

# CareMatters<sup>®</sup> II underwriting process

Easy steps, from submission to commission



## Preapplication:

- » Identify prospect
- » Prequalify prospect using the Prequalification guide (pages 5-8) and long-term care (LTC) personal worksheet
- » Verify licensing appointment with Nationwide<sup>®</sup>

## Necessary forms (iGo or paper):

- » Complete Part I of the application
- » Provide an outline of coverage to the client
- » Complete LTC personal worksheet
- » Complete 1035 paperwork, if required
- » Prepare proposed insured for the tele-interview by providing the preinterview guide
- » Complete other state-specific forms

## Submission:

- » Submit via iGo, or fax, email or mail application and other required paperwork

## Easy submission:

- » Producer provides all necessary paperwork at one time, up front
- » No follow-up, additional client meetings or back-and-forth required

- » Confirm producer appointment and license
- » Conduct tele-interview with proposed insured
- » Underwrite and render decision; inform producer and proposed insured of outcome

## Minimal requirements:

- » No attending physician statements
- » No paramedical exams

- » Place policy in force
- » Assemble and mail policy contract
- » Deliver to producer or proposed insured and schedule commission payment

## Speedy turnaround time:

- » From submission to underwriting, the decision can take as little as six days, leading to a timely policy issue

Provide the following during the application submission process:

To Nationwide	To the proposed Insured
<ul style="list-style-type: none"> <li>• Application part I</li> <li>• Projection of values</li> <li>• LTC personal worksheet</li> <li>• NAIC states – replacement of life insurance or annuities form, if applicable</li> <li>• Temporary insurance agreement, if applicable</li> <li>• 1035 Policy exchange agreement and documentation, if applicable</li> <li>• Long-term care replacement form, if applicable</li> <li>• Other state-specific forms</li> </ul>	<ul style="list-style-type: none"> <li>• Outline of coverage (included with sales proposal)</li> <li>• LTC insurance personal worksheet</li> <li>• Things you should know before you buy long-term care insurance</li> <li>• A shopper’s guide to long-term care (if required by state)</li> <li>• Interview Guide: How to Prepare for Your Personal History Interview (must be completed before interview)</li> <li>• State-specific forms</li> </ul>

## Why prescreening is important

A prescreen is used to determine if a Nationwide YourLife CareMatters® II application should be submitted for consideration. Determination of coverage will be made after the application is received and underwriting is complete. Prescreens can be submitted for review through email and by phone.



Review pages 5-8 from the Prequalification Guide.



Review the checklist below, then contact an underwriter to complete the prescreen at 1-855-381-5729 (available 8 a.m. to 4:30 p.m. ET), or email the prescreen to CMScreen@nationwide.com.

Note: If you’re sending an email, please send the checklist information below in the body of the email; please do not send attachments.



For questions about prescreen status or other member-service-related questions on CareMatters II applications, please call 1-866-678-LIFE (4533).

### PRESCREEN CHECKLIST

<b>Demographic information</b>	<input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Height & weight <input type="checkbox"/> Current smoker <input type="checkbox"/> Tobacco, nicotine, marijuana or vaping within the past 36 months
<b>Client-specific diagnosis/medical conditions</b>	Include the name and date of diagnosis and current medications, and describe treatments, such as injections, physical therapy, etc., within the past 12 months.
<b>Hospitalizations and surgery</b>	Include details of all hospitalization within the past 12 months. Include details for any surgery completed in the past 24 months. (Typically, if surgery is pending, possible consideration cannot be given until the pending surgery is complete with full recovery.)
<b>Additional considerations</b>	Please provide additional details needed for thorough assessment of specific histories. Examples include: <ul style="list-style-type: none"> <li>• Cancer: Always obtain the stage</li> <li>• Prostate cancer: Provide date and result of last PSA test</li> <li>• Breast cancer: Provide the type of breast cancer, stage, and date and result of last mammogram</li> <li>• Diabetes: Always obtain the most recent hemoglobin A1C result</li> <li>• Assistive devices: Always report use, and include related details (e.g., pacemaker).</li> </ul>
<b>Turnaround time for prescreens</b>	You will receive a response one business day after your email is received.

