

**Overview:**

When it comes to alcohol use, there is no specific set level of consumption that is unanimously considered either as an “acceptable level of consumption” or “abuse”. An individual’s biochemical and psychological make-up, as well as the attitudes or expectations of a given culture and how those relate to the particular chemical, often lead to different definitions and opinions as to acceptable levels of consumption.

Most occasional users of alcohol do not use it excessively. They have a glass of wine with dinner or a beer after work. Obviously, in our culture, such use is deemed acceptable for most individuals. But once alcohol consumption increases beyond a couple of drinks per night, questions arise. For some, even with as few as two to four drinks per day, there may already be some mild medical issues, such as elevated liver functions. For others, perhaps a couple of drinks per day is the norm, but every once in a while there is more, leading to concerns in regard to accidents. Binge drinkers, frequently defined as an individuals who have more than 4 - 6 drinks during a single event, are not normally addicted. However, as some binge drinkers drive after the consumption of alcohol, their risk of accident is higher than more moderate users of alcohol. And then, of course, there are those who are truly psychologically or physiologically addicted to alcohol. They drink every day, perhaps to self-medicate another condition, such as depression.

Many alcohol users, even those who use it excessively, are never identified as excessive users. Others “get caught” and a record, such as DUI or DWI, is established. Some individuals view this “getting caught” as a wake up and stop drinking excessively or even stop all alcohol consumption. They will have experienced an instant “cure”. For those seeking treatment, some of them will end up “cured”; some will relapse; and for others treatment does not work at all. Still others deny their abusive use of alcohol and are likely to continue the abuse. Over time, such behavior often leads to medical, social, business, and family problems.

**Impact on Life Underwriting:**

Of great concern to a life underwriter for excessive alcohol users is the *risk of accident*. Evidence of alcohol abuse while driving or engaging in hazardous occupations or avocations will require a very high rating or declination. If there was only a single recent occurrence (such as a DUI) and there is no other alcohol criticism in the MVR, APS, or IR, it may be possible to negotiate for standard rates.

If a proposed insured is still drinking, and if there is evidence of organ involvement or damage, such as with significantly elevated liver functions, moderate to high ratings are the best that can be expected. Declines are common.

For significant “known” *past* alcohol abusers, applications for life insurance must be postponed for at least one or two full years following the date of last use/treatment. Table ratings and/or flat extras are common for another three years or so.

The most ideal risks are those individuals who accepted the fact they had a problem and sought proper treatment for the condition five or more years ago. These proposed insureds will often qualify for preferred or standard rates. Key to favorable life underwriting would be the resolution of any underlying difficulties that lead to the substance abuse, such as resolving marital or work related conflicts. A strong cover letter (by the proposed insured and/or the agent) explaining the circumstances of past use, as well as why these issues are no longer a concern, together with a documentable stable work history and family history, continued attendance in treatment programs such as AA, in addition to normal lab studies and a good driving record, can help reassure an underwriter that the proposed insured is truly cured.

Please call us with details about your proposed insured with a history of excessive alcohol use. The following questionnaire shows the type of information we need so that we can negotiate for the lowest possible premiums. SB 05/24/2001