LIFE

UNDERWRITING

John Hancock INSURANCE

Field Underwriting Guide

YOUR GUIDE TO UNDERWRITING IMPAIRMENTS

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INTRODUCTION

This Field Underwriting Guide is designed to provide you with a comprehensive reference tool to life insurance underwriting at John Hancock. The guide is organized into two sections:

Part I
Underwriting Guidelines

Provides details about vendors, as well as insight into John Hancock's smoking definitions, build ratings, and financial underwriting guidelines.

Part II
Impairment Guide

Provides information your John Hancock underwriter will need up front to assess specific medical and non-medical risks as well as factors that will impact the decision.

For further guidance in field underwriting, please also look for the following flyers on your John Hancock producer website:

- **Best Class Underwriting Criteria for Permanent and Term Products**
- **Routine Underwriting Guidelines**

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Information is current as of date of publication, but details can change at any time. To ensure you are seeing the latest information, talk to your John Hancock underwriter or check the interactive Field Underwriting Guide on John Hancock's producer website.

If you have any questions, please contact your John Hancock underwriter. Also check our interactive Field Underwriting Guide on your John Hancock producer website for information that is always current.

Part I – Underwriting Guidelines



Approved Vendors

The following are John Hancock's approved vendors for fulfilling medical requirements associated with life insurance applications. Please also note payment guidelines, and answers to questions we typically receive about this topic.

EXAMINATION VENDORS	**APPS**	800-727-2101 or appslive.com
	EMSI	800-872-3674
	ExamOne	800-768-2056 or examone.com
	Superior Mobile Medics	800-898-3926
APS VENDORS	**EMSI**	800-530-0560
	ExamOne	800-768-2056 or examone.com
	Express Imaging Services, Inc.	1-888-846-8804
	Jetstream APS	310-826-3759, ext. 229 or jetstreamaps.com
	Parameds.com	parameds.com
	ReleasePoint (WFI Inc.)	800-999-9589 or releasepoint.com

FREQUENTLY ASKED QUESTIONS

1. Will John Hancock pay for medical requirement fulfillment services arranged by a firm or producer?

Yes, we will pay for such services if the following two conditions are met:

- The requirements are ordered to meet our underwriting guidelines, and
- The requirements have been received in connection with the underwriting of a formal John Hancock life insurance application.

NOTE: John Hancock will make direct payments only to the medical requirement fulfillment vendors that are contracted with John Hancock and included on the list of approved vendors above. **See question #3** for more information on reimbursement guidelines.

2. Will an approved vendor share a copy of the APS with the firm or producer ordering the APS?

Yes, an approved vendor will share a copy of the APS as long as the ordering producer or firm supplies the vendor with its own HIPAA authorization form (signed by the proposed insured) that gives the vendor permission to release the medical records to the producer or firm.

3. Will John Hancock reimburse a producer or firm for APS fees?

As noted in question #1, John Hancock will pay for underwriting requirements that are required by us and have been received in connection with the underwriting of a formal John Hancock life insurance application.

However, please note the following:

- Producers or firms that choose to use a medical requirement fulfillment vendor that is not one of our approved vendors will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of APS fees associated with medical requirements arranged by a producer or firm from a non-approved vendor, we will reimburse the producer or firm for such expense, subject to rates and standards deemed acceptable by John Hancock.

4. Will John Hancock accept a paramedical exam from a non-approved vendor?

As noted in question #1, John Hancock will pay for underwriting requirements that are required by us and have been received in connection with the underwriting of a formal John Hancock life insurance application.

5. How should a reimbursement request be submitted?

Submit your requests for reimbursements by completing *Request for Reimbursement – Medical Fees*. If this is your first reimbursement request, please also provide a completed W-9 form.

Submit reimbursement requests via mail or email:

MAIL:
Medical Fee Department
John Hancock Life Insurance Company
27 Drydock Avenue
Boston, MA 02210-2377

EMAIL:
medfees@jhancock.com

Most reimbursement requests are processed within 30 days from the time we receive the request, formal application and medical requirements.

Please note that payments to individual producers (non-incorporated entities) are subject to information reporting under IRS section 6041, and a separate 1099-MISC will be issued for these reimbursed fees. This 1099-MISC will be in addition to the 1099-MISC a producer receives for other compensation from John Hancock. Although we must report the reimbursements as gross income to the producer, a producer may be able to take a business expense deduction for the fees paid to providers. Producers should consult their own tax advisors.

IMPORTANT PAYMENT GUIDELINES

- **John Hancock will make direct payments only to the medical requirement fulfillment vendors that are contracted with John Hancock** (see accompanying approved vendors list).
- **Producers or firms choosing to use medical requirement fulfillment vendors not included on the list of John Hancock approved vendors will do so pursuant to their own business arrangements.**
- **Upon receipt of a request for reimbursement of fees associated with medical requirements arranged by a producer or firm from a non-approved vendor, John Hancock will reimburse the producer or firm for such expense, subject to rates and standards deemed acceptable by John Hancock** (see below for further details).

REIMBURSEMENT FEE GUIDELINES

- **John Hancock will reimburse the fee charged by the doctor or medical facility to release the APS, up to a maximum of $100.**
- **APS fees in excess of $100 must be pre-approved by the John Hancock Medical Fees Department (medfees@jhancock.com).**
- **Reimbursements for any administrative service fees associated with the APS retrieval will be limited to $17.**

Rated Build Chart

Use this chart to find the rating required for height and weight. The rating is shown in the horizontal line across the top of the chart.

Each cell of the chart is the maximum weight allowed for each rating.

HEIGHT	125%	150%	175%	200%	225%	250%	300%	350%	400%	450%	500%
4' 8"	189	200	208	215	220	227	238	247	256	265	274
4' 9"	193	204	212	218	225	231	242	251	260	269	278
4' 10"	197	208	216	223	229	235	247	256	265	274	283
4' 11"	201	212	220	226	233	239	251	260	269	278	287
5' 0"	205	216	224	232	238	243	255	264	273	282	291
5' 1"	210	221	229	237	242	247	259	268	277	286	295
5' 2"	214	225	232	240	246	252	263	271	280	289	299
5' 3"	219	230	238	246	252	258	271	280	289	298	307
5′ 4"	225	236	244	252	259	265	278	288	297	306	315
5′ 5"	231	242	250	258	265	272	285	295	304	313	322
5' 6"	237	248	256	264	271	278	292	302	311	320	329
5' 7"	243	254	263	271	279	286	300	310	319	328	337
5' 8"	250	262	271	279	287	294	308	318	327	336	345
5' 9"	257	270	279	288	295	302	317	327	336	345	354
5' 10"	264	277	286	295	302	309	324	335	345	355	365
5' 11"	271	284	293	303	310	317	332	343	353	363	373
6' 0"	279	292	301	311	318	325	340	351	361	371	381
6' 1"	287	300	309	319	326	333	348	360	370	380	390
6' 2"	295	308	317	327	334	341	356	369	379	389	399
6' 3"	303	316	325	335	342	350	365	378	388	398	408
6' 4"	311	324	333	343	351	358	374	387	397	407	412
6' 5"	319	332	341	351	359	367	383	396	406	416	426
6' 6"	326	340	349	359	367	375	392	405	415	425	435
6' 7"	334	348	357	367	375	384	401	414	424	434	444
6' 8"	342	356	366	375	384	393	410	423	433	443	453
6' 9"	350	364	374	384	393	401	419	432	442	452	462
6' 10"	358	372	382	392	401	410	428	441	451	461	471
6' 11"	366	380	390	400	409	418	436	450	460	470	480

Smoking Classifications

SUPER PREFERRED NON-SMOKER	Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following: **Limited Cigar Use:** An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine.[1]
PREFERRED NON-SMOKER	Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following: **Limited Cigar Use:** An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine.[1]
STANDARD PLUS NON-SMOKER[2]	No tobacco or nicotine products in the past 12 months with the exception of the following: **Limited Cigar Use:** An occasional cigar smoker may qualify for Standard Plus Non-Smoker rates if he/she smokes 24 cigars or less per year and microurinalysis is free of nicotine.[1]
STANDARD NON-SMOKER	No cigarette or e-cigarette use within the last 12 months and either: 1. Does not meet all Preferred or Standard Plus criteria or, 2. Uses other tobacco or nicotine products.
PREFERRED SMOKER	Meets the Preferred criteria but has used cigarettes, including e-cigarettes, within the last 12 months.
STANDARD SMOKER	Does not meet the Preferred criteria and has used cigarettes, including e-cigarettes, within the last 12 months.

1. Occasional cigar smokers who have tested positive for nicotine will be considered Standard Non-Smoker at best. The earliest we will consider an improved rate classification is on or after the first policy anniversary and is subject to full underwriting. Consult with your underwriter for further requirements.
2. Refer to the specific product technical guide to determine the availability of Standard Plus and for the ages where Standard Plus rates are available.

Note: Consult with your underwriter regarding our approach to proposed insureds who smoke marijuana or use it in any other form (e.g., via vaporizer, oral consumption).

Financial Underwriting Guidelines

Financial underwriting is a critical part of the underwriting process which examines the economic feasibility of the case at hand, and allows the underwriters to consider the insurable interest at the time of the application.

At John Hancock, we take a "purpose-driven" approach to financial underwriting. We recognize that life insurance may be purchased to cover many different needs. These needs can be broadly separated into personal (income replacement, estate planning, charitable giving, etc.) and business related (buy-sell, key person, etc.). Our underwriters use the following tools and approaches — among others — during the underwriting process to consider the purpose of the coverage and insurable interest. In all instances, our underwriters have the discretion to request additional financial requirements as they deem necessary.

FINANCIAL UNDERWRITING REQUIREMENTS

1. Telephone Intervierw

What is it? An interview with the proposed life insured where questions related to the life insurance application, such as occupation, health history and avocations are asked.

When is it required?

Age: 80-90 **Face Amount:** $1,000,000 and up

Please note: A telephone interview may be requested at any age and amount at the underwriter's discretion.

A team of dedicated John Hancock underwriting specialists schedule and perform the telephone interview with the applicant. Our underwriters are experienced in handling the sensitive information shared during the interview.

2. Financial Verification Supplements

What is it? The *Financial Supplement* is a form required by John Hancock that asks for a detailed breakdown of assets and liabilities and must be signed by both the proposed insured and the agent. Select and submit a *Financial Supplement* that is applicable to the sale. John Hancock's underwriters will handle the rest of the financial verification process.[1]

When is it required?

PERSONAL

AGE	FACE AMOUNT
Up to 65	$7,500,001 and up
66–79	$5,000,000 and up
80–90	$1,000,000 and up

BUSINESS

AGE	FACE AMOUNT
All Ages	All Amounts

For any asset type representing more than 25% of total assets, copies of the latest statements of values are required, e.g., copies of insurance policies for jewelry or art, or quarterly statements for investment portfolios.

1. In some scenarios, additional information to support the representation of assets and income may be required, such as brokerage statements.

3. Request for Tax Transcript – IRS 4506T-EZ

In some cases, our underwriters may require additional documentation to verify the financial information disclosed in the life application. While not a routine requirement, in cases where the underwriter is unable to obtain this verification through other sources, the submission of a completed IRS form 4506T-EZ may be requested. In cases where a signed 4506T-EZ is requested and submitted, John Hancock will use this signed authorization to request the IRS tax returns via a secure and confidential interface and will receive this information within 24–48 hours. Form 4506T-EZ is available as an optional form in our application kits. If requested by the underwriter, please have your client enter the last two years (i.e., tax period to be filled in) in Section 6 on this form.

FINANCIAL UNDERWRITING REVIEW

In addition to the above requirements, the underwriter also takes into account the following:

1. Insurable Interest/Insurable Loss

The first consideration in financial underwriting is to establish that an insurable interest exists. The concept of insurable interest is fundamental to ensuring that the insurance applied for makes economic sense. We consider insurable interest as existing when the owner (if other than the insured) and the designated beneficiary have a financial interest in the continued life of the insured and are able to demonstrate a measurable financial loss should the insured die prematurely. The loss should equal or exceed the requested insurance amount.