## FREQUENTLY ASKED QUESTIONS

**Question:** **What will happen if I submit a case with missing or incomplete information?**

Answer: A Nationwide case manager will call you and solicit the missing information.  
Note: The case will not proceed through the underwriting process, including the tele-interview, until it is in good order.

**Question:** **What can cause delays in the underwriting process?**

Answer: The following are common reasons for delays in the underwriting process:

- Incomplete Application Part I
- Missing projection of values
- Missing or incomplete replacement forms
- Missing or incomplete state-specific forms
- Missing signatures
- Licensing or appointment issues

**Question:** **What are the options for the initial premium payment?**

Answer: The following options are available for paying the initial premium:

- Submit payment with the application
- Web remittance (Nationwide Agents only)
- Authorized electronic draft
- Partially or completely funded by a 1035 exchange

**Question:** **How can I review the status of a case?**

Answer: View your status at Nationwide's Sales & Service website ([nationwide.com/financial/advisors.jsp](http://nationwide.com/financial/advisors.jsp)), or call the service line at 1-866-678-5433, Monday through Thursday between 8 a.m. and 8 p.m. ET, and Friday between 8 a.m. and 6 p.m. ET.

**Question:** **Can I talk to an underwriter if I have a case in question?**

Answer: Yes, you can email underwriting questions to [CMSCREEN@Nationwide.com](mailto:CMSCREEN@Nationwide.com), or call 1-855-381-5729. If you use the email, your response will have a tracking number that you can reference when submitting the application.

**Question:** **What should the proposed insured expect during the phone history interview?**

Answer: Please refer to and provide the proposed insured with the Interview Guide: How to Prepare for Your Personal History Interview.

**Question:** **What is the protocol for phone attempts to reach the proposed insured if he or she cannot be reached for scheduling the phone history interview?**

Answer: Scheduling attempts are made according to the following protocol:

Once Nationwide's Underwriting Assessment Services receives the tele-interview request, they will make up to five calls within three to five business days of receipt of the request.

- The initial call to the proposed insured is placed within one business day of interview receipt by the Underwriting Assessment Services area
- If the proposed insured is not at home, and if applicable, a message is left on the first, second and fifth call attempts, leaving the toll-free number to schedule an interview
- If the proposed insured does not return the initial call to schedule an interview, four additional calls will be made to the proposed insured within two to four business days after the first call; if the proposed insured cannot be reached, no message will be left until the fifth call, when the toll-free number will be provided to schedule an interview

Tele-interviewers currently make outgoing phone calls between 8 a.m. and midnight ET Monday through Friday, and between 8 a.m. and 3 p.m. ET on Saturdays.

Calls are not currently completed on Sunday, before 8 a.m. or after 8:30 p.m. (local time in the applicant's time zone), unless requested specifically by the proposed insured or producer.

At least three of the five calls will be made during the proposed insured's best time to call as indicated on the application.

## FREQUENTLY ASKED QUESTIONS *(Continued)*

**Question:** **Can a specific time be scheduled for the interview on the application?**

Answer: Since a good-order review needs to be completed at time of application submission, a specific time cannot be dictated on the application. However, you are encouraged to indicate a best time to call on your application. At least three of the five calls will be made during the proposed insured's best time to call as indicated on the application.

If a message is left during this call process, a URL will be provided where the the interview time can be scheduled online.

**Question:** **What will the underwriters review during the underwriting process?**

Answer: Underwriters will take the following into consideration in making a decision:

- Results for the Prescription Database (RX)
- Results of MIB
- Responses from the application Part I
- Responses from the phone history interview (application Part II)
- Results from the cognitive test conducted during the phone history interview, if applicable
- Any information on the proposed insured from previous underwriting at Nationwide

**Question:** **Can I have the interview done immediately after submitting an application? Can I schedule another specific time for the interview?**

Answer: At this time, all paperwork must be received and reviewed by Nationwide's case managers to make certain everything is in good order. Once everything is deemed to be in good order, the case will move to Nationwide's Underwriting Assessment Services area and the scheduling process will commence. However, during any contact made with the proposed insured on an outbound attempt, they will have the option of either scheduling the interview or having it completed at that point in time.

