Jack, a 54-year-old computer technician, non-smoker, is applying for permanent life insurance. While jogging three years ago, he noticed shortness of breath and palpitations. After driving himself to his doctor’s office, his physician performed an electrocardiogram, which showed an irregular heart rhythm known as atrial fibrillation (A-fib). Jack was subsequently treated with medication to slow his heart rate and convert it back to a normal rhythm. His cardiac echo, stress test and Holter monitor were normal, and he had no further episodes of the abnormal rhythm after reducing his caffeine intake.

Atrial fibrillation is the most common type of heart rhythm disturbance in the United States. The incidence of atrial fibrillation increases with age and occurs when the electrical activity of the heart becomes disorganized, causing symptoms including shortness of breath, heart palpitations, fatigue and, in some, near fainting. Individuals who have coronary artery disease, heart valve disorders and lung disease are at increased risk for A-fib. People with A-fib, especially chronic A-fib, may have increased risk of stroke and heart failure. For many, prescribed medication will reduce the heart rate or convert the heart rhythm back to normal.

Catherine is a 44-year-old executive. Two years ago, she noticed a dull ache in her right side, between her hip and ribs. The next day, she saw blood in her urine and went to see her physician, who performed an ultrasound of the kidneys. This revealed three non-obstructive kidney stones on the right side. She was encouraged to drink a lot of water and given pain medication. A few days later, Catherine underwent shock wave lithotripsy to have the stones crushed, making them easily passable through the urinary tract in the urine. Catherine made a full recovery without any complications. This event was Catherine’s second episode within the past six years.

Kidney stones are more common in men and in those with a family history of kidney stones. They often form when crystals made of minerals and acid salts begin to grow inside the kidneys. Passing kidney stones may be very painful, causing lower abdominal or back pain, pain in the area between the hip and ribs, and, in some, nausea and vomiting. Treatment includes hydration and medications for pain. If the stone is large or obstructive, surgery may be needed to remove it. Rarely, complications from kidney stones may include infection, hydronephrosis (water inside the kidney) and renal failure, which may impact mortality.

Joseph is a 35-year-old construction worker. Six years ago, he noticed a lump on the right side of his throat. His physician ordered a thyroid ultrasound, which showed a 2.5-centimeter nodule with small areas of calcification. Subsequently, a fine needle aspiration was performed showing a well differentiated, papillary thyroid carcinoma. Joseph had his thyroid removed and is now on thyroid replacement medication with normal laboratory results. There has been no recurrence of his thyroid cancer.

Papillary thyroid carcinoma is the most common form of thyroid cancer and is more common in women than men. Risk factors for thyroid cancer include advancing age, exposure to radiation or having a diet low in iodine. Most individuals with thyroid cancer have no symptoms except for swelling or a lump in the neck. If thyroid cancer is detected, there are various treatment options available depending upon the type and stage of the disease.

Continued >
Three Conditions That Could Qualify for Preferred

Questions to ask clients who have had atrial fibrillation, kidney stones or papillary thyroid cancer:

Atrial fibrillation:
- When was your atrial fibrillation diagnosed?
- Is your atrial fibrillation constant or episodic? If episodic, how often does it occur, for how long and when did it last occur?
- Have you had an echocardiogram, stress test or Holter monitor? If yes, do you know the results? Any history of heart valve disease, coronary artery disease or pulmonary disease?
- Do you have any symptoms such as shortness of breath, palpitations or fainting?
- Do you take any medications for your heart rhythm?

Kidney stones:
- How many episodes of kidney stones have you had?
- When was your last episode and how was it treated?
- Have you ever had complications as a result of having kidney stones?

Papillary thyroid carcinoma:
- When were you diagnosed with thyroid cancer?
- Was the cancer isolated to the thyroid area?
- What treatment was given?
- Has there been any recurrence of the disease?

Hypothetical Underwriting Outcomes

Jack, who has no underlying heart or lung disease, has not experienced any further episodes of atrial fibrillation in more than two years since he reduced his caffeine intake significantly. He has not needed any anti-arrhythmic medication.

For Catherine, there has been no evidence of kidney stones in over a year. Although Catherine has had recurrent kidney stones, her renal ultrasound and kidney function tests are normal.

Joseph is followed yearly by ultrasound and has no evidence of recurrence. He remains asymptomatic, and his thyroid studies are normal.

So how would Jack, Catherine and Joseph fare in Life underwriting? They all would be eligible for Preferred classes, provided they meet all other underwriting guidelines.

For more information about other possible Preferred conditions or MetLife’s underwriting guidelines, contact the Underwriting team, or refer to the Medical Impairments Guide.

These cases presented are hypothetical. Actual underwriting decisions will be based on a review of the complete medical history and all other underwriting requirements.

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