

Disability Insurance Medical Impairment Guide

The following pages will provide you with a general guide to probable underwriting of many commonly encountered impairments. By following this guide, you can prepare your client for a special class rating, exclusion or other coverage limitation(s), and arrange for required testing. If the best likely rating is unacceptable to your client, do not proceed with the testing indicated. In those cases, we will obtain your client's medical history and notify you if a more attractive offer can be justified. However, we have generally provided a range for special class ratings, and usually the lowest indicated class is the best possible offer.

Please remember each case is judged on its own merits. Every attempt is made to evaluate the entire risk, not just a part of it. Some individuals will be found who have several minor impairments, none of which alone requires a special class rating. However, collectively, the applicant's health and, therefore, morbidity is compromised.

We must also point out that the lowest range is reserved for those applicants with no other associated problems who are otherwise eligible for standard coverage. Many individuals will NOT be eligible for the most lenient handling because of factors outside the scope of the specific impairment. Whenever justifiable, the most favorable handling is allowed.

Once again, we have included many of the most common impairments that you will encounter – if you have questions about any impairment not listed, please contact your Home Office underwriter.

Symbols and Abbreviations:

HOS	Urine specimen
SMA	Blood chemistry profile
MED	Examination
X-ray	Chest x-ray, <i>PA and Lateral</i> (Front and side view)
EKG	Electrocardiogram (ECG) - standard 12 lead <i>resting</i> EKG
RNA	Risk Not Acceptable in nearly all cases
APS	Attending Physician's Statement. The Home Office will obtain all of these.
RFC	Rate for cause
IC	Individual Consideration. Frequently uninsurable
PP	Postpone until condition has improved
#	Exclusion rider
BP	Benefit period
EP	Elimination period
STD	Standard

NOTE: In all cases, you must arrange for examination requirements that meet our standards for age, total benefit amount, and benefit period, as well as for any medical impairments. The requirements shown for each listed impairment will generally be followed. However, each case is different, and we may deviate from these requirements when necessary. In all cases, the judgement of the Home Office Underwriter will be followed.

**** ANY TABLE RATING MAY BE SUBJECT TO A MAXIMUM 5-YEAR BENEFIT PERIOD****

ABSCESS

Brain – APS	
Present	RNA
Recovered, no residuals	
0-1 year	RNA
Over 1 year	STD – Table C
With residuals	
Liver – APS, MED, SMA	
Present	PP
Recovered, no residuals	
0-1 year	PP
1-3 years	STD – Table B
Over 3 years.....	STD – Table A
With residuals	
Lung – APS	
Present	RNA
Recovered, no residuals	
0-3 months	PP
3 months-2 years	STD – Table B
With residuals	
Other areas	
	usually STD

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Diagnosed, seropositive for exposure to HIV, AIDS Related Complex.....	RNA
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ADHESIONS – APS

Scar tissue which develops due to a prior operation or inflammation of the bowel.	
Unoperated	
Present	#
History of, full recovery, no symptoms	
0-2 years.....	#
Over 2 years	STD
Operated	
Single episode, full recovery	
0-1 year.....	#
Over 1 year	STD
Multiple episodes	
0-3 years since last episode	#
Over 3 years	STD

ALBUMINURIA – See “URINARY DISORDERS”

ALCOHOLISM – See “SUBSTANCE ABUSE”

AMPUTATION – APS

Due to injury	
Fingers	
Enough remaining for adequate grip.....	STD
Others	rate as amputation of one arm
Toes.....	
One arm or leg.....	#
Two members.....	IC
Due to disease	
	RFC, plus # as above

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

A disease marked by progressive muscular weakness, atrophy, and spasticity. It generally has a poor prognosis.

All cases RNA

ANEMIA – APS

A blood disorder of various causes, characterized by a decrease in red blood cells. Common iron deficient anemia is usually standard. However, until a full medical evaluation has isolated and classified the type and cause of the anemia, we must usually postpone coverage. Some types of anemia (notably Aplastic Anemia, Thalassemia Major, Sickle Cell, or Hemolytic Anemia) will result in ratings as high as Table D, or even declination.

ANEURYSM – APS, MED, EKG

The weakening and subsequent ballooning of an artery.

Present or multiple occurrences RNA

Surgically repaired IC

ANGINA PECTORIS – See “CORONARY ARTERY DISEASE”

Chest pain caused by insufficient blood supply to the heart. This is the common symptom of coronary artery disease, and should be handled as indicated under that section.

ANGIOPLASTY, CORONARY BYPASS SURGERY – See “CORONARY ARTERY DISEASE”

ANKYLOSIS

Abnormal immobility and consolidation of a joint.

Spine (Ankylosing Rheumatoid Spondylitis) RNA

Other joints – APS #

ANOREXIA NERVOSA, BULIMIA – APS

Eating disorders.

Present RNA

Fully recovered, normal weight, no further treatment

0-2 years RNA

2-5 years Table B – C

5-7 years STD – Table A

Over 7 years STD

Others RNA

AORTIC INSUFFICIENCY (REGURGITATION)

Failure of the aortic valve to close properly, allowing the regurgitation of blood back into the left ventricle.

All cases RNA

AORTIC STENOSIS – APS, EKG

Narrowing of the aortic valve opening.

Best cases – no other heart or cardiovascular impairments Table A – RNA

Others RNA

APOPLEXY – See “CEREBRAL HEMORRHAGE – STROKE”

ARRHYTHMIA OF HEARTBEAT – APS, MED, EKG

Because there are so many variations of arrhythmias, it is not possible to outline handling for each one. They range from the occasional insignificant heart flutter to serious conditions requiring an artificial pacemaker. Ratings may be standard to RNA.

ARTERIOSCLEROSIS - ATHEROSCLEROSIS – APS, MED, EKG

Hardening of the arteries due to the build up of blockages on the inside walls of arteries. It causes symptoms ranging from mild chest pain to overt heart attack when it is confined to the coronary arteries. However, it frequently occurs in other areas, notably the lower extremities and the cerebral-vascular system.

All cases RNA

ARTHRITIS – APS

Rheumatoid usually Table B - RNA
 Osteoarthritis, degenerative STD - # - RNA

ASTHMA – APS

Recurrent shortness of breath due to temporary bronchial restriction. Ranges from mild cases associated with allergies to severe cases requiring medication and/or a change of climate.

Mild, bronchodilators or desensitization shots, 0-6 attacks per year STD - #
 Moderate, occasional use of steroids, over 6 attacks per year 90-day EP with #
 Severe, treated by long term steroid usage, frequent attacks RNA

ATRIAL FIBRILLATION – APS, EXAM, EKG

Irregular rhythm of the heart, often associated with serious heart disease such as mitral stenosis, coronary heart disease, and cardiomyopathy.

Basic, no other heart or cardiovascular impairments
 Single episode, short duration, full recovery
 0-6 months PP
 6 months-2 years Table B – D
 Over 2 years STD – Table B
 Paroxysmal (intermittent)
 3 or less episodes per year, short duration, not worsening
 0-6 months since last episode Table D – RNA
 6 months-2 years Table B – RNA
 2-5 years Table A – C
 Over 5 years Table A – B
 Others RNA
 Chronic (persistent) RNA

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) – APS

Present
 Moderate, best cases, well-controlled, working full-time IC
 Severe RNA
 With current psychotherapy or medication RNA
 Fully recovered, no residuals STD

BACK SPRAIN, BACK STRAIN, BACK SPASMS, WHIPLASH – APS

Sprain or strain of the spine which may affect any area of the spine (cervical, thoracic, or lumbosacral). Any exclusion (#) will generally pertain to the affected area of the spine if specifically identified in the client’s medical records.

Single episode
 0-18 months #
 Over 18 months STD
 Recurrent or chronic
 0-4 years #
 Over 4 years STD

BELL’S PALSY – APS

Facial paralysis, usually temporary.
 Present RNA

History of, full recovery, no residuals STD

BLINDNESS - APS

Due to injury
 One eye only, no visual impairment in other eye STD
 Both eyes, working full time #
 Due to disease RFC

BRAIN CONCUSSION – See “CONCUSSION, CEREBRAL”

BREAST MASS, LUMP, NODULE – APS

The majority of breast nodules are proven benign by surgical removal and tissue examination.
 Removed, benign STD
 Removed, malignant see “Cancer”
 Present, surgery advised PP
 Present, judged by physician as benign, fibrocystic, dysplasia usually STD

BRONCHIECTASIS – APS, MED, X-RAY

Dilation of the bronchial tubes, resulting in chronic cough and frequent infection
 Surgery contemplated PP
 Surgery completed, full recovery, no residuals
 Pneumonectomy
 0-5 years RNA
 5-10 years Table B – D
 Over 10 years STD – Table B
 Others
 0-6 months PP
 6 months-2 years Table A – C
 2-5 years STD – Table C
 Over 5 years usually STD – Table A
 Unoperated or with residuals following surgery Table A – RNA

BRONCHITIS – APS, X-RAY (if chronic)

Acute
 Viral, secondary to a cold STD
 Others #
 Chronic see “Emphysema, COPD”
 NOTE: Higher ratings if smoking, over 15% underweight, or ratable hypertension.