**Question:** **Can the proposed insured receive assistance or have other people on the phone with them during the phone history interview?**

Answer: The proposed insured must be the only one on the phone, without exception. Speaker phones are not allowed. To get a clear understanding of the proposed insured's responses, no third party should be guiding his or her answers in any way. Any signs of not meeting this requirement could result in an immediate decline.

**Question:** **What impairments or conditions will result in definite adverse decisions?**

Answer: We have created a prequalification guide for your reference. Specific impairments are listed where an adverse decision would be expected. In addition, a list of prescription medications that would indicate an uninsurable impairment or condition is provided. Using these tools will let you prequalify the proposed insured to see if this is the right product for them.

Note: These guides do not need to be submitted with the application.

**Question:** **My client already has a Nationwide policy. Can I do an internal exchange into this product?**

Answer: Internal exchanges are allowed, but full underwriting will be required.

**Question:** **What happens if my client has multiple applications pending with Nationwide?**

Answer: Nationwide will wait for all underwriting requirements on any pending cases and make a final decision on each product based on all information known at that time.

**Question:** **I have gone through the prequalifying exercise with my client. They mentioned a condition and an accompanying prescription treatment that I do not see on the guide; however, this typically would be a rated case. Should I submit the application?**

Answer: You are encouraged to secure detailed information for the condition from the Proposed Insured and complete a Prescreen with the CareMatters Underwriter prior to submitting the application. Remember a Prescreened case is not a guarantee for approval, but it will help assist in identifying cases that are a decline or potentially acceptable for CareMatters. We can also assist in guiding you as to what additional details the Proposed Insured should be prepared to provide during the interview. Final underwriting decisions are based on a combination of factors including the phone history interview, MIB results, pharmacy check results, etc.

**Question:** **If a proposed insured is declined for coverage, when and how will he or she be notified?**

Answer: A letter will be sent to the proposed insured notifying him or her of the decision. In addition, you will be contacted via phone call, correspondence or both.

# Prequalification Guide

## Reasons a proposed insured may be disqualified

In rare instances, there may be a history indicated for disqualification in this guide that you feel may qualify for a CareMatters® II policy. These histories should be prescreened before an application is submitted. Histories not found in this prequalification guide will be given individual consideration. If you feel a history may be borderline for life and long-term care, please complete a prescreen with a CareMatters underwriter prior to submission of an application. For prescreens, call 1-855-381-5729 and include the prescreen reference number provided during the call in the "Special Instructions Section" of the application. The prescreen may also be completed via email at CMScreen@nationwide.com. Include the prescreen email reply when submitting the CareMatters application.

**The proposed insured must be a U.S. citizen or permanent green card holder (issued for 10 years or more) and be able to provide a copy of green card and Social Security/tax identification number card.**

### Within the past five years, proposed insured has had, has been diagnosed as having or has been treated for:

- Alcohol abuse or dependency
- Alzheimer's, dementia, senility, mild cognitive impairment (MCI), organic brain syndrome, memory loss or other cognitive impairment
- ALS (Lou Gehrig's disease)
- Bone marrow disorder, Hodgkin's disease, leukemia or lymphoma
- Cancer of the blood, bone, brain, esophagus, head/neck, liver, lung, kidney, ovary, pancreas, stomach; recurrent cancers (any type excluding basal cell carcinoma) or cancer that has spread to other organs or lymph nodes<sup>5,6</sup>
- Cardiomyopathy
- Cerebral palsy
- Cirrhosis of the liver
- Cystic fibrosis
- Diabetes type 1
- Down syndrome
- Drug abuse or dependency; controlled substance, illegal or prescription drugs
- Emphysema or other lung disorder requiring regular or intermittent use of oxygen
- HIV positive, AIDS, ARC, severe combined immunodeficiency, common variable immune deficiency
- Huntington's disease or has/had immediate family member with Huntington's disease
- Hydrocephalus with or without shunt placement
- Imbalance, unsteady gait or ataxia
- Mental retardation
- Multiple sclerosis, including relapsing-remitting disease
- Muscular dystrophy
- Paralysis, hemiplegia, paraplegia or quadriplegia (excluding Bell's palsy)
- Parkinson's disease
- Post-polio syndrome
- Organ transplant (other than cornea)
- Renal failure, chronic kidney disease (excludes kidney stones)
- Schizophrenia, paranoia, bipolar disease or any psychiatric disorders with psychosis
- Steroid-dependent condition (six months or longer)
- Stroke/cerebrovascular accident (CVA)
- Suicide attempt or ideation
- Transient ischemic attack (TIA)

