

**Overview:**

Leukemias consist of a variety of malignancies affecting blood cells. Leukemias can be broadly categorized as *acute* or *chronic*. *Acute leukemias*, if left untreated, they are fatal within a short while. They are subdivided into *lymphocytic leukemias* and *non-lymphocytic* varieties. *Acute lymphocytic leukemia* is the variety most often found in children. It is curable in the majority of children but is more serious for adults. *Acute non-lymphocytic leukemias* consist of a group of cell disorders which behave more or less similarly. The more common varieties include acute myeloid leukemia, acute myelomonocytic leukemia, acute monocytic leukemia, promyelocytic leukemia, and erythroleukemia. Although frequently fatal, a small percentage of these non-lymphocytic leukemias are curable.

*Chronic leukemias* are slowly progressive and treatment at this time is provided primarily to moderate/control (i.e. not cure) the condition. *Chronic Lymphocytic Leukemia (CLL)* is the most common form of leukemia in the United States; it occurs most frequently in older individuals. It's cause is unknown; CLL is twice as common in males as in females. CLL affects mature lymphocytes (white blood cells) and is often diagnosed with abnormal blood counts (white blood cell count will be abnormally high). Anemia, weight loss, swollen lymph nodes, night sweats, and an enlarged spleen and/or liver are common symptoms of CLL.

**Impact on Life Underwriting:**

Unfortunately, the majority of leukemias are fatal within months or years, either from the disease itself or from the effects of aggressive treatment attempts (e.g. organ failure). Thus, applications for life insurance must normally be postponed for at least 5 years following the date of last treatment. After that, offers usually consist of a low table rating and a flat extra in the \$5 to \$10 range per \$1,000 of death benefit for 5 or more additional years.

*Chronic Lymphocytic Leukemia*, the most common form of leukemia, may lead to highly rated offers of insurance for those over age 50. Moderate ratings are sometimes available to individuals over age 60. A low table rating (starting at Table 4) is available under the best of circumstances for those age 70 and older. *Acute lymphocytic leukemia*, the condition that is often found in children, is often curable. Offers of insurance will be postponed until at least five years following documented complete remission (i.e. normal complete blood counts for white blood cells, platelets, and hemoglobin). After the five years of complete remission, insurance may be available at Table 4 with a flat extra of \$5 to \$10 per \$1,000 of death benefit for an additional five years. A Table 2 without flat extra may be available to those who are symptom free between 10 and 15 years. If there is no evidence of recurrence after 15 years, standard offers are generally available. *Hairy cell leukemia* in complete remission with normal blood counts can sometimes be considered at low to moderate substandard rates. Ratings depend on response to treatment, which often includes removal of the spleen and various drug therapies. *Chronic granulocytic leukemia* is usually fatal within six or seven years and is uninsurable. Similarly, most cases of chronic myelogenous leukemia, or CML, are still uninsurable. However, recent advances in medicine with Alpha Interferon, bone marrow transplants, and a new compound called STI-571 (approved by the FDA 5/10/2001 under the brand name Gleevec) may enable some individuals to obtain insurance once complete remission can be documented. *Individuals with acute myeloid leukemia, acute myelomonocytic leukemia, acute monocytic leukemia, promyelocytic leukemia, and erythroleukemia* are not typically insurable. However, for the small percentage of these that are curable (i.e. go into remission) it may be possible to apply for insurance after five full years of remission. At that time, a low table rating with a flat extra of \$15 per \$1,000 of death benefit should be anticipated.

If you have a client with leukemia, please help us understand more about the condition by obtaining answers to the questions on the following page. Underwriting is pretty much straight forward once we know the basics and we will be able to provide you with illustrations so you and your client can decide if you want to apply formally. SB 05/18/2001



Phone: 1-888-227-3131 Ext. 600  
 Fax: 215-233-3683  
 Email: LIFE@ABSgo.com

## CANCER—LEUKEMIA 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) *Exact name of the leukemia:* \_\_\_\_\_

(2) *Date of diagnosis:* \_\_\_\_\_ *b) Date of last treatment:* \_\_\_\_\_

(3) *What was the Stage of the leukemia?*  0  I  II  III  IV

(4) *How has the leukemia been treated (please check all that apply)?*

Radiation: dates, frequency: \_\_\_\_\_

Chemotherapy: dates, types: \_\_\_\_\_

(5) *Does the proposed insured take any medications at this time?*  No  Yes:

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

(6) *Has there been any evidence of recurrence or relapse of the leukemia or related illness?*

No  Yes Details: \_\_\_\_\_

(7) *Has the proposed insured's spleen been removed as part of the treatment procedure?*  No  Yes, date: \_\_\_\_\_

(8) *What are the most current blood count (CBC) readings for:*

Date of last count: \_\_\_\_\_ White blood cells: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_ Platelets: \_\_\_\_\_

(9) *How frequent does the proposed insured visit his/her health care provider for checkups including blood counts?* \_\_\_\_\_

(10) *Does the proposed insured have an unusually high frequency of colds, flues, or pneumonia? If yes, describe:* \_\_\_\_\_

(11) *Does the proposed insured have any other medical conditions? If yes, please describe:*



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