

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.”

A thin layer of tissue called the Pericardium covers the outer surfaces of the heart. The Pericardium helps to anchor the heart in place, preventing excessive movement of the heart in the chest. It also protects the heart from infections and tumors that develop in, and may spread from adjacent tissues.

Inflammation of the tissues of the pericardium is called Pericarditis.

There are many possible causes of Pericarditis: infection, kidney failure, metastatic disease, occasionally medications, and radiation therapy. Pericarditis frequently causes an especially

Pericarditis

sharp chest pain that causes the patient to seek medical advice.

Young, otherwise healthy persons who develop Pericarditis often have had a recent viral infection. In other cases, no clear cause is ever determined. A case of Pericarditis without clear cause is called Idiopathic Pericarditis.

Patients who have had a heart attack sometimes develop Pericarditis within 2 to 5 days afterwards, or it may occur months later.

Kidney failure causes the buildup of toxins in the body and can lead to Pericarditis.

Cells from tumors located in other parts of the body may metastasize (spread) to the pericardium, leading to irritation and inflammation.

Radiation therapy to treat cancer can cause Pericarditis.

Tuberculosis, was once a relatively common cause of Pericarditis, fortunately TB today is rare.

Rheumatoid Arthritis and Lupus can both cause the immune system to become overactive, triggering an attack of Pericarditis.

Some medications can trigger an immune system response that causes Pericarditis, these include: anti-tuberculosis medication, some blood pressure and heart failure medications, penicillin, anti-arrhythmia medications, and seizure medications.

Several things that cause Pericarditis also cause fluid to accumulate between the pericardium and the heart (Pericardial Effusion). If enough fluid builds up quickly enough it can compress the heart's chambers. This sometimes leads to shortness of breath (Dyspnea). Dyspnea is of great concern because if the amount of fluid builds to a critical level, urgent medical intervention becomes essential.

Pericarditis, as you can see, is usually not a terribly serious condition. In fact, Idiopathic Pericarditis, after a reasonable recovery period may be relatively unimportant from an underwriting perspective.

Unfortunately, the underlying cause of the Pericarditis is frequently very serious indeed, and can all too frequently

make it difficult for your client to obtain Life Insurance.

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

Does the client currently smoke?

Smoking is a major risk factor for heart disease and one that can have a dramatic impact on life expectancy. The good news is that smokers who quit following a heart attack have better survival rates and are more likely to be looked upon favorably by the underwriter. The bad news is that those that do not quit smoking are likely to be heavily rated if not declined, if only for reasons of insanity.

Did the client ever have a heart attack?

Pericarditis is experienced fairly frequently following a heart attack. It is therefore important to evaluate the underlying cardiac condition.

Any indication of kidney disease?

Kidney disease is a common cause of Pericarditis, and may be far more serious than the Pericarditis.

Has the doctor diagnosed the cause of the Pericarditis?

In addition to cardiac and kidney problems, the Pericarditis may have been caused by tuberculosis, lupus, cancer, rheumatoid arthritis, or radiation therapy. All are quite serious, and each presents it's own underwriting challenges.

Has the client had any chest pain or other heart symptoms since the Pericarditis?

Chest pain or other cardiac related symptoms such as irregular heart rhythm, shortness of breath, circulatory discomfort, weakness, etc. are all significant indicators of potentially increased mortality. Clients who continue to experience chest pain or other cardiac related symptoms may be severely sub-standard or totally uninsurable.

What medications is the client currently taking?

A complete inventory of the medications being taken, with dosages is extremely helpful to the underwriter in evaluating your case and obtaining the best possible offer for your client.