

Critical Illness Insurance
Field Reference Guide

Mutual of Omaha
Companies

Mutual of Omaha Insurance Company
The Product Is Only As Good As Its Guarantor.

M21495

Critical Illness Insurance is underwritten by Mutual of Omaha Insurance Company.

Table of Contents

Topic	See Page
Underwriting Rules	3
Uninsurable Conditions	5
Family History Guidelines	6
Height, Weight and Age Table	7
Occupations	8
Precision Underwriting Requirements	8
Precision Underwriting Tips	10
Glossary of Critical Illness Conditions & Terms	11
Alzheimer's Disease	11
Blindness	11
Cancer	12
First Carcinoma in Situ	12
Life-Threatening	12
Deafness	14
Diagnosis	14
Date of Diagnosis	15
Clinical Diagnosis	16
Pathological Diagnosis	16
Heart Disease	17
Angioplasty	17
Bypass Surgery	17
Heart Attack	17
Legally Qualified Physician	18
Major Organ Transplant	18
Multiple Sclerosis	19
Paralysis	20
Renal (Kidney) Failure	20
Stroke	21

Underwriting Rules

Introduction: Your importance in the underwriting process cannot be overemphasized. The job you do affects your client's feeling toward you and the Companies, and it can affect the availability of this type of insurance at an affordable price.

Issue Ages: ages 20 - 64

Couples:

If	then use policy form	with the annual policy fee of
both husband and wife are issued	CI1 (one per policy)	\$25 per policy
one spouse is issued	CI	\$50

Precision Underwriting A Precision Underwriting interview will be completed on each application.

Underwriting Outcomes Critical Illness insurance is fully underwritten and issued as:

- Standard
- Substandard with rate-up, or
- Some elimination riders (i.e. deafness and blindness)
- Declined

Benefit Amounts Benefits are purchased:

- in increments of \$1,000
- with a \$25,000 minimum benefit, and a
- \$750,000 maximum benefit (all sources).

Application Use the currently approved CI application.

Modes The premium modes for Critical Illness insurance are the following:

- Annual
- Semiannual
- Quarterly
- BSP

Regular monthly mode is NOT available.

Riders The following riders may be used where approved:

- 0HA5M Disability Benefit Rider,
- 0HA6M Accidental Death and Dismemberment Benefits Rider

The premium payor rider may not be used.

**DI Benefit
Rider (0HA5M)**

This rider may be added to both new and inforce CI/CI1 policies (or state equivalent). An applicant may not use this rider in order to replace an existing disability or income replacement plan. The applicant also must be employed at least 30 hours per week.

**Issue
Exceptions**

CI/CI1 may not be issued:

- in addition to any existing critical illness coverage with Mutual of Omaha
- to persons on Medicare or Medicaid.

Underwriting Rules - Medical Conditions

Consideration

The following list of medical conditions can be utilized to help you determine the insurability of some of your clients. Conditions not listed, multiple medical conditions, or the use of multiple medications will be evaluated by our Underwriting Department to determine insurability.

**Benign Breast
Disorders**

- Fibrocystic disease diagnosed within 2 years and no biopsy – **+50**
- Breast disorders that include a biopsy (pathology report required) – **Insurability and rating based upon pathology report**

**Papanicolaou (PAP)
or Cervical Smears**

- Class 1 PAP – **Standard**
- Class 2 through 4 PAP within 2 years – **Postpone**
- Class 2 through 4 PAP after 2 years and with current class 1 PAP – **Standard**
- Class 5 PAP – **Decline**

Diabetes Mellitus

- Insulin Dependent (IDDM) – **Decline**
- Non-insulin dependent (NIDDM) requires that the following conditions be met:
 1. controlled If conditions met:
 2. diagnosed over 1 year ago age 36-45 - **+100**
 3. documented medical supervision age 46-55 - **+75**
 4. over age 35 when diagnosed over age 55 - **+50**
 5. no other significant health problems or diabetic complications
 6. nontobacco user
- Without control or with complications or cardiovascular disease or under age 35 when diagnosed – Decline

Serum Cholesterol

- Readings < 270 and total cholesterol to HDL cholesterol ratio < 6 – **Standard**
- Readings 271 through 300 – **+50***
- Readings > 300 – **final rating based upon applicant's age and actual readings***

*Note: Abnormal total cholesterol to HDL cholesterol ratios or tobacco use can lead to higher substandard ratings or even decline.

Uninsurable Conditions

Overview

Because of the nature of Critical Illness insurance, certain medical conditions will cause an individual to be ineligible for coverage.

Uninsurable Conditions

If a person has or **ever** has had any of the following medical conditions, he or she is **NOT** eligible for Critical Illness coverage. This list is **NOT** all inclusive, but does include many of the unacceptable health problems you may encounter.

- | | | |
|---|--|----------------------------------|
| 1. AIDS, HIV+* | 9. Congestive Heart Failure | 17. Major Organ Transplant |
| 2. Alcohol or Drug Abuse (treatment within 5 years) | 10. Coronary Artery Bypass | 18. Multiple Sclerosis |
| 3. Alzheimer's Disease | 11. Cystic Fibrosis | 19. Muscular Dystrophy |
| 4. Angina | 12. Heart Attack | 20. Permanent Paralysis |
| 5. Angioplasty | 13. Hepatitis C | 21. Polycystic Kidney Disease |
| 6. Cancer (does not include skin cancer) | 14. Huntington's Chorea | 22. Stroke |
| 7. Cardiomyopathy | 15. Insulin Dependent or Uncontrolled Diabetes | 23. Systemic Lupus Erythematosus |
| 8. Chronic Kidney Disease | 16. Kidney Failure | |

*see state special guidelines for California

Family History Guidelines

Overview

Family history can affect an applicant's eligibility or rating for Critical Illness coverage. Use the following information as guidelines in qualifying an applicant with a significant family history.

NOTE: The following examples represent the most frequent family history scenarios. The table is not intended to represent the only situations where underwriting action would be taken due to family history.

Family History

Family history includes notable health history on any first-degree relative. A first-degree relative is either:

- a natural parent, or
- a natural brother or sister.

If	and	were diagnosed with	then coverage is
a female applicant is under age 50	two or more of her first-degree relatives	breast cancer under age 50,	declined.
a female applicant is age 50 and over	two or more of her first-degree relatives	breast cancer under age 50,	issued on a substandard basis.
an applicant is under age 45	two or more first-degree relatives	colo-rectal cancer before age 60,	declined.
an applicant is age 45 and older	two or more first-degree relatives	colo-rectal cancer before age 60,	issued on a substandard basis.
an applicant	two or more first-degree relatives	other cancers, heart disease or kidney disease before age 65,	issued on a substandard basis.
an applicant	one first degree Relative	breast cancer or colon cancer or heart disease prior to age 65	subject to possible substandard rating depending upon the age of the first degree relative at the time of diagnosis and the applicant's current age.

Substandard Ratings

The Critical Illness underwriter will determine any final, substandard rating by using the:

- application
- interview, and
- other requirements needed.

Address any specific questions to the Underwriting Department.

Height/Weight/Age Table

Use the following table in the underwriting process to determine standard and sub-standard rates, or decline for Critical Illness insurance coverage.

