



Rx FOR SUCCESS

Ulcerative Colitis

Ulcerative colitis is a recurrent inflammation of the colorectum. It is characterized by bloody diarrhea, abdominal pain, fever, anemia, and weakness. It usually develops between the ages of 25–45 and 10–15% of cases have a family history of this disease. Inflammation limited to the rectum (ulcerative proctitis) is a more mild form of the disease when compared to inflammation of the entire colon. Those with ulcerative colitis have a higher incidence of colon cancer, especially if the disease has been present for more than 10 years. Regular checkups with colonoscopy are important. Treatment may include anti-diarrheal agents, 5-ASA compounds such as sulfasalazine, corticosteroids, immunosuppressive agents, or surgery. A total colectomy (removal of entire colon with or without colostomy) is curative.

UNDERWRITING CONSIDERATIONS FOR UNOPERATED ULCERATIVE COLITIS	
Please note: For rated cases, Waiver of Premium is not available.	
Unoperated, Time Since Diagnosis	Consideration
Less than or equal to 6 months from diagnosis and/or any severe episode	Postpone
From 6 months to 2 years from diagnosis and/or any severe episode	Table B to C Higher rating is for pancolitis (involvement of the entire colon)
More than 2 years	Table B*
Single episode of ulcerative colitis greater than or equal to 10 years ago and no medications for 5 years	Not-rated
2 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

* 2 table credit if no significant episode and no medication except 5-ASA compounds for 5 years, colonoscopy within 2 years, and current normal LFTs.

* Additional 2 table debit for daily oral steroids (less than 10 mg Prednisone).

If a total colectomy was done and there were no complications, standard consideration is possible 6 months after surgery. Complications may include repeated surgery, weight loss, or other system involvement (such as sclerosing cholangitis) and may lead to a higher rating or a decline depending on the severity of the complication. Surgery other than a total colectomy will be viewed based on the unoperated schedule above.

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.

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

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0191522-00004-00 Ed. 9/2016 Exp. 9/30/2018 Rx 039



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UNDERWRITING CONSIDERATIONS FOR ULCERATIVE PROCTITIS	
Within 1 year of diagnosis	Table B
Thereafter if on daily oral steroids less than 10mg prednisone	Table B
If on daily oral steroids more than 10mg a day	Rated as ulcerative colitis
Other	Not rated

To get an idea of how a client with a history of ulcerative colitis disease would be viewed in the underwriting process, please use the Ask "Rx"pert Underwriter on the next page for an informal quote.

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Ulcerative Colitis, use this Ask “Rx”pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____ Sex _____

If your client has a history of Ulcerative Colitis, please answer the following:

1. Please list date of first diagnosis.

2. Please note the type of inflammatory bowel disease present:

- Chronic Ulcerative Colitis
 Chronic Proctitis (inflammation in rectum only)

3. Is your client on any medications?

- Yes. Please give details: _____
 No

4. Please check if your client has had:

- Hospitalizations for this disorder (list dates): _____
 Surgery for this disorder (list dates): _____
 Colonoscopy (list dates of most recent): _____

5. Please note client’s build:

Height _____ Weight _____

6. Has your client smoked cigarettes in the last 12 months?

- Yes No

7. Does your client have any other major health problems (e.g., heart disease, etc.)?

- Yes. Please give details: _____
 No