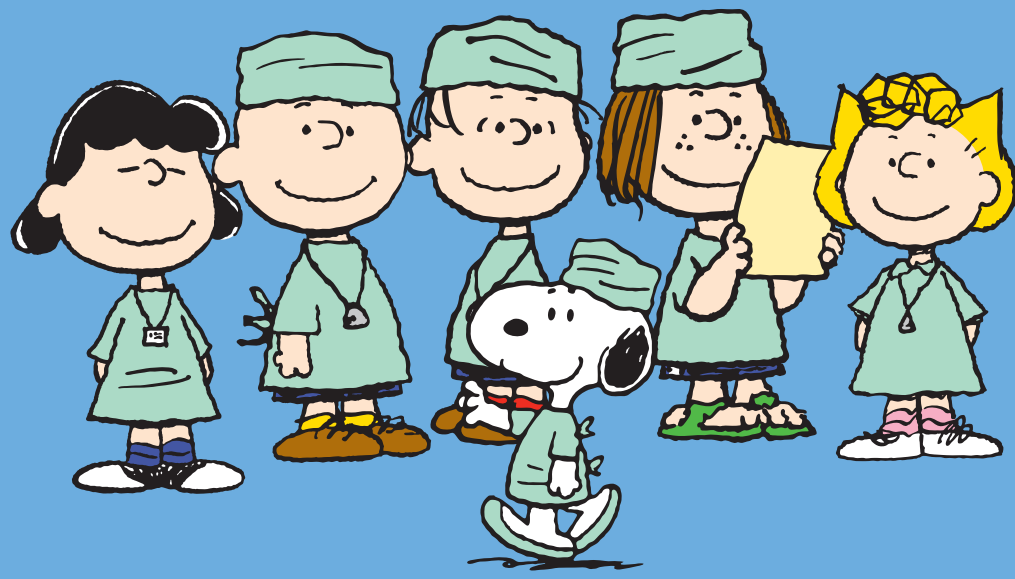
LIFE INSURANCE

The Medical Impairments Guide

MetLife

October 2013



Field Guide to Medical Risks

Field Guide to Underwriting Medical Impairments

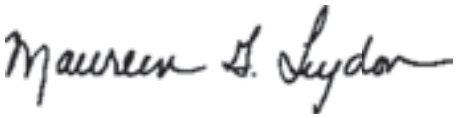
Here is the October 2013 edition of *The Medical Impairments Guide/Field Guide to Medical Risks*, now available in booklet form, as so many of you have requested.

The ratings for the impairments in this guide reflect the state of the art medical underwriting guidelines of the MetLife Life Underwriting Manual (MLUM). This guide contains the suggested basic ratings for the impairments covered and are not a guarantee to issue at the ratings shown. All factors affecting insurability in any particular case must be considered in determining insurability.

I hope this updated edition of *The Medical Impairments Guide/Field Guide to Medical Risks* continues to be a valuable part of your toolkit.

An exciting re-design of the *The Medical Impairments Guide/Field Guide to Medical Risks* is planned for a future edition when underwriting guidelines for Individual Disability Insurance will be included. Watch for this new tool coming in 2014.

Finally, thank you for the important role you play in field underwriting by prescreening medical conditions and ensuring that the requested coverage is financially suitable. The more quality financial and medical information you collect when you complete the life application, the greater the chances your underwriter will be able to approve the policy without having to ask for additional information from you or the client. The time you spend completing the application can pay off in time saved in the underwriting and issue process and will help us make sure that our best offer is our first offer.



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Life New Business

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ANXIETY OR PANIC DISORDER, DEPRESSION

Anxiety/Panic Disorder

Generalized anxiety disorder is characterized by unrealistic or excessive anxiety regarding more than one life issue. Panic disorder is characterized by recurrent panic attacks (periods of intense fear and discomfort) on an unpredictable basis.

- No hospitalizations, no interference with normal work or social activities, no overuse of anti-anxiety medication, may be best classes.
- History of hospitalization more than three years ago, some impact on work or social activities, may be Table B to best classes, depending on current/recent symptoms and time since symptoms were resolved or controlled.

Depression

- No hospitalizations or suicide attempts, no time lost from work, no substance abuse, no medication or single antidepressant with or without psychotherapy, symptoms resolved/controlled for more than six months, may be best classes.
- No more than one hospitalization, at least three years ago, no suicide attempt, less than one month lost from work, no substance abuse, one or two medications, may be Table D to Standard depending on number of episodes and time since episodes were resolved or controlled.
- Others — possibly not insurable.

Ask your client for this information. Record as much information as your client can give you.

- What diagnosis was given?
- Number of episodes and date of last episode?
- Was depression described as bipolar or manic?
- Was depression related to a specific event?
- Dates of hospitalizations?
- Type of treatment?
- Names of medications?
- How often medication is taken?
- Date last used medication?
- How much time lost from work, or not able to perform regular daily activities?
- Seeing a psychiatrist or other therapist? How often?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Anxiety due to pressure at work, not hospitalized, no time lost from work, occasional Xanax.
- Depression when husband died in 1995, Zoloft for six months, complete recovery.
- Depression, hospitalized twice, 1999 and 2003, attempted suicide in 1999, on Serzone daily.

ARTHRITIS

A painful inflammation of the joints, frequently chronic.

Osteoarthritis (Degenerative Joint Disease) or **acute infectious arthritis** after recovery — Best classes may be available.

Rheumatoid arthritis (RA) that is mild and does not affect any other organs may be Standard or best classes depending on type of treatment, lab findings, degree of disability and presence or absence of coronary artery disease risk factors.Moderate RA that does not affect any other organs may be Table B. Possible one-table credit with recent favorable coronary artery disease testing.

There are other less frequently occurring types of arthritis. Rating depends on the nature of the condition and any coexisting disorders.

Ask your client for this information. Record as much information as your client can give you.

- Type of arthritis?
- Medications taken?
- Date of diagnosis?
- Date of last flare-up requiring medication?
- Any deformity of joints? (Which ones?)
- For RA, any involvement of the lungs, heart, blood vessels, brain?
- Able to work regular hours and perform regular job duties and regular daily activities?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Osteoarthritis in knees. Takes occasional aspirin. No disability; runs two miles every day.
- Rheumatoid arthritis since 2000. Was on Methotrexate and Plaquenil. Last flare-up one year ago. No disability. Pericarditis in 2001.
- Infectious arthritis in knee, age 8 months. Completely recovered.

ASTHMA

Periodic attacks of difficulty in breathing. Mild, infrequent attacks of low intensity with no impact on activity or sleep may be rated Standard. Best classes possible in some cases. Severe or frequent attacks Table F to Decline.

Ask your client for this information. Record as much information as your client can give you.

- Frequency of symptoms — e.g., less than once/week; more than once/week but less than daily; daily, etc.?
- How long do the symptoms last — e.g., days, hours, etc.?
- Is sleep affected? How many times/month?
- Ever been hospitalized overnight? Dates of all hospitalizations?
- How many emergency room visits in the last five years? Date of most recent visit?
- How much time lost from work or school, or otherwise unable to perform regular activities?
- Name of medications taken? How often?
- How many times have you taken oral steroids (prednisone, Medrol, Solu, Medrol, etc.) during a year?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Two or three attacks every fall; symptoms last one day; no hospitalization, no emergency room visits, no doctor visit for attacks in last five years. Takes Proventil only when needed. No steroids.
- Two or three attacks a year, lasting one hour; no sleep disturbance. Hospitalized overnight at age 5. No other hospitalizations or ER visits. Uses Flonase, Flovent daily. Used prednisone once, two years ago, when had bronchitis.
- Infrequent attacks sometimes brought on during exercise. Uses Proventil as needed, not more than three times a year.

