

DISEASE/DISORDER	Foresters: PlanRight  AGE 50-85	CFG: Dignified Choice  AGE 18-85	Americo Eagle Premier  AGE 50-85	GPM Final Expense  AGE 50-85	CVS Accendo  AGE 40-89	American Amicable/ Occidental Senior Choice  AGE 50-85
Key: N/A - Not Applicable for this product  E.I. - Express Issue  "A" Phone Interview required		Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.			Build Chart does not Apply. Make sure you're using the Accendo product.	
AIDS	DECLINE	DECLINE	EAGLE GUARANTEE	DECLINE	DECLINE	DECLINE
Alcoholism	Diagnosed, treated, or advised to receive treatment within past 2 years: BASIC	Last 36 months: ADVANTAGE	Within 24 months diagnosed, treated, tested positive, received medical advise, counseling, or prescribed medication: EAGLE GUARANTEE	Diagnosed, treated, or advised to receive treatment within past 2 years: GRADED	Within past 2 years diagnosed with, received or been advised to receive treatment for: MODIFIED PLAN	Within the past 2 years abused or had, or been recommended to have, treatment or counseling: Return of Premium
Alzheimer's	DECLINE  *Aricept, Cognex, Denepezil, Exelon, Razadyne, Namenda* (AUTO DECLINE)	DECLINE	EAGLE GUARANTEE	DECLINE	DECLINE	DECLINE
Amputation	ACCEPT  Complications from diabetes: DECLINE	Due to disease: DECLINE	From complications like diabetes: EAGLE GUARANTEE	If any ADLs are impacted: MODIFIED	Caused by complications from diabetes: DECLINE	Caused by Disease: DECLINE

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<p><b>Aneurysm</b></p>	<p>Within 2 years of diagnosis or if it has been removed: <b>BASIC</b></p>	<p>Last 24 months: <b>ADVANTAGE</b></p>	<p>No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:  <b>GRADED</b></p>	<p>Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b></p> <p>Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b></p>	<p>Within the last 2 years: <b>RETURN OF PREMIUM</b></p> <p>Diagnosed, treated, or hospitalized within past 3 year: <b>GRADED</b></p>
<p><b>Angina (Chest Pain)</b></p>	<p>Within 2 years: <b>BASIC</b></p>	<p>Last 24 months: <b>ADVANTAGE</b></p>	<p>Diagnosed, treated, tested positive, been given medical advice or prescribed medication within the last 12 months: <b>EAGLE GUARANTEE</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:  <b>GRADED</b></p>	<p>Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b></p> <p>Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b></p>	<p>Diagnosed/Treated within past 2 years <b>RETURN OF PREMIUM</b></p> <p>Diagnosed, treated, or hospitalized within past 3 year: <b>GRADED</b></p>

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<p>Angioplasty/Stent Implant</p>	<p>Within 2 years: <b>BASIC</b></p>	<p>Last 24 months: <b>ADVANTAGE</b></p>	<p>Diagnosed, treated, tested positive, been given medical advice or prescribed medication within last 12 months: <b>EAGLE GUARANTEE</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b></p> <p>Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b></p>	<p>Within the past 2 years: <b>RETURN OF PREMIUM</b></p> <p>Within the past 3 years: <b>GRADED</b></p>
<p>Arrhythmia</p>	<p>N/A</p> <p><i>*Check current medication for dual usage</i></p>	<p><b>SELECT</b></p>	<p>No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p> <p><i>*Check current medication for dual usage</i></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p> <p><i>*Check current medication for dual usage</i></p>
<p>Atrial Fibrillation (A-Fib)</p>	<p>N/A</p> <p><i>*Check current medication for dual usage</i></p>	<p><b>SELECT</b></p>	<p>No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p> <p><i>*Check current medication for dual usage</i></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p> <p><i>*Check current medication for dual usage</i></p>

