

UNDERWRITING GUIDE

**MEDICARE
SUPPLEMENT**



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The SOLUTION — *Before life presents the problem.*[®]

POINT-OF-SALE TELEPHONE APPROVAL PROCESS

Oxford Life® has implemented a quick, easy-to-use method for completing Medicare supplement applications that allows flexibility in selecting the method you wish to submit applications to our Medicare Supplement Service Center.

Highlights of the application process:

Simplified Approval Process

- Applicants eligible for **Guaranteed Issue or Open Enrollment** do not need to complete Part Two of the application.
- For **underwritten** applications:
 - **Medical exams or blood work are not required.**
 - **No delays** waiting for an underwriter to review the case. All Medicare supplement applications are underwritten during the point-of-sale telephone approval process (POSTAP).
 - Applicants who **exceed the height and weight** acceptable range* for this product will **not qualify** for coverage.
 - Applicants who can answer **“no”** to all questions in **Part Two** of the application will **qualify** for coverage.
 - Applicants who answer **“yes”** to any questions in **Part Two – Section A** of the application will **not qualify** for coverage.
 - Applicants who answer **“no”** to all questions in **Part Two – Section A** of the application, but answer **“yes”** to any questions in **Part Two – Section B**, will be required to provide **additional information** during the POSTAP telephone interview.
 - **An underwriting decision will be disclosed during the POSTAP telephone interview.** If the application is approved, Oxford Life will assign a policy number and issue the policy within 2 business days of receiving the application.

***Important:** Oxford Life Insurance Company® does not publish a height and weight chart. This information is evaluated during the telephone interview and neither Oxford Life nor an Interview Specialist can prescreen for this requirement. Oxford Life's height and weight chart requirements are comparable to other Medicare supplement companies in the market.

Obtaining the Applicant's Information

The applicant must personally provide their information and answer all the questions on the application. You may select one of the following methods to complete the application with the applicant:

- Face-to-Face
- Over the Telephone

Submitting Applications

You may select several ways to submit the application to our Medicare Supplement Service Center:

- Mail
- Fax
- Email

POINT-OF-SALE TELEPHONE APPROVAL — *Continued*

Application Fee

There is a one-time application fee of \$15.00 that must be collected along with the applicant's first premium.

What is POSTAP?

POSTAP is a point-of-sale telephone approval process implemented by Oxford Life® to verify the applicant's information, underwrite and approve the application, and obtain voice signature authorizations within a few minutes.

How Does POSTAP Work?

POSTAP requires you and the applicant to call an Interview Specialist to verify the information on the application and provide your voice signature authorizations. If the application is approved, Oxford Life will assign a policy number and issue the policy within 2 business days of receiving the application.

When is POSTAP Required?

- Underwritten applications
- Open Enrollment or Guaranteed Issue applications missing the applicant's "ink" signature

APPLICATION ELIGIBILITY	METHOD OF APPLICATION	METHOD OF SUBMITTING APP	CALL INTERVIEW SPECIALISTS FOR POSTAP (Y/N)
OE/GI	Face-to-Face	Fax/Mail	N
OE/GI	Face-to-Face	Online	Y
OE/GI	Telephone	Fax/Mail	Y
OE/GI	Telephone	Online	Y
Underwritten	Face-to-Face	Fax/Mail	Y
Underwritten	Face-to-Face	Online	Y
Underwritten	Telephone	Fax/Mail	Y
Underwritten	Telephone	Online	Y

POINT-OF-SALE TELEPHONE APPROVAL — *Continued*

Voice Signature Authorization and Recording of All Calls

POSTAP requires voice signature authorizations to complete the application process. The telephone call with an Interview Specialist will be recorded for quality and authentication purposes.

At the beginning of the call, both you and the applicant are made aware that the call is being recorded and the applicant's consent must be communicated to proceed with the call. At the end of the telephone interview, the applicant will be asked for oral consent to final disclosures and to state their first and last name, which will serve as the applicant's voice signature authorization.

POSTAP Hours of Operation (Central Standard Time)

Monday – Thursday	8:00 a.m. to 9:30 p.m.
Friday	8:00 a.m. to 5:00 p.m.
Saturday, Sunday & After Hours	24-Hour Voicemail

• Applications completed **FACE-TO-FACE** with the applicant

- Call **888-330-2006** from the applicant's home and provide the Interview Specialist with Oxford Life's name and your name. Be sure to advise the Interview Specialist if the applicant does not speak English, so that a translator can be brought on to the call.
- The Interview Specialist will obtain your authorization to record the interview and confirm the applicant's information in Part One of the application.
- The Interview Specialist will speak with the applicant to confirm the answers to the health questions and obtain their voice signature authorization.
- The Interview Specialist will speak with you again and provide the final underwriting decision.
- Submit the application and any other required forms to our Medicare Supplement Service Center. If the applicant wishes to have premiums deducted from a bank account, including the first premium payment, make sure the Electronic Funds Transfer Authorization (EFT) form is complete and signed.