ATRIAL FIBRILLATION

Atrial fibrillation (AF) is an arrhythmia (a disturbance of the rhythm and speed of the heartbeat) that results from a disorder of the heart's electrical system. AF is the most common arrhythmia, and can be paroxysmal (PAF—occurring in bursts which last for minutes or a few hours, several times per year) or chronic, where episodes are more frequent or last longer. Possible underlying causes are a defect in the heart's natural pacemaker, coronary artery disease, valvular heart disease, long-standing hypertension, as well as many other heart, lung or other disorders. AF may also occur without any underlying disease.

Symptoms of AF may include palpitations, fainting, fatigue, shortness of breath and chest pain. AF can cause strokes.

Treatment may include medications to control the arrhythmia and blood thinners to reduce the risk of stroke. Radiofrequency (RF) ablation, RF pulmonary vein isolation or MAZE are procedures that may be used in people who do not respond to, or cannot tolerate the other types of treatment.

Ratings depend on the cause of AF, the presence or absence of underlying heart disease and the method of treatment.

With no underlying heart disorder or symptoms, one episode of PAF can be Standard; up to four episodes a year may be considered for Table B at ages under 50 and Table B or C at ages 50 and over. Chronic AF may be considered at Table F at ages under 50 and Table C or D at ages 50 and over. Credits may be available to reduce the ratings by one or two tables.

With RF pulmonary vein isolation, PAF may be considered as above during the 12 months following the procedure. More than 12 months after the procedure, with no recurrence of AF, may be considered for Standard. Best class may be available after two years. For chronic AF, may be considered as above during the 18 months following the procedure and from 18 months to three years at Table C for ages under 50, Table B for ages 50 to 75 and Standard at ages over 75. After three years, possible Standard or best class at all ages.

Ask your client for this information. Record as much information as your client can give you.

- Date of onset?
- Cause of AF? (If determined.)
- Any history of heart disease? (If yes, details.)
- Current symptoms — e.g., chest pain, shortness of breath, lightheadedness?
- Number of episodes per year?
- Type of treatment?
- Procedure performed? (If yes, what type of procedure?)
- Date of procedure?
- Any episodes of AF since procedure?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- AF onset eight years ago, no underlying disorders, RF ablation of pulmonary veins. No recurrence, no meds since.
- Chronic AF, on blood thinners, negative exercise test.

BUNDLE BRANCH BLOCKS (BBB)

BBB describes a disorder of the heart's conduction system when an electronic impulse is blocked as it travels to the lower chambers of the heart (ventricles). BBB may occur on either the right or left side of the heart and is named for which side is affected — Right Bundle Branch Block (RBBB) or Left Bundle Branch Block (LBBB). The block may be complete if the impulse is completely blocked or incomplete if the impulse is only delayed.

There are many possible causes of BBB. Some, but far from all, are: coronary artery disease, congenital abnormalities, infection, injury, medications and poor nutrition.

LBBB — Ratings depend on the presence or absence of underlying heart disease, stability of the condition over time and current age. With no cardiac evaluation, may be considered six months after diagnosis at Table D or higher. With cardiac evaluation, may be considered for Table D within the first year after diagnosis. At ages 65 and over, Table C may be considered one year or more after diagnosis. Credits may be available to bring the ratings down to Standard-Table B.

RBBB — Ratings depend on the presence or absence of underlying heart disease, age and cardiac risk factors. May be considered for best classes-Table B.

Ask your client for this information. Record as much information as your client can give you.

- What type of BBB (RBBB, LBBB, complete, incomplete)?
- Cause of BBB? (If determined.)
- Any history of heart disease? (If yes, please provide details.)
- Date of diagnosis?
- Any history of high blood pressure, high cholesterol, diabetes or smoking? (If yes, which ones?)
- What type of cardiovascular testing was done? Results?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Complete RBBB on routine exam six years ago. No cardiac history, no symptoms, normal echocardiogram.
- LBBB on routine exam one year ago; history of high blood pressure and high cholesterol. Normal nuclear stress test.

CANCER — BREAST

Action will vary according to the stage (size) and grade (degree of cell abnormality often described as well, moderately or poorly differentiated), as well as metastasis (spread) of the cancer. This information is available from the pathology report.

The timeframes given are measured from the point at which all curative treatment (surgery, chemotherapy, radiation therapy) is completed. Continued use of endocrine therapy (e.g., Tamoxifen, Arimidex, Aromasin, Femara, etc.) is acceptable.

In some situations, tumors may be considered after completion of successful treatment at Standard.

Stage I, low-grade tumor, no metastasis to lymph nodes — May be considered after one year for possible Standard with a flat extra/thousand ranging from $12.50 to $5 for a period of years depending on time elapsed. Some very small tumors with no metastasis to lymph nodes may be considered in the first year after completion of successful treatment. At older ages, may be Standard. At ages 65 or younger, flat extras/thousand range from $10 to $5 for a period of years, depending on time elapsed.

Others, including recurrent breast cancer, may be considered after a longer waiting period, depending on stage, grade and metastasis.

Ask your client for this information. Record as much information as your client can give you.

- Stage of tumor?
- Grade of tumor?
- Any metastasis to lymph nodes?
- How many lymph nodes with metastasis?
- Mastectomy (removal of breast) done?
- Lumpectomy (removal of tumor only) done?
- Other treatment? Describe.
- Dates of treatment, including recurrences?
- Date all treatment (except for endocrine therapy) was completed?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Stage I breast cancer, negative lymph nodes, lumpectomy November 1996, no radiation or chemotherapy; annual checkups; no evidence of recurrence.
- Breast cancer, T2N0M0*, grade 2, mastectomy, chemo and radiation completed December 2004.
- Breast cancer 10 years ago. Surgery, chemo and radiation; treated by Dr. Kildare, at MSK, NYC.

**Often reported this way in pathology report: T=size N=positive nodes M=metastasis*

CANCER — COLON

Action will vary according to the stage (size) and grade (degree of cell abnormality often described as well, moderately or poorly differentiated), as well as metastasis (spread) of the cancer. This information is available from the pathology report.

The timeframes given are measured from the point at which all curative treatment (surgery, chemotherapy, radiation therapy) is completed.

Stage 1 — With low risk factors and no metastasis, may be considered within the first year after completion of successful treatment with a flat extra/thousand of $7.50 ranging down to $5 depending on time elapsed. Standard possible after three years. With high risk factors and no metastasis, may be considered one year after completion of successful treatment with a flat extra/thousand of $12.50 ranging down to $5 for a period of years, depending on time elapsed. Standard possible after five years.

Stage 2 — With low risk factors and no metastasis, may be considered within the first year after completion of successful treatment with a flat extra/thousand of $10 ranging down to $5 for a period of years depending on time elapsed. Standard possible after three years. With high risk factors, may be considered two years after completion of successful treatment with a flat extra/thousand of $15 ranging down to $5 for a period of years depending on time elapsed. Standard/Table B possible after six years.

