



Rx FOR SUCCESS

Lipid Levels—The Risk of Arteriosclerosis

Cholesterol and triglycerides are fatty substances (lipids) found normally in the blood. A high level of lipids in the bloodstream is called hyperlipidemia and is a major risk factor for coronary heart disease.

Hyperlipidemia can affect the heart in this way:

Cholesterol and other lipids build up in the inner lining of blood vessels like rust in water pipes and, over time, close these vessels. The narrowing of blood vessels, called arteriosclerosis, keeps oxygen-carrying blood from getting to the heart muscle. The result can be severe chest pain and eventually heart attack.

To determine the risk of arteriosclerosis from hyperlipidemia, we measure total blood cholesterol, triglycerides, low-density lipoprotein (LDL) and high-density lipoprotein (HDL). LDL seems to promote the deposit of cholesterol on artery walls, increasing the risk of heart disease. HDL, on the other hand, is thought to carry cholesterol away from the tissues, protecting against heart disease.

OPTIMAL LIPID LEVELS	
Total cholesterol	Less than 200 mg/dl
LDL	Less than 100 mg/dl
HDL	Over 40
Triglycerides (fasting)	Less than 150 mg/dl
Total cholesterol to HDL ratio	Less than 3.5

Generally, a minimum rating of Table B will be applied when any of the following are noted:

- ▶ HDL < 25
- ▶ Triglycerides \geq 1000
- ▶ Total cholesterol \geq 300
- ▶ Total cholesterol to HDL ratio \geq 8.0

Ratings will increase as these values worsen up to Table E. A ratio >11 will be rejected. Ratings for lipids are reduced at ages 66 to 75 and ratings for lipids are generally not applied for individuals over age 75.

To get an idea of how a client with abnormal lipid levels would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

This material is designed to provide general information about the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting, or tax advice. Such services should be provided by the client's own professional advisors. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

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. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

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

NOT FOR CONSUMER USE.

© 2013 Prudential Financial, Inc. and its related entities.
0192749-00002-00 Ed. 04/2013 Exp. 03/15/2015 Rx 001

Securities and Insurance Products:

Not Insured by FDIC or Any Federal Government Agency.
May Lose Value.
Not a Deposit of or Guaranteed by Any Bank or Bank Affiliate.



Prudential
Bring Your Challenges[®]

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Lipid Levels, use this form to Ask “Rx”pert Underwriter for an informal quote.

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

If your client has had elevated lipid level, please answer the following:

1. Please give the date and result of the most recent values.

Total cholesterol _____
 HDL (good cholesterol) _____
 Triglyceride _____

2. Please check if your client has had any of the following:

Chest pain or angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TIA or stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claudication or peripheral vascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Is your client on any medications?

Yes. Please give details. _____
 No

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

Yes
 No

5. Does your client have high blood pressure?

Yes. Please list most recent blood pressure. _____
 No

6. What is your client's current height and weight?

Height _____ Weight _____

7. Has a stress electrocardiogram (treadmill test) been completed within the past year?

Yes. Normal. _____ (date)
 Yes. Abnormal. _____ (date)
 No

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

Yes. Please give details. _____
 No