

# Foresters Live Well Plus

## Underwriting Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters Financial™ philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This guide is intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.



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## **INTRODUCTION**

You are an important part of the underwriting process and as a participant in the sale, processing, underwriting and issue of our life insurance certificates we want you to be familiar with our underwriting philosophy and practices. Attention to these guidelines will help to speed up certificate issue and to explain underwriting decisions when the policy is placed.

The most important step in the underwriting process is accurate answers to all questions on the application. It is important that the application show detailed health history for all proposed insureds to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious problems at time of claim.

## **PRODUCT INFORMATION**

Individual life insurance coverage is provided by Foresters Financial™, a trade name and trademark of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Road, Toronto, Ontario Canada, M3C 1T9) and its subsidiaries.

Underwriting guidelines, procedures and forms may vary by state. Be sure to consult all materials relative to your specific product and state. By following the procedures outlined in this guide and the marketing guidelines you will maximize your percentage of issued life insurance applications.

## **FIELD UNDERWRITING**

As an appointed producer you are authorized to solicit, write applications and otherwise transact the business of insurance in any state where you are both properly licensed by the state and authorized by Foresters to conduct business.

As an appointed producer you may not solicit applications in any manner prohibited by or inconsistent with the provisions of Foresters rules, regulations, or policies. If you have any questions regarding any type of solicitation transaction, please contact your agency or refer to Foresters ezbiz Solicitation Rules in the Contracting Section.

The following suggestions should help you and your clients in obtaining coverage as quickly as possible and on the most equitable basis:

1. Furnish complete and accurate information.
2. If medical history is involved, identify the disease or condition for which treatment was obtained.

Do not underestimate the proposed insured's knowledge of the diagnosed condition or the reason for the operation or treatment.

1. The writing producer is never authorized to disregard a proposed insured's answers, or to impose his or her judgment as to what is or is not important to record. The writing producer is never authorized to approve or alter an application for the proposed insured.
2. Only the Underwriting Team can make the final decision; therefore, never suggest or promise that coverage will be issued.

## FINANCIAL UNDERWRITING GUIDELINES

Income replacement is an important factor in determining the total amount of insurance (applied for and in-force) the applicant is eligible for.

### Total amount of Insurance Applied For

The total amount of insurance applied for = (Basic Life Insurance Benefit Amount) + (Term Rider Benefit Amount) + (Flexible Payment Paid-Up Additions Rider (Maximum Annual Payment Amount) x Flexible PUA Factor) + (Single Premium Paid-Up Additions Rider x Single PUA Factor)

Paid-up Additions Rider		
Age at Rider Effective Date	Flexible PUA Factor	Single PUA Factor
18-35	25x	6x
36-50	12x	3x
51-75	6x	2x

For this illustrated example, the proposed insured is 35 years old.

Basic Life \$515, 987 + Term Rider \$200,376 + FPUAR Maximum Annual Payment \$11,700 x 25 + SPUAR \$7,000 x 6 = Total coverage amount of \$1,050,863

Coverages	Benefit Amount	Premiums	
		Monthly	Annualized
<b>Base Insurance Coverage Including Standard Features</b>			
Basic Life Insurance (Certificate)	\$515,987	\$520.09	\$6,241.08
Common Carrier Accidental Death Rider	\$300,000		
Family Health Benefit Rider			
Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness)			
Charity Benefit			
<b>Optional Coverages Selected</b>			
Term Rider (10-year)	\$200,376	\$4.91 **	\$58.92 **
Initial Premium		\$525.00	\$6,300.00
			<b>Payments</b>
Flexible Payment Paid-Up Additions Rider (Maximum Annual Payment \$11,700.00)		\$975.00	\$11,700.00
Total Initial Premium		\$1,500.00	\$18,000.00 ***
Single Payment Paid-Up Additions Rider			\$7,000.00

## Income Replacement

For the proposed insured and for the additional insured who is employed part time or full time, total income in the last 12 months will be collected on the application. This includes income from salary, commissions, bonuses and any other sources of income.

For the proposed insured and for the additional insured who is not currently employed, total household income, as defined above, will be collected.

