

Diabetes Guidelines

Carrier	Comments
<p>AIG As of 5/2022</p>	<p>Diabetes Insipidus: Not rated – Table C</p> <p>Diabetes Mellitus: Onset prior to age 31 – Rated I & Above Onset prior 31 – 45 – Rated Table D – Table H Onset age 46+ - Rated Table B – Table H Onset age 50+, good control, no insulin, or complications – Not rated to Table C. With Nephropathy – Decline With constant albuminuria – Rated Table B – Decline</p>
<p>American National As of 5/2022</p>	<p>Diabetes – NS – dx < 5 years – age < 50 - Table 3 – 8 Diabetes – NS – dx < 5 years – age ≥ 50 - Standard – Table 4 Diabetes – NS – dx > 5 years – age < 50 - Table 4 - Decline Diabetes – NS – dx > 5 years – age ≥ 50 - Table 2 – 6</p> <p>Gestational diabetes – not currently pregnant and normal labs - Standard</p> <p>Type 2 diabetics' ages 50+ with good control and optimal control of other risk factors (blood pressure, lipids, build) may receive Standard Plus rates on any permanent product.</p>
<p>Bestow As of 5/2022</p>	<p>Possible Insurable Scenario: Type 2 Diabetes age 30 and over, well-controlled, treated with oral medication only (no insulin). Uninsurable Scenario: Type 1 Diabetes.</p>
<p>Global Atlantic As of 5/2022</p>	<p>Diabetes - if complications present (i.e., amputation, end stage kidney or vascular disease, etc.) - Automatic Declines All looked at on a case-by-case basis. Diabetes is rated based on if it is Type I or Type II. We also look at the control of the diabetes by averaging the last 6 months of Hgba1c readings.</p> <p>Two major factors are the applicants age and how long they have had diabetes.</p>

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<p style="text-align: center;">John Hancock As of 5/2022</p>	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings</p> <p>Gestational diabetes may be Preferred if insulin is not required, and pregnancy has no complications.</p> <p>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</p> <p>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. Best Case: 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</p>
<p style="text-align: center;">Legal & General America As of 5/2022</p>	<p>Diabetes mellitus (adult onset) - We look for the best possible impaired risk for clients with Type I. Depending on each case, clients can be anywhere from a Standard Plus to a Decline</p> <p>Type II Diabetes - Clients with controlled - Standard Plus Consideration</p> <p>Note: The base rate varies on type (I or II) along with the age of onset. Credits available for favorable A1c and lipid values. Best possible offer on any diabetes history is <u>Standard Plus</u>.</p>
<p style="text-align: center;">Lincoln Financial As of 5/2022</p>	<p>All cases will be looked at on an individual basis. Things taken into consideration are age of onset, level of control (A1C) and if any related complications or comorbid issues exist, such as, obesity, smoking, CAD, etc.</p> <p>Allow coverages at diagnosis starting at age 10, though highly rated.</p> <p>Any diagnosis under age 10 is "individual consideration" and based upon a variety of factors (actual diagnosis age, level of control, current age, other risk factors, etc.)</p>

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<p>Nationwide As of 5/2022</p>	<p>We follow the Swiss Re manual. Normally the best-case scenario is Standard.</p> <p>If the proposed insured meets the following parameters, Preferred Non-Tobacco rates may be considered if otherwise qualifies:</p> <p>Type 2 only, non-insulin dependent Age of onset > 65 Recent onset and diagnosis made at MD office within last 3 years HgA1c < 7.0 at diagnosis and since; well managed by diet, exercise and/or metformin only Must be on treatment with a statin unless LDL is < 100 Negative screening by CAC scan (CAC <10) or CT angiogram No evidence of end organ damage BMI <30 or >18.5 Non-tobacco</p> <p>Gestational Diabetes</p> <p>Women with a history of Gestational Diabetes, with no indications of diabetes after pregnancy, normal serum, and urine glucose and normal A1c, STD+ is best rating. Consideration for a better class possible, ten years after last pregnancy, no indications of diabetes in APS (if reviewed) and in Rx report, normal serum, and urine glucose and normal A1c (< 6.1).</p>
<p>North American As of 5/2022</p>	<p>All our diabetes cases are handled on a case-by-case basis. We do not have cut off ranges as shown on the existing chart. We have several factors that are taken into consideration at the time a rating is applied.</p> <p>Additional considerations: If significantly overweight, diagnosed at a young age, tobacco uses within the past year, suboptimal blood sugar levels or if other comorbidity factors are present, this will increase the rating or cause a decline.</p>
<p>OneAmerica As of 5/2022</p>	<p>Type 1 — Insulin dependent, with no coronary/vascular history - Will consider with full underwriting.</p> <p>Type 2 — Non-insulin - Will consider for expedited underwriting.</p>
<p>Pacific Life As of 5/2022</p>	<p>Possible Underwriting Decision:</p> <p>Most Favorable Class Available for Non–nicotine Users: Varies by severity and control. Standard may be available for type 2 if over age 50 with optimal control and no complications.</p> <p>Decline Probable: Pregnant and has gestational diabetes (For gestation diabetes may order supplemental health history questionnaire in lieu of an APS).</p> <p>APS Required for all cases (not required if probable decline)</p>

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<p>Protective Life As of 5/2022</p>	<p>Diabetes rate classification depends on Type I or Type II, age of onset, current age, medication, measure of control historically and currently with review with review of medical records and current labs to include HgbA1C and combination of any diabetic complications i.e.: tobacco use, build, hypertension, proteinuria, neuropathy, nephropathy, retinopathy, peripheral vascular disease, cerebrovascular disease, or cardiovascular disease.</p> <p>Older age applicants, onset age of 5 or less years ago, A1C can be up to 6.9 for possible standard.</p> <p>Good control with no complications may qualify for Standard.</p> <p>Moderately controlled diabetics may warrant low to moderate substandard ratings.</p> <p>Poorly controlled diabetics with or without complications may warrant highly substandard ratings or decline.</p>
<p>Prudential As of 5/2022</p>	<p>Please refer to Prudential's Underwriting Guide found on www.pruxpress.com.</p>
<p>SBLI As of 5/2022</p>	<p>Swiss Re Manual is used</p>
<p>Securian Financial As of 6/2022</p>	<p>Swiss Re guidelines used for basic diabetes guidelines.</p>
<p>Symetra As of 2/2022 (No response from carrier)</p>	<p>All cases are reviewed on a case-by-case basis.</p> <p>Age of onset, level of control, smoker status, and medical history may impact the ultimate assessment. Control credits may be available for favorable A1C.</p> <p>The GLR program can be applied for IUL products only, ages 20 – 70, if otherwise meets GLR criteria.</p>
<p>Transamerica As of 5/2022</p>	<p>All products Factors include current age, age at diagnosis, level of control, associated complications.</p>
<p>United of Omaha As of 5/2022</p>	<p>Type I, over age 20 – Table 2 – 8 Type II, over age 20 – Standard - Table 8 All products - Factors include current age, age at diagnosis, level of control, associated complications.</p>

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