LIFE INSURANCE | DISABILITY INSURANCE | LONG-TERM CARE INSURANCE

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DIABETES GUIDELINES

| CARRIER | TYPE 1 | TYPE 2 |
|------------------------|---|---|
| AlG | Best Case: Excellent Control (A1C below 7), no complications: 125% if onset above age 50 Typical Case: Average control (A1C around 7.5%), no complications: 150% if onset below age 30 Worst Case: Complications, poor control: Decline | Best Case: Excellent Control (A1C below 7), no complications: STD if onset above age 50 Typical Case: Average control (A1C +/- 7.5%), no complications: STD - 200% if onset above age 30 Worst Case: Complications, poor control: Decline |
| Equitable | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario |
| F & G Annuities & Life | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario |
| Foresters Financial | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario |
| Global Atlantic | If complications present (i.e.amputation, end stage kidney or vascular disease, etc.) - Automatic Declines All looked at on a case-by-case basis. Diabetes is rated based on if it is Type 1 or Type 2. We also look at control of the diabetes by averaging the last 6 months of A1C readings. Two Major factors are the applicants age and how long they have had diabetes. | If complications present (i.e.amputation, end stage kidney or vascular disease, etc.) - Automatic Declines All looked at on a case-by-case basis. Diabetes is rated based on if it is Type 1 or Type 2. We also look at control of the diabetes by averaging the last 6 months of A1C readings. Two Major factors are the applicants age and how long they have had diabetes. |
| John Hancock | Best Case: Excellent Control (A1C below 7), no complications: 150% if onset above age 50 Typical Case: 200% depending on the age and control Worst Case: Complications, poor control: Decline | Best Case: Standard Plus if age 50 and over, excellent control, no complications and treated by diet and or oral medication only (PFD if over age 60) Typical Case: Standard - 150% Worst Case: Complications, poor control: Decline |
| Legal and General | We look for the best possible impaired risk for clients with type 1 diabetes. Depending on each case, clients can be anywhere from a STD Plus to a Decline. | Clients with controlled diabetes - STD Plus consideration for Best Case |
| Lincoln Financial | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario |
| Mass Mutual | Best Case: Excellent Control (A1C below 7), no complications: 125% if onset above age 50 Typical Case: Average control (A1C around 7.5%), no complications: 150% if onset below age 30 Worst Case: Complications, poor control: Decline | Best Case: Excellent Control (A1C below 7), no complications: STD if onset above age 50 Typical Case: Average control (A1C +/- 7.5%), no complications: STD - 200% if onset above age 30 Worst Case: Complications, poor control: Decline |
| Mutual of Omaha | Over age 20 - Table B - Decline All Products: Factors include current age, age of diagnosis, level of control, associated complications. | Over age 20 - STD - Decline All Products: Factors include current age, age of diagnosis, level of control, associated complications. |
| Nationwide | Best Case: Excellent Control (A1C below 7), no complications: 125% if onset above age 50 Typical Case: Average control (A1C around 7.5%), no complications: 150% if onset below age 30 Worst Case: Complications, poor control: Decline | Best Case: Excellent Control (A1C below 7), no complications: STD if onset above age 50 Typical Case: Average control (A1C +/- 7.5%), no complications: STD - 200% if onset above age 30 Worst Case: Complications, poor control: Decline |
| New York Life | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario. |
| North American | Underwritten case by case looking at age of onset, treatment, degree of control and complications. | Underwritten case by case looking at age of onset, treatment, degree of control and complications. |
| Principal | Follow Swiss Re Guidelines | Follow Swiss Re Guidelines |
| Protective | Follow Swiss Re and Hannover Re manuals | Follow Swiss Re and Hannover Re manuals |
| Prudential | Best Case: Excellent Control (A1C below 7), no complications: 150% if onset above age 50 Typical Case: 200% depending on the age and control Worst Case: Complications, poor control: Decline | Best Case: STD Plus if age 50 and over, excellent control, no complications and treated by diet and or oral medication only Typical Case: STD - 150% Worst Case: Complications, poor control: Decline |
| Sagicor | Prior to age 50 on accelerwriting cases are a decline Fully underwritten Standard to Table 8 | Prior to age 50 on accelerwriting cases are a decline Fully underwritten Standard to Table 8 |
| Securian Financial | Swiss Re guidelines used for basic diabetes guidelines | Swiss Re guidelines used for basic diabetes guidelines |
| Symetra | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario. |
| Transamerica | Diabetics are reviewed on a case by case scenario. | Diabetics are reviewed on a case by case scenario. |
| Zurich | Offer depends on age, duration, control etc. No better than Standard. | Offer depends on age, duration, control etc. No better than Standard under age 70. Possible std plus or preferred over age 70 if recent diagnosis and well controlled with no other associated conditions. |