• Applications completed **OVER THE TELEPHONE** with the applicant

- Since you are not physically with the applicant, the interview can be completed in one of the following ways:
 - Keep the applicant on the telephone and **make a three-way call** with an Interview Specialist.
 - If you **do not have three-way calling** capabilities, advise the applicant that an Interview Specialist will call them shortly to complete the application process. End the call with the applicant and immediately call **888-330-2006**.
- Provide the Interview Specialist with Oxford Life's name and your name. Be sure to advise the Interview Specialist if the applicant does not speak English, so that a translator can be brought on to the call.

TELEPHONE INTERVIEW PROCEDURES

- The Interview Specialist will obtain your authorization to record the interview and confirm the applicant's information in Part One of the application.
 - **If it is a three-way call**, the interview Specialist will ask to speak with the applicant.
 - **If it is not a three-way call**, the Interview Specialist will end the call with you and immediately call the applicant.
- **For Open Enrollment or Guaranteed Issue** cases, the Interview Specialist will speak with the applicant to confirm the information on the application and obtain their voice signature authorization.
- For **underwritten** cases, the Interview Specialist will speak with the applicant to confirm their answers to the health questions and obtain their voice signature authorization.
 - **If it is a three-way call**, the interview Specialist will speak with you and provide the final underwriting decision.
 - **If it is not a three-way call**, the Interview Specialist will end the call with the applicant and immediately call you with the final underwriting decision.
- Submit the application and any other required forms to our Medicare Supplement Service Center. If the applicant wishes to have premiums deducted from a bank account, including the first premium payment, make sure the EFT form is complete and signed.

Unable to Conduct the Telephone Interview at the Point-of-Sale

If you are unable to complete the telephone interview at the point-of-sale, leave a message in the 24-hour voice mailbox. Be sure to include the applicant's name, telephone number and primary spoken language if it is not English. An Interview Specialist will call back on the following business day to complete the interview with the applicant. The Interview Specialist will notify you once the interview is completed and will provide you with the underwriting decision.

Applications Written After Business Hours

If an application is written after business hours, leave a message in the 24-hour voice mailbox. Be sure to include the applicant's name, telephone number and primary spoken language if it is not English. An Interview Specialist will call back on the following business day to complete the interview with the applicant. The Interview Specialist will notify you once the interview is completed and will provide you with the underwriting decision.

PRESCRIPTION DRUG DECLINE LIST

Prescription Drug Decline List

If the applicant is not in an open enrollment/guarantee issue period, the use of any of the following medications would prevent the applicant from obtaining a policy.

ARDEPARIN: Used after knee replacement surgery to prevent blood clots.

ARICEPT: Alzheimer's Medication

AXULFIDINE: Ulcerative colitis (progressive bowel disease)

DALTEPARIN: Used after abdominal surgery to prevent blood clots.

DANAPAROID: Used after hip replacement surgery to prevent blood clots.

ENOXAPARIN: Used after hip or knee replacement surgery to prevent blood clots.

GOLD SHOT: Rheumatoid Arthritis

LITHIUM: also called ESKALITH (manic depressive)

METHOTREXATE: anticancer drug and rheumatoid arthritis

NITROGLYCERIN: suffocating chest pain

RHEUMATREX: anticancer drug and rheumatoid arthritis

TREXALL: anticancer drug and rheumatoid arthritis

Individual Consideration:

COUMADIN: Blood Thinner

HEPARIN: Blood Thinner

PLAVIX: Blood Thinner

WARFARIN: Blood Thinner

MEDICARE SUPPLEMENT UNDERWRITING GUIDE

IMPORTANT: PLEASE READ BEFORE USING

This Underwriting Guide is a reference tool designed to assist the agent in determining what the probable underwriting action may be with respect to the most commonly encountered medical conditions. While this guide contains valuable information, the user needs to be aware of its limitations.

1. The guide covers the most commonly encountered conditions but does not include every condition of concern to the company's underwriters. The absence of an impairment listing does not imply that it is insignificant.
2. While this guide describes the probable underwriting action for a listed condition, other circumstances may prevent an offer being made on the basis described. None of the listings in this guide constitute a warranty that coverage will be offered on the basis described. The acceptance of any applicant for insurance will be determined solely by the company's underwriters.

The company reserves the right to amend its underwriting practices and/or the probable underwriting action contained in this manual at any time.

The most commonly encountered conditions are listed in the underwriting guide. Each listing includes a brief description of the condition, as well as the probable action. Listed below are the abbreviations used in the guide:

A	-	Risk Usually Acceptable
I	-	Individual Consideration for Risk
N	-	Risk Not Acceptable
N/A	-	Not Applicable
R/C	-	Refer to Cause of Condition

The most critical piece of the underwriting process is the application. In addition to being part of the policy, it also provides a place for applicants to explain their medical history. Because of the importance of the application, it is extremely crucial that this be as complete as possible. Be sure to include accurate and specific diagnoses, date of diagnosis, any treatment for a condition, any medications taken (include dosage and frequency), degree of recovery, whether any residuals exist and the complete name and address of the physician who would have the relevant medical records.

