

SCOTTISH  WIDOWS

Protection Underwriting Guides

Medical conditions we cover

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Abnormal cervical smear underwriting guide

Women are routinely invited to have cervical screening tests (also called smear tests). The tests are done to prevent cervical cancer, not to diagnose cancer. During each test some cells are removed from the neck of the womb (cervix), with a plastic brush. The cells are examined under a microscope to look for human papillomavirus (HPV) infection or early changes that, if ignored and not treated, could develop into cancer of the cervix.

HPV test results show whether high-risk HPV types were found in cervical cells (a positive test result) or not (a negative test result).

The results of a cervical screening test may be reported as follows:

Normal – No abnormal cell changes.

Inadequate – The test was not able to be read correctly and a repeat test may be necessary. This may be because not enough cells were collected, cells could not be seen clearly enough or an infection was present.

Abnormal

- **Borderline change** – cells are not quite normal but they are not abnormal enough to be categorised as dyskariosis.
- **Mild dyskariosis (CIN1)** – mild abnormalities in the cells of the cervix.
- **Moderate dyskariosis (CIN2)** – moderate abnormalities in the cells of the cervix.
- **Severe dyskariosis (CIN3)** – severe abnormalities in the cells of the cervix.

What information should my client provide when applying?

- Details of any outstanding treatment or follow up.
- Details of all treatment received (e.g. colposcopy, biopsy, Loop excision).
- Results of repeat cervical smear tests.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had an abnormal cervical smear test.

Are you awaiting any surgery, medical investigations or results of any tests for this condition? **No**

Have you had radiotherapy, chemotherapy, a hysterectomy, full or partial removal of the cervix, colposcopy or loop excision? **No**

Have you had a colposcopy or biopsy of the cervix? **No**

Have all your subsequent smears been normal? **Yes**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for abnormal cervical smear disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
CIN 1 – All subsequent smears normal	Standard Rates	Standard Rates	Standard Rates	Standard Rates
CIN 2 or CIN 3 – All subsequent smears normal	Standard Rates	Standard Rates or Cervical Cancer exclusion	Standard Rates or Cervical Cancer exclusion	Standard Rates or Cervical Cancer exclusion

Anaemia underwriting guide

Anaemia means that you have fewer red blood cells than normal, or you have less haemoglobin than normal in each red blood cell.

Red blood cells contain a chemical called haemoglobin. Haemoglobin binds to oxygen and takes oxygen from the lungs to all parts of the body. In either case, a reduced amount of oxygen is carried around in the bloodstream.

Iron deficiency is the most common type of anaemia. This is either caused by a lack of iron in the diet or due to blood loss (e.g. heavy periods). This is usually simply treated with a short term iron supplement.

Patients with anaemia may feel tired, fatigue easily, appear pale, develop palpitations and become short of breath.

What information should my client provide when applying?

- If this has been fully investigated and diagnosis confirmed.
- Any underlying cause.
- Associated complications.
- Treatment.
- If the condition is well controlled.



Key points

Types of anaemia such as aplastic anaemia, haemolytic anaemia and sideroblastic anaemia etc. would require a medical report to be obtained in order to assess and would usually be subject to higher ratings than those detailed in the table in Potential Underwriting Outcomes.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had anaemia.

Are you awaiting results, or are you due to attend for medical investigations with any doctor in respect of this condition? **No**

Has the condition been diagnosed as pernicious anaemia or B12 deficiency? **No**

Has the condition been diagnosed as iron deficiency anaemia, iron deficiency or been attributed to low iron levels? **Yes**

Does your GP consider your condition to be well controlled and your blood count now normal? **Yes**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for anaemia disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Mild/moderate iron deficiency anaemia, treatment may be ongoing.	Standard Rates to 50% Loading	Standard Rates to 50% Loading	Standard Rates	Standard Rates
Severe iron deficiency anaemia, under investigation, cause not identified or with severe blood loss.	Postpone	Postpone	Postpone	Postpone
B12 anaemia/pernicious anaemia. Effectively treated, no complications, regular follow up.	Standard Rates to +50% Loading	+50% Loading to Postpone	Standard Rates or Decline	Standard Rates or Decline
B12 anaemia/pernicious anaemia. With complications or less than adequately controlled.	+50% Loading to Decline	+50% Loading to Decline	Decline	Decline

Arthritis underwriting guide

Arthritis is a disease causing painful inflammation and stiffness of the joints.

The two main types are:

Osteoarthritis (OA) – results from wear and tear damage to the cartilage that acts as a protective cushion between bones, particularly in weight-bearing joints such as the knees and hips. As the cartilage is worn away, the bone forms spurs and areas of abnormal hardening. As the disorder progresses, pain results from deformation of the bones and fluid accumulation in the joints.

Rheumatoid arthritis (RA) – is a chronic inflammatory disorder that typically affects the small joints in your hands and feet. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.

What information should my client provide when applying?

- Type of treatment.
- Which joints are affected.
- If the condition affects their usual daily activities or ability to work.
- Associated complications.
- Details of any surgery.
- Details of any time off work.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had osteoarthritis.

