

## **UNDERWRITING 201: TRANSIENT ISCHEMIC ATTACKS (STROKES)**

A general idea of ratings for Transient Ischemic Attacks (TIAs) and Strokes (CVAs) can be gotten from the tables below. Adjustments up or down in ratings will depend on the underlying cause, the extent of permanent neurological impairment, treatment and the quality of risk factor modification. Acceptable cases have minimum residuals, normal mentation (*mental activity*) and a return to full activity. A person with more than two events, dementia, or significant residual physical or mental impairments generally is declined for coverage.

SINGLE EVENT DUE TO ATHEROSCLEROTIC DISEASE*				
Age at application	Younger than 45 Years Old	45 to 54 Years Old	55 Years and Older	
TIA more than 6 months from event	Table B	Table B	Table B	
CVA more than 6 months from event	Declined	Table D	Table C	
TIA or CVA less than or equal to 6 months from event	Postpone	Postpone	Postpone	

SINGLE EVENT PLUS ONE ADDITIONAL EVENT Add Single Event Rating Above to Appropriate Rating Below				
Age at application	Younger than 45 Years Old	45 to 54 Years Old	55 Years and Older	
Tia more than 1 year from event	Standard	Standard	Standard	
CVA more than 1 year from event	Decline	Table C	Table C	
CVA, significant residuals but still physically independent with normal mentation.	Decline	An additional 1 to 2 tables	An additional 1 to 2 tables	
*Credits of 1-2 tables are available for at least 2 years of stability after evaluation, treatment and recovery.				

SINGLE EMBOLIC EVENT DUE TO HEART DISEASE			
Valve Disease	Rate for valve disease, no less than Table B		
Atrial Fibrillation	Sum AF and TIA/CVA debits		

OTHER SINGLE EVENTS, FULLY RECOVERED			
TIA/CVA due to Migraine	Individual Consideration Table B or Better		
Cryptogenic event, trauma, adverse drug reaction (no longer on the offending drug)	Postpone one year then 0		
Clotting disorder, congenital heart malformation, others	Table Ratings Vary		

Non-atherosclerotic causes of stroke include aneurysms, vascular malformations, trauma, clotting disorders, emboli from abnormal heart structures, vasculitis/arteritis, adverse drug events (*warfarin, birth control pills, cocaine, amphetamine, etc.*), fibromuscular dysplasia, and spontaneous dissection. Risk assessment in life underwriting depends on the underlying cause.

When you have a prospect with stroke history, don't panic! <u>CLICK HERE</u> and get our <u>Stroke / TIA questionnaire</u>. Call the client and ask them the questions on the form then email or fax it to us. We will evaluate the risk and give you a quote in a very short period of time

Thank you for your business!

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