Attending Physician's Statement

The company will require from time to time an Attending Physician's Statement (APS) and/or copies of-the-applicant's medical records at the discretion of the underwriter in order to determine an applicant's insurability.

Telephone Interviews

At the discretion of the underwriter, a Telephone Interview may be required to verify or clarify information on the application. Please advise applicants that they may be receiving a telephone call from the company or a company representative.

THE UNDERWRITING DEPARTMENT WILL ASK FOR ANY ADDITIONAL INFORMATION, INCLUDING MEDICAL INFORMATION, IT BELIEVES IS NECESSARY TO ADEQUATELY UNDERWRITE AN APPLICATION FOR INSURANCE.

DESCRIPTION OF CONDITION

ABORTION

An early delivery of a fetus before it is capable of living outside of the uterus..... A

ABSCESS

Collection of pus within tissues caused by infection.

A. Brain

1. Recovery to 1 year N

2. After 1 year, no residuals..... A

B. Spinal Cord

1. Recovery to 1 year N

2. After 1 year, no complications I

C. Kidney- full recovery..... A

D. Liver- full recovery..... A

ADAMS-STOKES SYNDROME

Attacks of syncope.

A. One attack, after 2 years A

B. Multiple attacks..... N

ADDISON'S DISEASE

Insidious and progressive disease involving weakness, bronzelike pigmentations of the skin, weight loss, hypotension, dehydration and gastrointestinal upsets..... N

ADL'S DEFICIT (Activities of Daily Living)

Inability to perform one or more of the activities of daily living, such as bathing, eating, dressing, transferring and toileting..... N

AIDS OR AIDS RELATED COMPLEX (ARC)

Tested positive for the Human Immunodeficiency Virus (HIV) N

ALCOHOLISM

Progressive addiction to alcohol.

A. Complete abstinence under 3 years..... N

B. 3 years or more, and no health problems..... A

ALZHEIMER'S DISEASE

A degenerative disorder resulting in a large loss of cells from the cerebral cortex and other brain areas

AMEBIASIS

Invasion of the intestinal tract by Entamoeba histolytica. Recurrences common.

A. One attack, brief duration A

B. Chronic, liver or colon complications

1. Recovery to 1 year N

2. Over 1 year, full recovery A

AMPUTATION

Partial or total loss of a limb due to injury or disease.

A. Trauma..... A

B. Disease N

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)

Motor neuron disease characterized by progressive degeneration of the cerebral cortex-spine connections and neurons..... N

DESCRIPTION OF CONDITION — *Continued*

ANEMIA

Disorders affecting the red blood cells. Several disorders and varying degrees of severity.

- A. Aplastic-Splenic, Pernicious with complications, within 5 years N
- B. Congenital Hemolytic
 - 1. Operated, full recovery A
 - 2. Unoperated N
- C. Sickle Cell N
- D. Others I

ANEURYSM

Bulge in the wall of an artery.

- A. Present N
- B. Operated, within 1 year N
- C. Over 1 year, no complications or residuals A

ANGINA

Spasmodic, choking or suffocative pain I

ANGIOPLASTY

Surgical reconstruction of the heart's blood vessels.

- A. Within 6 months N
- B. After 6 months I

ANKYLOSIS

Loss of motion in a joint by immobilization or fixation due to disease or injury.

- A. With cane, brace, built up shoes or crutches I
- B. If bedridden N

ARRYTHMIA

Any variation from the normal rhythm of the heart I

ARTERIOSCLEROSIS-ATHEROSCLEROSIS

Loss of elasticity, thickening and hardening of the arteries N

ARTHRITIS

Inflammation of a joint.

- A. Osteoarthritis
 - 1. Mild to moderate with no complications A
 - 2. Severe N
 - 3. Still's disease, Rheumatoid, Behcet's N

ASCITES

Presence of free fluid in peritoneal cavity I

ASTHMA

Spasmodic constriction of bronchial tubes with difficulty in passage of air in and out of the lungs.

- A. Most types-seasonal or allergic A
- B. If emphysema present, long duration, frequent attacks N

ATAXIA

Failure of muscular coordination, irregularity of muscular action N

ATELECTASIS

Partial collapse of a portion of the lung. If possible, determine cause.

- A. Recovered, no complications or residuals A
- B. Others N

DESCRIPTION OF CONDITION — *Continued*

ATHEROSCLEROSIS (See ARTERIOSCLEROSIS)

ATRIAL FIBRILLATION (See FIBRILLATION)

BEDRIDDEN..... N

BLINDNESS

- A. Accident — more than 1 year A
- B. Disease — rate for condition..... I

BLOOD PRESSURE, IRREGULAR (See HIGH BLOOD PRESSURE)

BREAST DISORDERS

Abscess, inflammation, mastitis, cysts, benign and malignant growths.

