

FULL SPECTRUM
FSU

FIELD UNDERWRITING INDEX



CONTENTS

Introduction..... 2
 Trial Applications 4
 Table Ratings and Flat Extras..... 4
Common Impairments..... 5
 Alcoholism 5
 Arrhythmia 6
 Body Build 6
 Cancer..... 7
 Cardiovascular..... 7
 Cerebrovascular Disease 9
 Coronary Artery..... 10
 Diabetes (Diabetes Mellitus)..... 12
 Drugs 13
 Gastrointestinal System 14
 Kidney..... 15
 Mental..... 17
 Neurological..... 19
 Respiratory..... 21
 Rheumatology 23
Non-Medical Hazards and Occupations..... 24
APS Guidelines..... 26
Build Table 27
Notes 28

INTRODUCTION

This Field Underwriting Index has been designed to assist you in developing the expertise to know what to expect when writing an impaired case. It provides information about the major categories of impairments and what information we need in order to expedite the underwriting process and give your client the best rate possible.

We are committed to clearly defining what we expect so you know what to expect. You can benefit from Full Spectrum Underwriting because North American Company for Life and Health Insurance:

- accepts a wide range of cases - from preferred to impaired.
- provides consistent, competitive quotes from competent underwriting professionals.
- has a specific approach for each case.
- seeks innovative ways to assess longevity - especially in seniors.
- trains underwriters who understand - underwriters who don't read answers out of a book.
- enables you to write impaired cases - for higher average premium and increased placement.
- turns cases around quickly.
- helps you gain experience - so you know what to expect.

To demonstrate our commitment to defining what we expect, cases with the following impairments should be avoided:

- **AIDS/AIDS Related Complex** - (ARC)
- **Alcohol Abuse** - previously treated and currently using any alcohol
- **Alzheimer's Disease**
- **Attempted Suicide** - multiple attempts or an attempt in past year
- **Biliary Cirrhosis**
- **Eating Disorders (Anorexia Nervosa or Bulimia)** - if treated in past year

- **Blood Pressure** - 180/110 or higher on current exam
- **Cancers**
 - Currently undergoing therapy for cancer
 - **Acute Leukemia** within three years of completion of therapy
 - Cancer with spread to other organs within five years

NOTE: Other cancers which are outside these parameters could also be declined depending on pathological details.

- **Cirrhosis**
- **Cocaine** - Positive urine test or any use in past two years
- **Congestive Heart Failure (CHF)** - within five years, unless cause has been corrected
- **Coronary Bypass or Heart Attack** - prior to age 40
- **Cystic Fibrosis** - with pulmonary involvement, diagnosed under age 30
- **Diabetes** - younger than age 15
- **Drug Abuse** - intravenous drugs within past five years
- **Emphysema** - currently using oxygen at home
- **Kidney Dialysis** - in the past year
- **Kidney Transplant** - in the past year
- **Mental Disorders** - hospitalized for two weeks or more in past year
- **Polycystic Kidney Disease** - before age 20
- **Portal Hypertension**
- **Sclerosing Cholangitis**
- **Systemic Lupus (SLE)** - diagnosed in the past two years
- **Organ Transplants** - other than kidney and bone marrow

NOTE: We are not interested in previously shopped cases that have been heavily rated or declined by multiple carriers.

TRIAL APPLICATIONS

Impaired risk cases should be brought to North American on a “trial inquiry” basis. We encourage you to submit your impaired risk cases using the Trial Inquiry (L-2980). When submitting a Trial Inquiry, provide details regarding the impairment in the “Additional Information” section.

Managing General Agents are responsible for dealing directly with vendors and medical facilities to obtain and pay for medical records in connection with trial inquiries. We will, however, reimburse for APS charges only after a formal application has been submitted, a policy issued, and the policy is placed in force. Please do not submit for reimbursement until after policy is in force.

NOTE: We are not interested in previously shopped cases which have been heavily rated or declined by multiple carriers.

TABLE RATINGS AND FLAT EXTRAS

When North American decides to take an impaired risk case, we will offer either a table rating or a flat extra, and sometimes both. A **table rating** adds an extra percentage on top of the regular mortality charge for the case. Our table ratings range from 1 through 16.

