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UNDERWRITING CONSIDERATIONS - MEDICAL AND NON-MEDICAL

This will help you to understand how a number of medical and non-medical areas impact the underwriting process. It will help you understand what the underwriting issues are in each case and what information you must obtain from your clients to help Underwriting assess the situation quickly and effectively. This will help speed up the issue process to the benefit of all parties.

The following medical and non-medical topics reviewed are:

1. Alcohol Usage
2. Back Problems
3. Circulatory System
4. Diabetes
5. Driving
6. Drug Usage
7. Liver Disorders, Hepatitis
8. Psychiatric Disorders

Each topic covers the following points:

- What are the problems/concerns
- What you need to ask the client
- What Underwriting will do
- Rating the condition
- Issuing the Temporary Insurance Agreement and Accepting Cash

ALCOHOL USAGE

WHAT IS IT?

Excessive alcohol usage can lead to liver damage, chronic stomach problems and problems related to malnutrition. As well, it is associated with violent causes of death such as suicide, homicide and accidents. A person who is physically or psychologically dependant on alcohol may lose their job because of their dependence on alcohol. This may lead to social problems and may also affect the person's relationships with family and friends. A client does not need to be diagnosed as an alcoholic for alcohol to affect his/her health.

WHAT DO YOU NEED TO ASK THE CLIENT?

If you know that the client is a recovering alcoholic or if you suspect that alcohol has ever caused or has been part of a problem, please complete an alcohol usage questionnaire and include details on past and present usage. As alcoholism or excessive alcohol use is often a chronic relapsing disorder, please be sure to give exact amounts, number of years of consumption and dates including any recurrences as well as names & dates of doctors, hospitals and rehab centres. Clients who are recovering alcoholics and are members of AA are usually very co-operative in giving detailed information. Please try to give an accurate amount of consumption as "social drinking" can mean different things to different people. The total picture of a client's environment is very important to our assessment. Therefore, please try to give as much information as possible regarding family life, activities, work history, associations etc.

WHAT WILL THE UNDERWRITER DO?

Mild or moderate social usage of alcohol will usually be disregarded unless the underwriter has other concerns such as impaired driving charges, drug usage or frequent occupational changes. If the client is a recovering alcoholic or if the underwriter has indications that the client's usage could be excessive, we may ask for a full blood profile to be done or may ask for an APS or both. The blood profile could indicate possible liver damage and an attending physician may have blood test results as well as a more rounded impression of the client. In some cases, an inspection report can be helpful in completing the total picture.

WILL IT BE RATED?

If the client is a recovering alcoholic and has been dry for approximately 5 years, we could consider standard rates. However, for life and CI coverage, we would have to wait 2 years after quitting before we could consider on a rated basis. For LTC coverage, we will consider after 3 years of sobriety. If the client has had any relapses but is no longer drinking, our rating may be a bit higher, depending on the time passed since last drink. Even if the client has been dry for over 5 years, our decision will depend on any evidence of physical damage (such as liver damage).

If the client had been diagnosed as an alcoholic in the past but is currently drinking, we will not be able to consider.

CAN I ISSUE THE TIA AND ACCEPT $$?

We do not recommend accepting $$ if there may be a rating. However, if all other factors such as driving are positive, money can be accepted at the representative's own judgement.

BACK PROBLEMS

WHAT IS IT?

A large number of back problems we encounter are due to a past or present injury and there is an almost endless number of disorders we may be concerned with. They include arthritis, sciatica, mechanical abnormalities such as slipping and ruptured disks, deformities such as scoliosis and the most common of all - sprains and strains. Although most back complaints do not affect a client's life expectancy, they may significantly increase the likelihood of disability. Approximately 80% of total disability claims are due to back problems.

WHAT DO YOU NEED TO ASK THE CLIENT?

When did the problems first appear? Are they due to an injury or a congenital abnormality? What has the course of treatment been? When was the last treatment (medicine, physio or chiropractor etc.)? Has he/she ever required any time off work (if so, when and for how long)?
Even though a client may not be disabled at this time, if he/she has a chronic problem (one that doesn't go away or that tends to recur), the chances of future disability may be greater than if the problem was a one-time occurrence with no problems afterwards.

WHAT WILL THE UNDERWRITER DO?

If we are dealing with an injury and no WP is applied for with life coverage, we may ask for clarification of missing details but will be less concerned because we are not underwriting for disability. If WP is being applied for, we may want to obtain an APS to establish the severity of the injury and to see if the doctor is able to make a prognosis about the patient's status in future.
If the client has a congenital defect or if the complaints are chronic, we may want to obtain an APS to establish if there are any related congenital abnormalities such as heart or lung defects. However, in a lot of instances, a firm diagnosis is hard to ascertain because x-rays will often not show any changes if the back problems are due to a cause other than skeletal (bones).

In certain instances, we are concerned about related conditions. Patients in severe pain may also be depressed as a result, may be dependant on heavy narcotic painkillers or may be treated aggressively with steroids or other therapy. A client's occupation, stress factors and build may also be taken into consideration.

Someone who is self-employed or working at a desk job is more likely to be able to return to work quicker than someone who performs manual labour. The same with a person who is already stressed (they may be less likely to return to work) or a person who is overweight (their recovery time may be increased due to a lower level of fitness).

Remember: A good, detailed description of the problem on the application will often allow us to make a decision without further evidence.

WILL IT BE RATED?

