

Underwriting



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
"YES."

COPD is a term referring to a large group of lung diseases, which can interfere with normal breathing. Approximately 11% of the population has COPD, primarily either Chronic Bronchitis or Emphysema. Unfortunately, the incidence is increasing significantly.

Chronic Bronchitis

Most sufferers with chronic bronchitis do not develop obstruction (COPD). The 15% that do will eventually exhibit cyanosis (blue appearing lips and skin), swelling of the lower extremities, edema, and sometimes heart failure.

COPD

(Chronic Obstructive Pulmonary Disease)

Emphysema

A chronic lung disease that affects the air sacs (alveoli) and/or the ends of the breathing tubes. The lung loses its elasticity and can no longer effectively exchange stale air with fresh air. Breathing becomes difficult, and insufficient oxygen is delivered to the blood. Emphysema sufferers frequently exhibit shortness of breath.

Note: While some COPD sufferers have only chronic bronchitis or emphysema, most have some combination of both.

What Causes COPD?

While not fully understood, the most important cause is cigarette smoking. Air pollution and occupational exposures do contribute, especially in the presence of cigarette smoking. Heredity also plays an important role in some cases of emphysema.

What are the symptoms?

CHRONIC BRONCHITIS: Over time the lips and skin may appear blue (cyanosis), the lungs may sound abnormal, there may be swelling of the feet, and even heart failure.

EMPHYSEMA: Sufferers may eventually appear underweight and visibly short of breath. The chest may increase in size from front to back (barrel chest) and lung sounds may be diminished.

Diseases which may complicate cases of COPD

Cancer of the lung, heart disease, pneumonia, pneumothorax (collapsed lung), sleep disorders, pulmonary embolism (blood clot in the lungs).

To properly evaluate a client's insurability you must ask the following important questions:

Does the client currently smoke?

Any client with COPD, who continues to smoke, is considered to be an extremely poor underwriting risk. Clients who quit smoking may be able to stabilize their condition, will enjoy better health, and are much more likely to obtain a favorable underwriting outcome.

What medications is the client currently taking?

Mild emphysema usually does not require medication. Quit smoking is emphasized, together with pulmonary rehabilitation. Moderate emphysema is treated with inhalers and oral medications. Severe emphysema is treated with medication and frequently with supplemental oxygen.

Does the client have any functional limitations as a result of the emphysema?

Functional limitations for persons with emphysema include shortness of breath when climbing stairs or walking a short distance.

Does the client have a history of heart disease?

Many clients with pulmonary disorders also have heart problems. Mild, well-controlled hypertension, together with mild to moderate emphysema in a client who does not smoke is insurable. Angina, or myocardial infarction with moderate emphysema will almost certainly result in a decline.

Is the client involved in any kind of pulmonary rehabilitation or undergoing any lifestyle changes?

Lifestyle changes can have an enormous impact on underwriting outcome. These may include quitting smoking, or participation in an exercise program, especially swimming. It is important to document all such lifestyle changes that would indicate a decrease in the risk.

Underwriting Outlook

Most clients with mild to moderate chronic bronchitis or emphysema are insurable on some reasonable (frequently sub-standard) basis, providing that they are not still smoking cigarettes.

Severe emphysema sufferers (especially if still smoking and unbelievably, many still do smoke), who require supplemental oxygen are totally uninsurable.

Moderate emphysema sufferers who exhibit shortness of breath, or who cannot walk a short distance without difficulty are usually uninsurable.

Moderate emphysema sufferers with angina, myocardial infarction, or other serious heart diseases are almost certainly uninsurable.