A **flat extra** is an additional charge, expressed in dollars per thousand of face amount. Flat extras are typically charged to cover a hazard that has nothing to do with the client's age (i.e. skydiving).

COMMON IMPAIRMENTS

Information North American will need to underwrite the case.

ALCOHOLISM

Alcohol abuse, addiction or dependence.

If client has received treatment in the past and is now using any alcohol, do not submit an application.

If client was treated within the past five years, at least a year has lapsed since completion of treatment and client has abstained since treatment, request an APS including:

- Results of all blood studies
- Copy of hospital discharge summaries

Complete Alcohol Use Questionnaire (J-744)

Questions to Ask:

History of Condition

- When did the condition begin?
- How long since the client stopped drinking? Any relapses? Give date of last drink.
- Explain reason for stopping.
- Detail any traffic violations or legal problems that have been caused by client's alcohol use.

Treatment/Therapy

- Has client been hospitalized for this condition? If so, give details.
- Has client undergone therapy? In-patient or out-patient? Give details.
- Member of AA or other support group? Give details.
- Is client taking Antabuse? How long? Give details.

Current Condition

- Describe any residual damage from alcohol abuse (e.g., memory loss or liver damage). When was the damage diagnosed?
- Are blood studies normal?

Related Issues

- Has the client been treated for a drug problem? When? Give details.

ARRHYTHMIA

Variation from the normal rhythm of the heartbeat. Specific arrhythmic impairments include: Sinus Bradycardia, Sinus Tachycardia, Paroxysmal Tachycardia, Paroxysmal Atrial Tachycardia, Paroxysmal Ventricular Tachycardia, Sick Sinus Syndrome, Irregular Pulse/Ectopic, Atrial Fibrillation, Atrial Flutter, Ventricular Fibrillation and Wandering Pacemaker.

If client has been treated within the past five years, request an APS including:

- EKG tracings
- Treadmill EKG tracings

Questions to Ask:

Description of Condition

- What is the specific impairment? Cause?
- Give dates of first and last attack.
- Does client have symptoms such as syncope, dizziness or palpitations?
- Describe any associated conditions or other health problems.

Treatment

- What treatment has the client received? Cardioversion (electric shock)? When?
- Does the client have a pacemaker?
- Medication: type and dosage.
- What testing has been done recently (EKG, Holter Monitor)?

BODY BUILD

Overweight, underweight, or rapid weight loss.

Questions to Ask:

- What is client's current height and weight?
- Weight gain or weight loss in the past year? How much? How/why did the change take place?

- How long has the client maintained present weight?
- Any other impairments or medical conditions? Give details.

See build table on page 27.

CANCER

A pathological condition characterized by cellular growths that are invasive and tend to metastasize (transfer to parts of the body not directly related).

See page 3 for cancer cases that are ineligible for underwriting consideration.

For other cancer cases, if treated within the past five years, request an APS including all pathology reports.

Questions to Ask:

History of Condition

- What type of cancer? Location?
- When was the cancer first diagnosed?
- Give details as to tumor size, grade and stage.
- Did cancer metastasize? Where?

Treatment

- Describe treatment and give dates begun and ended. Include any surgery, chemotherapy and radiation treatments.
- Medication: type and dosage; dates begun and ended.

Current Condition

- Any recurrence?
- Give date last seen by treating physician.

CARDIOVASCULAR

This category includes a variety of heart murmurs-abnormal heart sounds caused by 1) blood flow through a heart valve damaged by disease or 2) abnormal or obstructed flow through a normal heart.

Disorders include: Aortic Insufficiency, Aortic Stenosis, Mitral Insufficiency, Mitral Stenosis, Mitral Valve Prolapse, Pulmonary Insufficiency, Pulmonary Stenosis, Tricuspid Insufficiency and Tricuspid Stenosis, and congenital heart abnormalities, such as Septal Defect, Coarction of the Aorta, Patent Ductus Arteriosus and Tetralogy of Fallot.

If client with heart disorder is younger than 15, do not submit an application.

