

Crohn's Disease

Crohn's disease is sometimes called regional enteritis. There may be inflammation of any part of the gastrointestinal tract from mouth to anus. Commonly affected areas are the terminal ileum, colon and anorectal regions. Clinical features include chronic diarrhea, abdominal pain, fever, anorexia, and weight loss. Crohn's disease is most often diagnosed between the ages of 20-40. There is an increased risk of colon cancer if the disease has been present over 15 years. Treatment is similar to that of ulcerative colitis. However, over half of Crohn's patients will need some surgical intervention within 5 years. Because the entire gastrointestinal tract can be involved, surgery is not curative and recurrences following surgery are common.

UNDERWRITING CONSIDERATIONS FOR CROHN'S DISEASE

	YOUNGER THAN 45 YRS (AGE AT DIAGNOSIS)	45 YRS AND OLDER (AGE AT DIAGNOSIS)
6 months or less from diagnosis and/or severe episode	Postpone	
More than 6 months from diagnosis or severe episode and stable symptoms	Table C*	Table B*
Single episode of Crohn's more than 10 years ago, no medication for 5 years	0	
Two severe episodes in the past year or 3 severe episodes in the past 2 years	Table F	
Others, evidence of sclerosing cholangitis or dysplasia on biopsy	Decline	

^{*}One table credit if no significant episode and no medication except aminosalicylate products for five years, colonoscopy within 2 years, and current normal LFT's. Additional one table for daily oral steroids (less than or equal to 10 mg Prednisone).

Crohn's disease requiring daily steroid use requires addition of one table to above ratings. Crohn's disease with frequent flares or with disabling diarrhea is rated Class F to decline regardless of age. Continuous debilitating symptoms despite medication (including repeated hospitalization and/or surgery, weight loss and intravenous hyperalimentation/I.V. nutrition) would be a decline.

To get an idea of how a client with older age Crohn's would be viewed in the underwriting process, use the Ask "Rx" pert Underwriter on the next page for an informal quote.

This material is designed to provide general information about the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting, or tax advice. Such services should be provided by the client's professional advisors. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

Insurance issued by The Prudential Insurance Company of America and its affiliates, Newark, NJ.

NOT FOR CONSUMER USE.

© 2013 Prudential Financial, Inc. and its related entities. 0192756-00002-00 Ed. 01/2013 Exp. 01/15/2015 Rx 134

Securities and Insurance Products:

Not Insured by FDIC or Any Federal Government Agency. May Lose Value.

Not a Deposit of or Guaranteed by Any Bank or Bank Affiliate.



Rx FOR SUCCESS CROHN'S DISEASE

Ask "Rx"pert Underwriter (Ask Our Expert)		
After reading the Rx for Success on Crohn's Disease,	use this form to Ask "Rx" pert Underwriter	for an informal quote.
Producer		
If your client has Crohn's Disease, please answer the	following:	
1. Please list date of first diagnosis.		
2. Please check if your client has had:		
☐ Hospitalizations for this disorder (Date(s)) ☐ Surgery for this disorder (Date(s)) ☐ Colonoscopy (Date of most recent)		
3. Please note client's build.		
Height Weight		
4. Is your client on any medications (prescription ar	nd/or non-prescription)?	
☐ Yes. Please give details ☐ No		
5. Has your client smoked cigarettes in the last 12	months?	
☐ Yes. Please give details ☐ No		
6. Does your client have any other major health prob	blems (e.g., heart disease, etc.)?	
☐ Yes. Please give details ☐ No		