



UNDERWRITING

Individual Inquiry Offers Best Case Scenario—Underwriting Guide

Review this guide to learn our best case underwriting scenarios for many common medical impairments and vocational and avocational risks. For each condition, the relevant reports needed by Underwriting, the critical information needed for proper assessment, a best case scenario, and the circumstances where Prudential would be unable to offer coverage are listed.

WHAT IS AN INQUIRY?

An inquiry offer, “ballpark,” or quick quote is a preliminary pricing estimate for a specific impairment, usually made without the benefit of complete underwriting documentation.

BALLPARK ESTIMATES

The table shown below offers “ballpark” estimates for some of the most frequently seen impairments and provides criteria for obtaining an underwriting offer. Please note: Underwriting for most impairments will require an Attending Physician’s Statement (APS) as well as the specific reports noted below. Refer to the Attending Physician’s Statement Requirements Guide (1009569) for more information.

ABOUT BEST CASE SCENARIOS

Best case scenarios and rated offers are subject to review of full underwriting requirements, including medical and nonmedical histories, and must conform to all other preferred criteria. In some situations, Prudential may offer Preferred categories when other carriers may not.

Condition	Reports Needed	Critical Information for Risk Assessment	Best Case Scenario (Non-Smoker)	Circumstances Where We Are Unable to Offer Coverage
Alcohol/Drug Abuse and/or Treatment	Treatment records	Current use	Preferred Non-Tobacco if abstinent for 10 or more years. Non-Smoker Plus if abstinent for 6 or more years.	Evidence of current drug or alcohol use or combined with severe depression histories
Anxiety		Medication/Any suicide attempts	Preferred Best if mild, medications permitted but no anti-psychotics or MAO inhibitors. Limited symptoms at time of diagnosis and currently stable without symptoms.	Suicide attempt or electric shock treatment within 1 year More than 2 suicide attempts Currently psychotic or manic Taking 4 or more psychiatric medications Current or recurrent psychiatric disability Suspicion or history of abuse of anti-anxiety medication
Asthma	Treatment records	Hospital/ER visits	Preferred Best if mild with 2 or fewer episodes per year even with a steroid inhaler.	Persistent wheezing Limited activity Severe or multiple attacks Current oxygen Hospitalization within 6 months
Aviation	Questionnaire	Hours in current aircraft	Please refer to the Civilian Aviation Rating Schedule (1010609).	Test piloting Unusual hazards Foreign pilots
Atrial Fibrillation		Echocardiogram	Preferred Best if lone (normal echocardiogram and no known heart disease).	With valve disease or cardiomyopathy
Bipolar Disorder	Treatment records	Medication/any suicide attempts	Table B if minimal symptoms with stability, not currently manic	Suicide attempt or electric shock treatment within 1 year More than 2 suicide attempts Currently psychotic or manic Taking 4 or more psychiatric medications Current or recurrent psychiatric disability Suspicion or history of abuse of anti-anxiety medication