An income factor will be used to determine the total amount of insurance a person may be eligible for (subject to plan maximums and existing life coverage). If they are a non-income earning spouse, civil union or domestic partner, ½ of the household income will be used

<b>AGE</b>	<b>MULTIPLIER OF ANNUAL INCOME up to</b>
< 30	30
31 - 40	25
41 - 50	20
51 - 60	15

### Students (age 18+)

The total amount of insurance that a part-time student may be eligible for will be determined by their income in the last 12 months and the income factor in the income replacement chart above.

The total amount of insurance that a full-time student may be eligible for will be determined by the household income and the income factor in the income replacement chart above, with a total coverage amount limit of \$500,000.

### Premium to Income for Proposed Insured

The Total Initial Premium (Annualized) for the coverage applied for cannot exceed 40% of the proposed insured's total income as declared on the application.

The Total Initial Premium (Annualized) = the annual premiums for base coverage, AIR, CTR, ADB, WOP, GIR, Term rider, and FPUAR (not including any lump sum payment into the FPUAR or SPUAR). This premium is located on page 2 of the illustration under Total Initial Premium (Annualized). If there is a FPUAR single payment it should be deducted from the Total Initial Premium for purposes of determining premium to income.

Coverages	Benefit Amount	Premiums		Premium Duration
		Monthly	Annualized	
<b>Base Insurance Coverage Including Standard Features</b>				
Basic Life Insurance (Certificate)	\$736,154	\$698.74	\$8,384.88	64 Years
Common Carrier Accidental Death Rider	\$300,000			
Family Health Benefit Rider				
Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness)				
Charity Benefit				
<b>Optional Coverages Selected</b>				
Term Rider (10-year)	\$39,029	\$1.26 **	\$15.12 **	29 Years
Initial Premium		\$700.00	\$8,400.00	
			<b>Payments</b>	
		<b>Monthly</b>	<b>Annualized</b>	
Flexible Payment Paid-Up Additions Rider (Maximum Annual Payment \$15,600.00)		\$1,300.00	\$15,600.00	
Total Initial Premium		\$2,000.00	\$24,000.00 ***	

If the proposed insured is employed, the income will be the amount declared on the application as income in the last 12 months. If the proposed insured is not employed, the household income will be used in the calculation.

Using this illustration as an example, if the proposed insured declared an income of \$175,000; the total initial premium cannot exceed  $\$175,000 \times 40\% = \$70,000$ .

### Additional Insured

There is no premium to income restriction for the Additional Insured Rider. The additional insured is subject to the maximum coverage amount rules based on income if employed and ½ household income if they are not currently employed.

### Juvenile Underwriting (Not available at this time)

Most children and students do not need a significant amount of insurance since they do not have estates, pay taxes or have income to replace. When submitting applications on children or students, the following information may be required:

- The amount of insurance each sibling, if any, has.
- Amount of insurance in-force on the primary caregiver. Generally, the primary caregiver must have double the amount of insurance in force than applied for on the child.
- Purpose of the insurance being applied for.
- Household income. For full time students (elementary, high school and college) we will consider 10% of the household income in the income replacement chart above.

## **RESIDENCE/CITIZENSHIP**

The owner's primary residence must be in a state where Foresters Live Well Plus is approved for sale and the owner must sign the application in that state. Check the Foresters Live Well Plus state availability chart on Foresters ezbiz for availability details.

Foresters will consider applicants who are US Citizens and Permanent Residents (Green Card holders).

## **FOREIGN TRAVEL**

Travel in the course of business or pleasure will be considered. Underwriting foreign travel/residency will vary depending on international risks and how changes in political, security and health "environments" could impact the risk in that area.

Coverage is not available for applicants planning to reside in a foreign country indefinitely.

## **MILITARY**

Foresters welcomes applications from active-duty military personnel or those in the Reserve or National Guard. Insurance will not be offered to individuals who have been deployed or have received notice of deployment to serve in a war zone, an area of conflict or political instability or to a country outside of North America.

Any solicitation, application completion or sale cannot occur on a military installation. State regulations require the use of point-of-sale disclosure documents when selling to active-duty military personnel.

## **OCCUPATION**

The occupation of a proposed insured is a major factor in their eligibility and many of those occupations may eliminate an applicant from qualifying for the basic product and possibly riders. Applicants with occupations that are exceptionally hazardous will be declined or rated, for example:

- Any occupation that involves working above certain heights.
- Any occupation that involves handling explosives.
- Any occupation that involves handling hazardous materials.
- Aviation activities outside of commercial passenger travel will be subject to review and may be accompanied by an additional rating.