### Impairments and conditions that would not be insurable:

#### Durable medical items

Currently use or have used in the past 24 months:

- Catheter
- Lift chair or stair lift
- Colostomy or urostomy bag
- Dialysis
- Feeding tube
- Hospital bed
- Hover lift
- Implantable defibrillator
- Motorized scooter
- Multipoint cane
- Oxygen equipment
- PICC line (subclavian catheter)
- Respirator or ventilator
- Walker or wheelchair

#### ADL impairments

Currently need, or have needed in the past 24 months, assistance or supervision of any of the following activities:

- Bathing
- Bowel or bladder control
- Dressing
- Eating
- Moving in or out of a chair or bed
- Taking medications, including setup of medications
- Toileting
- Walking

#### Medical services

Currently reside in, have used within the past 24 months, been recommended or planning to utilize:

- Adult day care services
- Assisted living care facility
- Home health care services
- Hospice
- Nursing home
- Retirement community with long-term care (LTC) services received
- Other custodial facility
- Other caregiver support

#### Build chart

This is a guide and is not all-inclusive — a body mass index (BMI) of less than 17 or greater than 40 is not acceptable.

- Those builds with BMI between 17 and 40 may also be unacceptable depending on co-morbid conditions. Below is a sample build chart based on height and weight:

Height (inches)	Body weight (pounds)		
	Decline	Marginal <sup>7</sup>	Decline
60	87	169	205
64	99	192	233
67	109	211	255
69	115	223	270
71	122	237	287
72	126	243	295
73	130	250	303
75	136	263	320

### Other factors that may not be insurable:

- Currently collecting any type of disability or worker's compensation payments
- Multiple unexplained falls in the past 12 months
- Diagnostic testing planned, scheduled or recommended that has not been completed
- Surgery planned, scheduled or recommended that has not been completed
- Surgery completed, yet not fully recovered for a minimum of three months, including released from physician care for a specific medical condition
- Use of a handicap permit due to physical limitations or medical conditions
- OR any of the following in combination with tobacco usage (cigarettes, pipe or cigar) in the past 36 months:**
  - Cardiac disease, including angina, atrial fibrillation, congestive heart failure, coronary artery bypass or stent, mitral valve disease, tachycardia, aneurysm, heart attack (myocardial infarction), valvular heart disease excluding mitral valve prolapse (MVP), sick sinus syndrome or premature ventricular contractions (PVCs)
- Osteoporosis
- Deep venous thrombosis (DVT) or pulmonary emboli (PE), history of
- Carotid artery disease, cerebral vascular accident (stroke) or TIA
- Peripheral vascular disease
- Diabetes
- Thrombotic disorder or clotting disorder
- Respiratory conditions, including asthma, chronic emphysema, chronic obstructive pulmonary disease, obstructive sleep apnea or pulmonary embolism

<sup>5</sup> If the type of cancer is not listed above, consideration may be possible, provided the cancer is not recurrent. A prescreen should be completed with details of the cancer history, including location, stage, type and date of last treatment.

<sup>6</sup> Cancer history greater than five years that is high risk and/or advanced stage could also result in a decline. A prescreen should be completed with details of the cancer history, including location, stage, type and date of last treatment.

<sup>7</sup> Histories with marginal builds or overweight with co-morbid conditions should have a prescreen completed. Some co-morbid conditions include diabetes, weight-bearing joint and back disorders, sleep apnea, etc.

