

BUILD

Overview:

Body weight in adults typically remains constant for years, even with changes in diet, climate, or activity. Being overweight leads to an increase in several mortality risk factors; recent substantial weight change may indicate disease.

Impact on Life Underwriting:

Being overweight increases mortality in roughly parallel percentage terms (e.g. an individual 20% overweight will experience mortality that is about 20% above the norm). Premature mortality in overweight individuals is most frequently due to heart disease, diabetes, and a variety of digestive diseases. Unexplained recent rapid gain or loss of weight for a given individual may lead to a brief postponement of insurance offers, due to the possibility of underlying disease.

The table below is a rough guide to underwriting overweight individuals. It assumes there are no complicating mortality risk factors, such as elevations in blood pressure, family history of heart disease or premature death, total cholesterol, bad cholesterol (LDL) to good cholesterol (HDL) ratios, or EKG abnormalities. Please note that a female at the upper end of the weight range is more likely to be rated at a higher classification than a male, due to different body build. Also, an individual with a certain height/weight ratio at a younger age will likely be rated higher than an older individual with the same height/weight ratio, due to the tendency of individuals to gain additional weight later in life.

As indicated above, the risk factors resulting from increased weight are primarily of cardiovascular nature. Thus, any evidence you can provide to the underwriter that reduces cardiovascular concerns will be helpful. It may be possible to reduce an offer by several tables if your client can document good cardiovascular function with a recent stress test, excellent family history, a regular exercise program, good cholesterol levels, low normal blood pressure, and perhaps the use of certain dietary supplements. Please utilize our "Search for Underwriting Credits" fact finder to gather this information and enable us to negotiate for the best possible rates for your client. Unfortunately, there is no single company that consistently is most favorable for all weights at all heights, male and female. Each case needs to be negotiated separately; please call us with the specifics for your case so we can go to work for you. SB 04/04/2001

Height	Avg. Male	Avg. Female	Preferred	Standard	T2 -T4	T4 - T6	T6 - T8	T8 -T10
4'10"	127	112	153	179	210	230	250	255
4'11"	130	116	157	184	215	235	255	260
5'	133	118	161	189	220	240	255	265
5'1"	136	122	165	193	225	245	260	270
5'2"	139	125	170	197	230	245	265	275
5'3"	143	129	175	204	235	255	275	280
5'4"	147	132	180	209	240	260	280	290
5'5"	151	135	185	215	245	265	285	295
5'6"	155	138	190	220	250	270	295	305
5'7"	159	143	196	225	255	280	300	310
5'8"	163	146	200	230	265	285	310	320
5'9"	167	151	205	235	270	295	320	330
5'10"	172	154	211	242	280	305	325	335
5'11"	176	158	217	251	285	310	335	345
6	181	162	223	256	295	320	340	355
6'1"	185	166	228	263	300	325	350	360
6'2"	190	169	234	271	310	335	360	370
6'3"	195	173	240	279	320	345	365	380
6'4"	201	177	246	286	325	350	375	390
6'5"	207	180	253	293	335	360	385	400
6'6"	213	184	260	300	340	365	395	405



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BUILD 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) History of weight:

Height: _____

Highest weight ever: _____
 Date: _____

	Weight	Cause for gain or loss, if known
Current		
3 Months Ago		
6 Months Ago		
1 Year Ago		
2 Years Ago		
5 Years Ago		
10 Years Ago		

(2) Family history:

	Age (if living)	Age at death	Cause of death if deceased:	History of heart disease or circulatory disorder?	History of cancer (all types)?
Mother				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sister(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brother(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Are any medications taken for any reason?

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

(4) What is the proposed insured's blood pressure?

Date:			
Systolic/Diastolic			

(5) What is the proposed insured's cholesterol? LDL ("bad" cholesterol): _____ HDL ("good" cholesterol): _____

(6) Does the proposed insured have any other medical conditions, such as diabetes or heart disease? If yes, please list:



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