## **AVOCATIONS**

Some recreational activities may eliminate a proposed insured from qualifying for the base product and possibly riders. Applicants may be declined or rated for participation in certain activities, for example:

- Scuba diving. The decision depends primarily on the level of certification and depths.
- Motorized racing (automobiles, motorcycles, boats). The decision depends on the level of competition, size and power of engine, etc.
- Hot air or helium ballooning, hang-gliding, skydiving or parachuting.
- Mountain/Rock Climbing. The decision depends on location and elevation.
- Aviation activities outside of commercial passenger travel will be subject to review and may be accompanied by an additional rating.

## BENEFICIARY DESIGNATION

The beneficiaries must meet Foresters, and state insurance law insurable interest, requirements. Please refer to Foresters ezbiz (<https://ezbiz.foresters.com/foresters-spotlight-on-beneficiaries>) for Acceptable Beneficiaries for Fraternal Organizations.

## AGE AND FACE AMOUNT LIMITS

Insurance Class	Age		
	0-17	18-50	51-60
Preferred/Preferred Plus	N/A	\$2M	\$1.25M
Standard	\$500K	\$1.75M	\$1M
Substandard AU (Table 1-3)	N/A	\$1M	\$500K
Substandard AX (Table 4-6)	N/A	\$500K	\$250K

## INSURANCE CLASSES

**Juveniles** (Not available at this time)

- Standard

### Adult non-Tobacco

- Preferred Plus Non-Tobacco
- Preferred Non-Tobacco
- Standard Non-Tobacco
- Rated AU Non-Tobacco
- Rated AX Non-Tobacco

### Adult Tobacco

- Tobacco Standard
- Tobacco Rated AU
- Tobacco Rated AX

Insurance Class	Description
Preferred Plus Non-Tobacco	Applicants who have not used any tobacco or product containing nicotine, have not used e-cigarettes and have not vaped within the past 5 years and who meet all the Preferred Plus criteria listed below.
Preferred Non-Tobacco	Applicants who have not used any tobacco or product containing nicotine, have not used e-cigarettes and have not vaped within the past 3 years and who meet all the Preferred criteria listed below.
Standard Non-Tobacco	Applicants who have not used any tobacco or product containing nicotine, have not used e-cigarettes and have not vaped within the past 12 months.
AU Rate Non-Tobacco	Applicants who would require an extra premium and have not used any tobacco or product containing nicotine, have not used e-cigarettes and have not vaped within the past 12 months.
AX Rate Non-Tobacco	Applicants who would require an extra premium and have not used any tobacco or product containing nicotine, have not used e-cigarettes and have not vaped within the past 12 months.
Standard Tobacco	Applicants who have used any tobacco or product containing nicotine, have used e-cigarettes and have vaped within the past 12 months.
AU Rate Tobacco	Applicants who would require an extra premium and who have used any tobacco or product containing nicotine, have used e-cigarettes and have vaped within the past 12 months.
AX Rate Tobacco	Applicants who would require an extra premium and who have used any tobacco or product containing nicotine, have used e-cigarettes and have vaped within the past 12 months.

## PREFERRED CRITERIA

Criteria	Preferred Plus Non-Tobacco	Preferred Non-Tobacco
Tobacco/Nicotine Use	Have not used any tobacco or product containing nicotine, e-cigarettes and have not vaped within the past 5 years	Have not used any tobacco or product containing nicotine, e-cigarettes and have not vaped within the past 3 years
Blood Pressure	<150/90 and no more than 3 blood pressure medications	<150/90 and no more than 3 blood pressure medications
Height Weight	See Build Charts	See Build Charts
Family History: No diagnosis or death of a parent or sibling	<AGE 65 due to heart attack, heart disease, stroke, cancer, leukemia, diabetes, CAD, polycystic kidney disease, Alzheimer's Disease, Huntington's Chorea or a hereditary disease or disorder	<AGE 65 due to heart attack, heart disease, stroke, cancer, leukemia, diabetes, CAD, polycystic kidney disease, Alzheimer's Disease, Huntington's Chorea or a hereditary disease or disorder
Medical History	No history of cancer, diabetes or significant health impairment	No history of cancer, diabetes or significant health impairment
Alcohol & Drug Abuse	No history	No history
DUI/DWI/Reckless Driving Moving Violations	0 for 5 yrs. 0 within 3 yrs.	0 for 5 yrs. 1 or 2 within 3 yrs.
Avocation	No hot air or helium ballooning, hang gliding, skydiving or parachuting	No hot air or helium ballooning, hang gliding, skydiving or parachuting
Aviation (Commercial pilots excepted)	No flying as a pilot of a private aircraft	No flying as a pilot of a private aircraft