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Condition	Reports Needed	Critical Information for Risk Assessment	Best Case Scenario (Non-Smoker)	Circumstances Where We Are Unable to Offer Coverage
Cancer	Pathology report	Stage	Non-Smoker Plus after 6 to 10 years, depending on the specific type, grade, and location of the cancer.	Cancer that has spread beyond the original organ Metastatic cancer Positive surgical margins
Breast Cancer	Pathology report/age at diagnosis	Stage, nodal involvement, and size of tumor	Non-Smoker Plus if greater than or equal to 40 years old (at diagnosis) with small (less than or equal to 1 mm), low grade, estrogen receptor (ER) positive tumors and normal annual mammograms.	Greater than 3 nodes positive or nodes other than axillary or intramammary <ul style="list-style-type: none"> • A 15-year postponement period, then individual consideration • Stages 3 and 4: a 15-year postponement period, then individual consideration
Cervical Cancer	Pathology report/treatment	Stage	Preferred may be possible for squamous cell in-situ after 2 years of any form of treatment and well followed or squamous cell Stages T1a1 through T2a, 10 years after total hysterectomy.	T1a1 and higher, either squamous cell or adenocarcinoma, without total hysterectomy
Colon Cancer	Pathology report/age at diagnosis	Stage	Non-Smoker Plus if in-situ, tumor confined to mucosa.	Postpone for at least 5 years Some types longer
Leukemia	Pathology report	Stage, CBC	Table B after 10 years.	ALL—first 5 years AML under age 50 Hairy cell untreated or within 5 years of transplant
Lung Cancer	Pathology report	Stage	Non-Smoker Plus if in remission over 9 years.	Postpone (PP) for at least 5 years Some types may never be insurable
Ovarian Cancer	Pathology report	Stage	Non-Smoker Plus if borderline/low malignant potential after 6th year.	Postpone (PP) for at least 6 years Some types longer
Prostate Cancer	Pathology report	Stage	Non-Smoker Plus may be possible for Stages 1 and 2 with Gleason score of 6 or less, prostatectomy over 1 year ago, pre-surgery PSA of 20 or less, and current PSA less than 0.1. Preferred may be possible for over 1 year after radical prostatectomy, over age 60, Gleason score of 6 or less, organ confined and no invasion, current PSA not detectable, and pre-op PSA is less than 10.	Post-op PSA over 1.0 or rising Stage 4 Gleason score of 8 to 10
Cerebral Vascular Disease/Stroke/TIA	APS	Residual impairments	Preferred Best for TIA with no residuals, more than 8 years ago.	Multiple infarcts with cognitive/memory defect or significant physical impairment
Cirrhosis		Liver biopsy	Table B after 10 years, no alcohol use, normal liver function tests (LFTs), no ascites, no bleeding disorders, neg. HBV & HCV, normal serum albumin.	First 2 years Postpone (PP)
COPD/Emphysema	Pulmonary function tests (PFTs)	PFTs	Preferred Best if minimal disease, asymptomatic, no impairment of exercise, no chronic oral medications, stable chest X-ray with no more than minimal interstitial markings, FEV1 is 80% or greater and stable for 2 or more years.	Progressive and/or on oxygen (See Asthma)
Coronary Artery Disease	All cardiac tests done since diagnosis, such as catheterization, echocardiogram, treadmill, ECG, perfusion, scans	Catheterization report	Non-Smoker Plus for mild disease impacting single artery (not left main), minimal plaque burden, good cardiac function (ejection fraction greater than 55%), and quality medical care and lifestyle.	Age less than 40 at diagnosis or an ejection fraction less than 35%
Crohn's		Recent colonoscopy	Preferred Best for single episode of Crohn's more than 10 years ago, no medication for 5 years.	Less than 6 months from diagnosis and/or severe episode or evidence of sclerosing cholangitis or dysplasia on biopsy
Dementia/Alzheimer's				Generally not acceptable for individual contracts

