



## Atrial Fibrillation Info and Questionnaire

Atrial fibrillation/flutter (AF) is an arrhythmia which produces a characteristic irregularly irregular pulse. It may be paroxysmal (intermittent) or chronic (permanent).

Causes of AF include: mitral valve disease, coronary heart disease, cardiomyopathy, hyperthyroidism, fever, and alcoholism. The presence of atrial fibrillation/flutter often signifies an underlying heart disease, but not always. Studies have shown that chronic AF, even without other significant heart disease, carries an increased mortality risk. Clients with chronic AF are at a higher risk of developing blood clots which may lead to a stroke. When AF is found, medications or electrical stimulation are used to try to convert the heart rhythm back to normal (i.e. cardioversion). If successful, often the client will be continued on some medication to keep the rhythm normal. Multiple recurrences of AF increases the likelihood of developing chronic AF. If cardioversion is unsuccessful and chronic AF develops, medication is used to control the heart rate, but it remains irregular. Often, the client will also be on a blood thinner to decrease the risk of stroke.

Atrial fibrillation/flutter is rated per the schedule below:

**Example of Underwriting Guidelines for alcohol excess are:**

(Carriers will vary with underwriting decisions; this is only an example of one carrier)

<b>Paroxysmal AF (≤10 episodes/year)</b>	
"Lone" (no known heart disease and normal echocardiogram)	Non-rated
With mitral stenosis	Decline*
Others	Rated for underlying disease
>10 episodes/year	Rate as chronic AF
<b>Chronic AF</b>	
"Lone" (no known heart disease and normal echocardiogram)	Table D
"Lone" (no known heart disease, with normal echo, and on blood thinner)	Table C
Others	Table G to decline depending on underlying heart disease
With mitral stenosis	Decline*



## Underwriting Specific Conditions

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### Atrial Fibrillation Questionnaire

Producer \_\_\_\_\_ Phone \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

If your client has atrial fibrillation, please answer the following:

If your client is known to have a history of A-V Blocks, please answer the following:

1. Please list date when first diagnosed: \_\_\_\_\_
2. Is the atrial fibrillation/flutter:  
 Chronic (permanent)  
 Paroxysmal (intermittent)
3. Are there any symptoms with the irregular heart beat?  
 Black-out  
 Dizziness (light-headedness/faint feeling)  
 Palpitations  
 Chest discomfort
4. Have any of the following tests been done? If so, please give date and results:  
 ECG \_\_\_\_\_  
 Stress test \_\_\_\_\_  
 Echocardiogram \_\_\_\_\_  
 Holter monitor \_\_\_\_\_
5. Is your client on any medications?  
 Yes, please give details \_\_\_\_\_  
 No
6. The cause of the atrial fibrillation/flutter is due to:  
 Coronary heart disease     Alcohol  
 Thyroid disease             Unknown or other  
 Mitral valve disease        Cardiomyopathy
7. Has your client smoked cigarettes in the last 12 months?  
 Yes  
 No
8. Does your client have any other major health problems (ex: stroke, etc.)?  
 Yes, please give details \_\_\_\_\_  
 No