BUERGER’S DISEASE – APS

Full recovery, non-tobacco user
 0-5 years RNA
 5-10 years Table A – B
 Over 10 years STD
 Others RNA

BUILD – See Disability Build Charts; Also See “OVERWEIGHT” – If ratable, APS, MED, HOS
 Ratings may vary due to other considerations such as blood pressure, blood profile findings, family history and smoking.

BUNDLE BRANCH BLOCKS – APS, EKG

Abnormalities affecting the normal movement of the electrical impulses within the heart.
 Incomplete right STD
 Complete right
 Congenital, asymptomatic, no cardiovascular disease, stable EKGs STD

Others	
0-2 years.....	RNA
2-5 years.....	Table B – C, 90-day EP
5-10 years.....	Table A – B, 90-day EP
Over 10 years.....	STD
Complete left	
Congenital, asymptomatic, no cardiovascular disease, stable EKGs.....	IC
Others.....	RNA
Left anterior hemiblock	
Without complete right bundle branch block.....	usually STD
With complete right bundle branch block.....	add Table A to above rating
Left posterior hemiblock.....	IC

BURSITIS, TENDINITIS, SYNOVITIS, EPICONDYLITIS – APS

Acute	
Single attack, no complications	
0-1 year.....	# or 60-day EP (if no occupational interference)
Over 1 year.....	STD
Recurrent	
0-2 years.....	#
Over 2 years.....	STD
Chronic.....	#
Operated, full recovery.....	STD - #

CANCER

Cancer progress varies according to the location of the disease and the advancement it makes. It is helpful to obtain the exact terminology used to classify the cancer. Some cancers are virtually 100 percent curable, but many have a more guarded prognosis.

Tumors of the skin – APS	
Basal cell, squamous cell, carcinoma in situ	
Present.....	RNA
Removed.....	STD - Table D - RNA
Malignant melanoma – APS, MED, HOS	
Group I – Best cases, no metastasis	
Present.....	RNA
Removed	
0-2 years.....	RNA
2-8 years.....	Table A - RNA
Over 8 years.....	IC
Group II-V, others, metastasis.....	RNA
Tumors of the internal organs – APS, MED, SMA, HOS	
Present.....	RNA
Removed, full recovery, no metastasis, no recurrence, no residuals	
0-5 years.....	usually RNA
5-10 years.....	STD - Table D - RNA
Over 10 years.....	usually STD, but up to Table A – D to IC

CARDIOMYOPATHY, CONGESTIVE HEART FAILURE

Cardiomyopathy is a primary disease of the myocardium (heart muscle), which may lead to congestive heart failure.

All cases.....	RNA
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CARPAL TUNNEL SYNDROME – APS

Present.....	#
History of	
Unoperated.....	usually #

Operated, full recovery
 0-5 years STD - #
 Over 5 years..... usually STD

CATARACT – APS

Unoperated#
 Operated, full recovery..... usually STD

CEREBRAL HEMORRHAGE – STROKE – APS, MED, SMA, HOS, EKG

Usually caused by the rupture of a cerebral artery, due to a disease process or congenital weakness of the arterial wall. The symptoms range from loss of motor function (frequently on one side only) to periods of dizziness or confusion.

Fully recovered
 0-5 years RNA
 5-10 years Table D - IC
 10-15 years Table B – C
 Over 15 years..... STD – Table B

CEREBRAL PALSY – APS

This term is used to describe many motor disorders which result from brain or central nervous system damage during gestation or birth. There is no cure, and only limited success can be hoped for in the majority of cases.

Under age 21 RNA
 Ages 21 and above
 Best cases - Normal mentality, self-supporting, little or no impairment of mobility or interference with occupation 90-day EP, Maximum 5-year BP
 Others RNA

CHECKUP – EXAMINATION – APS

We intend to order records of examinations when there were abnormal findings, or when the testing conducted is outside the normal scope of an exam, given the applicant’s age and health history. You must take care to obtain the findings of all exams and the reason they were conducted. Many will have been conducted because of symptoms which caused the applicant or the physician to be concerned. Sometimes, a physician will encounter a serious disorder and decide in the best interest of the patient, not to inform him/her of the findings. Because of this, we will sometimes elect to order records on routine physicals even when they report normal findings on the application. On large cases, or when the examination was recent, we will order records.

CHEST PAIN – APS (Ages 40 and under) APS, MED, EKG (Ages 40 and over)

Chest pain associated with shortness of breath on exertion is frequently a symptom of coronary artery disease. Depending upon the description given by the patient, plus his age, physicians will determine the most productive course of evaluation. In younger patients with no health history and favorable risk factors, the work-up may be limited. More extensive work-up is usually done after age 40, when there is significant medical history, or in the presence of cardiovascular risk factors (smoking, diabetes, family history, etc.). Handling will vary from STD to RNA depending on the scope of the work-up, applicant’s age, history, and cardiovascular risk factors.

CHIROPRACTIC ADJUSTMENTS/MAINTENANCE – APS

Current#
 History of, full recovery, no underlying disease or disorder STD - #

CHOLELITHIASIS, CHOLECYSTECTOMY, CHOLECYSTITIS – See “GALLBLADDER DISEASE”

CHOLESTEROL – See “HYPERLIPIDEMIA”

CHONDROMALACIA – See “KNEE DISORDERS”

CHOREA - APS

A nervous disorder often associated with infectious disease. It can result in damage to the heart valves. If so, we will rate as Rheumatic Fever.

Huntington’s Chorea	RNA
Sydenham’s Chorea	see “Rheumatic Fever”
Other causes	
Cause known	RFC
Cause unknown	IC

CHRONIC FATIGUE SYNDROME – APS

A syndrome of chronic disabling fatigue lasting over 6 months. Associated symptoms and complaints can be numerous, and it is often accompanied by depression or other psychiatric disorders. Treatment is often largely ineffective, and symptoms may last several years and interfere with the patient’s ability to work.

Present	RNA
Fully recovered, best cases, no current symptoms, no need for treatment or medication, no history of psychiatric or other ratable impairment	
0-5 years	RNA
5-7 years	Table D
7-10 years	Table B
Over 10 years.....	Table A
Others	IC

CHRONIC OBSTRUCTIVE LUNG DISEASE (COLD) – See “EMPHYSEMA”

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) – See “EMPHYSEMA”

CIRRHOSIS OF LIVER – See “LIVER DISEASES, DISORDERS”

COLIC, RENAL – See “KIDNEY DISEASES, DISORDERS”

COLITIS - APS

Literally, inflammation of the large intestine. There are several varieties. Handling depends upon cause, severity, treatment prescribed, symptoms and time since last episode.

Spastic, Irritable Bowel Syndrome	
Diagnosis within 6 months	PP
Over 6 months, successfully treated by medication or diet, prompt response and relief of symptoms	usually STD
Frequent or severe episodes	STD - Table B - #
Ulcerative Colitis, Crohn’s Disease, Regional Ileitis - APS, MED, HOS, SMA	
Present	RNA
Single attack	
Within 2 years	RNA
2-5 years	Table A, with #
Over 5 years	STD – Table A
Multiple attacks, chronic	
Within 4 years	RNA
4-10 years	Table A – B, with #
Over 10 years	usually STD - Table A

CONCUSSION, CEREBRAL – APS

Loss of consciousness secondary to head injury. Most cases involve prompt return to normal status. A few will result in unconsciousness lasting over 24 hours.

Prompt recovery, no residuals.....usually STD
 Unconscious > 24 hours, residual disability, seizure disorder..... STD – RNA, IC

CONVULSIONS

Convulsions are a frequent occurrence among young children during periods of high fever. Most of these represent a self-limiting problem. Recurrent episodes, particularly when not associated with fever, may represent a more serious disorder.

