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Underwriting

STROKE

(CVA; Cerebrovascular Disease; Cerebrovascular Accident)

Definition:

A group of brain disorders involving loss of brain function that occurs when the blood supply to any part of the brain is disrupted.

The brain requires about 20% of the circulation of blood in the body. The two carotid arteries in the neck supply most of the blood supply to the brain. Even a brief disruption in the blood flow can cause severe decreases in brain function. The symptoms vary with the area of the brain affected and include: changes in vision, speech, decreased movement or sensation in parts of the body or changes in level of consciousness. If the blood flow is interrupted for longer than a few seconds, brain cells in the affected area die, causing permanent damage to that area of the brain or even death.

Symptoms: Recognized Warnings

- *Changes in Vision:* Double vision, temporary loss of sight.
- *Headaches*
- *Sudden weakness or numbness in face, arm or leg*
- *Speech changes:* Temporary loss of speech or difficulty speaking and/or understanding speech.
- *Dizziness:* Temporary dizziness or loss of balance.
- *Personality changes:* Deviation from normal attitude.

In order to evaluate the prospect's insurability it is necessary for you to ask the following important questions:

When was the last stroke?

Generally, most underwriters feel they must wait at least 6 to 12 months following a stroke before they can consider making an offer. The exact date of the last stroke is the starting point for risk evaluation.

Has the client had more than one stroke?

A single episode of stroke is much less serious than multiple episodes of strokes. Multiple strokes indicate a poor medical outcome.

What kind of permanent damage has the client sustained from the stroke?

The severity of a stroke can range from

mild to fatal. Most strokes leave some form of permanent damage. It is important to document the exact nature of the damage that the stroke has done such as: paralysis of an arm or leg, changes in ability to walk or talk.

Does the client smoke or have any history of either diabetes or hypertension?

The major risk factors for strokes are a history of smoking, diabetes (whether insulin dependent or not), or hypertension. It is important to know if these risk factors are present. Poorly controlled diabetes or hypertension combined with smoking in clients who have had a stroke generally means that the client is uninsurable on any basis.

Is there a history of either Cardiac Arrhythmia or Heart Valve Disease?

Irregular heart beat, or disease of the heart valves can create clotting events that lead to strokes. It is important to know if these risk factors are present in the client's medical history. Cardiac arrhythmia or heart valve disease combined with a history of a stroke will likely render the client uninsurable.

What current medications is the client taking?

Anti-coagulants such as aspirin, Persantine or Coumadin are usually prescribed following an episode of stroke.

Has there been any reoccurrence of any of the symptoms that occurred at the time of the last stroke?

Strokes are by definition neurological changes that last beyond 24-hours. It is important to clarify if any of these symptoms have reoccurred since the last stroke.

Reoccurrence of symptoms indicates clinical instability and generally makes the client uninsurable on any basis.

Underwriting Prognosis

Clients who have suffered a single episode of stroke with minimal residuals are generally found to be insurable on some basis.

Those who have had multiple episodes, or who are still experiencing residual effects will frequently be uninsurable on any basis.

GUARANTEED ISSUE LIFE INSURANCE will frequently be the only option in these cases.

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."