## BUILD

### Overweight

Of significant importance in evaluating one's insurability is the relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Being overweight may also be associated with other disorders such as diabetes and other endocrine disorders.

### Underweight

Underweight generally is of less significance than overweight concerning long-term disabilities and illnesses, however, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, or a chronic underlying disease. Frequently, thin individuals have a low resistance to acute illnesses.

### Weight Change

Weight change is evaluated based on the cause. Diet/exercise and weight loss surgery are looked upon favorably if the weight has been stable for one full year. When weight change is due to illness or an unknown reason, applicants will likely be declined.

## Adult Build Chart (Age 18 and up)

BMI*							
Decline	AU	Preferred Plus	Preferred	Standard	AU	AX	Decline
<16.5	>16.5-18.5	>18.5-25.5	>25.5-31.5	>31.5-33.5	>33.5-40.5	>40.5-44.5	>44.5

Minimum Height	Maximum Height	Minimum Weight	Maximum Weight
4'8"	6'9"	74lbs	415lbs

## Juvenile Build Charts (Not available at this time)

### Age 0-2

Nearest Age (Years)	Length Range (Inches)**	Weight Range (Pounds)**
0	18-30	4-27
1	24.37	11-38
2	29-40	17-44

\*\*Final underwriting decision will be based on actual height and weight

### Age 3-17

Nearest Age (Years)	BMI Range*
3	14.0-18.5
4	13.5-18.5
5	13.5-19.0
6	13.5-19.5
7	13.5-20.5
8	13.5-21.5
9	13.5-23.0
10	14.0-24.0
11	14.0-25.5
12	14.5-26.5
13	15.0-27.5
14	15.5-28.5
15	16.0-29.5
16	16.5-30.0
17	17.0-31.0

Minimum and maximum heights and weights will be considered in addition to BMI.

\*BMI – Body Mass Index calculation: (weight in pounds / (height x height in inches) x703

You can also use this link to a [BMI Calculator](#).

## REQUIREMENTS

This product is offered on an accelerated underwriting basis. Risk appraisal is based the following information:

- Application answers
- Department of Motor Vehicle Report (MVR)
- MIB, LLC
- Pharmacy, medical data and credit attributes data
- Criminal records database search
- Existing laboratory data
- Electronic Health Records, as necessary
- Attending Physician's Statements (APS), as necessary
- Other data sources, as available

The pharmacy, medical data, and credit attributes are used to construct an insurance score.

The credit behavior aspect of the score is provided by information received from a consumer credit reporting agency and provided through Milliman IntelliScript to correlate with mortality risk.

- The insurance score using the credit attributes is different from a FICO score.
- The insurance score shows a direct correlation to mortality risk.
- The applicable data used for the score is governed by the Fair Credit Reporting Act (FCRA).
- The proposed insured can dispute and correct inaccurate information with Milliman.

Prescription history, lab history and medical data results compile a report of available current and past prescriptions, lab and medical treatment, and test results ordered by a medical provider.

- This aspect of the score accesses these lab and test results, analyzes the results and data, and directly correlates to mortality risk.
- The applicable data is governed by the Health Insurance Portability and Accountability Act (HIPPA) and/or the Fair Credit Reporting Act (FCRA).
- The proposed insured can dispute and correct inaccurate information with Milliman.

## MODIFIED COVERAGE

It may be necessary to issue coverage with an extra premium or exclude or deny coverage to an applicant due to health or other history. It is possible that two applicants with similar conditions could result in a significantly different final action based on multiple factors.

## **RE-APPLICATION RULES**

### **For incomplete applications with underwriting completed on one or more parties.**

If underwriting for any party is completed and the Owner does not complete a policy purchase, a new application for that insured cannot be submitted for 15 days. If a new application for that party is attempted in that timeframe, they will be invited to continue with their old application with the existing decision applied.