**Considerations regarding current or pending medical treatment:**

- If the client has any surgery scheduled in the next six months or has been advised to have surgery, wait to submit the case until the client is at least three months post-operative, fully recovered, back to 100% activity and released from all medical and doctor’s care
  - Spinal and back surgeries should not be submitted prior to 12 months from completion of treatment and full recovery
  - Surgeries and/or injection treatment for joint disorders within the last 12 months should have a prescreen completed
- If the client is currently being evaluated for an undiagnosed medical condition, postpone submission until all evaluations have been completed and a diagnosis has been made
- If physical therapy has been completed within the last 12 months, a prescreen should be completed

**Medications that may disqualify an applicant:**

This medication list may only represent the brand-name medication. If the proposed insured is taking a generic medication, the brand name should be verified. If the proposed insured is taking any of the medications below, it is likely to disqualify the application from Nationwide CareMatters® II, as it may reveal an underlying condition that is not insurable. This list is not all-inclusive. If a proposed insured is on a medication listed below and you feel that the history may develop favorably to meet CareMatters® II guidelines, a prescreen should be completed before an application is submitted.

Any medication used for the treatment of AIDS/ARC/HIV, any chemotherapy medications (all forms) or medicinal marijuana will be declined, even if not individually listed in the table below.

Medication	Condition/Drug Type
Abilify	Mental disorder
Acthar	Multiple sclerosis
Adriamycin	Cancer
Agrylin	Blood disorder
AIDS/ARC/HIV meds — any/all Rx	AIDS
Akineton	Parkinson’s disease
Alkeran	Cancer
Antabuse	Alcohol/drug abuse
Apokyn	Parkinson’s disease
Aptivus	AIDS
Aranesp	Blood disorder
Arava	Rheumatological disorder
Aricept (donepezil)	Dementia/Alzheimer’s
Arimidex	Cancer
Aristada	Mental disorder
Artane	Parkinson’s disease
Atgam	Immune disorder
Aubagio	Multiple sclerosis
Aviz	Pain
Avonex	Multiple sclerosis
Axura (memantine)	Dementia/Alzheimer’s
Azilect	Parkinson’s disease
AZT	AIDS
Baraclude	Hepatitis
Betaferon	Multiple sclerosis
Betaseron	Multiple sclerosis
BiCNU	Cancer
Blenoxane	Cancer
Buprenex	Pain
Busulfex (busulfan)	Cancer
Campral	Alcohol/drug abuse
Carbex	Parkinson’s disease
Casodex	Prostate cancer
CeeNU	Cancer
Cellcept	Immune disorder
Cerefolin	Dementia/Alzheimer’s
Cerubidine	Cancer
Chemotherapy — all forms, all Rx	Cancer
Cimzia	Rheumatological disorder
Clozapine	Mental disorder
Clozaril	Mental disorder
Cogentin	Parkinson’s disease
Cognex	Dementia/Alzheimer’s
Comtan	Parkinson’s disease
Copaxone	Multiple sclerosis
Copegus	Hepatitis
Cortef (hydrocortisone)	Steroid
Cuprimine (D-penicillamine)	Rheumatological disorder
Cytosar	Cancer
Cytosan	Cancer
Dantrium	Multiple sclerosis
Decadron	Steroid

Medication	Condition/Drug Type
Deltasone (prednisone)	Steroid
Demerol	Pain
Dilaudid	Pain
Dolophine (methadone)	Pain
Dopar	Parkinson’s disease
Dostinex	Parkinson’s disease
Doxil	Cancer
DTIC	Cancer
Duragesic (fentanyl)	Pain
Duramorph (morphine)	Pain
Ebixa (memantine)	Dementia/Alzheimer’s
Eldepryl	Parkinson’s disease
Eligard	Prostate cancer
Embeda	Pain
Emcyl	Cancer
Enbrel	Rheumatological disorder
Epogen	Blood disorder
Equetro	Mental disorder
Eskalith (lithium)	Mental disorder
Eulexin (flutamide)	Prostate cancer
Exalgo	Pain
Exelon	Dementia/Alzheimer’s
Extavia	Multiple sclerosis
Fanapt	Mental disorder
Faslodex	Cancer
Fazaclor	Mental disorder
Fentora	Pain
Foscavir	AIDS
Gengraf	Immune disorder
Geodon	Mental disorder
Gerimal	Dementia/Alzheimer’s
Gilenya	Multiple sclerosis
Glatopa	Multiple sclerosis
Gleevec	Cancer
Gold therapy	Rheumatological disorder
Haldol	Mental disorder
Harvoni	Hepatitis
Hepsera	Hepatitis
Herceptin	Cancer
Humira	Rheumatological disorder
Hydergine (ergoloid)	Dementia/Alzheimer’s
Hydrea	Blood disorder
Hysingla ER	Pain
Ifex	Cancer
Immune globulin	Immune disorder
Imuran (azathioprine)	Rheumatological disorder
Incivek (telaprevir)	Hepatitis
Infergen	Hepatitis
Interferon	Hepatitis
Intron	Cancer
Invega	Mental disorder
Kadian (morphine)	Pain

