



Rx FOR SUCCESS

Atrial and Ventricular Septal Defects

The heart has four chambers: two atria and two ventricles. A wall, known as the septum, separates the two atria and the two ventricles. Congenital holes in this septum allow blood to flow (or shunt) between the right and left sides of the heart. This abnormal flow of blood causes heart enlargement and failure. If left unchecked, it can lead to permanent heart and lung damage.

An atrial septal defect (ASD) is a hole in the atrial septum. It is a common congenital defect that sometimes is not diagnosed until adult life. There are three sub-types of ASDs, depending on the location of the opening:

- ▶ Ostium secundum defects - midseptal location
- ▶ Sinus venosus defects - high septum
- ▶ Ostium primum defects - low septum

Secundum is most common. Primum defects are usually associated with other congenital heart lesions and have a poorer prognosis than the secundum or sinus venosus type defects. In general, the smaller the hole, the better the prognosis is for all sub-types. Many small ASDs do not need intervention. Moderate to large ASDs may need surgical closure, which is ideally done in childhood. If the repair is completed before pulmonary hypertension or heart enlargement has developed, the prognosis is excellent. The risk of later complications, such as irregular heart rhythms, increases with repairs beyond age 20.

Ventricular septal defect (VSD) is hole in the septum between the two ventricles. It is a common congenital heart defect, too, and can occur alone or in association with other congenital heart lesions. Many VSDs (small and moderate in size) close spontaneously in childhood. Large VSDs are closed surgically to prevent complications.

For underwriting, an ASD or VSD without other impairment will be viewed by the schedules. If it is associated with complications, such as heart enlargement, arrhythmias, or pulmonary hypertension, or with other congenital heart lesions, it usually will be declined.

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.

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ASD Rating Schedule

OSTIUM SECUNDUM OR SINUS VENOSUS TYPE, UNOPERATED	
<ul style="list-style-type: none"> • Small, asymptomatic • Moderate and large 	Non-rated Usually postponed to age 25, then Table E
Ostium primum, unoperated	Decline
Operated ASD, no residual impairment	
<ul style="list-style-type: none"> • Ostium secundum or sinusvenosus • Ostium primum 	Non-rated to Table C, depending on age at repair. Postpone one year from surgery, then Table B to C, depending on age at repair.

VSD Rating Schedule

VSD, UNOPERATED	
<ul style="list-style-type: none"> • Small • Moderate • Large 	Non-rated Table C Decline
VSD, operated, no residual impairment	Non-rated to Table C, depending on preoperative size.

Non-rated cases would be eligible for Preferred categories if otherwise qualified.

To get an idea of how a client with a history of Atrial and Ventricular Septal Defects would be viewed in the underwriting process, 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 Atrial and Ventricular Septal Defects, use this form to Ask "Rx"pert Underwriter for an informal quote.

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

If your client has had ASD or VSD, please answer the following:

1. Please list date of first diagnosis.

2. Please check type of septal defect.

- | | |
|--|--|
| <input type="checkbox"/> ASD, ostium secundum or sinus venosus | <input type="checkbox"/> VSD, small |
| <input type="checkbox"/> ASD, primum | <input type="checkbox"/> VSD, moderate |
| <input type="checkbox"/> VSD, large | |

3. Has surgical repair(s) been completed?

- Yes. Please give details. _____
- No

4. Are any other congenital defects present?

- Yes for cardiac defects. Please give details. _____
- Yes for non-cardiac defects. Please give details. _____
- No

5. Please check if any of the following have occurred.

- Heart enlargement
- Pulmonary hypertension
- Bundle branch block on ECG
- Arrhythmia

6. Is your client on any medications?

- Yes. Please give details. _____
- No

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

- Yes. Please give details. _____
- No

8. Does your client have any other major health problems (e.g., cancer, etc.)?

- Yes. Please give details. _____
- No