane, what type of cane? (Straight cane or pronged cane) If yes to pronged cane, walker or wheelchair, the risk is unacceptable.

Atrial Fibrillation (AFib) and Arrhythmia

- When was condition diagnosed? Minimum of three months documented stability is required before consideration.
- Chronic Atrial Fibrillation with two hospitalizations within the last 2 years is an unacceptable risk.
- With an additional history of stroke or syncope, this is an unacceptable risk.
- If the proposed insured is also a smoker, this is an unacceptable risk.



Balance Problem or Falls

- What was the cause of the balance problem or fall?
- How often do you experience the imbalance or falls? The occurrence of multiple falls is unacceptable.
- Has there been a workup? If so, what was the result?
- Have there been any fractures?
- Is the problem interfering with the activities of daily living? If yes, risk is unacceptable.

Diabetes

- When was diabetes diagnosed?
- Is the diabetes controlled by:
 - Diet?
 - Oral medication? Name of medication and dosage?
 - Insulin? If yes, the risk is unacceptable.
- What is your most recent glycohemoglobin (HgbA1c) reading? HbA1c readings generally less than 8 may be considered.
- Do you have any complications such as vascular problems, kidney disorder, circulatory problems, leg ulcers, retinopathy, macular degeneration, neuropathy (burning or tingling sensation in, hands, feet, or legs)? If yes to any of these conditions, the risk is unacceptable.
- Do you have a history of stroke or TIAs (Mini Stroke)? If yes, the risk is unacceptable.

Hepatitis

- Acute Hepatitis A with full recovery after 6 months is acceptable.
- Any chronic or active form of hepatitis B or C is unacceptable.
- If currently being treated for hepatitis, the risk is unacceptable.
- If there is a history of diagnosis of cirrhosis, the risk is unacceptable.

High Blood Pressure (Hypertension)

- When was high blood pressure diagnosed?
- What is the most recent blood pressure reading?
- Is the blood pressure controlled by diet or medication?

Osteoporosis

- When was the condition diagnosed?
- What type of medication is currently being administered?
- Do you have a history of compression or other fractures? Fractures within the last 24 months are unacceptable.
- How many fractures? Multiple fractures are unacceptable.

Respiratory Disorders – Asthma, emphysema, chronic obstructive pulmonary disease (COPD)

- When was the condition diagnosed?
- What type of medication or treatment is currently being administered?
- Do you currently smoke or have you smoked within the last year? If yes, the risk is unacceptable.
- Have you been hospitalized for the respiratory disorder? If yes, when?



- Are you currently taking oral steroids or within the last six months have you taken oral steroids? If yes, the risk is unacceptable.
- Is the condition diagnosed as severe? If yes, the risk is unacceptable.

Tremors

- When were the tremors diagnosed?
- Are the tremors diagnosed as benign or essential tremors?
- Are the tremors diagnosed as resting or intentional tremors? If yes, the risk is unacceptable.
- Has there been a neurological evaluation?
- Is the cause for the tremors known? If no, this is an unacceptable risk.
- Are the tremors interfering with the Applicant's activities of daily living? If yes, the risk is unacceptable.
- Parkinson's Disease is unacceptable.

Frequently asked questions

Q. If my client has been declined for long-term care insurance, does that mean they will not qualify for Asset Flex?

A. While it is unlikely that they will qualify for Asset Flex, we suggest that you contact your underwriter prior to completing an application.

Q. My client has a recommended or pending surgery; can I submit an application prior to the surgery?

A. We suggest that you wait until 6 months have passed since the operation and your client is fully recovered and released from the doctor's care.

Q. My client had surgery recently, when can I submit an application?

A. We suggest that you wait until 6 months have passed since the operation and your client is fully recovered and released from the doctor's care.



Height and Weight Guide

Below are the height and weight charts (male, female and unisex) to be used to assign debit points. Weight is displayed in pounds.

