

Declinable Conditions

Below are conditions for which coverage would be declined. Note: Answering NO to all of the medical questions on the application does not guarantee acceptance. The underwriter reviews the applicant's entire medical history when making their decision.

- Treated for or advised to have a bone marrow or organ transplant
- Diagnosed or treated for AIDS or HIV
- Treated for or diagnosed as having internal cancer, melanoma, leukemia, Hodgkin's disease or lymphoma
- Treated for or diagnosed as having congestive heart failure (CHF) or peripheral vascular disease
- Alzheimer's disease, Organic Brain Syndrome, senile dementia, memory loss
- Treated for or diagnosed as having Amyotrophic Lateral Sclerosis (ALS), multiple sclerosis, Huntington's chorea, motor neuron disease, Parkinson's disease
- Cirrhosis of the liver, chronic renal failure, kidney failure or have had dialysis
- Diagnosed as having Hepatitis C, lupus or Crohn's disease
- Requiring assistance for dressing, bathing, toileting, walking, eating, maintaining continence, managing finances or medications or is bedridden
- Diagnosed with bipolar or schizophrenia
- Diagnosed with myasthenia gravis
- Diagnosed as having an aneurysm
- Treated for or diagnosed with alcohol or drug abuse
- History of stroke, transient ischemic attack (TIA), heart surgery (including angioplasty or bypass), or stent placement of any vessel
- Treated for fractures due to osteoporosis
- Diabetes - requiring injections (insulin or non-insulin); requiring three or more diabetes medications; in combination with heart conditions (to include but not limited to history of heart attack, bypass surgery, angioplasty, stents) - excluding high blood pressure; in combination with circulatory conditions (to include but not limited to stroke, TIA); with kidney disease, neuropathy or retinopathy
- Amputation of a limb due to disease
- Been confined (or recommended confinement) to a rehabilitation facility, nursing facility or assisted living facility
- Receiving home health care services

- Requires assistance of a brace, walker, wheelchair, crutches, stair or chair lift, motorized cart, hospital bed or oxygen

Do you qualify? Questions? For more information, please feel free to contact Erica T. Edmond at (404) 803-0443 or email us at newbusiness@consultwithedmond.com with this information:

Name:

Address:

Phone:

Best time to call:

