

Situation

A 47-year-old male and 44-year-old female sought \$10M of survivorship coverage to fund a trust. The male was approved Preferred Best, but the female's EKG showed atrial fibrillation, despite no prior history or symptoms. The Carrier initially offered Non-Smoker Table G, citing the EKG finding, which threatened the case design.

Underwriting Strategy

We reviewed the EKG and identified features inconsistent with atrial fibrillation. The tracing was submitted to the Carrier's Medical Department with a rationale explaining why the finding should not impact rating. Our approach aimed to remove the rating without requiring additional testing.

Carrier Decisions

After reconsideration, the Carrier agreed the arrhythmia did not warrant a rating. The female's offer was upgraded from Table G to Standard Non-Smoker, aligning with the male's Preferred Best rating.

Results

- Face Amount: \$10,000,000
- Final Offer: Standard Non-Smoker (female) / Preferred Best (male)
- Case Status: Placed

Takeaway for Advisors

Not all "abnormal" exam findings reflect true risk. Careful review and advocacy can preserve preferred ratings, keep premium targets intact, and secure high-value trust cases. When unexpected medical findings arise, early engagement can turn a potential rating problem into a placed case.

Case Success

When an "Abnormal" EKG Isn't Really Abnormal

Product: SVUL

Target Premium: \$78,000

READY TO PUT US TO WORK ON YOUR NEXT CASE?