Under age 15, accompanied by fever..... usually STD
 Others - APS..... handle as “Epilepsy”

CORONARY ARTERY DISEASE, CORONARY HEART DISEASE

This classification will be used as a guideline for handling heart attack (myocardial infarction), coronary bypass, angina pectoris and arteriosclerotic heart disease.

All cases RNA

CROHN’S DISEASE – See “COLITIS”

CYST

An abnormal sac containing gas, fluid or a semisolid material. Most are standard following removal and recovery.

CYSTIC FIBROSIS

An inherited respiratory disease with a generally poor prognosis.

All cases RNA

CYSTITIS – APS if recurrent

Inflammation of the urinary bladder. Usually it is promptly resolved by medication. Persistent cases may require an APS. Most are considered STD, unless complications, such as kidney disease, are a factor.

DEAFNESS

Many states have specific laws regarding the underwriting of this condition, so please consult your Home Office underwriter.

Due to injury
 One ear only, no hearing loss in other ear, working full time..... STD
 Both ears, well-adjusted, working full time.....#
 Due to disease RFC

DIABETES INSIPIDUS – APS

The inability to concentrate urine.

0-2 years RNA
 Over 2 years Table B - RNA

DIABETES MELLITUS – APS, MED, SMA, EKG, HOS

Diabetes is an incurable disease process characterized by the body’s inability to absorb glucose (blood sugar) and the resulting complications. Uncontrolled, it leads to rapid weight loss, increased thirst and urination, coma and death. By careful treatment and control, the serious consequences can be avoided, but the long-term effect on morbidity is adverse. Age of onset, duration and any complications are the primary factors used in evaluation. Complicating factors include alcohol abuse, cardiovascular disease, hypertension, over or underweight, tobacco use, high cholesterol, kidney disease, neuritis, retinopathy, recurrent skin infections and urinary abnormalities. The handling shown is for the best, uncomplicated cases, with excellent control and adherence to prescribed regimen with no additional health problems.

Previously diagnosed

Excellent control

Use rating for **Good Control** below, if rating is

- Table B or higher consider one Table credit
- Less than Table B..... No credits

Good control (basic rating)

Treated with DIET only; 5-year BP & 60-day EP at best

Age at Diagnosis	Duration	
	0-6 mos	6 mos up
To 24 yrs	RNA	RNA
25-29	PP	Table D
30-39	PP	Table C
40-49	PP	Table B
50 up	PP	Table B

Treated with ORAL medications; 5-year BP & 60-day EP at best

Age at Diagnosis	Duration			
	0-6 mos	6 mos-6 yrs	7-15 yrs	16+
0-24 yrs	RNA	RNA	RNA	RNA
25-29	RNA	Table D	RNA	Table D
30-39	PP	Table C	Table D	Table C
40-49	PP	Table B	Table C	Table B
50 up	PP	Table B	Table C	N/A

Treated with INSULIN <70 units (>70 units, RNA); 2-year BP & 60-day EP at best

Age at Diagnosis	Duration			
	0-6 mos	6 mos-6 yrs	7-15 yrs	16+
0-29 yrs	RNA	RNA	RNA	RNA
30-39	PP	RNA	RNA	RNA
40-49	PP	Table C	Table D	RNA
50 up	PP	Table B	Table C	N/A

- Fair/Poor control RNA
- Newly discovered at time of exam
- Age to 24 years RNA
- 25+ PP 6 months

DILATION AND CURETTAGE (D & C) - APS

When this procedure is conducted, a pathology report is always available. As long as the pathology findings are benign, coverage is usually allowed STD. Otherwise, RFC.

DISLOCATION

- Congenital hip dislocation
 - Present#
 - Corrected, full recovery
 - 0-1 year#
 - Over 1 year STD
- Others, traumatic
 - Single episode, fully recovered
 - 0-2 years#
 - Over 2 years..... STD
 - Multiple episodes, fully recovered
 - 0-3 years#
 - Over 3 years STD

DIVERTICULITIS, DIVERTICULOSIS - APS

The inflammation of a diverticulum, which is a sac or pouch extending from a main cavity, particularly the large intestine.

- Present usually STD - #
- Operated, full recovery
 - 0-6 months usually STD - #
 - Over 6 months STD

DIZZINESS, VERTIGO, SYNCOPE – APS

Vertigo is defined as dizziness, while syncope includes temporary loss of consciousness. Most cases will be found to be of no concern. However, some represent the first symptom of serious diseases. Persistent episodes are frequently associated with severe disorders.

- Cause known RFC
 - If known to be due to tumor, heart disease or stroke RNA
- Cause unknown
 - Single episode, fully recovered
 - 0-3 months PP
 - Over 3 months usually STD
 - Multiple episodes, fully recovered
 - 0-3 years RNA
 - Over 3 years STD – Table B

DOWN’S SYNDROME

Congenital disorder characterized by varying degrees of mental retardation and physical abnormalities. Life expectancy is compromised by increased susceptibility to heart disease and leukemia and a generally accelerated aging process RNA

DRUG ADDICTION, OVERDOSE, ABUSE – See “SUBSTANCE ABUSE”

DUODENAL ULCER – See “ULCER”

DUODENITIS - APS

Inflammation of the first part of the small intestine

- Upon recovery usually STD
- Associated with ulcer or chronic handle as “Ulcer”

DYSPNEA – APS, MED, HOS, SMA, EKG

Shortness of breath. This may be a symptom of heart or lung disease and should be handled for the cause.

EDEMA – APS

Collection of fluid in tissues causing swelling. If acute and minor, it is likely of little consequence. However, chronic cases may be associated with heart disease. Ratings vary from STD to RNA.

ELECTROCARDIOGRAM (EKG or ECG)

This tool demonstrates the electrical activity of heart muscle. When heart muscle has been damaged, the electrical activity may be altered. A resting EKG is a good screening device. A stress EKG or treadmill demonstrates the heart’s electrical activity when it is under a workload. Many times a physician will order a stress EKG as a screening device for individuals judged to be at risk of coronary artery disease by virtue of symptoms, age, family history or a combination of factors. There is rarely any need for us to have a stress EKG conducted for underwriting purposes. On those rare occasions when one is required, a special release form must be signed before the test is taken. Please consult your Home Office underwriter for details before arranging for a stress EKG.

Despite its value, a normal resting EKG does not exclude the possibility of heart disease, and, in fact, patients with known coronary artery disease will frequently have a normal resting EKG. A normal stress EKG is a favorable indicator, but again not an infallible one.

Ratings are based on EKG findings and judged in view of the documented medical history, and can vary from STD to RNA.

EMPHYSEMA, COPD, COLD – APS, MED, HOS, SMA, EKG, X-RAY

Irreversible obstructive airway disease. Diagnosis is based upon symptoms which include dyspnea, cough, recurrent respiratory infections, weakness and weight loss. When the disease is severe, it will show on X-RAY. However, a normal X-RAY in the presence of symptoms will not overrule the diagnosis. Ratings vary according to symptoms and treatment.

Best cases, mild, no tobacco for 1 year, minimal lung damage Table A – B
 Others RNA

ENCEPHALITIS – APS

Within 6 months PP
 Recovered, no residuals usually STD
 With residuals rate for residuals

ENTERITIS – APS

Viral, associated with flu STD
 Others, chronic, regional ileitis handle as “Ulcerative Colitis”

EPICONDYLITIS, TENNIS ELBOW – See “BURSITIS”

EPILEPSY – APS

Epileptics can be divided into two groups: Those with generalized seizures and those with partial seizures. Seizures may also be a symptom of a disease process. The onset of seizures after age 25 frequently indicates cerebral trauma, tumor or organic brain disease. Obviously, those cases must be postponed until testing has conclusively isolated the cause.

Generalized seizures (Grand Mal)

Duration since last seizure
 0-5 years RNA
 5-7 years Table C - D
 7-10 years Table A - B
 Over 10 years STD

Partial Seizures (Petit mal, Psychomotor)

Duration since last seizure
 0-2 years RNA
 2-3 years Table C
 3-5 years Table A - B
 Over 5 years usually STD

EPITHELIOMA – Handle as “BASAL CELL” – See “CANCER”

ESOPHAGEAL DISORDERS – APS

Barrett’s esophagus

Benign, no dysplasia, satisfactory work-up Table B, possible 90-day EP
 Others RNA

Esophageal stricture

Present or requiring periodic treatments #
 Fully recovered, no further treatments needed
 0-1 year #
 Over 1 year STD

Gastroesophageal reflux, esophagitis, esophageal spasm	
Cause known	RFC
Cause unknown	
Occasional mild episodes	STD
Frequent or chronic episodes	
0-2 years	90-day EP
Over 2 years	STD

FAMILY HISTORY

Always be sure to record the family history of your applicants. Except in a very few cases, adverse family history will not require a rating. But, it can be used to evaluate the cardiovascular risk profile that an applicant presents. In the presence of known risk factors such as hypertension, build, smoking, etc., it may be used to modify the final evaluation.