Stage 3 — With low risk factors and no metastasis, may be considered two years after completion of successful treatment with a flat extra/thousand ranging from $15 to $5, depending on time elapsed. Standard possible after six years. With high risk factors and no metastasis, may be considered three years after completion of successful treatment with a flat extra/thousand ranging from $20 to $7.50 for a period of years, depending on time elapsed. Standard possible after seven years.

Ask your client for this information. Record as much information as your client can give you.

- Stage?
- Grade?
- Any spread to lymph nodes or other organs? Where did it spread?
- Dates of surgery?
- Other treatment? Describe, if "yes."
- Dates of treatment, including recurrences?
- Date all treatment was completed?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Stage 1, T1N0M0*, two years ago. No other treatment; no recurrence.
- Colon cancer with surgery and chemo 2000; treated at MSK, NYC. No recurrence; annual follow-up.

**Often reported this way in pathology report: T=size N=positive nodes M=metastasis*

CANCER — LEUKEMIA

Leukemia is a cancer characterized by an increase of white blood cells. There are different types of leukemia, depending on which type of white blood cell is affected.

Leukemia classified as acute progresses rapidly. Chronic leukemia progresses more gradually, but may have an acute aspect.

- **Acute Lymphocytic Leukemia (ALL)** and **Acute Myelogenous Leukemia (AML)** may be considered five years after completion of successful treatment at Table B or D (depending on type of treament) with a flat extra/thousand ranging from $20 to $7.50 for a period of years depending on time elapsed.
- **Chronic Lymphocytic Leukemia (CLL) or Monoclonal B-Cell Lymphocytosis (MBL)** staged as low, intermediate, intermediate-high and high. High stage is generally uninsurable at all ages. Low stage may be considered with diagnosis at ages 60 and over, intermediate with diagnosis at at ages 70 and over and intermediate-high with diagnosis at ages 75 and over, from Table H to Table B depending on stage and age at diagnosis. Low stage under age 60, intermediate stage under age 70 and intermediate-high stage under age 75 may be individually considered in rare cases.
- **Chronic Myelogenous Leukemia (CML)** diagnosed at ages 60 and over, treated with medication, may be considered for Table H to Table B depending on the age at diagnosis, and may be individually considered with diagnosis between the ages of 55 and 59. With bone marrow transplant, may be considered five years after transplant at Table D with a flat extra/thousand ranging from $20 to $7.50 for a period of years depending on time elapsed.

Ask your client for this information. Record as much information as your client can give you.

- Specific diagnosis?
- Date of diagnosis?
- Type of treatment?
- Date treatment was completed?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- ALL diagnosed at age 55. Treated with chemo. Complete remission.
- CML diagnosed in 2001. Bone marrow transplant in January 2002.
- HCL diagnosed in 2001. Treated with interferon-alpha. No treatment since 2002.

CANCER — LUNG

Stage 1 carcinoma may be considered three years after the completion of successful treatment with a flat extra/thousand ranging from $20 to $7.50 for a period of years, depending on time elapsed. Possible Standard after seven years.

Stage 2 may be considered five years after the completion of successful treatment with a flat extra/thousand ranging from $20 to $7.50 for a period of years depending on time elapsed. Possible Standard or Table B after nine years.

Ask your client for this information. Record as much information as your client can give you.

- Type of tumor?
- Any metastasis to other organs?
- Date of diagnosis?
- Type of treatment?
- Any recurrence?
- Date treatment was completed?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Lung cancer; lung removed 1999; chemo and radiation completed 12/99. Yearly check-ups; no recurrence.
- Adenocarcinoma 1980 with spread to liver; lung removed, followed by chemo until 1981. Complete recovery.

CANCER — LYMPHOMA: HODGKIN LYMPHOMA (HL)

HL is a malignant transformation of white blood cells, marked by the presence of a particular kind of cell (Reed-Sternberg). Action will vary according to the stage of the disease, which is measured by the number and location of lymph node regions or other sites involved, in addition to the presence or absence of symptoms.

The timeframes given are measured from the point at which all curative treatment (chemotherapy, radiation therapy) is completed.

Disease on one side of the diaphragm only — Localized disease, no symptoms (i.e., no night sweats, fever or weight loss), may be considered within one year after completion of successful treatment with diagnosis under age 50 and two years after completion of successful treatment with diagnosis at ages 50 and over. Possible Standard or Table B depending on current age, with a flat extra/thousand of $10 or $15, ranging down to $5 depending on time elapsed. Localized disease with symptoms may be considered two years after completion of successful treatment with diagnosis under age 50 and three years after completion of successful treatment with diagnosis at ages 50 and over. Possible Standard or Table B depending on current age, with a flat extra/thousand ranging from $15 or $20 to $5 for a period of years, depending on the extent of disease and time elapsed.

Disease on both sides of the diaphragm — With no symptoms, depending on extent of disease, may be considered two or five years after completion of successful treatment with diagnosis under age 50 or five or seven years after completion of successful treatment with diagnosis at ages 50 and over. Depending on current age, possible Table B with a flat extra/thousand ranging from $20 to $7.50 for a period of years depending on elapsed time.

Ask your client for this information. Record as much information as your client can give you.

- Stage?
- How many lymph node sites involved?
- Any other organs involved?
- On one or both sides of the diaphragm?
- History of night sweats, fever, weight loss due to Hodgkins?
- Date of diagnosis?
- Dates of treatment, including recurrences?
- Type of treatment?
- Date all treatment completed?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Stage IA Hodgkin treated with chemo and radiation in 1986. No recurrences; annual follow-up.
- Hodgkin at age 18; chemo and radiation to chest and groin. Complete recovery.
- Hodgkin treated with chemo. Spleen involved; last treatment 1995. Annual follow-up.

CANCER — LYMPHOMA: NON-HODGKIN LYMPHOMA (NHL)

Action will vary according to the type of abnormal cell present, type of treatment and the number of recurrences.

The timeframes given are measured from the point at which all curative treatment (chemotherapy, radiation therapy) is completed.

Certain tumor types may be considered three years after the completion of successful treatment. Some tumor types will require a waiting period of five or 10 years after the completion of successful treatment. Ratings range from Table B with a flat extra premium ranging from $20 to $7.50 to Table H without a flat extra premium, depending on type of tumor, age at diagnosis and time elapsed.

Ask your client for this information. Record as much information as your client can give you.

- Type of tumor?
- Stage?
- Date of diagnosis?
- Dates of treatment, including recurrences?
- Type of treatment?
- Date all treatment completed?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Nodal marginal zone B-cell lymphoma, stage 1; bone marrow transplant eight years ago; annual follow-ups.
- Mantle cell lymphoma, treated with chemo and radiation. Last treatment six years ago. No recurrence. Annual check-ups.

CANCER — MELANOMA

A cancer of the pigmented area of the skin. Melanoma is a highly malignant tumor that can spread to any organ of the body. Tumors may be staged according to thickness or Clark Level.

Action will vary according to the thickness of the tumor, depth of invasion, stage (size), presence or absence of ulceration and any history of atypical nevi (atypical moles), as well as metastasis (spread) of the cancer. This information is available from the pathology report.