If an APS is necessary, request one including:

- EKG tracings
- Chest X-ray reports
- Echocardiogram reports

Questions to Ask:

History of Condition

- What type of murmur?
- Does the client have more than one?
- When was the condition diagnosed?

Testing and Treatment

- Has special testing been done (echocardiogram, Doppler echocardiogram, chest X-ray, EKG)? Give dates and results.
- Describe treatment.

Related Issues

- Any cardiac, arrhythmia or CHF (congestive heart failure) history?
- Any heart enlargement?
- Any history of rheumatic fever?

Current Condition

- Any current symptoms?
- Any restrictions on activity?
- Does the client smoke?

CEREBROVASCULAR DISEASE

Impairment of the brain or spinal cord resulting from a blood vessel disorder. Includes CVAs (cerebrovascular accident or stroke) and TIAs (transient ischemic attack). A CVA is an interruption of the flow of blood to the brain for a period of more than 24 hours due to blockage, clogged vessels or spasms. A TIA is a relatively short (a few minutes to a few hours) interruption of the arterial blood supply to a portion of the brain, which usually does not result in permanent neurological damage.

If client has had a TIA in the past 6 months or CVA (stroke) in the past year, do not submit an application.

Otherwise, for clients treated for TIA or CVA within five years, request an APS including:

- Results of all special studies
- Details of current disability (for CVA only)
- Copy of hospital discharge summaries (for TIA only)

Questions to Ask:

History of Condition

- Indicate type of episode: CVA (stroke) or TIA.
- Give date(s) of episode(s).

Tests and Treatment

- What tests were performed (e.g., arteriography, treadmill, CT scan, MRI)? Give details.
- Provide treatment details.
- Medication: type and dosage.

Current Condition

- Describe current medical status.
- What parts of the body are affected?
- Any residual side effects? Impairments? Give details.
- Any complicating factors (e.g., coronary artery disease, diabetes, hypertension)? Give details.
- Does the client smoke?

CORONARY ARTERY

This section pertains to:

- 1) **Myocardial Infarction or heart attack**, localized death of the living tissue of the myocardium (middle and thickest layer of the heart wall) due to a lack of oxygen being carried by the arteries of the heart.
- 2) **Angina**, spasmodic pain resulting when clogged arteries deliver insufficient oxygen to the heart muscle.
- 3) **Surgery**, including angioplasty and bypass surgery. Angioplasty is a procedure involving the insertion of a balloon into a clogged blood vessel to flatten plaque against the vessel wall and restore blood flow. Coronary bypass surgery diverts blood flow away from and around a blocked or damaged area of the heart.

Do not submit an application if:

- Client has congestive heart failure at the time of surgery or within five years after surgery;
- Client was under 40 when bypass surgery was performed;
- Client has angina or abnormal treadmill after surgery;
- Client has ongoing angina, with pain more frequent than once a month.

Questions to Ask:

Myocardial Infarction (heart attack)

History of Condition

- Client's age when heart attack(s) began?
- Give date(s) of episode(s).

Tests and Treatment

- What tests were performed? Give details.
- Provide treatment details.
- Medication: type and dosage (including any aspirin).

Current Condition

- Describe current condition. Any restrictions? Give details.
- Any other impairments involved (e.g., diabetes, peripheral vascular disease, cerebrovascular disease, hypertension)?
- Any exercise program?
- Does the client smoke?

For other clients, if treated within the past five years, request an APS including:

- EKG and Treadmill EKG tracings.
- (For heart attack cases) copy of hospital discharge summaries.
- (For angina cases) details of degree of disability.
- (For cases involving surgery) copy of cardiac catheterization reports and operative reports.

Angina

History of Condition

- Age of onset?
- Frequency of attacks?
- Date of last attack?
- Has hospitalization been required?

Tests and Treatment

- What tests were performed? Give details.
- Provide treatment details.
- Medication: type and dosage.
- Is the client using nitroglycerin?

Current Condition

- Describe current condition. Any restrictions? Give details.
- Any other impairments involved (e.g., diabetes, peripheral vascular disease, cerebrovascular disease, hypertension)? Give details.
- Does the client smoke?