Height and weight guide – Male (Use the Unisex chart below for Arkansas, Colorado, Illinois, Montana, and Vermont)

Height	0 points	1 point	2 points	3 points	4 points	5 points	6 points	Decline
4'11"	85-158	159-168	169-178	179-188	189-193	194-198	199-203	204+
5'0"	90-164	165-175	176-185	186-195	196-200	201-205	206-210	211+
5'1"	95-169	170-180	181-190	191-201	202-206	207-211	212-217	218+
5'2"	96-175	176-186	187-197	198-208	209-213	214-219	220-224	225+
5'3"	97-180	181-192	193-203	204-214	215-220	221-226	227-231	232+
5'4"	100-186	187-198	199-210	211-221	222-227	228-233	234-239	240+
5'5"	104-192	193-204	205-216	217-228	229-234	235-240	241-246	247+
5'6"	107-199	200-211	212-224	225-236	237-242	243-248	249-255	256+
5'7"	110-204	205-217	218-230	231-242	243-249	250-255	256-261	262+
5'8"	112-210	211-224	225-237	238-250	251-256	257-263	264-270	271+
5'9"	115-217	218-230	231-243	244-257	258-264	265-270	271-278	279+
5'10"	120-223	224-237	238-251	252-265	266-272	273-278	279-285	286+
5'11"	124-230	231-243	244-258	259-272	273-280	281-287	288-293	294+
6'0"	128-236	237-251	252-266	267-281	282-288	289-295	296-303	304+
6'1"	130-243	244-259	260-272	273-288	289-295	296-303	304-311	312+
6'2"	133-249	250-265	266-280	281-295	296-303	304-311	312-319	320+
6'3"	138-256	257-272	273-288	289-304	305-312	313-320	321-328	329+
6'4"	140-262	263-279	280-295	296-312	313-320	321-329	330-336	337+
6'5"	146-270	271-287	288-304	305-321	322-329	330-338	339-346	347+



Height and weight guide – Female (Use the Unisex chart below for Arkansas, Colorado, Illinois, Montana, and Vermont)

Height	0 points	1 point	2 points	3 points	4 points	5 points	6 points	Decline
4'11"	85-148	149-158	159-168	169-178	179-183	184-188	189-193	194+
5'0"	90-154	155-164	165-175	176-185	186-190	191-195	196-200	201+
5'1"	93-159	160-169	170-180	181-190	191-196	197-201	202-207	208+
5'2"	95-165	166-175	176-186	187-197	198-202	203-208	209-213	214+
5'3"	97-169	170-180	181-192	193-203	204-209	210-214	215-220	221+
5'4"	99-175	176-186	187-198	199-210	211-215	216-221	222-228	229+
5'5"	103-180	181-192	193-204	205-216	217-223	224-228	229-235	236+
5'6"	107-186	187-199	200-211	212-224	225-230	231-236	237-242	243+
5'7"	109-191	192-204	205-217	218-230	231-236	237-243	244-249	250+
5'8"	112-197	198-210	211-224	225-236	237-243	244-250	251-256	257+
5'9"	115-203	204-216	217-230	231-243	244-250	251-257	258-264	265+
5'10"	118-209	210-223	224-237	238-251	252-258	259-265	266-271	272+
5'11"	123-215	216-230	231-243	244-258	259-265	266-272	273-280	281+
6'0"	128-222	223-236	237-251	252-266	267-273	274-281	282-288	289+
6'1"	130-228	229-242	243-258	259-272	273-280	281-288	289-295	296+
6'2"	133-233	234-249	250-265	266-280	281-288	289-295	296-303	304+
6'3"	136-240	241-256	257-272	273-288	289-296	297-304	305-312	313+
6'4"	140-246	247-262	263-279	280-295	296-303	304-312	313-320	321+
6'5"	146-254	255-270	271-287	288-304	305-313	314-321	322-329	330+



Height and weight guide – Unisex (For Arkansas, Colorado, Illinois, Montana and Vermont only)

Height	0 points	1 point	2 points	3 points	4 points	5 points	6 points	Decline
4'11"	85-154	155-164	165-174	175-183	184-188	189-193	194-199	200+
5'0"	88-159	160-169	170-180	181-190	191-195	196-200	201-205	206+
5'1"	90-165	166-175	176-186	187-196	197-201	202-207	208-212	213+
5'2"	93-170	171-181	182-192	193-202	203-208	209-213	241-219	220+
5'3"	96-176	177-187	188-198	199-209	210-214	215-220	221-226	227+
5'4"	100-181	182-193	194-204	205-215	216-221	222-228	229-234	235+
5'5"	103-187	188-199	200-211	212-223	224-228	229-235	236-241	242+
5'6"	106-193	194-205	206-217	218-230	231-236	237-242	243-248	249+
5'7"	109-198	199-211	212-224	225-236	237-243	244-249	250-256	257+
5'8"	112-204	205-218	219-231	232-243	244-250	251-256	257-264	265+
5'9"	116-210	211-224	225-238	239-250	251-257	258-264	265-271	272+
5'10"	119-217	218-231	232-244	245-257	258-265	266-271	272-279	280+
5'11"	122-223	224-237	238-251	252-265	266-272	273-280	281-287	288+
6'0"	126-229	230-244	245-259	260-272	273-281	282-288	289-295	296+
6'1"	129-235	236-251	252-266	267-281	282-288	289-295	296-301	305+
6'2"	133-242	243-258	259-273	274-288	289-295	296-303	304-312	313+
6'3"	137-249	250-265	266-281	282-296	297-304	305-312	313-321	322+
6'4"	140-255	256-272	273-288	289-303	304-312	313-322	323-329	330+
6'5"	144-262	263-279	280-296	297-313	314-321	322-329	330-338	339+



