



Atrial fibrillation/flutter (AF) is an arrhythmia with an irregularly irregular pulse. It may be paroxysmal (intermittent) or chronic (permanent).

Causes of AF include both cardiac and non-cardiac conditions, such as valve disease, hypertensive heart disease, conduction disorders (like sick sinus syndrome), coronary heart disease, cardiomyopathy, hyperthyroidism, fever, alcohol ingestion, and many others. The presence of atrial fibrillation/flutter often signals the presence of underlying heart disease, but not always.

Studies have shown that chronic AF, even without other heart disease, carries an increased mortality risk. Clients with chronic AF may develop blood clots in the heart, which may lead to a stroke.

When AF is found, medication or electrical stimulation is used to convert the heart rhythm to normal (i.e., cardioversion). If successful, the client usually will continue on medication to keep the rhythm normal. If cardioversion is unsuccessful or if chronic AF develops, medication (or pacemaker) is used to control the heart rate, but the pulse remains irregular and a blood thinner is needed to decrease the risk of stroke.

Surgical intervention is often used to permanently prevent AF. The most common procedure is pulmonary vein isolation (PVI) wherein the site of electrical irregularity is ablated via catheter access into the heart.

Atrial fibrillation/flutter is rated according to the schedule below:

|  |                       |
|--|-----------------------|
| Current AF without cardiac evaluation  | Table G               |
| Paroxysmal AF (infrequent episodes) with<br>▶ no underlying heart disease<br>▶ normal echocardiogram<br>▶ normal current ECG | No rating             |
| Other paroxysmal AF or chronic AF<br>▶ no underlying heart disease<br>▶ normal echocardiogram                                | Table C*              |
| With mild-moderate underlying heart disease or with mildly-moderately abnormal echocardiogram                                | Debits will be summed |
| One year after successful PVI  | No rating             |
| With severe underlying heart or lung disease   | Decline               |

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.

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\*Credits available for

- ▶ 5 years of stability
- ▶ negative stress imaging with good exercise tolerance within past year
- ▶ negative angiogram within past year
- ▶ normal current NTproBNP

*To get an idea of how a client with a history of Atrial Fibrillation 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 Atrial Fibrillation, use this form to Ask “Rx”pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has Atrial Fibrillation, please answer the following:

#### 1. Please list date when first diagnosed.

\_\_\_\_\_

#### 2. Indicate whether atrial fibrillation/flutter is:

- Chronic  
 Paroxysmal (intermittent). Please specify how often it occurs. \_\_\_\_\_

#### 3. Are there any symptoms with the irregular heart beat?

- Yes. Please give details. \_\_\_\_\_  
 No

#### 4. Have any of the following tests been done? If so, please give date and results.

- Stress test \_\_\_\_\_  
 Echocardiogram \_\_\_\_\_  
 Holter monitor \_\_\_\_\_

#### 5. Does your client take any medications or have a pacemaker?

- Yes. Please give details. \_\_\_\_\_  
 No

#### 6. The cause of the fibrillation/flutter is due to:

- |   |   |
|---|---|
| <input type="checkbox"/> Coronary heart disease | <input type="checkbox"/> Alcohol          |
| <input type="checkbox"/> Thyroid disease        | <input type="checkbox"/> Unknown or other |
| <input type="checkbox"/> Valve disease          | <input type="checkbox"/> Cardiomyopathy   |
| <input type="checkbox"/> Sick sinus syndrome    | <input type="checkbox"/> Hypertension     |

#### 7. Has your client smoked cigarettes in the last 12 months?

- Yes  
 No

#### 8. Does your client have any other major health problems (e.g., stroke, etc.)?

- Yes. Please give details. \_\_\_\_\_  
 No