Surgery

History of Condition and Surgery

- What was the reason for the angioplasty or bypass?
- Give date of surgery.
- Number of vessels that were diseased, bypassed or ballooned.
- Which vessels were involved? We need to know the degree of stenosis and the left ventricular function (ejection fraction and left ventricular and diastolic pressure).
- Post-surgery ejection fraction.
- Medication: type and dosage.

Current Condition

- Describe current condition.
- Current test results (e.g., resting EKG, stress tests, thallium scans).
- Any restrictions? Give details.
- Any angina since surgery?
- Does the client smoke?

DIABETES (DIABETES MELLITUS)

A chronic disease occurring when the pancreas secretes insufficient quantities of insulin. The body's ability to utilize carbohydrates and break down fats is reduced. Sugars build up in the blood and urine.

If client is younger than 15 or has any protein in the urine, do not submit an application.

For other clients, if treated for diabetes within the past five years, request an APS including results of all blood studies.

Questions to Ask:

History of Condition

- Client's age at the onset of the disease.
- Are there related problems with circulation, eyes, heart, high blood pressure, infections, or kidneys?

Tests and Treatment

- Type of treatment: Diet? Oral medication? Insulin?
- If client takes insulin, what is daily dosage?
- How often does the client visit the doctor? When was last visit?

Current Condition

- Is the condition under good control?
- What was the client's most recent fasting glucose or glycohemoglobin A1C reading?
- Does the client smoke?

DRUGS

A chemical substance that alters mental, emotion or bodily function. While typically applied to narcotics, the term also applies to pharmaceutical products prescribed for depression, sleeplessness or other problems, which can be abused if recommended dosages are exceeded.

If client has used cocaine in past two years or intravenous drugs in past five years, do not submit an application.

For other clients, if treated for drug use within the past five years, request an APS including results of all blood studies.

Complete Drug Use Questionnaire (J-745)

History of Condition

- What type(s) of drugs did the client use?
- What dosage/amount?
- How frequently?
- How long since the client stopped using drugs? Any relapses?
- Is there any history of drug overdose? If so, give details and describe treatment.
- Has client suffered any depression associated with drug use and/or recovery?

Treatment

- Describe client's treatment. Did client participate in a rehabilitation program? In-patient or out-patient? For how long? Results?

Related Issues

- Does the client ever use alcohol?
- Has the client been treated for alcohol-related problems? Give details.
- Does the client have any other medical problems? Give details.

GASTROINTESTINAL SYSTEM

Diseases and disorders of the digestive system, liver, gall bladder and pancreas. Three disorders are covered in this section:

- 1) **Crohn's Disease**, an inflammation which can affect any portion of the gastrointestinal tract. Can be chronic or a single attack.
- 2) **Ulcerative Colitis**, an inflammation of the mucosal layer of the wall of the large bowel.
- 3) **Liver disorders**, due to viruses or toxins, including drugs and alcohol.

If client has ever had cirrhosis, do not submit an application.

For other clients, if treated for gastrointestinal disorders within the past five years, request an APS including:

- Results of all blood studies
- (For Crohn's Disease and Ulcerative Colitis) results of all special studies

Questions to Ask:**Crohn's Disease**

- When was the disease diagnosed?
- Date of last attack. How long and how severe was it?
- What type of treatment did the client receive (e.g., diet, surgery)? Give details.
- Medication: type and dosage.
- Have there been any complications?

Ulcerative Colitis

- When was the disease diagnosed?
- Date of last attack. How long and how severe was it?
- What type of treatment did the client receive? Give details.
- Medication: type and dosage.
- Client's current height and weight.

Liver Disorders

- What type of liver disease (e.g., jaundice; hepatitis, type A, B or C; fatty liver; cirrhosis)?
- Was a liver biopsy done? Give details.
- What type of treatment (medical/surgical)? Date? Was the client hospitalized? Give details.
- Are LFTs normal now? Give most recent values.
- Any indication of alcohol use? Give details.

