

*Heart Disease (Coronary Artery Disease [CAD], Arteriosclerotic HD [ASHD])*

Many names for the biggest risk we review daily. The heart is a muscle that uses oxygen from blood to function. What happens when there isn't enough blood? Chest Pain (Angina Pectoris), or Myocardial Infarction (MI), Heart Attack, or Death. When the arteries are clogged the reduction in blood flow to the heart causes either temporary pain (Angina) or permanent muscle death (MI). The concern of both the physician and the underwriter is how much damage has occurred. The investigation will begin with a resting Electrocardiogram (EKG/ECG) and progress to Treadmill, Thallium, Echocardiogram (ECHO), to MUGA Scan, to Heart Catheterization (Cath). These will give the physician the information to determine the best course of action. If vessels are completely blocked or occluded to the point that the muscle is receiving insufficient blood flow Angioplasty (PTCA) or Coronary Artery Bypass Graft (CABG) will be done. The waiting period for insurability after the event is a minimum of 3 months for the most favorable cases. The underwriter needs a great deal of information that only the physicians and hospital can provide.

The APS should include EKG's (resting & exercise), Surgical and Cath reports. We will not review until after 3 months has passed for most favorable rate. Complete post op studies to include exercise EKG and full unrestricted activities. PTCA may require the full 6 month wait due to failure generally occurring within that time frame.

The rates will be based on severity of the event. Was the PTCA or CABG done because of abnormal EKG, Angina or MI? The most favorable rate is T 2. The rate will increase from there. The applicant must complete the Chest Pain Questionnaire (CPQ) and tests results must be reviewed.