Are you undergoing or awaiting hospital referral, tests, investigations, the results of any investigations or tests, or surgery for this condition? **No**

Have you had surgery for this condition? **No**

What treatment have you taken for this condition?
Painkillers e.g. Paracetamol

Are you subject to review by a hospital specialist? **No**

Which of the following statements best describes the severity of your condition?
Minor symptoms (such as early morning joint stiffness), reasonable range of movement, no significant effect on lifestyle or mobility

Which joints are affected by your condition? **Knee(s)**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates with a knee exclusion

Premium Protection (PP) = Knee exclusion applied (no change to premium)

Income Protection (IP) = Knee exclusion applied (no change to premium)

Arthritis underwriting guide (continued)



Key points

Rheumatoid arthritis can also affect other parts of the body including the nervous and gastrointestinal systems and also affect other organs of the body including the skin, eye, heart, lung and kidneys. If your customer has any of these complications this may affect the ratings.

Treatment with corticosteroids, methotrexate, anti-TNF agents (Infliximab, Etanercept, Adalimumab, Humira etc.) or disease-modifying anti-rheumatic drugs (DMARDs) will result in a further increased premium.

Where symptoms are severe we may require a report from a GP to assess fully.



Case study 2

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had rheumatoid arthritis and were under age 55.

Are you undergoing or awaiting hospital referral, tests, investigation, the results of any tests or investigations, or surgery for this condition? **No**

Have you had any associated symptoms such as eye inflammation, lung or breathing problems, heart or liver problems or had joint fusion surgery or joint replacement? **No**

What treatment have you been given or prescribed in the last year?
Occasional pain relief

Which of the following best describes the effect of this condition on your joints and mobility?
Slight joint swelling, slightly limited mobility

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Small rating of +50%

Critical Illness Cover = Small rating of +50%

Total Permanent Disability (TPD) = Declined

Premium Protection (PP) = Declined

Income Protection (IP) = Declined

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for Arthritis disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Osteoarthritis	*Usually Standard Rates	Standard Rates	Exclusion or Decline	Exclusion or Decline
Mild RA – minimal symptoms	Standard Rates to +50% Loading	Standard Rates to +150% Loading	Exclusion or Decline	Exclusion or Decline
Moderate RA – multiple joints affected	+50% Loading to +125% Loading	+50% Loading to Decline	Decline	Decline
Severe RA – multiple joints affected and unable to carry out usual daily activities	Need GP report	Decline	Decline	Decline

*If your client is awaiting joint surgery or uses walking aids then different ratings will apply.

If client is awaiting surgery or investigations for rheumatoid arthritis then we would postpone the application.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Asthma underwriting guide

Asthma is a disorder of the airways where the bronchi (small tubes in the airways) become inflamed and narrowed. This leads to an increase in mucus production that makes it difficult to breathe.

The usual symptoms of an asthma attack can include coughing, wheezing, shortness of breath and tightness in the chest.

The symptoms of an asthma attack are usually reversible, although the severity of symptoms varies from person to person.

What information should my client provide when applying?

- Date of last symptoms.
- Frequency of symptoms.
- Duration and effect of symptoms.
- Details of any steroid requirements (tablets not inhaler).



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had asthma and is a non smoker.

When did you last have asthma symptoms? **Today**

How often do you experience asthma symptoms?
Every day but not continuously

In the last two years, on how many days have you taken steroid tablets for your asthma? **None**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Small rating of +50%

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Small rating of +50%

Income Protection (IP) = Small rating of +50%

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for asthma disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Over two years since last taken treatment or experienced symptoms.	Standard Rates	Standard Rates	Standard Rates	Standard Rates
Regular days with no symptoms and no impact on daily activities.	Standard Rates	Standard Rates	Standard Rates	Standard Rates
Daily symptoms affecting daily activities.	50% to 100% Loading	Standard Rates to 50% Loading	Standard Rates to Decline	Standard Rates to 50% Loading
Continual Symptoms affecting daily activities and may have required oral steroids.	Decline	Decline	Decline	Decline
Rating ranges will be higher for smokers				

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Back pain underwriting guide

Your back has many interconnecting structures, including bones, joints, muscles, ligaments, nerves and tendons, all of which are capable of producing pain.

Back pain may have a sudden onset or can be a chronic pain; it can be constant or intermittent, stay in one place or radiate to other areas. It may be a dull ache, a sharp piercing pain or burning sensation. The pain may radiate into the arms and hands as well as the legs or feet, and may include symptoms other than pain. These symptoms may include tingling, weakness or numbness. Severe back pain may limit the ability to work or carry out normal activities.

What information should my client provide when applying?

- Date of last symptoms.
- Details of any surgery.
- Details of any treatment.
- Frequency of symptoms.
- Details of any time off work.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed they had back pain where no specific cause has been found or the cause is a disc problem or wear and tear.

Are you undergoing or awaiting hospital referral, tests, investigation, the results of any investigations or tests or surgery for this condition? **No**

Do you experience any bowel or bladder problems or difficulty walking that requires the use of walking aids due to this condition? **No**

Have you had surgery for this condition? **No**

Are your symptoms caused by or aggravated by your occupation? **No**

On how many separate occasions have you experienced symptoms of this condition? **Twice**

What type of treatment have you taken for this condition?
Over the counter/non prescribed medication

When did you last experience symptoms or receive treatment for this condition? **6 months ago**

How many days have you taken off work or been unable to perform your normal daily activities due to this condition in the last two years? **7**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Back exclusion (no premium change)

Premium Protection (PP) = Back exclusion (no premium change)

Income Protection (IP) = Back exclusion (with premium reduction applied due to loss of cover)

Back pain underwriting guide

(continued)



Key points

We will be required to obtain a medical report from the client's GP for back pain with:

- Associated nerve root compression causing neurological deficit (including bowel or bladder problems).
- Back problems caused by a tumour (benign or malignant).
- Spinal cord injury or for infection of the spine, the spinal cord or nerves.