If the likelihood of disability is significantly increased, we may have to decline the WP on life coverage. However, if no congenital defects or medical concerns are present, we are usually able to issue the basic coverage at standard rates. If we are dealing with a more complex problem, the rating would be tailored to the complications arising from the back problems or the actual "side effects" (depression, treatments). Reconsiderations are more common when we are dealing with a recent injury but will be rare in cases of congenital abnormalities or for chronic problems. If we believe that we could review in future, we will advise you of a time frame at the time of our decision.
For disability coverage, exclusions are used frequently to offset morbidity concerns.

CAN I ISSUE THE TIA AND ACCEPT $$?

Yes, unless you are aware of related complications.

CIRCULATORY SYSTEM

The circulatory system includes the heart, veins, arteries and blood. This is a very complex system and all sorts of problems can occur. Heart problems can range from valves that aren't working properly to irregular heartbeats; from coronary artery disease to congenital deformities of the heart. When you consider veins and arteries, you come across hypertension (high blood pressure) and peripheral vascular disease (problems with blood vessels away from the heart - such as in the legs). The list goes on... We are only going to address the most common problems below. This should give you a brief introduction to the most common circulatory and cardiovascular problems we encounter.

HEART MURMUR

WHAT IS IT?

Murmurs are sounds made by the flow of blood through a valve of the heart. Usually, a murmur is described using a number of criteria including location, type (systolic or diastolic) and grade (1 is the softest and 6 is the loudest). Most murmurs that we come across are not significant and are known as innocent murmurs. Mitral valve prolapse is a common example of an innocent murmur that is usually not significant. It is not uncommon for children to have murmurs that disappear in adulthood. However, some murmurs are not so innocent and can indicate a serious problem with a heart valve, as when a valve is not opening or closing efficiently, which can in turn put extra strain in the heart muscle. An echocardiogram is a test (like an ultrasound) that lets you see inside the chambers of the heart and see what the valves are doing.

WHAT DO YOU NEED TO ASK THE CLIENT?

Try to find out when the murmur was first diagnosed and when it was last noticed by a doctor. Then see if they have had any tests done (such as an echocardiogram) or have been referred to any specialists.

WHAT WILL THE UNDERWRITER DO?

Not all murmurs prompt an APS. By providing as much information as possible, you help the underwriter to decide if an APS is necessary. Sometimes, if it is difficult to obtain an APS or if their current doctor has not listened to their heart, a medical exam may be required.

WILL IT BE RATED?

Most heart murmurs are not rated. However, if the murmur is indicative of a significant problem, a rating could be applied.

CAN I ACCEPT MONEY?

Money can be accepted on any individual with a heart murmur provided that no treatment has been received and there has been no indication of any heart problems.

CHEST PAIN

WHAT IS IT?

The first thing we think of is a heart attack. This could be the reason for the chest pain or it could be something else such as indigestion or a musculoskeletal pain. This is why, when a person goes to the hospital or sees his doctor with chest pain, tests are done to determine if the pain is caused by his heart or not. Angina is a term used to describe chest pain caused by the heart but not representing an actual heart attack. It is not as serious as a heart attack but signifies a possibility of a heart attack occurring. People with angina are often on medication (such as nitroglycerine).

WHAT DO YOU NEED TO ASK THE CLIENT?

It is important to find out the following info:

- Date(s) of chest pain?
- What tests were done? Results?
- Any specialists consulted? If so, when? Results?
- Any medication required?

WHAT WILL THE UNDERWRITER DO?

Based on the above-mentioned information, the client's age, family history, and other risk factors, the underwriter will determine if an APS is required. If someone appears to be at risk for heart disease, we cannot assume that the chest pain is unrelated to his heart.

WILL IT BE RATED?

If the chest pain is clearly unrelated to any heart problem, no rating would be applied. If however, the chest pain represented a heart attack or angina, this would likely result in a rating or even a decline.

CAN I ACCEPT MONEY?

The temporary insurance guidelines indicate that money may not be accepted on an application if the client has ever been treated for chest pain. However, if you are certain that the chest pain is not related to the applicant's heart, contact your underwriter to discuss the possibility of making an exception on that case.

HYPERTENSION (a.k.a. high blood pressure)

WHAT IS IT?

Blood pressure is a measure of the mechanical efficiency of the heart and arteries. High blood pressure may occur all by itself or it may be secondary to renal disease. Long-standing untreated hypertension can cause serious damage to the cardiovascular, cerebrovascular and renal (kidney) systems. It is usually treated by weight reduction, salt restriction and/or medication. Think of a pipe containing water under pressure. Just as the pressure can cause a “leak” — a blood vessel can break, leading to a stroke.

WHAT DO YOU NEED TO ASK THE CLIENT?

Find out when the hypertension was diagnosed, what medication (if any) they are taking, how often they see their doctor for monitoring, and when they last had their blood pressure taken.

WHAT WILL THE UNDERWRITER DO?

A paramedical is required in all cases where there is a history of high blood pressure. The underwriter will usually request an APS from the doctor who is treating the hypertension. This should provide a series of blood pressure readings that will indicate how well controlled the blood pressure has been over a period of time.

WILL IT BE RATED?

Well-controlled hypertension is not rated. However, a rating may apply if the blood pressure is not well controlled - particularly if there is poor compliance on the client's part with respect to treatment. Sometimes, high blood pressure is discovered on a paramedical exam and the client was previously unaware of this condition. In these cases, we will usually provide a rating and consider reducing it when they have received treatment and have achieved good control. Occasionally, these must be postponed until the client has seen a doctor for a thorough assessment.

CAN I ACCEPT MONEY?

