

The availability of coverage and rates will vary based on company underwriting criteria including, but not limited to, age, sex, health history, smoking status, and residency.

Underwriting rules are subject to change at our discretion.

Common tests done in evaluation of MS include brain MRI, spinal tap to study the spinal fluid proteins and immunoglobins, and measurement of sensory nerve conduction (called evoked response).

Classically, MS has a relapsing-remitting pattern. There are periods of remissions and exacerbations that occur at unpredictable intervals over a period of several years with initial episodes tending to resolve completely. It is the accumulated burden of multiple attacks that causes persistent symptoms.

There is no cure for MS. Treatment is directed against the underlying disease process and toward alleviating symptoms. Common medications are steroids, interferon, and glatiramer acetate. Drugs to control bladder function, spasticity, and depression may be necessary.

The course of the disease is remarkably variable, but overall, MS is a progressive disorder. The median time frame from onset to difficulty with ambulation is about 15 years. Less than 10% have primary progressive MS at onset. 85-90% has relapsing-remitting at onset. Transition from relapsing remitting to secondary progressive usually occurs 10 to 20 years after disease onset. Approximately 15% will have a benign form and they remain completely neurologically functional 15 years after disease onset, with rare transformation to a more severe course.

OUR UNDERWRITING GUIDELINES (ABSENT OTHER IMPAIRMENTS)

- ▶ **Suspected MS** but with no test results to support the diagnosis (no current evidence of disease and no treatment recommended):
 - ▶ Table C if within 2 years of the attack
 - ▶ Table B if 3 to 4 years of the attack
 - ▶ Non-rated after 4 years
- ▶ **Definite MS**, at least two clinical events and/or with test results to support the diagnosis, OR anyone for which treatment has been recommended AND has minimal impairment, is ambulatory, independent, and stable:
 - ▶ Table G if within 2 years of the last attack
 - ▶ Table E if 3 to 5 years from last attack
 - ▶ Table C if 6 to 10 years from last attack
 - ▶ Table B after 10 years since last attack
- ▶ **If the degree of severity is more than minimal:** the rating will increase, and decline is likely on the most severe cases. Progressive neurological decline in less than a decade would be declined.

To get an idea of how a client with a history of Multiple Sclerosis would be viewed in the underwriting process, please 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 Multiple Sclerosis, use this Ask “Rx”pert Underwriter for an informal quote.

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

1. Please list date of first diagnosis.

2. Please indicate the number of episodes and date of last episode.

3. Is your client on any medications?

- Yes. Please give details: _____
 No

4. Please note current neurologic status and/or symptoms.

- Normal
 Minimal residual impairment (Please specify.) _____
 Moderate residual impairment (Please specify.) _____
 Severe residual impairment (Please specify.) _____

5. Please provide all MRI brain scan reports.

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

- Yes No

7. Does your client have any other major health problems (e.g., heart disease, etc.)?

- Yes. Please give details: _____
 No