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Bipolar Disorder	N/A	N/A	N/A	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:</p> <p><b>GRADED</b></p>	N/A	N/A
Bronchitis	<p>Chronic: <b>STANDARD</b></p>	<p>Chronic: <b>ADVANTAGE</b></p>	<b>EAGLE GUARANTEE</b>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:</p> <p><b>GRADED</b></p>	<p>Chronic: Ever diagnosed, received or been advised to receive treatment for: <b>STANDARD</b></p>	<p>Medically diagnosed or treated within past 2 years: <b>RETURN OF PREMIUM</b></p> <p>Medically diagnosed/ treated, or hospitalized, or taken medication within past 3 years: <b>GRADED</b></p>

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<p>Bypass Surgery (CABG)</p>	<p>In the past 2 years - received care or advised to seek treatment: <b>STANDARD</b></p>	<p>Last 24 months: <b>ADVANTAGE</b></p>	<p><b>EAGLE GUARANTEE</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:  <b>GRADED</b></p>	<p>Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b></p> <p>Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b></p>	<p>Within the past 2 years: <b>RETURN OF PREMIUM</b></p> <p>Within the past 3 years: <b>GRADED</b></p>

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Cancer	<p>Basal Cell: <b>ACCEPT</b></p> <p>If diagnosis, or received treatment within past 3 years: <b>BASIC</b></p> <p>Currently has cancer, or had one or more reoccurrences, or had more than one type of cancer: <b>DECLINE</b></p>	<p>Last 24 months: <b>DECLINE</b></p> <p>Last 25-60 months: <b>SELECT</b></p> <p><i>(Basal Cell not included)</i></p>	<p>Basal Cell: <b>ACCEPT</b></p> <p>Internal cancer within last 24 months: <b>EAGLE GUARANTEE</b></p> <p>Two or more occurrences of cancer of any kind or a reoccurrence of a previous cancer: <b>EAGLE GUARANTEE</b></p> <p>Metastatic Cancer: <b>EAGLE GUARANTEE</b></p>	<p>During the past 4 years, treated, given medical advice by a medical professional, including office visits, medications, or surgeries for Melanoma, internal cancer, or Leukemia: <b>MODIFIED</b></p>	<p>Within 2 years diagnosed with, received or been advised to receive Chemotherapy or radiation for any form of cancer (excluding Basal or Squamous): <b>DECLINE</b></p> <p>Two or more occurrences diagnosed of cancer of any kind: <b>DECLINE</b></p>	<p>Basal Cell: <b>ACCEPT</b></p> <p>Medically diagnosed/ treated, hospitalized, or taken medication within past 3 years: <b>GRADED</b></p> <p>More than one occurrence in a lifetime or medically diagnosed or treated within past 2 years: <b>RETURN OF PREMIUM</b></p> <p>Currently have Cancer: <b>DECLINE</b></p>

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Cardiomyopathy	DECLINE	SELECT	EAGLE GUARANTEE	DECLINE	Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b>  Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b>	Ever medically diagnosed/treated for: <b>RETURN OF PREMIUM</b>
Circulatory Surgery (Including bypass, angioplasty)	Treatment advised or received in past 2 years: <b>BASIC</b>	Treatment advised or received in past 2 years: <b>ADVANTAGE</b>	Within the last 12 months: <b>EAGLE GUARANTEE</b>	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b>	Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b>  Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b>	Within the past 2 years: <b>RETURN OF PREMIUM</b>  Within the past 3 years: <b>GRADED</b>

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Cirrhosis of Liver	STANDARD	Last 36 months: ADVANTAGE	EAGLE GUARANTEE	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: GRADED	No complications or hospitalizations within past 2 years: POSSIBLE MODIFIED PLAN	Medically diagnosed or treated within past 2 years: RETURN OF PREMIUM  Medically diagnosed/ treated, or hospitalized, or taken medication within past 3 years: GRADED
COPD (Chronic Obstructive Pulmonary Disease)	Including Chronic Bronchitis or Emphysema: STANDARD	ADVANTAGE	EAGLE GUARANTEE	Within the past 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery (excluding mild asthma requiring occasional inhaler use): GRADED	Ever been diagnosed with, received or been advised to receive treatment for: STANDARD	Medically diagnosed or treated within past 2 years: RETURN OF PREMIUM  Medically diagnosed/ treated, or hospitalized, or taken medication within past 3 years: GRADED
CHF (Congestive Heart Failure)	DECLINE	DECLINE	EAGLE GUARANTEE	DECLINE	DECLINE	DECLINE

