

# UNDERWRITING INFORMATION

## *Simple Security Plan Height and Weight Chart*

The weight table below is a guideline that reflects the weight limits. If the insured exceeds the limit, they should then be placed on the next plan listed.

Height	Preferred/ Standard	Modified	Decline	Height	Preferred/ Standard	Modified	Decline
4' 10"	200	223	224+	5' 9"	270	287	288+
4' 11"	207	229	230+	5' 10"	277	294	295+
5' 0"	213	235	236+	5' 11"	285	301	302+
5' 1"	219	241	242+	6' 0"	292	308	309+
5' 2"	225	246	247+	6' 1"	299	316	317+
5' 3"	231	251	252+	6' 2"	306	324	325+
5' 4"	237	256	257+	6' 3"	313	332	333+
5' 5"	243	262	263+	6' 4"	321	340	341+
5' 6"	249	268	269+	6' 5"	329	348	349+
5' 7"	255	274	275+	6' 6"	335	356	357+
5' 8"	262	280	281+	6' 7"	341	365	366+

## *Underwriting Blood Thinner Maintenance Therapy (Simple Security Plan)*

We are accepting certain blood thinning medications available for immediate coverage on the preferred class with the following conditions:

**Ailments:** Atrial Fibrillation, Pulmonary Embolism, Stroke (including TIA's), and Stents

**Medications:** Aggrenox, Aspirin, Clopidogrel, Dipyridamole, Effient, Eptifibatide, Persantine, Plavix, Prasugrel, Ticlid, Ticlopidine

### **Underwriting:**

- If qualifying event was more than two years ago with no other ailments you may apply for a first day coverage plan at the preferred rate.
- If qualifying event was more than two years ago, they are on the maintenance medications, and are insulin dependent diabetic, we will issue based on severity and any other complications. First day coverage will not be given.
- If the qualifying event is within two years we will issue based on severity and any other complications. First day coverage will not be given.

### **Medications Not Included:**

This list is not all inclusive and is intended as a guide only. If they are on any of these blood thinning medications, the best plan they can get is a modified plan: Cilostazol, Coumadin, Eliquis, Lovenox, Pentoxifylline, Pradaxa, Warfarin, and Xarelto.