If the client is undergoing or awaiting hospital referral, tests, investigation, the results of any investigations or tests or surgery, we would postpone offering terms until investigations are complete and the results were available.

Where a back exclusion is applied to Income Protection Cover, we'll also apply a premium reduction.

Terms could be affected if the client's BMI is above 35.

Terms may also be affected if the client's occupation involved manual duties.

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for Back disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Last symptoms of Back pain more than six months ago	Standard Rates	Standard Rates	Standard Rates to Exclusion	Standard Rates to Exclusion
Last symptoms within the previous six months and no more than occasional pain or stiffness.	Standard Rates	Standard Rates	Exclusion or Decline	Exclusion or Decline
Last symptoms within the previous six months and has persistent or continuous pain or stiffness.	Standard Rates	Standard Rates	Exclusion or Decline	Exclusion or Decline
Persistent, severe and disabling back pain including cervical and lumbar pain.	Standard Rates to +50% Loading	Standard Rates to +50% Loading	Back exclusion to decline	Back exclusion to decline

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Cancer underwriting guide

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease but many diseases.

Cancer types can be grouped into broader categories. The main categories of cancer include:

Carcinoma – cancer that begins in the skin or in tissues that line or cover internal organs.

Sarcoma – cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue.

Leukaemia – cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the blood.

Lymphoma and myeloma – cancers that begin in the cells of the immune system.

Central nervous system cancers – cancers that begin in the tissues of the brain and spinal cord.

What information should my client provide when applying?

- Date when all treatment was completed.
- Has there been any recurrence.
- Whether the cancer spread to the lymph nodes or other site in the body.
- Type of treatment received.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had cervical cancer.

Was the tumour described as in-situ or as cervical intraepithelial neoplasia (CIN I, II or III)? **Yes**

Are you awaiting any surgery, clinic or hospital referral, or the results of any investigations (other than routine follow up cervical smears)? **No**

Have you ever had or been advised to have chemotherapy, radiotherapy, hysterectomy, partial removal of the cervix or been referred to a colposcopy clinic? **No**

Was your last smear test result normal? **Yes**

Based on the customer's response the decision would be standard rates for all benefits.



Case study 2

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had bowel cancer.

Has your cancer recurred? **No**

Has the cancer ever spread outside of your colon (bowel) or rectum? **No**

Do you know the clinical staging or grading of your cancer? For example T1or2N0M0 or Dukes A1or2 or Stage I. **Dukes A**

Have you completed all hospital or clinic based surgery, radiotherapy and/or chemotherapy? **Yes**

When did your treatment cease? **7 years ago**

For this, please do not include any treatment with drugs such as Tamoxifen which have been prescribed to help prevent recurrence.

Based on the customer's response to these questions we would request a medical report from their GP. After obtaining a medical report it confirmed the bowel cancer staging was 'Dukes A'.

Based on this our decision would be:

Life cover = Standard Rates

Critical Illness Cover = Colorectal (bowel) cancer exclusion (no premium change)

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Cancer underwriting guide

(continued)



Key points

If investigations are ongoing and there is no final diagnosis, the application will be postponed.

We will be unable to consider terms if there is a history of cancer recurrence.

Terms can be considered for life cover and income protection between two and four years post completion of all treatment and critical illness cover will range between three and ten years post treatment, depending on the type of cancer. Please speak with our Underwriters to discuss your client's individual circumstances.

For life cover, most cancer disclosures will be subject to an additional temporary premium which will depend upon the date of last treatment.

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for cancer disclosures. A medical report will be required to assess all cancer disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Most cancer disclosures	Various outcomes could apply. More favourable decisions will apply to lower grades and the longer time has elapsed since treatment ceased.	If we can offer Life Cover at standard rates then we are likely to offer Critical Illness Cover with an exclusion. Otherwise it will be declined.	If we can offer Life Cover at standard rates then we are likely to offer TPD with an exclusion. Otherwise it will be declined.	Various outcomes could apply. More favourable decisions will apply to lower grades and the longer time has elapsed since treatment ceased.
Cancer with spread to distant parts of the body	Decline	Decline	Decline	Decline

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Crohn's disease underwriting guide

Crohn's Disease is a condition that causes inflammation of the digestive system (also known as the gastrointestinal tract or gut).

Inflammation is the body's reaction to injury or irritation, and can cause redness, swelling and pain. It most commonly affects the small or large intestine. Symptoms often include abdominal pain, diarrhoea, fever and weight loss. Other complications may occur outside the gastrointestinal tract and include anaemia, skin rashes, arthritis, inflammation of the eyes and tiredness.

What information should my client provide when applying?

- Details of current medication.
- Details of any surgery.
- Duration and frequency of attacks.
- Which part of the body is affected.
- Other associated symptoms.



Key points

We will be unable to consider terms if the client is on continuous oral steroids (e.g. Prednisolone) to control symptoms.

Steroids, Methotrexate, anti-TNF agents and some other treatments will result in an increased premium.

If surgery has taken place within the last six months or future surgery is planned, we would need to postpone six months post the date of surgery.

We can only consider an Income Protection application for a deferred period of at least 13 weeks. We can't offer 4 or 8 week deferred periods.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had Crohn's disease and is also 37 years old.

