



Alcohol

Consumption of alcohol is common in American society. For the majority of drinkers of alcoholic beverages, there is little risk to health or longevity. However, excess alcohol intake has a substantial impact on population mortality. In applicants with a history of risky alcohol habits, an increased premium (or possibly rejection, depending on severity) is necessary on their life insurance policy. The underwriter will use medical records (especially those related to treatment for substance abuse and psychiatric illness), social profile, motor vehicle reports, laboratory results, and physical findings in order to assess the risk associated with excess alcohol consumption.

Complications of alcohol excess significant to life underwriting:

Cardiac: Atrial fibrillation, cardiomyopathy, hypertension

Nervous system: Blackouts, seizures, delirium tremens (DTs), peripheral neuropathy, tremors, brain damage, psychosis, balance and gait impairments

Gastrointestinal: Fatty liver, hepatitis, cirrhosis, pancreatitis, gastrointestinal bleeding (sometimes massive) due to gastritis, varices, and esophagitis, cancer, diarrhea

Bone marrow: Abnormal blood counts including anemia

Psychiatric and social: Depression, anxiety, suicide, violent behavior, marital/occupational/familial problems, abuse of other drugs as well as alcohol

Miscellaneous: Aspiration pneumonia, accidents and trauma

Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease can be progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.

Binge drinking is highly risky for accidental mortality. It is defined as heavy drinking to the point of intoxication on a periodic basis.

Risky drinking (per the NIAAA - National Institute on Alcohol Abuse and Alcoholism) is:

- For men, > 14 drinks per week or > 4 per occasion
- For women, > 7 drinks per week or > 3 per occasion

Note: One drink = 12 g of pure alcohol = 12 oz of beer = 5 oz of wine = 1.5 oz (a jigger) of hard liquor.

Besides the risks associated with excess alcohol intake, the underwriter also considers favorable historical items such as: active participation in Alcoholics Anonymous, voluntary initiation of treatment, single period of treatment or

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Securities and Insurance Products:

Not Insured by FDIC or any Federal Government Agency

May Lose Value

Not a Deposit of or Guaranteed by the Bank or any Bank Affiliate

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hospitalization, maintenance of stable family life, sustained employment, financial solvency, and good health without reports of violence or arrests. If the individual is able to successfully stop drinking alcohol without relapse, after seven to ten years, the mortality rate approaches that of the general population.

Underwriting guidelines for alcohol excess are:

Risky excess without evidence of other social, legal, health problems and no history of alcohol treatment	Table C
<p>Others</p> <ul style="list-style-type: none"> •with evidence of financial, social, or health (physical or psychiatric) problems •with multiple DUIs •overt alcoholism •has undergone treatment •with abuse of other drugs 	Minimum postponement of 2 years. Ratings then will range from standard to Table F, depending on time since abstinence/ sobriety began.

Adjustments (*up or down*) may be made to the above ratings, depending on: severity of the excess, severity of associated complications, evidence of alcohol dependence and/or withdrawal, legal problems related to alcohol (such as DUIs -Driving Under the Influence), abuse of other drugs, number of relapses, and current participation in a group such as Alcoholics Anonymous.

A blood test, carbohydrate deficient transferrin (CDT), can sometimes be used in underwriting to identify those consuming excess alcohol. See Rx for Success Carbohydrate Deficient Transferrin (CDT) for a review.

To get an idea of how a client with a history of alcohol excess would be viewed in the underwriting process, please feel free to use the attached Ask “Rx” pert underwriter for an informal quote.

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**Alcohol - Ask "Rx" pert underwriter
(ask our experts)**

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of excess alcohol consumption or alcohol treatment, please answer the following:

1. What was the date of initial treatment or diagnosis? _____
2. Were there any relapses from sobriety/abstinence? _____
 yes, please list dates _____
 no
3. Were there any legal problems (*such as DUI*) or other?
 yes, please give details including dates _____
 no
4. Has your client ever had or been made aware of any of the following?
(*check all that apply*)
 elevated liver enzymes
 positive alcohol marker
 driving under the influence charge
 family/friends' concern over drinking habits
 blackouts
 withdrawal seizures
 medical complications related to alcohol (*heart, etc.*)
 use of other substances such as marijuana or cocaine
5. Please list current medications: _____
6. What is your client's current level of alcohol consumption? _____
7. Does your client currently participate in a group such as Alcoholics Anonymous?
 yes
 no
8. Has your client smoked cigarettes in the last 12 months?
 yes
 no
9. Does your client have any other major health problems (ex: cancer, diabetes, ulcers, etc.)?
 yes, please give details _____
 no

After reading the Rx for Success on Alcohol, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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