

PARKINSONISM/PARKINSON'S DISEASE

Overview:

Parkinsonism is a syndrome characterized by a mask like (emotionless) face, tremor, rigidity, and slowness of movement. Known causes of parkinsonism include the use of antipsychotic drugs, abuse of certain designer drugs, certain cerebrovascular diseases, carbon monoxide poisoning, and increasingly rarely, encephalitis lethargica infection. There is no known cause for the most common form of the disease, known as *Parkinson's Disease*.

Parkinson's disease is a degenerative condition of the brain that occurs in about one in 200 people over age 60. It affects more men than women and is also observed more frequently in *non*-smokers than in smokers. Early indications for Parkinson's disease are a lack of facial expression in response to emotional stimuli, as well as a slight tremor in perhaps one hand or arm while at rest. As the disease progresses, the condition increasingly interferes with speech, walking, and eventually the performance of daily tasks. Mental ability tends to be unaltered until the latter stages of the disease when dementia can set in. Untreated, the disease often progresses from initial diagnosis to total incapacity over the course of 10 to 15 years; however, with today's modern drug therapies, the quality of life is much enhanced for individuals with Parkinson's Disease.

Impact on Life Underwriting:

Parkinson's Disease is typically an insurable condition. Any rating depends primarily on the age of onset, the rate of progression of the disease, the current state of the individual, and the individual's response to medical treatment.

Individuals who are older, with only minor symptoms, and who require little or no medical treatment can often be insured at standard rates of very low tables. Younger individuals with more moderate symptoms but who respond well to medical treatment are often insurable at low to moderate table ratings. Even moderate cases for individuals who do not tolerate currently available drug therapies (typically due to psychotic side effects some of these drugs have) can be insured. However, once the disease has progressed to the point of disability, especially if there is evidence of concurrent depression or the onset of dementia, individual coverage is typically not available, except perhaps on a simplified or guaranteed issue basis.

Please see the table below for an approximate underwriting indication. If you have a specific prospect in mind, please help us help you by providing us with the type of information asked on our Parkinson's Disease questionnaire. This information will help us negotiate your customer's specific circumstances with several impaired risk medical directors or underwriters, who, in turn, can provide us with some direction as to which carrier to apply with and what premiums we should expect.
SB 04/19/2001

Clinical State	Common Characteristics	Under age 50	Age 51 – 60	Age 61 +
Early <i>(Clinical State 1)</i>	Some localized tremors, currently stable condition, no or only minimal medical treatment that is successful.	Table 2 - 4	Table 2	Standard to Table 2
Mild <i>(Clinical State 2)</i>	Mild but widespread tremors; moderate rigidity; good response to treatment with one or more medications; some functional limitation but only very limited disability.	Table 4 - 6	Table 2 - 4	Table 2
Moderate <i>(Clinical State 3)</i>	Moderate tremor and rigidity. Unable to tolerate levodopa or other dopamine agonists for long but not dependent on other drugs and showing no intellectual deterioration.	Table 6 – 10	Table 4 – 8	Table 4
Severe	Individual is incapacitated; complete loss of independence; possible signs of dementia, depression.	Uninsurable	Uninsurable	Uninsurable



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PARKINSONISM/PARKINSON'S 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 first diagnosis:* _____

(2) *Describe current symptoms:* _____

(3) *Does the proposed insured take any medications or have any been taken in the past?* No Yes; please list in table:

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

(4) *Has any surgery been done?* No Yes; please describe: _____

(5) *Is the proposed insured independent (could live alone, without assistance)?* Yes No; list extent of the disability:

(6) *Is the proposed insured receiving disability payments due to inability to work full time?* No Yes; since (date): _____

(7) *Is the proposed insured participating in any kind of experimental treatment program?* No Yes; please describe: _____

(8) *Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:*



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