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Dementia	DECLINE	DECLINE	EAGLE GUARANTEE	DECLINE	DECLINE	DECLINE
Diabetes	ACCEPT  Coma in past 2 years: BASIC  Diabetic Nephropathy/ Retinopathy or Neuropathy in past 2 years: BASIC	Complications, insulin use before age 50, coma, or not under control in the past 36 months: CLASSIC ADVANTAGE	Complications within last 24 months including amputations, retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma: EAGLE GUARANTEE	Within the past 24 months, diabetes requiring more than 80 units of insulin, or any diabetic complications, or uncontrolled blood sugars: MODIFIED	Complications of diabetes such as diabetic coma, insulin shock, retinopathy, nephropathy, or neuropathy within the last 2 years: MODIFIED PLAN	Combined with any medical history of Retinopathy, Nephropathy, or Neuropathy: RETURN OF PREMIUM  Taken insulin shots prior to age 50: RETURN OF PREMIUM  Treated for insulin shock or diabetic coma: RETURN OF PREMIUM
Driving Record (Including D.U.I.)	Advised to receive treatment for alcohol or drug abuse as a result of a D.U.I. or driving violation: DECLINE	Three or more moving violations within past 36 months: ADVANTAGE	N/A	In the past 2 years - driver's license suspended or revoked, or had 3 or more moving violations: GRADED	Convicted of or plead guilty within the past 2 years: MODIFIED PLAN	N/A
Drug Abuse/Addiction	Diagnosed, treated, or advised to receive treatment within past 2 years: BASIC	Last 36 months: ADVANTAGE	Within 24 months diagnosed, treated, tested positive, received medical advise, counseling, or prescribed medication: EAGLE GUARANTEE	In the past 2 years - used any illegal drug, or treated by or given medical advice by a medical professional, including office visits or surgeries: GRADED	Used illegal drugs or had been recommended to have treatment or counseling for drug use/been advised to discontinue use of drugs within past 2 years: MODIFIED PLAN	Used illegal drugs or had been recommended to have treatment or counseling for drug use/been advised to discontinue use of drugs within past 2 years: RETURN OF PREMIUM

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<b>Felony (Probation &amp; Parole)</b>	Confined to a correctional facility: <b>DECLINE</b>	Pled guilty to any crime: <b>ADVANTAGE</b>	Within past 6 months: <b>EAGLE GUARANTEE</b>	Within the past 5 years: <b>DECLINE</b>	N/A *Call for assessment	N/A *Call for assessment
<b>Gastric Bypass</b>	Had or diagnosed within 2 years: <b>BASIC</b>	Last 24 months: <b>ADVANTAGE</b>	No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b>	Call for risk assessment	No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b>	No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b>

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Heart Attack	Within 1 yr: <b>BASIC</b>  Within 2- yrs: <b>STANDARD</b>	Last 6 months: <b>DECLINE</b>  Within 7-24 months: <b>ADVANTAGE</b>	Diagnosed, treated, tested positive, been given medical advice or prescribed medication within the last 12 months: <b>EAGLE GUARANTEE</b>	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b>	Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b>  Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b>	Within the past 2 years: <b>RETURN OF PREMIUM</b>  Within the past 3 years: <b>GRADED</b>
Heart Murmur	Had or diagnosed within past 2 years: <b>STANDARD</b>	<b>SELECT</b>	No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b>	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b>	No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b>	No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b>