KIDNEY

The kidneys excrete waste products from the blood. Three kidney diseases/disorders are discussed in this section:

- 1) **Polycystic Disease**, enlargement of the kidneys due to the formation of bilateral multiple cysts. It is a hereditary condition; no known cure, though symptoms can be treated. If client is under 20 years old, do not submit an application.
- 2) **Glomerulonephritis (Bright's Disease)**, inflammation of the glomeruli of the kidneys, the small masses of capillary loops that serve as a filter in the formation of urine. The condition can be acute or chronic.
- 3) **Kidney transplant**

If client has had Polycystic Kidney Disease since age 20 or younger, began kidney dialysis any time in the past year or had a kidney transplant in the past year, do not submit an application.

For other clients, if treated for kidney disorders within the past five years, request an APS including:

- Urinalysis results
- Results of all special studies

Questions to Ask:

Polycystic Disease

- When was the disease diagnosed?
- Provide details on type of treatment.
- Provide results of kidney function tests, particularly BUN and serum creatinine.
- Does the client have any hypertension? Provide blood pressure readings.

Glomerulonephritis

- When was the disease diagnosed?
- Provide details on type of treatment.
- Is client being treated by a kidney specialist?
- Provide dates, details and results from
 - Renal biopsy
 - Kidney function tests
 - Latest urinalysis
- Provide creatinine and protein results from any 24-hour urine collections.
- Does the client have any related medical problems (e.g., hypertension, nephrotic syndrome)? Give details.

Kidney Transplant

- When did the transplant procedure take place?
- What condition(s) led to the transplant?
- What was the source of the donated kidney (e.g. identical twin; relative with identical HLA phenotypic match; live donor with good HLA match; a cadaver)?
- Were there signs of rejection or infection of the transplanted kidney?
- What type of immunosuppressive therapy was used?

MENTAL

The following mental or nervous disorders are discussed in this section:

- 1) **Anorexia Nervosa**, a loss of appetite due to emotional causes, leading to a wasted condition of the body.
- 2) **Bulimia Nervosa**, an abnormal increase in the sensation of hunger, associated with binge eating and vomiting or laxative abuse.
- 3) **Alzheimer's Disease**, presenile dementia of unknown cause, involving a large loss of brain cells.
- 4) **Schizophrenia/Paranoia**, a group of severe mental and emotional disorders, often involving delusions, hallucinations and bizarre behavior.
- 5) **Manic Depressive**, typically alternating between a state of extreme excitement and depression.
- 6) **Reactive Depression**, depression caused by an external situation, relieved when the situation is removed.
- 7) **Anxiety Disorders**, including Anxiety Neurosis, Phobias and Compulsive Obsessional States.
- 8) **Suicide Attempts**

Do not submit an application if any of the following apply to the client:

- Has Alzheimer's Disease.
- Has been treated for Anorexia Nervosa or Bulimia in the past year.
- Has been hospitalized for two weeks or more during the past year for any mental disorder.
- Has attempted suicide in the past year or made multiple attempts.

For Anorexia and Bulimia, except as noted above, if treated within the past five years, request an APS including:

- Results of all blood studies
- Latest height and weight records

For Schizophrenia, except as noted above, if treated within the past five years, request an APS including details of degree of current disability.

Questions to Ask:

Anorexia Nervosa or Bulimia

- When was the condition diagnosed? How old was the client?
- Describe treatment. Has the client been hospitalized? Give details.
- Medication: type and dosage.
- Does the client have a normal lifestyle now? How long has this been the case?
- Any other psychiatric disorders?

Schizophrenia/Paranoia

- When was the condition diagnosed?
- How severe is the disorder (mild, moderate, severe)?
- Describe treatment. Has the client been hospitalized? Give details.
- Medication: type and dosage.
- Is the client capable of managing their own affairs? Is the client employed?

Reactive Depression

- When was the condition diagnosed?
- What was the cause of the depression?
- Describe treatment. Has the client been hospitalized? Give details.
- Medication: type and dosage.
- Is the client fully recovered?

Anxiety Disorders

- When was the condition diagnosed?
- How severe is the disorder (mild, moderate, severe)?
- Describe treatment. Has the client been hospitalized? Give details.
- Medication: type and dosage.
- Is the client leading a normal life?