Because of the complications that can arise on these cases, please be cautious when determining if money should be collected. When in doubt, call your underwriter.

CORONARY ARTERY BYPASS GRAFTING (CABG - sometimes pronounced "cabbage")

WHAT IS IT?

This is a surgical procedure whereby blocked portions of arteries are bypassed by a new portion of vein. Think of it like traffic. The blood is directed along an alternate route to avoid congestion in one spot. Depending on the number of blockages (stenosis), it could be a double-, triple-, or quadruple-bypass.

WHAT DO YOU NEED TO ASK THE CLIENT?

- Date of surgery?
- Any medication?
- Any chest pain since surgery?
- Name and address of cardiologist and date last seen?
- What tests were done? Dates? Results? Who has the results?

WHAT WILL THE UNDERWRITER DO?

An APS is absolutely essential. That is why it is so important that you find out which doctor will have all the details regarding the surgery as well as the results of pre- and post-operative testing. There are a number of tests available to doctors that help them determine how well the heart is functioning, what (if any) permanent damage is present, and how much blockage is present in various arteries. A description of these tests will follow later. However, it is important for the underwriter to have the results of any of these tests done in order to properly assess the applicant and provide the best rating.

WILL IT BE RATED?

Yes. We would have to wait at least 6 -12 months after surgery before considering life coverage at all. After that, a rating would apply. The rating depends on a number of factors including the age of the applicant, number of vessels bypassed, results of recent ECG and other test results, any additional coronary risk factors (such as poor family history, high cholesterol, obesity, etc.) and any other impairments.

CI coverage cannot be offered to these clients.

CAN I ACCEPT MONEY?

No. Do not accept an initial premium or issue the temporary insurance receipt on any case where the applicant has had heart surgery of any kind.

MYOCARDIAL INFARCTION (a.k.a. MI or HEART ATTACK)

WHAT IS IT?

It's an impairment of the heart muscle due to obstruction or failure of the blood flow through the coronary arteries. Because of this, oxygen cannot get to the heart and heart tissue becomes damaged. Smokers and people with high cholesterol are at an increased risk as both narrow the blood vessels and make it more likely for an obstruction or blockage to occur.

WHAT DO YOU NEED TO ASK THE CLIENT?

- Date of heart attack?
- Surgery or no surgery? i.e.: Bypass surgery (CABG) or Angioplasty (PTCA)
- Subsequent treatment?
- Symptoms after attack?
- Date of last consults with both family physician and cardiologist including dates of last ECG and stress test?

WHAT WILL THE UNDERWRITER DO?

An APS is essential in all cases. Therefore it is very important that you indicate the date of last doctor's visit as well as you let us know if the family physician would have all results of the client's consults with the cardiologist. The more detailed information we can obtain from the doctor(s), the better we will be able to assess.

WILL IT BE RATED?

Yes. We can begin to consider life coverage 6 - 12 months after the MI. The rating will depend on the severity of damage to the heart, symptoms after the attack as well as other coronary risk factors such as family history, smoking, high cholesterol, build etc.
CI coverage cannot be offered to these clients.

CAN I ISSUE THE TIA AND ACCEPT $$?

No. Because of the possibility of a second heart attack & because it can happen very unexpectedly, no money can be accepted.

THROMBOSIS / PHLEBITIS

WHAT IS IT?

These conditions affect the blood flow in the veins (most likely legs). They can occur as a result of an injury, surgical operation or infection and can also be related to obesity and smoking. If left untreated, they can lead to a stroke, heart attack or amputation.

WHAT DO YOU NEED TO ASK THE CLIENT?

- Date(s)?
- Cause, if known?
- Treatment given?
- Current status?
- Specialists consulted? If so, when?

WHAT WILL THE UNDERWRITER DO?

Based on the completed non-medical, we will determine if an APS is required. The condition may simply be varicose veins that were stripped or may be an indication of a more severe problem.

WILL IT BE RATED?

If the client had one single episode some time ago with full recovery and no residuals, we may consider at standard rates. However, these conditions are often due to an underlying problem and we may have to rate or decline for this.

CAN I ISSUE THE TIA AND ACCEPT $$?

Most cases have extensive additional information to be considered and money should not be accepted. For exceptions, call your underwriter.

STROKE (a.k.a. Cerebrovascular accident CVA or Transient Ischemic Attack TIA)

WHAT IS IT?

It may be defined as a brain disorder due to an abnormality in one or more of the blood vessels that supply the brain. This can mean an infarction due to a blood clot, bleeding from a vessel due to high blood pressure, tumour, infection etc. or narrowing of the vessels that restricts the blood flow to the brain. Smokers, ex-smokers, diabetics and people with high blood pressure are at an increased risk to have a stroke.

WHAT DO YOU NEED TO ASK THE CLIENT?

- Date(s) of stroke?
- Surgery or no surgery?
- Subsequent treatment?
- Date of last consult with family physician and/or specialist?

WHAT WILL THE UNDERWRITER DO?

We will most likely request an APS from the physician who has the most complete information.

WILL IT BE RATED?

There are rare cases where we can offer standard rates, depending on the location, reason, treatment etc. but in most cases, a rating will have to be applied. We would not be able to consider an application within the first 6 months of the episode.

CI coverage cannot be offered to these clients.

CAN I ISSUE THE TIA AND ACCEPT $$?

No. Do not accept an initial premium or issue the temporary insurance receipt on any case where the applicant has had a CVA or TIA.

DIABETES

WHAT IS IT?