When were you diagnosed with this condition? **10 years ago**

Are you undergoing or awaiting hospital referral, tests, investigations, the results of any tests or investigations, or surgery for this condition? **No**

Have you ever suffered from eye inflammation, joint pain, liver problems, anaemia, or bile duct problems? **No**

What treatment have you been given or prescribed in the last year? **No treatment**

Which of these statements best describe the treatment you have had? **Had 1 operation**

When did you last have a flare up of symptoms? **2 years ago**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = A small loading of +50%

Critical Illness Cover = A small loading of +50%

Total Permanent Disability (TPD) = Crohn's exclusion (no premium change)

Premium Protection (PP) = Crohn's exclusion (no premium change)

Income Protection (IP) = We can only consider a deferred period of 13 weeks or longer and then would apply a Crohn's exclusion (no premium change)

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for cancer disclosures. A medical report will be required to assess all cancer disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection – 4 weeks and 8 weeks	Income Protection – 13 weeks, 26 weeks and 52 weeks
Medical treatment only, intermittent or mild symptoms, but major attack or diagnosis within the last year.	+75% Loading to +150% Loading	Postpone	Postpone	Decline	Postpone
Medical treatment only, intermittent or mild symptoms, last major attack or diagnosis over one year ago.	Standard Rates to +125% Loading	+25% Loading to +150% Loading	Standard Rates or Exclusion	Decline	Postpone, Exclude or up to 100% loading
Disease active, current major attack or symptoms.	Postpone or Decline	Postpone or Decline	Postpone or Decline	Decline	Postpone or Decline

Diabetes underwriting guide

Diabetes is a condition where the amount of glucose (sugar) in your blood is too high.

Insulin is the hormone produced by the pancreas that allows glucose to enter the body's cells, where it is used as fuel for energy. If your body does not make enough insulin or if the insulin doesn't work the way it should, glucose can't get into your cells. Your blood glucose level then gets too high, causing diabetes.

Type 1 diabetes – Is where your pancreas doesn't produce any or very little insulin.

Type 2 diabetes – Is where your body becomes resistant to insulin and is unable to use it.

What information should my client provide when applying?

- Date of diagnosis.
- Treatment.
- Last HbA1c reading.
- Any complications, including problems with your eyes, kidneys or nerves, ulcers, protein or albumin in urine.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had diabetes. They also disclosed they are aged 45 and are a non smoker.

Which type of diabetes do you have?

Type 2 or non-insulin dependent diabetes

Apart from your regular check-up, are you waiting any hospital referrals, tests or investigations, or results of tests or investigations? **No**

Have you had any kidney problems, angina/heart attack/stroke, abnormal heart test, chest pain needing clinic or hospital attendance or eye problems? **No**

When were you diagnosed with diabetes? **6 years ago**

Since you were diagnosed, have you ever stayed in hospital or visited A&E because of your diabetes? **No**

When was your most recent diabetic review? **6 months ago**

Has your diabetes ever caused tingling, numbness, eye problems, foot ulcers, amputation, hypoglycaemic or hyperglycaemic attacks, protein in urine, coma, or diabetic ketoacidosis? **No**

What was your most recent HbA1c reading? **7.5% (58 mmol/mol)**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = A loading of +100%

Critical Illness Cover = Declined

Total Permanent Disability (TPD) = Declined

Premium Protection (PP) = Declined

Income Protection (IP) = Declined

Diabetes underwriting guide

(continued)



Key points

For recently diagnosed cases of diabetes we require clients to have been taking their diabetes medication for at least six months before considering an application.

Factors that would lead to higher loadings or declination include smoking, damage to nerves (neuropathy), protein in urine, recent hospital admissions due to diabetes, obesity, hypertension and raised cholesterol.

We are unable to offer terms to anyone who is diabetic and has also suffered from a heart attack, angina or stroke.

In some cases it will be necessary to obtain a report from the client's GP in order to offer the best terms we can.

Potential underwriting outcomes

Below is a table which gives an indication of the underwriting outcomes for Life Cover.

Age at application*	HbA1c	Type 1 diabetes	Type 2 diabetes
21 to 40	Up to 8.9% or 59 – 74 mmol/l	+200% to decline	+150% to decline
41 to 60	Up to 8.9% or 59 – 74 mmol/l	+125% to decline	+75% to decline
61 and over	Up to 8.9% or 59 – 74 mmol/l	+75% to decline	Standard Rates to decline

*Age next birthday

We can consider terms for clients with higher HbA1c readings, but we are likely to need a report from their Doctor.

For Critical Illness Cover we are only able to consider terms for Type 2 diabetics for non-smokers who are aged over 50, whose diabetes is well controlled. A doctor's report will always be obtained.

We are unable to offer Income Protection to any diabetics.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Epilepsy underwriting guide

Epilepsy is a central nervous system disorder (neurological disorder) in which the activity in your brain is disturbed.

This causes a seizure during which you experience abnormal behaviour, symptoms and sensations, including loss of consciousness. The cause of most cases of epilepsy is unknown, although some people develop epilepsy as the result of brain injury, stroke, brain tumour, and drug and alcohol misuse.

Seizure symptoms vary. Some people with epilepsy simply stare blankly for a few seconds during a seizure, while others repeatedly twitch their arms or legs.

Even mild seizures may require treatment because they can be dangerous during activities such as driving or swimming. Treatment, which generally includes medications or sometimes surgery, may eliminate or reduce the frequency and intensity of seizures. Some children with epilepsy even outgrow the condition with age.