NEUROLOGICAL

Diseases and disorders of the spinal cord and nervous system. Discussed in this section are:

- 1) **Epilepsy**, a disorder characterized by recurring attacks of motor, sensory or psychic malfunction, with or without loss of consciousness or convulsive movements.
- 2) **Multiple Sclerosis**, a degenerative disease of the central nervous system, in which hardening of tissue occurs throughout the brain and/or spinal chord. Symptoms include sensory disturbances, tremor, and spastic paraplegia.
- 3) **Muscular Dystrophy**, progressive muscular weakness due to irreversible muscle fiber degeneration.
- 4) **Paraplegia/Quadriplegia**, paralysis of legs, or arms and legs.

If client experienced seizures for the first time within the past six months or has Multiple Sclerosis, discovered in the past year, do not submit an application.

For other neurological cases, if treated in the past five years, request an APS including:

- Details of current disability
- (For epilepsy) results of special studies

Questions to Ask:

Epilepsy

- Type: Grand Mal (severe seizures involving spasms and loss of consciousness) or Petit Mal (frequent but transient lapses of consciousness; spasms only rarely).
- Dates of first and most recent attacks. How many attacks per year?
- What type of treatment has the client received?
- Medication: type and dosage.
- What is the client's occupation?
- Can the client drive a car?

Multiple Sclerosis

- When was the condition diagnosed?
- What are the primary symptoms?
- Dates of first and most recent attacks? How many attacks per year?
- What type of treatment has the client received?
- Medication: type and dosage.
- Is the client's condition stable or growing worse?
- Is the client ambulatory? Using braces, walker or wheelchair?
- Is the client experiencing any problems with kidneys or bladder?

Muscular Dystrophy

- What type of Muscular Dystrophy does the client have?
- What degree of physical impairment?
- When was the condition diagnosed?
- What type of treatment has the client received?
- Medication: type and dosage.

Paraplegia/Quadriplegia

- Is the paralysis peripheral, spinal, central?
- What was the cause and when did it occur?
- What body parts are affected? To what degree?
- Bladder infections? How frequent? Bladder or bowel dysfunction?
- What type of treatment has the client received? Give dates and describe progress.
- Does the client use crutches or a walker, or is he/she confined to a wheelchair?
- Is the client able to work? Is the client self-supporting? Collecting disability?

RESPIRATORY

Diseases and disorders of the lungs and bronchial tubes. Discussed in this section are

- 1) **Asthma**, a chronic disorder characterized by bronchial spasms causing labored breathing, chest constriction and coughing.
- 2) **Emphysema**, a lung disease in which the air sacs become distended and lose elasticity. Labored breathing and increased susceptibility to disease result.
- 3) **COPD, Chronic Obstructive Pulmonary Disease**, the most common chronic pulmonary disease. A persistent but low-level inflammation of the bronchi obstructs air flow and leads to emphysema.
- 4) **Sleep Apnea**, a disorder under which respiration stops for at least 10 seconds, more than 10 times per hour during sleep.

If client has Emphysema and is currently using oxygen at home or has Cystic Fibrosis with pulmonary involvement, do not submit an application.

If client has been treated in a hospital for asthma within the past five years, request an APS including results of pulmonary function studies.

For other respiratory cases, if treated in the past five years, request an APS including:

- Results of pulmonary function studies
- (For Sleep Apnea) results of special studies
- (For COPD and emphysema) chest X-ray reports
- (For COPD) details of degree of current disability

Questions to Ask:

Asthma

History of Condition

- When was the condition diagnosed?
- What caused it?
- How many attacks per year? Give date, duration and severity of last attack.
- Is the condition seasonal?
- Any episodes of Status Asthmaticus? If so, give dates.

Testing and Treatment

- Special testing done (e.g., pulmonary function)? Give results.
- Provide details of treatment. If client has been hospitalized, provide dates, treatments, and results.
- Emergency room visits? How often?
- Medication: type and dosage. Has the client ever taken Cortisone Prednisone?