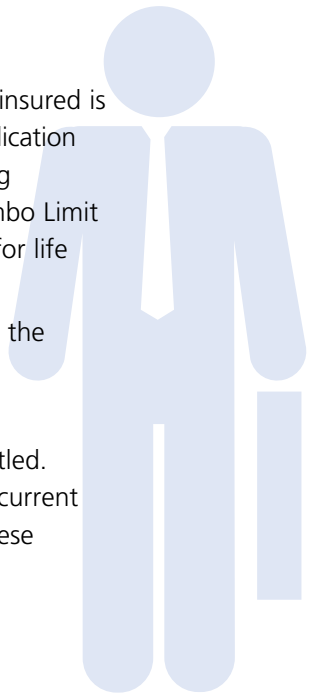
The underwriter will examine the amount of potential loss suffered by an owner/beneficiary in the context of the requested death benefit, purpose of coverage and financial profile (including the ability to pay ongoing premiums). It is the risk of loss that helps the underwriter quantify the amount of insurable interest and ultimately justify the requested death benefit.

2. Inforce and Settled Policies

Understanding the complete picture of the inforce and applied for coverage on the proposed insured is an important part of the financial underwriting process. Inforce coverage disclosed on the application must include any settled or sold policies. Our underwriters include settled policies in determining justification of the total amount of insurance in force and the ability to pay, as well as the Jumbo Limit for reinsurance requirements. Providing incorrect or incomplete information in an application for life insurance, even if it is unintentional, is misrepresentation.

Our underwriters consider several factors when there are existing settled policies on the life of the proposed insured:

- The overall financial status of the proposed insured.
- The duration of the policies at the time they were settled or sold, or are currently being settled. John Hancock will not participate in new applications for life insurance associated with concurrent early duration settlements, or where a history of frequent settlement activities exists. For these purposes, "early duration" is defined as less than five years from policy issue date.



3. Ability to Pay/Affordability

As part of the financial review of a case, an underwriter must determine if the applicant can afford to pay the premiums for the requested coverage and all inforce policies. This is usually established by reviewing the proposed insured's application statement as to the source of the premium and the appropriate illustration. If the source is other than income, the proposed insured is encouraged to present the specific source of funding and an explanation of why this source is being used. Premiums generally are not expected to exceed 10–25% of gross income. In general, the higher the available disposable income, the greater premium to gross income ratio that would be acceptable.

In cases where the source of the premium is other than the insured on personal applications, a letter of explanation to include the reason for the third-party funding and the source of the funds is required. Additional details regarding the third-party source may be requested at the discretion of the underwriter.

4. Trust Documents

Reviewing trust documentation can assist us in determining the presence of insurable interest.

The following documents are required during the trust review process:

- For any case where a trust is identified as being the owner/beneficiary, we need a completed *Trust Certification* form, regardless of whether a properly executed trust agreement has been submitted or not.
- In addition, for all applications on proposed insureds age 70 and older,[2] a copy of the executed trust document is required for our review.
  - Please note that on cases age 70 or older where the funding is to be accomplished via a 1035 Absolute Assignment or the trust has been executed prior to January 1, 2005, we do not require a copy of the executed trust, but will require a completed *Trust Certification* form.
- Prior to policy issue, our underwriters also review documents on certain policies including – but not limited to – trust, family partnership and LLC agreements.

2. Please note that John Hancock reserves the right to request a fully executed copy of the trust regardless of the proposed insured's age.

FINANCIAL UNDERWRITING – CASE POSITIONING TIPS

Since you — as the agent — know your clients best, you are a key source of their financial information. A cover letter is recommended with all applications; it is your chance to explain the background of the sale, including:

- The specific purpose of coverage and how that amount was determined relative to the proposed insured's finances, including premium-paying ability (demonstrating premium to income relationship and/or premium to liquid net worth relationship).
- Clarification of any points that may not be obvious in the application including both medical and non-medical factors that the client or producer want to bring to the underwriter's attention.
- Total insurance: inforce (including any settled or sold policies), all pending coverage applied for, replacement details and the ultimate total line.
- Refer to the "Important Notes" column on pages 12 to 14 to see if there are any specific details about your case that you should include in your cover letter. The underwriter uses this information to justify the amount of coverage requested, and to make the most competitive decision right from the outset. Providing this information up front can streamline the underwriting process by reducing the need for additional information about the sale.

The charts on the following three pages provide an outline of some of the financial purposes and methods used by our underwriters in arriving at acceptable amounts of insurance. Please note that these are general guidelines; if you have questions about a specific case, contact your John Hancock underwriter.

GUIDELINES FOR AMOUNT — PERSONAL LIFE INSURANCE

Please note: all formulas and calculators provided are to be considered solely as a guide and are non-binding.

PURPOSE OF INSURANCE	UNDERWRITING FORMULA	IMPORTANT NOTES
Income Replacement	Age Factor x Earned Income 18–30: 30x 31–40: 25x 41–50: 20x 51–60: 15x 61–65: 10x 66–74: 5x 75+: individual consideration	• For individuals whose personal income is low but future earnings' potential is high, it may be possible to consider higher amounts. • Social Security, pensions and annuities are not considered earned income.
Estate Conservation	Usually based on Projected Net Worth x Estate Tax Rate (55%) *Maximum Projections* Based on a growth rate of 5–7% based on historical growth – higher or lower growth rates subject to individual consideration General Guidelines • *Individual:* – Up to 75% of life expectancy to a maximum of 20 years • *Survivorship:* – Based on the younger or healthier life – Up to 75% of life expectancy up to a maximum of 20 years	N/A
Bequest to Charity (Charitable Contribution)	Face amount = present value of future contributions to ¾ life expectancy or 20 years, whichever is less. We look for a track record of support and involvement.	Provide contribution record to establish pattern of support and involvement in the charity. Also, include details of any volunteer work with the charity to demonstrate the strength of the relationship.
Charitable Remainder Trust with Wealth (asset) Replacement Trust	Value of donated assets	Confirmation of actual value of assets is required.
Employee Benefits — Deferred Compensation	Insurable value = amount required to fund the benefits for each executive	Provide rules for participation, formulas used to determine individual amounts of coverage.
Dependent Spouse	• 75–100% of the insurance in force on employed spouse subject to overall family financial situation and ability to fund policy • If face amount exceeds 100%, we require a cover letter with explanation	Require details of amount in force on employed spouse and household income, net worth.
Juvenile Insurance	• Coverage should not usually exceed 50% of amount on parents • Amount requested should be reasonable relative to insurance on parents and siblings (similar coverage) • For face amounts over $100,000 or those related to estate planning needs, gifting, or inheritance, approval will be on individual consideration basis taking into account all financial details • Application must be signed by a parent or guardian with whom the child resides	• New York has legal restrictions on the amount of life insurance allowed on juveniles. Specifically, Section 3207 of the New York Insurance Law states that when a juvenile is dependent on the person(s) effecting the insurance, i.e., parents/guardian, then the maximum amount that can be written is: – **Ages Under 4.5** – maximum $50,000 or 25% of the amount inforce on the parent effectuating the insurance, whichever is greater – **Ages 4.5 to 14.5** – maximum $50,000 or 50% of the amount inforce on the parent effectuating the insurance, whichever is greater • Washington has special legal restrictions for juveniles. Please contact your underwriter for details. • Please contact your underwriter for other special rules.

GUIDELINES FOR AMOUNT — PERSONAL LIFE INSURANCE (CONTINUED)

Please note: all formulas and calculators provided are to be considered solely as a guide and are non-binding.

PURPOSE OF INSURANCE	UNDERWRITING FORMULA	IMPORTANT NOTES
Estate Equalization	• Insurable value = up to 100% of the transferred asset subject to ability to pay • For retroactive cases, insurable value = asset value at time of transfer indexed at a growth rate of 5% per year	• Value of total estate and value of asset transferred is required. • For retroactive cases, proof of asset transfer and current value is required.
Personal Loan	100% of outstanding loan balance to creditor with remainder to life insured's estate subject to collateral assignment	Require details of loan which include source, amount, purpose, repayment schedule and interest rate.
Annuity Maximization	Coverage should not significantly exceed income and estate conservation guidelines	• Require details of annuity or other asset being replaced. • Amounts to be considered must fit within guidelines for overall total line.
Future Inheritance (Adult)	Value of inheritance including a growth rate of up to 5% per year for a maximum of 10 years, subject to the insured's ability to pay	• Cover letter is required with complete details, including age and coverage in force on benefactor(s) as well as in force and pending coverage on all siblings and information to support the insured's ability to pay and source of premiums.

GUIDELINES FOR AMOUNT — BUSINESS

Please note: all formulas and calculators provided are to be considered solely as a guide and are non-binding.

PURPOSE OF INSURANCE	UNDERWRITING FORMULA	IMPORTANT NOTES
Key Person	5–10 x Income (depending on circumstances)	• Following information may be required: income, role in organization, specialized skills, experience. • For the state of New York, please contact your underwriter for special requirements.
Buy-Sell	Percentage Ownership x Fair Market Value of the business plus a modest growth factor	Require percent ownership, fair market value of business, information as to whether other partners are insured.
Sole Proprietor	Fair market value of the business plus a modest growth factor	Require confirmation of ownership, fair market value of business, copy of buy out agreement for some cases.
Creditor — Business	Usually cover a percentage of outstanding debt equal to non-collateralized portion of debt up to 70%	• Insured must be a key person. • Require loan details: source, amount, purpose, duration, repayment terms.
Line of Credit Coverage	May be considered up to 70% of documented line of credit (LOC)	Require role of insured, source of LOC, details of LOC including amount, average amount utilized, purpose, repayment terms, interest rate.
Venture Capital and Start Up Companies	Face amount should not exceed key person limits when key person is the primary purpose. If loan, use creditor guidelines	Require confirmation that capital has been obtained. May also require, profitability projections, product/service descriptions, product cost/pricing, saleability, and experience/skills of management team.

Part II– Impairment Guide



Introduction

The following pages highlight some of the more common impairments we see at John Hancock.

They are organized into three sections:

1. Medical Impairments
2. Long-Term Care Rider
3. Non-Medical Risks:
   - Aviation
   - Avocations
   - Professional Athletes
   - Foreign Travel
   - Non-U.S. Residents

Use the information as a reference on what details the underwriter needs up front to assess specific conditions as well as factors that will impact the decision.

Contact your underwriter if you would like information about an impairment that is not included.

Each chart identifies the following information:

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
The name of the impairment, including a short description. Conditions are listed alphabetically (types of cancer categories listed alphabetically under "Cancer").	The criteria the underwriter uses to classify the risk.	These are the specific details and requirements (in addition to routine underwriting requirements) to include in your application package to help focus APS requests, ensuring the correct information is requested from the doctor up front. This will streamline the underwriting process by significantly reducing the need for subsequent reports, or other requirements, while also allowing the underwriter to make the most competitive decision from the outset.	The classification or rating necessary for the impairment based on the factors and requirements presented. Most conditions have a sample decision for a best-case scenario, typical case, and worst-case rating. **Note:** Standard Plus is available depending on product selection.

Keep in mind this guide provides an overview of the factors the underwriter considers and the likely decisions. It is not a complete underwriting manual.

Please note that the likely underwriting decisions for medical impairments (pages 18 to 36) are applicable only to the life insurance portion of a policy. For details on likely underwriting decisions for the Long-Term Care rider, please see pages 37 to 40.