FIBROCYSTIC BREAST DISEASE - APS

Relatively common disorder of the female breast, typically presents with multiple lumps in one or both breasts. Although a benign disorder, it cannot be distinguished from breast cancer by physical examination alone, and any suspicion for malignancy must be ruled out.

Mammogram or biopsy done	
Favorable results, not suspicious for malignancy	usually STD - #
Suspicious for malignancy	PP
Atypical hyperplasia	RNA
Others	usually STD - #

FIBROID TUMOR OF UTERUS – APS

Present, no suspicion of malignancy, no further work-up planned	#
Surgically removed and proven benign	STD
Others	PP - RNA

FIBROSITIS, FIBROMYOSITIS, FIBROMYALGIA SYNDROME, MYOSITIS – APS, EXAM, HOS

Inflammation of muscle and/or connective tissue. It is often accompanied by depression and/or anxiety, and often becomes chronic.

Present	RNA
Fully recovered, no treatment or medication needed	
Single episode, no complications	
0-1 year	PP
Over 1 year	usually STD
Multiple episodes, no complications	
0-2 years	PP
2-3 years	STD – Table B
Over 3 years	usually STD
Others	IC

FRACTURES

Knee	see “Knee Disorders”
Skull	see “Head Injury”
Spine	see “Spinal Fracture”
Other	
Traumatic	
Healed, fully functional, no complications	STD
Others	rate for degree of impairment
Due to disease (pathologic)	
Cause known	RFC
Cause unknown	RNA

With internal fixation (hardware)
 Present, good results, no complications usually STD
 Removed, no residual impairment usually STD

GALLBLADDER DISEASE – APS if exclusion (#) called for
 Gallstones (Cholelithiasis) or inflammation of Gallbladder (Cholecystitis)

Single attack
 0-2 years#
 Over 2 years..... STD
 Multiple attacks
 0-5 years.....#
 Over 5 years..... STD
 Following surgery (Cholecystectomy)
 No residuals STD

GASTRECTOMY – APS

Surgical removal of the stomach or a portion of the stomach. It is usually done because of chronic ulcer or a malignancy. Handle under “**ULCER**” or “**CANCER**” as required.

GASTRIC ULCER – See “ULCER”

GASTRITIS, INDIGESTION – APS

Viral gastritis or indigestion is a common consequence of flu. But, when not associated with a virus, and especially if it is persistent, it can be a symptom of ulcer, malignancy, or even heart disease. If the diagnosis is made after a thorough work-up, we can apply the suggested handling. Otherwise, it may be wise to postpone until the work-up is complete.

Present, few or no symptoms, prompt response to treatment usually STD
 With significant symptoms handle as “Ulcer”

GILBERT’S SYNDROME – APS, EXAM, HOS, SMA

Congenital condition marked by mildly elevated bilirubin.
 Mild, asymptomatic, no other liver disease, other liver tests normal.... usually STD

GLAUCOMA - APS

Increased pressure within the eye.
 Adequately controlled#
 Others..... Table A, with #

GLYCOSURIA – APS, MED, HOS, SMA, EKG

Sugar in the urine. The normal amount of sugar in the urine is none. Its presence usually indicates diabetes and should be handled for the cause.

GOITER – See “THYROID DISORDERS”

GOUT – APS

Mild cases, controlled by medication usually STD
 Others, complications..... Table A - D

GRAND MAL – See “EPILEPSY”

HEAD INJURY – APS

Full recovery, no complications or residuals
 With or without linear skull fracture, no bone depression, no craniotomy
 Unconscious < 1 hour
 0-3 months.....PP
 Over 3 months STD

Unconscious 1-48 hours	
0-1 year.....	PP
1-3 years.....	Table A – B
Over 3 years.....	STD
Unconscious > 48 hours.....	rate as “Basal skull fracture” below
Basal skull fracture, no bone depression, no craniotomy, no internal hemorrhage	
0-1 year.....	PP
1-3 years.....	Table B – C
3-5 years.....	Table A – B
Over 5 years.....	STD
Bone depression, craniotomy, or internal hemorrhage	
0-2 years.....	PP
2-3 years.....	Table D
3-5 years.....	Table B – C
Over 5 years.....	STD – Table A
Complications or residuals	
Epilepsy.....	rate as “Epilepsy”
Mental deterioration.....	RNA
Paralysis.....	IC
Postconcussion syndrome	
Present.....	RNA
Fully recovered	
0-5 years.....	add Table A – B to above ratings
Over 5 years.....	rate as above

HEADACHES – APS

Headaches of a persistent nature and recent onset may be the symptom of a serious disease, and until this has been eliminated, no coverage can be allowed.
 Mild cases, thoroughly evaluated, benign origin usually STD
 Severe cases, incapacitating migraine type usually #

HEART ATTACK – See “CORONARY ARTERY DISEASE”

HEART ENLARGEMENT – APS, MED, SMA, HOS, X-RAY

An enlarged heart is frequently the result of uncontrolled hypertension. It is also called “cardiac hypertrophy.” It may be associated with congestive heart failure or other underlying heart disease. Ratings for this condition, in the absence of other problems, are based upon the degree of enlargement.
 Slight – moderate..... STD – Table D
 Marked – severe..... RNA

HEART MURMURS - APS, MED, HOS

Heart sounds are caused by the movement of blood through the heart and the opening and closing of heart valves. A murmur is the abnormal sound produced by the blood rushing through an abnormal valve or some other heart defect. Murmurs are frequently detected at birth. Sometimes we encounter individuals with a history of heart murmur, but no formal evaluation of the murmur for many years. We will usually require an examination by a physician and an evaluation of the heart murmur before we make a determination of its proper classification. Ratings vary from STD to RNA.

HEART VALVE REPLACEMENT

All cases..... RNA

HEMATURIA – See “URINE ABNORMALITIES”

HEMOCHROMATOSIS (BRONZED DIABETES)

Condition characterized by accumulation of excessive iron, and includes numerous possible symptoms and complications.

All cases RNA

HEMOPHILIA – APS, MED, HOS

Most of these cases will be RNA. However, there are a few variations that have a better prognosis. Individuals requiring frequent blood transfusion or administration of a blood clotting factor are subject to the additional risk of infection from diseased blood or blood products. Those few cases that are insurable usually require ratings of Table D.

HEMOPTYSIS – APS, MED, X-RAY

Coughing up blood. It may relate to a simple cold or bronchial infection, or be a symptom of serious disease. Ratings depend on the cause. Individuals who are currently experiencing this problem should be postponed until they have been evaluated.

HEMORRHOIDS STD

HEPATITIS – APS, MED, SMA, HOS

Inflammation of the liver. It may be an acute condition related to an infectious process, or it may be chronic and related to permanent liver damage.

Present usually RNA

Acute, infectious, recovered

Single episode usually STD

Multiple episodes

0-2 years Table B - D

Over 2 years usually STD

Chronic, related to alcohol abuse, persistent Table C – RNA

Type C RNA

HUNTINGTON’S CHOREA

A genetically transmitted disorder of the brain that is characterized by loss of motor function, dementia and premature death. Individuals with a family history of this disease are considered at risk until late middle age, even in the absence of symptoms..... RNA

HYPERGLYCEMIA – See “DIABETES MELLITUS”

Abnormally high levels of sugar in the blood.

HYPERLIPIDEMIA – APS, MED, HOS, SMA

Abnormally high levels of fat in the blood. High levels of cholesterol are associated with an increased risk of coronary artery disease. High levels of triglycerides may be an indication of liver disease or early Diabetes Mellitus. Normally, the presence of this condition is factored into the overall cardiovascular risk profile the individual presents. Rating will usually be STD. Occasionally, the values are high enough to warrant ratings of Table A – D or rarely RNA.