Current Condition and Related Issues

- Describe current condition and effects of treatment.
- Any work time lost due to this condition?
- Does the client smoke?
- Past or present use of steroids?

Emphysema

History of Condition

- When was the condition diagnosed?
- How many attacks per year? Give date, duration and severity of last attack.

Testing and Treatment

- Have sleep studies been done? Where?
- Is the condition being treated? Is CPAP (Continuous Positive Airway Pressure) mask used?
- Has the client been hospitalized? Has surgery been performed? What type? Give details.

Current Condition and Related Issues

- Describe current condition and effects of treatment.
- Is the condition affecting the client's work habits?
- Does the client smoke?
- Is client overweight?
- Blood pressure problems, past or present?

RHEUMATOLOGY

Diseases characterized by inflammation and pain in the muscles and joints. Discussed in this section are:

- 1) **Lupus Erythematosis**, a degenerative disease of collagenous tissues (cartilage, joints) with symptoms that can include skin rashes, oral ulcers, abnormal blood, kidney and brain conditions.
- 2) **Rheumatoid Arthritis**, one of the most common forms of arthritis, affecting large and small joints, marked by inflammation, degeneration and metabolic derangement of connective tissue.

Request an APS including:

- Results of all special studies.
- Details of degree of current disability.

If necessary, request an APS including details of degree of current disability.

Questions to Ask:

Lupus Erythematosis and Rheumatoid Arthritis

History of the Condition

- When was the disease diagnosed?
- How severe is it (mild, moderate, severe)?
- Any anemia?
- (For Lupus) Any protein in the urine or other sign of kidney involvement?
- (For Lupus) Any Central Nervous System involvement?

Treatment

- When did treatment start? Describe treatment.
- Is the client taking medication? Indicate type and dosage.

Current Condition and Related Issues

- Describe present symptoms.
- Is client's lifestyle normal?
- Any disability? Give details.
- Has the client ever taken steroids, gold or immunosuppressive therapy?

NON-MEDICAL HAZARDS AND OCCUPATIONS

Non-Medical Hazards: Vocations or avocations that may put the client at extra risk.

North American provides special questionnaires to assess non-medical risks. Please refer to the following:

- Foreign Travel or Residence Supplement (O-2457)
- Military/Aviation Questionnaire (L-1973)
- Racing Questionnaire (L-127)
- Scuba & Skin Diving Questionnaire (L-128)
- Sky Diving Questionnaire (L-126)

Occupations that may put the client at special risk:

Aquanautics — divers (deep sea, harbor control, off-shore rigs, oil and natural gas rigs, salvage, scientific, search and rescue, sponge divers), marine aquarium, ocean station crew (submarine, scientific and commercial exploration, oceanography, testing).

Astronautics — aerospace medical and research personnel, astronauts, rocket fuel researchers, missile construction and testing workers, workers on missiles, missile silos and launching pads, fire and medical rescue crews.

Bartenders

Building Construction Workers — construction workers on bridges, locks, dams, reservoirs; structural iron workers, blasters, explosives handlers, smokestack, chimney construction, steeplejack and flagpole work, tunnel, subway and shaft construction under compressed air.

Building Demolition — blasters, explosive handlers; structural iron workers.

Chemical-Biological Weaponry — participants in exposure tests; workers on research animal farms

Circus — trapeze and other aerialists, working with or without net; wild animal trainers.

Explosives Transportation Workers

Firefighters — explosive and munitions plants, underground mining, oil and gas wells, offshore, smoke jumpers.

Horse Racing — jockeys, steeplechase.

Horse and Mule Trainers and Breakers

Lumber Industry — boommen, fallers, raftmen, riggers, and topmen.

Mining, Quarrying, Ore Dressing and Concentrating — for surface mines and quarries this applies to blasters and others handling explosives; most workers in underground mines or radium or uranium mines are at extra risk.

Motion Picture Stuntmen and actors who perform stunts.

Oil and Gas — those who place and fire explosives, drillers, derrickmen, and off-shore drillers.