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Heart Surgery	Had or diagnosed within 2 years: <b>STANDARD</b>	Last 6 months: <b>DECLINE</b> Within 7-24 months: <b>ADVANTAGE</b>	Diagnosed, treated, tested positive, been given medical advice or prescribed medication for within the last 12 months for:  Heart bypass surgery: <b>EAGLE GUARANTEE</b>  Stent Placement: <b>EAGLE GUARANTEE</b>	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:  <b>GRADED</b>	Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b>	Medically diagnosed or treated within past 2 years: <b>RETURN OF PREMIUM</b>  Medically diagnosed/ treated, or hospitalized, or taken medication within past 3 years: <b>GRADED</b>
Hepatitis	B, C: <b>STANDARD</b>	Chronic within the last 36 months: <b>ADVANTAGE</b>	Recovered Hepatitis A: <b>ACCEPT</b> Otherwise: <b>EAGLE GUARANTEE</b>	Call for risk assessment	Call for risk assessment  Refer to Liver Disease in Part B of application.	Hep C: Medically diagnosed or treated within past 2 years: <b>RETURN OF PREMIUM</b>  Medically diagnosed/ treated, or hospitalized, or taken medication within past 3 years: <b>GRADED</b>
HIV + VE	<b>DECLINE</b>	<b>DECLINE</b>	<b>EAGLE GUARANTEE</b>	<b>DECLINE</b>	<b>DECLINE</b>	<b>DECLINE</b>

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Hospitalization	Current or Question 3A "Yes": <b>DECLINE</b>	Current: <b>DECLINE</b>	Current: <b>EAGLE GUARANTEE</b>  Advised to seek hospitalization within last 12 months: <b>EAGLE GUARANTEE</b>  Hospitalized for 48 hours or more within the last 6 months: <b>EAGLE GUARANTEE</b>	Current: <b>DECLINE</b>	Current: <b>DECLINE</b>	Current: <b>DECLINE</b>
Kidney Disease/Failure/Dialysis	Kidney Disease: <b>STANDARD</b>  Dialysis within past 12 months: <b>DECLINE</b>	Last 36 months: <b>ADVANTAGE</b>	<b>EAGLE GUARANTEE</b>	Kidney disease or failure within the past 24 months: <b>GRADED</b>  Dialysis: <b>DECLINE</b>	Kidney Dialysis within the past year: <b>DECLINE</b>  Kidney Disease within the past 2 years: <b>MODIFIED PLAN</b>	Dialysis: Had or been medically advised to have: <b>DECLINE</b>  Failure: Medically diagnosed, treated or taken medication for liver failure: <b>RETURN OF PREMIUM</b>

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<p>Leukemia</p>	<p><b>DECLINE</b></p>	<p>Last 24 months: <b>DECLINE</b></p> <p>Last 25-60 months: <b>SELECT</b></p>	<p>Within 24 months diagnosed, treated, tested positive, received medical advice, counseling, or prescribed medication: <b>EAGLE GUARANTEE</b></p>	<p><b>DECLINE</b></p>	<p>Last 24 months: <b>DECLINE</b></p>	<p>Medically diagnosed/ treated, hospitalized, or taken medication within past 3 years: <b>GRADED</b></p> <p>More than one occurrence in a lifetime or medically diagnosed or treated within past 2 years: <b>RETURN OF PREMIUM</b></p> <p>Current: <b>DECLINE</b></p>

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Lupus	STANDARD	<p>Systemic Lupus within the last 36 months: ADVANTAGE</p>	<p>No complications or hospitalizations within 24 months: POSSIBLE ACCEPT diagnosed, treated, tested positive, received medical advise, counseling, or prescribed medication for Chronic Kidney Disease or Kidney Failure: EAGLE GUARANTEE</p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: GRADED</p>	STANDARD	<p>Systemic Lupus: Medically diagnosed or treated for within last 2 years: RETURN OF PREMIUM</p>
Liver Disease/ Transplant	STANDARD	<p>Transplant: DECLINE Disease within last 36 months: ADVANTAGE</p>	<p>Liver Transplant/ Failure: EAGLE GUARANTEE</p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: GRADED</p>	<p>Within the past 2 years diagnosed with, received or been advised to receive treatment or medication for: MODIFIED PLAN</p>	<p>Medically diagnosed, treated or taken medication for liver failure: DECLINE Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 3 years: GRADED</p>