Medication	Condition/Drug Type
Kemadrin	Parkinson's disease
Kineret	Rheumatological disorder
Larodopa	Parkinson's disease
Latuda	Mental disorder
Lemtrada	Multiple sclerosis
Leukeran	Cancer
Leukine	Cancer
Levo-Dromoran	Pain
Levsin	Parkinson's disease
Lioresal (baclofen)	Multiple sclerosis
Loxitane	Mental disorder
Lupron	Prostate cancer
Lysodren	Cancer
Matulane	Cancer
Medrol	Steroid
Megace	AIDS
Mellaril	Mental disorder
Mestinon	Immune disorder
Methotrexate	Rheumatological disorder
Mirapex	Parkinson's disease
Moban	Mental disorder
Moditen	Mental disorder
MorphaBond (morphine)	Pain
MS Contin (morphine)	Pain
Mutamycin (mitomycin)	Cancer
Myfortic	Immune disorder
Myleran	Cancer
Mytelase	Immune disorder
Namenda (memantine)	Dementia/Alzheimer's
Narcan	Alcohol/drug abuse
Navane	Mental disorder
Neoral (cyclosporine)	Rheumatological disorder
Neupro	Parkinson's disease
Nilandrone	Prostate cancer
Niloric	Dementia/Alzheimer's
Nipent	Cancer
Novantrone	Multiple sclerosis
Nplate	Blood disorder
Nucynta	Pain
Numorphan	Pain
Olysio	Hepatitis
Onsolis (fentanyl)	Pain
Opana	Pain
Orencia	Rheumatological disorder
Orthoclone	Immune disorder
Oxycontin (oxycodone)	Pain
Palexia	Pain
Parcopa (levodopa)	Parkinson's disease
Parlodel	Parkinson's disease
Pegasus	Hepatitis
Pegatron	Hepatitis
Percocet	Pain
Percodan	Pain
Permax	Parkinson's disease
Permitil	Mental disorder
Plaquenil	Rheumatological disorder
Platinol	Cancer
Plegridy	Multiple sclerosis
Plenaxis	Prostate cancer
Procrit	Blood disorder
Prograf	Immune disorder
Proleukin	Cancer
Prolixin (fluphenazine)	Mental disorder
Promacta	Blood disorder
Prostigmin	Immune disorder
Purinethol	Cancer
Rapamune	Immune disorder
Razadyne	Dementia/Alzheimer's
Rebetron	Hepatitis
Rebif	Multiple sclerosis
Regonol	Immune disorder
Remicade	Rheumatological disorder