Diabetes Mellitus (DM) is the human body's inability to produce or use insulin which results in too much glucose (sugar) in the blood and urine. This can produce symptoms such as weight loss, dizziness or abnormal thirst. Complications include kidney problems, gangrene, stroke, blindness or coronary artery disease (CAD). Diabetes can also be a result of pancreatic tumours or pregnancy (gestational diabetes). Although the latter usually disappears after delivery, women who have had gestational diabetes are at a greater risk of developing ordinary diabetes in future.
Ordinary diabetes is classified into two types:

Type I, also called early onset/juvenile or insulin dependent diabetes (IDDM), indicates that a person's body is unable to produce any or little insulin. These patients are usually treated with insulin injections. With time, this type can become more difficult to manage and is therefore considered to be the more severe.

Type II, also called maturity onset or non-insulin dependent diabetes (NIDDM) is the more common form of Diabetes and is ordinarily found in clients age 45 and over. In this case, the body still produces insulin but is not able to utilize it properly. Treatments include oral medications (pills) and/or diet management. In severe cases, insulin injection are also used. A large number of NIDDM sufferers are also obese.

WHAT DO YOU NEED TO ASK THE CLIENT?

All the initial information we need to know is included on our Diabetes Questionnaire. Therefore, it is a good idea to use it with the application. In addition, please find out when the client has last seen his or her physician and if a blood test was done at that time. The total picture of a client's health is very important to our assessment. Therefore, the more information you can obtain up front regarding the client's build, blood pressure, diet and other medical complaints, the better we will be able to tailor our requirements on an individual basis. Does the client monitor his/her own blood sugar levels on a regular basis? If so, please give details as to which method is used and what the results are.

Positive signs for a favourable decision:	Adverse signs:
Actively participating in fitness	Cardiac problems, abnormalities on ECG
Low sugar/low fat diet	Hypertension
Blood sugars within normal ranges	Sugar or Protein in urine
Good self monitoring	Smoking & excessive Alcohol use
Good family history	Open sores & infections

WHAT WILL THE UNDERWRITER DO?

We will request an APS and will ask the doctor for copies of the recent blood and urine work. Those results will usually give us a good insight to the client's status and control of his/her Diabetes. If an APS cannot be obtained or if the doctor's test results are over 3 - 6 months old, we will most likely request a full blood profile with Hemoglobin A1C. If we discover that a client is diabetic but is not aware of this, we may postpone until the client has been seen by a doctor and has been prescribed the appropriate treatment. In such cases, we suggest you get an authorization from the client for us to send our findings to the attending physician.

For women who have gestational diabetes, we would postpone until after delivery of their baby. If they had gestational diabetes, we will want to establish their post-partum status i.e. are they still diabetic. This can be confirmed with a follow-up blood or urine test. The results can be confirmed by the client or her physician. If necessary, we will request our own testing.

WILL IT BE RATED?

Type I The rating will depend on the client's age, the amount of time they have had Diabetes, the level of control they are able to achieve as well as any complications they may have. We are not usually able to consider diabetics under the age of 15 and the general rule is that the younger the client was at the time of diagnosis and the longer they had Diabetes, the higher the rating is going to be. Type I is considered to be the more severe type of Diabetes and we may therefore be dealing with more complications.
CI coverage cannot be offered to these clients.

Type II A rating is usually applied although there are rare cases where we are able to give standard rates. For these rare cases, the client will have to have recently developed diabetes, must be well controlled and over 50 years old. If a rating needs to be applied, it is generally lower than the ones applied to Type I diabetics. Our decision will depend on the client's age, the amount of time they have had Diabetes, the level of control they are able to achieve as well as any complications they may have.
CI & DI coverage may be rated and/or modified and may require exclusion clauses as well.

Because of all the uncertain factors, a tentative rating given upon preliminary inquiry can easily change and the client should be made aware of this. Our offer may be worse than quoted, especially if the client has a medical condition which is caused or aggravated by their diabetes such as heart or kidney disease or problems with their eyes or circulation. If a rating is applied and is increased due to the level of control, it can usually be reconsidered once the client has achieved a more desirable level of control and has maintained that level for at least 1 year. If reconsideration is possible, we will advise you of a time frame or situation at the time of presenting our offer.

CAN I ISSUE THE TIA AND ACCEPT $$?

No. Do not accept an initial premium or issue the temporary insurance receipt on any diabetic.

DRIVING

WHAT ARE OUR CONCERNS?

Motor Vehicle Accidents (MVA's) are the leading cause of death in younger drivers but are also very prominent in the older age group. Alcohol and speeding are contributing factors in most fatal accidents. Health problems such as history of stroke (which may re-occur), heart problems, epilepsy or mental problems (possible suicide), certain medications (that cause drowsiness or impair reflexes) may also be of significance.

Although it is true that not every violation causes an MVA, it is proven that the majority of MVA's stem from a violation.

The "total picture" of a client is also a factor when we are assessing. We will take into consideration a client's social stability, employment history, lifestyle, avocations and medical history.

WHAT DO YOU NEED TO ASK THE CLIENT?

- Date and nature of each infraction. It is also good to confirm the date of the client's last infraction on the application. i.e. "Speeding ticket May 2001, has not had any infractions since"
- Details of any remedial actions taken, such as defensive driving courses
- Driver's license number

The above should be indicated on the application.

- Obtain an authorization form with complete information if required in your province (see attached)
- If the client has been charged with DWI (Driving while impaired), it is very helpful to have an alcohol questionnaire completed.

WHAT WILL THE UNDERWRITER DO?