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Key: N/A - Not Applicable for this product  E.I. - Express Issue  "A" Phone Interview required		Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.			Build Chart does not Apply. Make sure you're using the Accendo product.	
Marijuana	Tobacco Rate	Tobacco Rate	N/A	In the past 2 years - used any illegal drug, or treated by or given medical advice by a medical professional, including office visits or surgeries: <b>GRADED</b>	Used illegal drugs or had been recommended to have treatment or counseling for drug use/been advised to discontinue use of drugs within past 2 years: <b>MODIFIED PLAN</b>	Used illegal drugs or had been recommended to have treatment or counseling for drug use/been advised to discontinue use of drugs within past 2 years: <b>RETURN OF PREMIUM</b>
Multiple Sclerosis (MS)	*Check current medication use/mix  *Check wheelchair use or ADL assistance	Last 36 months: <b>ADVANTAGE</b>	Within last 6 months if received home health care or assistance with ADL. Or if confined to a wheelchair or use a walker for assistance: <b>EAGLE GUARANTEE</b>	If any ADLs are impacted: <b>MODIFIED</b>  *call for risk assessment	If able to perform all ADLs: <b>STANDARD</b>  If any ADLs are impacted or wheelchair use required: <b>DECLINE</b>	Been medically diagnosed or treated, or hospitalized for within the past 3 years: <b>GRADED</b>  If any ADLs are impacted or wheelchair use required: <b>DECLINE</b>

DISEASE/DISORDER	Foresters: PlanRight  AGE 50-85	CFG: Dignified Choice  AGE 18-85	Americo Eagle Premier  AGE 50-85	GPM Final Expense  AGE 50-85	CVS Accendo  AGE 40-89	American Amicable/ Occidental Senior Choice  AGE 50-85
Key: N/A - Not Applicable for this product  E.I. - Express Issue  "A" Phone Interview required		Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.			Build Chart does not Apply. Make sure you're using the Accendo product.	
Muscular Dystrophy (MD)	*Check current medication use/mix  *Check wheelchair use or ADL assistance	DECLINE	EAGLE GUARANTEE	If any ADLs are impacted: MODIFIED  *call for risk assessment	No complications or hospitalizations within past 2 years: POSSIBLE MODIFIED PLAN  If any ADLs are impacted or wheelchair use required: DECLINE	Been medically diagnosed or treated, or hospitalized for within the past 3 years: GRADED  If any ADLs are impacted or wheelchair use required: DECLINE
Oxygen Use (excluding Sleep Apnea)	Within past 12 months: DECLINE	ADVANTAGE (Excluding Sleep Apnea)	Within the past 6 months: EAGLE GUARANTEE	Currently using, used within the past 4 years, or recommended to use: MODIFIED	Within the past year: DECLINE	Used to assist in breathing: DECLINE  Been required to use oxygen equipment to assist in breathing within the past 2 years: RETURN OF PREMIUM
Pacemaker	Implant within 1 yr: BASIC  Implant within 2 yrs: STANDARD	Last 24 months: ADVANTAGE	No complications or hospitalizations within 24 months: POSSIBLE ACCEPT	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: GRADED	Inserted within the past year: MODIFIED PLAN  Inserted within the past 2 years: STANDARD	Inserted within the past 2 year: RETURN OF PREMIUM

