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# Field Impairment Underwriting Guide

This is a general rating guide for field underwriting only, reflecting our most commonly seen medical impairments. Not all situations are covered in this guide and with underwriting, results may vary based on age, date of diagnosis, and severity of condition.

Contact [RiskAssessment@fglife.com](mailto:RiskAssessment@fglife.com) for more assistance.

Impairment	Rating Range
ADD/ADHD in adults no comorbid medical impairment	Standard
AIDS or ARC	Decline
Alcohol Use Disorder Use within 2 years, No use > 2 years	Decline Standard – Table 8
Amyotrophic lateral sclerosis	Decline
Anemia – Iron Deficiency	Possibly Standard
Anemia – Other	Standard– Decline
Angina	See coronary artery disease
Ankylosing spondylitis	Standard – Table 4
Anorexia nervosa	Standard – Decline
Anxiety	Standard – Table 3
Aortic Aneurysm – Other	Decline
Aortic aneurysm – small, well followed	Table 3–4
Aortic insufficiency	Standard – Table 8
Arterial Vascular Dz	Table 4 – Decline
Arteriovenous malformations	Standard – Decline
Arthritis – osteoarthritis	Standard
Arthritis – rheumatoid or psoriatic	Standard – Table 6
Ascites	Decline
Asthma	Standard – Table 4
Atrial fibrillation or flutter	Table 3 – Decline
Atrial septal defect	Standard – Decline
Atrioventricular block 1st and 2nd	Standard
Atrioventricular block 3rd degree – complete	Table 4 – Decline
Basal cell carcinoma	Standard
Bells palsy	Standard
Benign prostate hypertrophy	Standard
Bicuspid aortic valve	Standard – Table 8
Bigeminy	Standard – Table 8
Bipolar Disorder	Table 3 – 8
Bright's disease	Standard – Decline
Bronchiectasis	Table 3 – Decline
Bronchitis chronic	Table 4 – Decline
Bulimia	Standard – Decline
Bundle branch block – hemiblock or right	Standard – Table 3

Impairment	Rating Range
Bundle branch block – left	Table 4 – Decline
Cancer – two years after treatment, no metastases, no recurrence	Standard – Decline
Cardiomyopathy	Table 3 to Decline
Carotid bruit	See Transient Ischemic Attack
Celiac disease	Standard – Table 4
Cerebral palsy	Adult, gainfully employed & no assistance in walking Standard – Table 3
Cerebral palsy – Juvenile	Contact HO – RiskAssessment@fglife.com
Cerebrovascular accident	See Stroke
Charcot Marie Tooth disease	Standard – Decline
Christmas disease (Factor IX deficiency)	Standard – Table 8
Chronic Fatigue Syndrome	Standard – Table 3
Chronic obstructive pulmonary disease (COPD)	Table 4 – Decline
Chronic pain – regular narcotic use	Table 3 – Decline
Chronic renal insufficiency / failure	Decline
Cirrhosis	Decline
Cocaine use – no use in past three years	\$7.50/m – Decline
Colitis – not ulcerative & full recovery	Standard
Colon polyp(s) – benign	Standard
Congestive Heart Failure	Decline
Coronary artery disease	<p>Within 3 months of surgery – PP</p> <p>&gt;3 months or controlled on medical therapy with no surgery planned</p> <p>Age &lt;40 – decline</p> <p>Age 40–45 – T6 to decline</p> <p>Age 46–59 – T4 to decline</p> <p>Age &gt;60 – T3 to decline</p> <p>May be able to improve offer with favorable cholesterol and favorable follow up cardiac testing</p> <p>Tobacco use within 12 months may mean higher rating or decline</p>
Costochondritis	Standard
Crohn's disease	Standard – Decline Longer duration/milder disease may qualify for better rating
Cushing's syndrome	Standard – Table 4
Cystic fibrosis	Decline
Cystitis	Standard