The timeframes given are measured from the point at which all curative treatment (surgery, chemotherapy, radiation therapy) is completed.

Ratings may range from Standard with no flat extra/thousand for the thinnest tumors with minimal invasion without ulceration to a postponement period of up to two years and then a flat extra/thousand ranging from $15 to $5 for a period of years depending on time elapsed for tumors up to 4.0 mm, with or without ulceration, and no metastatis. For tumors 4.0 mm or larger without ulceration and no metastasis, after a postponement period of three years, possible flat extra/thousand of $20 to $7.50 for a period of years depending on time elapsed.

Ask your client for this information. Record as much information as your client can give you.

- Thickness of tumor, in mm?
- Depth of tumor?
- Clark Level?
- Any history of dysplastic nevus syndrome?
- Date of diagnosis?
- Date of surgery?
- Other treatment?
- Date all treatment was completed?
- Any recurrence or more than one melanoma? Dates?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Melanoma on back of neck removed June 2004. Clark Level 2; 0.3 mm thick.
- Melanoma on forearm, January 2001 and again in same spot in January 2002. Surgically removed both times; no recurrence since.

CANCER — PROSTATE

Action will vary according to the stage (size), grade (the Gleason score, which is a description of the degree of cell abnormality), age, type of treatment, prostate-specific antigen (PSA) levels before and after treatment, and metastasis (spread) of the cancer.

The timeframes given are measured from the point at which all curative treatment (surgery, radiation, chemotherapy) is completed.

Early stage tumors (T1, T2) Grade 1 and some Grade 2* tumors may be considered within the first year after removal of the prostate (radical prostatectomy-RP) or radiation therapy (RT). Some T1 tumors may be considered for Standard at all ages. Some T2 tumors may be considered for Standard at ages 70 and over. Others may be considered with a flat extra/thousand of $5 to $10 for a period of years depending on time elapsed.

Higher grade early stage tumors, and some larger tumors, may be considered after a waiting period with a flat extra/thousand ranging from $20 to $10 for a period of years depending on time elapsed. The waiting period and the amount of the flat extra depend on the size and grade of the tumor, as well as the type of treatment.

Ask your client for this information. Record as much information as your client can give you.

- Stage?
- Gleason score?
- Date of diagnosis?
- Type of treatment?
- Date all treatment was completed? Include any recurrences?
- Date of most recent follow-up?
- Most recent PSA level?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Stage 1, Gleason 4 at age 64. Prostate removed; radiation for six months ending in summer 2003. Follow-up every six months.
- Prostate cancer in 2002; T2bN0M0**; treated with surgery and radiation; last treatment in December 2002.

* *Grade 1: Gleason 2-4 (well differentiated)*
Grade 2: Gleason 5-6 or Gleason 7 (moderately differentiated)
Grade 3: Gleason 8-10 (poorly differentiated)

** *Often reported this way in pathology report: T=size N=positive nodes M=metastasis*

CANCER — OTHER

Action will vary according to the part of the body involved and the stage (size) and grade (degree of cell abnormality often described as well, moderately or poorly differentiated), as well as metastasis (spread) of the cancer. This may be reported in terms of TNM, where:

T=size N=positive nodes M=metastasis

This information is available from the pathology report.

We cannot consider any case until all curative treatment (surgery, chemotherapy, radiation therapy) is completed.

Ask your client for this information. Record as much information as your client can give you.

- Location of cancer?
- Type of cancer?
- Date of diagnosis?
- Stage?
- Grade?
- Type of treatment?
- Did it recur?
- Date of recurrence?
- Date all treatment was completed?
- Date of most recent follow-up?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Carcinoma of kidney at age 35; kidney removed. No radiation or chemo. Annual check-ups by urologist; no recurrence.
- Squamous cell carcinoma of cervix. Hysterectomy 1998; chemo for 12 months. No recurrence. Annual check-ups. Last follow-up six months ago.

CHOLESTEROL

Cholesterol is a lipoprotein, i.e., a fat (lipid) that circulates in the blood attached to a protein. It is manufactured by the liver and is also obtained from the foods we eat. Cholesterol and other fats are necessary for the proper functioning of the body. Too much cholesterol, however, is a risk for coronary artery disease. Although it is a good idea for a client to fast for at least eight hours before a blood test, the cholesterol level will not be affected if the client has not fasted.

LDL is the largest portion of total cholesterol. It is closely related to cardiac risk. It is sometimes referred to as "bad cholesterol."

HDL, the "good cholesterol," is another part of total cholesterol, but one that is protective against coronary artery disease.

Ratio — The ratio of total cholesterol to HDL is a simple way of comparing the risk presented by the good and bad cholesterols.

Total cholesterol up to 400 with ratios up to 8.0 at ages up to 65 and 9.6 at ages 66 and over may be Standard. Higher cholesterol levels or ratios may be Table B – Table F. See the *Condensed Underwriting Guide* for the cholesterol criteria for the best classes.

When your client has a history of high cholesterol

Ask your client for this information. Record as much information as your client can give you.

- Most recent cholesterol reading?
- Most recent HDL or most recent cholesterol/HDL ratio?
- Name of medication?
- Date medication was started?
- Is personal physician satisfied with results of recent cholesterol levels?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- High cholesterol; on Lipitor; last level 215, HDL 50.
- High cholesterol, level unknown; put on Pravachol; last level 250, ratio 5.4.
- High cholesterol, started at 350; on Zocor since March 2005; cholesterol down to 225, HDL 45.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): CHRONIC BRONCHITIS, EMPHYSEMA

COPD is a persistent obstruction of the airways caused by the inflammation (chronic bronchitis) or destruction (emphysema) of lung tissue. Nearly all COPD is caused by smoking. When an individual stops smoking, the inflammation will go away, but the damage of emphysema is permanent.

COPD is a progressive disease (it gets worse over time) and progresses more rapidly if the individual continues to smoke.

With mild symptoms, slightly abnormal pulmonary function tests (PFTs), and no smoking may be considered for Table B to Standard at ages 45 and over, depending on current age.

With shortness of breath on moderate exercise, moderately abnormal PFTs, no smoking may be considered for Table F to Table B at ages 45 and over, depending on current age.

Individual consideration at ages under 45.

More severe cases, e.g., requiring oxygen or with shortness of breath at rest, etc., are not insurable.

Ask your client for this information. Record as much information as your client can give you.

- Diagnosis?
- Date of diagnosis?
- Medications taken/frequency taken?
- Any hospitalizations?
- PFT results, if known?
- Describe symptoms — shortness of breath at rest or minimal exercise or moderate exercise? Frequent respiratory infections?
- Any related heart problems?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Chronic bronchitis since 2001. No shortness of breath. No daily medication. Used prednisone once in 2002 for respiratory infection; none since.
- Emphysema diagnosed in 2000. Uses portable oxygen tank, inhaler daily.

CORONARY ARTERY DISEASE (CAD)

CAD is the process in which the arteries of the heart become blocked. The heart is deprived of oxygen due to reduced blood flow (ischemia). This is experienced as chest pain, which may be temporary (angina). Prolonged blockage may cause permanent heart damage (myocardial infarction or heart attack).

There are three major arteries: The left main artery, which divides into the left anterior descending and circumflex arteries, and the right coronary artery. Each artery has minor branches. When you hear about 1-, 2-, and 3-vessel disease, this refers to the major arteries.

