

## Alcohol - Part II

Consumption of alcohol is common in American society. For the majority of drinkers of alcoholic beverages, there is little risk to health or longevity. However, **excess** alcohol intake has a substantial impact on population mortality. In applicants with a history of risky alcohol habits, an increased premium (*or possibly rejection, depending on severity*) is necessary on their life insurance policy. The underwriter will use medical records (*especially those related to treatment for substance abuse and psychiatric illness*), social profile, motor vehicle reports, laboratory results, and physical findings in order to assess the risk associated with excess alcohol consumption.

### **Complications of alcohol excess significant to life underwriting:**

**Cardiac:** Atrial fibrillation, cardiomyopathy, hypertension

**Nervous system:** Blackouts, seizures, delirium tremens (DTs), peripheral neuropathy, tremors, brain damage, psychosis, balance and gait impairments

**Gastrointestinal:** Fatty liver, hepatitis, cirrhosis, pancreatitis, gastrointestinal bleeding (sometimes massive) due to gastritis, varices, and esophagitis, cancer, diarrhea

**Bone marrow:** Abnormal blood counts including anemia

**Psychiatric and social:** Depression, anxiety, suicide, violent behavior, marital/occupational/familial problems, abuse of other drugs as well as alcohol

**Miscellaneous:** Aspiration pneumonia, accidents and trauma

Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease can be progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.

**For Internal Use Only. Not For Use With The Public.**

*This material is intended for insurance informational purposes only and is not personal medical advice for clients.*

**Binge drinking** is highly risky for accidental mortality. It is defined as heavy drinking to the point of intoxication on a periodic basis.

**Risky drinking** (*per the NIAAA - National Institute on Alcohol Abuse and Alcoholism*) is:

- For men, > 14 drinks per week or > 4 per occasion
- For women, > 7 drinks per week or > 3 per occasion

Note: One drink = 12 g of pure alcohol = 12 oz of beer = 5 oz of wine = 1.5 oz (a *jigger*) of hard liquor.

Besides the risks associated with excess alcohol intake, the underwriter also considers **favorable** historical items such as: active participation in Alcoholic Anonymous, voluntary initiation of treatment, single period of treatment or hospitalization, maintenance of stable family life, sustained employment, financial solvency, and good health without reports of violence or arrests. If the individual is able to successfully stop drinking alcohol without relapse, after seven to ten years, the mortality rate approaches that of the general population.

**Underwriting guidelines for alcohol excess are:**

Risky excess without evidence of other social, legal, health problems and no history of alcohol treatment	Table C
Others <ul style="list-style-type: none"> <li>• with evidence of financial, social, or health (<i>physical or psychiatric</i>) problems</li> <li>• with multiple DUIs</li> <li>• overt alcoholism</li> <li>• has undergone treatment</li> <li>• with abuse of other drugs</li> </ul>	Minimum postponement of 2 years. Ratings then will range from standard to Table F, depending on time since abstinence/ sobriety began.

Adjustments (*up or down*) may be made to the above ratings, depending on: severity of the excess, severity of associated complications, evidence of alcohol dependence and/or withdrawal, legal problems related to alcohol (*such as DUIs - Driving Under the Influence*), abuse of other drugs, number of relapses, and current participation in a group such as Alcoholics Anonymous.

**For Internal Use Only. Not For Use With The Public.**

*This material is intended for insurance informational purposes only and is not personal medical advice for clients.*

**Alcohol - Ask "Rx" pert underwriter**  
***(ask our experts)***

Producer \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a history of excess alcohol consumption or alcohol treatment, please answer the following:

- ① What was the date of initial treatment or diagnosis? \_\_\_\_\_
- ② Were there any relapses from sobriety/abstinence?  
 yes, please list dates \_\_\_\_\_  
 no
- ③ Were there any legal problems (*such as DUI*) or other?  
 yes, please give details including dates \_\_\_\_\_  
 no
- ④ Has your client ever had or been made aware of any of the following?  
(*check all that apply*)
  - elevated liver enzymes
  - positive alcohol marker
  - driving under the influence charge
  - family/friends' concern over drinking habits
  - blackouts
  - withdrawal seizures
  - medical complications related to alcohol (*heart, etc.*)
  - use of other substances such as marijuana or cocaine
- ⑤ Please list current medications: \_\_\_\_\_
- ⑥ What is your client's current level of alcohol consumption? \_\_\_\_\_
- ⑦ Does your client currently participate in a group such as Alcoholic Anonymous?  
 yes  
 no
- ⑧ Has your client smoked cigarettes in the last 12 months?  
 yes  
 no
- ⑨ Does your client have any other major health problems (ex: cancer, diabetes, ulcers, etc.)?  
 yes, please give details \_\_\_\_\_  
 no

After reading the *Rx for Success on Alcohol*, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

**For Internal Use Only. Not For Use With The Public.**

*This material is intended for insurance informational purposes only and is not personal medical advice for clients.*

