Heart Failure

eart Failure, or Congestive Heart Failure is a serious condition where your heart cannot pump sufficient blood for the body's requirements.

Chronic (Ongoing) Heart Failure Symptoms:

- Shortness of breath, fatigue, weakness.
- Swelling (edema) in the legs, ankles and feet.
- Rapid or irregular heartbeat.
- Reduced ability to exercise.
- Swelling of the abdomen.
- Sudden weight gain from fluid retention.
- · Lack of appetite, nausea, difficulty concentrating.



- Symptoms similar to Chronic Heart Failure, but more severe, sudden, and worsen quickly.
- Sudden fluid buildup. (edema)
- Rapid or irregular heartbeat.
- Sudden, severe shortness of breath.
- Chest pain (If heart failure is caused by a heart attack)

Heart failure often develops after the heart has been damaged by other conditions that may include:

- Coronary Artery Disease and heart Attack.
- · High blood pressure.
- Defective heart valves.
- Damage to heart muscles (Cardiomyopathy).
- Inflammation of the heart muscle (Myocarditis).
- · Congenital heart defects.
- Arrhythmia.
- Diabetes, emphysema, lupus, severe anemia.
- Viruses, severe infections, even allergic reactions.

Complications of Heart Failure can include:

- Kidney damage or failure, as well as Liver damage.
- Heart valve damage.
- · Heart Attack or Stroke.

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



By Donald V. Victorson, CLU

Does the client currently smoke?

Clients who have experienced heart failure and continue to smoke are probably severely sub-standard, if not uninsurable. Smoking is a major risk factor for heart disease and one that can have a major impact on life expectancy. The good news is that clients who have quit smoking have much better survival rates and accordingly can expect a more favorable offer for life insurance.

When did the Heart Failure occur?

Clients without complications or severe underlying conditions may be insurable on a sub-standard basis as early as 6 months afterwards depending upon underlying disease.

Did the client have a heart attack prior to the Heart Failure?

It is important to know if the client has ever had a heart attack. Those who have had a heart attack, and who have sustained some form of damage to the heart muscle are likely to receive much higher offers for sub-standard life insurance than those who have never had a heart attack.

Has the client experienced any chest pain since the Heart Failure?

Chest pain indicates a possible heart attack. Clients who continue to experience chest pain are probably uninsurable.

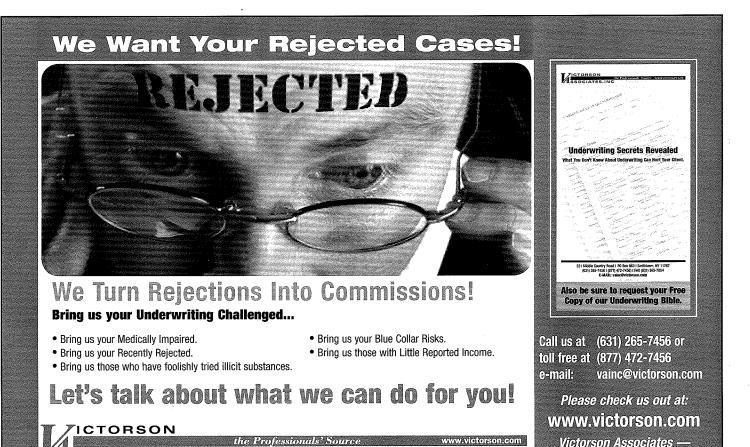
Has the client had any follow up cardiac tests?

Follow-up cardiac tests including Treadmill EKG, Thallium Treadmill, Stress-Echo Treadmill provide objective evidence of the extent of heart damage sustained. A basic resting EKG is of limited usefulness. Any follow-up cardiac testing that is abnormal will likely result in the client being highly rated or declined for insurance. Favorable results will usually be helpful in obtaining a much more affordable offer.

What medications is the client currently taking?

Uncomplicated Heart Failure is usually managed with minimal medication such as aspirin. Complicated cases require stronger medications including Lanoxin, Imdur, Isordil or Nitroglycerin. The medication and the dosage being taken are very important in determining the insurability of the client as well as helping to determine the sub-standard offer that may be possible.

Is the client currently involved in any Cardiac Rehabilitation Program, has he quit Smoking, began an Exercise program, changed Diet, Etc.?



Lifestyle changes can have an enormous impact on underwriting outcome. There are medical studies that verify that mortality outcome is greatly improved with positive lifestyle changes such as Quit Smoking, or beginning an Exercise Program. It is very important that you document all lifestyle changes that would indicate a decrease in any cardiac risk factors.

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Clients with a history of Heart Failure while not eligible for Preferred Non-Smoker, or rarely even for Standard Non-Smoker are usually insurable at ratings as moderate as tables 2 to 6. Those who have experienced prior heart attacks, or have had multiple blockages will usually be more severely sub-standard. Lack of change in lifestyle

can only increase the likelihood of a high rating.

The Sub-Standard Specialists

A diagnosis of Heart Failure is neither a death sentence, nor is it an indication that your client is uninsurable. It does tell you that he may possibly be uninsurable, and certainly that the case will likely be significantly sub-standard.

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