



Food for Thought

Today we are increasingly aware that the majority of North American's are following a diet that is designed for disaster, resulting in a deadly quartet of interrelated conditions that if ignored will have a profound impact on future mortality and ultimate profitability.

When we evaluate an applicant's medical evidence and find the following, what underwriting action are we prepared to take?

If a 40 year old male applicant is 5' 10" 209 lbs - then this by it self may not indicate a rating. However, what if you knew his waist was 40 inches and his BMI was 30; what action would you take?

What if the same applicant had an average blood pressure readings of 146/98; would this by itself indicate a rating? Also, what would you do if the blood pressure was treated to a normal level? What action would you take?

What if the applicant had a glucose reading of 115mg/dL? This by it self would not indicate a rating. However, what action would you take? Some of you might reflex to a Hemoglobin A1C while others might ignore the reading as borderline. Are there more cost effective accurate screening methods available such as AGP?

What about the cholesterol? What if the HDL was 40 mg/dl? This is right on the line. What action would you take? What if all of his cholesterol readings were medicated to a normal level? What if the triglyceride serum level was 170 mg/dl? Would this prompt any concern?

It's hard to know what underwriting action a company would take with an applicant demonstrating these medical characteristics, many, of which, are borderline or medicated to normal. Until recently, an applicant with these characteristics may indeed qualify for a standard contract, or at worst, a limited rating and yet what we are looking at is an applicant whose profile clearly points to an individual suffering from *Insulin Resistance Syndrome*. Today 10 to 25 percent of our adult population may be resistant to insulin and that percentage is even higher in our older population. Some studies estimate that 43% of those age 60 to 69 are at risk and the results are even worse in some of our ethnic communities.