### **For ineligible cases.**

If an applicant receives an ineligible decision prior to signing the 3<sup>rd</sup> party search consent form, the applicant cannot start an application for a period of 365 days. If the applicant attempts another application within this time frame, they will be presented with the following message: "We're sorry, our records show your customer was notified that they were ineligible for this product. The carrier will not accept a new application until 1 year has passed since the date of the previous application. They should not reapply until: DD/MM/YYYY. " If the applicant has reason to dispute the underwriting decision, they will have the option to contact Foresters per the text of the adverse underwriting email they would have received after their initial application.

If an applicant receives an ineligible or rated decision after signing the 3<sup>rd</sup> party search consent form, they are not eligible to apply for Foresters Live Well Plus at any time in the future but may be eligible to apply at any time for a fully underwritten Foresters product.

## **INTERNAL AND EXTERNAL COVERAGE RULES**

The total amount of any Foresters life product in force and applied for cannot exceed the face amount maximum for the applicable Underwriting class and age of that applicant.

The total amount of coverage of all internal Accidental Death Benefit cannot exceed \$300,000.

The total amount of life coverage including any externally issued coverage cannot exceed \$5,000,000 (the sum of the amount applied for on the Foresters Live Well Plus application and the amount from all external carriers & existing internal Forester's coverage).

If the applicant has any pending life coverage with another carrier, or Foresters, they are not eligible to apply.

If the applicant has any existing life insurance that they intend to replace, they are not eligible to apply.

## CLIENT PRE-SCREEN QUESTIONS

Below is a list of some scenarios where the Proposed or Additional Insured would **not** be eligible for coverage with Foresters Live Well Plus.

Take some time to get familiar with these scenarios and the questions listed within the application.

**Citizenship:** Owner and/or Proposed or Additional Insured is not a US citizen or permanent resident (green card holder)

**Existing Insurance:** A Proposed or Additional Insured is intending to replace any existing life insurance

**Previously applied for coverage:** If the Proposed or Additional Insured was declined, rated or modified for life, health, disability or critical illness insurance with another carrier or Foresters

**Pending Life Insurance:** A Proposed or Additional Insured has a pending life Insurance application with another carrier or Foresters

### **Within the last 10 years, has the Proposed or Additional Insured:**

- Have a licensed medical professional diagnosed them or provided, or advised them to have, treatment or medication for
  - cancer (excluding basal cell or squamous cell carcinoma)
  - liver cirrhosis, chronic kidney disease, or a disease or disorder of the kidney, or blood in the urine?
  - emphysema, chronic obstructive pulmonary disease (COPD) or chronic bronchitis
  - rheumatoid arthritis, lupus or connective tissue disease or disorder?
  - multiple sclerosis (MS), paralysis or muscular dystrophy, or a degenerative muscle or nerve disease?
  - ulcerative colitis or Crohn's disease or a disease or disorder of the bladder or digestive system?
  - a disease, disorder, paralysis, amputation or chronic condition that required the use of a wheelchair?
  - coronary artery disease or a heart attack, heart murmur, congestive heart failure, an irregular heart rhythm, atrial fibrillation, cardiomyopathy, an aneurysm anywhere in your body, or a condition, disease or disorder of the heart, an artery or a valve?
- Have been convicted of or plead guilty to a felony, or currently have a felony charge pending against them, or within the last year have they been incarcerated or under house arrest, for a felony that they were convicted of or that they plead guilty to, or on parole, probation, or suspended sentence?
- Have used a narcotic, barbiturate, amphetamine, hallucinogen, heroin, cocaine, or an illegal drug (excluding marijuana), or medication (except over the counter medication) that was not prescribed to you by a licensed medical professional?
- Have a licensed medical professional recommended that they consider, seek or receive, or have had, treatment by a licensed medical professional, or counseling for alcohol use or dependency on or use of a prescribed or non-prescribed medication or a drug?
- Had a Transient Ischemic Attack (TIA) and:
  - had more than 1 TIA
  - had a TIA within the last 2 years
  - had a TIA with residual impairment
  - has a history of diabetes

### **Within the last 5 years, has the Proposed or Additional Insured:**

- Had a driver's license suspended or revoked for any reason, or plead guilty to or been convicted of driving while impaired (DWI), or driving under the influence (DUI), or reckless driving?

**Within the last 2 years, has the Proposed or Additional Insured:**

- Have a licensed medical professional advised them to have, a test or procedure (excluding for Human Immunodeficiency Virus (HIV)) that has not yet started, been completed, or for which the result is not yet known?

**Within the last year, has the Proposed or Additional Insured:**

- Required assistance from anyone with one or more of the following: taking medication, bathing, dressing, eating, toileting, or transferring to or from bed or chair?
- Had a weight change of 10 pounds or more (excluding pregnancy)?

**Currently:**

- Was their last blood pressure reading > 150/90?
- Do they have major depression, bipolar disorder, schizophrenia, PTSD or any other mental or mood disorder (other than anxiety, stress or depression) or are they taking medication for any of these conditions?
- Are they on active duty in the military and have been deployed or alerted for deployment to a war zone, an area of conflict or political instability or a country outside of North America?
- Diagnosed by a licensed medical professional with AIDS or tested positive for HIV?

**Has the Proposed or Additional Insured been diagnosed with diabetes and:**

- Is under the age of 18?
- Is taking three or more medications for diabetes?
- Has not had a HbA1c reading in the last 12 months?
- Their last HbA1c was > 10.9?
- Their last HbA1c was greater than or equal to 6.5, and the last reading occurred over 6 months ago? (see the Medical Impairments chart)
- Have ever been diagnosed with, received treatment or medication, or had a test or consultation for:
  - Neuropathy (either nerve pain, tingling, numbness or burning in any part of their extremity or any part of their hand, finger, foot or toe)
  - Retinopathy (complete or partial loss of sight in either eye)
  - Elevated urine protein
  - Nephropathy (kidney disease or deterioration of, or decreased, kidney function)
  - Gangrene
  - Amputation

## UNDERWRITING IMPAIRMENT GUIDE

Although clients may qualify for accelerated underwriting, if ratable up to AX (250% mortality, +150 excess mortality, 6 tables or table F), the impairments listed below as “decline” should not be submitted for Foresters Live Well Plus.

The following guide applies to single impairments. Individuals with multiple impairments may not qualify.

### Non-Medical Impairments

Impairment	Guideline	Decision
Criminal Activity	Information received from a criminal records database check	Decline
DUI, DWI, Reckless Driving, Driving with suspended or revoked license or major at fault accident (Assumes no jail time or probation, otherwise see Criminal Activity above)	Any within the last 5 years	Decline

### Medical Impairments

Impairment	Criteria	Life
ADL assistance required		Decline
AIDS / HIV	Positive	Decline
Alcoholism	Within 10 years	Decline
Alzheimer’s / Dementia		Decline
Amputation	Caused by injury	Accept
	Caused by disease	Decline
Anemia	Iron deficiency	Accept
Aneurysm		Decline
Angina	See Heart Disease	Decline
Angioplasty	See Heart Disease	Decline
Anxiety	Compliant with medical advice, no hospital or emergency room visit in the last 5 years, able to perform activities of daily living including school or work	Accept
Aortic Insufficiency		Decline
Aortic Stenosis		Decline
Arrhythmia	Tachycardia Atrial Fibrillation	Decline
	Paroxysmal atrial tachycardia Supraventricular tachycardia If >4 episodes per year or episodes that are >1 hour in duration	Accept Rate AU
Artery Blockage		Decline
Arthritis	Osteoarthritis	Accept
	Rheumatoid	Decline
Asthma	No emergency care or hospital visit within 2 years	Accept
Blood Pressure	Regularly monitored with average readings <150/90, on no more than 3 blood pressure	Accept (See Preferred Criteria)

