Heart failure (HF) is a clinical syndrome where the heart muscle fails to provide an adequate amount of oxygen-carrying blood flow to meet the body's demand. HF can be caused by left or right ventricular dysfunction. Left-sided heart failure is often characterized by symptoms of shortness of breath and rales (crackles heard at the lung base). Right-sided heart failure is associated with peripheral edema. Most frequently, right and left heart failure occur together.

The most common cause of HF is ischemic cardiomyopathy of coronary artery disease, which enlarges the ventricles. Other common causes of heart failure include poorly controlled hypertension, myocarditis, cardiomyopathy, valve disease, and hyperthyroidism.

Drug therapy is the primary HF treatment. Underlying conditions, such as hypertension, coronary artery disease, and arrhythmia, must be treated. Medications, including diuretics and digoxin, may be needed. Surgical treatment of heart failure may include pacemaker and defibrillator implants, coronary artery bypass or angioplasty, and repair of congenital heart and valvular heart disorders. The signs and symptoms of heart failure can improve and may disappear when HF is controlled and compensated, but this control does not cure the underlying cause of the failure. Some forms of heart failure may be curable, such as right heart failure due to pulmonary embolism, which generally resolves after treatment of the embolism.

### UNDERWRITING CONSIDERATIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart failure, present, right or left</td>
<td>Decline</td>
</tr>
</tbody>
</table>
| History of left heart failure (with or without right heart failure), due to cardiac disease, recovered | Postpone 1 year. Thereafter with stable or rising ejection fraction (EF) enter table:  
EF ≥ 55% | Non-ratable |
EF 50-54% | Table C |
EF 45-49% | Table E |
EF 40-44% | Table G |
EF < 40% | Decline |
| Left heart failure (with or without right heart failure), due to non-cardiac disease, recovered | Rate for cause only |
### UNDERWRITING CONSIDERATIONS (CONTINUED)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left and right heart failure, due to congenital heart disease or valve disease, surgically repaired and fully recovered</td>
<td>Rate for cause only</td>
</tr>
<tr>
<td>Right heart failure without left heart failure Acute, due to pulmonary embolism, recovered</td>
<td>Rate for the greater of cause, residual impairment or therapy. Current anticoagulant therapy (i.e. Coumadin, Heparin) could be rated Table B. Antiplatelet therapy (e.g. aspirin, Ticlid) is not rated.</td>
</tr>
<tr>
<td>Acute, due to myocardial infarction, recovered</td>
<td>Rate for myocardial infarction. See <em>Rx for Success</em> on Myocardial Infarction (Heart Attack).</td>
</tr>
<tr>
<td>Chronic or others</td>
<td>Individual consideration</td>
</tr>
</tbody>
</table>

To get an idea of how a client with heart failure 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 Heart Failure, use this form to Ask “Rx”pert Underwriter for an informal quote.

<table>
<thead>
<tr>
<th>Producer ___________________________</th>
<th>Phone ___________________________</th>
<th>Fax ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ____________________________</td>
<td>Age/DOB __________________________</td>
<td>Sex ____________________________</td>
</tr>
</tbody>
</table>

If your client is known to have a history of Heart Failure (HF), please answer the following:

1. **What was the cause of HF?**
   
   ______________________________________________________________

2. **When was the diagnosis made?**
   
   ______________________________________________________________

3. **Has your client had surgical heart repair?**
   
   - Yes. Type: ____________________________ Date: ____________________________
   - No

4. **Does your client have a history of any of the following? (Please provide details.)**
   
   - Hypertension ___________________________________________________________
   - Coronary artery disease ________________________________________________
   - Chronic obstructive pulmonary disease ____________________________________
   - Pacemaker

5. **Has an angiogram, echocardiogram, stress test, or heart scan been done?**
   
   - Yes. Please provide a copy.
   - No

6. **Is your client on any medications?**
   
   - Yes. Please give details. ______________________________________________
   - No

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., cancer, diabetes, etc.)?**
   
   - Yes. Please give details. ______________________________________________
   - No