

Overview:

Congestive heart failure (CHF), a scary term for many proposed insureds and insurance agents, does not mean the proposed insured is about to die. CHF is a term used to refer to a condition where the heart is inefficient for some reason and is not able to supply the body with sufficient levels of oxygenated blood. The condition manifests itself in a person with shortness of breath after mild activity, or, in extreme cases, even after walking only within the person's home.

There are numerous causes that can lead to CHF, and the condition may involve primarily one side of the heart. Most cases are diagnosed as both right and left sided congestive heart failure.

CHF is treated for cause, meaning the underlying condition is treated which hopefully will result in the symptoms of CHF to ease or disappear. It is quite possible to reduce symptoms of CHF, or even to eliminate CHF, in many cases where treatment is possible and successful. Thus, CHF is not a "death sentence" and the heart is not necessarily near giving out. CHF is a symptom caused by some underlying heart condition which often is treatable.

Conditions that lead to CHF include uncontrolled high blood pressure over long periods of time, certain forms of heart rhythm abnormalities, various forms of coronary artery disease, heart muscle disease, hyperthyroidism, and heart valve abnormalities (both due to disease or congenital). Treatment varies with the underlying condition. It may consist of medication only, as would be the case for treating elevated blood pressure. Heart rhythm abnormalities may be treated via medications, or perhaps the installation of a pacemaker or defibrillator. Surgical intervention may be required to repair/replace heart valves or to do other repairs. Regular exercise and a modified diet also help in many cases.

Impact on Life Underwriting:

Life underwriting for congestive heart failure depends heavily on how much information is available to evaluate the risk, and what the underlying cause is for the symptoms. In general, the more information available, the better the underwriting; ambiguity is not rewarded with good risk assessments. EKGs are a start, current stress tests or echocardiograms (with Ejection Fractions) and similar studies are helpful. A full cardiovascular work up is critical for newly diagnosed cases. The bottom line is that CHF is underwritten for cause, meaning any rating is based on what condition or disease has lead to the symptoms of CHF, what attempts the proposed insured has made to treat the condition, and how well treatment has worked. All of this information will help the doctors and insurance companies develop their own assessment of the likely future developments for this proposed insured, which may or may not be favorable.

Newly diagnosed cases of CHF are often postponed, pending evaluation for cause. Once a cause is known, underwriting will proceed based on the severity of symptoms and documented treatment successes for the condition.

Standard rates are possible for older individuals with very mild heart disease where the heart's effectiveness is stable and near normal. The heart's effectiveness is usually measured via the Ejection Fraction (EF). The EF measures how much blood volume is pumped effectively with each heart beat. EF measures of 55% and higher can often be underwritten at standard rates, if the condition is stable. Low table ratings, are more common, especially if cardiovascular disease has begun prior to age 60 and with EF measures of less than 50%. An EF reading of between 40% and 50% is moderately rated. Severe ratings are to be expected with readings of less than 40%. It is sometimes possible to find coverage for individuals with CHF and an EF of less than 40%, but for all such cases, it is essential that the underlying cause has now been successfully treated and documented recovery is well under way with a documented increasing EF.

Documentation of positive information can lead to substantial underwriting improvements, often leading to a reduction of several tables. Sending in an application "to see what happens" without proper case preparation of CHF cases does not normally lead to the best possible underwriting outcomes. In order to minimize any ratings for your cardiovascular risk, please complete our "Congestive Heart Failure" and "Search for Underwriting Credits" questionnaires as much as possible so that we can negotiate for the lowest possible rates for your client. SB 05/16/2001



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HEART DISEASE—CONGESTIVE HEART FAILURE 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) *The condition has been diagnosed that has lead to the Congestive Heart Failure?*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> High blood pressure/hypertension
<input type="checkbox"/> Irregular heart beats
<input type="checkbox"/> Atrial fibrillations
<input type="checkbox"/> Ventricular fibrillations
<input type="checkbox"/> Cardiomyopathy
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Heart valve disease
<input type="checkbox"/> Congenital heart valve abnormality
<input type="checkbox"/> Hyperthyroidism
<input type="checkbox"/> Myocarditis
<input type="checkbox"/> Peripheral edema |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(3) *Provide dates if any of the following tests or procedures have been done to evaluate the condition?*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Resting EKG: _____
<input type="checkbox"/> Thallium Stress EKG: _____
<input type="checkbox"/> Holter Monitor: _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Stress EKG: _____
<input type="checkbox"/> Echocardiogram: _____
<input type="checkbox"/> Chest X-ray: _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

(4) *Please provide the Ejection Fraction (EF) of the most recent stress echocardiogram:* _____%

(5) *Is there any family history of heart disease or premature death due to heart disease?*

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

(6) *Does the proposed insured take any current medications?* No Yes Details:

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

(7) *Are there any other conditions that may impact life underwriting? If yes, please describe:* _____



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