Snake Milkers

APS GUIDELINES

FACE AMOUNTS	0-45*	46-55*	56-60*	61-69*	70-75*	76 and up*
MINIMUM to \$249,999	FOR CAUSE	FOR CAUSE	FOR CAUSE	FOR CAUSE	APS (2 years)	APS
\$250,000 to \$500,000	FOR CAUSE	FOR CAUSE	FOR CAUSE	FOR CAUSE	APS (2 years)	APS
\$500,001 to \$1,000,000	FOR CAUSE	FOR CAUSE	FOR CAUSE	APS (6 months)	APS (3 years)	APS
\$1,000,001 to \$2,000,000	FOR CAUSE	APS (6 months)	APS (6 months)	APS (1 year)	APS (3 years)	APS
\$2,000,001 to \$3,000,000	APS (6 months)	APS (2 years)	APS (2 years)	APS (2 years)	APS (3 years)	APS
\$3,000,001 to \$5,000,000	APS (2 years)	APS (3 years)	APS (3 years)	APS (3 years)	APS (5 years)	APS
\$5,000,001 and over	APS (2 years)	APS (5 years)	APS (5 years)	APS (5 years)	APS	APS

* Age Nearest

BUILD TABLE

How to use the Table:

Use height to the nearest inch, and weight as recorded on the paramed or APS. Height and weight for insurance medicine purposes are in indoor clothes and with shoes. All the mortality statistics and rating tables developed from these mortality statistics are based upon measurements that are obtained in this fashion.

Build Table (Weight as recorded by the MD or paramed)*

Height	IC	-25	+25	+50	+75	+100	+125	+150	+175	+200	+250	+300	+350
4'8"	<80	94 -122	169	174	178	183	187	192	196	201	205	210	214
4'9"	<83	97 -116	176	180	185	189	194	199	203	208	213	217	222
4'10"	<86	100 -120	182	187	191	196	201	206	211	215	220	225	230
4'11"	<89	104 -124	188	193	198	203	208	213	218	223	228	233	238
5'0"	<92	108 -128	195	200	205	210	215	220	225	230	236	241	246
5'1"	<95	111 -132	201	206	212	217	222	228	233	238	243	249	254
5'2"	<98	115 -137	208	213	219	224	230	235	241	246	252	257	262
5'3"	<102	119 -141	215	220	226	231	237	243	248	254	260	265	271
5'4"	<105	122 -146	221	227	233	239	245	251	256	262	268	274	280
5'5"	<108	126 -150	228	234	240	246	252	258	264	270	276	282	288
5'6"	<112	130 -155	235	242	248	254	260	266	273	279	285	291	297
5'7"	<115	134 -160	243	249	255	262	268	275	281	287	294	300	306
5'8"	<118	138 -164	250	256	263	270	276	283	289	296	303	309	316
5'9"	<122	142 -169	257	264	271	278	284	291	298	305	311	318	325
5'10"	<125	146 -174	265	272	279	286	293	300	307	314	321	328	335
5'11"	<129	151 -179	272	280	287	294	301	308	315	323	330	337	344
6'0"	<133	155 -184	280	288	295	302	310	317	324	332	339	347	354
6'1"	<136	159 -189	288	296	303	311	318	326	333	341	349	356	364
6'2"	<140	164 -195	296	304	312	319	327	335	343	350	358	366	374
6'3"	<144	168 -200	304	312	320	328	336	344	352	360	368	376	384
6'4"	<148	173 -205	312	320	329	337	345	353	361	370	378	386	394
6'5"	<152	177 -211	320	329	337	346	354	363	371	379	388	396	405
6'6"	<156	182 -216	329	337	346	355	363	372	381	389	398	407	415
6'7"	<160	186 -222	337	346	355	364	373	382	391	399	408	417	426
6'8"	<164	191 -228	346	355	364	373	382	391	401	410	419	428	437
6'9"	<168	196 -233	355	364	373	383	392	401	411	420	429	439	448
6'10"	<172	201 -239	363	373	383	392	402	411	421	430	440	449	459
6'11"	<176	206 -245	372	382	392	402	412	421	431	441	451	461	470
7'0"	<181	211 -251	381	391	401	411	422	432	442	452	462	472	482

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