

Asset Care® Ineligible Impairments

If you meet any of the conditions below, you will not be considered for Asset Care coverage. Keep in mind that this list is not all inclusive.

You have any of the following conditions:

- Activities of daily living deficits
- Alcoholism (active)
- Alzheimer's/Dementia
- Amyotrophic Lateral Sclerosis (ALS)
- Balance disorder/Gait impairment
- Cancer-Stage 4 or not cured or not in remission
- Cerebral palsy
- Cirrhosis
- Depression (severe or hospitalized within last five years)
- Down syndrome
- Drug addiction/illicit drug use (within last ten years)
- HIV positive
- Huntington's disease
- Intellectual disability
- Macular degeneration (progressive/wet)
- Memory loss
- Multiple myeloma
- Multiple sclerosis (MS)
- Muscular dystrophy
- Non-ocular myasthenia gravis
- Organ transplant (except kidney)
- Organic brain syndrome
- Osteoporosis with compression fracture
- Paralysis (paraplegia/quadruplegia)
- Parkinson's disease
- Pregnancy (current)
- Stroke (multiple, with residuals, coexisting coronary artery disease/CAD, diabetes)
- Surgery pending (will consider after release from physician's care with no use of assistive devices and normal activity level)
- Ventricular tachycardia

You exceed the height and weight guidelines:

Height and weight guidelines

| Height | Max weight | Height | Max weight |
|--------|------------|--------|------------|
| 4'10" | 222 | 5'10" | 324 |
| 4'11" | 230 | 5'11" | 333 |
| 5'0" | 238 | 6'0" | 342 |
| 5'1" | 246 | 6'1" | 352 |
| 5'2" | 254 | 6'2" | 362 |
| 5'3" | 262 | 6'3" | 372 |
| 5'4" | 270 | 6'4" | 382 |
| 5'5" | 279 | 6'5" | 392 |
| 5'6" | 288 | 6'6" | 402 |
| 5'7" | 296 | 6'7" | 412 |
| 5'8" | 305 | 6'8" | 423 |
| 5'9" | 314 | 6'9" | 433 |

You will not be considered for Asset Care coverage for six months after the following events:

- Carotid artery surgery
- Heart angioplasty
- Heart attack
- Heart bypass surgery
- Heart valve replacement
- Stroke
- Surgical repair of aneurysm
- Transient Ischemic Attack (TIA)

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You require or utilize any of the following:

- Assisted living facility (including continuing care retirement communities or receipt of home care assistance)
- Cane (quad or 3-prong)
- Chairlift or stairlift
- Defibrillator
- Dialysis
- Medicaid coverage (not Medicare)
- Oxygen
- Physical therapy, current
- Receiving SSDI
- Wheelchair, walker or scooter

You have been prescribed any of the following medications:

- Antabuse®
- Aricept®
- Artane®
- Avonex® (if treatment for MS)
- Azilect®
- Betaseron® (if treatment for MS)
- Campral®
- Cogentin®
- Cognex®
- Comtan® (if treatment for MS)
- Copaxone® (if treatment for MS)
- Depade®
- Donepezil
- Eldepryl® (if treatment for Parkinson's)
- Exelon®
- Fentanyl
- Galantamine
- Hydergine®

- Interferon®
- Larodopa®/L-Dopa (if treatment for Parkinson's)
- Lucemyra®
- Memantine
- Methadone
- Mirapex® (if treatment for Parkinson's)
- Namenda®
- Namzaric®
- Parlodel® (if treatment for Parkinson's)
- Permax® (if treatment for Parkinson's)
- Razadyne®
- Reminyl®
- ReVia®
- Rivastigmine®
- Sinemet® (if treatment for Parkinson's)
- Suboxone®
- Symmetrel® (if treatment for Parkinson's)
- Vivitrol®

Note: Products issued and underwritten by The State Life Insurance Company® (State Life), Indianapolis, IN, a OneAmerica company that offers the Care Solutions product suite. Asset Care Form number series: ICC18 L302, ICC18 L302 JT, ICC18 L302 SP, ICC18 L302 SP JT, ICC18 R537, ICC18 R538, ICC18 SA39 and ICC18 R540. Not available in all states or may vary by state.

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