Irregular Heart Beat

The heart beat is normally quite regular. Irregularity of the heart beat is called an arrhythmia. It can be felt by the individual as a palpitation or detected by checking the pulse. The irregularity may be constant or it may be intermittent or paroxysmal (comes and goes). If it is constant, it can be seen in the electrocardiogram (ECG). However, a 24 hour Holter monitor may be necessary for further evaluation. Some of the common types of irregular heart beats are discussed below.

Sinus arrhythmia is the variation of heart rhythm with breathing. The heart beat quickens on breathing in and slows on breathing out. This variation may be quite pronounced in trained athletes. This is a normal response of the heart and is not rated.

Premature supraventricular or atrial beats (PAC's) arise in the upper chamber (the atrium) of the heart. These are benign and are not rated.

Premature ventricular beats (PVC's) originate in the lower, pumping chamber (the ventricle) of the heart. When isolated, and in the absence of heart disease, PVC's do not pose a significant risk. PVC's of an unfavorable nature may include one or more of these features: association with any type of heart disease, origin from several different regions of the ventricle (multi-focal), increase in frequency with exercise, bigeminy (every other beat is a PVC), trigeminy (every third beat is a PVC), or ventricular tachycardia (a run of three or more PVC's in a row). The rating will depend on the frequency and complexity of the PVC's and the presence of underlying heart disease.

General Rating Guidelines when there is no other significant impairment:

PVC's 20 or less per minute	Non-rated
PVC's over 20/min, multifocal, couplets, bigeminy, trigeminy	Table B*
PVC's with exercise, infrequent	Non-rated
PVC's with exercise, frequent, in runs, or multifocal	Minimum Table C

^{*} Credits to lower the rating may be given for age under 40 years, or for work-up of a minimum of a normal echocardiogram and stress test.

Atrial flutter or fibrillation (AF) may be paroxysmal (intermittent) or chronic (permanent). See Rx for Success, #44.

To get an idea of how a client with a history of an irregular heartbeat would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the reverse side for an informal quote.

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Irregular Heart Beat - Ask "Rx" pert underwriter (ask our experts)

Producer	Phone	Fax
Client	Age/DOB	Sex
If your client has a history of irregular heart beat	c(s), please answer the following:	
1. Please list date when first diagnosed:		
2. Is the irregular heart beat due to (check all th	at apply):	
premature supraventricular a	atrial beats (PAC's)	
☐ premature ventricular beats	(PVC's)	
☐ multifocal		
bigeminy or trigeminy		
ventricular tachycardia		
3. Are there any symptoms with the irregular hea	art beat?	
☐ black-out		
☐ dizzyness (light-headedness))/faint feeling	
\square palpitations		
☐ chest discomfort		
4. Have any of the following tests been done? If	so, please give date and results:	
□ ECG	stress test	
<pre>chocardiogram</pre>	☐ Holter monitor	
5. Is your client on any medications?		
\square yes, please give details		
□ no		
6. The cause of the irregular heart beat is due to):	
☐ heart disease	☐ alcohol	
☐ thyroid disease	☐ unknown	
7. Has your client smoked cigarettes in the last	12 months?	
□ yes		
□ no		
7. Does your client have any other major health	problems (ex: stroke, etc.)?	
\square yes, please give details		
□ no		
After reading the Rx for Success on Irregular He	art Beat, please feel free to use th	nis <i>Ask "Rx" pert underwriter</i> for an

After reading the *Rx for Success* on Irregular Heart Beat, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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