Acronyms and Abbreviations Used in the Guide

AAA abdominal aortic aneurysm

ABI ankle-brachial index

ADLs activities of daily living (e.g., feeding, bathing, dressing)

APS attending physician's statement

ASD atrial septal defect (congenital heart disorder)

ATP airline transportation pilot certificate

BP blood pressure

BUN blood urine nitrogen

CABG coronary artery bypass graft

CAD coronary artery disease

CFS chronic fatigue syndrome

CHOL cholesterol

CKD chronic kidney disease

CLL chronic lymphocytic leukemia

COPD chronic obstructive pulmonary disease

CT computed tomography

CTA computed tomography angiogram

CVD cerebrovascular disease

CXR chest x-ray

DWI driving while impaired

DVT deep vein thrombosis

EBCT electron-beam computed tomography

ECHO echocardiogram

EEG electroencephalogram

EF ejection fraction

EKG electrocardiogram

ER emergency room

FEV1 forced expiratory volume during first second

FH family history

GI gastrointestinal

GXT graded exercise test

HBsAg hepatitis B surface antigen

HIV human immunodeficiency virus

HTN hypertension

IADLs instrumental activities of daily living (e.g., banking, shopping)

IC individual consideration

IDDM insulin dependent diabetes mellitus

IFR instrument flight rating

LFT liver function test

LIPIDS fats in the blood (e.g., cholesterol)

LTC long-term care

MRI magnetic resonance imaging

MVR motor vehicle report

NIDDM non-insulin dependent diabetes mellitus

OSA obstructive sleep apnea

PFT pulmonary function test

PP postpone

PAF paroxysmal atrial fibrillation

PSA prostate specific antigen

PTCA percutaneous transluminal coronary angioplasty

PVD peripheral vascular disease

Rx medication

TEE transesophageal echocardiography

TIA transient ischemic attack

TST treadmill stress test

VSD ventral septal defect (congenital heart disorder)

Medical Impairments

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Alcohol Excess Alcohol consumption considered as alcohol abuse, dependence, at risk, and heavy use.	• Current age • Amount of alcohol declared • Any diagnosis of abuse or dependence • How long abstinent or consuming in moderation • Any relapses • Member of a self-help group • Treatment with medication • Any co-morbid conditions • Any medical complications • Driving history	**Requirements:** APS, paramed, MVR, blood test **Information to include:** • Provide details of medical treatment and any psychiatric/psychological report • Document any residential care, including dates and length of treatment • Clearly outline any favorable aspects such as continued employment, attendance at self-help groups, etc. • Alcohol Questionnaire	Ratings depend primarily on applicant's age, time since last use, and any co-morbid factors **Best Case:** Over age 30 and >5 years since last consumption: Standard Plus possible **Typical Case:** 150 to 200% **Worst Case:** Decline
Anemia A reduction in the number of red blood cells due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of the cells.	• Type of anemia • Cause of anemia, if known • Treatment • Details of testing done and referrals to specialists (include dates, names of tests and doctors seen) • Blood test results • Medications • Any concurrent impairment	**Requirement:** APS **Information to include:** • Details of investigation and testing • Details of ongoing surveillance of the condition (including blood tests, electrophoresis)	Ratings depend on type of anemia. Decisions can range from Preferred to decline **Iron deficiency anemia:** Preferred possible when fully investigated and no underlying condition identified **Aplastic anemia:** Usually decline **Hemolytic anemia:** Standard to 200%, but rating could be higher depending on type and severity

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Aneurysm Abnormal dilation of an artery.	• Type or location of aneurysm • Date of diagnosis • Cause of aneurysm • Size and stability of aneurysm • Currently present • Treatment • Smoking history • Blood pressure control	**Requirement:** APS **Information to include:** • All tests and details of ongoing surveillance • Details of any lifestyle modifications • Details of BP and lipid control • Smoking history • Any residuals (good level of activity)	Can consider on a rated basis 6–12 months post-op depending on the type of aneurysm **Abdominal:** • Unoperated – small, stable x2 years: 150 to 200%. Better rating if stable for longer periods. Large (>5 cm): Decline • Operated – typical rating: 150% **Cerebral:** • Unoperated – small, stable, no complications: 150%. Better rating if stable for longer periods. Large: Postpone • Operated – typical rating, if no complications, may be Standard after 2 years **Thoracic:** Considered more severe and is often declined without successful surgery
Angina Pectoris Chest pain caused by reduced blood flow to the heart due to Coronary Artery Disease.	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
Angioplasty	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
Arteriosclerosis	Refer to Coronary Artery Disease		
Asthma Chronic inflammatory condition of the airways causing shortness of breath that is triggered by allergens, irritants, cold air, or exercise.	• Current age • Date of diagnosis • Severity of symptoms • Frequency of attacks • Timing of attacks (day or night) • Type of medication and frequency of use • Compliant with medications • Medication side effects • Hospitalizations or ER visits • Limitations to activities • Smoking history • Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD	**Requirements:** APS or Asthma Questionnaire **Information to include:** • Pulmonary function tests, hospital reports • Details of lifestyle modification (such as non-smoking) • Level of activity • Type of medication and frequency of use	**Minimal:** Super Preferred possible **Mild:** Preferred to 150% **Moderate:** 150 to 250% **Severe:** 250% to decline

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Atrial Fibrillation Arrhythmia of the aorta where it contracts chaotically.	• Date of diagnosis and age at onset • Age of applicant • Frequency of attacks • Fully investigated • Paroxysmal vs chronic • Treatment • Complications from treatment (e.g., drug toxicity or hemorrhage from anticoagulant) • Any underlying heart disease • Complications (e.g., stroke or congestive heart failure) • Any concurrent impairment (e.g., history of alcohol abuse, CAD, valvular disease, TIA, or stroke)	**Requirement:** APS **Information to include:** • Copies of all cardiac investigations • Details of any prophylactic medication (e.g., blood thinners) • Outline any lifestyle modification • Current level of activity	New diagnosis or new finding on insurance exam must be declined. If heart disorder, it will be rated according to the cause Well controlled PAF (paroxysmal atrial fibrillation) with minimal attacks: Standard If there is no CAD or other underlying heart disease, average rating for CAF (chronic atrial fibrillation) is 150 to 175%
Bariatric Surgery Surgery for morbid obesity, most commonly known as "stomach stapling."	• Pre-operative weight • Any co-morbid conditions (such as diabetes, hypertension, coronary disease) • Date of surgery • Type of surgery • Any surgical complications • Outcome of surgery (weight loss, improvement of risk factors)	**Requirement:** APS **Information to include:** • Supply all medical reports relating to the surgical procedure and follow-up • Illustrate positive improvements in lifestyle	Unable to consider until 3–6 months after surgery **Assuming no complications – Up to 12 months:** Rating based on pre-operative weight minus half any weight loss **>1 year:** Rating based on current weight
Barrett's Esophagus Disorder in which the cells normally lining the lower esophagus are replaced by cells normally found lining the stomach. May occur due to esophageal injury caused by reflux. Barrett's esophagus may be a pre-malignant condition for esophageal cancer.	• Current age • Ongoing risk factors • Type of testing done and results (endoscopy, biopsy) • Stable course • Medication/treatment • Response to medication treatment • Compliant with medical treatment and follow-up • Complications (e.g., hemorrhage, perforation)	**Requirement:** APS **Information to include:** • Pathology report • Details of ongoing follow-up (e.g., endoscopy) • Details of lifestyle modification (stop smoking and alcohol use) • Medication/treatment	**Best Case:** Preferred if no dysplasia and good follow-up done on a regular basis **Typical Case:** Standard to 150% **Worst Case:** Decline (if history of high-grade dysplasia and treated with medication only)

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Blood Pressure	Refer to Hypertension		
Bypass surgery	Refer to Coronary Artery Disease		Unable to consider until 6 months after treatment
Cancer	Refer to specific organ or type of cancer		
Cancer: **Basal Cell Carcinoma** A type of skin cancer that rarely spreads.	• Date of diagnosis • Pathology (confirmation of basal cell carcinoma) • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS (not typically required if pathology was confirmed as basal cell carcinoma) **Information to include:** • Pathology report including post-operative report • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking)	**Complete excision:** Standard or better immediately on removal; may qualify for Preferred
Cancer: **Breast** Breast cancer is the most frequently diagnosed cancer in American women and the second most frequent cause of cancer death. The lifetime risk of developing breast cancer is 1 in 8 women (12.2%).	• Date of diagnosis • Type and stage of cancer • Size of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any serious complications from treatment	**Requirement**: APS **Information to include:** • Pathology report • Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen) • Hospital reports • Details of follow-up (mammograms, bone scan, etc.)	Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider >10 years after last treatment. Ratings often are a combination of both table and reducing flat extras Preferred may be available on very remote histories (i.e., >25 years) **Best Case:** Depending on the pathology report, therapy and follow up, if the client's age is 45 or older, some localized, in-situ, low grade breast cancers, can be considered for Standard after the client's first post-operative checkup or completion of other therapies **Typical Case:** Unable to consider for 1-2 years after completion of treatment (chemo or radiation), then $10x3 to $15x4 range, depending on age

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Cancer: Colon Colorectal cancer is the third most common type of cancer in the world. The risk begins to increase after age 40 and rises sharply at ages 50–55.	• Date of diagnosis • Stage and grade of the tumor • Any hereditary syndrome that may be associated with other types of cancer • What treatment • Date treatment was completed • Ongoing follow-up • Any recurrence • Any complications from treatment	**Requirement:** APS **Information to include:** • Pathology report • Details and date(s) of treatment • Hospital reports • Details of follow-up (colonoscopy and tumor markers)	Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider >8-10 years after last treatment. Preferred possible if meets criteria for Standard for at least 10 years. Standard Plus possible if history qualifies for Standard for the past 5 years **Best Case:** Stage 0 tumor – Standard or better **Typical Case:** Stage 1 tumor, 2 full years after treatment – $5/1000 x 2 years
Cancer: Leukemia A progressive, malignant disease of the blood cells and blood forming organs (i.e., bone marrow and spleen).	• Current age • Date of diagnosis • Type of leukemia and stage of cancer • Treatment • Date treatment completed • Any recurrence or secondary cancer	**Requirements:** APS, special blood testing if current results are not provided in the APS **Information to include:** • Pathology reports • Evidence of regular follow-up • Hospital reports • Details and date(s) of treatment	Preferred is not available. Standard Plus possible after 10 years of qualifying for Standard rates The most common type of leukemia seen in underwriting is CLL, which is insurable, if stable, low-stage disease and typically after two years since the diagnosis. CLL diagnosed under age 50 is a decline For other types of leukemia, depending on the type, coverage may not be available for 5 or more years following diagnosis. Very few cases can be offered coverage **Best Case:** (CLL cases) 150 to 200% 5–10 years post treatment

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Cancer: Lung The most common type of cancer death for both men and women. The two main types of lung cancer are small cell and non-small cell.	• Current age • Date of diagnosis • Type and stage of cancer • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) • Any serious complications from treatment	**Requirement:** APS **Information to include:** • Pathology report • Hospital reports • Details and date(s) of treatment • Evidence of regular follow-up (CT scans etc.)	Lung cancer can only be considered if treatment completed, not smoking, stable course, and no recurrence **Stage I:** Class 5 to 7 • Class 5: Postpone x 3 years then $15/1000 x 5 years • Class 6: Postpone x 4 years then $20/1000 x 5 years • Class 7: Postpone x 5 years then $25/1000 x 5 years **Stage II/III/IV:** Decline
Cancer: Prostate This is the most common internal malignancy found in American males.	• Current age • Date of diagnosis • Type of treatment • Date treatment completed • Stage and Gleason Grade • Any recurrence or spread • Current PSA reading • Any serious complications from treatment	**Requirements:** APS, blood profile to include PSA if current results are not available **Information to include:** • Pathology reports • Type of treatment • Evidence of regular follow-up and PSA testing • Copies of PSA tests	<Age 70: Availability of coverage will depend on the stage and Gleason Grade of the tumor Standard Plus is possible 5 years after qualifying for Standard rates. Preferred is possible 10 years after qualifying for Standard rates **Best Case:** • Ages 50–59: If localized tumor (stage T1 or T2 with the Gleason Grade 2–4), surgical treatment, PSA undetectable post-op then consider Standard • Ages 60–90: If localized tumor (stage T1 or T2 with Gleason Grade 2–6), surgical or radiation treatment, PSA undetectable post-op then consider Standard • Ages 70–90: If localized tumor (stage T1 or T2 with Gleason Grade 2–6), treated by surgery or radiotherapy, PSA is undetectable then consider Standard • Ages 50–90: Favorable cases, surgically treated, stage T1 or T2 with Gleason Grade 7, may qualify for Standard after three years **Typical Case:** (watchful waiting) Age 70–90: PSA <10, then consider 200% to Standard depending on the age

