UNDERWRITING GUIDELINES

Our Senior Choice life insurance plans target a broad final expense insurance market spectrum. These policies and our application Form No. 9466 (with state variations) [AA, OL, PA, PS] and Form No. ICC15-GL213 (with state variations) [iA] accommodate a simplified approach to purchasing life insurance.

The Senior Choice application features simple **'Yes'** or **'No'** questions that enable you to determine quickly which plan of insurance the applicant may be eligible for.

FIND THE POLICY THAT FITS EACH CLIENT	
Immediate Death Benefit	Answer **'No'** to all health questions 1 through 8 on the application
Graded Death Benefit	Answer **'No'** to questions 1 through 7, but **'Yes'** to health question 8
Return of Premium Death Benefit	Answer **'No'** to questions 1 through 3, **'Yes'** to any health questions 4 through 7

If health questions 1, 2, or 3, are answered **'Yes'**, the applicant is **not** eligible for any Senior Choice plans.

POLICY SPECIFICATIONS

Issue Ages (Age Last Birthday):	50 to 85
Premium Paying Period:	To age 110
Minimum Death Benefit:	$2,500 ($5,000 in Washington)
Maximum Immediate Death Benefit:	Ages 50 to 75: $50,000
	Ages 76 to 85: $25,000
Maximum Graded Death Benefit:	Ages 50 to 85: $25,000
Maximum Return of Premium Death Benefit:	Ages 50 to 85: $25,000
Policy Fee:	$30 (Commissionable)
Modal Factors:	
Monthly EFT	0.088
Quarterly	0.262
Semi-Annual	0.519
No-cost Riders Included:	**Availability:**
Terminal Illness Accelerated Death Benefit Rider*	All plans
Accelerated Death Benefit Rider-Confined Care*	Immediate Death Benefit Only
Optional Benefits and Riders:	**Availability:**
Grandchild Rider (also covers Great-grandchildren)	All plans
Nursing Home Waiver of Premium Rider	Immediate Death Benefit Only
Children's Insurance Agreement	Not Available on ROP Plan
Accidental Death Benefit Agreement	Not Available on ROP Plan
Application No. (Company specific with some state variations)	9466 (AA, OL, PA, PS) or ICC15- GL213 (iA)
*** Included at no additional premium, where available.**	

BUILD CHARTS
(Unisex)

(Use the chart below to help determine the appropriate plan)

Ht.	MAXIMUM WEIGHT FOR PLAN			MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	GRADED	ROP	IMMEDIATE	ROP
4′ 5″**	173	174 - 180	181 - 190	82	77 - 81
4′ 6″**	180	182 - 188	189 - 198	84	79 - 83
4′ 7″**	187	189 - 196	197 - 206	86	81 - 85
4′ 8″	197	198 - 204	205 - 214	88	83 - 87
4′ 9″	204	205 - 212	213 - 222	90	85 - 89
4′ 10″	211	212 - 220	221 - 230	92	87 - 91
4′ 11″	218	219 - 228	229 - 238	94	89 - 93
5′	225	226 - 236	237 - 246	96	91 - 95
5′ 1″	233	234 - 244	245 - 254	99	94 - 98
5′ 2″	241	242 - 252	253 - 262	101	96 - 100
5′ 3″	248	249 - 260	261 - 271	105	100 - 104
5′ 4″	256	257 - 268	269 - 280	107	102 - 106
5′ 5″	264	265 - 276	277 - 288	110	105 - 109
5′ 6″	273	274 - 285	286 - 297	112	107 - 111
5′ 7″	281	282 - 294	295 - 306	116	111 - 115
5′ 8″	289	290 - 303	304 - 316	119	114 - 118
5′ 9″	298	299 - 312	313 - 325	123	118 - 122
5′ 10″	307	308 - 321	322 - 335	126	121 -1 25
5′ 11″	315	316 - 330	331 - 344	131	126 - 130
6′	324	325 - 339	340 - 354	135	130 - 134
6′ 1″	334	335 - 349	350 - 364	139	134 - 138
6′ 2″	343	344 - 359	360 - 374	142	137 - 141
6′ 3″	352	353 - 368	369 - 384	146	141 - 145
6′ 4″	361	362 - 378	379 - 394	149	144 - 148
6′ 5″	370	371 - 388	389 - 404	152	147 - 151
6′ 6″	379	380 - 398	399 - 414	156	151 - 155
6′ 7″	388	398 - 408	409 - 424	160	155 - 159
6′ 8″	397	398 - 418	419 - 434	164	159 - 163
6′ 9″	406	407 - 428	429 - 440	168	162 - 167

4′ 5″ - 4′ 7″ (**) These heights are not programmed when using the mobile application decision engine and will generate a Refer to Home Office decision.

SENIOR CHOICE PRESCRIPTION REFERENCE GUIDE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Psychotic Disorder	N/A	Immediate
Accupril	Hypertension CHF	N/A N/A	Immediate No Coverage
Accuretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Acebutolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Aceon	Hypertension CHF	N/A N/A	Immediate No Coverage
Actoplus	Diabetes *	N/A	Immediate
Actos	Diabetes *	N/A	Immediate
Advair	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aggrenox	Stroke / TIA	2 years 3 years > 3 years	Return of Premium Graded Immediate
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aldactazide	Hypertension CHF	N/A N/A	Immediate No Coverage
Aldactone	Hypertension CHF	N/A N/A	Immediate No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension CHF	N/A N/A	Immediate No Coverage
Amantadine HCL	Parkinson's	N/A	Graded
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Amlodipine Besylate / Benaz	Hypertension CHF	N/A N/A	Immediate No Coverage
Amyl Nitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing **'diabetes'** and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as **'Yes'** (Return of Premium Death Benefit plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Antabuse	Alcohol / Drugs	2 years	Return of Premium
Apokyn	Parkinson's	N/A	Graded
Apresoline	Hypertension CHF	N/A N/A	Immediate No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Atacand	Hypertension CHF	N/A N/A	Immediate No Coverage
Atamet	Parkinson's	N/A	Graded
Atenolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent / Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Avalide	Hypertension CHF	N/A N/A	Immediate No Coverage
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension CHF	N/A N/A	Immediate No Coverage
Avonex	Multiple Sclerosis	N/A	Graded
Azasan	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	N/A N/A N/A	No Coverage Immediate Return of Premium
Azathioprine	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	N/A N/A N/A	No Coverage Immediate Return of Premium
Azilect	Parkinson's	N/A	Graded
Azmacort	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Azor	Hypertension CHF	N/A N/A	Immediate No Coverage
Baclofen	Multiple Sclerosis	N/A	Graded
Baraclude	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Benazepril HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Benicar	Hypertension CHF	N/A N/A	Immediate No Coverage
Benlysta	Systemic Lupus	N/A	Return of Premium
Benztropine Mesylate	Parkinson's Other Use	N/A N/A	Graded Immediate
Betapace	Arrhythmia CHF	N/A N/A	Immediate No Coverage
Betaseron	Multiple Sclerosis	N/A	Graded
Betaxolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	Hypertension CHF	N/A N/A	Immediate No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Graded
Bumetanide	Hypertension CHF	N/A N/A	Immediate No Coverage
Bumex	Hypertension CHF	N/A N/A	Immediate No Coverage
Buprenex	Alcohol / Drugs	2 years	Return of Premium
Bystolic	Hypertension CHF	N/A N/A	Immediate No Coverage
Calcium Acetate	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Campath	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Campral	Alcohol / Drugs	2 years	Return of Premium
Capoten	Hypertension CHF	N/A N/A	Immediate No Coverage
Capozide	Hypertension CHF	N/A N/A	Immediate No Coverage
Captopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Carbamazepine	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Carbatrol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Carbidopa	Parkinson's	N/A	Graded
Carvedilol	Hypertension CHF	N/A N/A	Immediate No Coverage
Casodex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Celebrex	Arthritis	N/A	Immediate
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Clopidogrel	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Cogentin	Parkinson's Other Use	N/A N/A	Graded Immediate
Cognex	Alzheimer's / Dementia	N/A	No Coverage
Combivent	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Graded
Copegus	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Cordarone	Arrhythmia	N/A	Immediate
Coreg	Hypertension CHF	N/A N/A	Immediate No Coverage
Corgard	Hypertension CHF	N/A N/A	Immediate No Coverage
Corzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Coumadin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
	Cardiac Valve Replacement / TIA / Stroke / Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement / Stroke / Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Cozaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytoxan	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Demadex	Hypertension CHF	N/A N/A	Immediate No Coverage