Medication	Condition/Drug Type
Reminyl	Dementia/Alzheimer's
Requip	Parkinson's disease
Revia (naltrexone)	Alcohol/drug abuse
Rexulti	Mental disorder
Ribapak	Alcohol/drug abuse
Ribasphere	Hepatitis
Ribatab	Hepatitis
Ribavirin	Hepatitis
Risperdal	Mental disorder
Rituxan	Rheumatological disorder
Roferon	Hepatitis
Rubex	Cancer
Sandimmune	Immune disorder
Saphris	Mental disorder
Serentil	Mental disorder
Seroquel	Mental disorder
Simponi	Rheumatological disorder
Simulect	Immune disorder
Sinemet (carbidopa)	Parkinson's disease
Solian	Mental disorder
Sovaldi	Hepatitis
Stalevo	Parkinson's disease
Stelazine	Mental disorder
Sublimaze (fentanyl)	Pain
Suboxone	Alcohol/drug abuse
Subsys (fentanyl)	Pain
Subutex	Alcohol/drug abuse
Symadine	Parkinson's disease
Symbyax	Mental disorder
Symmetrel	Parkinson's disease
Syprine	Parkinson's disease
Tapal	Pain
Taractan	Mental disorder
Tarceva	Cancer
Targiniq ER	Pain
Tasmar	Parkinson's disease
Tecfidera	Multiple sclerosis
Thioplex	Cancer
Thioridazine	Mental disorder
Thymoglobulin	Immune disorder
Timespan	Immune disorder
Toposar (etoposide)	Cancer
Trelstar	Prostate cancer
Trihexane	Parkinson's disease
Trilafon (perphenazine)	Mental disorder
Tysabri	Multiple sclerosis
Tyzeka	Hepatitis
Vantas	Prostate cancer
Velban	Cancer
VePesid	Cancer
Vesprin	Mental disorder
Viadur	Prostate cancer
Vicodin (hydrocodone)	Pain
Victrelis	Hepatitis
Videx	AIDS
Viekira Pak	Hepatitis
Vivitrol	Alcohol/drug abuse
Vraylar	Mental disorder
Wellcovorin	Cancer
Wellferon	Hepatitis
Xartemis	Pain
Xeljanz	Rheumatological disorder
Xeloda	Cancer
Xtampza ER	Pain
Zanosar	Cancer
Zelapar	Parkinson's disease
Zenapax	Immune disorder
Zinbryta	Multiple sclerosis
Zohydro ER	Pain
Zoladex	Prostate cancer
Zusolv	Alcohol/drug abuse
Zyprexa	Mental disorder

The chart below contains the same medications listed on the previous pages. For the sake of convenience, they are categorized here by medical condition.

Any medication used for the treatment of AIDS/ARC/HIV, any chemotherapy medications (all forms) or medicinal marijuana will be declined even if not individually listed in the table below.

<b>AIDS</b>	<b>Cancer (con't)</b>	<b>Immune disorder (con't)</b>	<b>Multiple sclerosis (con't)</b>	<b>Parkinson's disease (con't)</b>
AIDS/ARC/HIV meds – any/all Rx	Platinol	Mytelase	Extavia	Eldepryl
Aptivus	Proleukin	Orthoclone	Gilenya	Kemadrin
AZT	Purinethol	Prograf	Glatopa	Larodopa
Foscavir	Rubex	Prostigmin	Lemtrada	Levsin
Megace	Tarceva	Rapamune	Lioresal (baclofen)	Mirapex
Videx	Thioplex	Regonol	Novantrone	Neupro
	Toposar (etoposide)	Sandimmune	Plegridy	Parcopa (levodopa)
<b>Alcohol/drug abuse</b>	Velban	Simulect	Rebif	Parlodol
Antabuse	VePesid	Thymoglobulin	Tecfidera	Permax
Campral	Wellcovorin	Timespan	Tysabri	Requip
Narcan	Xeloda	Zenapax	Zinbryta	Sinemet (carbidopa)
Revia (naltrexone)	Zanosar	<b>Mental disorder</b>	<b>Pain</b>	Stalevo
Ribapak	<b>Dementia/Alzheimer's</b>	Abilify	Aviz	Symadine
Suboxone	Aricept (donepezil)	Aristada	Buprenex	Symmetrel
Subutex	Axura (memantine)	Clozapine	Demerol	Syprine
Vivitrol	Cerefolin	Clozaril	Dilaudid (hydromorphone)	Tasmar
Zusolv	Cognex	Equetro	Dolophine (methadone)	Trihexane
<b>Blood disorder</b>	Ebixa (memantine)	Eskalith (lithium)	Duragesic (fentanyl)	Zelapar
Agrylin	Exelon	Fanapt	Duramorph (morphine)	<b>Prostate cancer</b>
Aranesp	Gerimal	Fazaclo	Embeda	Casodex
Epogen	Hydergine (ergoloid)	Geodon	Exalgo	Eligard
Hydrea	Namenda (memantine)	Haldol	Fentora	Eulexin (flutamide)
Nplate	Niloric	Invega	Hysingla ER	Lupron
Procrit	Razadyne	Latuda	Kadian (morphine)	Nilandrone
Promacta	Reminyl	Loxitane	Levo-Dromoran	Plenaxis
<b>Cancer</b>	<b>Hepatitis</b>	Mellaril	MorphaBond (morphine)	Trelstar
Adriamycin	Baraclude	Moban	MS Contin (morphine)	Vantas
Alkeran	Copegus	Moditen	Nucynta	Viadur
Arimidex	Harvoni	Navane	Numorphan	Zoladex
BiCNU	Hepsera	Permitil	Onsolis (fentanyl)	<b>Rheumatological disorder</b>
Blenoxane	Incivek (telaprevir)	Prolixin (fluphenazine)	Opana	Arava
Busulfex (busulfan)	Infergen	Rexulti	Oxycontin (oxycodone)	Cimzia
CeeNU	Interferon	Risperdal	Palexia	Cuprimine (D-penicillamine)
Cerubidine	Olysio	Saphris	Percocet	Enbrel
Chemotherapy – all forms, all Rx	Pegasus	Serentil	Percodan	Gold therapy
Cytosar	Pegatron	Seroquel	Sublimaze (fentanyl)	Humira
Cytosan	Rebetron	Solian	Subsys (fentanyl)	Imuran (azathioprine)
Cytosan	Ribasphere	Stelazine	Tapal	Kineret
Doxil	Ribatab	Symbyax	Targiniq ER	Methotrexate
DTIC	Ribavirin	Taractan	Vicodin (hydrocodone)	Neoral (cyclosporine)
Emcyt	Roferon	Thioridazine	Xartemis	Orencia
Faslodex	Sovaldi	Trilafon (perphenazine)	Xtampza ER	Plaquenil
Gleevec	Tyzeka	Vesprin	Zohydro ER	Remicade
Herceptin	Victrelis	Vraylar	<b>Parkinson's disease</b>	Rituxan
Ifex	Viekira Pak	Zyprexa	Akineton	Simponi
Intron	Wellferon	<b>Multiple sclerosis</b>	Apokyn	Xeljanz
Leukeran	<b>Immune disorder</b>	Acthar	Artane	<b>Steroid</b>
Leukine	Atgam	Aubagio	Azilect	Cortef (hydrocortisone)
Lysodren	Cellcept	Avonex	Carbex	Decadron
Matulane	Gengraf	Betaferon	Cogentin	Deltasone (prednisone)
Mutamycin (mitomycin)	Immune globulin	Betaseron	Comtan	Medrol
Myleran	Mestinon	Copaxone	Dopar	
Nipent	Myfortic	Dantrium	Dostinex	



Be sure to choose a product that meets long-term life insurance needs, especially if personal situations change — for example, marriage, birth of a child or job promotion. Weigh the costs of the policy, and understand that life insurance has fees and charges that vary with sex, health, age and tobacco use. Riders that customize a policy to fit individual needs usually carry an additional charge.

Benefits under the Acceleration of Life Insurance Death Benefit for Qualified Long-Term Care Services Rider are an advance payment of the policy's death benefit while the insured is still living. Accelerating the death benefit, along with loans and withdrawals, reduces both the death benefit and cash surrender value of the policy. Care should be taken to make sure that life insurance needs continue to be met even if the entire death benefit is accelerated or if money is taken from the policy.

Individual care needs and costs will vary, and there is no guarantee the policy will cover the entire cost of the insured's long-term care. Nationwide pays benefits to the policyowner. If the policy is owned by someone other than the insured, there is no guarantee the policyowner will use the benefits to pay for LTC services.

Guarantees are subject to the claims-paying ability of Nationwide Life and Annuity Insurance Company.

Products are issued by Nationwide Life and Annuity Insurance Company, Columbus, Ohio.

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