What information should my client provide when applying?

- When they were diagnosed.
- Details of any hospital admissions.
- Type of seizures.
- Number of seizures per year.
- Date of last seizure.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had epilepsy and is also 35 years old.

What was the cause of your epilepsy? **No specific cause**

Are you awaiting hospital referral, tests or investigations, results of tests or investigations, or surgery for this condition? **No**

When did you first have an attack or fit? **10 years ago**

With the exception of when you were first diagnosed with your epilepsy, have you ever been admitted to hospital as an inpatient or been treated as an emergency because of epilepsy? **No**

Which best describes the type of seizures or attacks you have?
Sudden loss of consciousness, falling to the ground, jerking movement of the limbs and possibly incontinence or tongue biting

How many days have you taken off work or been unable to perform your normal daily activities due to this condition in the last 2 years? **0**

On average, how many attacks or fits do you have a year? **10**

When did you last have an attack or fit? **5 years ago**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Epilepsy underwriting guide (continued)



Key points

We will not be able to consider an application from a client who has been diagnosed with epilepsy within the last six months.

Where the client has had a hospital admission within the last two years or the last attack is within the last year and/or very frequent (e.g. more than 24 per annum) we will require a report from their GP in order to offer the best terms we can.

If the client's occupation involves driving, working with machinery, working underground or working at heights it may have an adverse effect on our decision.



Case study 2

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had epilepsy and is also 45 years old.

What was the cause of your epilepsy? **No specific cause**

Are you awaiting hospital referral, tests or investigations, results of tests or investigations, or surgery for this condition? **No**

When did you first have an attack or fit? **2 years ago**

With the exception of when you were first diagnosed with your epilepsy, have you ever been admitted to hospital as an inpatient or been treated as an emergency because of epilepsy? **No**

Which best describes the type of seizures or attacks you have?
Momentary interruptions to your awareness/clouding of consciousness but no falling to the ground

How many days have you taken off work or been unable to perform your normal daily activities due to this condition in the last 2 years? **0**

When did you last have an attack or fit? **Last week**

On average, how many attacks or fits do you have a year? **10**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Epilepsy underwriting guide

(continued)

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for epilepsy disclosures.

Epilepsy	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Absence attacks only (including petit mal seizures) with no loss of consciousness or convulsion.	*Standard Rates to +75%	*Standard Rates to +50%	Standard Rates to decline	Standard Rates to +100%
Partial (focal) epilepsy or grand mal epilepsy. Last attack more than three years ago.	*Standard Rates to +50%	*Standard Rates to +50%	Standard Rates to decline	Standard Rates to +75% loading
Partial (focal) epilepsy or grand mal epilepsy. Last attack within three years.	*Standard Rates to +150%	*Standard Rates to decline	Standard Rates to decline	Standard Rates to decline
Other types of epilepsy such as febrile and reflex.	Usually Standard Rates	Usually Standard Rates	Usually Standard Rates	Usually Standard Rates
*The more attacks per annum would lead to the higher ratings of the range.				

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Headache underwriting guide

Headache is pain in any region of the head.

Headaches may occur on one or both sides of the head, isolated to a certain location, radiate across the head from one point, or have a vice-like quality. A headache may be a sharp pain, throbbing sensation or dull ache. Headaches may appear gradually or suddenly, and they may last less than an hour or for several days. The main types are migraine, tension-type headache and cluster.

What information should my client provide when applying?

- Frequency and severity.
- Any underlying cause.
- Results of any investigations.
- Exact diagnosis if known.
- Treatment.



Key points

We will only be able to consider terms once all outstanding tests or investigations have been completed.

For headaches/migraines increasing in frequency or severity within the last six months we would postpone the application, for increased frequency that began over six months ago we would obtain a medical report.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had headaches with no additional symptoms.

Are you undergoing or awaiting hospital referral, tests, investigations, the results of any investigations or tests, or to have surgery for this condition? **No**

When did you first experience a migraine/headache attack? **1 year ago**

Have your headaches been classed as any of the following? **Migraines**

What type of medical consultation or investigation have you had or been recommended regarding these symptoms in the last 2 years?
Have seen GP or practice nurse only

How often do you currently experience migraines?
2-3 times per month

Has the frequency or severity of your headaches/migraines changed in the last 12 months? **Stayed about the same**

Based on the customer's response to these questions we would request a medical report from their GP. After obtaining a medical report it confirmed that there was no underlying cause for the headaches.

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Exclude headaches or migraines (no premium change)

Premium Protection (PP) = Exclude headaches or migraines (no premium change)

Income Protection (IP) = Exclude headaches or migraines (no premium change)

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for headache disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Occasional, mild or moderate headaches.	Standard Rates	Standard Rates	Standard Rates	Standard Rates
Recent onset or increasing frequency or under investigation.	Postpone	Postpone	Postpone	Postpone
Hemiplegic migraine, fully investigated	Standard Rates	Standard Rates to +50% Loading	Decline	Decline
Migraine with no underlying cause	Standard Rates	Standard Rates	Standard Rates	Standard Rates

Heart-attack/angina underwriting guide

Heart Attack – Definition

Your heart muscle needs oxygen to survive. A heart attack occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely. This happens because coronary arteries that supply the heart muscle with blood flow can slowly become narrow. This is due to a build-up of fat, cholesterol and other substances that together are called plaque. When a plaque in an artery ruptures it causes a blood clot to form. This clot can potentially block the blood flow through the artery. This in turn causes that part of the heart to be 'starved' of oxygen. Within a short time, death of heart muscle cells occurs, causing permanent damage. This is a heart attack.