If the type of infraction, dates and number warrant it, we will obtain a Motor Vehicle Report (MVR) and possibly an Inspection report (IR), APS and/or Alcohol/Drug questionnaire. This additional information is obtained to assist the underwriter in assessing the risk fairly. Any information that the agent provides will also assist us in forming the "total picture" of a client. All information combined will allow us to make a well-informed, sensible decision.

WILL IT BE RATED?

Upon receipt of the MVR and possible other requirements, we will assess the risk using criteria approved by our underwriting team and will (or will not) then rate according to our findings. If the client's license is currently under suspension, we would not be able to offer standard rates. In order to get the best possible rates, you may wish to wait until the license has been returned and is in good standing for 6 months before applying for coverage. A review of a rating can usually be done after 2 years unless specified otherwise by the underwriter.

CAN I ISSUE THE TIA AND ACCEPT $$?

Money can usually be accepted unless the client's license is currently suspended, the client has had a DWI within the past 2 - 3 years or the client has had multiple DWI's (any time frame). If there have been a number of infractions, use caution. When in doubt, contact your underwriter.

CANADIAN MOTOR VEHICLE REPORT REQUESTS
What is required for each province?
January 2004

BRITISH COLUMBIA, QUEBEC
Government authorization form with driver's signature
Driver's full name, address, date of birth and driver's license number

ALBERTA, ONTARIO, NEW BRUNSWICK, NOVA SCOTIA, NEWFOUNDLAND
Driver's full name, date of birth and driver's license number

SASKATCHEWAN, MANITOBA
Authorization form with driver's signature (i.e. authorization page of application)
Driver's full name, date of birth and driver's license number

NORTHWEST TERRITORIES, YUKON
Authorization form with driver's signature (i.e. authorization page of application)
Driver's full name, address, date of birth and driver's license number

NUNAVUT
Authorization form is not currently required but this may change in the near future
Driver's full name, address, date of birth and driver's license number

PRINCE EDWARD ISLAND
Government authorization form with driver's signature
Driver's full name, date of birth and driver's license number

Please ensure that the correct and complete information is included when you order the MVR.

DRUG USAGE

WHAT IS IT?

Illegal drug use and prescription drug abuse can have numerous physical and psychological impacts on a person. In addition to possible liver damage, we are faced with the possibility of malnutrition, psychiatric problems, HIV exposure as well as the criminal aspect of buying illegal drugs. As with alcohol abuse, drug use can be associated with violent causes of death such as suicide, homicide and accidents. A person who is dependant on drugs may lose their job because of it, which may lead to social problems and may also affect the person's relationships with family and friends.

WHAT DO YOU NEED TO ASK THE CLIENT?

If you know that the client has used illegal drugs in the past, a fully completed drug usage questionnaire is our first and most important piece of evidence. Please also be sure to give names & dates of doctors, hospitals and rehab centres including number and duration of treatments. Drug use often goes hand-in-hand with excessive alcohol use. Therefore, please also pay attention to the client's past and current alcohol use and consider obtaining an alcohol usage questionnaire as well. The total picture of a client's environment is very important to our assessment. Therefore, please try to give as much information as possible regarding family life, activities, work history, associations etc.

WHAT WILL THE UNDERWRITER DO?

While the insurance industry is fairly lenient on clients who use Marijuana intermittently (as long as no other drug use is or was involved) and could offer standard smoker rates on certain cases, we could not consider any client who is currently using any other illegal drugs such as Cocaine or Heroin. The client must be drug free for a minimum of 3 years before we can consider a rated policy. When considering clients who have been drug free for at least 3 years, an HIV test may be required. The underwriter may also ask for an APS, Paramedical exam and/or inspection report to be completed.

WILL IT BE RATED?

This will depend on the client's current status. If the client has been drug free for at least 3 years, we would consider a rated policy. However, we would have to wait a minimum of 5 years before we could consider at standard rates. If the client has used multiple drugs or has had any relapses, our postpone period or rating may increase.

CAN I ISSUE THE TIA AND ACCEPT $$?

We do not recommend accepting $$ if there may be a rating. However, if the client has been drug free for at least 3 years and no other negative factors have to be considered, money can be accepted at the representative's own judgement.

LIVER DISORDERS, HEPATITIS

WHAT IS IT?

The liver is responsible for storing food such as essential proteins, carbohydrates and fats. It also detoxifies and metabolizes foods so that waste products can be properly eliminated. The liver cells can be damaged by viruses, alcohol, drugs and other toxins. Depending on the type of exposure, the damage may be reversible or may be permanent. There are numerous liver disorders such as:

Jaundice An excessive amount of bile pigments causing yellow tint to skin and other tissues

Fatty Liver May be caused by excessive fat intake in the diet, chronic infections or metabolic disorders. The most common cause however is alcohol intake. The condition is often reversible with complete abstinence from alcohol

Tumours Primary liver tumours are rare. However, liver tumours as a result of metastasizing cancer of a different location such as the gastrointestinal tract, pancreas, lung, gallbladder, reproductive organs or breasts are common

We will address two of the most prevalent:

Cirrhosis is the chronic degenerative destruction of liver cells. It can be due to cardiac problems, malnutrition - which goes hand in hand with alcoholism, syphilis or hepatitis. It can obstruct the return pathway of blood to the heart and cause hypertension.

Hepatitis is the inflammation of the liver which is most often caused by a virus. The different types (A, B, C, D, E etc.) are distinguished by lab tests. The ones we see most often are:

A which is the acute type which is a virus transmitted by the fecal-oral route. Once a person has recovered from this virus, it is no longer of concern to us.

