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."

Underwriting

Multiple Sclerosis (MS)

What is Multiple Sclerosis?

Chronic neurological disease characterized by degeneration or loss of myelin in the brain and spinal cord.

Common symptoms of MS are muscle weakness, difficulty walking, standing, climbing stairs, bathing, dressing, eating, problems with bowel function, difficulty with swallowing and respiration.

Begins in young adulthood (ages 20-40). More common in woman and in cool climates. One-third have mild disorders, one-third worsen gradually, one-third degenerate rapidly.

Signs and Symptoms

Characterized by remissions and exacerbations.

Early Stages:

Onset is usually gradual. Vague eye problems. Weakness, difficulty with walking or balance. Numbness and tingling. Apathy.

Late Stages:

Marked weakness, loss of muscle function, sensory loss. Difficulty speaking. Loss of bladder or bowel control. Extreme mood swings. Sexual impotence in men.

Multiple Sclerosis is extremely difficult to diagnose. Testing may include MRI, CAT scan, laboratory study of blood and spinal fluid.

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

When was the client diagnosed with Multiple Sclerosis?

MS is classified according to the pattern of the disease activity. The longer a client has had MS, the more likely that he will evolve from acute episodes followed by remission, followed by progressively more severe acute episodes. About 10% experience steady progressive worsening with little or no remission. It is important to document when the diagnosis was

first confirmed.

What has been the pattern of the MS since initial diagnosis?

Clients may have flares followed by remission without worsening. Others exhibit progressively increasing severity of the flares. It is important to determine the exact pattern of the client's disease to determine his degree of clinical stability. Does the client have any functional impairment from MS?

Up to 50% are disabled within 10 years. Less than 2/3 can walk after 30 years. Clients who are wheelchair bound are usually uninsurable.

What medications is the client currently taking?

Medication can limit the flares and slow down the progress of the disease. These include steroids, Cortisone, and muscle relaxants. It is important to document the exact medications the client is taking.

UNDERWRITING PROGNOSIS

MILD CASES WITH LITTLE OR NO DIFFICUL-TY WITH ACTIVITIES OF DAILY LIVING.

Moderate rating. The longer the remission the better the offer will be. Probably standard after 10 years. Moderate cases with some muscle weakness, difficulty walking, moderate difficulty with activities of daily living.

Where disease is either stable or progressing slowly a rated offer can usually be obtained.

SEVERE CASES OR WHERE THE DISEASE IS PROGRESSING RAPIDLY.

These cases will always be declined.

SPECIAL NOTE:

While it is likely that you will be able to obtain a Sub-Standard Rated Offer for Life Insurance for most of your mild to moderate MS cases, for Long Term Care, even a suspected diagnosis of MS will likely result in declination.