DISEASE/DISORDER	Foresters: PlanRight  AGE 50-85	CFG: Dignified Choice  AGE 18-85	Americo Eagle Premier  AGE 50-85	GPM Final Expense  AGE 50-85	CVS Accendo  AGE 40-89	American Amicable/ Occidental Senior Choice  AGE 50-85
Key: N/A - Not Applicable for this product  E.I. - Express Issue  "A" Phone Interview required		Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.			Build Chart does not Apply. Make sure you're using the Accendo product.	
Paralysis	If any Activities of Daily Living (ADL) are impacted OR wheelchair use: <b>DECLINE</b>	Kidney complications or ADL assistance: <b>ADVANTAGE</b>  Confined to a wheelchair due to disease: <b>DECLINE</b>	Receive assistance with any of the Activities of Daily Living (ADL) due to a chronic or debilitating condition within the past 6 months: <b>EAGLE GUARANTEE</b>	If any ADLs are impacted: <b>MODIFIED</b>  Confined to a nursing home or hospice, or receiving home health care: <b>DECLINE</b>  *call for risk assessment	If any Activities of Daily Living (ADL) are impacted OR wheelchair use: <b>DECLINE</b>	Been medically diagnosed or treated, or hospitalized for paralysis of two or more extremities within the past 3 years: <b>GRADED</b>
Parkinson's Disease	If able to perform all ADLs: <b>STANDARD</b>  Otherwise: <b>DECLINE</b>	Last 36 months: <b>ADVANTAGE</b>	Within last 6 months if received home health care or assistance with ADL. Or if confined to a wheelchair or use a walker for assistance: <b>EAGLE GUARANTEE</b>	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:  <b>GRADED</b>	If able to perform all ADLs: <b>STANDARD</b>  If any ADLs are impacted or wheelchair use required: <b>DECLINE</b>	Been medically diagnosed or treated, or hospitalized for within the past 3 years: <b>GRADED</b>

DISEASE/DISORDER	Foresters: PlanRight  AGE 50-85	CFG: Dignified Choice  AGE 18-85	Americo Eagle Premier  AGE 50-85	GPM Final Expense  AGE 50-85	CVS Accendo  AGE 40-89	American Amicable/ Occidental Senior Choice  AGE 50-85
<p>Key: N/A - Not Applicable for this product</p> <p>E.I. - Express Issue</p> <p>"A" Phone Interview required</p>		<p>Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.</p>			<p>Build Chart does not Apply. Make sure you're using the Accendo product.</p>	
<p>Peripheral Vascular Disease (PVD)</p>	<p>*Check medications (especially blood thinners and first fill date) and ALL heart questions: <b>PREFERRED</b></p>	<p>Last 24 months: <b>ADVANTAGE</b></p>	<p>No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b></p> <p>Within past 2 years diagnosed with, received or been advised to receive treatment for: <b>STANDARD LEVEL</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p>
<p>Pulmonary Embolism</p>	<p>*Check medications (especially blood thinners and first fill date) and ALL heart questions: <b>PREFERRED</b></p>	<p>Within the past 24 months: <b>ADVANTAGE</b></p>	<p>No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p>

DISEASE/DISORDER	Foresters: PlanRight  AGE 50-85	CFG: Dignified Choice  AGE 18-85	Americo Eagle Premier  AGE 50-85	GPM Final Expense  AGE 50-85	CVS Accendo  AGE 40-89	American Amicable/ Occidental Senior Choice  AGE 50-85
Key: N/A - Not Applicable for this product  E.I. - Express Issue  "A" Phone Interview required		Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.			Build Chart does not Apply. Make sure you're using the Accendo product.	
<b>Sarcoidosis</b>	*Decision based on current medication use within the past 2 years	Last 36 months: <b>ADVANTAGE</b>	<b>EAGLE GUARANTEE</b>	During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery:  <b>GRADED</b>	No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b>	No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b>