HYPERTENSION – APS, MED, HOS

Increased blood pressure on the arterial walls. It may be a symptom of a disease or a disease process in itself. Most individuals can achieve control through diet, weight reduction, drug therapy or a combination. Uncontrolled or inadequately controlled hypertension will result in ratings from Table A to RNA. Documented, well-controlled and uncomplicated cases will frequently be issued standard. It is a cardiovascular risk factor and must be evaluated carefully. When found to exist with other cardiovascular problems or risk factors, it may require a special class rating even though the readings on the exam were normal.

HYPERTHYROIDISM, HYPOTHYROIDISM – See “THYROID DISORDERS”

Overproduction or underproduction of thyroid hormones, respectively.

HYPOGLYCEMIA – APS, HOS, SMA

Abnormally low levels of sugar in the blood. Most cases are related to diet and are easily resolved. Usually standard.

Reactive (postprandial)	
Mild, stable, well-controlled.....	STD
Severe or frequent	
0-1 years.....	PP
Over 1 year.....	IC
Fasting	
Cause known	RFC
Cause unknown	RNA

HYSTERECTOMY – APS

Removal of the uterus. If no underlying disease, pathology report benign..... STD

INTERMITTENT CLAUDICATION – See “PERIPHERAL VASCULAR DISEASE”

INTERVERTEBRAL DISC (HERNIATED, RUPTURED OR BULGING DISC) - APS

The gelatinous cushion separating the vertebrae ruptures or protrudes on the nearby nerve. The result is pain radiating to the leg or arm, depending upon the nerve affected.

Unoperated	#
Operated, full recovery, no recurrence, no residuals	
0-5 years	#
Over 5 years.....	STD

KIDNEY DISEASE DISORDERS

It is important to determine the exact diagnosis given by the physician. Far too often, a simple, uncomplicated infection of the urinary bladder is referred to as a kidney infection. The distinction is a very important one.

Kidney stone, colic, renal colic – APS

Present	
Unilateral.....	#
Bilateral.....	RNA
Recovered	
One or two episodes, no evidence of kidney damage	usually STD
Over two episodes – APS, MED, HOS, SMA	
One kidney only	
0-2 years.....	#
2-5 years.....	90-day EP
Over 5 years	STD
Both kidneys.....	Table B – D

Nephrectomy (Surgical removal of a kidney)

As a donor	
0-1 year.....	STD – Table B
Over 1 year	STD
Due to trauma, congenital abnormality, benign tumor or solitary cyst – APS, MED, HOS	
No evidence of disease in remaining kidney	
0-1 year	STD – Table B
Over 1 year	STD
Otherwise.....	usually RNA

Due to disease (not cancer) – APS, MED, HOS, SMA	
Within 2 years	Table A – RNA
Over 2 years	STD - Table D - RNA
Nephritis, Glomerulonephritis, Nephrosis – APS, MED, HOS, SMA	
Acute, infectious, single episode, full recovery	
0-1 year	PP
1-3 years	Table A – B
Over 3 years	STD
Multiple episodes, full recovery, no complications	
0-2 years	PP
2-5 years	Table B – C
Over 5 years	STD – Table A
Others	RNA
Chronic	RNA
Polycystic Kidney Disease	RNA
Pyelitis, Pyelonephritis, APS, MED, HOS	
Acute, full recovery	
Urinalysis normal	
Single episode	
0-1 year	90-day EP
Over 1 year	STD
Two episodes	
0-2 years	Table A – B
Over 2 years	STD
Over two episodes	IC
Urinalysis abnormal	RNA
Chronic, multiple episodes, evidence of kidney damage	IC
Pyelonephrosis, Hydronephrosis	
Caused by stone – handle for Kidney Stone	
Other causes – APS, MED, HOS, SMA	
Present	RNA
One kidney only involved	
Mild, non-progressive, fully recovered, urinalysis normal	
0-1 year	Table A - B
Over 1 year	STD
Surgically resolved	
0-1 year	Table B
1-2 years	Table A
Over 2 years	STD
Urinalysis abnormal	RNA
Other kidney abnormal	IC
Both kidneys involved	
Unoperated	usually RNA
Operated	
Bilateral repair	
Urinalysis normal	
0-1 year	PP
Over 1 year	IC
Urinalysis abnormal	RNA
Unilateral repair	RNA

KNEE DISORDERS – APS

Arthritis, degenerative changes	see “Arthritis, degenerative”
Baker’s cyst	
Unoperated	#
Operated, fully recovered	STD
Bursitis, tendinitis	see “Bursitis”

Chondromalacia	
Unoperated	#
Operated	
0-1 year	#
Over 1 year	STD
Dislocation.....	see "Dislocation"
Fracture	
Patella only	
Healed, fully functional, good mobility.....	STD
Others	#
Other knee joint bones involved	
Healed, fully functional, good mobility	
0-1 years.....	#
Over 1 year	STD
Others	#
Replacement (prosthesis)	#
Sprain or strain	
Unoperated	
Single episode	
0-1 year.....	#
Over 1 year	STD
Recurrent or torn meniscus or ligament(s), fully functional, good mobility	
0-3 years.....	#
Over 3 years	STD
Operated, full recovery	
0-1 year	#
Over 1 year	usually STD
Others	#

LABYRINTHITIS – APS

Inflammation of the inner ear. The symptoms are dizziness or vertigo.	
Present	PP
Single episode, full recovery.....	STD
Multiple episodes.....	handle as "Meniere's Disease"

LEFT VENTRICULAR HYPERTROPHY – APS, MED, HOS, SMA, EKG

Enlargement of the left half of the heart. It is usually caused by chronic strain on the heart and may be found to be associated with uncontrolled hypertension or coronary artery disease.	
All cases	IC

LEUKEMIA RNA

LIVER DISEASES, DISORDERS – APS, MED, HOS, SMA

Cirrhosis	RNA
Enlargement, Fatty Liver, Hepatomegaly	
Cause known	RFC
Cause unknown	
Mild, moderate, no evidence of ongoing disease, no criticism of substance abuse, normal liver studies.....	usually STD
Severe, associated with any evidence of substance abuse, abnormal liver studies	RNA

LUPUS ERYTHEMATOSUS – APS

Discoid

Definite diagnosis, no symptoms to suggest systemic disease

Present RNA

Full recovery, no urinary abnormalities

0-6 months PP

6 months-2 years Table B – C

2-3 years Table A

Over 3 years STD

Others – handle as “Systemic”

Systemic, Scleroderma RNA

LYME DISEASE – APS

An infectious disease caused by an infected tick. Usually resolves if caught and treated early with antibiotics. Otherwise can result in numerous symptoms and complications, particularly arthritic manifestations.

Stage I (acute infection)

Present PP

Fully recovered, antibiotic treatment

0-6 months PP

Over 6 months STD

Others RNA

Stage II (disseminated infection)

Present RNA

Fully recovered, antibiotic treatment

Neurologic and/or cardiac manifestations STD – PP

Arthritis RNA

No antibiotic treatment IC

Others IC

Stage III (late disease – persistent infection) RNA

MALLORY-WEISS SYNDROME – APS, EXAM, HOS, SMA

Cause known RFC

Cause unknown, no alcohol criticism

1-2 episodes

0-1 year since last episode PP

Over 1 year STD

3 or more episodes

0-2 years since last episode PP

Over 2 years IC

Others RNA

MENIERE’S DISEASE – APS

A disorder characterized by dizziness, hearing loss and ringing in the ears. The primary difficulty is the possibility of misdiagnosis, as these symptoms may be attributable to other, serious disorders.

Present RNA

Definite diagnosis, full recovery

0-3 years Table D - RNA

3-5 years Table B – C

Over 5 years STD – Table A

Others IC

MENIERE’S SYNDROME – APS

All cases classify as “Vertigo” or “Meniere’s Disease” based on history

MENINGITIS - APS

Inflammation of the covering coat of the brain or spinal cord

Present	RNA
Full recovery, no residuals	
Acute bacterial and viral types	
0-6 months.....	Table A
Over 6 months	STD
Mycotic or tuberculous	
0-3 years.....	RNA
3-5 years.....	Table A – B
Over 5 years	STD
Syphilitic	RNA
With residuals or recurrence.....	IC

MENTAL RETARDATION

All cases	RNA
-----------------	-----

MIGRAINE – See “HEADACHES”

MITRAL INSUFFICIENCY (REGURGITATION) – APS, EKG

Failure of the mitral valve to close properly, allowing the regurgitation of blood back into the left atrium.

Best cases – no other heart or cardiovascular impairments	STD – Table D
Others	RNA

MITRAL STENOSIS

Narrowing of the mitral valve opening.