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Cancer: Skin Borderline Malignancy Paget's disease, Bowen's disease (not genital), dysplastic nevus, Lentigo Maligna, Hutchinson's melanotic freckle.	• Date of diagnosis • Pathology (confirmation of basal cell carcinoma) • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS **Information to include:** • Pathology report including post-operative • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking)	**Best Case:** Standard immediately on removal; may qualify for Preferred **Worst Case:** Postpone **Atypical Mole Syndrome or Dysplastic Nevus Syndrome:** Standard to 150%
Cancer: Skin Malignant Malignant change in the skin becomes more common with increasing age. Exposure to sunlight is an important predisposing factor in fair-skinned people.	• Date of diagnosis • Type of cancer/tumor • Depth and thickness of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS **Information to include:** • Pathology report • Evidence of regular dermatology follow-up • Hospital treatment reports	**Malignant melanoma in-situ:** Preferred possible **Malignant melanoma:** Many are offered at $5–7/1000 x 3 years immediately following excision. Deeper lesions must be declined for a minimum of 2–5 years following treatment Standard Plus is possible 10 years after qualifying for Standard rates
Cancer: Testicular The most common malignancy in men 20–34 years old.	• Date of diagnosis • Type and stage of testicular cancer (seminoma, embryonal, yolk sac, etc.) • Any recurrence	**Requirement:** APS **Information to include:** • Pathology report • Treatment and hospital report • Evidence of regular follow-up	**Best Case:** Stage I Seminoma – Standard following completion of successful treatment. Preferred may be available once Standard rates for 5 years for Stage I Seminoma **Typical Case:** Stage II Seminoma – PP x 1 year then $10/1000 x 4 years **Worst Case:** Cases with reoccurrences could be declined

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Cancer: Thyroid The most common malignancy of the endocrine system, generally more common in women.	• Type of thyroid cancer (papillary, follicular, anaplastic, etc.) • Pathology • Age of applicant • Type of treatment and date(s) performed • Any remission and for how long • Any recurrence • Any complications from treatment	**Requirement:** APS **Information to include:** • Pathology report • Treatment and hospital report • Evidence of regular follow-up	**Best Case:** Standard can be considered after the first post-operative checkup or completion of other therapies for papillary and follicular type thyroid cancers for applicants age 45 and older with Stage I and Stage II localized, low grade disease. In some cases after 5 years of qualifying for Standard rates, Preferred may be available **Typical Case:** Moderate grade papillary tumor, can consider Standard 7–8 years following treatment **Worst Case:** Decline if anaplastic tumor Reconsideration may be possible for cases initially postponed for uninvestigated thyroid nodule that has subsequently been investigated and proven benign
Cancer: Uterine The most common gynecological malignancy.	• Date of diagnosis • Type, stage and grade of uterine cancer (endometrioid, papillary, serous, etc.) • Any recurrence	**Requirement:** APS **Information to include:** • Pathology report • Treatment and hospital report • Evidence of regular follow-up	Preferred may be available once Standard rates for 5 years for Stage IA well or moderately differentiated uterine cancer **Best Case:** Stage IA, Grade 1, well differentiated endometrioid or mucinous carcinoma – Standard following completion of successful treatment **Typical Case:** Stage IB endrometrial carcinoma – PP x 1 year then $10/1000 x 4 years **Worst Case:** Stage IV decline

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Chronic Obstructive Pulmonary Disease (COPD) A variety of diseases that cause chronic progressive irreversible airway obstruction.	• Current age • Smoking history and current tobacco use • Build, any recent weight loss • Severity of symptoms • Speed of disease progression • Alpha-1 antitrypsin deficiency or other biochemical abnormality • Any concurrent impairment (e.g., CAD, cancer, malnutrition) • Any hospitalization • Any treatment with oxygen is a decline	**Requirement:** APS **Information to include:** • PFT, serial PFTs • Details of lifestyle modification • Level of activity	The younger the applicant, the higher the rating. Ages over 70 may be more favorable. Current smoker, likely decline **Chronic Bronchitis or Emphysema (ages 40–69):** **Mild:** Standard to 150% **Moderate:** 175 to 250% **Severe:** 300% to decline **Very severe:** Decline
Cognitive Impairment A chronic progressive disorder characterized by losses of cognition, personality, and behavior that are severe enough to interfere with the quality of daily life.	• Type of cognitive impairment • Age of applicant • Age at onset • Severity • Type of treatment • Cause, if known • History of accident, falls, hallucinations, etc. • Confinement in a nursing home	**Requirements (needed if there is any suspected cognitive impairment):** APS, Cognitive and Mobility Assessment (such as Nation's CareLink assessment) may be requested **Information to include:** • Clearly outline the positive aspects of your client's independent and active lifestyle • Any neuropsychiatric testing (such as cognitive or memory testing) • Activity levels • ADLs affected • IADLs affected	**Rating will depend on type of cognitive impairment:** No consideration for onset prior to age 70. Postpone for a minimum of 2–3 years. After 3 years and confirmation of final diagnosis, possible to consider with a substandard rating if mild and completely stable with no progression of symptoms **Alzheimer's, Vascular Dementia, Pick's Disease, Lewy Body Dementia and Creutzfeldt-Jakob Disease:** Decline
Congenital Heart Disease A variety of malformations of the heart that vary significantly in severity.	• Current age • Specific congenital abnormality • Treatment including date(s) of any surgery • Medications • Smoking history • Any concurrent serious impairment • Any underlying coronary artery disease • Active lifestyle • Blood pressure and cholesterol readings • Family history	**Requirement:** APS **Information to include:** • Include any operative/hospital reports • Follow-up and investigations post-op (e.g., serial ECHOs, EKGs) • Details of lifestyle modification • Activity level	Depending on the type of congenital abnormality, some cannot be considered until they have been surgically corrected. For more serious abnormalities, coverage cannot be considered until 2 years after surgery Less serious abnormalities such as small ASD, VSD, Patent Foramen Ovale, may be Standard or better Ratings for more serious abnormalities (such as large ASD, VSD, coarctation of aorta, tetralogy of fallot, transposition of great vessels): 200% to decline

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Coronary Artery Disease (CAD) The coronary arteries are unable to supply sufficient blood to the heart due to progressive narrowing of the arteries, thrombosis, or vascular spasm.	• Current age • Date of diagnosis and age at onset • Severity of the disease (how many vessels and which ones) • Current symptoms • Treatment • Medications • Smoking history • Any concurrent serious impairment • Any history of congestive heart failure or arrhythmia • Active lifestyle • Blood pressure and cholesterol readings • Family history	**Requirements:** APS, EKG (or recent TST from APS) **Information to include:** • Cardiac test results (e.g., angiogram, recent stress tests, nuclear stress test) • Detailed list of medications • Copies of lipid testing • Details of any lifestyle change Best ratings possible with testing including nuclear stress test and stress echocardiograms within the past 12 months	Unable to consider until 3–6 months post-treatment (by-pass surgery, PTCA, etc.) Decline if age at application is less than 35 Decline if Class 4 (heart failure, ejection fraction <40%) **Best possible ratings Class 1 CAD: (e.g., 1 vessel disease and ejection fraction >55%)** Age: <50: 175% 50–59: 150% 60–70: Standard 71–90: Preferred Standard Plus and Preferred for ages 71+ Class 1 CAD best cases only. Face amount may be limited **Best possible ratings Class 2 CAD: (e.g., 2 vessel disease and an ejection fraction of 50–55%)** Age: <50: 225% 50–70: 150 to 175% 71–90: Standard **Average ratings Class 2 CAD:** Age: <50: 250 to 300% 50–69: 200% 70–90: 150% **Average ratings Class 3 CAD: (e.g., more serious CAD, 3 vessel disease and ejection fraction <45–50%)** Age: <50: 300% to decline 50–69: 225% 70–90: 150% to 200%

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Crohn's Disease A chronic inflammatory disease affecting any part of the GI tract. It has an unpredictable course and while complete remission can occur, the disease is generally chronic and relapsing and often requires surgery.	• Current age • Severity of the disease • Frequency of flare ups • Severity of symptoms • Medication – ongoing oral steroid therapy • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease	**Requirement:** APS **Information to include:** • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	The younger the age at application and the more severe the course of the disease, the higher the ratings. Severe symptoms currently may not be insurable until stabilized for 1 year **Mild disease:** Preferred is possible if stable course for 2+ years over age 45 **Moderate disease:** Standard to 200%, depending on time since last attack and over age 45 **Severe disease:** 150 to 200%, depending on time since last attack and over age 45
Defibrillator/ Implantable Cardioverter Defibrillator (ICD) A small device that is placed in the chest or abdomen to help treat irregular heartbeats and life-threatening arrhythmias, especially sudden cardiac arrest. ICDs use electrical pulses or shocks to treat arrhythmias in the ventricles. ICDs are not to be confused with another device called a pacemaker, which is used to treat less dangerous heart rhythms.	Not applicable	Not applicable	Most cases will be a decline

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Diabetes A group of metabolic disorders caused by inadequate production or use of insulin. It is a common disease affecting approximately 30 million people worldwide. Diabetes is usually irreversible, although controllable by diet, medication, and exercise. Late complications such as accelerated CAD or stroke, and kidney disease result in reduced life expectancy.	• Current age • Date of diagnosis and age at onset • Type of diabetes • Treatment • Medication • Degree of control – blood sugar readings including Hemoglobin A1c • Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease • Current height and weight • Blood pressure	**Requirements:** APS, blood (if not already required or current results not available) **Information to include:** • Type of diabetes including age at onset • Copies of specialist reports (neurologist, nephrologist, endocrinologist) • History of blood sugar control – copies of blood and urine tests (including Hemoglobin A1c and microalbumin where possible) • Details of risk factor modification • Active lifestyle • Medications	The younger the age at application and the more severe the course of the disease, the higher the ratings Preferred may be available >age 60, Type 2 diabetes treated with diet or oral medication only, no complications, and excellent control Gestational diabetes requires individual consideration but offer may be available, generally if insulin is not required and there are no pregnancy complications **Type 1 (also known as IDDM)** • **Best Case:** Excellent control, no complications: 150% over age 50 • **Typical Case:** 200% depending on the age and control • **Worst Case:** Complications, poor or uncontrolled: Decline **Type 2** (also known as NIDDM or adult-onset diabetes) – • **Best Case:** Standard Plus if age 50 and over, excellent control, no complications and treated by diet and oral medication only. Preferred if age 60 and over, excellent control, no complications, and treated by diet or oral medication only • **Typical Case**: Standard to 150% • **Worst Case:** Decline