Ages											
<55	+25 up	Std	+25	+50	+50	+100	+100	+150	+150	D	D
≥55	+25 up	Std	+25	+25	+50	+50	+100	+100	+150	+150	D
4' 8"	<94	94-144	145-163	164-175	176-188	189-199	200-208	209-218	219-229	230-242	243 + over
9	<96	96-147	148-166	167-179	180-192	193-203	204-213	214-223	224-234	235-248	249 "
10	<98	98-151	152-170	171-183	184-197	198-209	210-218	219-228	229-239	240-254	255 "
11	<100	100-154	155-174	175-188	189-201	202-213	214-223	224-233	234-245	246-260	261 "
5' 0"	<103	103-158	159-178	179-192	193-206	207-217	218-228	229-238	239-251	252-266	267 "
5' 1"	<105	105-161	162-182	183-196	197-210	211-222	223-232	233-242	243-255	256-270	271 "
2	<107	107-164	165-186	187-200	201-215	216-227	228-237	238-247	248-259	260-274	275 "
3	<110	110-169	170-191	192-206	207-221	222-232	233-242	243-252	253-264	265-281	282 "
4	<113	113-174	175-196	197-211	212-227	228-238	239-247	248-257	258-270	271-287	288 "
5	<116	116-178	179-201	202-217	218-233	234-244	245-253	254-264	265-276	277-293	294 "
5' 6"	<120	120-184	185-208	209-224	225-240	241-252	253-261	262-270	271-282	283-299	300 "
7	<123	123-189	190-213	214-230	231-246	247-258	259-267	268-276	277-288	289-307	308 "
8	<126	126-193	194-218	219-235	236-252	253-264	265-274	275-282	283-295	296-312	313 "
9	<129	129-198	199-223	224-241	242-258	259-270	271-280	281-289	290-301	302-319	320 "
10	<132	132-202	203-230	231-246	247-264	265-277	278-287	288-295	296-308	309-325	326 "
11	<137	137-209	210-237	238-255	256-273	274-286	287-296	297-304	305-316	317-334	335 "
6' 0"	<140	140-215	216-243	244-262	263-281	282-294	295-304	305-312	313-326	327-345	346 "
1	<143	143-220	221-248	249-267	268-287	288-301	302-311	312-321	322-334	335-351	352 "
2	<147	147-225	226-255	256-274	275-294	295-309	310-319	320-328	329-341	342-359	360 "
3	<151	151-231	232-261	262-281	282-302	303-317	318-328	329-337	338-349	350-368	369 "
4	<155	155-238	239-269	270-290	291-311	312-326	327-336	337-344	345-358	359-377	378 "
5	<160	160-245	246-277	278-298	299-320	321-333	334-343	344-352	353-366	367-386	387 "
6	<164	164-252	253-285	286-307	308-329	330-342	343-351	352-361	362-374	375-396	397 "

Occupations

CI/CI1

Most occupations will be considered standard for the Critical Illness product. The following occupations, however, are examples of “risky” occupations and would normally be ineligible for Critical Illness coverage:

- Asbestos Workers
- Underground Miners
- Commercial Divers
- Deep Sea Fishermen
- Bartenders

AD &D Benefit Rider (0HA6M)

Certain occupational classes which are usually characterized by the existence of significant injury hazard, extreme physical demands, unfavorable working conditions, or unstable employment are usually ineligible for this rider.

The following occupations are examples of such occupations which would be ineligible for the AD&D rider (0HA6M):

- Professional Athletes – Boxers/Jockeys
- Blasters & Explosive Handlers
- Structural Workers – Iron Workers
- Sky Divers
- Mountain Climbers
- Racing Drivers
- Underground Workers
- Underwater Workers

Precision Underwriting Requirements

Precision Underwriting Process

Use the precision underwriting process with the individual Critical Illness product. You:

- complete the application
- collect the premium amount
- determine and execute the necessary testing procedures (oral fluid, blood & urine, paramed, etc.), and
- contact the underwriter.

Indicate all the initiated or completed underwriting requirements on the submission checklist.

Precision Underwriting Requirements

The following table provides valuable information on the procedures required for applicants according to both age and coverage amount:

Age	to \$99,000	\$100,000 to \$199,000	\$200,000 to \$499,000	\$500,000 to \$750,000
20 – 40	Interview †Oral Fluid	Interview *Physical Data *Blood & Urine	Interview *Paramed *Blood & Urine	Interview Paramed Blood & Urine
41 – 50	Interview †Oral Fluid	Interview Physical Data *Blood & Urine	Interview *Paramed *Blood & Urine	Interview Paramed Blood & Urine
51 – 60	Interview †Oral Fluid	Interview Physical Data *Blood & Urine	Interview *Paramed *Blood & Urine	Interview M.D. Exam EKG
61 – 64	Interview *Paramed *Blood & Urine	Interview *M.D. Exam *Blood & Urine EKG	Interview M.D. Exam Blood & Urine EKG	Interview M.D. Exam Blood & Urine TEKG 2 - View X-ray if smoker

†In CA and VT, Oral Fluid Testing is not allowed. For ages 20-60 and amounts up to \$99,000, a Blood & Urine test must be arranged through an approved paramedical vendor.