- A. Mastitis, Fibrocystic breast disease..... A
- B. Malignancy or cancer, within 3 years N
- C. Surgery successful, no recurrences I

BRONCHIECTASIS

Chronic disease of the lungs. (See also Emphysema)

- A. Most cases, mild to moderate, no surgery I
- B. Surgery (lobectomy), and no residuals I
- C. Severe, or extensive surgery..... N

BRONCHITIS

Inflammation of the mucous membrane of the bronchial passages.

- A. Acute or chronic, not disabling or complicated with emphysema. A
- B. Others, with mild complications, but not disabled I
- C. Disabled, or moderate to severe complications..... N

BRUCELLOSIS (Undulant Fever)

Mediterranean fever with sweating, weakness and arthritis.

- A. Fully recovered..... A

BUERGER’S DISEASE

Low grade inflammation of the vessel wall producing thrombosis. Ulceration or gangrene may require amputation.

- A. Within 2 years N
- B. 2-5 years, non-progressive, non-smoker, no complications..... I
- C. After 5 years, operated and full recovery. No recurrent symptoms..... A

BURSITIS

Inflammation of the sac-like cavity located near a joint A

CANCER- BRAIN (Most types)

- A. 0-3 years N
- B. 3-5 years, no complications or residuals..... I
- C. 5 years+, operated, full recovery A

CANCER-BREAST (See BREAST DISORDERS)

CANCER-BRONCHIAL OR LUNG

- A. 0-3 years N
- B. 3+ years, no complications or residuals..... I

CANCER-CERVIX OR FEMALE ORGANS

- A. 0-3 years N
- B. 3-5 years, operated, no complications I
- C. 5+ years, no complications or residuals..... A
- D. Carcinoma-in-situ, operated and full recovery A

DESCRIPTION OF CONDITION — *Continued*

CANCER-COLON

- A. 0-5 years N
- B. 5+ years, operated, no complications, full recovery I

CANCER-KIDNEY

- A. 0-3 years N
- B. 3-5 years, no complications..... I
- C. 5+ years, operated and full recovery A

CANCER-MALIGNANT MELANOMA

- A. 0-3 years N
- B. 3-5 years, no complications or recurrences I
- C. 5+ years, full recovery..... A

CANCER-PROSTATE

- A. 0-3 years N
- B. 3-5 years, no complications..... I
- C. 5+ years, full recovery..... A

CANCER-SKIN (Most types)

- A. Existing N
- B. Surgically removed, full recovery A

CANCER-STOMACH

- A. 0-5 years N
- B. 5+ years, no complications or residuals..... I

CANCER-OTHERS

- A. 0-3 years N
- B. 3+ years, depends on type I

CATARACTS

- A. Existing I
- B. Surgically corrected..... A

CEREBRAL CONCUSSION

Unconsciousness of varying duration resulting from head injury.

- A. Fully recovered..... A
- B. Others, with any residuals N

CEREBRAL HEMORRHAGE, THROMBOSIS, EMBOLISM OR STROKE

- A. Within 3 years N
- B. 3-5 years, good recovery, not disabled and fully ambulatory I
- C. 5 years+, full recovery and no residuals A

CEREBRAL PALSY

Congenital disorder of the central nervous system with or without mental involvement and manifested by disordered muscular movement involving limbs and lack of coordination and affecting gait or speech.

- A. Over age 20, mentality near normal I
- B. Under age 20, or markedly disabled, subnormal mentality N

CHARCOT-MARIE TOOTH DISEASE

Hereditary disease which causes muscular atrophy, weakness, pain and sensory abnormalities to develop in feet and legs, later affects hands and feet.....

N
N
N

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

CHRONIC BRAIN DISORDER

N

DESCRIPTION OF CONDITION — *Continued*

CIRRHOSIS OF LIVER

Chronic progressive, diffuse process with gradual destruction of functioning liver cells..... N

COLITIS

Inflammation of the mucous membranes of the large bowel (colon). Also known as inflammatory bowel disease.

A. Within 3 years..... N

B. 3+ years, unoperated or with colectomy or colostomy I

COLITIS, SPASTIC (Irritable Bowel)..... A

COLITIS, ULCERATIVE (See ULCERATIVE COLITIS)

COLOSTOMY R/C

CONGESTIVE HEART FAILURE

Syndrome caused by failing heart, with congestion in the pulmonary or the systemic circulation or both N

CROHN'S DISEASE

Chronic, non-specific inflammation of all layers of the bowel N

CYSTIC FIBROSIS

Congenital disease involving mucous secreting glands N

DEMENTIA

Deterioration of the intellect with associated personality and behavioral changes. Many causes N

DIABETES (Sugar Diabetes)

A. Best cases, good control, onset over age 40, on oral medication or not taking more than 60 units of insulin daily, no other impairments or complications such as heart disease or high blood pressure A

