

Congenital Heart Defects

According to the March of Dimes, 25,000 babies are born with congenital heart defects, making this by far the number one birth defect in this country today.

In some cases the defect is so minor that there are no outward symptoms. Some are heart murmurs that will resolve on their own. In other cases it is so severe that the newborn will not survive. Sometimes symptoms will only occur later in childhood. In some cases multiple surgeries will become necessary, as well as a lifetime of medication. In a few cases the only hope lies in a heart transplant.



By Donald V. Victorson, CLU

After becoming even slightly familiar with some of these many congenital heart defects you have to wonder how any of us managed to survive the trauma of birth.

In order to evaluate the insurability of a Child or an Adult with a History of a Congenital Heart Defect it is essential that you ask the following important questions:

Does the Client Currently Smoke?

Smoking is considered to be a major risk factor for every kind of cardiac disease. It has a dramatic impact on life expectancy. While it is best to never have smoked, even those who did smoke, and who have quit smoking enjoy a much better survival rate than those who continue to smoke.

When Was the Congenital Heart Defect Diagnosed, and Has Any Surgery Been Performed or Recommended?

In the event that the Congenital Heart Defect was serious enough to require surgical repair, or multiple surgeries you may have encountered an extremely difficult case where insurance if it is available at all, may only be available on a significantly sub-standard basis.

What Current Medications is the Client Taking?

Be sure to detail ALL prescription medications being taken, why prescribed, and dosages.

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Some of the common types of Congenital Heart Defects include:

- Aortic Stenosis
- Atrial Septal Defect
- Atrioventricular Canal Defect
- Bicuspid Aortic Valve
- Coarctation of the Aorta
- Congenital Heart Block
- Coronary Artery Anomolys
- Dextrocardia
- DiGeorge Syndrome
- Double Aortic Arch
- Double Outlet Right Ventricle
- Eisenmenger's Syndrome
- Endocardial Fibrelastosis
- Holt-Oram Syndrome
- Hypertrophic Cardiomyopathy
- Hypoplastic Left Heart Syndrome
- Interrupted Aortic Arch
- Kawasaki Disease
- Left Ventricular Outflow Tract Obstruction
- Long QT Syndrome
- Marfan Syndrome
- Mitral Valve Prolapse
- Noonan Syndrome
- Partially Anomalous Pulmonary Venous Return
- Patent Ductus Arterious Einstein's Anomoly
- Pulmonary Atresia
- Pulmonary Stenosis
- Right Ventricular Outflow Tract Obstruction
- Single Ventricle
- Tetralogy of Fallot
- Transposition of the Great Arteries or Vessels
- Tricuspid Atresia
- Truncus Arteriosis
- Ventricular Septal Defect
- Williams Syndrome

UNDERWRITING

Has the Client Any Other Cardiac or Non Cardiac Health Problems?

Mortality is severely and negatively impacted where there is also a history of Rheumatic Fever, Arrhythmia, Heart Enlargement, High Blood Pressure, Angina, or Decreased Heart function. Likewise, a history of Kidney Disease, or Diabetes for example will adversely impact the likelihood of receiving a favorable underwriting offer.

Underwriting Prognosis

Congenital Heart Defects can in many cases be issued Standard, providing that they have been properly diagnosed and the person has either outgrown the condition, or has had successful surgery.

Unfortunately, in many cases the Congenital Heart Defect is more serious, or may be life-threatening. In far too many cases, the child or adult may face a lifetime of medical care and repeated surgical intervention. These cases will be extremely difficult to underwrite and insurance may not be readily available, or if it is available it will be available only at significantly sub-standard rates.

You can be extremely helpful to your client with any kind of Congenital Heart Defect by encouraging them to see a competent cardiologist for a complete workup, including Echocardiogram BEFORE applying for life insurance. ♦

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".

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