# 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)
- 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/quadriplegia)
- · Parkinson's disease
- 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

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

### 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)

Continued on next page

### 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<sup>®</sup>
- Aricept<sup>®</sup>
- Artane®
- Avonex<sup>®</sup> (if treatment for MS)
- Azilect\*
- Betaseron® (if treatment for MS)
- Campral<sup>®</sup>
- Cogentin<sup>®</sup>
- Cognex<sup>®</sup>
- Comtan® (if treatment for MS)
- Copaxone® (if treatment for MS)
- Depade®
- Donepezil
- Eldepryl® (if treatment for Parkinson's)
- Exelon®
- Fentanyl
- Galantamine
- Hydergine<sup>®</sup>

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

**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.

NOT A DEPOSIT • NOT FDIC OR NCUA INSURED • NOT BANK OR CREDIT UNION GUARANTEED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY • MAY LOSE VALUE