B. Declined by another carrier, other chronic conditions (such as heart disease, high blood pressure, elevated cholesterol treated with medication, neuropathy, etc.), tobacco use within the past year, 50 lbs or more overweight N
(Be sure to indicate on application date diagnosed, how often physician is consulted, amount and type of medication and any complications)

C. Hypertension (see HIGH BLOOD PRESSURE)

DIALYSIS, KIDNEY

Mechanical filtration of blood required due to kidney failure..... N

DIVERTICULITIS/DIVERTICULOSIS

Inflammation and/or infection of the diverticula..... A

DRUG ADDICTION OR ABUSE

Intentional misuse of illicit and/or prescription medication N

DUODENITIS

Inflammation of the duodenum. (See also ULCER) I

DWARFISM

A. Two most common types are (1) genetic or constitutional, and (2) achondroplastic..... A

B. Others, including Laurence-Moon-Biedi, progeria, chondroosteo-dystrophy, gargoylism, renal rickets and Von Gierkes disease..... N

DYSENTERY

Acute or chronic infection of the colon characterized by diarrhea, abdominal cramps and bloody or watery stools.

A. Bacillary, full recovery..... A

B. Amebic

1. No liver involvement or constriction of the colon, full recovery..... A

2. If liver or colon involved and within 1 year..... N

3. 1+ years full recovery I

DESCRIPTION OF CONDITION — *Continued*

EDEMA

Collection of fluid on the tissues with consequent swelling of the affected area.

- A. Heart, kidney or liver disease ruled out A
- B. Caused by above N
- C. Unknown cause I

EMPHYSEMA

Progressive distention of air sacs of the lung.

- A. Tobacco use within the past year N
- B. Mild to moderate, no complications A
- C. Severe, or obvious dyspnea at rest, abnormal pulmonary function, productive cough N

ENCEPHALITIS

Inflammation of the brain.

- A. Most cases, fully recovered, no residuals or complications A

EPILEPSY

Disease of the central nervous system characterized by varying degrees of consciousness with or without convulsions.

- A. Grand mal, within 3 years or under age 15 N
- B. Other types, short and infrequent attacks, over 1 year since last attack A

ESOPHAGEAL VARICES

Varicose veins of the esophagus N

EYE DISORDERS (See also Cataract, Blindness, Retinopathy)

- A. Glaucoma, most cases A
- B. If due to tumor, aneurysm, abscess, syphilis, hypertensive disease or central nervous system disease N

FAINTING

Dizziness, syncope and vertigo are often symptoms of a serious impairment such as Epilepsy, Meniere's, Cerebral Vascular disease, Adams-Stokes syndrome, Paroxysmal Tachycardia, etc.

- A. Mild, occasional attacks, and no serious impairment A
- B. If due to disease I

FIBRILLATION (Atrial-Ventricular)

- A. Atrial or Ventricular
 - 1. Over age 40, 1 attack only, after 1 year I
 - 2. After 3 years, one attack only A
 - 3. Multiple attacks N

FISSURE (Anal)

A linear abrasion or small ulcer in the mucous membrane of the anus.

- A. Fully recovered A

FISTULA-IN-ANO

A deep winding ulcer or abnormal tract often leading from the surface to an internal hollow organ.

- A. Treated medically or surgically, fully recovered A

FRACTURES

- A. Fully recovered, no residuals A

GALL BLADDER DISORDERS

- A. Most cases, operated, fully recovered A
- B. Unoperated, present stones N

GANGRENE

Death of tissue. May result from injury or disease of the blood vessels of the affected part.

- A. Existing N
- B. Others I

DESCRIPTION OF CONDITION — *Continued*

GASTRITIS (Dyspepsia, indigestion)

An impairment of the digestive function.

- A. Acute..... A
- B. Chronic..... I

GIANTISM

Overgrowth of the long bones before normal bone growth ceases as contrasted to acromegaly when overgrowth occurs after normal skeletal development stops.

- A. No other impairments A

GLAUCOMA (See EYE DISORDERS)

GOITER

Enlarged thyroid gland

- A. Most cases, treated medically or surgically, fully recovered A

GONORRHEA

Venereal disease affecting mucous membranes of the genital organs.

- A. Fully recovered A

GOUT

Disorder of metabolism with swollen and painful joints and increase in uric acid level.

- A. Unless secondary, severe or other complications, such as elevated blood pressure or urinary impairments A

HEART ATTACK (See HEART DISEASE)

HEART DISEASE

May be congenital, rheumatic, syphilitic or arteriosclerotic (includes heart attack, coronary artery disease, myocardial, coronary thrombosis, occlusion or angina pectoris).

- A. Within 2 years N
- B. 2+ years, good recovery, no recurrent symptoms or chest pain, no disability, completely ambulatory I
- C. Nitroglycerin or blood thinners used within the past 6 months N

HEMATEMESIS

Vomiting of blood.

- A. Infectious or serum, less than 2 months duration, fully recovered and no liver damage..... A
- B. If due to cancer, liver or heart disease and within 2 years N

HEMOPHILIA

A hereditary bleeding disease.