Rating depends on a number of factors, including current age, the number of vessels involved, the degree and location of obstruction, and how well the heart is able to pump blood through the body. Generally uninsurable under current age 40.

Depending on current age, and with angiography:

Minimal disease — Table C to Standard at older ages. Possible best classes at ages 60 and over.

Mild disease — Table E to Standard at older ages.

Moderate disease — Table H to Table B at older ages.

Severe disease — Table J to Table D at older ages.

Note: These are estimates and the ratings may be better or worse depending on the circumstances of any individual case. MetLife's guidelines may allow individual consideration when other impairments such as diabetes or renal disease among others (co-morbidities) are present to a moderate degree.

Ask your client for this information. Record as much information as your client can give you.

- Age at which CAD was diagnosed?
- Type of "event"? Heart attack? Angina? Coronary Artery Aneurysm? Ischemic Cardiomyopathy?
- Dates of events?
- How many vessels are involved?
- Was surgery done:
  - Coronary Bypass Graft (CABG)? How many grafts?
  - Angioplasty (PTCA) with stent?
- What medications are being taken?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Heart attack at age 50. CABG in June 2004 — two vessels; currently on Lipitor, Monopril and aspirin.
- Chest pains April 2002. PTCA with stent; on beta-blocker and aspirin.

CORONARY CT ANGIOGRAPHY

Computed Tomography Angiography (CTA) is an examination that uses x-rays with computerized analysis of the images to visualize blood flow in arteries and veins throughout the body. Compared to catheter angiography (which requires placing a catheter into the vessels), CTA is much less invasive.

A coronary CTA (CCTA) is used to image the coronary arteries and detect the presence and extent of atherosclerosis, providing much of the information available on a coronary catheterization. A CCTA also may provide the coronary calcium score, a metric that quantifies the amount of calcium in the arteries, and correlates with an individual's atherosclerotic burden and risk of coronary artery disease.

Individuals age 70 and over who have only minimal or very mild disease on a CCTA done for screening purposes only, and who have a favorable stress test, may possibly qualify for the best classes.

See Coronary Artery Disease for possible ratings.

Ask your client for this information. Record as much information as your client can give you.

- Date of test?
- What were the results of the test?
- Was test done for screening purposes, or for symptoms?
- If done for symptoms, what were symptoms?
- What medications are being taken?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Screening CCTA showed 60% blockage in LAD and right coronary artery. Subsequent stress test normal.
- CCTA after chest pains; results unknown.

DIABETES MELLITUS

A chronic disorder that interferes with the body's ability to use sugar and starches; associated with an abnormal amount of sugar in the blood and urine. Diabetes is a risk factor for coronary artery disease.

Ratings are based on age at onset, duration of disease and presence of complications, which may involve circulatory, kidney, retinal and nerve disease.

Type 1 usually occurs in younger age groups. In these cases, the body generally does not produce any insulin.

With no history of complications: With onset within the last five years at ages under 50, ratings range from Tables H to E. With onset more than 25 years ago, ratings range from Tables J to H. At ages 50 to 79, with onset within the last five years, ratings range from Table D to B, depending on current age. With onset more than 25 years ago, ratings range from Tables H to C.

Type 2 at one time usually occurred later in life, but is now being diagnosed at younger ages due to rising obesity levels in the United States. The body produces insulin but cannot use it properly (insulin resistance).

With no history of complications: With onset within the last five years at ages under 50, ratings range from Tables F to C. With onset more than 25 years ago, ratings range from Tables J to E. At ages 50 and over, with onset within the last five years, ratings range from Table B to Standard. With onset more than 25 years ago, ratings range from Table D to Standard.

Gestational occurs in pregnancy and usually disappears after delivery. Diabetes develops later on in almost half the cases. After delivery, when sugar returns to normal levels without treatment, may qualify for Standard. May qualify for best classes 10 years after delivery if there are no signs of the development of diabetes.

Ask your client for this information. Record as much information as your client can give you.

- What type of diabetes? Type 1? Type 2? Gestational?
- Age of onset?
- If gestational, still pregnant?
- What is most recent A1c (Hemoglobin A1c)?
- What medication is taken?
- Any history of:
  - Diabetic coma or insulin reaction? (If yes, give date.)
  - Protein in the urine or kidney disease? Heart disease, stroke or TIA: (Transient Ischemic Attack)? (If yes, give date.)
  - Circulation problems (peripheral vascular disease)?
  - Diabetic eye disease (retinopathy)?
  - Diabetic nerve disease — numbness/tingling (neuropathy)?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Type 1 since age 15; on insulin; insulin reaction at onset, none since; no complications.
- Type 2 — onset age 45; hx of angina since age 50.

ELECTRON BEAM COMPUTERIZED TOMOGRAPHY (EBCT)

EBCT or Ultrafast CT is a noninvasive test used to measure calcium deposits in the coronary arteries and, thereby, assist in detecting coronary artery disease.

The total assessment of the calcium score should consider: age; sex; coronary risk factors such as smoking, elevated lipids, diabetes, and high blood pressure; the number of coronary arteries involved; whether the individual has symptoms indicative of coronary artery disease; and any cardiac evaluation including exercise testing, echo or imaging studies and coronary angiography (especially if performed recently or subsequent to the EBCT study).

The best classes may be available to individuals who have low calcium scores.Ratings for moderate calcium scores without a recent follow-up stress test may range from Table D to Table F at ages under 70 and from Table B to Table D at ages 70 and over, depending on the presence of cardiac risk factors. With a negative recent follow-up stress test, the possible ratings range from Table B to Table D at ages under 70 and from Standard to Table B at ages 70 and over.

Ask your client for this information. Record as much information as your client can give you.

- Date of test?
- Results of test (percentile)?
- Was a stress test done after the EBCT?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- EBCT score under 25th percentile.
- EBCT score 50th percentile, normal subsequent stress test.

HEART MURMURS

A heart murmur is the sound of blood flowing through an abnormal valve or through a hole in the wall between the chambers of the heart (septal defect). It is not the heart murmur itself that is significant. The concern is the underlying condition.

Some conditions causing heart murmurs have no effect on mortality. Others have serious consequences. Conditions causing heart murmurs may be treated surgically, by repair or replacement of a valve, or closure of a septal defect.

There is no rating for a functional or innocent heart murmur. Other murmurs may call for a moderate to highly rated substandard, or even a decline.

With a diagnosis of aortic regurgitation (insufficiency), aortic stenosis, or mitral regurgitation (insufficiency), see Valvular Heart Disease.

Ask your client for this information. Record as much information as your client can give you.

- Diagnosis?
- Date of diagnosis?
- Type of treatment?
- Date of surgery, if any?
- If valve replaced, type of valve used as replacement?
- Any heart enlargement?
- Any symptoms — e.g., chest pain, shortness of breath, palpitations, fatigue, weakness?
- Antibiotics taken before dental work?

Examples:

- Ventricular septal defect; surgery to repair at age five. No problems since.
- Functional heart murmur since childhood. No problems.

HEPATITIS

Inflammation of the liver. There are several types of hepatitis. The disease is acute if it lasted for six months or less and the proposed insured is fully recovered. The disease is chronic if it persists more than six months.