Impairment	Rating Range
Deep Venous Thrombosis	Two months after recovery Standard
Defibrillator/Implanted	Decline
Dementia	Decline
Depression	Standard – Decline
Diabetes	<p>Age &lt;20 or Dialysis – decline</p> <p><b>Type 1 Diabetes</b>  Well controlled, no complications, and no tobacco use:  Age 20–29 – T8 to decline  Age 30 &amp; up – T6 to T8</p> <p><b>Type 2 Diabetes</b>  Well controlled, no tobacco use:  Age 20–29 – T6 to decline  Age 30–49 – T3 to T6  Age 50 &amp; up – Standard</p> <p><b>Gestational Diabetes</b>  Not currently pregnant and normal labs. Standard.</p>
Diverticulitis/Diverticulosis – recovered	Standard
Down’s syndrome	Decline
Drug abuse or addiction – no drug use in 3 years	Standard – Table 8
Eating Disorders	Standard – Decline
Emphysema	Table 4 – Decline
Encephalitis – recovered no residuals	Standard
Endocarditis – recovered no residuals	Standard
Epilepsy	<p><b>Petit Mal</b>  &lt;6 months since diagnosis – decline</p> <p>Well controlled, no seizures in last 2 years – standard – T3</p> <p>Moderate control &lt;7 seizures per year – T3 – T4</p> <p>Poor control &gt;6 seizures per year or prolonged unconsciousness or requiring multiple hospitalizations T4 – decline</p> <p><b>Grand Mal</b>  &lt;6 months since diagnosis – decline</p> <p>Well controlled, no seizures in last 2 years – standard – T3</p> <p>Moderate control, &lt;7 seizures per year – T3 – T5</p> <p>Poor control, &gt;6 seizures per year or prolonged unconsciousness or requiring multiple medications – T6 – decline</p>

Impairment	Rating Range
Esophageal varices	Decline
Factor VII or IX Deficiency	Table 4 – Decline
Fibrocystic breast disease	Standard
Fibromyalgia	Standard
Gallbladder (removed and B9)	Standard
Gastric bypass – > 1 after surgery	Standard – Table 3
GERD	Standard
Gilbert’s syndrome	Standard
Glomerulonephritis	Table 4 – Decline
Graves’ disease – controlled	Standard
Guillain – Barre syndrome – recovered no residuals	Standard
Hashimoto’s disease – controlled	Standard
Heart attack	Table 4 – Decline
Hematuria (resolved or no genitourinary disease)	Premenopausal Females – Standard Males – Postpone until evaluated
Hemochromatosis – six months after dx well controlled	Standard – Table 4
Hemophilia	Table 3 – Decline
Hemoptysis (unresolved or unexplained)	Decline
Hepatitis A or B	Standard to Decline. Better ratings dependent upon liver function and virology results.
Hepatitis C	HCV – RNA undetectable Standard Otherwise Decline
HIV–HIV–RNA counts undetectable	T8 – Decline
Hodgkin’s disease – postpone one to five years depending on Stage	Standard – Decline
Huntington’s chorea	Decline
Hydrocephalus	Table 3–8
Hyperglycemia or Hypoglycemia – medically monitored and not diabetes	Standard
Hyperlipidemia – controlled	Standard
Hypertension – controlled	Standard
Hyperthyroidism or hypothyroidism	Standard
Hysterectomy	Standard unless due to Cancer
Idiopathic Hypertrophic Sub Aortic Stenosis	Table 4 – Decline
Ileitis	Standard – Table 8