DISEASE/DISORDER	Foresters: PlanRight  AGE 50-85	CFG: Dignified Choice  AGE 18-85	Americo Eagle Premier  AGE 50-85	GPM Final Expense  AGE 50-85	CVS Accendo  AGE 40-89	American Amicable/ Occidental Senior Choice  AGE 50-85
<p>Key: N/A - Not Applicable for this product</p> <p>E.I. - Express Issue</p> <p>"A" Phone Interview required</p>		<p>Please note: Below decisions are based on single impairments. See page 2 of app for multiple impairment decisions.</p>			<p>Build Chart does not Apply. Make sure you're using the Accendo product.</p>	
Schizophrenia	<p>No medication for Dementia, must be able to complete aptical and legal capacity to make their own decisions: <b>PREFERRED</b></p>	<p>Last 36 months: <b>ADVANTAGE</b></p>	<p>N/A</p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p> <p>Dementia or other mental incapacity: <b>DECLINE</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p> <p>Dementia or other mental incapacity: <b>DECLINE</b></p>
Seizures	<p><b>PREFERRED</b></p>	<p>N/A</p>	<p>No complications or hospitalizations within 24 months: <b>POSSIBLE ACCEPT</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>No complications or hospitalizations within past 2 years: <b>POSSIBLE ACCEPT</b></p>	<p>Been medically diagnosed or treated, or hospitalized for within the past 3 years: <b>GRADED</b></p>
Stroke/CVA/TIA	<p>Within 1 yr: <b>BASIC</b></p> <p>Within 2 yrs: <b>STANDARD</b></p>	<p>Last 24 months: <b>ADVANTAGE</b></p>	<p>Diagnosed, treated, tested positive, been given medical advice or prescribed medication within last 12 months: <b>EAGLE GUARANTEE</b></p>	<p>During the last 24 months, treated by, diagnosed or given medical advice by a medical professional, including office visits, medications or surgery: <b>GRADED</b></p>	<p>Within the past year diagnosed with, received or been advised to receive treatment for: <b>MODIFIED PLAN</b></p> <p>Within past 2 years diagnosed with, received or been advised to receive treatment for:</p>	<p>Medically diagnosed within past 2 years: <b>RETURN OF PREMIUM</b></p> <p>Medically diagnosed or hospitalized within past 3 years: <b>GRADED</b></p>

## BUILD CHARTS - GENDER NEUTRAL

Height	FORESTERS PlanRight - Preferred	FORESTERS Standard	FORESTERS Basic	CFG Elite/Select/ Advantage	Americo	GPM	American Amicable/ Occidental  Immediate/ Graded/ROP
4'8"	201	216	232	185/192/209	189	220	197/204/214
4'9"	208	223	239	190/198/216	196	224	204/212/222
4'10"	215	230	246	198/205/224	203	228	211/220/230
4'11"	222	237	253	205/212/232	210	231	218/228/238
5'	229	245	262	212/220/240	217	237	225/236/246
5'1"	237	253	271	219/227/248	224	241	233/244/254
5'2"	246	262	280	226/235/256	232	245	241/252/262
5'3"	253	269	288	234/242/264	239	251	248/260/271
5'4"	260	278	297	241/250/272	247	258	256/268/280
5'5"	268	286	306	249/258/281	255	264	264/276/288
5'6"	275	294	315	257/266/290	263	270	273/285/297
5'7"	284	304	325	264/274/298	271	277	281/294/306
5'8"	292	313	334	272/283/307	279	285	289/303/316
5'9"	299	321	343	280/291/317	287	294	298/312/325
5'10"	308	330	353	289/300/326	296	301	307/321/335
5'11"	316	339	362	297/307/336	304	309	315/330/344
6'	325	348	372	305/316/345	313	317	324/339/354
6'1"	333	356	381	314/325/355	322	325	334/349/364
6'2"	341	366	391	323/333/365	331	333	343/359/374
6'3"	349	373	399	331/342/374	340	341	352/368/384
6'4"	357	382	409	340/352/384	349	349	361/378/394
6'5"	365	392	419	349/361/395	358	357	370/388/404
6'6"	373	406	434	359/371/405	367	365	379/398/414
6'7"	381	413	442	368/380/415	377	373	388/408/424
6'8"	389	421	450	376/388/425			397/418/434
6'9"	397	430	460	385/398/435			406/428/440