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Emphysema	Refer to COPD		
Epilepsy/Seizure Disorder This is an event of altered brain function due to an abnormality of excessive electrical discharges from the brain cells. There are many different types of seizures and forms of epilepsy.	• Age at onset • Compliance with medication • Control of seizures • Reason for the seizure activity • Any alcohol use • Any other significant medical conditions	**Requirement:** APS **Information to include:** • Type of epilepsy • Age diagnosed • Duration of history • Date of last seizure and number of seizures per year • Medications	**Best Case:** Generalized or partial, cause unknown, over 3 years since diagnosis, with a past history of 3 seizures or less per year and no seizure in the last year: Preferred **Typical Case:** Generalized or partial, cause unknown, 1–3 years since diagnosis, 3 or less seizures per year: Standard to 150% **Worst Case:** Decline if poor compliance with medication, history of alcohol abuse, frequent accidents, seizures cannot be controlled with medication
Frailty A clinical concept describing a condition most commonly found in the elderly; it is associated with a high risk of mortality and morbidity.	• Current age • Evidence of cognitive decline or depression • Problems with the activities of daily living • Any involuntary weight loss • History of falling, fractures secondary to osteoporosis, frequent car accidents • Confinement to a nursing home or hospitalization within the past year • Number of medications • Any other significant health history	**Requirements:** APS, Cognitive and Mobility Assessment (such as Nation's CareLink assessment) may be necessary **Information to include:** Clearly outline the positive aspects of your client's independent and active lifestyle	Most cases of frailty require individual assessment and ratings/offers are made following consultation with a John Hancock medical director
Gall Bladder Disease The gall bladder stores and concentrates bile produced in the liver. The most common disorders of the gall bladder are generally benign.	• Any other significant health history • Nature of the disease • Any serious complications (e.g., pancreatitis or jaundice) • Treated surgically	**Requirement:** APS (not typically required for gall stones) **Information to include**: Full records to include diagnosis, all investigations and test results	This is generally a benign condition and can qualify for best class if criteria are met. However, large, solitary gall bladder polyps in older individuals must be fully investigated before an underwriting offer can be considered **Typical Case:** Gallstones or multiple gall bladder polyps: Standard
Heart Attack	Refer to Coronary Artery Disease		

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Hepatitis B Hepatitis B is a disease caused by the Hepatitis B virus (HBV).	• Date of diagnosis • Acute or chronic infection • Laboratory results (liver function) • If chronic, was a biopsy done? • Any alcohol usage or other medical conditions • Treatment and date(s) of treatment	**Requirement:** APS **Information to include:** • Laboratory results (including LFTs and hepatitis panel) • Sonograms, CTs, biopsy results	**Best Case:** Acute infection, over 6 months, HBsAg negative and liver functions normal: Standard or better **Typical Case:** Chronic infection (HBeAg+) with or without liver biopsy, untreated, depending on laboratory results and how long infection has been present: Possible 150 to 250% For chronic infection, treated, biopsy results (within the last 5 years), normal LFTs, mild to moderate: Standard to 200% **Worst Case:** Decline if having more than one alcohol drink per day, HCV co-infection, any finding of cirrhosis, biopsy done in the last 5 years shows severe inflammation and untreated
Hepatitis C Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV).	• Duration of the disease • Laboratory results • Has a biopsy been done? • Does the client use alcohol and if so, amount per day? • Treatment and date(s) of treatment	**Requirement:** APS **Information to include:** • Laboratory results (including LFTs and hepatitis panel) • Biopsy results • Sonogram and/or CT scan results	**Best Case:** Age 70 or older with normal liver function tests for the last 3 years: Standard. If favorable biopsy: Standard Plus or Preferred possible **Typical Case:** Current age 40–69, chronic infection, biopsy unavailable, untreated, age onset unknown and liver function tests not higher than 1.5 times normal range: 175 to 250% depending on age **Worst Case:** Decline if having more than one alcohol drink per day, HBV co-infection, any finding of cirrhosis, currently undergoing treatment, or biopsy done in the last 5 years showing severe fibrosis, treated or untreated
HIV Human immunodeficiency virus is a chronic viral infection that can weaken the body's immune system and may lead to significant infections, cancer, and premature death.	• Current age • Date of diagnosis • Documented favorable and stable clinical course, strict adherence and response to antiretroviral therapy (ART) (Minimum of 5 years of favorable treatment) • Absence of significant immuno-suppression or co-morbid conditions (e.g. diabetes or coronary artery disease) • Tobacco use	**Requirements**: APS, lab results, including special blood testing if current results are not provided in APS (plus routine underwriting requirements; for details, visit the Field Underwriting Guide on John Hancock's producer website) **Information to include:** APS to include evidence of continuous care and details related to treatment	Offers will be limited to applicants ages 30 to 65, applying for a maximum of $2,000,000 If eligible for coverage, ratings range from 250% to 400% with a $2 flat extra for younger ages

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Hypertension Primary, or essential hypertension, is the most common type affecting 95% of people with hypertension. The cause is unknown, but is thought to be the result of a complex interplay of factors that include demographic, genetic, and environmental factors. Secondary hypertension results from disorders of the kidney, endocrine, or nervous system.	• Current age • Date of diagnosis • Type of hypertension (essential or secondary to another impairment) • Medication/treatment • Response to medication treatment • Current BP readings and history of readings for past 2 years (demonstrate stable course) • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, stroke, kidney disease, diabetes, build)	**Requirements:** APS, paramed **Information to include:** • Record of blood pressure readings • Copies of any cardiac investigation • Details of risk factor modification • Active lifestyle	Rating depends on severity of hypertension May qualify for Best Class if well-controlled and compliant with medication
Kidney (Renal) Function Test Blood tests are done with a renal function panel to determine how well the kidneys are functioning. When results are out of normal range, it can indicate the possibility of a disease process.	• How elevated is the BUN or serum creatinine? • Is the client taking any medication that may adversely affect the findings? • Is there any medical condition that may contribute to the findings? • What are the normal trends of the BUN and serum creatinine in the APS information? • Is this a new problem which has not been fully evaluated?	**Requirements:** APS **Information to include:** • Results of full chemical profile • Quality of specimen • Results of urine findings • Details of any medical conditions that may contribute to the findings	Decision will depend on how elevated the lab findings are, any other medical conditions, any diagnosis for known history of abnormal renal functions **Best Case:** With only minimally abnormal renal function test in a client less than age 60 with no history of diabetes or poorly controlled blood pressure: possible Preferred **Typical Case:** With mildly abnormal renal functions, client over the age of 60, stable trend of renal functions in APS, no history of diabetes, poorly controlled blood pressure or other renal impairments: possible Standard to 150%, depending on age **Worst Case:** With mildly abnormal renal function, history of diabetes, poorly controlled blood pressure, other renal impairments or moderately abnormal renal functions: possible 200% to decline, depending on age

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Liver Function Test Blood tests are done with a liver panel to determine how well the liver is functioning and when results are out of normal range, it can indicate the possibility of a disease process.	• How many liver functions are outside the normal lab range? • Is client taking any medications or using alcohol? • Is there a medical condition that is causing the elevation in liver function? • How long has this finding been monitored by the attending physician? • Is this a new finding which has not been fully evaluated with additional testing?	**Requirements:** APS, Hepatitis screens, all markers selectively **Information to include:** • All laboratory tests • Any sonograms • Details of medications being taken • Amount of alcohol used • Results of any investigations for elevated liver functions	Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, any diagnosis for the elevated liver function finding **Best Case:** One liver function elevation, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Super Preferred **Typical Case:** Elevation of 2 liver functions, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Standard Plus **Worst Case:** Elevation of 3 liver functions, cause unknown up to 4 times or more over normal range: Decline
Myocardial Infarction	Refer to Coronary Artery Disease		

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Parkinson's Disease A syndrome characterized by involuntary tremor, rigidity of the muscles and slowness of body movements.	• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Severity of the disease • History of falling or indications of dementia • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., depression)	**Requirement:** APS **Information to include:** • Details of type of Parkinson's • Type of treatment • Compliance and response to medication • Severity of the disease • Active and independent lifestyle (outline activities of daily living)	**Best Case:** Over age 80 with very mild symptoms, fully active and living independently, no medication can be considered Preferred **Typical Case:** Mild or moderate disease, over age 60, fully active and living independently, no complications, compliant with medication: 150 to 200% **Worst Case:** Severe disease: Decline
Peripheral Artery Disease (PAD)/ Peripheral Vascular Disease (PVD) A disease resulting from the presence of systemic atherosclerosis mainly in the abdominal and lower extremity arteries.	• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Smoking status – if currently smoking this will have a greater impact on disease progression • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build)	**Requirements:** APS, paramed, EKG – selectively **Information to include:** • Copies of any vascular and cardiac investigation • Details of any ongoing symptoms • ABI score • Details of risk factor modification • Active lifestyle	**Best Case:** Standard Plus with a normal ABI score. Preferred is possible over age 60 with a normal ABI score, Non-Smoker and favorable risk factors **Typical Case:** Clinical diagnosis of PAD, asymptomatic, no cardiac investigation, ongoing treatment, no ABI Age 50–69: 200% Age 70–79: 175% Age 80+: 150% **Worst Case:** Severe ABI: Decline Moderate ABI and under age 40: decline Smoker: Decline
Pulmonary Nodule A small shadow found on chest x-ray that may be caused by a benign cyst, infection or abscess, or granuloma.	• Current age • Date of diagnosis • Any treatment • Date treatment completed • Benign pathology • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis)	**Requirement:** APS **Information to include:** • Copies of tests • Details of follow-up • Demonstrated stability of lesion	If any malignancy, refer to Lung Cancer **Pulmonary Nodule:** Can be due to a benign cause. The underwriter must investigate thoroughly • Size of nodule ≤4 mm: Standard possible with no postpone; Preferred possible after 1 year of stability • Size of nodule >4 mm: postpone 1–2 years with CT scan follow-up reports • Minimum two-year postpone for Smokers

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Rheumatoid Arthritis This is an autoimmune disease which can affect not only the joints but also skin, eyes, lung, heart, blood, or nerves. This disease can affect everyone differently.	• Severity of symptoms • Medications being taken • Any limitations of daily activities • No other significant medical condition(s)	**Requirement:** APS **Information to include:** Laboratory results	**Best Case:** Mild disease, under regular care of a physician, no other medical conditions and diagnosis 2+ years, well controlled on non-steroidal medications or immunosupressants: Preferred possible **Typical Case:** 150 to 250% depending on whether moderate or severe, medications, duration, and age **Worst Case:** Client has limited mobility and/or has other significant medical conditions: Decline
Sleep Apnea Breathing stops for a short period during sleep.	• Current age • Type of apnea (obstructive, central or mixed) • Severity • Treatment (CPAP or surgery) • Compliant with treatment • Date of last sleep study • Current height/weight • Concurrent impairments such as CAD, arrhythmia, PVD, hypertension • Smoking history	**Requirement:** APS **Information to include:** • Sleep studies, details of treatment and compliance • Details of risk factor control (e.g., build, medications), and lifestyle modification (smoking, tranquilizers)	**Mild disease** and no complications: Standard **Compliance with prescribed therapy could be Preferred** **Moderate disease:** • Treated and compliant with therapy: Standard • Untreated and no complications: 150 to 200% **Severe disease:** • Untreated and no complications: 200% to decline • Treated and compliant with therapy: Standard to 150% Use higher ratings if applicant <age 50

MEDICAL IMPAIRMENTS

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Stroke Permanent (>24 hours) damage to the brain caused by a vascular event, thrombosis, or hemorrhage resulting in permanent neurological deficit.	• Current age • Date of diagnosis and age at onset • Current symptoms/extent of neurological deficit • Cause of stroke • Treatment • Medications • Number of strokes • Smoking history • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	**Requirement:** APS **Information to include:** • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	Preferred is not available Unable to consider until 12 months after the stroke If multiple strokes, usually decline The typical rating for a well worked up mild stroke, with minimal residuals, 150 to 200%. The younger the applicant and the more recent the stroke, the higher the rating **Lacunar infarct** – Age 75 and over, incidental MRI finding of lone lacunar infarct with no precipitating symptoms, favorable risk factors: Preferred may be possible
Transient Ischemic Attack (TIA) An episode of neurological dysfunction lasting less than 24 hours and no permanent neurological deficit.	• Current age • Date of diagnosis and age at onset • Any neurological deficit • Number of episodes • Treatment • Medications • Smoking history • Test results • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	**Requirement:** APS **Information to include:** • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	Unable to consider until 6 months after the episode Average rating is Standard to 150% depending on the age For age 70 and over: Preferred possible if remote history of TIA with equivocal findings at the time of medical work-up
Ulcerative Colitis Chronic inflammatory ulceration of the colon (relapsing-remitting type disorder).	• Current age • Severity of the disease • Frequency of flare-ups • Severity of symptoms • Medication (ongoing oral steroid therapy) • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments (e.g., rheumatoid arthritis or other inflammatory disease)	**Requirement:** APS **Information to include:** • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	The younger the age at application and the more severe the course of the disease, the higher the ratings **Mild:** Best cases, i.e., well-controlled on non-steroidal medication, no immunosupressants, >5 years since last attack: Preferred is possible **Moderate (including steroid treatment):** Standard possible at older ages if more than 5 years since last attack. Up to 350% for recent attacks and at younger ages **Severe:** May not be insurable until stabilized for 1 year

Underwriting the Long-Term Care Rider[1]

The Long-Term Care (LTC) rider is underwritten based on morbidity risk rather than mortality risk and as a result, some proposed life insureds may not qualify for this rider even if they are Standard or better mortality risks. Also, some combinations of Standard impairments may require this rider to be declined.