B which is a virus transmitted by body fluids (blood, saliva, semen, breast milk) which means that it can be caused by blood transfusions, oral contact, sexual contact or intravenous needles (also tattooing and ear piercing). This type can be acute or chronic. Symptoms may or may not be present so this condition may be difficult to recognize. People can carry the Hepatitis B virus and pass it on without knowing or without having any symptoms. These people are called Hepatitis B Carriers and are most prevalent in Asian and Eastern European areas.

C which is also called **non-A non-B** which is a virus transmitted by blood transfusions or intravenous needles.

D (Delta) and **E** (Epidemic) viruses are very rare in North America.

The symptoms for hepatitis may be similar to the flu and can include fever, malaise, anorexia/weight loss, nausea, vomiting, abdominal pain, hepatomegaly (enlarged liver) and jaundice. Morbidity and mortality in people with hepatitis increase with advancing age. Transplants are not effective due to the actual hepatitis virus not being located directly in the liver. Hepatitis B accounts for 80 - 90% of liver cancer. “The longer a Hepatitis B Carrier lives, the greater the risk of dying from liver cancer. If not killed earlier from something else then all would die of hepatocellular carcinoma” (R. Palmer Beasley).

WHAT DO YOU NEED TO ASK THE CLIENT?

What type of hepatitis have they been diagnosed with?
Do they have a family history of hepatitis?
Is the cause of infection known?
Find out when the hepatitis or hepatitis carrier status was diagnosed, what medication (if any) they are taking, how often they see their doctor for monitoring, and when they last had blood work done.

WHAT WILL THE UNDERWRITER DO?

We will request an APS and will ask the doctor for copies of recent blood work. Those results will usually give us a good overview of the client’s status. If an APS cannot be obtained or if the doctor’s test results are old or incomplete, we will most likely request a full blood profile.

WILL IT BE RATED?

Most applicants with Hepatitis will be rated. Our assessment will depend on the client's age, type of hepatitis and to what degree the liver has been affected by the virus. Persons who have fully recovered from Hepatitis A will likely be assessed at standard rates. Generally speaking, the further along we go in the alphabet, the higher the base ratings for hepatitis are going to be.

If a person has severely abnormal liver enzymes or abnormal liver biopsy results, a decline is likely.
For CI coverage, we are only able to consider Hepatitis A & B. All other types would be declined.

CAN I ISSUE THE TIA AND ACCEPT $$?

The temporary insurance guidelines indicate that money may not be accepted on an application if the client has ever been treated for or had any indication of chronic liver disease. This means that the TIA should only be issued to those applicants who had Hepatitis A in the past and have fully recovered from it.

PSYCHIATRIC DISORDERS

The general heading of psychiatric disorders covers a wide range of syndromes and illnesses. Some are acute problems that occur for a brief period of time and then resolve. Others are chronic and present a life-long struggle for some individuals.

Unfortunately, there is too often a stigma attached to any diagnosis of a psychiatric illness and this may make it difficult to obtain details from a client. This is often a sensitive area and care must be taken to broach the subject gently. Individuals may refer to past episodes of "stress", "fatigue", "nervous breakdown", or "burn-out" to describe an episode of depression, an anxiety disorder, or something of that nature. If a client is uncomfortable discussing it further, it is usually advisable to determine the name & address of the doctor who treated him and we can get the details through an APS.

In addition to the information obtained on doctors' reports, the underwriter will take into consideration a number of factors in forming a total picture of the client. Information regarding past and present employment, living arrangements (if under the care of another person), any substance abuse, and family history can be very helpful and should be included in the application or agent report if possible.

We have noticed an increase in anxiety and stress-related disorders and this may represent a greater willingness to seek help for these problems. This is a positive finding in that many people benefit greatly from treatment and/or counseling and should never feel that they have to "go it alone". A client should not feel that he or she would be penalized for having sought the appropriate medical assistance required. The fact that he or she has been on medication and/or consulted a physician does not mean that there will definitely be a rating.

DEPRESSION

WHAT IS IT?

Depression is characterized by a number of different symptoms including feelings of sadness & despair, insomnia, change in appetite, and loss of interest. It may be a reactive depression (as a response to the death of a loved one, divorce, etc.) but is more severe than the usual grieving process. On the other hand, it may be an intrinsic depression (i.e. not in reaction to a specific event). These are usually more difficult to treat and can recur often throughout a lifetime. With any kind of depression there is a risk of suicide. Treatment usually consists of medication and/or psychotherapy. More severe cases may require hospitalization and possibly electroconvulsive therapy (ECT).

WHAT DO YOU NEED TO ASK THE CLIENT?

It is essential to find out the name of the physician who is treating the client and the date last seen. Has the client been seen by a psychiatrist? It is also helpful to know if any other health specialists are being consulted (such as psychologists, therapists, etc.). Find out the name and dosage of any medication taken either in the past or currently. Have there been any hospitalizations? If so, find out the dates, duration of stay, and any treatment while hospitalized. Did (or does) the client require time off work?

WHAT WILL THE UNDERWRITER DO?

If the episode is recent, recurrent, or involved heavy medication and/or periods of disability, an APS will likely be required. Since many people are hesitant to discuss this issue openly, it is often necessary to obtain an APS in order to get complete information.

WILL IT BE RATED?

Many people with a brief past history of depression or a very mild stable current depression can be offered standard rates. More severe episodes could warrant a rating - or even decline in some cases.