All cases	RNA
-----------------	-----

MITRAL VALVE PROLAPSE – APS

Deformity of the mitral valve, where the valve fails to close properly. Many cases are asymptomatic and have a favorable prognosis. Occasionally, other symptoms or complications may arise.

Best cases – no other heart or cardiovascular impairments	usually STD
Others	Table A- RNA

MULTIPLE SCLEROSIS

A slowly progressive disease of the central nervous system, characterized by a wide variety of symptoms such as partial blindness, weakness and loss of motor function.

All cases	RNA
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MUSCULAR DYSTROPHY

A hereditary disease of progressive muscle weakening.

All cases	RNA
-----------------	-----

MYOCARDIAL INFARCTION – See “CORONARY ARTERY DISEASE”

NARCOLEPSY – APS

A sleep disorder characterized by uncontrollable daytime sleepiness or loss of muscle tone.

Mild episodes, well controlled, non-hazardous occupation with no job interference	
0-3 years since diagnosis	RNA
Over 3 years since diagnosis	Table A - D
Others	RNA
With a history of driving criticism or a hazardous avocation	RNA

NEPHRECTOMY – See “KIDNEY DISEASES, DISORDERS”

NERVOUS CONDITIONS – See “PSYCHIATRIC DISORDERS”

OOPHORECTOMY

Surgical removal of an ovary

Benign pathology, no ongoing disease.....	STD
Others	RFC

OSTEOMYELITIS – APS

A bone infection

Single attack, recovered	
0-2 years	#
Over 2 years.....	STD
Recurrent attacks	
Single bone, recovered	
0-5 years.....	#
Over 5 years	STD
Multiple bones, recovered	
0-2 years.....	RNA
2-10 years.....	#
Over 10 years	STD
With continuing discharge or symptoms.....	IC
Cured by amputation	see “Amputation”

OSTEOPOROSIS – APS

Loss of bone mass, which can lead to fractures.

All cases	IC
-----------------	----

OVARIAN CYST – APS

A cyst of the ovary. Those that are large, persistent, growing or cause bleeding are suspicious for malignancy.

Present	
Evaluated as benign, no symptom to suggest malignancy.....	#
Others	PP
Removed or spontaneous disappearance, benign.....	STD

OVERWEIGHT - See Disability Build Charts - If ratable, APS, MED, HOS

Weight reduction

Due to diet, medically supervised	
Maintained 1 year.....	allow half the weight loss and rate accordingly
Maintained 2 years.....	handle for current weight
Due to surgical intervention	
Gastric bypass, stapling	
Full recovery, normal blood profile, weight stabilized	
Within 1 year	PP
1-2 years	rate for current weight plus Table C
2-4 years	rate for current weight plus Table B
Over 4 years.....	rate for current weight plus STD – Table A
Others	RNA
Ileal, intestinal bypass	
Full recovery, normal blood profile, weight stabilized	
Within 5 years	RNA
Over 5 years.....	rate for current weight, plus 90-day EP
Others	RNA

PACEMAKER

All cases RNA

PANCREATITIS – APS

Inflammation of the pancreas.

Acute, full recovery, no alcohol criticism

Single episode, no residuals

0-1 year PP

1-3 years Table B

Over 3 years STD – Table A

Multiple episodes, no residuals (minimum 90-Day EP if ratable)

0-3 years RNA

3-5 years Table B – C

Over 5 years STD – Table A

Others, with residuals IC

Chronic or with any alcohol criticism RNA

PAP SMEARS – APS (if current or previous results abnormal)

Class A, Pap I (Normal) STD

Class B, Pap II (Inflammatory atypia, reactive changes) STD

Class C, Pap III

Mild dysplasia (CIN 1) #

Moderate dysplasia (CIN 2) PP

Class D, Pap IV (Severe dysplasia (CIN 3) or carcinoma in situ) rate as “Carcinoma in situ”

Class E, Pap V (invasive carcinoma) RNA

PARALYSIS, PARAPLEGIA

All cases RNA

PARKINSON’S DISEASE

All cases RNA

PEPTIC ULCER – See “ULCER”

PERIPHERAL VASCULAR DISEASE

All cases RNA

PERITONITIS - APS

Inflammation of the peritoneum, the membrane lining the abdominal cavity. It is frequently secondary to a ruptured appendix or cyst.

Present RNA

History of, full recovery

Cause known RFC

Cause unknown

No adhesions present STD

With adhesions see “Adhesions”

PETIT MAL – See “EPILEPSY”

PHLEBITIS – VENOUS THROMBOSIS – THROMBOPHLEBITIS - APS

Inflammation of a vein (phlebitis) or a blood clot in a vein (venous thrombosis) or a clot associated with inflammation of a vein (thrombophlebitis).

Superficial phlebitis, full recovery RFC

Deep thrombosis – single site only

Single attack, full recovery, no complications, no current treatment

0-6 months..... Table A, with #

6 months-2 years.....#

Over 2 years STD

Single attack, persisting edema

Mild (1-2+) pitting edema..... add Table A to basic rating above

Moderate (3+) pitting edema add Table B to basic rating above

Severe (4+ or higher) pitting edema.....RNA

Multiple attacks, full recovery, no complications, no current treatment

0-1 year.....RNA

1-3 years..... Table A, with #, 90-day EP

3-5 years.....#, 90-day EP

Over 5 years STD

Others (including ulceration, pulmonary embolism)..... IC

Multiple thromboses at different sites, or migratory phlebitis RNA

Postthrombotic syndrome.....#

Continuing anticoagulant treatment..... IC

PLEURISY

Inflammation of the membrane surrounding the lungs and pleural cavity.

PresentPP

Recovered, no complications..... STD

Recovered, complications, recurrent – APS

0-2 years..... Table A - RNA

2-5 years..... STD – Table C

Over 5 years usually STD

PNEUMONIA

PresentPP

Full recovery..... STD

Recurrent, persistent – APS..... IC

PNEUMOTHORAX - APS

The abnormal presence of air in the pleural cavity, frequently causing lung collapse.

Due to trauma

Full recovery..... STD

Others IC

Spontaneous, recovered

Single episode..... usually STD

Multiple episodes STD – Table B

POLIOMYELITIS - APS

Ratings are based upon degree of resultant paralysis.

PresentRNA

History of, recovered

Best cases, mild impairment.....#

Moderate impairment Table A, with #

Severe paralysis, requiring use of wheelchair RNA

Respiratory problems, heart problems..... RNA

PREGNANCY – APS

No complications with current or past pregnancy60-day EP

Any complications with current or past pregnancy.....PP

PROSTATE DISORDERS – APS, MED, HOS

Most cases will involve a simple prostate infection that rapidly clears with medication. More persistent problems can occur. Cancer of the prostate should be handled as a tumor of an internal organ. Prostatectomy (removal of the prostate) may indicate cancer or a simple enlargement.

Abscess	
Present	PP
Full recovery	rate as Prostatitis
Prostatitis	
Acute, mild case, recovered	STD
Chronic	
0-3 years	#
Over 3 years	STD
Benign prostatic hypertrophy	
Unoperated	
Slight enlargement, no symptoms, normal urinalysis	STD
Others	#
Prostatectomy, benign pathology	STD
Transurethral resection (TURP)	STD to 90-day EP
Malignant – See “CANCER”	
Prostatic nodule	
No biopsy performed	RNA
Biopsy done	handle for findings

PSORIASIS – APS

Mild, no complications	STD
Others, severe	#
Treated with Methotrexate (may affect liver function) – APS, EXAM, HOS, SMA	
Normal liver function tests	#
Abnormal liver function tests	RNA

PSYCHIATRIC DISORDERS – APS

This is a difficult area to handle. We can depend upon the opinion of professionals in this field, but nevertheless, these disorders can rarely be evaluated objectively. For our purposes, we can divide these disorders into two categories: Neurotic disorders and psychotic disorders. Certainly, there are many cases that defy easy categorization.

Neurotic Disorders

Anxiety, depression, dysthymic disorders, phobias	
Present or chronic	RNA
History of, acute, situational, resolved promptly	usually STD
Others	IC
Manic-depressive illness, bipolar, major depressive illness	
Present	RNA
History of, full recovery, no continuing treatment	
0-7 years	RNA
7-10 years	Table B – D
Over 10 years	STD – Table A

Psychotic Disorders

Schizophrenia – schizophrenia, paranoia, reactive psychosis, schizoaffective disorders	
Present	RNA

History of, full recovery, no continuing treatment	
0-10 years.....	RNA
10-15 years.....	Table C - D
Over 15 years.....	Table A - B

PULSE – RAPID, SLOW, IRREGULAR – APS, MED, HOS, EKG

A pulse irregularity may be a symptom of underlying heart disease. Our handling will vary according to the underlying cause.