- The Long-Term Care rider cannot be issued at better ratings/rate classes than the life base policy assessment
- For applications that include the Long-Term Care rider, HealthStyles may be applied to improve the base policy assessment, but the rider itself is not eligible for an upgrade
- Risks with multiple impairments will be reviewed on an individual consideration basis

The Long-Term Care rider is available only if the life coverage is approved. It is NOT available:

- When the mortality rating on the base policy is >175%
- With a flat extra
- To residents of foreign countries and also U.S. citizens traveling outside the U.S. for greater than six months per year (183 days)
- With any increasing rider (Return of Premium, Increasing Supplemental Face Amount)
- Post issue (i.e., the rider must be applied for with the life insurance application)

CONDITION AND DESCRIPTION	LIKELY UNDERWRITING DECISION
Activities of Daily Living (ADLs)	Decline if unable to perform any of the following ADLs or require supervision to do so: bathing, continence, dressing, eating, toileting or transferring
Alzheimer's Disease/Dementia	Decline
Ankylosing Spondylitis	May be insurable with life ratings up to 150%[2]
Assistive Devices (including mobility aids)	Decline (examples include: cane, crutches, walker, wheelchair, scooter, hospital bed, stairlift, permanent catheter, respirator or oxygen)
Asthma	• Non-Smokers: May be insurable based on life ratings • Asthma classified as moderate or severe disease, or asthma in combination with smoking: Decline

The Long-Term Care rider can be purchased in addition to a life insurance contract. This benefit allows an accelerated payout of a specific proportion of the proceeds of the life insurance as a reimbursement of long-term care costs. Refer to the Technical Guide — Long-Term Care Rider for additional information.

1. The Long-Term Care (LTC) rider is an accelerated death benefit rider and may not be considered long-term care insurance in some states. There are additional costs associated with this rider. The Maximum Monthly Benefit Amount is $50,000. When the death benefit is accelerated for long-term care expenses it is reduced dollar for dollar, and the cash value is reduced proportionately. Please go to John Hancock's producer website to verify state availability.

This rider has exclusions and limitations, reductions of benefits, and terms under which it may be continued in force or discontinued. Consult the state specific Outline of Coverage for additional details.

2. Best rate class available for LTC rider will be Standard.

UNDERWRITING THE LTC RIDER

CONDITION AND DESCRIPTION	LIKELY UNDERWRITING DECISION
Benign Cognitive Impairment	Decline
Bipolar Disorder (also known as Bipolar Affective Disorder or Bipolar Depression)	• Disease diagnosed as severe or new onset, or treated with anti-psychotic medications: Decline • Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings
Build	• Individuals who have a BMI of ≤18.0 or ≥40.0 will not be considered • Overweight individuals with arthritis, CAD or other risk factors, and underweight individuals with depression, osteoporosis, and other risk factors may not be considered within BMI of 18.0–40.0
Cancer	If any life rating is required: Decline
Carotid Bruit/Carotid Disease An abnormal sound in the carotid artery caused by atherosclerosis. It is a sign of a risk for stroke.	• Unilateral or with favorable investigations: May be insurable based on life rating[1] • Uninvestigated cases with bilateral bruits: Decline
Chronic Fatigue Syndrome Severe fatigue generally lasting six months or longer where all other causes have been eliminated.	• Diagnosed over six months ago, not disabled, treated, asymptomatic, without limitations: May be insurable based on life ratings[1] • Diagnosed within the past six months, receiving disability payments, with limited activity or treated with steroids or narcotics: Decline
Chronic Obstructive Pulmonary Disease (Bronchiectasis, COPD, Chronic Bronchitis)	Non-Smokers may be insurable based on life rating[1]
Chronic Pain	• Fully active, no ongoing treatment with narcotics or narcotic injections, no assistive devices: May be insurable based on life rating[1] • With co-existing depression: Decline
Coronary Artery Disease (CAD)	• Age 45 and under: Decline • Over age 45 and Non-Smoker: Long-Term Care rider may be insurable based on life ratings[1] • In combination with co-morbid diseases (TIA, diabetes, PVD, valvular heart disease): Decline
Crohn's Disease	• Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings[1] • Disease diagnosed as severe: Decline • Use of steroids 7.5 mg or more daily, or treatment with Remicade, Imuran, Cimzia, Neoral, Purinethol or similar type medications: Decline • Any ongoing weight loss or evidence of osteoporosis: Decline
Deep Vein Thrombosis (DVT)	• One episode over six months ago, Non-Smoker: Long-Term Care rider may be insurable based on life ratings • In combination with hypercoagulable state: Decline
Dementia	Decline

1. Best rate class available for LTC will be Standard.

UNDERWRITING THE LTC RIDER

CONDITION AND DESCRIPTION	LIKELY UNDERWRITING DECISION
Depression	• Stable, mild and moderate with no limitations: May be insurable based on life ratings • New onset or severe: Decline • History of alcohol abuse, psychotic symptoms, requiring hospitalization, suicide attempt, or treatment with anti-psychotic medications: Decline
Diabetes	• Type 2 at ages 40 and older, Non-Smoker, blood sugars are well controlled and no complications: Long-Term Care rider may be insurable based on life ratings[1] • Type 1: Decline • Other scenarios including history of any co-morbid diseases such as CAD, TIA, CVD, kidney disease: Decline • Smokers: Decline
Disability	Decline if currently receiving disability benefits
Fibromyalgia This is widespread pain in the muscles, ligaments, and tendons.	• Diagnosed over six months ago, asymptomatic, active lifestyle, treated only with non-steroidal anti-inflammatory medication, and no associated depression: Long-Term Care rider may be insurable based on life ratings • Diagnosed within the past six months: Decline
Frailty	Decline
Handicap sticker or placard	Decline
Kidney Failure	Decline
Kyphoscoliosis A disorder characterized by progressive deformity of the spine.	Mild or moderate deformity, no osteoporosis and asymptomatic for at least six months: Long-Term Care rider may be insurable on a Standard basis
Multiple Sclerosis	Decline
Musculoskeletal Impairment Includes Degenerative Disc Disease (DDD), Joint Replacement, Radiculopathy, Spinal Stenosis.	• Must be: fully active, no assistive devices, asymptomatic, minimal physiotherapy, and no occupational therapy or surgeries within the past six months: Long-Term Care rider may be insurable on a Standard basis • Any ongoing treatment with narcotic pain killers, multiple steroidal injections, history of osteoporosis, fractures, and any pending surgeries: Decline
Neurogenic Bladder or Bowel	Decline
Obstructive Sleep Apnea (OSA)	• Non-Smoker, compliant with treatment, no rateable build: Long-Term Care rider may be insurable based on life ratings[1] • In combination with any co-morbities such as CAD, diabetes, obesity, PVD, TIA, valvular heart disease, or alcohol abuse: Decline
Optic Neuritis	Unknown cause (i.e., idiopathic, and multiple sclerosis clearly ruled out as the cause), fully recovered, only one episode over two years ago: Long-Term Care rider may be insurable on a Standard basis
Osteoarthritis	• Mild to moderate disease, active lifestyle, no assistive devices, asymptomatic, no limitations: May be insurable at Standard or better • Severe disease, symptomatic, limitations, obesity, ongoing physiotherapy, narcotic use, steroid injections, or pending/recommended surgery: Decline

1. Best rate class available for LTC rider will be Standard.

UNDERWRITING THE LTC RIDER

CONDITION AND DESCRIPTION	LIKELY UNDERWRITING DECISION
Osteoporosis and Osteopenia	• Best cases, Non-Smoker, under treatment, active lifestyle, and favorable risk factors: May be considered for Preferred. Cases with mild risk factors may be limited to Standard. Mild or moderate osteoporosis, not compliant with medication, with fracture history, co-morbid conditions, or other risk factors could be +50 to decline • With multiple fractures, T-score >-4.0, Smoker: Decline
Parkinson's Disease	Decline
Peripheral Arterial Disease (PAD, PVD)	• Mild disease and Non-Smoker, asymptomatic, active lifestyle, fully investigated with normal ABI scores: Long-Term Care rider may be insurable based on life ratings • With multiple fractures, T-score >4.0, Smoker: Decline
Pneumonia	Proposed life insured over age 70 with more than one episode of pneumonia or any history of aspiration pneumonia within the past three years: May result in a decline
Pulmonary Hypertension	Decline
Rheumatoid Arthritis (including Psoriatic Arthritis)	• Mild, stable for over two years, no assistive devices, no limitations to any activities of daily living: Asymptomatic cases may be insurable based on life rating[1] • Treatment with Humira, Enbrel, Arava, or similar medications: A rating will be applied • Severe, multiple joint deformities, currently treated with physiotherapy or occupational therapy, or multiple joint replacements: Decline • Treatment with Remicade, Ridaura, or Kineret: Decline
Supportive Services	• Residence in an assisted living facility: Usually decline • Residence in a nursing home: Decline • Receiving adult day care, disability benefits, worker's compensation, home health care, or Medicaid: Decline
Stroke (including lacunar infarct)	Decline
Systemic Lupus Erythematosus	Decline
Transient Ischemic Attack (TIA)	• Age 61 and up, Non-Smokers only, single episode more than 12 months ago, asymptomatic with no cognitive or physical residuals: Long-Term Care rider may be insurable based on life ratings • Age 60 and under: Decline • Others or with history of co-morbid conditions such as CAD, PVD, valvular heart disease, diabetes: Decline
Urinary Catheter	• Temporary catheter: May be insurable based on all factors of the case • Permanent catheter: Decline
Ulcerative Colitis	• Mild to moderate disease with no complications and last flare up more than 12 months ago: Long-Term Care rider may be insurable based on life ratings[1] • Severe disease or any co-morbid history such as hepatitis, cholangitis, amyloidosis: Decline • Treatment with Remicade, Cimzia, Purinethol: Decline
Valvular Heart Disease	• Mild to moderate aortic and mitral valve disease, age 50 and older: May be insurable based on life rating • Severe disease, valve replacement or co-morbid conditions such as CAD, PVD or TIA: Decline

1. Best rate class available for LTC rider will be Standard.

Non-Medical Risks

AVIATION

General Guidelines

- Retention and reinsurance are reduced for aviation without an exclusion rider
- Minimum issue age: 21
- Maximum issue age: 74 (age 70 for student pilots)
- Aviation exclusion will apply when maximum mortality or age is exceeded on Individual policies
- Maximum rating considered insurable with aviation: 200%
- Aviation exclusion does not apply on Survivorship policies (if the aviator exceeds the maximum age or rating, he/she can only be issued as uninsurable)
  – If aviator is uninsurable, verification is required that the spouse does not fly as a passenger with the aviator
- Aviation exclusion cannot be applied if aviation is the means of the insured's livelihood
- Aviation must occur in North America (excluding Alaska) and locations must have tower support (i.e., non-remote areas)
- Significant medical, accident, or drug/alcohol history, and/or motor vehicle violations may affect the availability of coverage

