

Field Underwriting Guide

At Nationwide®, we're committed to providing accurate, timely and competitive underwriting offers on all life applications; however, incomplete information can lead to a delay. To avoid that and receive a timely decision, please let this guide help make sure you have a thorough understanding of all information that our underwriter will need during the review process.

Medical conditions:

Condition	Factors considered		Best possible class
Alcohol/drug abuse	• Treatment • Relapses • Length of abstinence (decline if within 3 years)		Preferred Nontobacco
Arthritis	• Treatment • Type		Preferred Plus Nontobacco
Asthma¹	• Treatment • Hospitalization • Smoking		Preferred Nontobacco
Basal cell and squamous cell skin cancer	• Single episode • Location	• Time since event • Grade/staging	Preferred Plus Nontobacco
Cancer¹ — includes skin cancer (except basal cell and squamous cell skin cancer) and all other internal types (e.g., melanoma or breast cancer)	• Single episode • Location • Time since event	• Grade/staging • Treatment	Standard Nontobacco
Cholesterol	• Cholesterol/HDL ratio • Medication		Preferred Plus Nontobacco
Diabetes¹	• Treatment • Age at onset • Control		Preferred Nontobacco (Age ≥40/Type 2/non-insulin-dependent diabetes with A1C readings within guidelines)
Epilepsy	• Treatment • Date of last episode		Preferred Nontobacco

Condition	Factors considered	Best possible class
Heart attack/bypass/coronary artery disease¹	• Age of onset • Number of vessels • Severity of disease • Time since last event • Treatment • Continued cardiac care	Standard Nontobacco (age >50)
Hypertension¹ (high blood pressure)	• Control	Preferred Nontobacco
Mental illness	• Treatment • Hospitalization (decline if within 2 years) • Loss of work	Preferred Nontobacco (anxiety) Preferred Nontobacco (mild depression) Best Case Table B (all others, including depression/bipolar)
Sleep apnea¹	• Treatment and control	Preferred Nontobacco
Stroke	• Age • Time since event (decline if within 1 year) • Residuals	Table B

¹ For these medical conditions, please note the additional questions on the next page that you can ask to help further clarify the risk.

Note: This chart is a guide to help you determine the best possible underwriting class. The ultimate underwriting decision is based on the individual insured and overall underwriting assessment.

Nonmedical conditions:

Condition	Factors considered	Best possible class
Aviation	• Experience • Yearly hours logged • Total solo hours logged • Type of flying • Aircraft flown	Preferred Nontobacco U.S. commercial pilots can get Preferred Plus
Skydiving/parachuting	• Experience • Number of jumps	Preferred Nontobacco
Racing (e.g., cars, trucks, motorcycles and boats)	• Speed • Type/class • Location • Frequency	Preferred Nontobacco
Scuba diving	• Experience • Type/class • Depth of dives • Frequency • Location	Preferred Plus Nontobacco
Climbing and mountaineering	• Experience • Location • Equipment used • Height, length, grade and rating of climb	Preferred Nontobacco

Common medical conditions and questions to ask:

Anxiety/Depression

• Date of diagnosis?	• History of suicide attempts?
• Date of last episode?	• History of alcohol/substance abuse?
• Any hospitalizations, ER visits or urgent care visits?	• Have ever been seen or treated by a psychiatrist, psychologist, therapist, counselor or any other mental health professional?
• What treatment have you received and when?	• Name, address and phone number of physician(s) consulted?

Asthma

• Date of diagnosis and last attack?	• Have you ever used tobacco in any form (type and when used)?
• Type of asthma (e.g., seasonal, allergic, exercise-induced or cold-induced)?	• Have you ever been diagnosed as having any other respiratory disorder or disease (e.g., chronic bronchitis, emphysema, sleep apnea or recurring pneumonia)?
• What symptoms do you experience?	• Has a pulmonary function test (breathing test) ever been done? (If yes, please list the most recent results.)
• Current medications used for asthma or related symptoms?	• Name, address and phone number of physician(s) consulted?
• Dates of hospitalizations or emergencies	

Cancer

• Date of diagnosis?	• Any metastasis or nodal involvement? (Please give details.)
• Type or location of tumor?	• Any recurrence? (Please give details.)
• How was the cancer treated (surgery, chemotherapy, radiation therapy or other)?	• Are you currently taking any medications? (Please give details.)
• Time since treatment last ended?	• Do you have any other major health problems? (Please give details.)
• What was the grade and stage?	• Name, address and phone number of physician who has complete records, including operative and pathology reports?

Diabetes

• Date of diagnosis?	• Have you experienced any symptoms of, or been diagnosed with, hypertension, coronary artery disease, stroke or peripheral vascular disease? (Please provide dates and details.)
• How are you being treated (diet, oral medication or insulin)? (Please list medication and dosage.)	• Have you smoked cigarettes in the past 12 months? (Please list date last used.)
• What is your most recent blood glucose reading and glycosylated hemoglobin (HbA1c) reading?	• How often do you see your physician? (Please list date of last visit.)
• Do you monitor your own blood sugar readings?	• Name, address and phone number of physician who has your complete medical records?
• Have you experienced any medical complications related to diabetes (e.g., vision concerns, skin ulcers, kidney problems, diabetic coma, insulin shock)? (Please explain.)	

Heart attack/bypass/angioplasty

• Date chest pain first occurred?	• Are you currently taking any medications? (Please give details.)
• What was the final diagnosis (e.g., heart attack, ischemia)?	• Have you had any recurrent chest pain or shortness of breath? (Please provide dates and details.)
• What tests were performed (e.g., stress EKG, thallium stress EKG, stress echo)? (Please list the results.)	• Any medical history of diabetes, high blood pressure, high cholesterol or family history of heart disease?
• Was a cardiac catheterization completed? (Please list details and results.)	• Have you ever used tobacco in any form? (Please note type and date last used.)
• Was a surgical procedure performed? (Please list the type — angioplasty, bypass, atherectomy — the number of vessels involved and the date performed.)	• Name, address and phone number of physicians and hospitals consulted? (Please include dates you saw them and why.)

Hepatitis

• Date of diagnosis?	• Have you ever had a liver biopsy?
• Type of hepatitis: A, B, C, D or E?	• When was your last imaging test (e.g., ultrasound, CT, MRI, FibroScan) and what were the results?
• What treatment have you received and when?	• Name, address and phone number of physician(s) consulted?

High blood pressure

• Date of diagnosis?	• What was your last reading in your physician's office?
• Have you had any cardiac testing (e.g., stress test, echo)?	• Name, address and phone number of physician(s) consulted?

Sleep apnea

• Date of diagnosis?	• Was it classified as mild, moderate or severe?
• What treatment have you received, and are you compliant with the treatment?	• Name, address and phone number of physician(s) consulted?



We're here to help.

If you have any questions or would otherwise like assistance, please call us directly at 1-866-678-LIFE (5433).



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NFM-23563AO (02/24)