

Underwriting

Leukemia



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."

Leukemia is a cancer that starts in the bone marrow and the lymph system where blood is manufactured. When abnormal, immature white blood cells are produced, production of normal cells, and the ability to fight infection decreases.

Some of the symptoms of the disease are: Chronic fatigue, fever of unknown origin, weight loss, frequent infections, headaches, skin rash, enlarged lymph nodes, enlarged spleen, and blood in the urine or stool. Not everyone will exhibit all of these symptoms. Blood and bone marrow tests are used to establish a diagnosis of leukemia.

Acute Lymphocytic Leukemia (ALL) is the most common type of leukemia in children. The progress of the disease is very rapid.

Acute Myeloid Leukemia (AML) affects mostly adults. The progress of the disease is also very rapid.

Before modern treatment became available, most people diagnosed with acute leukemia died within a few months. Today with chemotherapy, radiation, and sometimes bone marrow transplantation, most can be brought into remission. Thereafter, the aim of treatment is to kill any remaining leukemic cells and extend the period of remission as long as possible.

Chronic Lymphocytic Leukemia (CLL) is mostly found in people over age 60, and it affects more men than women. Depending upon the Stage and Type of CLL, many may survive with CLL for many years.

Chronic Myelocytic Leukemia (CML) is found in people of all ages, but is uncommon in very young children. Treatment does not usually cure the disease, only slows its inevitable progress.

Chronic Leukemia progresses very slowly. Initially there may be no symptoms at all. Later symptoms may include: enlarged lymph glands, fatigue, loss of appetite, weight loss, shortness of breath, and an enlarged spleen.

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

When was the Leukemia first diagnosed?

The exact date of diagnosis is extremely important in the risk assessment process.

What is the type of Leukemia?

ALL, AML, CLL, CMA. It is extremely important in the risk evaluation process that you establish which type of leukemia.

What kind of treatment was performed and when did it end?

Chemotherapy, radiation, and bone marrow transplants are all utilized in the never-ending fight against leukemia. The more aggressive the treatment, the poorer the prognosis. It is very important that you try to determine exactly what treatment was performed, and for how long. Exactly what medications were utilized, and for how long. Most important: How long has it been since treatment was no longer needed?

What medication is the client currently taking?

If the leukemia is truly in remission, ongoing chemotherapy is not normally indicated. Continuation of medication is not a good indication.

Have there been any relapses?

One or more serious relapses suggest that the disease is not truly in remission, it may only be pausing in its inevitable course.

Any other medical problems?

This is a question you should always get into the habit of asking.

UNDERWRITING PROGNOSIS

Chronic Lymphocytic Leukemia (CLL) in applicants over age 50, who are in the early stages of Leukemia are frequently insurable at moderate, affordable ratings. Generally, most others will be considered only after five (5) years in complete remission.

Do not however, overlook the availability of special underwriting programs including Simplified Issue and Guaranteed Issue.