

## Update re: COVID-19 and co-morbidities

After reviewing our current COVID-19 Underwriting Guidelines against the latest medical research, we have revised our guidelines for cases where the applicant had a medical condition (co-morbidity) which potentially made them more susceptible to COVID-19 and its more severe health impacts.

Going forward, cases with **only one** of the allowed co-morbidities (noted below) may be allowed **if the co-morbidity is the only reason the case was, or would be, paused or postponed**, and the applicant is under 70 years old.

This applies to both new submissions and cases that have been paused or postponed.

### August 2020: What's changed at-a-glance

Co-morbidity	Previous guidance	New guidance as of Aug. 5, 2020
<b>Diabetes</b>	Pause case with diabetes	Allow history of Type 2 diabetes showing optimal control (A1C less than or equal to 7.0%).
<b>Cardiovascular/ Cerebrovascular (stroke)</b>	Pause case with cardiovascular or cerebrovascular disease	Pause if history of true coronary artery disease, cardiac arrhythmias, heart failure or stroke history.  Individual case consideration for valvular disorders (e.g., mitral regurgitation, MVP, heart murmur)
<b>Respiratory/ Asthma</b>	Pause history of asthma, bronchitis, pneumonia, COPD, or obstructive sleep apnea (OSA).	Allow history of allergic asthma.  Pause if history of non-allergic asthma (exercise-induced)  No change COPD or OSA
<b>Malignancies</b>	Pause history of cancer unless cancer is "in situ"	Allow Stage 1 or remote history of cancer (greater than 5 years)  Pause if any history of lymphoma or leukemia
<b>Immunosuppression medication</b>	Pause if proposed insured is prescribed or currently taking ANY immunosuppression prescription (Prednisone, Enbrel, Humira, etc.)	Allow individuals taking these medications, unless other co-morbid conditions exist
<b>Ulcerative colitis and Crohn's disease</b>	Pause case with history of UC or CD	Allow if UC or CD is in remission over 1 year
<b>Hypertension</b>	Pause moderate/Severe hypertension (>145/90)	Allow controlled hypertension (less than or equal to 155/95)

**See the following pages for additional details, how current paused/postponed cases will be handled, and our complete updated temporary COVID-19 guidelines.**

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## COVID-19: Underwriting update for August 2020

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### What is not changing?

- Statement of Health (PHS) still required on all policy approvals.
- For individuals aged 70+, all cases postponed.
- Substandard guidance remains unchanged, though we will have the ability to make some substandard decisions (nothing greater than Table D) depending on individual case co-morbid conditions.
- Build/BMI guidance.
- Foreign travel guidance.

See page 3 for complete updated COVID-19 Underwriting Guidelines.

### How will paused or postponed cases be handled?

Our underwriting team is reviewing all cases with co-morbid histories for reconsideration. Cases that meet specific criteria will resume underwriting – APS, MIB, Rx, etc. Requirements will be posted to any case which has been reopened. If you have questions on your cases that have been paused, please contact your Case Relationship Manager.

Please note:

- Not all cases will qualify. Cases will be reviewed individually to evaluate co-morbid conditions and overall risk.
- Credits will not be used to improve ratings so a case qualifies for coverage.

### How will I know if my case has been reopened?

If you have a case or cases that meet criteria for reopening, your AIG sales representative or Case Relationship Manager will be in touch with you to contact the writing agent for instructions on how to best proceed.

**[See page 3 for complete updated temporary COVID-19 guidelines](#)**



# COVID-19 Underwriting Guidelines

As of August 3, 2020

The following guidelines are in place as of August 3, 2020, and supersede any guidelines in our Field Underwriting Guide, Foreign Travel Guidelines and Sales to Foreign Nationals Guidelines.

These guidelines are subject to change as the situation evolves, and will be updated accordingly. When the situation has improved, it will be our goal to revert to our normal standards quickly.

- A Statement of Health (PHS) is required on all policy approvals.
- Any case where the proposed insured has been diagnosed with COVID-19 will be postponed for 30 days. These postponed cases may be reconsidered after 30 days from full recovery when submitted with APS information indicating that there is no evidence of current infection from COVID-19 and health status has returned to previous level.
- Any case where the proposed insured had known exposure to COVID-19 will be postponed for 30 days.
- Any case where the proposed insured has plans to travel internationally between now and the end of the year will be postponed. These postponed cases may be considered after all international travel is complete, the proposed insured has been back in the United States for a minimum of 30 days, and no further international travel is planned this year.
- These additional temporary guidelines are in place on formal and informal cases until the COVID-19 situation has diminished:
  - For individuals aged 70+, all cases will be postponed.
  - For individuals aged 60-69, all rated cases inclusive of all medical flat extras will be postponed.
  - For individuals aged 50-59, all cases assessed greater than Table B inclusive of all medical flat extras will be postponed
  - For individuals aged <50, all cases assessed greater than Table D and/or all medical flat extras will be postponed.
  - **Co-morbidities:** There are several conditions (co-morbidities) that, in general, make a person more susceptible to COVID-19 and its more severe health impacts, including but not limited to coronary artery disease, metabolic disorders, respiratory impairments and underlying malignancies. Individuals with these co-morbid conditions will be postponed regardless of current risk assessment of their non-COVID impairments.

Cases where only one of the following co-morbidities is present will be allowed, provided there are no additional co-morbidities (such as cardiovascular disease or stroke).

- **Diabetes:** Allow Type 2 diabetes when showing optimal control (A1c less than or equal to 7.0%).
- **Asthma:** Allow with allergic asthma
- **Cancer:** Individual consideration when cancer was more than 5 years ago. Medical director review is required.
- **Immunosuppression medication:** Allowed.
- **Ulcerative colitis and Crohn's Disease:** Allowed if disease is in remission.
- **Hypertension:** Allowed when well-controlled (equal to or less than blood pressure of 155/95).