* This requirement may be waived if medical records are available within 12 months of an M.D. visit which included a blood and urine analysis and physical data.

Interview – A complete detailed precision underwriting phone interview

Oral Fluid – Agent collected oral fluid test

Blood & Urine – A blood and urine collection by an approved paramedical vendor

Physical Data – Hgt/Wgt, blood pressure and pulse recorded on lab ID slip by paramed

Paramed – A long form paramedical exam (form L2-9-88)

M.D. Exam – M.D. completed exam (specializing in internal medicine) on form L2-9-88

EKG – Electrocardiogram

TEKG – Treadmill Electrocardiogram

2 View X-ray – PA and lateral view chest X-ray (if smoker)

Precision Underwriting Tips

Overview Precision Underwriting recognizes that no two people are alike. You thoroughly prepare the client for a one-on-one dialogue with the Home Office Health Profiler who gathers the pertinent health information.

Tips for Best Results Take the following steps for the best Precision Underwriting results:

Step	Action
1	Complete and sign the application.
2	Share “The Importance of an Accurate Health History” with the client.
3	Orient the client to the health profile interview. Advise the client that the interview will be recorded.
4	Ask the client to gather his or her doctor and medication information.
5	Collect the oral fluid if necessary — a critical piece of the health profile. (see instructions)
6	Call the Health Profiler and greet him or her in a warm and friendly manner.
7	Hand the phone to the client to begin the health profile interview and leave the room to allow the client complete privacy.

Completing a Health Profile Call PAL 1-800-775-3000 and select the health profile option.

- 8:00 a.m. – 10:30 p.m. Central Time Monday – Thursday, and
- 8:00 a.m. – 5:00 p.m. Central Time Friday.

Glossary

Alzheimer's Disease

Policy Definition

Alzheimer's Disease means a progressive degenerative disease of the brain. In order to meet the definition of Alzheimer's Disease, the Diagnosis must be supported by medical evidence that the insured exhibits the loss of intellectual capacity resulting in impairment of memory and judgment. This impairment results in a significant reduction in mental and social functioning, such that the insured requires permanent daily personal supervision and is unable to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence. No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Alzheimer's Disease, nor will they be considered a Critical Illness Insured Condition. In order for Alzheimer's Disease to be covered under this policy, the Legally Qualified Physician making the Diagnosis of Alzheimer's Disease must be a board certified neurologist.

Practical Interpretation

Alzheimer's Disease is a progressive degenerative brain disease characterized by memory loss and loss of judgement resulting in a significant reduction in mental and social functions. To receive policy benefits, the insured must require permanent daily supervision and be unable to perform three or more activities of daily living.

Critical Illness for Alzheimer's Disease when a neurologist diagnoses the insured with the Insurance Plan Pays

advanced stage of Alzheimer's in which he/she:

- requires permanent daily supervision, and
- cannot do three or more of these activities of daily living without help:
 1. move in or out of a bed or chair (transferring)
 2. dress
 3. bathe
 4. feed
 5. use the toilet
 6. control the bladder.

Blindness

Policy Definition

Blindness means the permanent and uncorrectable loss of sight in both eyes. In order for the Diagnosis of Blindness to be covered under this policy, the insured's corrected visual acuity must be worse than 20/200 in both eyes or the insured's field of vision must be less than 20 degrees in both eyes. The Legally Qualified Physician making the Diagnosis of Blindness must be a board certified ophthalmologist.

Practical Interpretation To receive benefits, an ophthalmologist must diagnose Blindness as permanent in both eyes and despite corrective lenses, the vision cannot be improved beyond 20/200. Diabetes, an accident, or a disease can cause Blindness, which can be of sudden or gradual onset.

Critical Illness Insurance Plan Pays for Blindness when an ophthalmologist confirms the insured's:

- vision cannot be corrected to better than 20/200 in both eyes, or
- field of vision must be less than 20 degrees in both eyes.

Cancer

First Carcinoma in Situ

Policy Definition First Carcinoma in Situ means the first Diagnosis of cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This does not include skin cancer. First Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Practical Interpretation First Carcinoma in Situ is a condition in which malignant cells have the potential to invade and metastasize, but have not done so yet.

Exception:

- skin cancer

Limitation:

First Carcinoma in Situ is not covered if, within 30 days following the policy issue date or the last reinstatement date, the insured:

- is first Diagnosed with First Carcinoma in Situ, or
- has symptoms or medical problems which result in a First Carcinoma in Situ Diagnosis.

Critical Illness Insurance Plan Pays for First Carcinoma in Situ when the insured's cancer tumor is:

- malignant
- located only in its original part of the body (has not spread), and
- pathologically or clinically diagnosed (see Diagnosis).

Life-Threatening Cancer

Policy Definition Life-Threatening Cancer means a malignant neoplasm (including hematologic malignancy), which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. The following types of cancer are not considered a Life-

Threatening Cancer: early prostate cancer diagnosed as T1N0M0 or equivalent staging; First Carcinoma in Situ; pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps; any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers. Life-Threatening Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis.

**Practical
Interpretation**

Life-Threatening Cancer is an uncontrolled growth of abnormal cells that invade healthy tissue. These growths are called malignant tumors and if untreated, can interfere with normal body functions and ultimately cause death.

Life-Threatening Cancer includes but is not limited to these cancers:

- lung
- breast
- colon
- leukemia, lymphoma
- prostate (except as described on the next page)
- bone
- kidney
- bladder
- invasive malignant skin cancer (melanoma in the dermis or deeper), and
- skin malignancies that have become life threatening.

Exceptions:

- early prostate cancer diagnosed as a tumor (T1N0M0) or equivalent staging
- First Carcinoma in Situ
- pre-malignant lesions, benign or pre-malignant tumors, or polyps, and
- any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers.

Limitation:

Life-Threatening Cancer is not covered if, within 30 days following the policy issue date or the last reinstatement date, the insured:

- is first Diagnosed with Life-Threatening Cancer, or
- has shown symptoms or medical problems which result in a Life-Threatening Cancer Diagnosis.

**Critical Illness
Insurance Plan Pays**

for Life-Threatening Cancer when the insured's cancer is:

- malignant
- growing uncontrollably outside its original area, and
- pathologically or clinically diagnosed (see Diagnosis).

Deafness

**Policy
Definition**

Deafness means a permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels in each ear. For Deafness to be covered under this policy, the Legally Qualified Physician making the Diagnosis of Deafness must be a board certified otolaryngologist.

**Practical
Interpretation**

Hearing tests confirm that hearing loss is permanent in both ears.

**Critical Illness
Insurance Plan Pays**

for Deafness when a doctor confirms:

- the insured's hearing loss is permanent in both ears.

Diagnosis

**Policy
Definition**

Diagnosis means the definitive establishment of the Critical Illness Insured Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is also a board certified specialist where required under this policy.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Diagnosis includes the performance of the surgical treatment as defined in this policy.

In the case of a Major Organ Transplant, the Diagnosis includes Mutual of Omaha verification that the insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

A Legally Qualified Physician (and board-certified specialist where required) uses clinical and/or laboratory tests to conclude that the insured has a Critical Illness condition.

For	diagnosis includes
First Coronary Angioplasty First Coronary Artery Bypass Surgery	surgery as defined in policy
Major Organ Transplant	verification that the insured is registered with the United Network of Organ Sharing (UNOS).

Date of Diagnosis

Policy Definition

Date of Diagnosis means the date the Diagnosis is established by a Legally Qualified Physician, who is also a board certified specialist where required under this policy, through the use of clinical and/or laboratory findings as supported by the insured’s medical records.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Date of Diagnosis is the date of the performance of the surgical treatment as defined in this policy.