Depacon	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Depade	Alcohol / Drugs	2 years	Return of Premium
Depakene	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Depakote	Seizure Disorder	3 years	Graded
Diabeta	Diabetes *	N/A	Immediate
Diabinese	Diabetes *	N/A	Immediate
Digitek	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Digoxin	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Dilantin	Seizure Disorder	N/A	Graded
Dilatrate SR	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Diovan	Hypertension CHF	N/A N/A	Immediate No Coverage
Disulfiram	Alcohol / Drugs	2 years	Return of Premium
Dolophine	Opioid Dependence	2 years	Return of Premium
Donepezil HCL	Alzheimer's / Dementia	N/A	No Coverage
Duoneb	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Dyazide	Hypertension CHF	N/A N/A	Immediate No Coverage
Dynacirc	Hypertension	N/A	Immediate
Dyrenium	Hypertension CHF	N/A N/A	Immediate No Coverage
Edecrin	Hypertension CHF	N/A N/A	Immediate No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Graded
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	Hypertension CHF	N/A N/A	Immediate No Coverage
Enalaprilat	Hypertension CHF	N/A N/A	Immediate No Coverage
Epitol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Epivir	AIDS	N/A	No Coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Exelon	Alzheimer's / Dementia	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Exforge	Hypertension CHF	N/A N/A	Immediate No Coverage
Femara	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	Hypertension CHF	N/A N/A	Immediate No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Furosemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Gabapentin	Seizures Diabetic Neuropathy # Restless Leg Syndrome	3 years N/A N/A	Graded Return of Premium Immediate
Galantamine	Alzheimer's / Dementia	N/A	No Coverage
Gleevec	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Glipizide	Diabetes *	N/A	Immediate
Glucophage	Diabetes *	N/A	Immediate
Glucotrol	Diabetes *	N/A	Immediate
Glyburide	Diabetes *	N/A	Immediate
Glynase	Diabetes *	N/A	Immediate
Haldol	Psychotic Disorder	N/A	Immediate
Haloperidol	Psychotic Disorder	N/A	Immediate
HCTZ	Hypertension	N/A	Immediate
HCTZ / Triamterene	Hypertension CHF	N/A N/A	Immediate No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Heparin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
Hepsera	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes *	N/A	Immediate
Humulin	Diabetes *	N/A	Immediate
Hydralazine HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Hydroxyurea	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hydergine	Alzheimer's / Dementia	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Hyzaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Imdur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	N/A N/A N/A	No Coverage Immediate Return of Premium
Inamrinone	CHF	N/A	No Coverage
Inderal	Hypertension CHF	N/A N/A	Immediate No Coverage
Inderide	Hypertension CHF	N/A N/A	Immediate No Coverage
Innopran XL	Hypertension CHF	N/A N/A	Immediate No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes *	N/A	Immediate
Intron-A	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Isordil	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Isosorbide Dinitrate / Mononitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Janumet	Diabetes *	N/A	Immediate
Januvia	Diabetes *	N/A	Immediate
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Graded Immediate
Kerlone	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Labetalol	Hypertension CHF	N/A N/A	Immediate No Coverage
Lamictal	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Lamotrigine	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Lanoxicaps	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Lanoxin	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	N/A	Graded
Lasix	Hypertension CHF	N/A N/A	Immediate No Coverage
Leukeran	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Levatol	Hypertension CHF	N/A N/A	Immediate No Coverage
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Levodopa	Parkinson's	N/A	Graded
Lexiva	AIDS	N/A	No Coverage
Lexxel	Hypertension CHF	N/A N/A	Immediate No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Lithium	Bipolar Disorder	N/A	Immediate
Lodosyn	Parkinson's	N/A	Graded
Losartan Potassium	Hypertension CHF	N/A N/A	Immediate No Coverage
Lotensin	Hypertension CHF	N/A N/A	Immediate No Coverage
Loxapine	Psychotic Disorder	N/A	Immediate
