



# Thrivent Traditional Long-Term Care Insurance

Underwriting Guide



This guide should be used as a reference. Always use the prequalification email and number if the applicant has some health concerns.

Further information:

Email [LTCiPreQual@Thrivent.com](mailto:LTCiPreQual@Thrivent.com)

Call 888-422-5737, say "Directory" and enter ext. 8895. Select option 3.

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Thrivent Traditional Long-Term Care Insurance (LTCi) is a comprehensive product that can help clients pay for qualified long-term care expenses and protect income and savings from being redirected to pay for care.

LTCi underwriting consists of evaluating an applicant's medical history and lifestyle activities to determine insurability. The underwriter's decision to accept or decline an applicant is based on the overall risk profile and matching this risk to Thrivent's underwriting guide, which represents the risk tolerance we are willing to accept as a company.

## Definitions

**Attending physician statement (APS)** is a copy of the medical records from the proposed insured's medical provider(s).

**Face-to-face assessment (FTF)** includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic activities of daily living. Physical observations are made, and additional mobility and cognitive testing are included as well. Height, weight and blood pressure measurements will also be taken. Most FTF assessments are completed in 30 to 40 minutes.

**MIB, Inc. (Medical Information Bureau)** database check is completed to obtain information in a coded format and serves as an alert for the underwriter to investigate unrevealed insurability problems. MIB, Inc. is a not-for-profit organization established to prevent fraud in the insurance industry.

**Personal history interview (PHI)** is completed by an interviewer to obtain or validate medical, nonmedical or clarification of information as needed. Most PHIs are completed in 10 minutes. If a declaration of insurability was not completed at the time the application was written, the applicant can expect to spend approximately 30 to 40 minutes to complete the entire interview.

**Personal history interview with Minnesota Cognitive Acuity Screen (MCAS)** includes testing in a variety of areas of cognition, including judgment, short-term memory, reasoning/orientation and comprehension. To help ensure favorable results, it is important that the applicant select a time and place free from distractions. If an applicant does not pass the cognitive screening, the application will be declined. Encourage an applicant to reschedule if the scheduled time does not allow for a distraction-free completion of the interview, because retesting is not allowed. Most PHIs with the MCAS are completed in 25 minutes. If a declaration of insurability was not completed at the time the application was written, the applicant can expect to spend approximately 50 to 60 minutes to complete the entire interview.

**Prescription check (Rx check)** is ordered and received electronically and does not require any assistance from the applicant.

## Best Practices for Submitting Applications

Complete the declaration of insurability (DOI). Underwriting cannot start until the DOI is completed.

Use the prequalification email and number if the applicant has some health concerns.

**Email** [LTCiPreQual@Thrivent.com](mailto:LTCiPreQual@Thrivent.com).

**Call** 888-422-5737, say "Directory" and enter ext. 8895. Select option 3.

Tell applicants they may receive a phone call to complete a personal history interview or schedule the face-to-face assessment.

Provide complete doctor's information (full name, address, phone number).

Set expectations that medical records may be requested and a special authorization may be required to release those medical records from their physician.

Submit as Standard. Will automatically be considered for Preferred.

Take money or complete the EFT form for the advanced premium payment.

(Note: For California residents we cannot accept premiums with applications.)

## Underwriting requirements by age

Age 18 to 59	Age 60 to 69	Age 70+
<ul style="list-style-type: none"> <li>• Personal history interview, unless attending physician statement is requested for cause.</li> <li>• Prescription check, unless attending physician statement is requested for cause.</li> <li>• MIB, Inc. database check.</li> </ul>	<ul style="list-style-type: none"> <li>• Attending physician statement, if seen by doctor in last 2 years.</li> <li>• Personal history interview and Minnesota Cognitive Acuity Screen.</li> <li>• MIB, Inc. database check.</li> </ul> <p><b>If no doctor visit in last 2 years:</b></p> <ul style="list-style-type: none"> <li>• Face-to-face assessment with Minnesota Cognitive Acuity Screen.</li> <li>• Prescription check.</li> <li>• MIB, Inc. database check.</li> </ul>	<ul style="list-style-type: none"> <li>• Attending physician statement, if seen by doctor in last 2 years.</li> <li>• Face-to-face assessment with Minnesota Cognitive Acuity Screen.</li> <li>• MIB, Inc. database check.</li> </ul> <p><b>If no doctor visit in last 2 years:</b></p> <ul style="list-style-type: none"> <li>• Face-to-face assessment with Minnesota Cognitive Acuity Screen.</li> <li>• Prescription check.</li> <li>• MIB, Inc. database check.</li> </ul>

### Notes:

- Requirements may be ordered at any time due to cause, regardless of the proposed insured's age.
- Expected completion times for the PHI, PHI with Minnesota Cognitive Acuity Screen, and FTF assessments may vary based on the applicant's health history and personal circumstances.
- California applications: When available, an APS and an Rx check are obtained on all proposed insureds, regardless of age and time of last consultation. For ages 18 to 59, a FTF without the MCAS will be obtained if the proposed insured has not seen a doctor in the past two years.

## Preferred underwriting checklist

The following is a list of criteria that must be met in order to be considered for preferred risk class:

- No tobacco product(s) used within the last two years.
- Physical exam within the past 24 months.
- Build within body mass index (BMI) 18 to 30.
- All questions answered "no" appropriately on the preliminary declaration of insurability.
- Average blood pressure levels 135/85 or below with no medication adjustments to improve control in the past six months.
- No disease or disorder of the heart, blood, or circulatory or immune system other than controlled hypertension (refer to above criteria); cholesterol is under good control, stable and not requiring medication adjustments to improve control.
- No history of cancer in the past 10 years (excludes non-melanocytic skin cancers).
- No history of chronic respiratory disease (excludes asthma not requiring daily treatment).
- No history of epilepsy, seizures, tremor (excluding benign essential tremor) or other neurological condition.
- No oral steroid or regular narcotic use in the past six months.
- No disease or disorder of the nervous system including psychiatric care (excludes mild anxiety and mild depression on no more than one medication with any antipsychotics).
- No history of hip replacement, osteoporosis, rheumatoid or psoriatic arthritis.
- No history of osteoarthritis requiring regular daily medication (other than OTC).
- No history of disabling spine or back condition.
- No history of diabetes mellitus.
- No history of ulcerative colitis or Crohn's disease.
- No history of falls within the past 12 months or multiple falls within the past 24 months.
- No history of home health care, adult day care, assisted living facility, nursing home, or other custodial facility care.
- No condition causing crippling or limited motion or requiring adaptive devices.
- No current use of any aid or appliance for mobility.
- Has not been declined or rated for long-term care insurance in the past three years.

## Uninsurable conditions

Please note this list is not inclusive. All applications are subject to underwriting review.

<b>A</b>	
Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)	Amyotonia, congenital
Acromegaly treatment in past 48 months	Amyotrophic Lateral Sclerosis (ALS)
Acute Hemorrhagic Polioencephalitis	Angina, intestinal
Adrenoleukodystrophy, X-linked (ALD)	Angiophacomatosis (von Hippel-Lindau's Disease)
Alcoholic Cardiomyopathy	Arteritis, Granulomatous (involving the aorta), in past 48 months
Alcohol or controlled substance dependency	Assistance or Supervision of Activities of Daily Living (ADLs) (bathing, bowel or bladder control, dressing, eating, moving in or out of bed or chair, taking medication, toileting, walking)
Alpha-1 Antitrypsin Deficiency	Assistive devices (catheter, chairlift, dialysis, hospital bed, motorized scooter, oxygen equipment, quad cane, respirator, stair lift, walker, wheelchair)
Alveolitis, Alveolitis, Cryptogenic Fibrosing, active in past 24 months	Ataxia (any form)
Alzheimer's Disease	Autoimmune or Immunological Disorder NOS, currently being evaluated or treated with immunosuppressant drugs or corticosteroids within past 24 months
American Trypanosomiasis, active	Autonomic Nervous System Insufficiency (Shy-Drager Syndrome)
Amputation, due to disease	Autonomic Neuropathy, active
<b>B</b>	
Bedsore, treated in past 48 months	Blastomycosis, active
Beriberi, cerebral (Wernicke-Korsakoff Syndrome)	Bone Marrow Disorder
Biliary Cirrhosis (Primary), active in the past 60 months	Bowel Disease, Ischemic
Binswanger's Disease	Buerger's Disease, active
<b>C</b>	
Cancer of the Bone, Brain, Esophagus, Liver, Lung, Kidney, Ovary, Pancreas, Stomach, or any Metastatic Cancer	Chronic Myelomonocytic Leukemia (CML)
Cardiomyopathy, Alcoholic	Churg-Strauss Syndrome, active in past 24 months
Cerebroside Lipoidosis (Gaucher's Disease)	Cirrhosis of the Liver
Cerebral Beriberi (Wernicke-Korsakoff Syndrome)	Colitis, Ischemic
Chagas' Disease, active	Creutzfeldt-Jakob Disease
Cholangitis, Sclerosing, active in past 24 months	Cryptococcosis
Chorea	Cryptogenic Fibrosing Alveolitis, active in past 48 months
Chronic Granulocytic Leukemia (CGL)	Cystic Fibrosis
Chronic Kidney Disease, not including stones	

## Uninsurable conditions continued.

<b>D</b>	
Decubitus Ulcers, treated in past 48 months	Down Syndrome (Trisomy 21)
Degeneration, Hepatolenticular	Duchenne-Aran Disease (Progressive Muscular Atrophy)
Dementia (Irreversible), all forms	
<b>E</b>	
Emphysema (or other lung disorder requiring the use of oxygen)	Erb-Goldflam Disease
Encephalopathy, Subacute Spongiform (Creutzfeldt-Jakob Disease)	Esophageal Varices
Eosinophilic Fasciitis, active	
<b>F</b>	
Fasciitis, Eosinophilic, active	Frequent or persistent forgetfulness or memory loss
Fibrosis, Cystic	Friedreich's Ataxia
Fibrosis, Idiopathic Pulmonary, active in past 48 months	Frontotemporal Dementia
<b>G</b>	
Gangrene (as a result of systemic disease)	Goodpasture Disease, Goodpasture Syndrome
Gaucher's Disease	Granulomatous Arteritis (involving the aorta), active in past 48 months
Giant Cell Arteritis (involving the aorta), in past 24 months	
<b>H</b>	
Hamman-Rich Syndrome, active in past 24 months	Hippel's Disease
Heart-Lung Transplant	Tested positive for exposure to Human Immunodeficiency Virus (HIV) infection; been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)
Hematoma, Subdural, treated in the past 24 months	Hodgkin's Disease
Hemiplegia	Hunter's Disease
Hepatolenticular Degeneration (Wilson Disease)	Huntington's Chorea
Hereditary Hemorrhagic Telangiectasia	Hydrocephalus, with/without shunt
Hereditary Spinal Ataxia	
<b>I</b>	
Idiopathic Pulmonary Fibrosis, active in past 48 months	Interstitial Pneumonitis (chronic), active in past 24 months
Immunological or autoimmune disorder NOS, currently being evaluated or treated	Intestinal Angina
Immunosuppressant drugs or corticosteroids within past 24 months	Ischemic Bowel Disease
Inclusion Body Myositis	Ischemic Colitis due to systemic atherosclerosis
Interstitial Plasma Cell Pneumonia, active in past 24 months	
<b>J</b>	
Joseph's Disease	