Values assigned to medical conditions

The table below indicates the debit points assigned to conditions and those that are not insurable (NI). Please see “Abbreviations and Definitions for Medical Conditions Guide” on page 27 for an explanation of medical condition acronyms listed in the table. In addition to the conditions noted as NI in the table, proposed insureds with the following condition combinations (see section about Co-Morbid Factors on page 4) are also not insurable:

- Diabetes and stroke history
- Vascular conditions and smoking
- Respiratory disorders and smoking
- Obesity and joint problems
- Heart disease and smoking

Medical conditions	Stability in months	Debit points
Alcoholism		
Elevated liver functions related to alcohol	NI	
Treated and abstinent	60	0
Untreated	NI	
Alzheimer’s		
NI		
Amnesia		
One episode	6	1
Multiple episodes or a history of stroke or TIA (mini stroke)	NI	
Amputation		
Due to trauma, single limb, independent in ADL’s	6	0
Due to trauma, multiple limbs	NI	
Due to disease	NI	
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s Disease)		
NI		
Anemia		
Cause known and corrected	3	0
Cause unknown	IC	
Aplastic Anemia, Sickle Cell Anemia	NI	
Aneurysm		
NI		



Medical conditions	Stability in months	Debit points
Angina		
Ages 54 and Younger	NI	
Ages 55 and older - Non-smoker, stable, controlled with medication	IC	
Unstable, frequent medication changes or frequent hospitalization/ER visits, or smoking	NI	
Angioplasty		
Non-smoker, no heart attack, asymptomatic, normal stress test	6	2
Non-smoker, Current age 65, with history of heart attack > 2years ago, asymptomatic, normal stress test	6	IC
Symptoms continue or treatment for heart failure or a smoker	NI	
Ankylosing Spondylitis, NRI	6	1
Anxiety		
Controlled with meds, no hospitalization, NRI	6	1
Panic attacks and/or anxiety that causes functional disability or required hospitalization, CR	24	IC
Arrhythmia and Atrial Fibrillation		
Mild, no evidence of heart failure (controlled with meds), non-smoker	3	1
Atrial fibrillation/flutter- Single episode, controlled, non-smoker	3	1
Chronic atrial fibrillation, asymptomatic, controlled with meds, non-smoker	3	IC
With history of stroke or syncope, non-smoker	NI	
Chronic atrial fibrillation with 2 hospitalizations for problem in last 2 years or a smoker	NI	
Arthritis		
Osteoarthritis, no prescription meds, no functional limits, asymptomatic	0	0
Osteoarthritis, degenerative disc disease or rheumatoid arthritis, prescription meds, no steroid use, no functional limits, no durable medical equipment use, no joint deformities, single prong cane-used outdoor use only	3	1
Osteoarthritis or rheumatoid arthritis, prescription meds, no functional limits, no durable medical equipment use, no joint deformities, single cane-used only outside, Steroid use on flare-ups only	3	2