Impairment	Rating Range
Intermittent claudication	Table 3 – Decline
Irritable Bowel Syndrome	Standard
Kaposi's sarcoma	Decline
Kidney stones	Standard
Labyrinthitis	Standard
Left Anterior Hemiblock	Standard
Left Bundle Branch Block	Table 4 – Decline
Left Posterior Hemiblock	Standard
Legionnaire's Disease (full recovery)	Standard
Leukemia (five years after end of treatment)	Table 4 – Decline
Lupus (Discoid) > one year after diagnosis	Standard
Lupus (Systemic)	Table 3–8
Lyme Disease (full recovery)	Standard
Lymphoma – postpone one to five years depending on stage	Standard – Decline
Marfan's Syndrome (no cardiac or vascular impairments)	Table 4 – Decline
Marijuana Use (infrequent and no criminal record)	Standard non-nicotine (if no use of nicotine for past 12 months) – more frequent use = higher rate
Melanoma (complete excision and established pathology)	Standard – Decline
Melena (unresolved or unexplained)	Decline
Meniere's Disease (controlled or	Standard
Meningitis (fully recovered without complications)	Standard
Migraines (fully evaluated)	Standard
Mitral insufficiency or regurgitation	Standard – Decline
Mitral Valve Prolapse	Standard
Monoclonal Gammopathy or MGUS (after two years stable labs)	Table 3 – Table 4
Mononucleosis (recovered)	Standard
Multiple Sclerosis	Table 3 – Decline
Muscular Dystrophy	Standard – Decline
Myasthenia Gravis	Standard – Decline
Myelofibrosis	Decline
Myeloma	Decline
Myocardial Infarction	Table 4 – Decline
Myocarditis (single incident, one year full recovery)	Standard

Impairment	Rating Range
Myositis (chronic or progressive)	Decline
Narcolepsy	Standard – Table 4
Nephritis	Standard – Decline
Neuritis	Standard – Table 3
Neuropathy	Standard – Table 4
Osteomyelitis (chronic stable, not progressive)	Table 3 – Table 4
Osteoporosis	Standard
Pacemaker	Table 3 – Decline
Paget's Disease of Bone (not progressive)	Standard
Palpitations (normal cardiac workup)	Standard
Pancreatitis (chronic or recurrent)	Decline
Paraplegia	Table 6 – Decline
Parkinson's Disease	Table 3 – Decline
Patent Ductus Arteriosis – surgically corrected	Standard
Pericarditis (full recovery)	Standard
Peripheral Vascular Disease (non-smoker)	Standard – Table 4
Phlebitis (full recovery)	Standard
Poliomyelitis (stable no wheelchair)	Standard – Decline
Polycystic Kidney Disease	Table 3– Decline
Polycythemia (diagnosed two years, stable CBC)	Table 3 – Table 6
Polymyositis	Standard – Decline
Polyp (benign pathology)	Standard
Post-Traumatic Stress Disorder	Standard – Table 3
Prostatitis (treated)	Standard
Proteinuria	Standard – Decline
Psoriasis	Standard
Psoriatic Arthritis	Standard – Table 6
Pulmonary Embolism (after six months full recovery)	Standard – Table 4
Pulmonary Fibrosis	Decline
Pulmonary Hypertension	Decline
Pyelonephritis (full recovery)	Standard
Quadriplegia (Tetraplegia)	Decline
Regional Enteritis	See Crohns Disease
Renal Dialysis	Decline

Impairment	Rating Range
Renal Insufficiency / Failure	Decline
Renal Transplant	Table 6 – Decline
Restless Leg Syndrome	Standard
Rheumatic Fever (full recovery no cardiac residuals)	Standard
Rheumatoid Arthritis	Standard – Table 6
Right Bundle Branch Block	Standard
Sarcoidosis (lungs/skin only and remission six months)	Standard
Schizophrenia	Decline
Scleroderma (skin only, two years after diagnosis)	Standard
Sclerosing Cholangitis	Decline
Sickle Cell Disease (normal CBC, no hospitalizations past five years)	Table 3 – Decline
Sickle cell trait	Standard
Sjogren’s Syndrome	Standard
Sleep apnea (treated)	Standard – Table 3
Spina Bifida (asymptomatic)	Standard
Stroke (after first year)	Table 4 – Decline
Suicide attempt (after first year)	Flat extra \$3/M – Decline
Suicide attempts (>1attempt) two years after last	Table 4 – Decline
Tachycardia (cardiac workup neg)	Standard – Table 3
Transient Ischemic Attack (after six months)	Table 3 –Table 6
Traumatic Brain Injury (TBI) fully recovered > 6 months	Standard
Tremor (negative neurological evaluation)	Standard
Ulcerative Colitis	Table 3 – Table 8
Urinary Tract Infection (UTI)	Standard unless recurrent
Vertigo (after neurological evaluation)	Standard
Wolff–Parkinson–White (WPW)	Standard