Angina – Definition

Angina is chest pain that occurs when the blood supply to the muscles of the heart is restricted. It usually happens because the arteries supplying the heart become hardened and narrowed. The pain and discomfort of angina feels like a dull, heavy or tight pain in the chest that can sometimes spread to the left arm, neck, jaw or back. The pain is usually triggered by physical activity or stress.

What information should my client provide when applying?

- Date of diagnosis.
- Type of treatment.
- Details of any surgery.
- A simple set of questions will rule out any customers we cannot offer terms to. We can only consider terms for Life Cover only.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had a heart attack. The customer also disclosed they are 55 years old and a non smoker. There has also been no ongoing problems, with good blood pressure control and normal cholesterol levels.

Have you had an operation for this condition? **No**

How many heart attacks have you had? **1**

When was your last heart attack? **Over 1 year ago**

Based on the customer's response to these questions we would request a medical report from their GP. After obtaining a medical report it confirmed the type of heart attack (Inferior) and well controlled blood pressure with normal cholesterol readings.

Based on this our decision would be:

Life cover = A loading of +150%

Critical Illness Cover = Declined

Total Permanent Disability (TPD) = Declined

Premium Protection (PP) = Declined

Income Protection (IP) = Declined

Heart-attack/angina underwriting guide (continued)



Key points

We are unable to consider Critical Illness Cover or Income Protection for anyone with a history of angina or heart attack.

Where a client has had two or more heart attacks we will decline the application.

Where a client has had a heart attack under age 40 it is unlikely that we will be able to offer terms but we may request a report from their GP in order to consider fully.

Where a client has another condition such as diabetes, stroke, circulatory problems or other heart problems, such as atrial fibrillation or cardiomyopathy, all applications will be declined.

Other factors such as a recent diagnosis, smoking, obesity, raised blood pressure and raised cholesterol could have an adverse effect on the terms we can offer.

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for Heart disease (heart attack or angina).

	Age next birthday	Life Cover
Heart disease	41 – 50	+150 to decline
	51 – 60	+100 to decline
	61 and over	+50 to decline

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Mental health underwriting guide

Anxiety and depression are the most common forms of mental health problems in the UK.

Anxiety can be characterised by excessive, persistent and unfounded fear or worry. If you are feeling anxious you may feel restless, experience sleeping problems and possibly physical symptoms such as increased heartbeat, muscle tension and upset stomach. If you are highly anxious then you may develop related problems such as panic attacks, phobias or obsessive compulsive disorder.

Depression lowers your mood and can leave you feeling unmotivated and exhausted. It can also affect your sleep pattern, appetite, daily activities and, in some instances, your physical health. In its mildest form, depression doesn't stop you leading a normal life but can make everything harder to do and seem less worthwhile. At its most severe, major depression can be life-threatening and can lead to suicidal ideation and also be associated with other health risks such as alcohol and drug abuse.

While depression and anxiety are separate conditions they very often coexist.

What information should my client provide when applying?

- Details of medical professionals consulted.
- Date of last symptoms.
- Details of time off work.
- Details of medication taken and any recent changes.
- Details of self-harm or attempts to take own life.
- Any positive lifestyle changes to help manage condition in the last 12 months.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer discloses they have a mental health problem but no suicidal thoughts/attempts or self-harm or self-harm thoughts.

Are you waiting to see a specialist, or have you been advised to see a specialist but with no appointment made? You don't need to tell us about any regular appointments. **No**

In the last 5 years, who have you seen for this?
A cognitive behavioural therapist (CBT), psychologist or counsellor

When were your last symptoms? **8 months ago**

In the last 5 years, how many days have you taken off work because of this? If you don't work, on how many days have you found your normal daily tasks difficult to perform? **5**

What treatment have you had? **I'm taking prescribed medication**

Has your medication started, changed or increased in the last year? **No**

In the last 12 months, excluding medication, have you sought to manage your condition by making positive lifestyle changes?
Yes – Group therapy, regular exercise and meditation

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Mental health exclusion (no premium change)

Premium Protection (PP) = 50% loading

Income Protection (IP) = 50% loading

Mental health underwriting guide (continued)



Key points

We will not decline an application online. We understand everyone experiences mental ill-health differently and telling us about their condition and how they manage this can help us decide if we can offer cover and if so, on what terms. We will ask the customer if they'd like to tell us more about their condition and if so, give them the opportunity to give us more information for our underwriters to consider.

Where a mental health exclusion is applied to Income Protection Cover, we'll also apply a premium reduction.

A recent history of excessive alcohol use in combination with a mental illness disclosure will require us to obtain a medical report.

We are unable to offer terms if there have been two or more attempts or plans to take one's own life and had suicidal thoughts within the last two years.

Associated substance abuse issues combined with mental illness disclosures will result in a decline.

Bipolar disorder, Schizophrenia or Psychosis will require us to obtain a medical report to consider offering terms.

