

## **Atrial and Ventricular Septal Defects**

The heart has four chambers: two atria and two ventricles. A wall, known as the septum, separates the two atria and the two ventricles. Congenital holes in this septum allow blood to flow (*or shunt*) between the right and left sides of the heart. This abnormal flow of blood causes heart enlargement and failure. If left unchecked, it can lead to permanent heart and lung damage.

An atrial septal defect (ASD) is a hole in the atrial septum. It is a common congenital defect that sometimes is not diagnosed until adult life. There are three sub-types of ASDs, depending on the location of the opening:

- ostium secundum defects midseptal location
- sinus venosus defects high septum
- ostium primum defects low septum

Secundum is most common. Primum defects are usually associated with other congenital heart lesions and have a poorer prognosis than the secundum or sinus venosus type defects. In general, the smaller the hole, the better the prognosis is for all sub-types. Many small ASDs do not need intervention. Moderate to large ASDs may need surgical closure, which is ideally done in childhood. If the repair is completed before pulmonary hypertension or heart enlargement has developed, the prognosis is excellent. The risk of later complications (*such as irregular heart rhythms*) increases with repairs beyond age 20.

Ventricular septal defect (*VSD*) is hole in the septum between the two ventricles. It is a common congenital heart defect, too, and can occur alone or in association with other congenital heart lesions. Many VSDs (*small and moderate in size*) close spontaneously in childhood. Large VSDs are closed surgically to prevent complications.

For underwriting, an ASD or VSD without other impairment will be viewed by the schedules. If it is associated with complications (*such as heart enlargement, arrhythmias, or pulmonary hypertension*) or with other congenital heart lesions, it usually will be declined.

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.

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## **ASD Rating Schedule**

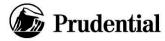
Ostium secundum or sinus venosus type, unoperated	
<ul> <li>small, asymptomatic</li> </ul>	Non-rated
<ul> <li>moderate and large</li> </ul>	Usually postponed to age 25, then Table E
Ostium primum, unoperated	Decline
Operated ASD, no residual impairment	
<ul> <li>ostium secundum or sinus</li> </ul>	Non-rated to Table C, depending on age at
venosus	repair
ostium primum	Postpone one yr from surgery, then Table B
·	to C, depending on age at repair

## **VSD Rating Schedule**

VSD, unoperated	
• small	Non-rated
<ul><li>moderate</li></ul>	Table C
• large	Decline
VSD, operated, no residual impairment	Non-rated to Table C, depending on pre-
	operative size.

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

To get an idea of how a client with a history of Atrial and Ventricular Septal Defects would be viewed in the underwriting process, feel free to use the attached Ask "Rx" pert underwriter for an information quote.



## Atrial and Ventricular Septal Defects - Ask "Rx" pert underwriter (ask our experts)

Produce	er	Phone		Fax				
Client		Age/DOB		Sex				
If your client has had ASD or VSD, please answer the following:  1. Please list date of diagnosis:								
2. Pleas	se check type of septal defect:   ASD, ostium secundum or si  ASD, primum  VSD, large		□ VSD, small □ VSD, moderate					
3. Has	surgical repair(s) been complete  ☐ yes, please give details  ☐ no	ed?			-			
4. Are a	any other congenital defects pre  □ yes, cardiac, please give def  □ yes, non cardiac, please give  □ no	ails			-			
5. Pleas	se check if any of the following  heart enlargement  pulmonary hypertension bundle branch block on ECG arrythmia							
6. Is yo	ur client on any medications?  ☐ yes, please give details  ☐ no				_			
7. Has y	your client smoked cigarettes ir □ yes, please give details □ no				_			
8. Does	s your client have any other maj □ yes, please give details □ no	·	•		-			

After reading the *Rx for Success* on Atrial and Ventricular Septal Defects, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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