PYELITIS – See “KIDNEY DISEASE, DISORDERS”

PYELONEPHROSIS, PYELONEPHRITIS – See “KIDNEY DISEASE, DISORDERS”

PYURIA – See “URINE ABNORMALITIES”

RADICULITIS – APS

Inflammation of a spinal nerve root. It is usually secondary to a disease or injury to the spine, and should be handled for the primary impairment.

Cause known	RFC
Cause unknown	
Single episode	
0-2 years.....	#
Over 2 years	STD
Multiple episodes	
Within 4 years of last episode.....	#
Over 4 years from last episode.....	STD

RAYNAUD’S DISEASE – APS

Mild, not progressive, non-disabling

Within 1 year of diagnosis	PP
1-5 years.....	#
Over 5 years	STD
With corrective surgery (sympathectomy), full recovery	
0-1 year.....	PP
1-5 years.....	Table A – B
Over 5 years	STD
Others.....	RNA
Raynaud’s Phenomenon (due to other disease)	RFC

RECTAL DISORDERS

Fistula

Cause known	RFC
Cause unknown	
Unoperated	# or 60-day EP
Operated, full recovery.....	STD
Others	# or 60-day EP
Bleeding, stricture, ulcer.....	RFC

RENAL COLIC – See “KIDNEY DISEASES, DISORDERS”

RHEUMATIC FEVER

In the past and today, if untreated, this disease resulted many times in damaged heart valves. Through the judicious use of antibiotics, this is a rare occurrence today.

History of, no resultant damage to heart, no murmur.....	STD
Others – APS.....	handle for residual murmur

RHEUMATISM – See “ARTHRITIS”

SACROILIAC DISORDER - APS

Typically called back sprain or slipped disc handle accordingly for cause

SARCOIDOSIS – APS, X-RAY

A disease of unknown origin which manifests itself by lesions of inflamed tissue, usually in the lungs, lymph nodes, eyes or skin, although the liver may be involved.

Non-pulmonary

Present.....	RNA
Fully recovered, no medication	
0-1 year.....	PP
1-3 years.....	Table B – D
3-5 years.....	Table A – B
Over 5 years.....	STD
Others.....	RNA

Pulmonary

Fully recovered, no steroid treatment within 1 year, normal X-ray	
Within 6 months of diagnosis.....	PP
6 months - 2 years.....	Table A – B
Over 2 years.....	STD
Current X-ray abnormal	
Symptomatic, steroids within 1 year and/or lesion unstable.....	RNA
Asymptomatic, lesion stable or receding	
Within 1 year of diagnosis.....	PP
1-3 years.....	Table B – D
3-5 years.....	Table A – B
Over 5 years.....	STD – Table A
Others.....	IC

SARCOMA – See “TUMORS”

SCIATICA – APS

Pain radiating from the lower back into the buttocks and lower extremities or anywhere along the sciatic nerve. It is normally caused by compression of a nerve root by an intervertebral disc protrusion, but can also be caused by other spinal disorders or arthritis.

Cause known.....	RFC
Cause unknown	
Single episode	
0-2 years.....	#
Over 2 years.....	STD
Multiple episodes	
Within 4 years of last episode.....	#
Over 4 years from last episode.....	STD

SCOLIOSIS, LORDOSIS, KYPHOSIS – APS

These are different types of abnormal spinal curvature, which may be either congenital or acquired. Treatment includes exercise, braces, traction and/or surgery.

Unoperated or treated by back brace only	
Mild, normal gait, no complications.....	usually STD
Moderate.....	#
Severe.....	RNA

Operated with rods, hooks, or spinal fusion
 Full recovery, no complications

0-1 year.....	PP
1-3 years.....	#
Over 3 years	STD
Others	IC

SHORTNESS OF BREATH – See “DYSPNEA”

SLEEP APNEA SYNDROME – APS

A sleep disorder in which breathing stops for long periods (10 seconds or more). If breathing is interrupted too long or too frequently, it can result in cardiac arrest.

Best cases	STD - Table B
More severe cases	usually RNA
Surgery contemplated.....	PP
Surgery done, full recovery	usually STD – Table B
Surgery done - tracheostomy.....	RNA
Others.....	IC

SLEEPING SICKNESS – See “ENCEPHALITIS”

SPINA BIFIDA, SPINA BIFIDA OCCULTA – APS

Spina bifida is a congenital disorder where the bone of the spinal canal fails to close completely, with possible protrusion of the spinal cord and/or spinal canal contents. Complications may include complete or partial paralysis, impaired bowel or bladder function, musculoskeletal deformities, meningitis, and hydrocephalus. Surgical correction is performed if possible, but significant residuals or complications are common. Spina bifida occulta is a milder version in which the bony defect is covered by skin, so there is no protrusion of the spinal canal contents. It is generally asymptomatic and discovered only during the work-up of an unrelated condition. Complications will occasionally arise over time.

Unoperated	
Asymptomatic, no spinal cord involvement, spina bifida occulta	#
Symptomatic	RNA
With myelocele, meningocele, meningomyelocele or syringomyelocele.....	RNA
Operated	
Full recovery, no residuals	
0-6 months.....	PP
Over 6 months	STD
Others	IC

SPINAL FRACTURE – APS

Compression fracture	
Fully recovered, no residuals or damage to spinal cord	
0-3 years	#
Over 3 years.....	STD
Others	RNA
Transverse or spinous process	
Fully recovered, no residuals	
0-2 years	#
Over 2 years.....	STD
Others	#

SPINAL STENOSIS – APS

A narrowed spinal canal space originating from another disease process such as arthritis, tumor or spondylolisthesis. Symptoms include pain in the buttocks and legs while walking or climbing stairs. Can be treated with laminectomy (spinal surgery).

Unoperated	#
Operated, full recovery, no recurrence	
0-5 years	#
Over 5 years.....	STD
Others	IC

SPINAL SUBLUXATION – APS

An incomplete or partial dislocation of a vertebrae which may cause a variety of back pains and symptoms. Subluxation commonly refers to misalignment of the spinal column, with periodic adjustments and/or manipulations done on a long-term or maintenance basis.

Single episode, full recovery, no ongoing adjustments or manipulation(s)	
0-3 years	#
Over 3 years.....	STD
Others	#

SPONDYLITIS – APS

Inflammation of the vertebrae. Causes range from an injury to a progressive disease.

All cases	RFC
-----------------	-----

SPONDYLOLISTHESIS – APS

The forward displacement of one vertebrae over another. It may be an asymptomatic, incidental finding on x-ray, or may be associated with lower back pain. Can be treated with surgery.

Unoperated	#
Operated	
Full recovery, no residuals	
0-1 year.....	#
Over 1 year	STD
Others	#

SPONDYLOSIS – APS

A bony defect of a vertebral joint caused by degenerative changes of arthritis, which may ultimately compress nerve roots. It can be an asymptomatic incidental x-ray finding or may cause intermittent disabling pain and stiffness. Surgery may be necessary if more conservative treatment is not successful.

Unoperated	#
Operated	
Full recovery, no residuals	
0-2 years.....	#
Over 2 years	STD
Others	#

STROKE – See “CEREBRAL HEMORRHAGE – STROKE”

SUBSTANCE ABUSE – APS, MED, HOS, SMA

Alcoholism, treated, full recovery	
0-5 years.....	RNA
5-8 years.....	Table C–D to RNA
Over 8 years	STD – Table B
Resumption of any alcohol use	RNA
Drug abuse, treated, full recovery	
Cocaine (crack), methamphetamine (meth), amphetamines (speed), all hallucinogens (LSD, peyote, mescaline), codeine, heroin, morphine, others (excluding marijuana)	
0-5 years	RNA
5-7 years	IC (minimum Table C)
Over 7 years.....	usually STD

Marijuana usage, no treatment
 Occasional social use, no other adverse factors..... usually STD, Tobacco Rates
 Frequent, habitual, long-term or any other adverse factorsusually RNA
 Marijuana usage, treated for abusehandle under Drug abuse above

Any evidence of current drug use other than occasional, social marijuana usage will render the applicant uninsurable.

Substance abuse involving multiple drugs, or drugs and alcohol, is usually indicative of a more serious problem. These cases are increasingly more common, and the underwriting response to those cases is usually more restrictive than indicated above.