- A. True hemophilia..... N
- B. Others I

HEMOPTYSIS

Spitting of blood. May be due to tuberculosis, bronchiectasis, carcinoma or rheumatic heart disease..... R/C

HEMORRHOIDS

Varicose veins of the anus A

HEPATITIS

Inflammation of the liver.

- A. Infectious or serum, less than 2 months duration, fully recovered and no liver damage..... A
- B. Other than Hepatitis A, fully recovered less than 1 year..... N
- C. Hepatitis C..... N

HEPATOMEGALY

Enlarged Liver..... N

DESCRIPTION OF CONDITION — *Continued*

HERNIA

The protrusion of a loop or knuckle of an organ through an abnormal opening.

- A. Abdominal I
- B. Hiatal or Diaphragmatic A

HERNIATED DISC

- A. Unoperated N
- B. Surgically corrected, full recovery, no complications or residuals A

HERPES ZOSTER (Shingles) A

HIATAL HERNIA (See HERNIA)

HIGH BLOOD PRESSURE (Hypertension)

Any blood pressure over 140/90 is considered hypertension.

- A. Best cases, not of long duration (more than five years), not hospitalized or disabled, no heart disease or other serious complications and under good control A
- B. Others I
(Underwriting action depends on many factors, i.e., duration of high blood pressure, how high it is or has been, whether hospitalized or disabled. Whether any complications such as heart disease, heart failure or heart enlargement and if any medication being taken.)
- C. With diabetes - Blood pressure must be well controlled for at least 2 years, no other cardiac disease
 - 1. Diet or orally controlled diabetes I
 - 2. Insulin dependent diabetes N

HODGKIN'S DISEASE

A malignant condition characterized by painless, progressive enlargement of the lymph nodes, spleen, and general lymphoid tissue N

HUNTINGTON'S CHOREA

Hereditary brain disorder which causes spastic, irregular movements, alterations in gait and progressive dementia N

HYDROCEPHALUS

A condition resulting in an accumulation of cerebrospinal fluid within the skull.

- A. Under age 15 N/A
- B. Age 15 and up I

HYSTERECTOMY

- A. If operated and complete recovery with no cancer or malignancy A
- B. If cancer or malignancy, refer to cancer R/C

IDIOTS (See MENTAL DEFICIENCY)

ILEITIS (See ULCERATIVE COLITIS)

IMMUNE SYSTEM DYSFUNCTIONS N

INCONTINENCE

Inability to control normal elimination I

INTESTINAL OBSTRUCTION

May be due to stricture, adhesions, tumors, hernia or telescoping of the bowel.

- A. If single attack, more than six months, no cancer or malignancy and complete recovery A
- B. Others with multiple attacks within 5 years I

ISCHEMIA

Deficiency of blood to a body part, usually the heart, due to constriction or obstruction of a blood vessel N

JOINT DYSFUNCTION or REPLACEMENT

Refer also to cause I

DESCRIPTION OF CONDITION — *Continued*

KIDNEY DISORDERS

A. Abscess-Complete recovery	A
B. Single cyst-More than 6 months, complete recovery.....	A
C. Polycystic disease	N
D. Horseshoe-Recovered	A
E. Nephrosis-	
1. Within 5 years.....	N
2. 5 to 10 years, complete recovery	A
F. Nephritis-(Bright's Disease) Inflammation of kidney.	
1. If acute, one or two attacks, full recovery	A
2. If chronic or bilateral (both kidneys involved) (Underwriting action will depend on duration of illness and extent of complications).....	I
G. Nephrectomy-Surgical removal of kidney. (Underwriting action will depend on causes, which are many. Some of the causes include tumors of the kidney, kidney stones, tuberculosis, pyelonephrosis, cysts and injuries).	
1. If cause due to stones, injuries, congenital anomalies, solitary cysts or benign (nonmalignant) tumors and recovered	A
2. If cause due to cancer or tuberculosis and within three years.....	N
3. If more than three years and due to cancer or tuberculosis	I
(Willing to consider provided remaining kidney normal).	
H. Pyelitis-Inflammation of the kidney pelvis.	
1. If acute and only one or two attacks.....	A
2. If chronic and other complications such as abnormal urinary findings	I
I. Stones-Most cases	
1. If stones are small and recent history, one or two attacks or even present and unilateral (confined to one kidney)	A
2. If stones are large, multiple attacks or bilateral (both kidneys involved).....	N
J. Dialysis (See DIALYSIS, KIDNEY)	
K. Other	I

LEUKEMIA

Cancer of the blood.....	N
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LIVER DISORDERS

A. Abscess-After full recovery.....	A
B. Cirrhosis.....	N
C. Cystic disease	N
D. Enlargement.....	N
E. Sclerosing Cholangetes	N
F. Others	I

LOU GEHRIG'S DISEASE (See AMYOTROPHIC LATERAL SCLEROSIS)

LUNG DISEASES

Silicosis, anthracosis, asbestosis and berylliosis are forms of pneumoconiosis (also called black lung disease) caused by inhalation of dust or particulate matter. May cause fibrosis and granuloma, formation that can progress to pulmonary embarrassment, emphysema, chronic cough and heart failure.