ACTIVITY	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Aviation: Commercial Certified air carriers and commuter airlines that are strictly regulated and have very good experience. Pilots who have a commercial license and fly smaller aircraft for a variety of purposes.	• Current age • Commercial carrier • Where they fly • Type of aircraft flown • Type of flying	**Requirement:** *Aviation Questionnaire* **Information to include:** • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Pilot or crew of certified air carrier may qualify for Preferred or better on a case by case basis Other types of aircraft or flying require ratings ranging from $2.50–$10/1000, e.g.: • Crop dusting, bush pilots, air ambulance: $5/1000 • Power line inspection, traffic control, sightseeing: $3.50/1000
Aviation: Military Military pilots are exposed to different risks than civilian pilots. In addition to the risk of combat, they generally fly more hours than private pilots to maintain proficiency, and this flying can simulate combat conditions.	• Current age • Which branch service (Air Force, Navy, Marine, Coast Guard) • Shore or carrier based • Instructor • Type of aircraft • Type of flying	**Requirement:** *Aviation Questionnaire* **Information to include:** • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Most military aviation ratings range from $2.50–$10/1000 Higher extras used for younger ages and carrier based Aircrew rated the same as pilot Aviation exclusion generally only offered to those in ROTC and service academies who have aviation duties If posted to war zone, we would decline coverage

AVIATION

ACTIVITY	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Aviation: Private Private pilots are those who are licensed as private pilots (whether they have IFR or not), and fly for recreational and business reasons. Business flying in this category refers to non-professional pilots who are flying for business purposes (but not flying for pay).	• Current age • Pilot experience including ratings • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying	**Requirement:** *Aviation Questionnaire* **Information to include:** • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Risk is based on annual hours flown, age, and instrument ratings With IFR or ATP certification (up to age 70, with at least 300 total hours' experience) – • Flying 25–200 hours/year: Preferred • Flying 200–300 hours/year: Standard Plus • Flying >300 hours/year: $2.50/1000 Without IFR or ATP certification – • Flying <200 hours/year: Possible Standard Plus • Flying >200 hours/year: $3.50/1000 Other flying conditions may impact final rate
Aviation: Student	• Current age • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying • Pilot experience including any ratings	**Requirement:** *Aviation Questionnaire* **Information to include:** • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Student pilots or pilots with less than 100 total hours in command: $3.00/1000 with Preferred underlying base rate if they otherwise qualify Exclusion would apply for student pilots over age 70
Aviation: Sport This covers a number of types of recreational flight activities, which include the use of non-conventional aircraft, competition, or performances.	• Current age • Pilot experience including ratings • Amateur or professional • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying	**Requirement:** *Aviation Questionnaire* **Information to include:** • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Risk is based on the base aviation risk, where applicable, as well as the type of special risk Ratings range from $2.50/1000 to decline Examples: Ballooning may be Standard Plus Hang gliding may be $5/1000 Paragliding may be $2.50/1000

AVOCATIONS

ACTIVITY	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Mountain Climbing (including cliffs, ice and/or snow, rock, and trail/trekking)	• Type of climbing • Frequency of climbs • Difficulty grading and maximum altitude (climbed in past and/or future plans) • Location of climbs • Training and experience of climber and support team • Any solo climbing • Any ice climbing • Details of any accidents requiring hospital treatment • Fitness level and existing medical conditions • Alcohol or driving criticism	**Requirement:** *Avocation Questionnaire, Foreign Travel Questionnaire* (if applicable) **Information to include:** • Overall experience • Frequency • Type of terrain • Difficulty of climbs	If no significant health conditions or non-medical risks (i.e., other avocations, drug/alcohol abuse, and/or driving violations): • Trekking, bouldering, rappelling, artificial climbing walls – possible Preferred • Under 10,000 feet, lower difficulty levels – Standard Plus to Preferred • Over 10,000 feet, higher difficulty levels or ice climbing – $2.50–$7.50/1000 Frequent climbs or search and rescue may increase rating or be declined Solo climbing, climbing in the Himalayas (including Everest) and Mt. McKinley/Denali, and climbs over 23,000 feet, are uninsurable
SCUBA (Self Contained Underwater Breathing Apparatus) Diving	• Current age • Experience including certification • Depths and frequency of dives • Medical history • Lifestyle • Dive location (e.g., lake, open ocean, beaches) • Dive sites (e.g., wreck, salvage) • Diving activities (e.g., search and rescue, caves, ice) • Commercial diving	**Requirement:** *Avocation Questionnaire, Foreign Travel Questionnaire* (if applicable) **Information to include:** • Type of diving (location, site, activities) • Experience • Frequency • Depth	Most average, recreational divers are Standard or better risks Rating $2.50/1000 to decline: Depending on the combination of depth (>120 feet), experience and technical diving SCUBA history combined with medical ratings >200% due to CAD, cerebrovascular disease, obesity, respiratory disease, and psychiatric illness are usually declined

DRIVING

ACTIVITY	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Driving Motor vehicle accidents are the primary cause of death at younger ages, and the sixth leading cause of deaths overall. Contributing factors to fatal accidents include alcohol and excessive speed. At older ages (>65), it can be a flag for underlying cognitive degeneration.	• Current age • Types of infractions • Frequency of infractions • DWI (multiple) • Other suspensions and number of suspensions • Accident (at fault) • Risk-taking avocations	**Requirement:** MVR **Information to include:** • Number and types of violations • Date of last violation • Date of last suspension, length of, and reason for suspension	DWI cannot be considered until the license has been reinstated **Best Case:** Standard or Standard Plus if few, minor infractions **Typical Case:** $2.50–$5/1000 x 3 years **Worst Case:** Decline (multiple DWIs)
Motor Vehicle Racing	• Current age • Type of vehicle/size of engine • Type of fuel • Frequency • Speeds attained (average, highest) • Type of course • Location (outside U.S. or Canada) • Concurrent avocations	**Requirements:** *Avocation Questionnaire* *Foreign Travel Questionnaire* (if applicable) **Information to include:** • Type of racing and frequency • Speeds attained	**Typical Case:** $5/1000 **Worst Case:** $10–$15/1000 to decline

PROFESSIONAL ATHLETES

General Guidelines

- Professional athletes on sports teams (including coaches and general managers) are eligible for permanent products only. Athletes such as professional golfers and tennis players may be eligible for Term products
- Maximum issue age: 80
- Maximum exposure per sports team is $55 million; once the team cap is reached, additional players, coaches and general managers cannot be considered
- Key Person coverage is subject to documented confirmation of a contract with five remaining years

	Professional Athletes on Sports Teams (includes Coaches and General Managers)	Professional Athletes not on Sports Teams
Automatic Binding Limit[1]	$25,000,000[2]	$65,000,000
Jumbo Limit	$65,000,000	$65,000,000
Retention[1]	$10,000,000 (per player)[2]	$30,000,000
Team Cap	$55,000,000	N/A

1. Retention and reinsurance grade down at higher ages and ratings.
2. Assumes no inforce coverage, and within team cap.

Underwriting Guidelines For Foreign Travel

These guidelines apply to U.S. residents including residents of Puerto Rico, Guam and the U.S. Virgin Islands traveling for less than six months per year. Travel for six months (183 days) per year or longer is considered Foreign Residency.

- All products are available
- Applications should not be submitted with any travel planned outside of North America within the next 30 days, until the applicant's return
- Coverage may not be available to individuals traveling to any country where a U.S. State Department travel warning, advisory, or alert has been issued. Military deployment to a war zone will not be considered
- Occupations such as foreign correspondent, diplomat, missionary, security personnel, and foreign aid worker will not be considered

See page 52 for a complete list of country classifications.

CONDITION AND DESCRIPTION	FACTORS AFFECTING THE DECISION	FOR SMOOTHER PROCESSING	LIKELY UNDERWRITING DECISION
Foreign Travel	• Which countries and destinations in each country • Frequency and duration of visit (total number of days/year in each country) • Purpose of travel • Age of applicant • Health of applicant • U.S. citizen or permanent resident	**Requirement:** *Foreign Travel Questionnaire* **Information to include:** Travel questionnaire outlining destination(s), frequency and duration of visits must be submitted with the initial documents	**Best Case:** Super Preferred available for travel to A and B countries for up to sixor up to three months, and to most E countries[1] for travel up to two weeks **Standard:** Available for travel to C countries for more than three months up to six months **Decline:** any travel to Afghanistan or Iraq Travel to other E countries[1] for up to four weeks – individual consideration will apply

1. Travel to E countries will be considered only for major cities.

Underwriting Guidelines for Non-U.S. Residents

John Hancock offers competitive life insurance coverage for your high net worth (HNW) global clients with ties to the United States. The following section provides details about our requirements and guidelines for this market.

Who Are Your Clients?

For the purposes of obtaining John Hancock life insurance coverage, your foreign national client must:

- Reside outside of the U.S. more than six months (183 days) each year,
- Have a "U.S. connection"/meaningful tie to the U.S., AND
- Have a global minimum net worth equivalent to $5 million U.S. dollars or more.

In addition, coverage may not be available for individuals residing in or traveling to any country where a U.S. State Department travel warning advisory or alert has been issued. United States military personnel residing in a foreign country or deployed to a war zone will not be considered.

U.S. Connection Guidelines

Foreign national clients must have the following physical and financial presence in the United States:

1. A minimum 15-day stay annually,
2. An existing U.S. financial presence including a U.S. bank account, AND
3. U.S. assets to help justify coverage — specifically 25% of assets required to justify the amount of coverage applied for must have been held in the U.S. for a minimum of six months prior to application.

In addition, foreign national clients must also meet one of the following:*

1. Own real estate in the U.S.,
2. Own a business in the U.S., or working for a U.S. company,
3. Have a U.S. tax liability, OR
4. Have an immediate family relation residing in the U.S.

Additional Requirements

There are also requirements regarding solicitation and financial justification that apply to foreign nationals:

- **Solicitation:** All solicitation must take place in the U.S., regardless of the country of residence. Solicitation is defined as the entire new business process, e.g., illustration, application, and completion of underwriting requirements including examinations and policy delivery. In addition to U.S. solicitation, the life insurance policy must be paid for from an existing U.S. bank account (see "Parameters" on page 48 for more details).
- **U.S. financial presence:** Of the assets that the owner of the life insurance policy must have in order to justify the amount of coverage applied for, 25% must be U.S. assets that have been held for at least six months prior to the application (see the example on page 50).

Help Ensure a Smooth Application Process

Once you've established that your client qualifies for U.S. life insurance coverage, use the following information to ensure your case meets John Hancock's foreign national guidelines and parameters.

*If the owner of the policy differs from the insured, the owner should also demonstrate U.S. connections.

UNDERWRITING GUIDELINES FOR NON-U.S. RESIDENTS

Foreign National Parameters

Before submitting an application, please check to ensure your case falls within the following parameters. Additional guidelines and tips are included on pages 49-50.

Minimum Issue Age	20
Maximum Issue Age	75[1,3]
Minimum Net Worth[2]	$5 million U.S. or equivalent
Minimum Face Amount	$1 million
Best Class Available[3,4,5]	A and B: Super Preferred C: Preferred
Maximum Mortality Rating	200%
Maximum Capacity[6]	$40 million for A and B countries[1] $24 million for C countries[1] $25 million for Canada
Jumbo Limit[7]	$65 million for A and B countries, and $45 million for C countries[8]
Ownership Structure	• The owner must have a U.S. Tax ID or SSN, or must complete W-8BEN • Two-party ownership (i.e., personal ownership) is allowed • Offshore trusts are not allowed
Solicitation	All solicitation must take place in the U.S, regardless of the country of residence. Solicitation is defined as the entire new business process, e.g., illustration, application, and completion of underwriting requirements, including examinations and policy delivery. Please note that the applicable law and state version of an application should be the state where there is an independent connection with the policy owner and where the owner signs the application. For example, if the foreign national has a home in Florida and was solicited and will be signing the application in Florida, a Florida state version of the John Hancock application should be submitted.
Products	All John Hancock permanent fully underwritten products are available. The same capacity is used for both individual and survivorship coverage.[9] For foreign nationals who are not U.S. citizens, Term coverage is available only for key person U.S. business purposes.

