

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Overview:

Chronic Obstructive Pulmonary Disease (COPD) is an incurable degenerative disease of the lungs. Decreased lung functions lead to shortness of breath while exercising, difficulty in breathing in or out deeply, and sometimes chronic cough. COPD may result from chronic bronchitis, emphysema, asthma, or chronic bronchiolitis. It is made worse by cigarette smoking and air pollution. The condition is also called Chronic Obstructive Lung Disease (COLD).

Approximately 5% of the population is affected by COPD. The majority of sufferers are older and either former or current heavy smokers; roughly 10% of smokers will develop some form of COPD during their lifetime. Once diagnosed, if they continue to smoke, the progression of COPD from mild to severe or extreme is hastened.

The most accurate diagnosis of COPD and its severity is by means of a series of Pulmonary Function Tests (PFTs). A PFT includes, among other statistics, measures of Forced Vital Capacity (FVC). FVC refers to the total volume of air expired using maximum effort following full inspiration. Individuals with COPD will have lower values than those expected of a similarly built healthy individual. A variation of this test is the Forced Expired Volume in 1 Second (FEV1). Essentially this test measures the percentage of air expired during the first second of a FVC test. In healthy individuals there should be little difference between the two tests; however, in individuals with restrictive lung disease, the value for the FEV1 will be lower than the value obtained for FVC. FEV1 is reported as a percentage of FEV1/FVC. The closer to 100%, the more healthy the lungs. Other test results obtained during a PFT relate to other lung capacity measurements, the speed and volume of expiration under a variety of conditions, as well as the gas exchange rates across different lung membranes.

Impact on Life Underwriting:

COPD is often classified into four categories: mild, moderate, severe, and extreme. The following table is a composite of reviews by several insurance company guidelines that underwrite COPD aggressively. The minimum table rating (below) assumes otherwise favorable health and the fact that the proposed insured has at least quit smoking since the time of COPD diagnosis. Continued smoking and additional risk factors presented by other conditions will lead to higher ratings or declines.

	Typical COPD Symptoms	Treatment	FEV1 Value	Min. Rating
Mild COPD	Mild chronic cough possible; shortness of breath following moderate exertion. Pulmonary function studies may be near normal and X-ray abnormalities are generally not noted. Increased tendency to get respiratory infection.	None	60% - 80%	Table 2 or B
Moderate COPD	Increased coughing and dyspnea at mild exertion levels are noted. Pulmonary function tests show moderately decreased levels of lung functioning. X-ray studies of the chest frequently show abnormalities. Chest auscultatory abnormalities are frequently present. Inhaler helps manage symptoms	Inhaler used on occasion.	50% - 59%	Table 4 or D
Severe COPD	Shortness of breath occurs with minimal exertion, such as when dressing or walking around the block. Pulmonary functions show marked decreases. Chest X-ray and chest auscultatory abnormalities are typically present.	Inhaler, steroids, multiple other medications.	40% - 49%	Table 8 or H
Extreme COPD	Person is typically disabled, unable to complete normal activities. Shortness of breath occurs either at rest or with minimal exertion, such as getting up out of a chair. Person has to stay at home and will often require oxygen treatment. Pulmonary functions are severely reduced; X-ray abnormalities and auscultatory abnormalities are very much in evidence.	Rest at home; various medications; oxygen tank.	39% and less.	Risk Not Acceptable

Even though a PFT will be required for proper rating, answers to the following questionnaire may help with an initial assessment and determination of likely rating. Ideally the attending physician is willing to fax a copy of a most current PFT, typically a page or less in length, to you or us. Obtaining these test results up front will enable the proposed insured determine affordability of the insurance in advance. SB 04/16/2001



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CHRONIC OBSTRUCTIVE PULMONARY DISEASE 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. cigars, pipe, snuff, nicotine patch, 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) *Type of lung disease diagnosed with Chronic Obstructive Pulmonary Disease (COPD):*

Asthma Chronic Bronchitis Emphysema Restrictive lung disease Other: _____

(3) *Has the proposed insured ever been hospitalized for the condition?* No Yes Date(s): _____

(4) *Is the proposed insured taking medications (incl. inhalers and oxygen)?* No Yes If yes, please give details:

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

(5) *Has a pulmonary function test (breathing test) ever been done?* No Yes

If yes, please provide most recent date: _____ Are any test results known? _____

(6) *What is the proposed insured's build?* Height: _____ Weight: _____

(7) *Has a Chest X-ray been done?* No Yes Date: _____ Findings: _____

(8) *Has a ECG been done recently?* No Yes Date: _____ Findings: _____

(9) *Are there any other medical conditions affecting the proposed insured? If yes, please describe in detail below:*



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