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for anxiety and depression disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Mild Anxiety/Depression. No medication, no time off work, no current symptoms, no self-harm or psychiatric treatment.	Standard Rates	Standard Rates	Standard Rates or exclusion	Standard Rates, +50% or exclusion
Moderate Anxiety/Depression. Ongoing treatment, current symptoms, some time off work and secondary input such as psychiatry.	Standard Rates to +100% Loading	Standard Rates to +50% Loading	Exclusion or Decline	Exclusion or decline
Major Depression/Bipolar disorder. History of depression/bipolar disorder, no further medication or psychotherapy, or stabilised on treatment.	Postpone until stable then Standard Rates to +150% Loading	Postpone until stable then Standard Rates to +50% Loading	Exclusion or Decline	Exclusion or decline
Major Depression/Bipolar disorder. Symptoms present and on treatment.	Postpone or Decline	Postpone or Decline	Decline	Decline

More favourable terms will be given when the last symptoms were longer ago and also with less time off work.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Multiple sclerosis underwriting guide

Multiple sclerosis (MS) is a disease that affects the brain and spinal cord, resulting in loss of muscle control, vision, balance, and sensation (such as numbness).

With MS, the nerves of the brain and spinal cord are damaged by the body's own immune system. Thus, the condition is called an autoimmune disease.

Autoimmune diseases are those whereby the body's immune system, which normally targets and destroys substances foreign to the body such as bacteria, mistakenly attacks normal tissues. In MS, the immune system attacks the brain and spinal cord, the two components of the central nervous system.

Symptoms of multiple sclerosis vary from person to person and can change over time in the same person. The most common early symptoms include:

- Muscle weakness.
- Decreased coordination.
- Blurred or double vision.
- Pins and needles or numbness.

As the disease progresses, symptoms may include muscle stiffness (spasticity), pain, difficulty controlling urination, or problems with cognition.

What information should my client provide when applying?

- Date of diagnosis.
- Severity and frequency of symptoms.
- Relapsing-remitting or progressive type.
- Treatment.
- Degree of disability.
- We can only consider terms for Life Cover only.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they have multiple sclerosis.

Are you waiting to see a specialist, or do you have any tests or investigations outstanding, or are you awaiting the results of investigations? **No**

What sub-type of multiple sclerosis have you been diagnosed with?
Relapsing remitting multiple sclerosis

When did you first have symptoms now thought to relate to your multiple sclerosis? **5 years ago**

How best describes your multiple sclerosis?
No disability, minimal symptoms, no more than two attacks per year

Based on the customer's response to these questions we would request a medical report from their GP. After obtaining a medical report it confirmed the customer was diagnosed with multiple sclerosis five years ago and had a relapse two years ago. The report also stated that the customer is able to work full time and has minimal ongoing symptoms.

Based on this our decision would be:

Life cover = A small loading of +50%

Critical Illness Cover = Declined

Total Permanent Disability (TPD) = Declined

Premium Protection (PP) = Declined

Income Protection (IP) = Declined

Multiple sclerosis underwriting guide (continued)



Key points

We can only consider Life Cover only, we may also need to obtain further evidence where there are any vague neurological symptoms disclosed which may or may not be related to multiple sclerosis or a similar condition. Examples would include optic neuritis, trigeminal neuralgia, episodes of visual disturbance, pins and needles or paraesthesia or numbness.

We are unlikely to be able to offer terms to any client whose multiple sclerosis has led to difficulty in breathing, swallowing or eating and drinking.

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for multiple sclerosis disclosures. A report from your client's GP will be required in order to reach a decision.

	Life Cover
More than one year since diagnosis. Mild symptoms with minimal disability or slight weakness only.	+50% loading
More than one year since diagnosis. Moderate disability that may prevent full time work but client is self sufficient and socially active.	+100% to +250%
Diagnosed within one year or diagnosed as progressive.	Postpone
Requires assistance walking or uses a wheelchair.	+200 to decline

Critical Illness Cover/Total Permanent Disability/Premium Protection and Income Protection all declined.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Raised blood pressure underwriting guide

Blood pressure is determined by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries.

The more blood your heart pumps and the narrower your arteries, the higher your blood pressure. You can have high blood pressure (hypertension) for years without any symptoms. Even without symptoms, damage to blood vessels and your heart continues. Uncontrolled high blood pressure increases your risk of serious health problems, including heart attack and stroke.

What information should my client provide when applying?

- Latest blood pressure reading.
- Full details of medication.
- When their blood pressure was last checked.
- How often their blood pressure is checked.



Key points

A GP report will be required for applicants who had, or still have health issues such as kidney problems, eye problems or chest pain, or who have stopped taking prescribed treatments without being told to do so by their GP or if their blood pressure is still high.

Other factors such as obesity, smoking, raised cholesterol and family history of diseases such as diabetes and heart disease may affect the terms we can offer.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had raised blood pressure and that this was the only condition disclosed with no complications. They also disclosed they were aged 45 and smoke 20 cigarettes per day.

Apart from your regular check-up, are you waiting for any tests, investigations or referrals for your blood pressure? **No**

Are you taking prescribed treatment for your blood pressure? **Yes**

How many different medications do you take for your blood pressure? **1**

Do you know your most recent blood pressure reading? **Yes**

On your most recent blood pressure reading, what was the higher/top number? **150**

On your most recent blood pressure reading, what was the lower/bottom number? **94**

What were you told at your most recent blood pressure review?
I was told to have a review in 6 months or more

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = A small loading of +25%

Critical Illness Cover = A small loading of +50%

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = A small loading of +25%

Income Protection (IP) = a small loading of +25%

Raised blood pressure underwriting guide (continued)



Case study 2

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had raised blood pressure and that this was the only condition disclosed with no complications. They also disclosed they were aged 58 and a non smoker.