1. Applicable country code and maximum capacity is based on where the proposed insured resides for more than six months per year.
2. Some exceptions may apply for U.S. citizens living abroad; please consult with your underwriter.
3. Best Class will be reduced for U.S. citizens living abroad who do not have a net worth equivalent to $5 million U.S. dollars or more. Automatic capacity for C countries is limited to issue age 70.
4. Eligibility for HealthStyles credits may be considered for Country A risks.
5. Non-HNW applicants of C countries must reside in an approved major city and require a flat extra rating. Please consult with your underwriter.
6. Capacity may vary in the following scenarios:
   – For ages 71-75 (where applicable)
   – For residents of Singapore, China, Hong Kong, and Macau
   – For Term products
   – For M-proprietary products
   – Further details on capacity and country codes can be found in the Field Underwriting Guide on John Hancock's producer website
7. The Jumbo Limit is the sum of all inforce coverage plus pending formal applications with all companies including John Hancock. Existing insurance that is being replaced will be deducted, providing we receive a fully executed absolute assignment replacement form transferring ownership to John Hancock.
8. For M-proprietary products, please confirm Capacity and Jumbo Limit with your John Hancock M-dedicated underwriter.
9. Please note that for survivorship coverage, both lives must meet issue age and maximum mortality rating requirements.

UNDERWRITING GUIDELINES FOR NON-U.S. RESIDENTS

Scenarios Where Coverage is Not Available

Please note the following scenarios where John Hancock does not offer coverage to foreign nationals:

- **Term products** — Foreign nationals are not eligible for Term coverage except when a U.S. business is insuring them for key-person or business purposes. (Foreign nationals who are U.S. citizens may qualify for Term insurance to be used for any purpose.)
- **Certain occupations** — Clients in certain occupations, and in some cases their family members, are uninsurable – for example, politically exposed persons (PEPs) or their family members, government or military personnel, missionaries, journalists, diplomats, members of the judiciary, security personnel, and trade union officials.
- **Aviation** — Individual policies may be offered to private pilots only, with an aviation exclusion; survivorship policies not available with aviation risk.
- **Riders** — Your foreign national clients may not include underwritten riders in their life insurance coverage, e.g., Waiver of Monthly Deductions, Disability Payment of Specified Premium, Return of Premium, Increasing Supplemental Face Amount and Long-Term Care. In addition, currently the John Hancock Vitality Program (Healthy Engagement Rider) and John Hancock Term with Vitality are not available to foreign national clients.
- **Travel advisories** — Coverage may not be available in any country with a travel warning or alert in effect.

Underwriting Requirements

Avoid delays in the underwriting process. The following checklist details what to include in an "in good order" submission.

Financial underwriting requirements

Financial underwriting is a critical part of the underwriting process that examines the economic feasibility of the case at hand, and allows the underwriters to consider the insurable interest at the time of the application. Please submit the following requirements:

- ✔ *Foreign Resident Inquiry* form — submit with informal application
- ✔ A broker's cover letter of introduction, to include detailed travel information. (See "Tips to Packaging Your Case" on page 50)
- ✔ A completed *Financial Supplement for Personal Insurance* OR *Financial Supplement for Business Insurance*
- ✔ Proof of identity (e.g., copy of passport or visa)
- ✔ Letter of reference from financial institution with all account values and duration of relationship. If not provided, detailed account statements must be submitted to support the declarations on the *Financial Supplement for Personal Insurance* or *Financial Supplement for Business Insurance*

Additional considerations

In addition to these requirements, the underwriter also takes into account insurable interest/insurable loss, and the net worth and assets required to justify the requested coverage.

- **Insurable interest/insurable loss**

  The first consideration in financial underwriting is to establish that an insurable interest exists. The concept of insurable interest is fundamental to ensuring that the insurance applied for makes economic sense. We consider insurable interest as existing when the owner (if other than the insured) and the designated beneficiary have a financial interest in the continued life of the insured and are able to demonstrate a measurable financial loss should the insured die prematurely. The loss should equal or exceed the requested insurance amount. The underwriter will examine the amount of potential loss suffered by an owner/beneficiary in the context of the requested death benefit, purpose of coverage and financial profile (including the ability to pay ongoing premiums). It is the risk of loss that helps the underwriter quantify the amount of insurable interest and ultimately justify the requested death benefit.

UNDERWRITING GUIDELINES FOR NON-U.S. RESIDENTS

- **Justifying the coverage**

  John Hancock underwriters also consider a client's global net worth when determining capacity and justification for the coverage requested. However, 25% of the assets required to justify the amount of coverage applied for must be held in the U.S. for a minimum of six months prior to the application.

EXAMPLE

Application	• 55-year-old male, citizen of the U.K. • Applying for $10 million (typically would require net worth of $7-8 million to qualify); no coverage inforce with John Hancock • Net worth — $12 million ($3 million U.S.; $9 million foreign)
U.S. Connection	• $3 million U.S. brokerage account (i.e., more than 25% of the $7-8 million required to justify face amount), and • Three week-long trips per year to Miami for business
Amount Offered	$10 million as applied for

Medical underwriting requirements

✔ John Hancock's routine underwriting requirements (see interactive Field Underwriting Guide on John Hancock's producer website)

✔ Medical records (five-year history) from all the appropriate physicians and medical facilities

✔ APS must be provided in English. John Hancock does not cover translation fees and the translator should be at arm's length to the sale

TIPS TO PACKAGING YOUR CASE

Take advantage of the following tips to help streamline the application process.

✔ **Identify your client:**

- Determine if your client meets the guidelines and requirements outlined on page 47
- Check that your case falls within the parameters and scenarios on pages 48-49

✔ **Submit an informal application:**

- Include the *Foreign Resident Inquiry* form
- Include a broker's cover letter of introduction with the following information:
  - Details of residences and travel outside country of residence
  - Source of your referral to the proposed insured
  - Proposed insured's background information and mention of any other publicly available information
  - Source of insurance premium: at John Hancock we require premium to be paid from a pre-existing U.S. bank account and billing address. It is important to note the account history and how long it has been in place
  - Time spent in the U.S.

UNDERWRITING GUIDELINES FOR NON-U.S. RESIDENTS

Risk Class Available By Country Code

RISK CLASSES[1]	COUNTRY CODE CLASSIFICATION		
Non-Smoker	A[2]	B	C[3]
Super Preferred	✔	✔	
Preferred	✔	✔	✔
Standard Plus[4]	✔	✔	✔
Standard	✔	✔	✔
Preferred Smoker	✔	✔	✔
Standard Smoker	✔	✔	✔

1. Best Class will be reduced for U.S. citizens living abroad who do not have the net worth equivalent to $5 million U.S. or more.
2. Eligibility for HealthStyles credits may be considered for Country A risks.
3. Non-HNW applicants of C countries must reside in an approved major city and require a flat extra rating. Please consult with your underwriter.
4. Standard Plus is available depending on product selection.

Permanent Coverage Capacity – High Net Worth Individuals

The following is a summary of available amounts for Non-U.S. residents applying for Permanent coverage, providing there is no additional coverage in force with John Hancock:

		CAPACITY — PERMANENT COVERAGE	
COUNTRY OF RESIDENCE	RESIDENCY CODE	AGES 20–70	71–75
Hong Kong & Macau	A	$30,000,000	$30,000,000
Canada	A	$25,000,000	$25,000,000
Singapore	A	$10,000,000	$10,000,000
All other A	A	$40,000,000	$30,000,000
China	B	$34,000,000	$30,000,000
All other B	B	$40,000,000	$30,000,000
All C	C	$24,000,000	$6,000,000

Country Classifications for Foreign Travel and Non-U.S. Residents[1,2]

A COUNTRIES

Andorra
Anguilla
Australia
Austria
Belgium
Bermuda
British Virgin Islands
Brunei Darussalam
Canada
Canary Islands
Cayman Islands
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hong Kong
Hungary
Iceland
Ireland
Israel – excluding West Bank, Gaza and Golan Heights
Italy
Japan
Latvia
Liechtenstein
Lithuania
Luxembourg
Macau
Malta
Martinique
Monaco
Netherlands
New Zealand
Norway
Poland
Portugal
Qatar
San Marino
Singapore
Slovak Republic (Slovakia)
Slovenia
South Korea
Spain
Sweden
Switzerland
Taiwan
Turks and Caicos
United Arab Emirates
United Kingdom

B COUNTRIES

Antigua & Barbuda
Argentina
Armenia
Aruba
Bahamas
Barbados
Belarus
Bosnia and Herzegovina
Botswana
Brazil
Bulgaria
Chile
China
Costa Rica
Croatia
Curacao
Dominica
Ecuador
French Polynesia
Grenada
Guadeloupe
Jamaica
Kazakhstan
Kuwait
Macedonia
Malaysia
Maldives
Mauritius
Mexico
Montenegro
Netherlands Antilles
New Caledonia
Northern Mariana Islands
Oman
Palau
Panama
Romania
Russian Federation
Saudi Arabia
Serbia
Seychelles
South Africa
St. Kitts and Nevis
St. Lucia
St. Martin
St. Vincent & The Grenadines
Suriname
Trinidad & Tobago
Turkey
Uruguay

C COUNTRIES[3]

Albania
Belize
Bhutan
Bolivia
Cambodia
Cape Verde Islands
Colombia
Cook Islands
Dominican Republic
El Salvador
Fiji
French Guyana
Gabon
Guatemala
Honduras
India
Indonesia
Jordan
Micronesia
Moldova
Mongolia
Montserrat
Morocco
Namibia
Nicaragua
Paraguay
Peru
Philippines
Samoa
Sri Lanka
Thailand
Tonga
Venezuela
Vietnam

E COUNTRIES

Afghanistan
Algeria
Angola
Azerbaijan
Bahrain
Bangladesh
Benin
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Comoros
Congo
Congo, Dem People's Rep (formerly Zaire)
Côte d'Ivoire (Ivory Coast)
Cuba
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gaza
Gambia
Georgia
Ghana
Golan Heights
Guinea
Guinea Bissau
Guyana
Haiti
Iran
Iraq
Kenya
Kiribati
Kyrgyzstan
Laos
Lebanon
Lesotho
Liberia
Lybia
Madagascar
Malawi
Mali
Marshall Islands
Mauritania
Mozambique
Myanmar
Nauru
Nepal
Niger
Nigeria
Niue
North Korea
Pakistan
Palestine
Papua New Guinea
Rwanda
Sao Tomé & Principe
Senegal
Sierra Leone
Solomon Islands
Somalia
Sudan
Swaziland
Syria
Tajikistan
Tanzania
Tibet
Timor-Leste
Togo
Tunisia
Turkmenistan
Tuvalu
Uganda
Ukraine
Uzbekistan
Vanuatu
West Bank
Western Sahara
Yemen
Zambia
Zimbabwe

1. Country classifications and rates are subject to change at any time. For confirmation, please contact a John Hancock Underwriter or check via our interactive Field Underwriting Guide on John Hancock's producer website.

2. High-risk areas within some countries may be uninsurable. Contact your underwriter for details.

3. For foreign residents, a residency extra of $1 applies for non-HNW countries.

Note: We are not able to offer coverage to residents of Japan due to Japanese Government rules and regulations.



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Insurance policies and/or associated riders and features may not be available in all states. Some riders may have additional fees and expenses associated with them.

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

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