## Common reasons F&G orders medical records or declines to offer life coverage

F&G Underwriting is always looking for opportunities to assist you in determining which applications to send to us and to help you manage the expectations of your clients.

Below are some common reasons we may order medical records or deny coverage. The lists are not intended to be all-inclusive.

There are many other reasons we may order medical records or decline to issue coverage, but these are the ones we see most frequently.

### Common triggers requiring medical records

We will usually need an Attending Physician Statement (APS) if there is a reported history of serious medical concerns. Some common examples include:

- Undisclosed medical history
- Stroke
- Coronary artery disease, heart disease, heart attack or heart failure
- Drug or alcohol abuse
- Diabetes requiring insulin
- Cancer
- Pancreatic disease
- Liver disease or hepatitis
- Paralysis
- Seizures
- Psychological disorder (*other than mild anxiety or depression*)
- Respiratory diseases other than mild asthma
- Ulcerative colitis
- HIV (*Note: this would be highly rated if any offer is made*)
- Multiple sclerosis (MS)

### Common medical conditions that could lead to a decline

This is a list of issues we might find in someone's medical history that usually would result in a decline:

- Driving without a valid license
- Significant undisclosed medical history revealed by an FCRA source
- Use of drugs other than marijuana in the last two years
- Current prescription intended to help prevent drug or alcohol abuse or treatment for drug or alcohol overuse in the last two years
- Recurrent cancer (other than basal cell skin cancer)
- Any Stage IV cancers
- Uncontrolled diabetes or diabetes with significant complications
- Heart disease combined with a history of diabetes
- Heart disease combined with a history of cerebrovascular disease/stroke
- Awaiting a heart, lung or liver transplant, or a heart, lung or liver transplant recipient
- Treated with renal (kidney) dialysis
- Use of oxygen
- Currently hospitalized or residing in a care facility
- Stroke with severe complications
- Dementias; Alzheimer's disease
- Suicide attempt in the last two years or history of more than two suicide attempts if any in the last 10 years
- ALS
- Huntington's Chorea
- Liver cirrhosis; hepatitis D (Delta Hepatitis); biliary cholangitis or sclerosing cholangitis
- Psychosis with history of alcohol or drug abuse
- Developmental disorders in adults if unable to live independently
- AIDS (as a disorder, not HIV as an infection). *Note: We may be able to offer rated coverage for select individuals living with HIV.*
- Unexplained lab abnormalities (*we can often reconsider after medical evaluation at the applicant's expense*)

## Other common reasons we may not offer coverage

While most declines are caused by medical issues, there are several other situations where F&G will not be able to issue coverage:

- Currently in prison, on probation or parole, or released from probation or parole in the last 12 months
- Conviction for serious crime(s) such as murder, rape, financial fraud, conspiracy, drug manufacture or delivery, or money laundering
- Unacceptable residency status in the United States
- Primary or all income received from outside the United States
- Inability to justify the total amount of coverage in force and applied
- Inability to obtain facultative reinsurance coverage when required
- High-risk activities
- Occupation involves the production, processing or sale of marijuana



Contact us at **[Life.Sales@fglife.com](mailto:Life.Sales@fglife.com)** with any questions.

**800.445.6758**

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