CAN I ISSUE THE TIA AND ACCEPT $$?

It is not recommended that you accept money if the client is currently under treatment for depression or if the depression has only recently resolved itself.

BI-POLAR DISORDER (Manic-Depression)

WHAT IS IT?

This illness follows a cyclic course of highs and lows. The depressive episodes are similar to the depression mentioned above. They alternate with manic episodes characterized by euphoria, hyperactivity, decreased need for sleep, and in some cases hallucinations and delusions. The most common medication for the treatment of bi-polar disorders is Lithium.

WHAT DO YOU NEED TO ASK THE CLIENT?

As with depression, it is important to find out as much as possible about treatment, physicians consulted, disability, etc. Psychiatrists are usually involved in the treatment of bi-polar disorders so it is important to find out the name, address and date last seen of any psychiatrist consulted. Try to find out if there was one acute attack or if this has been a chronic / recurrent problem.

WHAT WILL THE UNDERWRITER DO?

An APS will be obtained in order to properly assess the case. It is very important to have the name of the doctor who has the most complete and current information in order to avoid any delays in the underwriting process.

WILL IT BE RATED?

Normally, a small rating will apply if they have been well controlled on medication for a number of years. In some cases, standard rates may be offered to those who have demonstrated excellent control over many years and are functioning well at home or work. Those who have been diagnosed recently, are currently symptomatic, or who are not well managed on medication may be declined or postponed.

CAN I ISSUE THE TIA AND ACCEPT $$?

We do not recommend that you accept an initial premium on such cases. If there was an isolated incident in the past and the client is not under treatment or on medication, an exception may be made. Discuss this with your underwriter.

ANXIETY DISORDERS (sometimes called "stress", "exhaustion", "burn-out", or "nervous breakdown")

WHAT IS IT?

The following fall under the general heading of anxiety disorders and are significant.
Panic disorders, phobic disorders, post-traumatic stress disorder, obsessive-compulsive disorders, and generalized anxiety disorder are the proper medical terms. However, clients may use terms like 'panic attacks', 'stress', 'burn-out', etc. and these can be clues that an anxiety disorder was present. They are generally treated with medication and psychotherapy.

WHAT DO YOU NEED TO ASK THE CLIENT?

As with the other disorders mentioned previously, full details regarding dates, treatment, physicians, and any disability are very helpful.

WHAT WILL THE UNDERWRITER DO?

An APS will be required in most cases. A report may not be required in cases where the anxiety disorder was brief and resolved long ago.

WILL IT BE RATED?

Standard rates are usually offered to those whose anxiety disorder was mild, of brief duration (less than 6 months), did not require time off work, and have no other mental illness. More severe cases may require a rating but this can likely be reconsidered and standard rates offered once it has resolved and the individual has been symptom-free (and free of medication) for 1 - 2 years. A decline may be warranted in cases of suicidal ideation or attempt or in the case of a severe disorder diagnosed within the past year.

CAN I ISSUE THE TIA AND ACCEPT $$?

An initial premium should not be accepted in most cases. However, in the most favorable cases, an exception can be made. When in doubt, contact your underwriter.

SCHIZOPHRENIA

WHAT IS IT?

Schizophrenia is a psychotic disorder that is characterized by delusions, hallucinations (both visual and vocal), thought disturbances, and sometimes paranoia. Treatment consists of drugs. However, there are a number of problems associated with these drugs including patient compliance, effectiveness, and some potentially serious side effects. There is an increased risk of suicide.

WHAT DO YOU NEED TO ASK THE CLIENT?

The most important information is the name and address of the physician who is treating the client along with the date last seen. Inquire about the dates and duration of any hospitalizations. When asking about medication, it is helpful to know if the medication is being taken on a regular basis or if there have been periods where medication was stopped. Information regarding employment history (including any periods of disability) is also helpful.

WHAT WILL THE UNDERWRITER DO?

An APS will be required in all cases.

WILL IT BE RATED?

Such cases will usually generate a significant rating. The rating will depend on both the past history and current level of stability. The most favorable factors would include regular medical follow-up, well controlled on medication with no symptoms, stable work and family life. Unfortunately, the more severe case will not qualify for coverage.

CAN I ISSUE THE TIA AND ACCEPT $$?

Do not accept an initial premium with any application on an individual with current or past history of schizophrenia.

SUICIDE ATTEMPT & SUICIDAL IDEATION

WHAT IS IT?

Both suicidal ideation and attempted suicide may arise out of a pre-existing mental illness (such as depression or schizophrenia), drug or alcohol abuse, or a number of other reasons. However, in some cases, a suicide attempt is the first indication that there is a problem. It is very difficult to predict who may go on to actually commit suicide but unfavorable factors would include a prior history of mental illness, a family history of mental illness and/or suicide, multiple suicide attempts, drug abuse, alcoholism, social isolation, financial distress, and physical illness.

WHAT DO YOU NEED TO ASK THE CLIENT?

It is important to establish the date(s) and treatment (inc. hospitalizations). Is he/she still under psychiatric care and/or on medication? Any background you may be able to provide as to any factors contributing to the suicidal thoughts or attempt would be helpful.

WHAT WILL THE UNDERWRITER DO?

An APS will be required in all cases.

WILL IT BE RATED?