Loxitane	Psychotic Disorder	N/A	Immediate
Lupron	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Lyrica	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Mavik	Hypertension CHF	N/A N/A	Immediate No Coverage
Maxzide	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Mellaril	Psychotic Disorder	N/A	Immediate
Mepron	AIDS	N/A	No Coverage
Metformin	Diabetes *	N/A	Immediate
Methadone	Opioid Dependence	2 years	Return of Premium
Methadose	Opioid Dependence	2 years	Return of Premium
Methotrexate	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol Tartrate / Succinate	Hypertension CHF	N/A N/A	Immediate No Coverage
Micardis	Hypertension CHF	N/A N/A	Immediate No Coverage
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension CHF	N/A N/A	Immediate No Coverage
Milrinone	CHF	N/A	No Coverage
Minitran	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Graded Immediate
Moban	Psychotic Disorder	N/A	Immediate
Moduretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Moexipril HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Monoket	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Monopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Mykrok	Hypertension CHF	N/A N/A	Immediate No Coverage
Mysoline	Seizure Disorder	N/A	Graded
Nadolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Naloxone	Alcohol / Drugs	2 years	Return of Premium
Naltrexone	Alcohol / Drugs	2 years	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Namenda	Alzheimer's / Dementia	N/A	No Coverage
Narcan	Alcohol / Drugs	2 years	Return of Premium
Natrecor	CHF	N/A	No Coverage
Navane	Psychotic Disorder	N/A	Immediate
Neurontin	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Nimodipine	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Nimotop	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Nitrek	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-bid	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-dur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitroglycerine / Nitrotab / Nitroquick / Nitrostat	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitrol	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitromist	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Normodyne	Hypertension CHF	N/A N/A	Immediate No Coverage
Norpace	Arrhythmia	N/A	Immediate
Norvir	AIDS	N/A	No Coverage
Novolin	Diabetes *	N/A	Immediate
Novolog	Diabetes *	N/A	Immediate
Pacerone	Arrhythmia	N/A	Immediate
Parcopa	Parkinson's	N/A	Graded
Parlodel	Parkinson's	N/A	Graded
Paxil	Depressive Disorder	N/A	Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Pegasys	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Peg-Intron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pepcid	Stomach Disorder	N/A	Immediate
Pergolide Mesylate	Parkinson's	N/A	Graded
Perindopril Erbumine	Hypertension CHF	N/A N/A	Immediate No Coverage
Permax	Parkinson's	N/A	Graded
Phenobarbital	Seizures	3 Years	Graded
Phoslo	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Pindolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Plavix	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Prandin	Diabetes *	N/A	Immediate
Primacor	CHF	N/A	No Coverage
Prinivil	Hypertension CHF	N/A N/A	Immediate No Coverage
Prinzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prolixin	Psychotic Disorder	N/A	Immediate
Propranolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Quinaretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Ramipril	Hypertension CHF	N/A N/A	Immediate No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Razadyne	Alzheimer's / Dementia	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rebetron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rebif	Multiple Sclerosis	N/A	Graded
Reminyl	Alzheimer's / Dementia	N/A	No Coverage
Renagel	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Renvela	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Requip	Parkinson's Other Use	N/A N/A	Graded Immediate
Ribavirin	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rilutek	ALS (Lou Gehrig's Disease)	N/A	No Coverage
Risperdal	Psychotic Disorder	N/A	Immediate
Risperidone	Psychotic Disorder	N/A	Immediate
Rituxan	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Rivastigmine Tartrate	Alzheimer's / Dementia	N/A	No Coverage
Ropinirole	Parkinson's	N/A	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
	Other Use	N/A	Immediate
Rythmol	Arrhythmia	N/A	Immediate
Sectral	Hypertension CHF	N/A N/A	Immediate No Coverage
Serevent	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Seroquel	Psychotic Disorder	N/A	Immediate
Sinemet / Sinemet CR	Parkinson's	N/A	Graded