Continued on next page →



Medical conditions	Stability in months	Debit points
Joint replacement	6	IC
Use of Methotrexate	6	IC
Severe osteoarthritis or rheumatoid arthritis, requires durable medical equipment use or functional limits or continual steroid use or surgery recommended	NI	
Injection therapy or IV infusion therapy	NI	
Asthma, COPD, Emphysema		
Mild, controlled with meds, non-smoker, no oral steroids within 2 years	0	1
Moderate, controlled with meds, non-smoker, no oral steroids within 6 months, no shortness of breath	6	2
Severe, frequent exacerbations requiring hospitalization or steroid therapy or continual oral steroid therapy or oxygen dependent or activity restrictions due to shortness of breath or a smoker	NI	
Atrial – Ventricular Heart Block		
First or second degree, no surgery recommended, non-smoker	3	0
Third degree or complete block, or a smoker	NI	
Pacemaker, non-smoker	3	IC
Bell's Palsy, NRI		
	0	0
Bronchitis		
Acute, CR	0	0
Chronic – Mild, controlled, with or without meds, nonsmoker, no oral steroids within 6 months	3	1
Severe, frequent episodes requiring hospitalization or steroid therapy, smoking or continual oral steroids or oxygen dependent or activity restrictions due to shortness of breath	NI	
Bronchiectasis		
Mild, controlled with meds, nonsmoker, no oral steroids within 2 years, no functional limits	3	1
Moderate, controlled with meds, nonsmoker, no oral steroids within 6 months, no functional limits	6	2
Severe-frequent exacerbations requiring hospitalization or steroid therapy or smoking or continual oral steroid therapy or oxygen dependent or activity restrictions due to shortness of breath	NI	



Medical conditions	Stability in months	Debit points
Buerger's Disease (Thromboangitis Obliterans)		
Non-smoker, Asymptomatic, CR and NRI (Low dose steroids acceptable <5mg)	48	1
Smoker	NI	
Cancer		
Breast		
- Lobular carcinoma in situ	24	IC
- All others - No metastasis	84	IC
Colon - no metastasis	60	IC
Prostate		
- Age 50 and older at the time of diagnosis - No metastasis	60	IC
Kaposi's	NI	
Leukemia	NI	
Melanoma (skin)		
- In situ	6	IC
- Stage 1 - No metastasis	48	IC
- All other stages	120	IC
Melanoma (other than skin)		
- Subungual and eye - No metastasis	60	IC
- All others	NI	
All other cancers	120	IC
Cardiomyopathy		
Post-partum resolved with full recovery, no medications	24	IC
All others	NI	
Carotid Artery Disease		
Operated, endarterectomy, both sides <30% obstruction with no smoking or history of diabetes	6	IC
Partial, obstruction <50%, stable, no history of TIA, no smoking, no diabetes	12	IC
>50% obstruction, unoperated, or smoking or diabetes or TIA, or stroke	NI	
Carpal Tunnel Syndrome, NRI	0	0
Cerebral Palsy	NI	



Medical conditions	Stability in months	Debit points
Chronic Fatigue Syndrome, CR	12	1
Cirrhosis of the Liver	NI	
Colitis		
Crohn's or ulcerative, controlled with meds, no related hospitalizations in last 12 months, no recent weight loss, low dose oral steroid (Acceptable <5 mg. per day)	12	1
Uncontrolled, recent weight loss, recent hospitalizations, or surgery in last 12 months, enteral and parenteral feedings last 2 years	NI	
Irritable bowel syndrome, diverticulitis	3	0
Colostomy or Ileostomy – Independent in care, UCR	6	IC
Concussion, NRI, CR	6	0
Connective Tissue Disease (Mixed)	NI	
Congestive Heart Failure		
Recovered – non-smoker	IC	
All others	NI	
COPD (Chronic Obstructive Pulmonary Disease) – See Asthma		
Coronary Bypass Grafts		
Current age 54 and younger	NI	
Current age 55 and older - Non-smoker, one vessel other than left main, normal stress test, asymptomatic, no co-morbidities	6	IC
All others	NI	
Coronary Heart Disease		
Non-smoker, no heart attack, asymptomatic, controlled with medications	6	IC
Frequent medication changes, frequent hospitalizations or planned surgery, or a smoker	NI	
3 vessel disease, unoperated or smoking	NI	
Crest Syndrome	NI	
Dementia	NI	
Demyelinating Disease	NI	