We are unable to consider coverage within the first 1 - 2 years of a suicide attempt. We would then likely be able to offer a rating. Standard rates would not be available until at least 5 years after the suicide attempt. If there have been multiple suicide attempts, we would have to postpone for a minimum of 5 years before we could consider coverage on a rated basis and there would be a longer period of time thereafter before standard rates could be considered. Cases of suicidal ideation are usually treated more favorably but could still involve ratings within the first 5 years. Favorable factors would include stable environment and employment, no underlying mental illness, good family history, and a known cause for the suicidal gesture.

CAN I ISSUE THE TIA AND ACCEPT $$?

Do not accept an initial premium if there is a history of a suicide attempt or suicidal ideation.

ANOREXIA AND BULIMIA

WHAT IS IT?

Anorexia involves a distorted body image and morbid fear of obesity that manifests in abnormal patterns of handling food and self-induced drastic weight loss. Attempts at weight loss continue even when the individual is actually underweight. In severe cases, it can result in starvation and death. Bulimia is characterized by binge eating which often terminates in vomiting, laxative abuse, or subsequent fasting. Resulting physical problems can include electrolyte disturbances, bleeding, scarring or rupture of the esophagus, and serious stomach problems. Both disorders primarily affect young females and are often associated with personality disorders and family problems.

WHAT DO YOU NEED TO ASK THE CLIENT?

Try to find out as much detail as you can about the time frame (dates) of the disorder and treatment. Dates and duration of hospitalizations or admissions to treatment programs are also helpful.

WHAT WILL THE UNDERWRITER DO?

In most cases, an APS will be required. If a recent record of height and weight are not available from the physician, a paramedical exam may be required.

WILL IT BE RATED?

Any rating would depend on the severity of the disorder, the success of treatment, current weight, and any other underlying disorder. Current anorexia or bulimia would result in decline of coverage. Standard rates are possible if the illness has resolved and all factors have remained favorable over several years.

CAN I ISSUE THE TIA AND ACCEPT $$?

If the client is significantly underweight or currently under some form of treatment for anorexia or bulimia, do not accept an initial premium. If the disorder was in the past and the client no longer suffers from this disorder, an initial premium can be accepted at the representative's discretion.

ORGANIC DISORDERS

WHAT IS IT?

Organic disorders arise from the impairment of brain tissue function. This can result in loss of memory and concentration, personality changes, impairment of speech and judgment, hallucinations, delusions, and seizures. There are a number of causes that include trauma (severe head injury), substance abuse (alcohol, both prescription and recreational psychoactive drugs), inherited diseases such as Huntington's Chorea, infections of the brain such as encephalitis, degenerative brain diseases such as Alzheimer's, circulatory disturbances (multi-infarct dementia) and others.

WHAT DO YOU NEED TO ASK THE CLIENT?

It is important to establish what caused the disorder and what the treatment is (if any). As always, the name and address of the physician is very important so that we can obtain an APS. Try to determine as best you can what the client's current level of functioning is. For example, can he/she still drive and go about the activities of daily living unassisted? Is he/she working? Try to include in your agent report your impressions of the client's ability to communicate, concentrate and remember things. Does he/she have an unusual gait (way of walking)? All of these things can be helpful in rounding out the total picture.

WHAT WILL THE UNDERWRITER DO?

An APS will be required in all cases in order to ensure that we know the correct diagnosis and can have a physician's assessment of the level of functioning. If the client has not been seen by their doctor recently or regularly, a medical exam may also be required.

WILL IT BE RATED?

If the disorder was due to something curable (such as anemia or infection) and the client is now functioning normally, standard rates may be offered. If there are any residual problems, a rating may then apply depending on the severity. In cases of drug or alcohol-induced dementia consideration will also be given to the underlying substance abuse problem and an additional rating or decline will result. However, if the brain disorder is due to a chronic progressive disease (like Alzheimer's, Huntington's, pre-senile dementia, multi-infarct dementia, etc.), the case will be declined.

CAN I ISSUE THE TIA AND ACCEPT $$?

If the client is currently suffering from a brain disorder, do not accept any money with the application. If there was a history of brain infection or disorder but a full recovery has been achieved, caution should be exercised regarding the acceptance of an initial premium. However, it may be accepted in the best cases. When in doubt, contact your underwriter.

OTHERS

There are a number of other disorders and syndromes that can fall under the heading of Psychiatric Disorders in general and we cannot go into all of them here. However, you may encounter cases of ADD (attention deficit disorder, hyperactivity), personality disorders, delusional disorders, multiple personality disorders, and so on. In most cases an APS will be required and any rating would depend on the severity of the disorder in that individual.

It is also important to be aware of the correlation between some non-psychiatric disorders and some of the above-mentioned illnesses. For example, chronic fatigue syndrome, fibromyalgia, and many chronic disabling diseases can sometimes be accompanied by a concurrent depression or anxiety disorder. If these are mild, they are usually not rated, but may be a concern with respect to benefits.

BENEFITS

The information given above regarding ratings referred only to the basic coverage and did not address any benefits such as the Waiver of Premium Benefit, Accidental Death Benefit, and Guaranteed Insurability Benefit.

All of the above-mentioned disorders present a significant risk of disability even when the mortality risk is standard. Consequently, the Waiver of Premium Benefit will only be available to those individuals with a past history of a mild episode of mental illness, no (or minimal) time off work, and who are now fully recovered.

In any case where there is a risk of suicide, the Accidental Death Benefit would not be available due to the fact that it is sometimes difficult to differentiate between a true accident and a suicide. (For example, a single-vehicle car crash may be a suicide but could also look like an accident.)

The Guaranteed Insurability Benefit would not be available on rated cases and would be considered on an individual basis for those issued at standard rates.