## **Kidney Function Tests (KFTs)**

Blood urea nitrogen (BUN) and creatinine are waste products in the blood that are used to evaluate kidney function. Kidney function is already considerably impaired by the time these values rise.

#### Blood Urea Nitrogen (BUN)

In underwriting, more emphasis will be put on serum creatinine. Therefore, most elevations of BUN (up to 50 mg/dl) will be disregarded if creatinine is normal. If the creatinine is elevated  $\geq 1.6$ ), and the BUN is between 21 and 40 mg/dl, rate as indicated in the rating chart below. If creatinine is elevated ( $\geq 1.6$ ) and the BUN is > 40mg/dl, the applicant will usually be declined.

#### Creatinine

While creatinine clearance is the gold standard for assessing kidney function, it requires a 24-hour urine collection. Unfortunately, collections of urine are difficult to obtain. Patients often fail to follow collection procedures correctly, and improper collection can invalidate the results. Expected value for creatinine clearance is 90-130 ml/min.

An estimate of creatinine clearance (that is, how well the kidneys are excreting creatinine) can be obtained from a mathematical formula using age, serum creatinine, and height. This calculated creatinine clearance will be used in underwriting adult applicants.

#### **Underwriting Guidelines:**

Elevated creatinine over 2 mg/dl is generally declined. For elevated creatinine (1.6 mg/dl - 2.0 mg/dl) of unknown cause in adults with completely normal urinalysis, enter calculated creatinine clearance in the table below:

Creatinine Clearance =  $(140 - age) \times ideal + in kilograms \times (0.85 + for + women)$ 

(ml/min)

72 x serum creatinine (mg/dl)

Creatinine Clearance				
Age	Creatinine Clearance	Debits		
18–55	≥70	0		
	55–69	100		
	<55	Postpone		
56–74	≥65	0		
	50–64	100		
	<50	Postpone		
75+	≥50	0		
	35–49	100		
	<35	Decline		

Decline if a diagnosis of kidney disease has been made, i.e., DM, SLE, renal disease, etc. Decline if there is evidence of progressive decline in kidney function, i.e., rising creatinine and/or decreasing creatinine clearance. Postpone for evaluation of renal disease if urine is abnormal (positive hemoglobin, >4 RBCs, any casts (other than hyaline), or ratable protein/albumin) and KFT's are abnormal.

To get an idea of how a client with a history of kidney function tests would be viewed in the underwriting process, feel free to use the attached Ask "Rx" -pert Underwriter for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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# Kidney Function Tests - Ask "Rx" -pert Underwriter (ask our experts)

Producer		Phone	Fax
		Age/DOB	Sex
If your client has abnormal kidney function tes	sts,, please answer the follo	owing:	
1. Please list diagnosis:			
2. Please check if condition is present:			
☐ Diabetes	☐ Polycystic kidney disease		
☐ Glomerulonephritis	■ Nephrosclerosis		
☐ Systemic lupus erythematosus	☐ Other		
3. Is your client on any other medications?			
☐ Yes, please give details			
□ No			
4. Please give most recent results of kidney fu	nction tests:		
□ BUN			
☐ Serum creatinine			
☐ Urinalysis			
5. Please provide height and weight:			
6. Please note if any of the following have occur	urred (Check all that apply	·):	
☐ Frequent infection			
☐ High blood pressure			
☐ Cardiovascular disease			
7. Has your client smoked cigarettes in the las	t 12 months?		
☐ Yes			
□ No			
8. Does your client have any other major health	h problems (ex: cancer)?		
☐ Yes, please give details			
□ No			
After reading the Rx for Success on Kidney Fuinformal quote.	unction Tests, please feel t	free to use this As	sk "Rx" -pert Underwriter for an

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