## Uninsurable conditions continued.

<b>K</b>	
Kaposi's Disease (Xeroderma Pigmentosum)	Korsakoff Syndrome
Kaposi's Sarcoma	Kuru
Kennedy's Disease	
<b>L</b>	
Lambert-Eaton Syndrome	Locomotor Ataxia
Lesch-Nyhan Syndrome	Long-Term Care Services (assisted care living facility, nursing home, other custodial facility, home health care services, adult day care services)
Leukemia	Lou Gehrig's Disease
Leukodystrophy, all forms	Lues (Stage IV Syphilis/Tabes Dorsalis)
Leukoencephalopathy, Progressive Multifocal	Lung Transplant
Lewy Body Dementia	Lymphoid Interstitial Pneumonia (LIP), active
Lipoidosis, Cerebroside Lipoidystrophy, Intestinal	Lymphoma Disorder
<b>M</b>	
Malnutrition, treated in past 36 months	Motor Neuron Disease
Marie's Disease	Moyamoya Disease
Melanosis Lenticularis	Mucopolysaccharidosis I, II
Mental Retardation (all forms)	Multiple Sclerosis
Mesothelioma, actively treated in the past 36 months	Muscular Atrophy, Progressive
Mild Cognitive Impairment (MCI)	Muscular Dystrophy (all forms)
Monoplegia	Myasthenia Gravis, generalized and treated within past 60 months
Morquio Syndrome	Myotonia Congenita
<b>N</b>	
Neurofibromatosis	Normal Pressure Hydrocephalus, with or without shunt
Neuropathy, Autonomic, active	
<b>O</b>	
Oppenheim's Disease	Osler-Weber-Rendu Disease (Telangiectasis)
Organ Transplant (other than cornea)	Osteochondritis Deformans Juvenilis
Organic Brain Syndrome	Ostogenesis Imperfecta (I, II, III, or IV)
<b>P</b>	
Paralysis Agitans (Parkinson's Disease)	Pneumonia, Interstitial Plasm Cell, active in past 24 months
Paraplegia	Pneumonia, Lymphoid Interstitial, active
Parkinson's Disease	Pneumonitis, Interstitial (chronic), active in past 24 months
Peutz-Jeghers Syndrome	Polioencephalitis, Acute Hemorrhagic
Pick's Disease	Polychondritis, relapsing
Pneumocystitis Pneumonia	Polyneuritic Psychosis

## Uninsurable conditions continued.

Portal Hypertension	Progressive Muscular Atrophy
Post-Polio Syndrome	Pseudobulbar Palsy
Posterolateral Sclerosis	Pseudomyxoma Peritonei
Primary Progressive Aphasia (PPA)	Psychosis, Polyneuritic
Progressive Multifocal Leukoencephalopathy	
<b>Q</b>	
Quadriplegia	
<b>R</b>	
Recklinghausen's Disease	Renal Failure
Renal Dialysis, in past 36 months	
<b>S</b>	
Schizophrenia or other forms of psychosis	Slow Virus Infections (Kuru, Creutzfeldt-Jakob, Leukoencephalopathy, etc.)
Sclerosing Cholangitis, active in past 24 months	Spinal Bulbar Muscular Atrophy (SBMA)
Sclerosis, Amyotrophic Lateral	Stroke
Sclerosis, Posterolateral	Subacute Spongiform Encephalopathy (Creutzfeldt-Jakob Disease)
Senility	Supranuclear Palsy
Shaking Palsy	Syphilis, Stage IV (Tabes-Dorsalis, Lues)
Shy-Drager Syndrome (Autonomic Nervous System Insufficiency)	
<b>T</b>	
Tabes-Dorsalis (Syphilis, Stage IV: Lues)	Transplants (Heart-Lung, Lung, Small Bowel, Multivisceral)
Telangiectasia, Hereditary Hemorrhagic	Trisomy 21 (Down Syndrome)
Torulosis (Cryptococcosis)	Trypanosomiasis, American, active
Transient Ischemic Attack (TIA)	
<b>U</b>	
Ulcers, Decubitus, treated in past 48 months	
<b>V</b>	
Varices, Esophageal	Von Recklinghausen's Disease
Von Hippel-Lindau Disease	
<b>W</b>	
Waldenstrom's Disease or Syndrome	Wilson Disease
Wernicke-Korsakoff Syndrome	Wiskott-Aldrich Syndrome
Whipple's Disease	
<b>X</b>	
Xeroderma Pigmentosum	
<b>Z</b>	
Zellweger Syndrome	



## Red flag medications

Please note this list is not inclusive. All applications are subject to underwriting review.

Brand Name	Generic Name	Condition
Abilify	aripiprazole	Psychosis
Adriamycin	doxorubicin hydrochloride	Cancer
Akineton	biperiden	Parkinson's Disease
Antabuse	disulfiram	Alcoholism
Aricept	donepezil	Memory Loss
Arimidex	anastrozole	Breast Cancer
Artane	trihexyphenidyl	Parkinson's Disease
Avonex	interferon beta-1a	Multiple Sclerosis
Betaseron	interferon beta-1b	Multiple Sclerosis
Camptosar Injection	irinotecan hydrochloride	Colorectal Cancer
Casodex	bicalutamide	Prostate Cancer
Cognex	tacrine	Memory Loss
Cogentin	benztropine mesylate injection	Parkinson's Disease
Compazine	prochlorperazine	Psychosis
Comtan	entacapone	Parkinson's Disease
Copaxone	tacrine	Multiple Sclerosis
Cytosan	cyclophosphamide	Cancer
Depade	naltrexone	Alcoholism
Depo-Provera	medroxyprogesterone	Cancer
Eldepryl	selegiline hcl	Parkinson's Disease
Enbrel	etanercept	Arthritis
Eulexin	flutamide	Cancer
Exelon	rivastigmine	Dementia
Fareston	toremifene	Breast Cancer
Femara	letrozole	Breast Cancer
Forteo	teriparatide	Severe Osteoporosis
Gleevec	imatinib mesylate	Chronic Myeloid Leukemia
Geodon	ziprasidone	Schizophrenia
Gilenya	fingolimod	Multiple Sclerosis
Haldol	haloperidol injection	Psychosis
Hexalen	altretamine	Cancer

## Red flag medications continued.

Brand Name	Generic Name	Condition
Hydergine	ergoloid mesylate	Memory Loss
Imuran	azathioprine	Advanced Rheumatoid Arthritis
Kadian	morphine sulfate	Severe Chronic Pain
Kemstro	baclofen	Multiple Sclerosis
Lodosyn	carbidopa	Parkinson's Disease
Loxitane	loxapine	Psychosis
Lupron	leuprolide acetate	Prostate Cancer
Methadone	methadone hydrochloride	Severe Chronic Pain
Namenda, Ebixa, Axura	memantine	Alzheimer's
Namzaric	donepezil + memantine	Alzheimer's
Navane	thiothixene Hcl	Psychosis
Neupogen	filgrastim injection	Cancer
Nolvadex	tamoxifen citrate	Cancer
Parlodel	bromocriptine mesylate	Parkinson's Disease
Permax	pergolide mesylate	Parkinson's Disease
Platinol	cisplatin	Cancer
Razadyne	galantamine	Alzheimer's
Requip	ropinirole Hcl	Parkinson's Disease
ReVia	naltrexone	Drug Addiction/Alcoholism
Risperdal	risperidone	Psychosis
Seroquel	quetiapine fumarate	Psychosis
Sinemet	carbidopa-levodopa	Parkinson's Disease
Stelazine	trifluoperazine	Psychosis
Suboxone	buprenorphine and naloxone	Narcotic (Opiate) Addiction
Thorazine	chlorpromazine	Psychosis
Tysabri	natalizumab	Multiple Sclerosis
Vivitrol	naltrexone	Drug Addiction/Alcoholism
Xeloda	capecitabine	Cancer
Zoladex	goserelin acetate	Cancer
Zyprexa	olanzapine	Schizophrenia

## Medical Impairment Guide

The severity of medical conditions varies among individuals, and insurability will depend on stability, comorbidities and compliance with treatment. If medical testing has been advised but not yet completed, the case may be postponed or declined. Current or recent tobacco use may have a significant impact on insurability, based on medical condition(s).

We are unable to list all conditions. If you have any medical history concerns, ask Underwriting for a prescreen.  
Call 888-422-5737, say "Directory" and enter ext. 8895. Select option 3. (Monday to Friday, 8 a.m. to 5 p.m., Central time.) Or email [LTCiPreQual@Thrivent.com](mailto:LTCiPreQual@Thrivent.com)

Condition	Stability Period	Potential Decision Based on Overall Health	
<b>Acoustic Neuroma</b>	Complete removal or radiation, no growth and stable for > 36 months	Standard may be available	
	Diagnosis, < 36 months, regrowth, weight unstable or complications	Decline	
<b>Addison's Disease</b>	Firm diagnosis, limited daily steroid use, symptoms and weight stable 12 to 36 months	Standard may be available	
	Symptoms or weight unstable, workup planned or in process, diagnosis < 12 months	Decline	
<b>Amputation</b>	Due to trauma, independent in activities of daily living (ADLs), 12 to 24 months of stability based on joint affected and any limitations	Standard may be available	
	Due to disease	Decline	
<b>Anemia</b> Iron Deficiency	Symptoms and blood counts stable 6 to 24 months	Standard/Rated may be available	
	New diagnosis or symptoms and blood counts unstable for 6 to 12 months	Decline	
Due to Disease	Symptoms and blood counts stable 6 to 24 months	Standard/Rated may be available	
	New diagnosis or symptoms and blood counts unstable for 6 to 12 months	Decline	
<b>Aneurysm</b>	• Abdominal/Thoracic – Unoperated	Size stable, asymptomatic and no surgery recommended, < 5 centimeters	Standard may be available
	– Operated	> 12 months stability, no complications	Standard may be available
	• Cerebral – Unoperated	Incidental finding, no history of bleeding, size stable for 48 months with stable MRI/MRA	Standard may be available
	– Operated	> 24 to 60 months from clipping or other treatment with no sequelae with stable MRI/MRA	Standard may be available
<b>Angina</b>	Stable, controlled with medication > 12 months	Standard /Rated may be available	
	Unstable, frequent medication changes/hospitalizations or tobacco use	Decline	

## Medical impairment guide continued.

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Anxiety</b>	Mild, not interfering with daily activities, stable with or without medication	Standard may be available
	History of severe acute anxiety or severe chronic anxiety with symptoms and treatment now mild > 24 months	Rated may be available
	Severe acute anxiety or severe chronic anxiety interfering with function and daily activities < 24 months	Decline
	Multiple ER visits in past 24 months	Decline
	Psychiatric in-patient treatment in the past 48 months	Decline
<b>Arthritis</b>	Mild symptoms and controlled, confirmed with X-ray findings, no ADL/IADL deficits, managed with OTC non-steroidal medication	Standard may be available
	Large/small joint inflammation limiting mobility or independent function in the past with improved normal activity and function, no planned or recommended surgery, 12 to 24 months stability depending on joint affected and comorbidities	Standard/Rated may be available
<b>Asthma</b>	Condition stable for 6 to 24 months, no tobacco > 36 months	Standard may be available
	History of steroid tapers, tobacco use, weight loss, uncontrolled	Rated/Decline
<b>Atrial Fibrillation (AF)</b>	Paroxysmal/isolated or chronic AF, resolved or stable with low risk factors for stroke, diabetes or heart disease, stability for 12 to 24 months	Standard/Rated may be available
	Paroxysmal or chronic AF, cardioversion, pacemaker, ablation or surgery < 12 months ago; or significant risk factors or instability	Decline
<b>Attention Deficit Hyperactivity Disorder (ADHD, ADD)</b>	New onset of mild ADHD < 12 months with normal cognitive and social function with no complicating anxiety or depression, well-controlled	Standard may be available
	Moderate to severe, acute/chronic that is interfering with function/daily activities in the past 36 months	Decline
<b>Heart Bypass Surgery (CABG)</b>	Successful surgery, no residuals and released to normal activity with stable comorbidities, stability 6 to 24 months	Standard/Rated may be available
	Complications, residuals and/or limitations with significant comorbidities	Decline
<b>Cancer: Bladder</b>	Stage 0 or A < 24 months (primary or recurrent), treatment and disease-free	Standard may be available
	Stage B1 12 to 24 months (primary or recurrent), treatment and disease-free	Standard may be available
	Stage B2 > 24 months (primary)	Standard may be available
	Stage C, D1, D2 or recurrent B2, metastasis in past 60 months, active disease or treatment, complications, surgery recommended or planned	Decline
	Current smoker or quit < 36 months	Current smoker or quit < 36 months

## Medical impairment guide continued.

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Cancer: Breast</b>	Stage 0 (TIS, in situ), treatment and disease-free for < 6 months Stage I, treatment and disease-free for 6 to 12 months Stage II, treatment and disease-free for 12 to 24 months Recurrence (local), currently disease-free for > 24 months Any stage III or IV, active disease or treatment, recurrence in past 24 months, metastasis in past 60 months, complications, surgery recommended or planned	Standard may be available Standard may be available Standard may be available Standard may be available Decline
<b>Cancer: Colon/ Rectal</b>	In situ (polyp), treatment and disease-free Stage I, treatment and disease-free for < 12 months Stage II, treatment and disease-free for 12 to 24 months Stage III, treatment and disease-free for > 36 months Recurrent or metastasis, disease-free for > 60 months Stage IV, active disease or treatment, recurrence or metastasis in past 60 months, complications, surgery recommended or planned	Standard may be available Standard may be available Standard may be available Standard may be available Decline
<b>Cancer: Kidney</b>	Stage I, II and IIIA, treatment and disease-free for 12 to 24 months Stage IIIB, treatment and disease-free for > 60 months Stage IV, ureteral cancer, active disease or treatment, recurrence or metastasis in past 60 months, complications, surgery planned or recommended	Standard may be available Standard may be available Decline
<b>Cancer: Lung</b>	Stage 0, treatment and disease-free for 24 to 36 months Stage I (T1), treatment and disease-free for 36 to 48 months Stage I (T2), treatment and disease-free for 48 to 60 months Stage not available, small cell or large cell, treatment and disease-free for 60 to 72 months Stage II, III or IV, active disease or treatment, recurrence or metastasis in past 72 months, complications, surgery planned or recommended Current smoker or quit < 36 months	Standard may be available Standard may be available Standard may be available Standard may be available Decline Decline

## Medical impairment guide continued.

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Cancer: Prostate</b>	Stage I, treatment and disease-free for < 12 months Stage IIA, Gleason < 7, treatment and disease-free for 12 to 24 months Stage IIA, Gleason > 7, treatment and disease-free for 24 to 36 months Stage IIB or III, Gleason < 7, treatment and disease-free for 24 to 48 months Stage IIB or III, Gleason > 7 or stage not available, treatment and disease-free for 48 to 60 months Stage IV, active treatment or disease, recurrent or metastasis in past 48 months, complications, planned or recommended surgery	Standard may be available Standard may be available Standard may be available Standard may be available Standard may be available Decline
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	Condition stable for 6 to 24 months, no tobacco use 24 to 36 months Moderate to severe, oxygen use or nebulizer treatments, hospitalization, current tobacco use or quit < 24 months	Standard/Rated may be available Decline
<b>Clotting Disorders, inherited</b>	(Factor V or Leiden Von Willebrand disease) Asymptomatic with acceptable prothrombin and no complications < 12 months GI bleed, hematoma, workup planned, weight loss, history of CVA/TIA	Standard/Rated may be available Decline
<b>Crohn's Disease/ Inflammatory Bowel Disease</b>	Single flare, stable 12 to 48 months, well-controlled Multiple flares, stable 24 to 48 months, well-controlled Chronic, active flares, surgery planned, weight loss	Standard/Rated may be available Standard/Rated may be available Decline
<b>Depression</b>	Mild, not interfering with daily activities, stable with or without medication, no symptoms History of mild and uncomplicated depression with some current but stable symptoms with no evidence that symptoms have interfered with daily activities in the past 36 to 60 months Chronic, recurrent depression or new onset depression interfering with daily activities in the past 36 months Suicidal ideation or single attempt in past 60 months Multiple suicidal attempts < 120 months	Standard may be available Standard/Rated may be available Decline Decline Decline

**Medical impairment guide continued.**

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Diabetes Mellitus II</b>	<p>New onset, &lt; 12 months, A1c of 7.5% or less when diagnosed, no complications and stable comorbidities</p> <p>Stable, diagnosed &gt; 12 months, stable medication dose, comorbidities stable/controlled, no complications, A1c stable: 7.6% to 8.5%</p> <p>New onset or unstable for 12 months, (A1c 7.5% or &gt;), significant comorbidities, end organ damage, poor compliance with treatment</p> <p>Other things to consider that would affect insurability:</p> <p>Current smoker or quit &lt; 24 months</p> <p>BMI &gt; 38 or BMI &lt; 17</p> <p>Skin/foot ulcers &lt; 60 months ago</p> <p>Neuropathy or claudication, symptomatic &lt; 24 months</p> <p>Stroke/TIA &lt; 60 months ago</p> <p>MI, CABG, PTCA, carotid surgery or peripheral vascular surgery &lt; 24 months</p> <p>Diabetic &gt; 20 years or diagnosed before age 40</p>	<p>Standard may be available</p> <p>Standard/Rated may be available</p> <p>Decline</p> <p>Decline</p> <p>Decline</p> <p>Decline</p> <p>Decline</p> <p>Decline</p> <p>Decline</p> <p>Rated/Decline</p>
<b>Dizziness/Fainting</b>	<p>Workup completed and no symptoms in the last 6 months with no significant findings</p> <p>Other</p>	<p>Standard may be available</p> <p>Rated/Decline</p>
<b>Emphysema</b>	Refer to COPD	
<b>Epilepsy/Seizures</b>	<p>Depends on type of seizure/severity of episode (focal, grand mal, petite mal), firm diagnosis, medications stable, typically &gt; 12 months since last seizure</p> <p>New onset of seizure in past 12 months, grand mal within past 6 months, multiple seizures in past 12 months</p>	<p>Standard/Rated may be available</p> <p>Decline</p>
<b>Fatty Liver (Nonalcoholic Fatty Liver – NASH)</b>	<p>Asymptomatic with normal liver functions &gt; 12 months ago</p> <p>Biopsy showing stage I fibrosis, normal to slightly elevated liver functions, otherwise stable &gt; 12 months</p> <p>Newly diagnosed &lt; 12 months, advanced disease, elevated liver functions, complications</p>	<p>Standard may be available</p> <p>Rated may be available</p> <p>Decline</p>
<b>Fibromyalgia</b>	<p>Mild/moderate symptoms, nonlimiting and nonprogressive on minimal medication for 12 to 24 months</p> <p>New onset, progressive, severe, limiting and debilitating</p>	<p>Standard/Rated may be available</p> <p>Decline</p>