Medical conditions	Stability in months	Debit points
Dermatomyositis, Polymyositis, CR (no steroid use)	24	1
Depression		
Situational, with or without meds, NRI	6	0
Mild to Moderate, stable medication dose, no hospitalization within 2 years	6	2
Major depression, stable, no hospitalization, CR	24	2
Manic Depression/Bipolar disorder, no functional/cognitive impairment, no ECT, no psychiatric hospitalizations in the last 2 years, controlled with medication (excluding all anti-psychotic medication)	36	IC
Hospitalized last 2 years or medication adjustments last 2 years or signs or functional/memory loss or psychosis	NI	
Diabetes		
Insulin dependent all ages	NI	
Ages 29 and younger	NI	
Ages 30 - 49 non-smoker with onset less than 6 years		
- Diet controlled - No medications, good control	6	1
- Oral medications	NI	
Ages 50 and older, non-smoker with onset less than 11 years		
- Diet controlled - No medications, good control	0	1
- Oral medication - good control without complications	6	IC
- With complications such as neuropathy, kidney disorder, eye disorder, pancreatitis, stroke, or TIA (mini stroke), peripheral vascular disease, carotid disease, or clotting disorders	NI	
Ages 50 and older, non-smoker with onset greater than 10 years	6	IC
Dialysis – Hemodialysis or Peritoneal	NI	
Dizziness/Vertigo		
Acute viral labyrinthitis, NRI, CR	3	0
Meniere's disease	12	1
Cause unknown – Asymptomatic, no co-existing neurological impairment, NRI, CR	12	IC
Ongoing problem	NI	



Medical conditions	Stability in months	Debit points
Drug Abuse		
Treated with current abstinence	60	0
Untreated	NI	
Emphysema, see Asthma		
Encephalitis, NRI, CR	12	0
Enteritis, see Colitis		
Epilepsy, Seizure Disorder		
Childhood onset, well controlled with meds	12	1
Adult onset, controlled with meds	12	2
Uncontrolled, unknown reason or head trauma or brain tumor residual	NI	
Child or adult-onset with stroke history or TIA	NI	
Esophageal Varices	NI	
Esophageal Stricture		
Cancer ruled out, ongoing dilation	12	IC
Falls		
Multiple	NI	
One fall	6	IC
Fibromyalgia		
Stable w/prescription medication (no steroids), no connective tissue disease	6	1
Unstable or using narcotic medications	NI	
Fracture		
Arms, NRI, CR	3	0
Legs (Primary concern hips & falls) – No functional impairment, CR	3	0
With chronic pain, functional disability	NI	
Skull – Accident, CR, NRI	12	0
Vertebral – Due to: Paget’s disease (see Paget’s), osteoporosis (see Osteoporosis), accident, CR, NRI	6	1



Medical conditions	Stability in months	Debit points
Gastric Bypass – See height and weight chart for eligibility. Weight loss, CR must be stable for 12 months with no residuals	12	1
Gallbladder Disease – Operated or unoperated	3	0
Glaucoma		
Controlled w/medication, NRI	3	1
With macular degeneration	6	IC
Gout/Gouty Arthritis		
Asymptomatic, elevated uric acid, controlled with med	3	0
Gouty Arthritis, controlled with meds	3	1
Disabling, joint deformities functional limits, Steroid or Narcotic medications	NI	
Guillain Barre		
Full recovery without residuals	6	1
With residual impairment	NI	
Head Injury		
Full recovery without residuals	6	IC
With residual impairment, residual seizure disorder	NI	
Heart Attack (Myocardial Infarction)		
Current age 65 and older, non-smoker, greater than 2 years since attack, asymptomatic, CR	24	IC
Current age 64 and younger	NI	
Heart Bypass- see Coronary Bypass		
Heart Stent- see Angioplasty		
Heart Transplant	NI	



Medical conditions	Stability in months	Debit points
Heart Valve Disease		
Aortic Stenosis/Aortic Insufficiency		
- Age 50 and older, non-smoker, asymptomatic, mild	6	1
- With significant Mitral regurgitation or decreased cardiac function or a smoker	NI	
Mitral valve prolapse		
- Asymptomatic	0	1
- With significant Mitral regurgitation or decreased cardiac function and a smoker	NI	
Heart Valve Replacement		
Current age 60 and younger	NI	
Current age 61 and older, greater than 6 years since surgery, non-smoker	IC	
Hemochromatosis (Bronze Diabetes)	6	IC
Hepatitis		
Acute A, CR	6	0
Hepatitis B infection, virus cleared, liver function tests normal, no current treatment, CR	36	IC
Hepatitis C, virus cleared, liver function tests normal, no current treatment, CR	36	IC
Chronic Hepatitis B or C	NI	
Herniated Intervertebral Disc		
Operated, CR, NRI	6	1
Unoperated, CR, NRI, no chronic pain	6	2
Unoperated, with functional limits, chronic pain, or narcotic medications	NI	
Hiatal Hernia – Surgery planned	3	0
High Blood Pressure		
Controlled by diet	0	1
Controlled with prescription meds	3	1
Not well controlled	NI	
Hodgkin’s Disease (Disease free, treatment free)	60	IC
Huntington’s Disease	NI	
Hydrocephalus	NI	



