

# UNDERWRITING

**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."

## Coronary Angioplasty

**M**ore premature deaths are caused by coronary artery disease than by any other disease process in North America. Coronary artery disease is the narrowing or obstruction of the vessels that supply blood and oxygen to the heart. This narrowing is caused by fatty deposits (plaque) on the walls of the arteries.

These fatty deposits gradually build up and can cause a significant reduction of blood and oxygen flow to the heart.

In cases where the blockage is extremely severe, Angioplasty may not be possible, and the surgeon may have no recourse except by-pass surgery. By-pass surgery is much more invasive than Angioplasty. The recovery period is longer, and the mortality risk higher. Angioplasty is therefore preferable where possible.

In performing an angioplasty procedure the surgeon will insert an angioplasty catheter (balloon tipped) into the groin or arm area. It is then advanced to the heart area using x-ray to guide it. The balloon is then inflated at the point of the blockage.

No invasive procedure occurs without a certain amount of risk and potential complications, including the possibility of a heart attack during or following the procedure, or a blood clot in the artery into which the catheter has been inserted.

During angioplasty it is standard procedure to have a surgical team on standby in case it becomes necessary to open the chest for coronary by-pass surgery.

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

### **Does the client currently smoke?**

Clients who have had coronary angioplasty 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 had coronary angioplasty and quit smoking have

much better survival rates and accordingly can expect a more favorable offer for life insurance.

### **When did the coronary angioplasty occur?**

Clients without complications may be insurable on a sub-standard basis as early as six months after the procedure.

Within the 6 to 12 months following angioplasty failure (reclosing of the opened coronary artery will occur in 25%-40% of patients), necessitating either a repeat angioplasty (usually with the insertion of a stent) or coronary by-pass surgery.

### **How many blockages were opened via angioplasty?**

It is imperative to know whether the underlying coronary disease involves one or more arteries. There is a significant difference in sub-standard offers between single artery coronary disease and multiple artery coronary disease.

### **Did the client have a heart attack prior to the angioplasty?**

It is important to know if the client had a heart attack prior to having the angioplasty procedure. 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. BOTH ARE LIKELY TO BE INSURABLE.

### **Has the client had any chest pain since the coronary angioplasty procedure?**

Any reoccurrence of chest pain indicates a return of the original problem. Clients who experience chest pain post-angioplasty, regardless of the time since the procedure, are probably uninsurable.

### **Has the client had any follow-up cardiac tests since the coronary angioplasty procedure?**

Follow-up cardiac tests including Treadmill EKG, Thallium Treadmill, Stress-Echo Treadmill provide objective evidence that the coronary angioplasty was successful. 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.



by Donald Victorson, CLU

Favorable results will usually be helpful in obtaining a much more affordable offer.

### **What medications is the client currently taking?**

An uncomplicated angioplasty 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 and 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 include a decrease in any cardiac risk factors.

### **Underwriting Prognosis**

Clients with a history of Coronary Artery Disease treated successfully with Angioplasty, while not eligible for Preferred Non-Smoker, or 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 or rejection.