## Medical impairment guide continued.

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Gastric Bypass</b>	Bariatric surgery, no complications, stable BMI and comorbidities stable for 12 to 24 months	Standard/Rated may be available
	Bariatric surgery < 12 months, unstable BMI, complications, significant comorbidities, hospitalizations	Decline
<b>Glaucoma</b>	Onset > 12 months, preserved vision, controlled eye pressures	Standard/Rated may be available
	Poorly controlled, limiting or progressive visual loss	Decline
<b>Hemochromatosis (Iron Overload)</b>	Diagnosed > 12 months ago, asymptomatic, stable liver functions tests (LFT's), stable weight, compliance to treatment	Standard/Rated may be available
	Treatment < 12 months ago, elevated liver functions, active liver inflammation, complications and significant comorbidities, weight loss, poor compliance	Decline
<b>Hodgkin's Disease</b>	Stage I or II, treatment and disease-free for 6 to 12 months	Standard may be available
	Stage III (all stages), treatment and disease-free for 24 to 36 months	Standard may be available
	Stage IV or stage not available, treatment and disease-free for 36 to 60 months	Standard may be available
	Recurrence in past 60 months, complications, surgery recommended or planned	Decline
<b>Joint Disorder</b>	Arthroscopic surgery > 6 months, released from care, fully recovered, no use of assistive devices or receiving physical therapy	Standard may be available
	Anticipated, planned or recommended arthroscopic surgery, maintaining active life style, BMI < 41	Rated may be available
	Shoulder or knee replacement, released from care, fully recovered, no use of assistive devices or receiving physical therapy	Standard may be available
	Hip replacement > 12 months, fully recovered, no use of assistive devices or receiving physical therapy	Standard may be available
	Hip fracture/replacement, released from physical therapy, stable recovery 6 to 12 months	Rated may be available
	Bilateral knee, hip or shoulder replacement > 18 months, fully recovered, released from physical therapy	Standard may be available
	Bilateral knee, hip or shoulder replacement 12 to 18 months, released from physical therapy, stable recovery	Rated may be available
	Revision surgery of the joint, 12 to 24 months of recovery required	Standard may be available
<b>Kidney Disease</b>	Diagnosis < 12 months, dialysis, recent surgery completed or planned, edema, abnormal kidney functions, complications	Decline



## Medical impairment guide continued.

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Lupus</b> <ul style="list-style-type: none"> <li>• Discoid</li> <li>• Systemic Lupus Erythematosus (SLE)</li> </ul>	Stable > 12 months, no complications	Standard may be available
	SLE in remission for > 60 months and acceptable current treatment regimen with stability of symptoms considered mild	Standard may be available
	SLE limited to mild to moderate symptoms with remission 36 to 60 months	Rated may be available
	Any history of severe SLE or diagnosis < 36 months	Decline
<b>Melanoma</b>	Stage I, excised, treatment and disease-free > 12 months	Standard may be available
	Stage II, excised, treatment and disease-free, no recurrence > 60 months	Standard may be available
	Stage III or IV, treatment and disease-free for > 120 months	Standard may be available
	Stage unknown, treatment and disease-free without recurrence > 60 months	Standard may be available
	Recurrent, diagnosed and treatment in the past 60 months, metastatic, complications, planned or recommended surgery	Decline
<b>Neuropathy</b>	Varies by cause and severity, 6 to 48 months stability	Standard/Rated may be available
	Unstable, workup or surgery planned or onset < 6 months	Decline
<b>Organ Transplant</b>	Varies depending on organ and underlying condition (contact Underwriting for consideration)	Standard/Rated/Decline
<b>Osteoporosis</b>	Asymptomatic, no fractures, stable T-score (-2.5 to -2.9) with current treatment	Standard may be available
	History of fragility fracture but otherwise acceptable risk, stable T-score (-3.0 to -3.9), stability > 24 to 48 months	Rated may be available
	Fragility fracture within 24 months, multiple fractures, symptomatic, workup planned, severe T-scores (-4.0 or worse) or noncompliance/untreated (-3.5 or worse)	Decline
<b>Oxygen Use</b>	N/A	Decline
<b>Pancreatitis</b>	Isolated episode, full recovery and symptoms stable in the past 6 months	Standard may be available
	Chronic or relapsing with mild symptoms requiring Rx – stable for > 12 months	Standards may be available
	Symptomatic or < 6 months	Decline

## Medical impairment guide continued.

Condition	Stability Period	Potential Decision Based on Overall Health
<b>Peripheral Vascular Disease</b>	Chronic but stable, no complications or recurrence for 12 to 24 months	Standard may be available
	Diagnosis < 12 months, residual neuropathy, stasis ulcers or other sequelae	Decline
<b>Prostate Disorder</b>	Firm diagnosis, symptoms stable for 12 months, stable PSA	Standard may be available
	Elevated PSA, no firm diagnosis, but stable for 12 months	Rated may be available
	No firm diagnosis, symptoms unstable < 12 months, or abnormal prostate exam, elevated PSA with no workup planned	Decline
<b>Rheumatoid Arthritis</b>	Chronic with limited flares and acceptable treatment and medication use with no severe joint deformities, stability for 12 to 24 months	Standard may be available
	Chronic with multiple flares resulting in erosive disease that is mild, treated medically with no limitations noted, stability for 12 to 24 months	Rated may be available
	Severe, multiple joints, progressive, symptomatic	Decline
<b>Sleep Apnea</b>	Mild to moderate, stable comorbidities, on CPAP with compliance noted > 12 months	Standard/Rated may be available
	Severe, ongoing symptoms, noncompliance, significant comorbidities	Decline
<b>Spinal Surgery</b>	Depending on the type of surgery completed, recovery and stability for 6 to 24 months	Standard/Rated may be available
	Surgery recommended and not completed, residuals, underlying condition or comorbidities and/or < 6 to 24 months since procedure	Decline
<b>Thyroid Disorder</b>	Symptoms controlled and treatment stable for > 6 to 12 months depending on actual diagnosis	Standard/Rated may be available
	Newly diagnosed, unstable, poor medication compliance < 12 months	Decline
<b>Ulcer/Gastritis</b>	Symptoms stable with treatment, normal labs with no further workup up indicated, stability > 12 to 24 months	Standard/Rated may be available
	Current symptomatic disease, recent or related surgery or workup recommended or planned < 12 to 24 months	Decline
<b>Varicose Veins</b>	Chronic venous insufficiency, stable with no complication or problems > 12 to 24 months, surgery completed, stable comorbidities	Standard may be available
	Venous insufficiency with residual debilitating neuropathy, edema, stasis dermatitis or other complications < 12 months, significant comorbidities	Decline

## Height and Weight Guide

Below is the build chart for both men and women. Consideration for preferred rates are acceptable with a BMI between 18 and 30. (See **Preferred Underwriting Checklist.**)  
Manual calculation on how to determine a BMI:

**Example:** Sara weighs 150 pounds and is 5'4" inches tall.  
Sara's height in inches is  $(5 \times 12) + 4 = 64$ ".

1. Using the first part of the formula, we multiply her weight by 703.  $(150 \times 703) = 105,450$
  2. Using the second part of the formula, we multiply Sara's height by itself.  $(64 \times 64) = 4,096$
  3. Finally we divide the first figure by the second.  $(105,450/4,096) = 25.74$
- Sara's BMI is 25.74.

Individuals who exceed the weight listed in the substandard column are not insurable.

	Preferred Consideration	Acceptable	Increased Risk/ Substandard Risk
Height	BMI: 18 to 30	BMI: 16.0 to 31.9	BMI: 32.0 to 40.9
	Body weight (pounds)		
4' 10"	90 to 148	81 to 152	157 to 195
4' 11"	93 to 153	83 to 158	163 to 202
5' 0"	97 to 158	86 to 163	168 to 209
5' 1"	100 to 163	89 to 169	174 to 216
5' 2"	103 to 169	92 to 174	180 to 223
5' 3"	106 to 174	95 to 180	186 to 231
5' 4"	110 to 180	98 to 186	191 to 238
5' 5"	113 to 186	101 to 192	198 to 246
5' 6"	117 to 191	105 to 197	204 to 253
5' 7"	121 to 197	108 to 204	210 to 261
5' 8"	124 to 203	111 to 210	216 to 269
5' 9"	128 to 209	114 to 216	223 to 277
5' 10"	132 to 215	118 to 222	229 to 285
5' 11"	135 to 221	121 to 229	236 to 293
6' 0"	139 to 228	124 to 235	242 to 301
6' 1"	143 to 234	128 to 242	249 to 310
6' 2"	147 to 241	132 to 248	256 to 318
6' 3"	151 to 247	135 to 255	263 to 327
6' 4"	155 to 254	139 to 262	270 to 336
6' 5"	159 to 261	142 to 269	277 to 345
6' 6"	163 to 267	146 to 276	285 to 354
6' 7"	168 to 274	150 to 283	292 to 363
6' 8"	172 to 281	154 to 290	299 to 372

## Field Tip Sheet

<p><b>Before Taking the Application</b></p>	<p>Be sure continuing education is current. Requirements differ from state to state.</p> <p>Ask Underwriting for a prescreen if there is a medical history concern. Call 888-422-5737, say "Directory" and enter ext. 8895. Select Option 3. (Monday to Friday, 8 a.m. to 5 p.m. Central time.) Or email <a href="mailto:LTCiPreQual@Thrivent.com">LTCiPreQual@Thrivent.com</a>.</p> <p>If proposed applicant is prescreened as a likely decline, talk to Newman LTC about other planning options.</p>
<p><b>Application Process</b></p>	<p>Apply at standard rate. Clients will get preferred rates if they meet the requirements.</p> <p>LTCi contracts are issued and premiums become due as soon as underwriting is approved. Add a note to the Representatives' Supplement if you do not want the contract to issue immediately.</p> <p>While tentative decisions may be shared separately, underwriting decisions on all spouse/couple applications are offered together (not just cases with shared care or survivorship) so the proper discount can be applied. If one spouse/partner is declined, the decision is communicated immediately and any premium is refunded.</p> <p>Prepare spouse/partner applicants for what their plan will be if one spouse/partner gets declined. Prepare clients for the possibility of needing to sign additional provider-specific medical records release forms.</p> <p>Prepare clients for the possibility of needing to sign additional provider-specific medical records release forms.</p> <p>Save time! Underwriting cannot begin until Declaration of Insurability is completed. Complete at time of application wherever possible to speed cycle time.</p> <p>Do not input dummy checking account numbers on form 6568; change premium mode to quarterly to get through CAP.</p> <p>If no money is submitted with the application, contracts are always sent to the financial professional.</p> <p>NOTE: In California, we cannot accept premiums until an underwriting decision is made.</p>
<p><b>Underwriting</b></p>	<p>Underwriting takes time. Provide clients with the What to Expect brochure, which can be ordered from Storefront, item #34902.</p> <p>Assessments are scripted and clinical in nature to protect the integrity of the assessment.</p> <p>Underwriting requirements are different for LTCi than life insurance, so additional requirements may apply even if the applicant was recently approved for life insurance.</p> <p>The cognitive acuity screen requires a distraction-free environment. Let clients know it's OK to reschedule before the assessment starts if the schedule time ends up not being ideal. Failing the screen results in a decline, regardless of what's in the medical records.</p>
<p><b>Post-Issue</b></p>	<p>Deliver contracts within 15 days. Make any coverage changes during the free look period to avoid delay in contract delivery.</p> <p>If payment mode is monthly EFT and initial payment is not selected on form 6568, an invoice for the first month's premium will be included in the issue kit.</p> <p>Coverage changes within the free look period do not require signed paperwork, however increases do require a Statement of Good Health and additional underwriting review.</p> <p>Coverage reductions after the free look period cannot be done retroactively; reduction in premium is not effective until the following contract month-a-versary.</p> <p>In-force illustrations on FieldNet can be used to illustrate coverage decreases. Coverage increases must be completed manually, and requests should be sent to <a href="mailto:thrivent.ltc.productservices@ltcg.com">thrivent.ltc.productservices@ltcg.com</a>.</p>
<p><b>California State-Specific Items</b></p>	<p>In California, we cannot accept premiums until an underwriting decision is made.</p> <p>Per California law, designee forms cannot be under electronic signature. Paper forms must be submitted. Contracts cannot be issued until the paper form is received.</p>

# Couples Discount

## Who Qualifies for the Couples Discount?

The couples discount is available to:

- Married couples
- State partners/civil unions/domestic partners who are named in a valid certificate or license by the state.
- Two individuals living together for at least three years in a committed relationship as partners or family clients **and:**
  - Are committed to sharing expenses.
  - Are not married.
  - If related, must belong to the same generation (such as siblings).

## Why Do ‘Couples’ Receive a Discount?

In general, research has shown that individuals in a committed relationship (such as spouses, partners or family clients who live together) provide each other with informal care when it is needed. They tend to use fewer paid care services, and if paid care services are used, they tend to be used later in the process compared to single people who are in similar situations.

Two Available Discounts <sup>1</sup>		
Discount	Details	Additional Information
20% Couples Discount <sup>2</sup>	<ul style="list-style-type: none"> <li>• Both individuals apply and are approved for coverage, <b>or</b></li> <li>• One individual has existing coverage issued by Thrivent, AAL or LB, and the other is applying for Thrivent Long-Term Care Insurance coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• When one insured dies or if the couple divorces or separates:               <ul style="list-style-type: none"> <li>— Discount remains for life.</li> <li>— No change to coverage.</li> </ul> </li> <li>• Marriage/remarriage (or meets the eligibility rules for the couples discount outlined above):               <ul style="list-style-type: none"> <li>— Discount may be applied after issue if insured marries or remarries and the new spouse buys a contract.</li> </ul> </li> </ul>
5% Couples Discount <sup>3</sup>	<ul style="list-style-type: none"> <li>• Both individuals apply but only one is approved for coverage, <b>or</b></li> <li>• Only one individual applies.</li> </ul>	<ul style="list-style-type: none"> <li>• Discount may be applied after issue if the insured marries or remarries (or meets the eligibility rules for the couples discount outlined above).</li> <li>• Do not need to submit two applications to qualify for 5% discount.<sup>3</sup></li> </ul>

<sup>1</sup>All discounts are subject to eligibility rules as explained in this Thrivent Traditional Long-Term Care Insurance Underwriting Guide.

<sup>2</sup>For MT: 25% Couples Discount.

<sup>3</sup>For MT: 10% Couples Discount.

## Risk Classes

Preferred	90% of standard
Standard	100%
Class 1	125% of standard
Class 2	150% of standard

## Issue Ages

18 to 79	<p>The age used for the contract is the applicant's age as of 30 days prior to the application date.</p> <p>Example: The applicant's birthday is on Nov. 10 and she turned 60. She applied for a long-term care insurance contract on Nov. 28. In this case, her contract age would be 59 years old, even though her actual age is 60 (30 days prior to Nov. 28 she was 59 years old).</p> <p>"Saving Age" is not allowed, other than as described above.</p>
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## Elimination Period

30, 90 or 180 Days	The elimination period is the time when the insured must pay for covered services before the insurance begins paying benefits.
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## Benefit Multiplier

24, 36, 48, 60 or 96 Months	The benefit multiplier is a factor based on time (expressed in months) that is used to determine the insured's available benefit or pool of money.
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## Maximum Monthly Benefit

\$1,500 to \$15,000 (Increments of \$100)	The maximum monthly benefit amount is the limit on the amount the contract would pay, each month, during a claim period for qualified expenses. The elimination period must be met and there must be a remaining available benefit.
Available Benefit	The available benefit is the total pool of money available during the insured's lifetime to pay for qualified long-term care expenses. <b>(Monthly Benefit x Benefit Multiplier = Available Benefit)</b>

## Optional Riders

	<ul style="list-style-type: none"><li>• Waiver of Elimination Period for Home Care and Adult Day Care</li><li>• Cash Benefit</li><li>• Return of Premium Upon Death</li><li>• Shared Care Benefit</li><li>• Survivorship Benefit</li><li>• Nonforfeiture Benefit</li></ul>
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## Thrivent Long-Term Care Insurance Contacts

Topic	Who to contact
Sales assistance or product questions	Call the Insurance Sales Desk at 888-422-5737 and say "Sales Desk"; select option 1 for insurance
Underwriting prequalification questions	Email: <a href="mailto:LTCiPreQual@Thrivent.com">LTCiPreQual@Thrivent.com</a> Call: 888-422-5737, say "Directory" and enter ext. 8895; select option 3
Continuing education questions	Email: <a href="mailto:boxltcce@thrivent.com">boxltcce@thrivent.com</a>
Questions related to pending LTCi applications, including underwriting and status questions	Call or email your <u>assigned Case Manager</u>
In-force contract questions: <ul style="list-style-type: none"> <li>• Post-issue requirement processing</li> <li>• Status/questions relating to contract changes</li> <li>• Billing mode changes and questions</li> <li>• Increase options</li> <li>• Reinstatements</li> </ul>	Email: <a href="mailto:thrivent.ltc.productservices@ltcg.com">thrivent.ltc.productservices@ltcg.com</a> Call: 888-422-5737, say "Directory" and enter ext. 8895
Questions about claims for contracts issued on or after 2012	Email: <a href="mailto:thrivent.ltc.claims@ltcg.com">thrivent.ltc.claims@ltcg.com</a> Call: 888-422-5737, say "Directory" and enter ext. 8895
All other questions about Thrivent LTC contracts issued on or after 2012	Email: <a href="mailto:thrivent.ltc.customerservice@ltcg.com">thrivent.ltc.customerservice@ltcg.com</a> Call: 888-422-5737, say "Directory" and enter ext. 8895
Administrative or operations questions or concerns not addressed above	Email: <a href="mailto:boxltcoperations@thrivent.com">boxltcoperations@thrivent.com</a>