

## A S T H M A

### Overview:

Asthma is a condition of reversible airway obstruction. Asthmatics experience increased bronchial reactivity in which there is excessive responsiveness of the tracheobronchial tree to a variety of environmental stimuli. Some kind of irritant, such as an allergen or air pollution, is often the culprit, leading to asthmatic attacks. However, asthma may also be triggered by bronchial infections, exercise, dust, smoke, or even emotional distress. Asthma is divided into three categories:

<b>Extrinsic Asthma</b>	<i>Facilitated by an allergic reaction</i>
<b>Intrinsic Asthma</b>	<i>Non-atopic or infective asthma with no identifiable allergen</i>
<b>Exercise Induced Asthma</b>	<i>Induced by exercise</i>

Patients with severe asthma, particularly individuals who do not follow their doctor's recommendations for managing the condition (especially continued smoking) may develop complications from Chronic Obstructive Pulmonary Disease (COPD) or emphysema.

### Impact on Life Underwriting:

Asthma is often classified as primary or allergic. Regardless of classification, the frequency and severity of the attacks, as well as the management of the condition, will weigh heavily in any underwriting decision. Asthma is made worse by continued smoking and exposure to environmental pollution. Asthma complicated by chronic bronchitis, if severe, will be rated under the guidelines listed for Chronic Obstructive Pulmonary Disease (COPD).

The table below assumes the proposed insured does not smoke or expose him/herself to extraordinary environmental risks. Frequent steroid treatments often lead to ratings of two additional tables. Expect continued smoking and/or the use of certain steroid treatments to lead to ratings increases by 2 to 4 Tables (over the table ratings indicated in the tables below). Evidence of deteriorating emphysema with continued smoking will likely lead to a decline. SB 04/04/2001

<b>Definitions</b>	<b>Symptoms</b>
Occasional	Seasonal or less than 6 attacks per year.
Frequent	More than 6 attacks per year.
Mild	No disability and lungs clear between attacks.
Moderate	Acute attacks requiring frequent bronchodilator medications and/or occasional steroid treatment.
Severe	Attacks require continuous use of bronchodilator and/or continuous or frequent use of steroid therapy.

<b>Severity of Asthma Attacks</b>	<b>Last attack during past two years</b>	<b>Last attack three years ago</b>	<b>Last attack four or more years ago</b>
<i>Occasional Mild</i>	Standard	Standard	Standard
<i>Occasional Moderate</i>	Standard to Table 2	Standard	Standard
<i>Occasional Severe</i>	Table 2 to Table 4	Table 2	Standard

<b>Severity of Asthma Attacks</b>	<b>Last attack during past two years</b>	<b>Last attack three years ago</b>	<b>Last attack four or more years ago</b>
<i>Frequent Mild</i>	Standard to Table 2	Standard to Table 2	Standard
<i>Frequent Moderate</i>	Table 2 to Table 4	Standard to Table 2	Standard
<i>Frequent Severe</i>	Table 4 to Uninsurable	Table 2 to Uninsurable	Standard to Uninsurable



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## ASTHMA QUESTIONNAIRE

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

(1) *Date of Diagnosis:* \_\_\_\_\_

(2) *What type of asthma has been diagnosed:* \_\_\_\_\_

(3) *Do you know what leads to the asthmatic attacks? If so, please describe:* \_\_\_\_\_

(4) *Please describe the frequency of attacks and how often they have occurred:*

When did the attacks occur?	Number of attacks per year: (if continuous, please state so)
During past year	
During past 2 years	
During past 3 years	
Four years or more	

(5) *Have you ever been hospitalized due to severe asthma attacks? If so, please tell us about your hospital stay:*

Date(s) of hospitalization:	How long were you at the hospital?	Were there any special circumstances?

(6) *What medications were/are being used to control the asthmatic attacks (or any other condition)?*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) *Please list any other medical information that may help provide a more realistic preliminary assessment:*

\_\_\_\_\_  
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