A. If any evidence of emphysema, heart involvement or marked shortness of breath	N
B. Others, mild to moderate lung involvement only.....	I
C. Tobacco use within the past year	N

DESCRIPTION OF CONDITION — *Continued*

LUPUS ERYTHEMATOSUS

Inflammation of skin with disc-like patches and raised reddish edges.

- A. Most cases, discoid type..... N
- B. Systemic type..... N

LYMPHOMA (See HODGKIN'S DISEASE)

MASTITIS (See also BREAST DISORDERS)

- A. Acute or chronic, non-progressive, present for more than 2 years..... A
- B. If operated and negative biopsy A
- C. Others I

MEDICATIONS, PRESCRIPTION

(Provide detailed information, including dosage, frequency, and anticipated duration of treatment)..... R/C

MELANOMA (See CANCER)

MENIERE'S DISEASE

Disturbance of the inner ear that controls equilibrium (can be totally incapacitating).

- A. Controlled with medication, no complications A
- B. Others I

MENINGIOMA

- A. Benign - surgically cured
 - 1. Within 1st year..... N
 - 2. After 1st year A
- B. Incomplete surgical cure N

MENINGITIS

- A. Existing N
- B. Full recovery, no residual A

MENTAL DEFICIENCY or RETARDATION

- A. If classified as idiots, imbeciles or morons N
- B. Others, self-supporting or low IQ, but considered mentally deficient I

MENTAL DISORDERS (See NERVOUS DISORDERS)

MIGRAINE HEADACHES I

MULTIPLE SCLEROSIS

Disease of the central nervous system..... N

MURMUR, HEART (See HEART DISEASE)

MUSCULAR DISORDERS..... N

MYASTHENIA GRAVIS (See MUSCULAR DISORDERS)

NARCOLEPSY

A rare, often over-diagnosed disorder, characterized by an uncontrollable tendency to sleep.

It is not a form of epilepsy..... A

NERVOUS DISORDERS

Includes so-called "nervous breakdown", schizophrenics, psychotics, paranoids.

- A. Within 2 years N
- B. 2-5 years, one attack only, full recovery..... I
- C. If multiple attacks and within 3 years N
- D. 3-5 years, full recovery..... I

(These cases are very difficult to evaluate and best underwriting action will be given to those with complete information including:

- (1) how many attacks; (2) duration of attacks; (3) whether hospitalized and how long;
- (4) type of treatment; and (5) whether still under treatment and/or therapy).

*** FULL RECOVERY MEANS NO MEDICATION AND NO TREATMENT ***

DESCRIPTION OF CONDITION — *Continued*

ORGAN TRANSPLANT	N
ORGANIC BRAIN SYNDROME	
Mental disorder due to transient or permanent organic disease in the brain or elsewhere in the body	N
OSTEOARTHRITIS (See ARTHRITIS)	
OSTEOMYELITIS	
Inflammation of bones and bone marrow	N
OSTEOPOROSIS	
A. Mild to moderate	A
B. Severe	I
OVERWEIGHT BUILD	
If more than 100 lbs overweight	N
PAGET'S DISEASE	
A chronic disturbance in bone metabolism, initially resulting in decalcification and softening followed by thickening and deformity	N
PANCREATITIS	
A. Single attack, after recovery	A
B. If multiple attacks, within 4 years	N
C. Others	I
PARALYSIS	
Due to a lack of nerve supply arising from a disorder of the central or peripheral nervous system. May be due to trauma, infection, tumor, degeneration, ischemia, congenital malformation or strokes.	
A. If one arm or leg only, or use of cane or crutch required	I
B. If paraplegia (paralyzed from waist down), requiring wheel chair and within 2 years	N
C. Others, after 2 years, good bladder and rectal function (If paralysis due to a stroke or arteriosclerotic disease, see CEREBRAL HEMORRHAGE. If due to other causes, underwriting action will depend on degree of paralysis.)	I
PARKINSON'S DISEASE (Paralysis agitans)	
A "pill-rolling" tremor of resting muscles with associated spasticity and rigidity. Disease is usually progressive.	
A. If progressive, under poor control or onset within 1 year	N
B. Others, non-progressive, good medical control or good surgical results	A
PERIPHERAL NEUROPATHY	
A syndrome of sensory, motor, reflex and/or vasomotor symptoms produced by a disease of a nerve or nerves	N
PERIPHERAL VASCULAR DISEASE	
Arteriosclerosis obliterans, Buerger's Disease, Raynaud's Disease	N
PHLEBITIS (See THROMBOPHLEBITIS)	
POLIOMYELITIS	
An acute viral infection with a wide range of manifestations, including minor illness, meningitis, and weakness of various muscle groups.	
A. If more than 1 extremity involved, or marked interference with locomotion	N
B. Others	I
POLYCYTHEMIA	
Chronic disease characterized by over activity of the bone marrow with overproduction of red blood cells and hemoglobin	N
POLYMYALGIA RHEUMATICA	
Chronic disease characterized by proximal joint and muscle pain	N

DESCRIPTION OF CONDITION — *Continued*

PRESCRIPTION MEDICATIONS (See MEDICATIONS, PRESCRIPTION)

PROSTATE DISORDERS

Prostatitis, prostate abscess, prostatic stones.