In the case of a Major Organ Transplant, the Date of Diagnosis is the date that the Insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

The date a Legally Qualified Physician (and board-certified specialist where required) confirms through clinical and/or laboratory tests that the insured has a Critical Illness condition.

For	the Date of Diagnosis is the date
First Coronary Angioplasty First Coronary Artery Bypass Surgery	of surgery as defined in the policy.
Major Organ Transplant	the insured is registered with the United Network of Organ Sharing (UNOS).

Clinical Diagnosis

**Policy
Definition**

Clinical Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on the study of symptoms and diagnostic test results. Mutual of Omaha will accept a Clinical Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ only if the following conditions are met:

- (a) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Legally Qualified Physician is treating the insured for Life-Threatening Cancer and/or First Carcinoma in Situ.

**Practical
Interpretation**

Type of Diagnosis	Conditions
Clinical	<ul style="list-style-type: none"> • a physician who is treating the insured for cancer studies symptoms and diagnostic test results • a Pathological Diagnosis is medically inappropriate or life - threatening and • medical evidence supports the diagnosis.

Pathological Diagnosis

**Policy
Definition**

Pathological Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is also a board certified pathologist and whose Diagnosis of malignancy conforms with the standards set by the American College of Pathology.

**Practical
Interpretation**

Type of Diagnosis	Conditions
Pathological	<ul style="list-style-type: none"> • a pathologist studies fixed tissue or blood under a microscope, and • the diagnosis meets American College of Pathology standards.

Heart Disease

Angioplasty

Policy Definition First Coronary Angioplasty (surgical treatment) means the first-ever balloon angioplasty or other forms of catheter based percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries, performed by a Legally Qualified Physician who is also a board certified cardiologist.

Practical Interpretation Coronary Angioplasty is a procedure to open blocked arteries on the heart's surface that supply blood to the heart muscle. A balloon or other device reduces the blockage within the artery and restores more normal blood flow. A cardiologist (heart specialist) performs this procedure.

Critical Illness Insurance Plan Pays for First-Ever Coronary Angioplasty when a cardiologist:

- opens the insured's blocked or narrowing artery(ies) with a balloon or other device to restore normal blood flow.

Bypass Surgery

Policy Definition First Coronary Artery Bypass Surgery (surgical treatment) means the first-ever coronary artery revascularization surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a Legally Qualified Physician who is a board certified cardiothoracic surgeon.

Practical Interpretation First Coronary Artery Bypass Surgery is a surgical operation to restore more normal blood flow to the heart muscle. A cardiothoracic surgeon bypasses blocked arteries using a portion of an artery from the chest wall or a segment of vein from the leg. This requires opening the chest and connecting the patient to a heart-lung machine during the operation.

Critical Illness Insurance Plan Pays for First-Ever Coronary Artery Bypass Surgery (surgical treatment) when a

- cardiothoracic surgeon: places a healthy artery and/or vein segment(s) around the insured's blocked artery(ies).

Heart Attack

Policy Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the Diagnosis of Heart Attack (Myocardial Infarction) must be based upon both:

1. new electrocardiographic changes consistent with and supporting a Diagnosis of Heart Attack (Myocardial Infarction), and
2. a concurrent diagnostic elevation of cardiac enzymes.

Practical Interpretation A heart attack occurs when the blood supply to a portion of the heart’s muscle is blocked resulting in permanent tissue death and scarring. The Diagnosis is based upon new changes on the electrocardiographic (ECG or EKG) and affirmative blood tests.

Critical Illness Insurance Plan Pays for a Heart Attack when the insured’s:

- heart’s blood supply is blocked
- heart has permanent tissue death and scarring, and
- diagnosis is based on new changes on the electrocardiogram (ECG or EKG) and blood tests.

Legally Qualified Physician

Policy Definition Legally Qualified Physician means a person, other than the insured or the Owner, a member of the insured’s or the Owner’s immediate family, or a business associate of the insured or Owner, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required under this policy.