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Sodium Edecrin	Hypertension CHF	N/A N/A	Immediate No Coverage
Sotalol Hydrochloride	Hypertension CHF	N/A N/A	Immediate No Coverage
Sotalol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Spiriva	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Spironolactone	Hypertension CHF	N/A N/A	Immediate No Coverage
Sprycel	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Stalevo	Parkinson's	N/A	Graded
Starlix	Diabetes *	N/A	Immediate
Suboxone	Alcohol / Drugs	2 years	Return of Premium
Subutex	Alcohol / Drugs	2 years	Return of Premium
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Symmetrel	Parkinson's	N/A	Graded
Tambocor	Arrhythmia	N/A	Immediate
Tamoxifen	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Tarka	Hypertension CHF	N/A N/A	Immediate No Coverage
Tasmar	Parkinson's	N/A	Graded
Tegretol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Tenoretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Tenormin	Hypertension CHF	N/A N/A	Immediate No Coverage
Teveten	Hypertension CHF	N/A N/A	Immediate No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Theophylline	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Thioridazine	Psychotic Disorder	N/A	Immediate
Thiothixene	Psychotic Disorder	N/A	Immediate
Thorazine	Psychotic Disorder	N/A	Immediate
Tolazamide	Diabetes *	N/A	Immediate
Tolbutamide	Diabetes *	N/A	Immediate
Tolinase	Diabetes *	N/A	Immediate
Toprol XL	Hypertension CHF	N/A N/A	Immediate No Coverage
Torsemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandate	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandolapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Tresiba (Insulin)	Diabetes*	N/A	Immediate
Triamterene	Hypertension CHF	N/A N/A	Immediate No Coverage
Triamterene / HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Tribenzor	Hypertension CHF	N/A N/A	Immediate No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Graded Immediate
Truvada	AIDS	N/A	No Coverage
Twynsta	Hypertension CHF	N/A N/A	Immediate No Coverage
Tyzeka	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Uniretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Univasc	Hypertension CHF	N/A N/A	Immediate No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Valstar	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Valturna	Hypertension CHF	N/A N/A	Immediate No Coverage
Vascor	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
Vaseretic	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Vasotec	Hypertension CHF	N/A N/A	Immediate No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	Hypertension CHF	N/A N/A	Immediate No Coverage
Vivitrol	Alcohol / Drugs	2 years	Return of Premium
Warfarin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
	Cardiac Valve Replacement / TIA / Stroke / Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement / Stroke / Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Xeloda	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Zantac	Stomach Disorder	N/A	Immediate
Zaroxolyn	Hypertension CHF	N/A N/A	Immediate No Coverage
Zebeta	Hypertension CHF	N/A N/A	Immediate No Coverage
Zelapar	Parkinson's	N/A	Graded
Zemplar	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Zestoretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Zestril	Hypertension CHF	N/A N/A	Immediate No Coverage
Ziac	Hypertension CHF	N/A N/A	Immediate No Coverage
Zocor	Cholesterol	N/A	Immediate
Zoloft	Depressive Disorder	N/A	Immediate
Zyprexa	Psychotic Disorder	N/A	Immediate

