

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive, and State specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a State specific application, please contact the Home Office for a Risk Assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / ARC	Been medically treated or diagnosed by a medical professional as having	No Coverage	1
Alcoholism / Alcohol Abuse	Within the past 24 months, abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use	No Coverage	2
Amputation	Have ever had an amputation caused by disease	No Coverage	6b
Aneurysm	Have been medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Bi-Polar Disorder	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Blood Clot	Have been medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Cancer	Within the past 5 years been medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or Hodgkin's Disease or history of metastatic cancer	No Coverage	4
Cardiomyopathy	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Bronchitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Chronic Hepatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Circulatory Disease (Disorder)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Criminal Background	Convicted of any felony within the past 24 months	No Coverage	2
	Probation or parole within the past 12 months	No Coverage	3
Crohn's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Decline for Insurance	Declined for life insurance coverage within the past 12 months	Return of Premium	8
Diabetes	Medically diagnosed, treated, or taken medication for prior to age 21	No Coverage	5
	Currently taking insulin shots	No Coverage	5
	Medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma	No Coverage	5
	Medically diagnosed, treated, or taken medication for prior to age 39	Return of Premium	7a
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Return of Premium	8
Disability	Prohibited from actively working full-time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem within the past 12 months	No Coverage	3
	Currently disabled	No Coverage	3
Down Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6b

\* Applies to standard life application Form No. 9617. The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Driving Record	Had driver's license suspended or revoked, or been convicted of an alcohol/drug related infraction within the past 24 months	No Coverage	2
Drug Abuse / Addiction	Used illegal drugs or abused drugs or had been recommended to have treatment or counseling for drug abuse within the past 24 months	No Coverage	2
Emphysema	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Heart Disease/Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Heart Valve Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hemophilia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hepatitis C	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
High Blood Pressure	Medically diagnosed, treated, or taken medication for prior to age 30	Return of Premium	7a
	Taking 3 or more medications for	Return of Premium	7a
HIV	Tested positive for	No Coverage	1
Huntington's Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Immune Deficiency Related Disorder	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Irregular Heartbeat	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Kidney Dialysis	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Kidney Failure	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Leukemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Liver Disease	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Liver Failure	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	6b
Marfan Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Mental Retardation	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Motor Neuron Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Multiple Sclerosis (MS)	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Neuro-Muscular Disease	Medically diagnosed, treated, or taken medication for (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease)	Return of Premium	7b
Obesity	Had surgical treatment for morbid obesity within the past 12 months	Return of Premium	8
Organ Transplant	Have ever had or medically advised to have	No Coverage	6b
Paralysis	Medically diagnosed, treated, or taken medication for paralysis of 2 or more extremities	Return of Premium	7b
Parkinson's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Rheumatoid Arthritis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Schizophrenia	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Seizures	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Sickle Cell Anemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Stroke	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Systemic Lupus (SLE)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Ulcerative Colitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b

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