Condition	Reports Needed	Critical Information for Risk Assessment	Best Case Scenario (Non-Smoker)	Circumstances Where We Are Unable to Offer Coverage
Depression	Treatment history	Medication/Any suicide attempts	Preferred Best if mild, medications permitted but no anti-psychotics or MAO inhibitors. Limited symptoms at time of diagnosis and currently stable without symptoms.	Suicide attempt or electric shock treatment within 1 year More than 2 suicide attempts Currently psychotic or manic Taking 4 or more psychiatric medications Current or recurrent psychiatric disability Suspicion or history of abuse of anti-anxiety medication
Diabetes Type I Type II	HgbA1c and urine for microalbumin HgbA1c and urine for microalbumin	A1c and date of diagnosis A1c and date of diagnosis	Table B for ages 66 and older with a duration of 0 – 14 years with excellent control. Non-Smoker Plus if BP no higher than 135/85, HDL greater than 45, no build debits, no complications and: Diagnosed at ages 30 – 49: diet control only. Diagnosed age 50 and over: no insulin use.	Ages 0 – 17, HgbA1c of 11 or greater or proteinuria over 50 mg/dl
Glucose Intolerance	HgbA1c and urine for microalbumin	A1c and date of diagnosis	Non-Smoker Plus if A1c is between 6.1 – 6.5.	Ages 0 – 17, A1c greater than 6.5
DWI/DUI	Motor Vehicle Report	Motor Vehicle Report	Preferred Best if over 5 years.	More than 2 DUI, if within last 2 years or current alcohol use
Epilepsy/Seizures		Date of last seizure	Preferred Best after 5 years.	Within 6 months of diagnosis of metabolic brain disease and status epilepticus
Foreign Travel		Length of stay	Preferred Best for U.S. residents traveling for conventional business or pleasure purposes for a period of 6 months or less to just about all locations are acceptable and qualify for all Preferred.	Travel to specified “high risk” locations will not be permitted on any basis
Hepatitis C & B	Blood tests, liver function tests (LFT's) and any viral loads	Liver biopsy	Preferred Best for Hepatitis B. Preferred Non-Tobacco for Hepatitis C, if recovered HCV and no elevated LFT's.	Advanced liver disease with cirrhosis Liver enzyme tests more than 3x normal
Kidney Disease	Creatinine and urine	Creatinine	Preferred Best may be possible if stable, creatinine is 1.5 or less, and urine is normal.	Chronic renal failure with creatinine over 2
Liver Tests (AST, ALT, GGT)	Blood tests and any liver scans or biopsies	Blood results and hepatitis screen	Preferred Best if only 1 enzyme elevated: AST less than 5x normal; ALT less than 4x normal; or GGTP less than 4x normal. Preferred Best may be available with multiple elevations if liver enzymes less than or equal to 2x normal and there is no adverse medical/alcohol history.	LFTs with liver enzyme tests more than 5x normal
Lupus— Systemic & Discoid		Medications	Preferred Best for discoid, systemic over age 40, and in remission 3+ years.	Age 20 or younger Within 1 year of diagnosis
Melanoma, Nevi, BCC, SCC		Pathology reports	Preferred Best for nevi, SCC & BCC. Non-Smoker Plus for melanoma in situ.	Stage T3 or above within 5 years
Multiple Sclerosis (MS)		MRI	Preferred Best for suspected MS after 4 years. Table B for definite MS after 10 years.	Neurologic decline Under treatment for acute exacerbation Under treatment with immune suppression
Parkinson's		Stage	Table B for Stage 1 & 2 with very slow progression and onset at age 50 or later.	Rapidly progressive dementia present

Condition	Reports Needed	Critical Information for Risk Assessment	Best Case Scenario (Non-Smoker)	Circumstances Where We Are Unable to Offer Coverage
Peripheral Vascular Disease	Arterial studies	Symptoms/Arterial studies	Preferred Best for aneurysm of extremity due to trauma, leg bruit, asymptomatic, and normal pulses.	N/A
Proteinuria	Urine results	Urine results	Preferred Best if urine protein less than 30 mg, proteinuria less than 300 mg per 24 hours.	Urine protein greater than 200
Rheumatoid Arthritis		Medication	Preferred Best if mild inflammation and no joint injury. Medications include: <ul style="list-style-type: none"> • NSAIDs • Aspirin • Azulfidine/sulfasalazine • Plaquenil/hydroxychloroquine • Minocin/minocycline 	Assistive devices for mobility Difficulty handling ADLs Other organs involved
Scuba Diving		Depth of dives	Preferred Best for limited (less than 10 dives annually) recreational diving under 100 feet.	
Sleep Apnea	Sleep study	Sleep study/Treatment	Preferred Best for mild and for moderate with verified and effective CPAP use.	No follow-up sleep study Noncompliance with CPAP
Tobacco/Nicotine	Details of all products used with dates used	Urinalysis and type of products used	Preferred Best available if no Tobacco/Nicotine use for 5 years. Preferred Non-Tobacco available if no Tobacco/Nicotine use for 3 years. Non-Smoker Plus available for all admitted tobacco/nicotine use except cigarettes, e-cigarettes or vaping products that contain nicotine—even with a (+) nicotine.	N/A
Ulcerative Colitis		Recent colonoscopy and medications	Preferred Best for single episode of ulcerative colitis more than 10 years ago and no medications for 5 years.	Less than or equal to 6 months from diagnosis and/or severe episode less than 6 months since total colectomy
Valvular/Heart Murmur	Echocardiogram	Echocardiogram	Preferred Best for minimal mitral stenosis at age 75 and over, minimal aortic stenosis at age 60 and over, mild aortic stenosis at age 75 and over or mild mitral regurgitation at age 45 and over.	Severe or under age 15

Log on to www.pruxpress.com for more in-depth information on specific ailments and to view our Underwriting Overview (1000321).

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Availability of insurance and rates will vary based on the satisfaction of underwriting criteria. Underwriting rules are subject to change at our discretion.