

RiskTutor, Inc/ 818-591-3882

## Benefits of Agent Tutor™

- Provide agents with the most current medical information they need to package and present their cases
- Provide agents with the most current medical information that will be of interest to their clients
- Provide agents with the most current medical information to improve their own health awareness

A “must read” for all agents working with older clients



About \$11.00 on Amazon.com

Ideal gift for baby boomer friends and family members

Will change the way you think and communicate with older adults

## Solitary Lung Nodule: Underwriting Dilemma

With the aging of the U.S. population and the advent of full body scans, it is not surprising that detection of a solitary lung nodule is a common clinical event. **Each year 150,000 of these types of nodules are found incidentally in the United States**

**The key question is whether the lesion is malignant.**

**Many solitary lung nodules are benign, but up to 40% of them are malignant. They are assumed to be malignant until proven otherwise.**

Tests used to assist in differentiate benign from malignant lesions including:

1. Chest x-ray
2. CT scan of the chest
3. VATS (Videothoroscopic)
4. PET scans
5. Biopsy

Based on the patient's history, physical examination, chest x-ray and CT scan findings, solitary lung nodules are classified as:

1. Benign
2. Malignant
3. Indeterminate

**Most solitary lung nodules (70% to 75%) are classified as radiologically indeterminate.**

**Bottom Line: Applicants discovered in the underwriting process to have a history of a solitary lung nodule are uninsurable until they have undergone an evaluation that includes a complete history, physical examination, chest x-ray, and CT scan to determine the nodules classification.**

[See this link for more information...](#)

## Peripheral Artery Disease: Underwriting Trouble

Most agents have heard of peripheral artery disease (PAD) and may know it as **intermittent claudication**. What they may not appreciate is that applicants with PAD pose a serious underwriting risk for medical problems.

**Individuals with symptomatic (i.e. leg pain) peripheral arterial disease (PAD) face up to 15 times greater risk of death from cardiovascular disease (CVD), including myocardial infarction (MI) and stroke.**

**One out of every four individuals with symptomatic PAD dies within 2 years.**

**Patients with PAD are at an 80% increased risk of acute MI within 3 years.**

**Bottom Line: Applicants with PAD may be discovered to have underlying heart disease and may be uninsurable for individual coverage.**

## An Applicant with a History of a DUI: Now What?

[Click here](#) to read what reviewers are saying and much more...

**An applicant who is discovered to have a history of a DUI (Driving Under the Influence) presents underwriting concerns.** Careful assessment of the details of the DUI will reveal its potential impact on the client's insurability. Below are the key screening questions:

1. What was the date of the DUI?
2. What were the circumstances surrounding the arrest (i.e. routine traffic stop, erratic driving, etc.)
3. Was there an accident associated with the DUI?
4. Was this the applicant's first DUI?

5. Was there any other substance involved aside from alcohol?

6. Was the applicant charged with any other traffic violation aside from the DUI (i.e. reckless driving, resisting arrest)?

7. What was the sentence for DUI?

8. Is the applicant still drinking alcohol?

**Bottom Line:** An applicant with a history of one or more DUIs who continues to drink may be uninsurable for individual coverage.

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## Medication Tutor™

**Namenda** (memantine) is the first of a new class of medications for Alzheimer's disease with a mechanism of action distinct from currently available drugs. It has been approved by the FDA for the treatment of moderate to severe Alzheimer's disease. Its RiskTutor classification is **RED** (underwriting problems).

**Bottom Line:** If an applicant is taking **Namenda**, it is important to determine the degree of severity of the dementia. **In some cases with older applicants (i.e. 80 and older), early stages of Alzheimer's disease can be insurable. This is marked change in underwriting philosophy for only a few years ago where the suspected diagnosis of Alzheimer's disease was an automatic decline.**

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## Case Tutor™

**Male 65, Non-smoker, \$3,000,000 Individual Coverage  
Height 6'1", Weight 235 lbs  
Current Medications: Hyzar, Lipitor, and Plavix**

The applicant reported a 15-year history of elevated blood pressure and a 10-year history of elevated cholesterol. His blood pressure on medication is 130/85 and his LDL cholesterol on medication is 115 with a HDL of 45. He was put on Plavix three years ago after a single episode of an irregular heart rhythm that was determined to be paroxysmal atrial fibrillation. He has maintained normal heart rhythm since then.

**Discussion:** The agent was attempting to replace an existing \$3,000,000 policy issued 8 years ago at standard rates. To justify the replacement, the new policy needed to be issued at standard rates. **By carefully documenting the applicant's success and compliance in treating his elevated blood pressure and cholesterol levels, the agent was able to utilize a "Table 3 to Standard" program to obtain a standard policy.**

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***The RiskTutor Advantage...***

RiskTutor offers a wide variety of underwriting and coaching resources for agents. Custom branded websites, exceptional speakers for agent's meetings, unique client seminar programs, and the most effective underwriting screening program in the industry are just a few of our resources.

If you would like to more about how RiskTutor can help your agency or organization, send us an email at [rtutor1@ix.netcom.com](mailto:rtutor1@ix.netcom.com) or call us 818-591-3882.