Liver biopsy is often done and results reported as a Histologic Activity Index (HAI) score.

Hepatitis A — Fully recovered with completely normal liver enzymes can be considered for the best classes.

Hepatitis B — Acute, fully resolved, may qualify for best classes at any age. Chronic, fully resolved may qualify for best classes at ages over 70. Otherwise, chronic hepatitis, with no symptoms and minimal findings on liver biopsy, depending on liver enzyme elevations, the presence or absence of certain viral proteins in the blood, treatment history and age at infection, may be considered at Table B to Table H at ages under 40 or Table B to Table F at ages 40 and over. Standard possible in some cases at older ages. Generally uninsurable if currently under treatment.

Hepatitis C — The ratings depend on current age, duration of infection and treatment history. Ratings may range from Table B at older ages with duration less than 10 years to Table J at younger ages with a longer duration. In a few cases, best classes may be available at ages 70 and over.

Ask your client for this information. Record as much information as your client can give you.

- Type of hepatitis?
- Date of diagnosis?
- Date of liver biopsy?
- Results of biopsy? (HAI score or description.)
- Type of treatment?
- Date treatment started?
- Date treatment ended?
- Viral load detectable?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Hepatitis A, lasted one month in 2003. Fully recovered. Normal blood tests.
- Hepatitis B, diagnosed in 2003; liver biopsy showed minimal changes; liver enzymes completely normal last 12 months.
- Hepatitis C, diagnosed/biopsy in 2002; HAI 5; treated with interferon until November 2003; liver enzymes back to normal.

IRRITABLE BOWEL DISEASE — (IRRITABLE BOWEL SYNDROME, SPASTIC COLITIS, MUCOUS COLITIS)

Abnormal motion of the small or large bowel causing pain and cramps. A very common condition often related to stress.

Mild disease with no incapacitating symptoms. No rating, best classes available.

INFLAMMATORY BOWEL DISEASE — (ULCERATIVE PROCTITIS, ULCERATIVE COLITIS, CROHN'S DISEASE)

Ulcerative Proctitis — A chronic inflammation of the lower portion of the colon (rectum). May be Standard at ages 20 or over. Best classes may be available four years after diagnosis if there are no complications and proposed insured is symptom-free. Individual consideration at ages under 20 when diagnosis was made over two years ago.

Ulcerative Colitis — A chronic inflammation of the colon (large intestine). Not surgically treated; diagnosis more than one year ago, ages 20 and over; Table H to Table B depending on severity of disease and current age. Standard possible after four years in some cases. Surgically treated, with removal of colon, more than six months ago with full recovery and off medications, may be Standard and possibly best classes two years after surgery.

Crohn's Disease — A chronic inflammation of all the layers of the intestines; can occur anywhere in the gastrointestinal tract. Symptom-free or minor symptoms, ages 20 and over, after one year from diagnosis or last major attack, possible Table F to Standard, depending on current age and time since last attack. Best classes may be available at ages over 70.

Ask your client for this information. Record as much information as your client can give you.

- Diagnosis?
- Age at diagnosis/date of diagnosis?
- Date of last attack?
- Description of symptoms — e.g., abdominal pain, diarrhea, bleeding?
- Medications taken?
- Dates of hospitalizations?
- Dates of surgery if any? Symptoms completely resolved after surgery?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Irritable bowel (spastic colitis) diagnosed in April 2000. Episodes of abdominal pain and diarrhea. No bleeding; treated with Imodium.
- Ulcerative colitis diagnosed in 2000. Colon removed in 2002. Completely recovered.
- Crohn's Disease diagnosed at age 34. Multiple attacks. Last attack in 2003. No surgery; treated with Azulfidine in past.

MULTIPLE SCLEROSIS (MS)

MS is a disorder that affects the nerves of the eye, brain and spinal cord. The disease usually worsens over time, but there are usually periods of good health (remission) that alternate with flare-ups (exacerbations) that may be debilitating.

There are three subtypes of MS:

- Relapsing/Remitting.
- Secondary Progressive — originally relapsing/remitting but symptoms worsen over time.
- Primary Progressive — constant and progressive symptoms.

The rating for MS depends on MS subtype, current age and the degree of disability.

Mild MS, with no symptoms or disability, Relapsing/Remitting Type, over age 18 may be Table D or C, depending on current age. Primary/secondary progressive type at ages 30 and over could be Table F or E depending on current age. Add two tables if less than one year since onset.

Moderate MS, with symptoms but able to walk, Relapsing/Remitting Type, over age 18 may be Table F or D depending on current age. Primary/secondary progressive type at ages 30 and over could be Table H or J depending on current age. Add two tables if less than one year since onset.

More severe disability is usually uninsurable.

Ask your client for this information. Record as much information as your client can give you.

- Is the diagnosis definite?
- Date of diagnosis?
- Frequency of attacks?
- Is there complete recovery between episodes?
- Symptoms — e.g., visual loss, imbalance, incontinence, respiratory weakness, loss of mobility, cognitive impairment or other neurological impairment, etc.?
- Date of last attack?
- Degree of disability?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- MS diagnosed five years ago. Four attacks; last attack one year ago; minor visual loss.
- MS diagnosed 10 years go; five attacks; no residuals.
- MS diagnosed six months ago; took steroids for four months; off now; slight problem walking; uses cane.

PARKINSON'S DISEASE

Parkinson's disease (PD) is a motor system disorder. The four primary symptoms are tremor (shaking), stiffness of the limbs and trunk (rigidity), slowness of movement and impaired balance and coordination. Extra mortality is related partly to an increased incidence of respiratory and urinary tract infections associated with loss of motor control and inactivity.

Minimal PD — Localized tremor, no rigidity, no abnormal gait, no postural instability, normal social and occupational functioning, may be, depending on time since onset of symptoms, Table D or F at ages 40-49, Table B at ages 50-59, and Standard at ages 60 and over. Not insurable at ages under 40.

Mild PD — Widespread tremor, some rigidity, no significant gait disturbance, no postural instability, normal social and occupational functioning, may be, after one year since onset of symptoms, Table H at ages 40-49, Table D at ages 50-59, and Table B at ages 60 and over. Not insurable at ages under 40.

Moderate PD — Widespread tremor, some rigidity, shuffling gait, but able to walk unassisted or with a cane, after one year since onset of symptoms, may be Table H at ages 50-59, Table F at ages 60-69 and Table D at ages 70 and over. Not insurable at ages under 50.

Ask your client for this information. Record as much information as your client can give you.

- Symptoms?
- Medications taken?
- Able to walk unassisted?
- Any history of other disorders related to PD not admitted elsewhere on application (e.g., urinary tract infection, respiratory infection, depression, etc.)? **Note:** Record details of related conditions in the application question specific to that condition.
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Hand tremor; slight stiffness; able to walk without aid; no complications.
- Widespread tremor; can only walk short distances even with cane or walker; two urinary tract infections in past year.
- Widespread tremor; confined to wheelchair.

PERIPHERAL ARTERY DISEASE (PAD)

Peripheral Vascular Disease (PVD) refers to diseases of blood vessels outside the heart and brain. Peripheral Artery Disease (PAD) is a type of PVD. PAD occurs when plaque builds up in the arteries (atherosclerosis) and this may result in decreased blood flow to the organs of the body and the extremities, particularly the legs. If blood flow to the legs is limited, pain and numbness (claudication) may occur with walking and, if severe, even at rest. Treatment may include lifestyle changes, medications and/or surgery (aortofemoral bypass, endarterectomy or coronary angioplasty).

Ratings depend on the degree of PAD, if surgery was performed, the presence or absence of coronary or carotid artery disease, diabetes and smoking history.

Mild PAD — able to walk 3 minutes on a treadmill or 6 blocks without symptoms, no tobacco use, no diabetes, may be considered for Table C at ages under 50, Table B at ages 50-70 and Standard at ages over 70. Best classes may be considered over age 70.

Moderate PAD — not able to walk 3 minutes on a treadmill or 6 blocks without symptoms (claudication), no tobacco use, no diabetes, may be considered for Table D at ages under 50, Table C at ages 50-70 and Table B at ages over 70.

A one- or two-table credit may be available for both mild and moderate PAD if there has been recent favorable coronary artery disease testing.

Ask your client for this information. Record as much information as your client can give you.

- Date of diagnosis?
- How long able to walk on a treadmill or how many blocks without pain?
- Any history of surgery for this condition?
- Tobacco use within the last year?
- History of diabetes?
- History of leg ulcers?
- What type of cardiovascular testing was done? Results?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Pain in right leg after walking 3 or 4 blocks. No ulceration, no history of diabetes. Negative stress test.
- Aortofemoral bypass for PAD one year ago. Well controlled diabetes for 10 years. Normal CCTA prior to surgery.

SEIZURES

Periodic attacks affecting the state of consciousness, frequently accompanied by convulsions.

Rating depends, among other factors, on type of seizure, frequency of seizures, time since diagnosis, date of last seizure, medications and current age.

Seizures described as	Possible rating
Tonic-Clonic, Grand Mal, Generalized	Standard to Table F
Absence, Petit Mal	Standard to Table B
Febrile (in children)	Standard

Best classes may be possible if off medication and no seizures for at least five years.

Ask your client for this information. Record as much information as your client can give you.

- Type of seizure — e.g., absence, alcohol-related, atonic, febrile (due to a high fever), generalized, grand mal, myoclonic, partial, petit mal, tonic-clonic?
- Cause?
- Date of onset?
- What tests were performed? What were the results?
- Number of seizures per year?
- Date of last seizure?
- Type of treatment?
- Medications taken?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Two seizures from high fever at age 3. None since.
- Petit Mal seizures since childhood. Controlled with phenobarb. Last seizure four years ago.
- Generalized seizure; onset six months ago; CT and MRI; on Dilantin and Neurontin; last seizure five months ago.

SLEEP APNEA

A cessation of breathing for at least 10 seconds during sleep. There are two basic types of sleep apnea, central and obstructive.

Central sleep apnea is caused by the brain failing to trigger the muscles of respiration. This is a rare condition and generally uninsurable.

Obstructive sleep apnea is caused by blockage of the airway and is more common.

Sleep apnea is diagnosed by a sleep study and classified according to the Apnea Index (AI) or Respiratory Distress Index (RDI). Untreated, it can lead to hypertension, stroke and heart attacks. Daytime sleepiness may result in motor vehicle accidents.

Ratings may range from Standard to substandard (Tables B to H) or even a decline, depending on the severity of the disorder and the success of treatment.

Ask your client for this information. Record as much information as your client can give you.

- Date of diagnosis?
- Sleep study performed?
- Is most recent AI or RDI?
- Type of treatment:
  - Weight loss?
  - UPPP (Uvulopalatopharyonoplasty)?
  - CPAP (Continuous Positive Airway Pressure) machine?
- Used every night?
- Date of first use?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Sleep apnea diagnosed after sleep study in June 2004. AI 30. Lost weight; no further problems.
- Sleep apnea since 2004. No sleep study done. Loud snoring; no daytime sleepiness; no motor vehicle accidents; no treatment.

STROKE: CEREBRAL VASCULAR ACCIDENT (CVA); TRANSIENT ISCHEMIC ATTACK (TIA)

CVA — Disturbance of brain function caused by interruption of the blood supply to parts of the brain that causes permanent damage or death of brain tissue. May be due to bleeding (hemorrhagic stroke) or obstruction by a blood clot (thrombotic or embolic stroke).

Rating depends on the type of stroke, severity of the stroke, residual symptoms and co-existing disease such as diabetes, high blood pressure or coronary artery disease, among others. Generally uninsurable for one year after an episode. Thereafter, for the most common type of stroke, possible Table D or F with a flat extra/thousand of $5 for a period of years depending on time elapsed. Possible two-table credit with recent favorable coronary artery disease testing. More than one event is generally uninsurable.

TIA — Temporary disturbance in brain function caused by insufficient blood supply to parts of the brain. Brain function returns to normal within 24 hours.

Rating depends on the cause, age, the number of episodes and co-existing disease. Generally uninsurable for six months after a single episode or one year after a recurrent episode. Thereafter, possible Table C with a $5 flat extra/ thousand in the first year, tapering down to Standard after four years, for a single event. For multiple episodes, possible Table D with a $5 flat extra/thousand in the first year, tapering down to Table B after four years. Possible one-table credit with recent favorable coronary artery disease testing.

Ask your client for this information. Record as much information as your client can give you.

- Type of event? CVA? TIA? Both?
- If CVA, type? Bleeding? Blood clot?
- Number of events?
- Dates of events?
- Residuals, e.g., paralysis, slurring of speech, unsteady gait, double vision?
- Blood pressure history? Blood pressure under control with or without medication?
- Cholesterol under control with or without medication?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Brain hemorrhage at age 65; completely recovered; no residuals. On medication for high blood pressure; under control; on Lipitor for cholesterol.
- Blood clot in brain in 2003; still has slurred speech.
- TIA at age 60; double vision and slurred speech that went away in less than a day. No recurrence; complete recovery; BP and cholesterol under control with Monopril and Lipitor.

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

SLE is an autoimmune disorder in which the body produces antibodies that attack the body itself and cause inflammation that can occur anywhere in the body. Involvement of the brain, heart, kidney and lung are serious complications.

Risk is generally uninsurable if there is brain, heart, kidney or lung involvement.

Minimal — Age 20 or over, symptoms limited to skin, mouth, eyes, muscles, joints, not treated with immunosuppressants at any time may be Table D to Standard, depending on time since treatment stopped.

Mild — Any symptoms, low dose prednisone at any point, over one year since diagnosis, possible Table H to Table B at ages 20-49 or Table F to Standard at ages 50 and over, depending on time since diagnosis.

Ask your client for this information. Record as much information as your client can give you.

- Date of diagnosis?
- Description of symptoms?
- Medications used?
- Date medication last used?
- Brain, heart, kidney or lung problems?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- SLE diagnosed at age 18 due to butterfly rash; now on prednisone and Immuran; pericarditis at age 21 with complete recovery.
- SLE diagnosed 2001. In remission; no symptoms; no medication.
- SLE diagnosed age 65; on NSAIDS (nonsteroidal anti-inflammatory drugs); no complications.

VALVULAR HEART DISEASE

Disease of the heart valves can result in either a failure to open normally, impeding the flow of blood (stenosis), or failure to close normally, resulting in blood leaking backwards through the valve (regurgitation or insufficiency). Aortic stenosis and aortic regurgitation (or insufficiency) are the terms used when the aortic valve is affected. Mitral stenosis and mitral regurgitation (or insufficiency) are the terms used then the mitral valve is affected.