<b>Impairment</b>	<b>Criteria</b>	<b>Life</b>
	medications which are taken on at least a daily basis	
Bronchitis	Acute	Accept
	Chronic	Decline
By-Pass Surgery	See Heart Disease	Decline
Build	See build charts	See build charts
Cancer	Basal Cell Carcinoma (Skin)	Accept
	Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment	Accept
	All other cancers including Hodgkin's Lymphoma and leukemia	Decline
Cerebral Palsy		Decline
Chronic Bronchitis	See COPD	Decline
Chronic Obstructive Lung Disease (COPD)		Decline
Cirrhosis of Liver		Decline
Circulatory Surgery		Decline
Colitis-Ulcerative		Decline
Congestive Heart Failure		Decline
Crohn's Disease		Decline
CVA /Stroke		Decline
Cystic Fibrosis		Decline
Depression	Compliant with medical advice, no hospital or emergency room visit in the last 5 years, able to perform activities of daily living including school or work	Accept
Diabetes – Type 2 Current age $\geq 18$ , treated with no more than 2 non-insulin medications or diet, last HbA1c within 12 months, good control, no diabetic complications (neuropathy, retinopathy, elevated urine protein, nephropathy, gangrene or amputation)	Outcome is dependent on age at diagnosis and a HbA1c reading within the last 12 months.	Accept (Likely rated AU or AX) Contact Risk Assessment with age at diagnosis and the date and value of their last HbA1c reading from the last 12 months
Diabetes – Type 1 Current age $\geq 30$ , treated with no more than 2 insulin medications, last HbA1c within 12 months, good control, no diabetic complications (neuropathy, retinopathy, elevated urine protein, nephropathy, gangrene or amputation)		Decline if complications are present  Decline if the last HbA1c was performed over 12 months ago  Decline if the last HbA1c is $\geq 6.5$ and it was performed over 6 months ago

<b>Impairment</b>	<b>Criteria</b>	<b>Life</b>
Diverticulitis/Diverticulosis		Accept
Down's Syndrome		Decline
Drug Use (other than marijuana)	Use of illegal drugs	Decline
Drug use – Age 18 and up Marijuana (recreational)	Up to 4 days per week Daily Use	Accept Rate AU
	Depends on reason for use	Individual consideration
Marijuana (medical)		
Emphysema	See COPD	Decline
Epilepsy / Seizure	Simple/partial or petit mal, no seizures for 2 years and no loss of consciousness	Accept
Fibromyalgia		Accept
Gallbladder Disorders		Accept
Gastric Bypass	After 1 year, weight stabilized	Accept
Gastritis		Accept
Gout		Accept
Heart Blockage		Decline
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline
Heart Murmur	Innocent, no symptoms, no treatment	Accept
Heart Surgery/Procedure		Decline
Heart Valve Disease/Surgery		Decline
Height and Weight	See build charts	See build charts
Hemophilia		Decline
Hepatitis	A, recovered	Accept
	B or C	Decline
Hodgkin's Disease		Decline
Hypertension	Monitored, controlled and on no more than 3 blood pressure medications	Accept
Hysterectomy	Non cancer	Accept
Kidney Disease	Stones, acute infection	Accept
	Other or chronic kidney disease	Decline
Leukemia		Decline
Liver disease		Decline
Lou Gehrig's Disease (ALS)		Decline
Lupus Erythematosus	Discoid	Accept
	Systemic	Decline
Marfan's Syndrome		Decline
Marijuana – Age 18 and up Recreational	Up to 4 days per week Daily Use	Accept Rate AU
	Depends on reason for use	Individual consideration
Medical		
Mitral Insufficiency		Decline
Mitral Stenosis		Decline
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline

<b>Impairment</b>	<b>Criteria</b>	<b>Life</b>
Nursing Home/Skilled Nursing facility or Psychiatric Facility Resident		Decline
Oxygen Use		Decline
Pacemaker		Decline
Pancreatitis	Single attack, acute >1 year ago, non-alcohol related, no complications	Accept
	Alcohol related, chronic	Decline
Paralysis	Paraplegia and Quadriplegia	Decline
Parkinson's Disease		Decline
Peripheral Vascular or Arterial Disease (PVD, PAD)		Decline
Prostate Disorder	Infection, inflammation (no cancer)	Accept
Sarcoidosis	Localized, non-pulmonary	Accept
	Pulmonary	Decline
Sleep Apnea	Treated and controlled	Accept
Spina Bifida		Decline
Stroke/ CVA		Decline
Suicide Attempt		Decline
Thyroid Disorders	Treated, no symptoms	Accept
Transient Ischemic Attack (TIA)	Single TIA >2 years ago with no residuals and no diabetes	Rate AU
Tuberculosis	Treatment completed, inactive	Accept
Ulcer/GERD		Accept
Weight	See build charts	See build charts
Weight Loss	Unexplained	Decline
Wheelchair Use	Due to disease, disorder, paralysis, amputation or chronic condition	Decline

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