Medical conditions	Stability in months	Debit points
Incontinence		
Fecal incontinence	NI	
Urinary incontinence – Partial, incontinence, NRI, independent in care, controlled with or without medication	0	2
Complete incontinence, dependent	NI	
Use of catheter (internal)	NI	
Intellectual Disability		
IC		
Joint Replacement (Hip, Knee, Shoulder)		
PT completed, CR, NRI, no durable medical equipment use	6	1
With complications or symptoms continue or need for durable medical equipment use	NI	
Surgery recommended but not complete	NI	
Kidney Transplant		
NI		
Knee Disorder, NOC, NRI, CR		
6 0		
Kyphosis (Mild or Moderate)		
No respiratory problem, NRI	6	0
With COPD or neurological impairment or with Osteoporosis	NI	
Leukemia		
NI		
Liver Transplant		
NI		
Lupus		
Discoid, inactive, no evidence of systemic disease, CR, no steroids within 6 months	3	2
Systemic Lupus	NI	
Macular Degeneration		
Stable, no progression, no functional limits	6	1
With glaucoma or diabetes	IC	
Memory Loss		
NI		
Monoclonal Gammopathy, Polyclonal		
IC		
Multiple Sclerosis		
NI		
Muscular Dystrophy		
NI		



Medical conditions	Stability in months	Debit points
Myasthenia Gravis		
Ocular Muscle involvement only	24	2
All other	NI	
Nephrectomy, Unilateral – RO cancer, NRI normal BUN, creatinine		
	12	1
Nephritis, Glomerulonephritis – RO end-stage renal disease, BUN<30, creatinine <2.0		
	12	1
Neuropathy		
	6	IC
Neurogenic Bladder		
	NI	
Non-Hodgkin's Lymphoma		
Age 65 and older (disease free, treatment free)	72	IC
Age 64 and younger	NI	
Obesity- see Height and Weight Chart on page 11		
Osteoporosis		
Asymptomatic, no fractures, NRI	0	1
History of compression fracture, NRI	24	4
Multiple fractures, symptomatic or with limits, or severe or with kyphosis	NI	
Pacemaker, see Atrial-Ventricular Block		
Paget's Disease, Osteitis Deformans		
Asymptomatic, no fractures, NRI	6	1
Symptomatic or with fractures	NI	
Pancreatitis		
Acute, Non-alcohol related, CR	3	1
Chronic, alcohol related, or due to diabetes	NI	
Paralysis, Paresis		
	NI	
Parkinson's Disease		
	NI	



Medical conditions	Stability in months	Debit points
Peptic Ulcer Disease		
No history of GI bleed	0	0
History of GI bleed	6	1
Pericarditis – No Heart Impairment, CR	6	0
Peripheral Vascular Disease		
Good pulses, nonsmoker, no claudication	6	1
Intermittent claudication	12	IC
No pulses, claudication or skin ulcers or smoking or limitations or diabetes	NI	
Phobias, Psychoneuroses, Psychosis	NI	
Polycystic Kidney Disease	NI	
Polycythemia, Essential Thrombocytosis, ITP	IC	
Polymyalgia Rheumatica		
No continual steroids, NRI, CR	12	1
Currently receiving treatment	NI	
Polyyps – Begin, CR	0	0
Post-Polio Syndrome	NI	
Pregnancy – With complications, post-partum	6	IC
Prostatic Hypertrophy – Benign		
No obstructive symptoms, normal PSA (Prostate Specific Antigen)	0	0
Surgery, CR, NRI normal PSA (Prostate Specific Antigen)	3	0
Mild symptoms, elevated PSA, biopsy performed and shows negative results (no cancer), Watch & Wait	3	2
Psoriasis		
Stable	0	0
Treated with injection therapy	NI	