- A. Most cases, successful treatment..... A
- B. Malignancy (See CANCER-PROSTATE)

PSYCHOLOGICAL, PSYCHIATRIC, PSYCHONEUROTIC, or PSYCHOTIC DISORDERS N

REGIONAL ENTERITIS (See CROHN'S DISEASE)

RENAL DISORDERS (See KIDNEY DISORDERS)

RETINOPATHY, DIABETIC or OTHER

Vascular disorder of the eye. A cause of blindness N

RHEUMATIC FEVER - A febrile illness following a hemolytic streptococcal infection.

- A. Full recovery for at least 6 months..... A
- B. Others, multiple attacks or long duration I

RHEUMATOID ARTHRITIS (See ARTHRITIS)

SARCOIDOSIS (Boeck's Sarcoid)

A systematic granulomatous disease of unknown cause N

SCLERODERMA

A complex skin disorder, which may be localized and benign or involve internal organs with a fatal determination..... N

SENILITY (See ALZHEIMER'S DISEASE)

SPINA BIFIDA / SPINA BIFIDA OCCULTA

Developmental defect of the spinal column usually at the lower spine. Paralysis and loss of bladder control may occur.

- A. Spina Bifida-if present..... N
- B. If operated, no neurological residuals A
- C. Spina Bifida Occulta I

SPLEEN DISORDERS

- A. Splenic Anemia (Banti's disease)
 - 1. Not operated, or within a year N
 - 2. After 1 year, operated and completed recovery I
- B. Splenomegaly (Enlargement of spleen)
 - 1. Due to disease R/C
(Underwriting action will depend on particular disease, current blood count and complications, if any)
 - 2. Due to accident, complete recovery A

STERILIZATION..... A

STROKE (See CEREBRAL HEMORRHAGE)

- A. Within 3 years N
- B. 3-5 years, good recovery, not disabled and fully ambulatory I
- C. After 5 years, good recovery, no recurrence or other impairment A
- D. Tobacco use within 1 year N

SUICIDE ATTEMPTS

- A. One attempt, within 1 year N
- B. Others, unless recurrent attempts or psychosis present, no psychiatric medication I

SURGERY

- A. Recommended, but not performed..... N

SYNCOPE (See VERTIGO)

DESCRIPTION OF CONDITION — *Continued*

SYPHILIS

A chronic infectious disease. It may be acquired or congenital (present at birth).

- A. Present or with history, but no treatment N
- B. Others, with adequate treatment, not cardiovascular or neurosyphilis, negative spinal fluid..... I

TEMPORAL ARTERITIS

- A. Present..... N
- B. Full recovery, no continuing treatment with steroids or immunosuppressants
 - 1. After 3 years I
 - 2. After 5 years A

THROMBOPHLEBITIS

Inflammation of a vein.

- A. Anticoagulants used within the past 6 months N
- B. Others I

THYROID DISORDERS

- A. Most types A

TUBERCULOSIS, PULMONARY

- A. Minimal-Arrested, most cases A
- B. Moderate-If arrested at least 2 years, most cases..... A
- C. Far Advanced A
- D. Forced vital capacity less than 60% or marked scarring N

TUMORS (See CANCER and/or organ infected)

ULCERS

Duodenal or Gastric (Stomach)

- A. Most cases, one or more attacks, not requiring hospitalization except for diagnosis..... A
- B. If operated and complete recovery..... A
- C. If recurrence after surgery and within 1 year N
- D. With recurrence after surgery and more than 1 year I

ULCERATIVE COLITIS or REGIONAL ENTERITIS (Not to be confused with spastic or mucous colitis)

- A. Unoperated..... N
- B. Operated
 - 1. 0-2 years N
 - 2. 2+ years, full recovery, no recurrences I

URINARY DISORDERS

- A. Most cases, ureteral or urethral disorders..... A
- B. Abnormal urine findings, such as blood albumin or pyuria (pus) (Underwriting action depends on cause)..... I
- C. Others - (refer to specific dates) R/C

VARICES, ESOPHAGEAL (See ESOPHAGEAL VARICES)

VARICOSE VEINS

- A. No Edema nor ulcer, or cured by surgery A
- B. Ulcers or Edema present..... N

VERTIGO or SYNCOPE

- A. Cause known..... R/C
- B. Cause unknown
 - 1. Mild, occasional A
 - 2. Moderate, severe or frequent I



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2721 North Central Avenue
Phoenix, Arizona 85004
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Phone: 602-263-6666
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