



Alcohol

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.

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.

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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
<p>Others</p> <ul style="list-style-type: none"> • with evidence of financial, social, or health (<i>physical or psychiatric</i>) problems • with multiple DUIs • overt alcoholism • has undergone treatment • with abuse of other drugs 	<p>Minimum postponement of 2 years. Ratings then will range from standard to Table F, depending on time since abstinence/ sobriety began.</p>

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.

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