The ratings below apply when these conditions have not been surgically treated.

Aortic Insufficiency/Regurgitation (AI)—Ratings depend on severity and current age. Trivial AI is Standard at all ages and best classes may be available. At ages under 25, Mild AI is considered on an individual case basis. Moderate or Severe AI may not be considered. At ages 25 and over, ratings for Mild AI range from Table E to Standard, depending on age. Moderate AI may be Table H to Table B depending on age. Up to a three-table credit may be available to improve the rating, possibly to best classes. Severe AI may be considered on an individual case basis.

Aortic Stenosis (AS)—Ratings depend on severity and current age. Current age under 25 may be considered on an individual case basis when severity is Trivial or Mild. May not be considered if severity is moderate or severe. At ages 25 and over, ratings for Trivial AS range from Table B to Standard depending on age. Best classes possible at ages 65 and over. Mild AS may be Table E to Standard depending on age. Moderate AS may be Table J to Table B, depending on age. A one- or two- table credit may be available when the condition has been stable over 5 or 10 years. Severe AS is uninsurable.

Mitral Insufficiency/Regurgitation (MR)—Ratings depend on severity and current age. Trace or Slight MR may be Standard, and possibly best classes. Mild and Moderate MR may be considered at ages 15 and over. Ratings for Mild MR may range from Table C to Standard, depending on age. Best classes may be available at ages 70 and over without credits and with credits at ages 40 and over. Moderate MR may be considered from Table H to Table B, depending on age. With credits, best classes may be available at ages 70 and over. Moderate to severe MR may be considered at ages 40 and over at Table H to Table D, depending on age. Severe MR is uninsurable.

Ask your client for this information. Record as much information as your client can give you.

- Diagnosis?
- Severity?
- Symptoms (shortness of breath, chest pain, dizziness, etc.)?
- Type of treatment?
- Name and address of physician or health facility that will have the most complete records?

Examples:

- Mild AS; stable; no symptoms; no surgery.
- Moderate MR; shortness of breath at times; no surgery.

OTHER IMPAIRMENTS

It is not possible to list every impairment known to medicine. However, some general concepts do apply.

Ask your client for this information. Record as much information as your client can give you.

- Name of condition?
- Diagnosis?
- Date of diagnosis?
- Tests performed?
- Dates of tests?
- Test results?
- Type of treatment?
- Medications prescribed?
- Date treatment was completed?
- Any limitations in regular activities due to the impairment?
- Current condition?
- Name and address of physician or health facility that will have the most complete records?

HEIGHT/WEIGHT CHART

We are often asked to provide a tentative rating for overweight. The following tables should help you in deciding what to quote your client. The heights/weights given below apply to males and females, ages 16 and over. The weights shown are the highest weights for the indicated Table rating.

Heights appear in the first column. Weights go across the page, underneath the Class and Table ratings.

Height	Class and Table Ratings									
	Std	B	C	D	E	F	H	J	L	P
4′10″	196	207	218	227	236	246	253	262	272	293
4′11″	200	211	221	230	240	250	258	267	277	298
5′0″	204	215	226	236	245	254	263	272	282	303
5′1″	209	220	230	240	249	258	267	276	286	307
5′2″	213	224	234	244	253	262	271	280	290	311
5′3″	218	229	240	250	260	270	279	288	298	319
5′4″	224	235	246	257	267	277	287	296	306	327
5′5″	230	243	252	263	274	284	294	303	313	334
5′6″	236	247	258	269	280	291	301	310	320	341
5′7″	242	253	265	276	287	299	309	318	328	349
5′8″	249	261	273	284	295	307	317	326	336	357
5′9″	256	269	281	293	304	316	326	335	345	366
5′10″	263	276	288	300	312	323	334	344	354	375
5′11″	270	283	296	308	320	331	342	352	362	383
6′0″	278	291	304	316	328	339	350	360	370	391
6′1″	286	299	312	324	336	347	359	369	379	400
6′2″	294	307	320	332	344	355	368	378	388	409
6′3″	302	315	328	340	352	364	377	387	398	419
6′4″	310	315	328	340	352	373	386	396	406	427
6′5″	318	331	344	356	369	382	395	405	415	436
6′6″	325	339	352	364	378	391	404	414	424	445
6′7″	333	347	360	372	387	400	413	423	433	454
6′8″	341	355	368	381	396	409	422	432	442	463
6′9″	349	363	376	390	405	418	432	447	457	478
6′10″	357	371	384	399	414	427	437	457	467	488
6′11″	369	384	389	409	419	432	447	462	472	493

UNDERWRITING CREDITS MAY GET YOUR CLIENTS TO STANDARD

MetLife knows that not all your clients enjoy perfect health. Like you, however, we want them to have the best possible life insurance coverage at the best possible price. Your clients who have a history of certain impairments may qualify for MetLife's underwriting credits, regardless of face amount, product, age or table rating. Even smokers may be eligible.

Take a look at the following list to see some of the impairments that may be eligible for credits. These credits may help get your client's application to Standard.

Impairment	Credits may be available for
Alcohol Abuse	• Active participation in Alcoholics Anonymous or a similar organization two years or more.
Atrial Fibrillation	• A normal echocardiogram within the past year • For ages 50 and over, favorable cardiac catheterization or CT angiogram within the past four years or a normal treadmill electrocardiogram (EKG) and/or favorable Electron Beam Computerized Tomography (EBCT) within the past two years • Anticoagulation therapy • Stability over several years
Carotid Artery Disease	• For ages 55 and over, favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years
Build (Height and Weight)	• Favorable cardiac catheterization or CT angiogram within the past four years, or normal treadmill EKG and/or favorable EBCT within the past two years.
Cholesterol	• Favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years.
Coronary Artery Disease (CAD)	• A normal treadmill EKG within the past two years • Medications
Diabetes	• Optimal blood sugar control • Optimal blood pressure control • Optimal cholesterol control
EBCT (Electron Beam Computerized Tomography)	• A normal treadmill EKG within the past two years
EKG Abnormalities	• A normal echocardiogram within the past year • For ages 50 and over, favorable cardiac catheterization or CT angiogram within the past four years or normal treadmill EKG and/or favorable EBCT within the past two years. • Stability over several years
Elevated Liver Enzymes	• Favorable results of liver evaluation done by personal physician
Hypertension	• A normal EKG or echocardiogram within the past year • An optimal cholesterol ratio
Valvular Heart Disease	• Stable echocardiograms over several years

UNINSURABLE CONDITIONS — TRADITIONAL UNDERWRITING

The following relatively commonly encountered conditions are generally uninsurable. This is not a complete list of uninsurable conditions. Uninsurable conditions that rarely occur are not included. Also, as noted in the previous pages, conditions that are eventually insurable may be uninsurable for a period of time after diagnosis and treatment.

- Acquired immune deficiency syndrome (AIDS)
- Alzheimer's disease, senile dementia
- Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease
- Cystic fibrosis, except for very mild disease diagnosed in adulthood with limited symptoms
- Dialysis (current)
- Huntington's disease (personal history)
- Muscular dystrophy, Duchenne type

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