



Aortic Valve Disorders

Aortic Stenosis (AS)

Aortic stenosis is narrowing of the aortic valve. It may be congenital or acquired. If AS is present at birth (*congenital*), it can be severe, requiring surgical intervention early in life. Acquired AS is usually caused by calcification, sclerosis, and degeneration of the aging valve. It is often associated with atherosclerosis of the arteries, including the coronary arteries. A common congenital heart abnormality is the bicuspid aortic valve (*having two valve cusps instead of the normal three*). People born with this valve anomaly usually don't have stenosis in youth, but can slowly progress to AS over time. Rheumatic fever and endocarditis may cause AS, but these are much less common.

AS produces a systolic murmur, which is transmitted to the carotid arteries in the neck. The main symptoms are shortness of breath (*dyspnea*), chest pain (*angina*), fainting (*syncope*) upon exertion, and congestive heart failure (*CHF*). Because only severe disease causes symptoms, individuals who are symptomatic are not insurable. Severe disease requires valve replacement.

In underwriting, AS is classified as minimal (*peak gradient $\leq 15\text{mmHg}$*), mild (*valve opening $> 1.5\text{ cm}^2$ and peak gradient $\leq 35\text{mmHg}$*), moderate (*valve opening $1.0 - 1.5\text{ cm}^2$ and peak gradient $\leq 50\text{mmHg}$*), or severe (*valve opening $< 1.0\text{ cm}^2$*).

Table A-B is applied to applicants under age 50 who have calcified or bicuspid valves. Applicants under age 15 with AS are generally declined. For ages 15 and over, the following schedule applies.

Ages	Minimum AS	Mild AS	Moderate AS	Severe AS
15 - 29	Table B	Table D	Table F	Decline
30 - 44	Table A	Table C	Table E	Decline
45 - 59	Table A	Table B	Table D	Decline
60 - 74	Non-rated	Table A	Table C	Decline
75+	Non-rated	Non-rated	Table B	Decline

Aortic Insufficiency (AI)

Aortic insufficiency is the failure of the aortic valve to close properly, thus allowing the flow of blood backward into the left ventricle. Two common causes of AI are progressive degeneration of the congenitally bicuspid valve and progressive degeneration of the aging valve from calcification and sclerosis. As with AS, endocarditis (*infection of the heart valve*) and rheumatic fever are less common causes of AI.

This material is designed to provide general information in regard to the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting or tax advice. Such services should be provided by the client's own advisor. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

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

This material is intended for insurance informational purposes only and is not personal medical advice for clients.
 This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.
FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC.

AI may exist for many years without producing symptoms. Eventually, palpitations, shortness of breath, chest pain, and congestive heart failure develop. It produces a diastolic murmur, which is widely transmitted over the chest. Aortic insufficiency (AI) is also referred to as aortic regurgitation (AR). Most severely regurgitant valves require replacement. Sometimes, repair is possible.

Table A-B is applied to applicants under age 50 who have calcified or bicuspid valves.

AI is classified as mild, moderate or severe depending upon the amount of backflow of blood across the valve. Applicants under age 15 with AI are generally declined. For ages 15 and over, the following schedule applies.

Ages	Mild AI	Moderate AI	Severe AI
15 - 29	Table C	Table E	Table G to decline
30 - 44	Table B	Table D	Table G to decline
45 - 59	Table A	Table C	Table G to decline
60 - 74	Non-rated	Table B	Table G to decline
75+	Non-rated	Table A	Table G to decline

Non-rated cases would be eligible for Preferred categories if otherwise qualified.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.
This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.
FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC.

Aortic Valve Disorders - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has an Aortic Valve Disorder, please answer the following:

1. How long has this abnormality been present? _____ (years)
2. Please check the type(s) of aortic valve disorder present:
Aortic stenosis
Aortic sclerosis
Aortic insufficiency
3. Have any of the following occurred?
chest pain yes no
palpitations yes no
trouble breathing yes no
dizziness, fainting yes no
heart failure yes no
4. Is there a history of any other heart disease in addition to the aortic valve disorder (problems with other valves, coronary artery disease, etc.)?
 yes, please give details _____
 no
5. Have additional studies been completed? (check all that apply)
 echocardiogram _____ (date)
 cardiac catheterization _____ (date)
 none
6. Is your client on any medications?
 yes, please give details _____
 no
7. Has your client smoked cigarettes in the last 12 months?
 yes
 no

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

This material is intended for insurance informational purposes only and is not personal medical advice for clients.
This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.
FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC.