

“Although less prevalent than once thought, mitral valve prolapse is common, affecting up to three percent of the population, and it can run in families.”

Consider the following echocardiogram reports that may appear in the APS of a life insurance applicant:

1. **“normal appearing mitral valve with prolapse**, no evidence of mitral regurgitation, echocardiogram otherwise normal”.
2. **“mildly thickened mitral valve with prolapse**, mild mitral regurgitation, echocardiogram otherwise normal”.
3. **“redundant mitral valve**, moderate mitral regurgitation, dilated left atrium”.

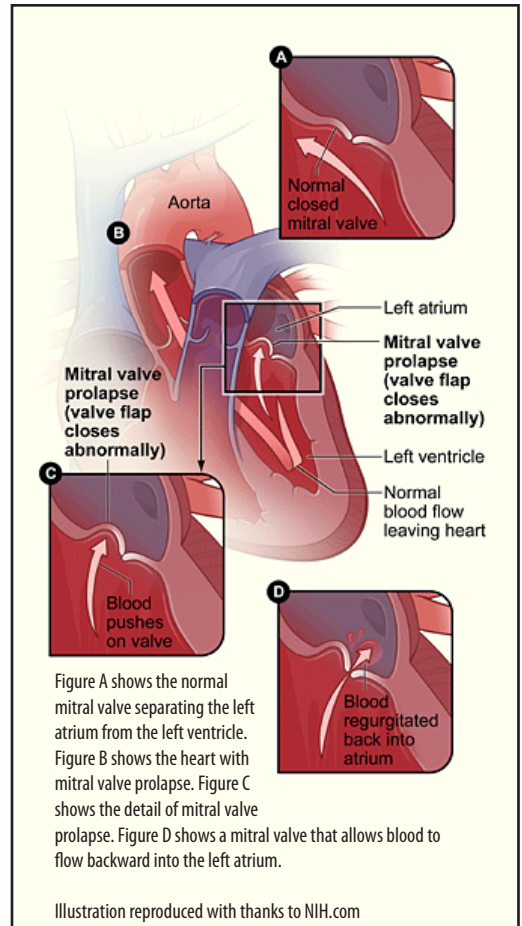
There is a good chance that you recently had an applicant with mitral valve prolapse. The mitral valve, which is located in the left side of the heart, separates the left atrium from the left ventricle, and normally prevents blood from flowing backwards (which is known as regurgitation) during systole, when blood is pumped throughout the body.

In mitral valve prolapse, one or both leaflets of the mitral valve billows up into the left atrium during systole (see illustration). A doctor might become suspicious of mitral valve prolapse if a clicking sound is heard on examination, perhaps in conjunction with a murmur. An echocardiogram is used to confirm the diagnosis.

Although it is less prevalent than once thought, mitral valve prolapse is common, affecting up to three percent of the population, and it can run in families. Most have no symptoms, although palpitations, dizziness, chest pain and panic attacks may occur.

While usually seen in isolation, mitral valve prolapse can occur in connection with certain types of connective tissue disease, congenital heart disease, kidney disease and other entities.

Prolapsed mitral valve leaflets are often thickened, and may be referred to as myxomatous or redundant.



Mitral valve prolapse usually has a favorable prognosis. However, it is the most common cause of mitral regurgitation, and a small number will have progressive regurgitation

Start a dialogue with your underwriter about...

APS ordering procedures...

call for fewer APSs in our target markets. Additional APS requests are reviewed with the team director.

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and some may require corrective surgery. Other possible but infrequent complications include abnormal heart rhythms, sudden death, endocarditis (infection of the heart valve) and neurologic events, such as transient ischemic attacks (TIAs) and strokes.

Underwriting Mitral Valve Prolapse

The presence and extent of mitral regurgitation, thickness of the mitral valve and size of the left atrium are some of the important factors considered in the underwriting of mitral valve prolapse. In the hands of a skilled Banner or William Penn underwriter, competitive offers for applicants with mitral valve prolapse can range from preferred plus, at best, to a table rated classification.

In the first APS example noted on the previous page, since the mitral valve appeared normal, there was no regurgitation and the echocardiogram was otherwise normal, **preferred plus is possible.**

In the second case, the mitral valve was thickened and there was mild mitral regurgitation. However, since the valve thickening was mild and the left atrium was of normal size, **standard plus is possible.**

In the third scenario, the amount of mitral regurgitation was sufficient to cause the left atrium to enlarge, which **would result in a rated case.** The actual rating would depend in part on the age of the applicant and the amount of left atrial enlargement. Additional considerations would be given to a demonstrated track record of stability over a number of years, with well-documented follow up records, to include serial echocardiograms.

Get To Know Our Underwriting Strengths

Our underwriting departments have been charged with fiscal responsibility, as have all business units of Legal & General America. We have to carefully balance initiatives to prove we want more business from your agency with practices that minimize mortality risk. One way to be fiscally responsible is to take advantage of the medical insights that come from innovative laboratory tests.

Some tests prove to be very beneficial and allow us to make more appropriate risk selection decisions. While it may appear that certain laboratory testing results in adverse action being taken, on the contrary, these test results often permit a more optimistic approach. For example, our use of pro-BNP testing, which we have obtained on select applicants over the past several years, often allows us to make a more competitive offer on applicants with coronary disease – sometimes even in applicants who formerly might have been declined. Additionally, we use normal hepatitis panel and CDT results to improve our rate classification of abnormal liver function tests.

Banner and William Penn underwriters practice the basic principles of risk selection. We believe each applicant has his or her own unique set of health variables that call for careful examination of the total individual.

In today's unsettled economy, a risk classification decision that does not meet the needs of the applicant can affect everyone involved in the sales process. Cases not taken may deprive a parent of financial security for his or her family, cause the loss of a business opportunity or mean less income for the agency and writing agent. Closely monitoring current medical information and lab testing trends, we are committed to providing our applicants, insureds and business partners with underwriting decisions that are representative of the highest degree of professionalism.