Medical conditions	Stability in months	Debit points
Pulmonary Embolism		
Non-smoker, complete recovery without residuals	6	2
Co-existing disease	6	IC
Smoking	NI	
Pulmonary Hypertension		
	NI	
Raynaud's Syndrome		
Primary	0	1
Secondary	6	IC
Renal Insufficiency, Mild		
Mild, stable renal function	6	IC
With diabetes	NI	
All others	NI	
Renal Failure, CRF		
With diabetes	NI	
Respiratory Disease, NOC		
NRI, CR	6	2
Severe – frequent exacerbations requiring hospitalization and/or steroid therapy or smoking or continual oral steroid therapy, or oxygen dependent, or activity restrictions due to shortness of breath or regular nebulizer treatment	NI	
Retinal Detachment and/or Hemorrhage		
NRI, CR, normal visual acuity one eye	6	0
With diabetes, or disease of other eye	6	IC
Sarcoidosis		
NRI, CR	12	IC
Hospitalization for respiratory infection in past 24 months or continued smoking or oxygen dependent or continual oral steroid therapy or activity restrictions due to shortness of breath	NI	
Schizophrenia		
	NI	



Medical conditions	Stability in months	Debit points
Sciatica		
Fully recovered, no surgery recommended	3	0
Mild symptoms continue, no functional limits	6	1
Functional limitations, surgery recommended	NI	
Scleroderma		
Morphea (skin only)	3	1
All others	NI	
Sclerosing Cholangitis		
	NI	
Scoliosis		
Asymptomatic, NRI – with osteoporosis	IC	0
With neurological impairment	NI	
Seizures Disorder, see Epilepsy		
Sleep Apnea		
Non-smoker without heart or lung disease	0	IC
With heart or lung disease or smoker	NI	
Smoker		
	0	1
If not smoking for two years		0
Spinal Muscle Atrophy		
	NI	
Stroke (Cerebrovascular Accident – CVA)		
	NI	
Syncope		
Cause known	UCR	IC
Cause unknown – single episode	6	1
Multiple episodes, cause known, complete recovery without residuals	36	1
Thrombophlebitis – Superficial, with no ulcers		
	6	0
Thrombosis, Deep Vein, NRI, CR		
Non-smoker, without pulmonary embolus	6	1
Smoker or diabetes	NI	



Medical conditions	Stability in months	Debit points
TIA (Transient Ischemic Attack - Mini Stroke)		
44 and younger at the time of the TIA	NI	
Age 45 and older at the time of the TIA, greater than 6 years since TIA, non-smoker	72	IC
Multiple episodes, paralysis, diabetes, hypertension, or smoking	NI	
Tremors		
Resting, Kinetic or Intentional	NI	
Benign, essential, NRI	24	1
Cause unknown	NI	
Other types of tremors	UCR	IC
Tuberculosis		
Inactive	6	1
Active or smoking	NI	
Tumors		
NOC, RO cancer, CR, NRI	6	1
Brain or spinal cord, eradicated, no residual seizures	60	2
Uremia, End-Stage Renal Disease		
NI		
Vertebral or Spinal Disorder, NOC		
No functional limits, no durable medical equipment use, NRI	6	1
With functional limits or need for DME or chronic pain or surgery recommended	NI	



Abbreviations and definitions for medical conditions guide

BUN:	Blood Urea Nitrogen
CR:	Complete Recovery. Applicant has recovered from the illness or injury, and now has no functional impairments or complications as a result of the condition.
CVA:	Cerebrovascular Accident (Stroke)
CVD:	Cardiovascular Disorder
DME:	Durable Medical Equipment, such as a walker, cane, wheelchair, oxygen, etc.
ER:	Emergency Room
ETT:	Exercise Tolerance Test (Stress Test)
GI:	Gastrointestinal
IC:	Individual Consideration
MCI:	Mild Cognitive Impairment
MI:	Myocardial Infarction (Heart Attack)
NOC:	Not Otherwise Classified
NI:	Not Insurable
NRI:	No Residual Impairments. Similar to CR but meant to point out to the user that this is the type of diagnosis where residual impairments are likely, so that the user will pay special attention to this area.
PSA:	Prostate Specific Antigen – blood test that screens for Prostate Cancer
PT:	Physical Therapy
PVD:	Peripheral Vascular Disorder
RO:	Rule Out – instruction to be sure that the illness or injury you are concerned about has been ruled out, or not found, before the Application is taken.
TIA:	Transient Ischemic Attack (mini-stroke)
UCR:	Underwrite Cause and Result – instruction to look for the reason (the specific illness or injury) underlying the impairment and use the Debit Points Assigned to Medical Conditions to rate the Applicant.

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