



CONCOURSE
FINANCIAL GROUP



Life Insurance

Field Underwriting Guide

Understanding the ins and outs of underwriting can seem like an impossible task. But the more underwriting knowledge you have, the easier it is to determine a clear path forward and recommend the right life insurance policy to your clients.

This guide outlines common health conditions reported on applications, questions underwriting officials might ask a client and the insights that inform their decision making, to help you better assess insurability and ensure a successful outcome for both you and your clients.

Carriers' underwriting requirements can change frequently. Our underwriting and case management teams are prepared to answer your questions when updates occur.

Health condition	Underwriting questions to ask	Possible underwriting decision	Decline
Cancer	Rates for cancer vary depending on type, stage, grade, date of last treatment and cancer considered to be in remission.		
Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> • Date of diagnosis? • What are most recent pulmonary function test results? • History of oxygen use? • Names and doses of medications? • History of shortness of breath? • Any smoking history? • Any cardiac history? 	<p>Standard rates may be possible if:</p> <ul style="list-style-type: none"> • Normal pulmonary function tests • Very active with no limitations • No tobacco • No other significant health history 	<ul style="list-style-type: none"> • Progressing disease • Surgery or lung transplant history • Oxygen use • Abnormal pulmonary function tests • Pulmonary heart failure/ cardiac history
Coronary artery disease (CAD)	Rates for CAD vary based on type of CAD, vessels involved, treatment, cardiac test results, control of condition and details of other health history.		
Crohn's	<ul style="list-style-type: none"> • Date condition diagnosed? • What is the frequency of episodes? • Date of last episode and what was severity? • What treatment was received? • Any history of ER visits or hospitalizations? • Names and doses of medications? • Any ongoing symptoms or complications? • Any surgical procedures? 	<p>Standard rates may be possible if:</p> <ul style="list-style-type: none"> • No episodes in the past 3 years • Currently considered to be in remission • Weight has been stable with no symptoms • Routine medical case established • Recent favorable colonoscopy completed 	<ul style="list-style-type: none"> • Ongoing symptoms/ episodes • Unstable weight • Complications (anemia, liver disease) • Pending surgery or recent surgeries • Negative pathology reports



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Diabetes	<ul style="list-style-type: none"> Type of diabetes (type 1 or type 2)? Age at diagnosis? What is last A1C reading? (month/year A1C taken) What type of treatment? Any other health history? Names and doses of medications? 	<p>Standard rates may be possible if:</p> <ul style="list-style-type: none"> Adult onset type 2 diabetes diagnosed after age 50 A1C under 7.0 No other health histories or complications Rates for type 1 diabetes vary based on age at diagnosis, treatment and long time control of condition 	<ul style="list-style-type: none"> Poor control (A1C > 9.0) Combined with other health history such as: CAD, peripheral vascular disease or cerebrovascular disease Chronic complications
Drug use/abuse	<ul style="list-style-type: none"> What type of drugs were used? Relapses? Date of last use? Reason for stopping? Traffic violations or legal problems caused by drug use? Stable work and home life? Hospitalization required? In/out-patient therapy? Member of AA/NA or support group? Any use of Antabuse/Suboxone? Normal blood studies? 	<p>Standard rates may be possible if:</p> <ul style="list-style-type: none"> Over age 30 with > 5 years with no current alcohol or substance abuse Normal labs Motor vehicle report favorable 1x rehab No other medical impairments 	<ul style="list-style-type: none"> Current alcohol or drug use Abnormal lab results Unfavorable motor vehicle report Criminal history More than 1 time inpatient or outpatient treatment Unemployed History of relapse

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<p>Epilepsy</p>	<ul style="list-style-type: none"> • Age diagnosed with condition? • Type of seizures? • Date of both first and most recent episode/seizure? • How many episodes per year? • What type of treatment? • Names and doses of medications? • Occupation? 	<p>Standard rates may be possible if:</p> <hr/> <ul style="list-style-type: none"> • No seizure in past 5 years • No history of alcohol/drug abuse • Normal CT scan • Regular follow-up with neurologist 	<ul style="list-style-type: none"> • First seizure has been in past year • Increasing frequency of seizures • Increasing severity of seizures • More than 12 seizures per year • Ongoing symptoms
<p>Hepatitis B or C</p>	<ul style="list-style-type: none"> • Age diagnosed with condition? • Type of hepatitis? • Type and dates of treatment? • Recovered? • Liver function test results? • Viral load? • Current or prior alcohol use? Type, quantity and frequency? 	<p>Best case standard to table rated offer if:</p> <hr/> <ul style="list-style-type: none"> • Treatment successful • Normal labs and no viral load • Liver biopsy favorable • Asymptomatic • No alcohol use 	<ul style="list-style-type: none"> • Failed or incomplete treatment • Markedly elevated liver enzymes • Liver biopsy with stage 3 or stage 4 fibrosis • Diagnosed within 6 – 12 months • Current alcohol use
<p>Multiple sclerosis</p>	<ul style="list-style-type: none"> • Age diagnosed with condition? • Any current or prior symptoms? • Dates and frequency of attacks and remission? • Medication type and dosage? • Is condition stable? • Using braces, cane, walker or wheelchair? • Any problems with kidney or bladder? • Currently employed or disabled? 	<p>Best case standard to table rated offer if:</p> <hr/> <ul style="list-style-type: none"> • Older age at diagnosis (over 40) • At least one year since diagnosis • Relapsing/remitting type with no residual impairment • Stable with no signs/symptoms for 5 years • Full-time employment 	<ul style="list-style-type: none"> • Cognitive impairment • Neurogenic bladder or bowel • Rapid progression of disease • Treatment with stem cell transplant • Disabled • Wheelchair dependent

