

Overview:

Polycystic Kidney Disease (PKD) is a serious inherited disorder in which there are numerous cysts in both kidneys. It is one of the most common inherited disorders with somewhere between 1 in 400 and 1 in 1,000 occurrences, depending on demographics. The son or daughter of a parent with PKD has a 50% chance of developing the disease him/herself. For those with the inherited gene, symptoms normally begin by age 35. An individual above that age without any cysts is almost certainly not a carrier of the gene and thus will not develop the disorder.

For individuals with PKD, the cysts increase in number and size until most of the normal kidney tissue is destroyed, leading to end stage renal disease requiring dialysis (regular artificial purification of the blood) or kidney transplant. Cysts may also occur in the liver, pancreas, spleen, ovaries and testes. PKD is also associated with abnormally high incidence of cardiovascular disorders, especially valvular diseases, which also lead to excess mortality variables.

If the disease becomes active, it normally does so in middle age. Symptoms include abdominal swelling, pain, blood in the urine, and frequent urinary tract infections. As the condition becomes more severe, blood pressure may become uncontrollable and renal failure may set in.

There is no effective cure for PKD. Kidney functions decrease and are eventually lost. The symptoms of renal failure are treated with dialysis (regular artificial purification of the blood) and eventually kidney transplant. Approximately 10% of all patients with end stage renal disease have the condition as a result of PKD.

For individuals with access to quality medical treatments, including dialysis and/or transplants, and where medical compliance is good, life expectancy is well into the 60s. Mortality and morbidity is increased where medical care and follow up is less than desirable or unavailable, and where uncontrolled high blood pressure, frequent bouts of kidney infection, or cardiovascular abnormalities have developed.

Impact on Life Underwriting:

An individual with symptomatic PKD may be insurable in the Table 6 to 8 range, provided blood pressure is under good control and kidney function tests are still normal. Once kidney functions become impaired, as evidenced by abnormal lab values, life insurance on a single life basis is not typically available.

Underwriting for PKD in young individuals is particularly challenging. A son or daughter with one parent with PKD has a 50% chance of developing the disease him/herself. At present, an individual over the age of 35 who is free from cysts is not likely to carry the gene for PKD. He or she may be issued at standard, or possibly even preferred rates.

Some individuals prefer not to be tested for the disorder as there is no cure. Underwriting will vary widely for such cases, ranging from standard if there is good medical follow up with completely normal kidney functions to ratings of Table 6 or 8 if the medical director is not completely certain that the disease will not develop in the near future. Age is a critical variable in underwriting such cases - the older the individual without testing and without symptoms, the better.

Underwriting for asymptomatic individuals younger than age 35 and without testing are the most challenging to underwrite as there is still a chance for the development of the disease. It is sometimes possible to obtain offers with a temporary flat extra of, say, \$5 per \$1,000 of death benefit until age 35, when it is assumed the condition has either materialized or is not likely going to develop. Underwriting offers are enhanced with good medical follow up showing understanding and concern for the development of the disease and likely treatment of any symptoms as soon as they develop.

Underwriting for PKD, especially for those under age 35 without PKD testing, varies widely from one insurer to the next, and from one insured to another. Please help us identify the most favorable situation for your proposed insured prior to submitting a formal application by completing our PKD questionnaire. Answers to some basic questions will help us negotiate for you and your client prior to formal application or exam. With those answers, we will then be able to direct your client to the most favorable carrier and provide reasonably accurate pre-underwriting premium estimates. SB 04/25/2001



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KIDNEY DISEASE—POLYCYSTIC KIDNEY 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) Has the proposed insured been diagnosed with PKD: Yes No

(2) If (1) is yes, please provide date of diagnosis: _____

(3) Please provide approximate dates and readings of known blood pressure measurements:

Approximate date(s):	Systolic/Diastolic reading(s):	Approximate date(s):	Systolic/Diastolic reading(s):

(4) Please advise of the following laboratory findings, if previously (and recently) done by your physician?

Laboratory findings of:	Date of most recent test:	Level of findings:	Normal reference range:
Protein in the urine (proteinuria):			
Blood in the urine (hematuria):			
Blood urea nitrogen (BUN) level:			
Creatinine level:			

(5) Does the proposed insured take any medications? If yes, please list:

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

(6) Is there any known history of cardiovascular impairment? Yes No If yes, please advise what has been diagnosed and when: _____

(7) Is there any known family history relating to kidney/cardiovascular disease? If yes, please describe:

	Age (if living)	Age (at death)	Cause of death, if deceased:	History of kidney disease?	History of heart disease or circulatory disorder?	History of stroke?
<i>Mother</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Father</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Sister(s)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Brother</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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