Practical Interpretation A Legally Qualified Physician:

is	<ul style="list-style-type: none"> • licensed and practicing medicine in the United States • legally qualified to diagnose and treat sickness and injuries • providing services within the scope of his or her license, and • a board certified specialist where required under this policy.
is not	<ul style="list-style-type: none"> • the insured or the person or entity the insured assigns as owner • a member of the insured’s or owner’s immediate family, or • the insured’s or owner’s business associate.

Major Organ Transplant

Policy Definition Major Organ Transplant means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the insured to be replaced with the organ(s) or tissue from a suitable donor under generally accepted medical procedures. Those organs or tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the insured's Major Organ Transplant to be covered under this policy, the insured must also be registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation A Major Organ Transplant is a surgical procedure to replace the recipient's malfunctioning organ or tissue with an organ or tissue from a suitable donor. The insured must be registered by the United Network of Organ Sharing.

The following organs or tissues are covered:

- liver
- small intestine
- kidney
- pancreas
- lung
- pancreas-kidney
- entire heart
- bone marrow

Critical Illness Insurance Plan Pays for a Major Organ Transplant when:

- there is clinical evidence a major organ has failed
- the insured's malfunctioning organ(s) or tissue must be replaced with a suitable donor's organ(s) or tissue, and
- the insured is registered with the United Network of Organ Sharing.

Multiple Sclerosis

Policy Definition Multiple Sclerosis (MS) means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under this policy, a Legally Qualified Physician who is a board certified neurologist must make a definitive Diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques.

Practical Interpretation MS is a condition of the nervous system that is commonly progressive and results in multiple and varied nervous symptoms. These may be intermittent and follow a course that alternates from very active to non-existent. A neurologist's diagnosis is based upon abnormal symptoms and physical exam findings. Modern X-ray imaging may also be used to confirm the diagnostic impression.

Neurological symptoms include:

- numbness and tingling in the hand or arm
- loss of vision in one eye
- weakness in the leg with difficulty walking, and
- double vision.

Critical Illness Insurance Plan Pays for Multiple Sclerosis when the insured has:

- at least two episodes of abnormal neurological symptoms, and
- lesions in more than one place in the central nervous system.

Paralysis

Policy Definition Paralysis means the complete and permanent loss of the use of two or more limbs through neurological injury confirmed to have been present for a continuous period of at least 180 days by a Legally Qualified Physician who is a board certified neurologist. A limb means an arm or leg of the insured.

Practical Interpretation Paralysis is the complete and permanent loss of the use of two or more limbs from an injury to the nervous system. Accidents and strokes are the most common causes. To clarify the extent of permanent paralysis, a longer waiting period is necessary before benefits are paid.

Critical Illness Insurance Plan Pays for Paralysis when the insured cannot use two or more limbs:

- completely and permanently
- from an injury to the nervous system, and
- for at least 180 days in a row.

Renal Failure

Policy Definition Renal Failure means the chronic irreversible failure of both of the kidneys (end-stage renal disease), which requires treatment with regular dialysis. In order for Renal Failure to be covered under this policy, the Diagnosis of Renal Failure must be made by a Legally Qualified Physician who is a board certified nephrologist.

Practical Interpretation Renal Failure requires regular dialysis to cleanse the body of naturally-produced waste products.

Critical Illness Insurance Plan Pays for Renal Failure when:

- the insured's kidneys permanently fail, and
- the insured requires regular dialysis.

Stroke

Policy Definition

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Practical Interpretation

Stroke affects the blood vessels supplying blood to the brain. It is also sometimes called “brain attack.” A stroke occurs when a blood vessel bringing oxygen and nutrients to the brain bursts or is clogged by a blood clot or some other particle. Because of this rupture or blockage, part of the brain doesn’t get the flow of blood it needs. A warning sign of a potential stroke, TIA is not covered by Critical Illness insurance.

Exceptions:

- Transient Ischemic Attack (TIA), and
- other cerebral vascular events.

Critical Illness Insurance Plan Pays

for a Stroke when:

- a blood vessel ruptures in the brain, or
- a blood clot blocks blood flow through the brain, and
- the neurological injury lasts for at least 30 days.