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<p>Parkinson's disease</p>	<ul style="list-style-type: none"> • Age diagnosed with this condition? • Severity of current symptoms? • Type of treatment? • Any disabilities? 	<p>Best case standard to table rated offer if:</p> <ul style="list-style-type: none"> • Older age at diagnosis (over 60) • Mild disease • No disability or dementia • Stable with minimal or no progression • Localized tremor with no rigidity or cogwheeling 	<ul style="list-style-type: none"> • Cognitive impairment • Disability • Rapid progression
<p>Peripheral vascular disease</p>	<ul style="list-style-type: none"> • Age diagnosed with this condition? • Severity of current symptoms? • Type of treatment? • Any disabilities? • Any tobacco use? • Current activity level? 	<p>Best case standard to table rated offer if:</p> <ul style="list-style-type: none"> • No heart disease • No tobacco use • No restricted activity • No symptoms • Good control of lipids, blood pressure and other risk factors • Regular medical follow-up 	<ul style="list-style-type: none"> • Severe heart disease, abnormal cardiac studies • Smoker • Any complications or other associated impairments • Severe symptoms • Ischemic ulcers • Amputation
<p>Polycythemia vera</p>	<ul style="list-style-type: none"> • Age diagnosed with condition? • Results of most recent CBC (complete blood count)? • Type of treatment? • Any complications? 	<p>Best case standard to table rated offer if:</p> <ul style="list-style-type: none"> • Age 41-65 and duration over 2 years • Well controlled with phlebotomy treatment • Non-smoker • No complications 	<ul style="list-style-type: none"> • Diagnosed 1 year or less • Use of cytotoxic drugs or radioactive phosphorus • Abnormal labs • Complications

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Renal insufficiency	<ul style="list-style-type: none"> • Age diagnosed with this condition? • Type of disease (acute or chronic — ongoing)? • Type of treatment? • What are current kidney function test results? • Complications or related impairments? 	<p>Standard rates may be possible if:</p> <hr/> <ul style="list-style-type: none"> • Acute condition due to reversible cause with successful treatment • Normal kidney function tests • Normal blood pressure • Regular medical follow-up • No other related impairments combined with CAD 	<ul style="list-style-type: none"> • Severe/progressive chronic disease • Abnormal kidney function tests and/or abnormal urine tests • Currently on dialysis • No medical follow-up • Combined with CAD, hypertension or diabetes • Disabling
Rheumatoid arthritis	<ul style="list-style-type: none"> • Date diagnosed with this condition? • Names and doses of medications? • Any use of steroid or immunosuppressant? • Any complications from medication used? • Rheumatoid factor level and sedimentation rate? • Any physical limitations or disability? • Any diagnosis of anemia? 	<p>Best case standard to table rated offer if:</p> <hr/> <ul style="list-style-type: none"> • Mild disease • Minimal pain, slight stiffness, minimal swelling, no deformity • No continuous treatment • No disability • Able to carry out all activities of daily living (ADLs) • No erosions on X-rays • Negative rheumatoid factor 	<ul style="list-style-type: none"> • Severe chronic disease • Marked deformities • Lesions/nodules • Pulmonary fibrosis • Serious restrictions of movement, unable to carry out most ADLs • Continuous treatment including use of oral steroids or disease modifying antirheumatic drugs (DMARDs) • Positive rheumatoid factor

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<p>Obstructive sleep apnea</p>	<ul style="list-style-type: none"> • Date diagnosed with this condition? • Sleep study results? • Type of treatment? • Compliant with treatment? • Any follow-up sleep studies? 	<p>Standard or better than standard rates may be possible if:</p> <ul style="list-style-type: none"> • Favorable follow-up sleep study confirming sleep apnea control • Successfully treated • Documented compliance with prescribed treatment > 1 year 	<ul style="list-style-type: none"> • No treatment for severe sleep apnea • Negative motor vehicle report • Decreased memory • Combined with heart arrhythmias or other cardiac impairments • Combined with chronic obstructive lung disease
<p>Stroke/TIA</p>	<ul style="list-style-type: none"> • Date and age diagnosed with this condition? • Number of strokes? • Date of last stroke? • Cause of stroke? • Type of treatment? • Residuals or limitations? • Any tobacco use? • Any diabetes, coronary artery disease or cardiovascular disease? 	<p>Table rated offer with or without a flat extra may be possible if:</p> <ul style="list-style-type: none"> • No residuals or disability • Single event • Non-smoker • Clinically stable for 4 years • Negative coronary artery disease work-up • Cause known (ex. trauma, congenital heart defect with repair, oral contraception) • Controlled blood pressure and cholesterol • No concurrent serious impairment 	<ul style="list-style-type: none"> • Occurrence within 12 months or under age 40 • Multiple strokes • Smoker • Disabled • Severe residuals • Other cardiovascular disease, peripheral vascular disease or poorly controlled diabetes • Impaired cognitive function
<p>Thyroid disorders</p>	<ul style="list-style-type: none"> • Age diagnosed with this condition? • Type and extent of disease? • Dates and type of treatment? • Any other impairments? • Biopsy results if performed? 	<p>Standard or better than standard rates may be possible if:</p> <ul style="list-style-type: none"> • History of hyperthyroid disease/Graves disease, resolved • Mild hypothyroidism • No history of thyroid cancer 	<ul style="list-style-type: none"> • Uncontrolled with active symptoms • Recurrent hyperthyroidism with cardiac impairments • Diagnosed within 3 months



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CFGFP.2443065 (01.21)

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