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Senior Choice Medical Impairment Guide

The Medical Impairment Guide is to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here or how a medical condition may affect a state-specific application, don't hesitate to contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to decide based on all risk factors for a final decision.

Condition / Concern	Criteria	Plan to Apply For	Question on App*
Activities of Daily Living	Require assistance (from anyone) with bathing, dressing, eating, or toileting	No Coverage	1
AIDS / HIV	Medically treated or diagnosed by a medical professional as having	No Coverage	3
Alcoholism / Alcohol Abuse	Within the past 2 years abused alcohol, or recommended to have treatment or counseling for alcohol use or advised to discontinue use of alcohol	Return of Premium	7d
Alzheimer's disease	Medically diagnosed	No Coverage	2
Amputation	Have had an amputation caused by disease	No Coverage	1
Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease)	Medically diagnosed	No Coverage	2
Aneurysm	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed or treated, or hospitalized for within the past 3 years	Graded	8a
Angina (Chest Pain)	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Angioplasty	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Bed Confinement	Currently confined to a bed	No Coverage	1
Cancer (excluding basal cell skin cancer)	Currently have cancer or history of metastatic cancer	No Coverage	1
	More than one occurrence in a lifetime	Return of Premium	5
	Medically diagnosed, treated, or hospitalized for any form of cancer within the past 2 years	Return of Premium	7c
	Medically diagnosed, treated, or hospitalized for any form of cancer within the past 3 years	Graded	8b
Cardiomyopathy	Medically diagnosed, treated, or hospitalized for	Return of Premium	7a
Catheterization (Heart)	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
Chronic Bronchitis	See Chronic Obstructive Pulmonary Disease (COPD).		
Chronic Hepatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
Chronic Kidney Disease	Medically diagnosed, treated, or hospitalized for	Return of Premium	5
Chronic Pancreatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, hospitalized for, or taken medication for within the past 3 years	Graded	8b

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Condition / Concern	Criteria	Plan to Apply For	Question on App*
Circulatory Surgery	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Cirrhosis of the Liver	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or hospitalized for	No Coverage	2
Coronary Artery Bypass Surgery	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Defibrillator	Inserted within the past 2 years	Return of Premium	7b
Dementia	Medically diagnosed, treated, or hospitalized for	No Coverage	2
Diabetes	Combined with any medical history of any of the following: Retinopathy, Nephropathy, Neuropathy	Return of Premium	4
	Taken insulin shots prior to age 50	Return of Premium	4
	Treated for insulin shock or diabetic coma	Return of Premium	4
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 2 years by a medical professional which has not been completed or for which the results have not been received	Return of Premium	6
Drug Abuse / Addiction	Used illegal drugs, abused drugs, recommended to have treatment or counseling for drug use or advised to discontinue use of drugs within the past 2 years	Return of Premium	7d
Emphysema	See Chronic Obstructive Pulmonary Disease (COPD)		
Heart Attack	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Heart Surgery	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Hepatitis C	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Home Health Care	Currently receiving	No Coverage	1
Hospice Care	Currently receiving	No Coverage	1
Hospitalization	Currently hospitalized	No Coverage	1
Kidney Dialysis	Medically advised to have	No Coverage	2
Kidney Failure	Medically diagnosed, treated, or taken medication for	Return of Premium	5

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Condition / Concern	Criteria	Plan to Apply For	Question on App*
Liver Disease	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	2
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Mental Incapacity	Medically diagnosed	No Coverage	2
Multiple Sclerosis (MS)	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Muscular Dystrophy	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Nursing Facility	Currently confined	No Coverage	1
Organ Transplant	Medically advised to have	No Coverage	2
Oxygen Equipment	Currently used to assist in breathing	No Coverage	1
	Required to use oxygen equipment to assist in breathing within the past 2 years	Return of Premium	7a
Pacemaker	Inserted within the past 2 years	Return of Premium	7b
Paralysis	Medically diagnosed, treated, or hospitalized for paralysis of 2 or more extremities within the past 3 years	Graded	8c
Parkinson's Disease	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	Return of Premium	5
Respiratory Failure	Medically diagnosed, treated, or hospitalized for	No Coverage	2
Seizures	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Stroke	Medically diagnosed within the past 2 years	Return of Premium	7a
	Medically diagnosed or hospitalized for within the past 3 years	Graded	8a
Systemic Lupus (SLE)	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7a
Terminal Medical Condition or End Stage Disease	Medically diagnosed or treated for a condition that is expected to result in death in the next 12 months	No Coverage	2
TIA (Transient Ischemic Attack)	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Ulcerative Colitis	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Wheelchair Use	Currently confined to a wheelchair due to chronic illness or disease	No Coverage	1

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