SUICIDE ATTEMPT – APS

This is frequently a symptom of an underlying psychiatric disorder, and our handling may be altered accordingly.

Single attempt
 Full recovery, stable, no treatment
 0-6 years..... RNA
 6-10 years..... Table B – D
 Over 10 yearsSTD – Table A
 Others RNA
 Multiple attempts..... RNA
 Suicidal ideation..... IC (see “Psychiatric Disorders”)

SURGERY PLANNED

All casesPP

SYNCOPE – See “DIZZINESS”

SYNOVITIS, TENOSYNOVITIS – See “BURSITIS”

TACHYCARDIA – APS, MED, HOS, EKG

Rapid heart beat. Ratings depend upon the number and frequency of attacks as well as the particular type of tachycardia. Cases may be STD - RNA.

TENDINITIS – See “BURSITIS”

TESTICLE DISORDERS - APS

Epididymitis
 Cause known RFC
 Cause unknown
 PresentPP
 Single episode, full recovery STD
 Multiple episodes or chronic
 Within 2 years of last episode..... 60-day EP
 Over 2 years STD
 Removal of testicle RFC

THYROID DISORDERS

Goiter – APS
 Present
 Toxic (hyperthyroid)..... RNA
 Nontoxic (euthyroid)
 Multinodular, not intrathoracic, stable#

Single nodule	
Confirmed as benign	#
Others	RNA
Diffuse (colloid)	STD
Substernal, intrathoracic	RNA
Fully recovered	
Toxic (hyperthyroid), adequately treated	
Diffuse	
0-2 years	#
Over 2 years	usually STD (# if Exophthalmos)
Nodular	
0-2 years	#
Over 2 years	STD
Nontoxic	
Multinodular or single nodule	
Operated	rate for tumor
Treated non-surgically, fully recovered	STD
Diffuse (colloid), fully recovered	STD
Substernal, intrathoracic, operated, fully recovered	STD
Hyperthyroidism without goiter – APS	rate as Toxic, Diffuse Goiter
Hypothyroidism, myxedema	
Adequately controlled	STD
Untreated, poor control	IC
Cretinism	RNA
Thyroiditis – APS	
Hashimoto's	
Present	#
Fully recovered	rate as Hypothyroidism
Subacute or acute	
Present	PP
Fully recovered, no further treatment	STD

TIC DOULOUREUX – APS

Sudden violent pain of the facial nerve.

Unoperated	
Present	
Within 2 years of onset	RNA
Over 2 years from onset	#
History of, full recovery	
0-2 years	#
Over 2 years	STD
Operated, full recovery	
0-2 years	#
Over 2 years	STD
Others	IC

TRANSIENT ISCHEMIC ATTACK (TIA) – APS, EXAM, HOS, EKG

A brief focal neurological deficit, usually caused by a small cerebral embolism or transient thrombosis of a cerebral or carotid artery in patients with underlying atherosclerosis. Symptoms are usually similar to a mild stroke.

Unilateral, single episode, no residuals, no other cardiovascular impairments

Unoperated

0-1 year.....PP

1-2 years..... Table D

2-5 years..... Table B – D

Over 5 years STD – Table B

Operated

Endarterectomy, no recurrence since surgery

0-6 monthsPP

6 months-2 years Table C

2-5 years Table A – C

Over 5 years..... STD – Table A

Bypass grafting or recurrence since surgery..... RNA

Others..... RNA

Cigarette use within 1 year

Pack or less dailyadd Table A to basic rating above

More than a pack daily..... RNA

TREMOR – APS

An involuntary trembling or quivering in one or more parts of the body.

Benign essential tremor, intention tremor, familial tremor

Non-disabling, non-progressive, other underlying disease ruled out.....#

Due to multiple sclerosis, Parkinson’s, CNS disease, or hyperthyroidism..... RNA

Others..... IC

TUBERCULOSIS – APS, MED, HOS, X-RAY

Best cases, no residual pulmonary impairment

Within 3 months.....PP

Over 3 months ago IC

With pulmonary impairment..... Table B – RNA

ULCER – APS

Unoperated

PresentPP

Fully recovered

Single episode

Without bleeding

0-2 years Table A – B or 90-day EP

Over 2 years..... STD

With bleeding rate as multiple episodes, without bleeding

Multiple episodes

Without bleeding

0-2 years Table B – C

2-4 years Table A – B

Over 4 years..... 60-day EP

With bleeding

0-6 monthsPP

Over 6 months..... Table A – B plus rating for multiple, w/o bleeding

Operated

Full recovery, no recurrence since surgery

0-2 years Table B - PP

2-4 years Table A – C

Over 4 years..... STD – 60-day EP – Table A

With recurrence since surgery
 0-2 years RNA
 2-5 years Table B – C
 Over 5 years..... STD – Table A
 With second surgery..... add Table A to basic rating for surgery as above

UNDERWEIGHT – See Disability Build Charts – If ratable, APS, MED, HOS

This may be a sign of disease, and must be evaluated properly.

Uncomplicated, no underlying disease..... STD – Table A
 Others IC

URINE ABNORMALITIES – APS, MED, HOS

The common urinary abnormalities are Albuminuria (protein in the urine), Hematuria (blood in the urine), Pyuria (pus in the urine), and Glycosuria (sugar in the urine). Ratings vary according to the amount of the albumin, blood, pus, or sugar found in the urine as well as the underlying cause.

UTERINE DISORDERS - APS

Most uterine disorders, no serious underlying disease..... usually STD – 60-day EP
 Endometrial polyposis
 Unoperated#
 Operated, full recovery usually STD
 Endometriosis
 Unoperated
 Pre-menopause.....#
 Post-menopause STD
 Operated
 Full recovery..... usually STD
 Others#
 Endometritis
 Present RNA
 Fully recovered
 0-1 year 60-day EP
 Over 1 year STD
 Hysterectomy
 Benign..... STD
 Malignant rate for malignancy
 Tumors RFC

VARICOSE VEINS – See “PHLEBITIS/THROMBOPHLEBITIS”

Usually mild, asymptomatic varicose veins are STD. Severe cases may be rated if accompanied by ulcers, swelling or clot formation.

VENOUS THROMBOSIS – See “PHLEBITIS”

VERTIGO – See “DIZZINESS”

WEIGHT LOSS (Not due to diet) – APS

This may be a sign of the onset of disease, and must be evaluated properly.

WHIPLASH – See “BACK SPRAIN”

Disability Coverage Build Charts

Male – ages 15 and over

Height Ft. In.	Underweight Table Rating A	Average Weight	Overweight Table Rating			
			A	B	C	D*
5-0	90	129	175	187	199	209
5-1	93	133	181	193	205	215
5-2	97	138	188	200	213	224
5-3	100	143	194	207	220	232
5-4	103	147	200	213	226	238
5-5	106	151	205	219	233	245
5-6	109	156	212	226	240	253
5-7	112	160	218	232	246	259
5-8	116	165	224	239	254	267
5-9	119	170	231	247	262	275
5-10	122	174	237	252	268	282
5-11	125	179	243	260	276	290
6-0	129	184	250	267	283	298
6-1	133	190	258	276	293	308
6-2	137	195	265	283	300	316
6-3	141	201	273	291	310	326
6-4	144	206	280	299	317	334
6-5	148	211	287	306	325	342
6-6	152	217	295	315	334	352
6-7	156	223	303	323	343	361
6-8	160	228	310	331	351	369

Female – ages 15 and over

Height Ft. In.	Underweight Table Rating A	Average Weight	Overweight Table Rating			
			A	B	C	D*
4-8	75	107	156	167	177	185
4-9	77	110	161	172	182	190
4-10	79	113	165	176	186	195
4-11	81	115	168	179	190	199
5-0	83	118	172	184	195	204
5-1	85	121	177	189	200	209
5-2	87	124	181	193	205	215
5-3	90	128	187	200	211	221
5-4	92	131	191	204	216	227
5-5	94	134	196	209	221	232
5-6	96	137	200	214	226	237
5-7	99	141	206	220	233	244
5-8	102	145	212	226	239	251
5-9	105	150	219	234	248	260
5-10	107	153	223	239	252	265
5-11	111	159	232	248	262	275
6-0	115	164	239	256	271	284
6-1	118	168	245	262	277	291
6-2	120	172	251	268	284	298
6-3	123	176	257	275	290	304
6-4	127	181	264	282	299	313

***Cases exceeding rating of Table D are rarely considered – please consult with your Home Office underwriter.**