

HEPATITIS

Overview:

Hepatitis means “inflammation of the liver”. It often is caused by a virus or substances toxic to the liver; autoimmune disorders may also lead to the disease. Hepatitis is the nation’s biggest blood-borne epidemic, with an infected population estimated at four times the level of HIV infection. Hepatitis C can cause severe liver damage that can lead to deadly health problems. A vaccine exists to prevent infection with hepatitis A and B but not for hepatitis C. In the year 2000, approximately 10,000 deaths will occur in the United States from complications of hepatitis C infection, including liver cirrhosis, scarring, and cancer.

Hepatitis infection does not typically lead to symptoms. Thus it is quite common for a diagnosis to be made as part of an insurance exam that indicates abnormally high levels of certain liver function tests (especially AST/SGOT and/or ALT/SGPT). Some individuals are diagnosed following reports of flue like symptoms (loss of appetite, nausea, fever, abdominal pain, or muscle aches).

Most liver inflammations are classified as either *acute viral* or *chronic* Hepatitis A, B, or C. Other letter codes have recently been assigned to specific subcategories of hepatitis; a higher letter number (e.g. “E”) does not necessarily indicate a more severe form. Hepatitis A is the least troublesome variety of Hepatitis and, once resolved, should lead to preferred underwriting at most companies. Hepatitis B is similar to Hepatitis A in that it can be completely resolved; however, some individuals go on to develop chronic (permanent) hepatitis leading to liver damage. Hepatitis C is the most serious variant of the disease. Although it’s impact may take decades to become serious, approximately 80% of affected individuals with untreated hepatitis C develop chronic inflammation of the liver and severe liver disease. Of those, 10% to 20% will develop cirrhosis, and between 1% and 5% will develop liver cancer.

Hepatitis C is spread by infected blood products, shared needles especially among IV drug users, sexual contact, and mother-to-child transmission. The number of infected individuals with hepatitis C is estimated at approximately four million individuals. Prior to 1992 there was no effective blood screen for the virus, and anyone with a blood transfusion prior to 1992 is at risk. Individuals with hepatitis C and evidence of liver disease are sometimes successfully treated with modern drugs, including a combination therapy with alpha interferon and ribavirin. Those without active liver involvement are usually monitored at least yearly to evaluate the status of any disease progress. Hepatitis C patients are also asked to abstain from alcohol use and to vaccinate against hepatitis A & B infections. Regular liver function testing is key to detecting any complications from the disease that may required treatment. Test are also typically run for levels of alpha fetoprotein to screen for liver cancer.

Impact on Life Underwriting:

The good news about underwriting hepatitis in the new century is that most individuals with the disease, even those with hepatitis C, can be insured by some life insurance companies. Underwriting action will depend primarily upon the type of hepatitis diagnosed, whether it is acute viral or chronic, what impact it has on the liver (as measured by current and past results of liver function tests or a liver biopsy), the age of the proposed insured at the time of initial diagnosis, as well as the time elapsed since that initial diagnosis. Documented response of the liver to treatment attempts with modern medications, especially interferon (a virus killing protein) and ribavirin, favorable lifestyle variables (such as complete abstinence from alcohol), and medical compliance (i.e. regular physician visits with the appropriate regular studies of liver functions) are all variables that will help obtain most favorable underwriting results. Underwriting is much more favorable if a recent liver biopsy can document no liver damage. Some carriers cut the rating in half with a recent biopsy showing a healthy liver. Inactive to mildly active hepatitis C is now often underwritten in the Table 2 to 4 range. Higher ratings are to be expected with documented progression of the disease, such as via a biopsy showing permanent and irreversible liver damage. Significant liver fibrosis, cirrhosis and other serious damage will result in declines. SB 05/21/2001

Type of Hepatitis	Likely Underwriting Action
Acute Viral Hepatitis A	Once completely resolved, can lead to preferred or standard offers with many companies.
Unresolved Hepatitis A	If carrier is asymptomatic (i.e. with normal liver functions) standard offers are common.
Acute Viral Hepatitis B	Once completely resolved, can also lead to preferred or standard rates.
Chronic Persistent Hepatitis B	The affected individual carries the Hepatitis B surface antigen. If liver functions are normal it may be possible to get a standard or low rated policy. With abnormal liver functions, a rating will be assessed based on the levels of elevations for each of the liver enzymes.
Chronic Active Hepatitis B	This condition is likely to be rated anywhere from a low table (liver enzymes normal or slightly elevated) to a decline (liver enzymes in excess of three times the expected levels or higher). Current and past readings of liver function tests will determine underwriting assessments.
Acute Viral Hepatitis C	Typically Hepatitis C does not get resolved completely and at least a low table rating, even with normal liver functions and a normal liver biopsy, is likely. More than half of the patients diagnosed with Acute Viral Hepatitis C eventually develop Chronic Hepatitis C, a potentially fatal condition.
Chronic Hepatitis C	This condition often leads to forms of severe liver disease, including cirrhosis and liver cancer, which are typically fatal. Although many companies will still decline Chronic Hepatitis C outright, some will now give individual consideration based on variables including age of onset, how long the condition has existed, how it appears to affect the person, whether a liver biopsy has been done and what it shows, as well as how the person may be responding to a variety of aggressive (and often experimental) treatments with modern drugs, such as Interferon. Individuals with a history of Chronic Hepatitis C who have been “cured” for at least two years as documented by <i>negative</i> hepatitis screens (PCR tests) may be eligible for as low as a table 2 rating as soon as six months to a year following successful treatment.



Phone: 888.227.3131
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HEPATITIS 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) Please provide date of diagnosis: _____

(2) Has the Hepatitis been diagnosed as:

- | | |
|---|---|
| <input type="checkbox"/> Acute Viral Hepatitis A Resolved | <input type="checkbox"/> Hepatitis A Unresolved |
| <input type="checkbox"/> Acute Viral Hepatitis B Resolved | <input type="checkbox"/> Chronic Persistent Hepatitis B Unresolved (i.e. carrier) |
| <input type="checkbox"/> Acute Viral Hepatitis C | <input type="checkbox"/> Chronic Active Hepatitis B Unresolved |
| <input type="checkbox"/> Other Hepatitis: _____ | <input type="checkbox"/> Chronic Persistent Hepatitis C |
| | <input type="checkbox"/> Chronic Active Hepatitis C |

(3) What are the most current liver enzyme levels:

Date	GGTP	ALT/SGPT	AST/SGOT

(4) Which studies have been undertaken to diagnose/treat the condition:

- Liver ultrasound , CT scan, or MRI (circle which one): Date: _____ Results: Normal Abnormal
 Liver biopsy Date: _____ Results: Normal Abnormal
 Other: _____
 Studies Recommended/Pending: _____ Date Planned: _____

(6) Does the proposed insured use any medications, such as alpha interferon or ribavirin? If yes, please complete the table below:

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

(6) Does the proposed insured consume any alcohol? No Yes Describe: _____
 (type, frequency, quantity)

(7) How frequently does a physician monitor liver functions: Quarterly Semiannually Annually Other: _____

(8) If infected with hepatitis C, is the proposed insured vaccinated against: Hepatitis A Hepatitis B

(9) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

 <p>ABS American Brokerage Services <i>The Career Company for Independent Agents</i></p>	<p>Phone: 888.227.3131 Fax: 215.233.3683</p>
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