



Rx FOR SUCCESS

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 excessive 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, psycho-social, 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 National Institute on Alcohol Abuse and Alcoholism (NIAA) is:

- ▶ For men, more than 14 drinks per week or more than 4 per occasion
- ▶ For women, more than 7 drinks per week or more than 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.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

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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 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

RISKY EXCESS WITHOUT EVIDENCE OF OTHER SOCIAL, LEGAL, HEALTH PROBLEMS AND NO HISTORY OF ALCOHOL TREATMENT	TABLE C
Evidence of financial, social, or health (physical or psychiatric) problems	Minimum postponement of 2 years. Ratings then will range from standard to Table F, depending on time since abstinence/sobriety began.
Multiple DUIs	
Overt alcoholism	
Has undergone treatment	
Abuse of other drugs	

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 Driving Under the Influence (DUI), 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.

To get an idea of how a client with a history of alcohol excess would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on alcohol excess, use this form to Ask "Rx"pert Underwriter for an informal quote.

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

If your client has had a history of excessive 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 give details. _____
 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.)

- | | |
|---|---|
| <input type="checkbox"/> Elevated liver enzymes | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Positive alcohol marker | <input type="checkbox"/> Withdrawal seizures |
| <input type="checkbox"/> Driving under the influence charge | <input type="checkbox"/> Medical complications related to alcohol (heart, etc.) |
| <input type="checkbox"/> Family/friends' concern over drinking habits | <input type="checkbox"/> 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. Please give details. _____
 No

9. Does your client have any other major health problems (e.g., cancer, diabetes, ulcers, etc.)?

- Yes. Please give details. _____
 No