

Risk Assessment Guide

A indicates Rate Class may be available. N/A indicates Rate Class not available.

Condition	Preferred	Standard	GDB	GI
ADL's (activities of daily living) – Needs assistance with ADL's	N/A	N/A	N/A	A
AIDS	N/A	N/A	N/A	A
Alcohol Drug Treatment >3 years ago, no current use	N/A	A	A	A
Alcohol Drug Treatment within last 3 years, no current use	N/A	N/A	A	A
ALS – Lou Gehrig's Disease	N/A	N/A	N/A	A
Alzheimer's, Dementia or Memory Loss	N/A	N/A	N/A	A
Amputation due to disease	N/A	N/A	A	A
Aneurysm > 1 year ago	N/A	A	A	A
Aneurysm within last year	N/A	N/A	A	A
Anxiety	A	A	A	A
Arthritis	A	A	A	A
Asthma	N/A	A	A	A
Basal Cell Skin Cancer	N/A	A	A	A
Bipolar diagnosed < 1 year ago	N/A	N/A	A	A
Bipolar diagnosed >1 year ago	N/A	A	A	A
Cancer more than one occurrence	N/A	N/A	N/A	A
Cancer treatment completed in last 2 years	N/A	N/A	N/A	A
Cancer treatment completed 2-5 years ago	N/A	N/A	A	A
Cancer treatment completed more than 5 years ago	N/A	A	A	A
Cardiomyopathy diagnosed >2 years ago	N/A	A	A	A
Cardiomyopathy diagnosed in last 2 years	N/A	N/A	A	A
Cholesterol Treatment	A	A	A	A
Chronic Bronchitis	N/A	A	A	A
Chronic Kidney Disease (CKD) on dialysis	N/A	N/A	N/A	A
Chronic Kidney Disease diagnosed <1 year	N/A	N/A	N/A	A
Chronic Kidney Disease diagnosed >1 year ago	N/A	N/A	A	A
Cirrhosis	N/A	N/A	N/A	A
Congestive Heart Failure	N/A	N/A	N/A	A
COPD	N/A	A	A	A
Coronary Artery Disease diagnosed >2 years ago	N/A	A	A	A
Coronary Artery Disease diagnosed in last 2 years	N/A	N/A	A	A
Currently Hospitalized	N/A	N/A	N/A	A
Currently undergoing (or been recommended to have) testing or further evaluation for a condition that has not been diagnosed	N/A	N/A	N/A	A

Condition	Preferred	Standard	GDB	GI
Defibrillator	N/A	N/A	N/A	A
Depression	A	A	A	A
Diabetes no insulin	A	A	A	A
Diabetes with Insulin – no complications	N/A	A	A	A
Diabetes with insulin along with kidney disease, neuropathy, or other complication	N/A	N/A	A	A
Emphysema	N/A	A	A	A
Heart Attack in last 2 years	N/A	N/A	A	A
Heart Attack more than 2 years ago	N/A	A	A	A
Heart Surgery diagnosed >2 years ago	N/A	A	A	A
Heart Surgery diagnosed in last 2 years	N/A	N/A	A	A
Hepatitis B and C	N/A	A	A	A
HIV/AIDS virus only	N/A	N/A	A	A
Hospitalized more than 2 weeks in last year	N/A	N/A	A	A
Hypertension	A	A	A	A
In hospice, nursing home, long term or memory care	N/A	N/A	N/A	A
Kidney failure diagnosed <1 year	N/A	N/A	N/A	A
Kidney failure diagnosed > 1 year ago	N/A	N/A	A	A
Multiple Sclerosis	N/A	A	A	A
Organ Transplant	N/A	N/A	N/A	A
Oxygen – any use of oxygen	N/A	N/A	N/A	A
Pacemaker placed in last year	N/A	N/A	A	A
Pacemaker placed more than 1 year ago	N/A	A	A	A
Parkinson's	N/A	A	A	A
Regular use of wheelchair or electric scooter	N/A	N/A	N/A	A
Schizophrenia diagnosed <1 year ago	N/A	N/A	A	A
Schizophrenia diagnosed >1 year ago	N/A	A	A	A
Sickle Cell Anemia	N/A	N/A	N/A	A
Stroke or TIA >1 year ago	N/A	A	A	A
Stroke or TIA within last year	N/A	N/A	A	A
Systemic Lupus	N/A	N/A	N/A	A
Terminal Illness	N/A	N/A	N/A	A
Wheelchair use temporary due to injury	A	A	A	A



Build Chart

Height	Maximum Weight for Preferred
4'8"	175
4'9"	181
4'10"	194
4'11"	194
5'0"	200
5'1"	207
5'2"	214
5'3"	221
5'4"	228
5'5"	235
5'6"	243
5'7"	250
5'8"	258
5'9"	265
5'10"	273
5'11"	281
6'0"	289
6'1"	297
6'2"	305
6'3"	314
6'4"	322
6'5"	330
6'6"	339
6'7"	348
6'8"	357
6'9"	366
6'10"	375
6'11"	384

Qualification for Preferred class considers overall mortality. The build chart is intended as a general guide, it is only one of the factors and is not a guarantee of qualifying.

Contact Us

Web: agent.royalneighbors.org

- Download forms and applications
- Obtain status of pending business/Certificates
- Obtain commissions
- Run illustrations/quotes
- Training
- Get latest Royal Neighbors news
- Order supplies

Email: UW_mailbox@royalneighbors.org

Fax: New applications: (866) 787-1450

Sales Support: (309) 788-4561, Option 1, Option 5

Underwriting: (309) 788-4561, Option 1, Option 1, Option 1

Mail: Royal Neighbors of America®, 230 16th Street, Rock Island, IL 61201-8645

Phone: (309) 788-4561, option 1 (for agent), then:

- Pending applications Option 1
- Certificate changes Option 1
- Risk assessment Option 1
- Commissions or 1099s Option 2
- Contracting and licensing Option 3
- In-force certification info Option 4
- Illustrations/Quotes Option 5
- Annuity Underwriting Option 6
- Member Savings Option 7
- Chapter information Option 8
- Inquiries Option 5

We appreciate your business!