Apart from your regular check-up, are you waiting for any tests, investigations or referrals for your blood pressure? No

Are you taking prescribed treatment for your blood pressure? **Yes**

How many different medications do you take for your blood pressure? **2**

Do you know your most recent blood pressure reading? **No**

At your most recent check-up, what were you told about your blood pressure? **It's OK but slightly raised**

What were you told at your most recent blood pressure review?
I was told to have a review in the next 6 months

Based on the customers responses to these questions we would provide an instant decision of:

Life cover = A loading of +75%

Critical Illness Cover = A loading of +75%

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = A loading of +75%

Income Protection (IP) = A loading of +75%

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for blood pressure (BP) disclosures.

	Life Cover	Critical Illness Cover	Income Protection
Good control with BP less than 140/90. Up to 2 medications. No other risk factors.	Standard *	Standard*	Standard*
BP slightly elevated – BP 141-150/91-94. Up to 2 medications. No other risk factors	Standard – 25%*	25% – 50%*	Standard – 25%*
Most recent BP reading unknown but described as slightly raised and advised to have a review within 6 months. No other risk factors.	75%*	75%*	75%*

*We will require a General Practitioner (GP) report if the applicant is younger than 30 years old.

We will require a General Practitioner (GP) report if the applicant was referred to a specialist at their last BP review.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Raised cholesterol underwriting guide

Cholesterol is a fatty substance found in your blood. When you have high cholesterol, you may develop fatty deposits in your arteries.

Eventually, these deposits make it difficult for enough blood to flow through your arteries. Your heart may not get as much oxygen-rich blood as it needs, which increases the risk of a heart attack. Decreased blood flow to your brain can also cause a stroke.

What information should my client provide when applying?

- Latest cholesterol reading.
- Full details of medication.
- How often they have cholesterol checked.
- Date of last cholesterol test.
- Whether they have ever had an abnormal ECG or heart investigations.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had raised cholesterol and that this was the only condition disclosed with no complications. They also disclosed they were aged 48 and smoke 20 cigarettes per day.

Apart from your regular check-up, are you waiting for any tests, investigations or referrals for your cholesterol? **No**

Have you attended or been advised to attend a cholesterol or lipid clinic in addition to routine follow-ups with your doctor? **No**

Are you taking prescribed treatment for your cholesterol? **Yes**

How many different medications do you take for your cholesterol? **1**

What were you told at your most recent cholesterol review?
I was told to have a review in 6 months or more

Do you know your most recent cholesterol reading? **Yes**

What was your most recent cholesterol reading? **6.5**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = A small loading of +25%

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Raised cholesterol underwriting guide (continued)



Key points

We will need a report from your client's GP if:

- they are on more than one type of medication,
- they've attended or been advised to attend a cholesterol or lipid clinic in addition to routine follow-ups with their doctor,
- they've stopped taking prescribed treatment without being told to do so by a doctor or nurse,
- their cholesterol levels at their last review were high,
- they have had any abnormal investigations relating to their raised cholesterol (e.g. abnormal ECG).

Other factors such as obesity, smoking, hypertension and family history of diseases such as diabetes and heart disease can have an adverse effect on our assessment of clients who have raised cholesterol.

Where a client has been diagnosed as having familial hypercholesterolaemia we will require a report from their GP in order to offer the best terms we can. Please note that in such cases Critical Illness Cover will not be available.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 2

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had raised cholesterol and that this was the only condition disclosed with no complications. They also disclosed they were aged 48 and were a non smoker.

Apart from your regular check-up, are you waiting for any tests, investigations or referrals for your cholesterol? **No**

Have you attended or been advised to attend a cholesterol or lipid clinic in addition to routine follow-ups with your doctor? **No**

Are you taking prescribed treatment for your cholesterol? **Yes**

How many different medications do you take for your cholesterol? **1**

What were you told at your most recent cholesterol review?
I was told to have a review in 6 months or more

Do you know your most recent cholesterol reading? **Yes**

What was your most recent cholesterol reading? **7.3**

Based on the customer's response to these question we would request a medical report from their GP. The GP report confirmed that the information disclosed by the customer was correct.

Based on this our decision would be:

Life cover = A small loading of 25%

Critical Illness Cover = A small loading of 25%

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = A small loading of 25%

Income Protection (IP) = A small loading of 25%

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for disclosures of raised cholesterol.

	Age next birthday	Life Cover	Critical Illness Cover	Income Protection	Total Permanent Disability
Good control and no more than one treatment. Cholesterol between 3.5 to 6.1. No other risk factors.	Age under 34*	+50%	+50%	+50%	Standard Rates
Good control and no more than one treatment. Cholesterol between 3.5 to 6.1. No other risk factors.	Age 34 and over	Standard Rates	Standard Rates	Standard Rates	Standard Rates

*Where the client is under 34 years old next birthday we will require a report from their GP to help offer the best terms we can.

Where the client smokes more than 30 cigarettes per day and is applying for critical illness cover or smokes more than 40 cigarettes and applying for life cover, we will require the client to attend for a medical examination.

Skin cancer underwriting guide

Cancer is a term used for disease in which abnormal cells divide without control and are able to invade other tissues. These cells can spread to other parts of the body through the blood and lymphatic systems.

There are three main types of skin cancer:

Basal Cell Carcinoma – The commonest malignant condition of the skin. This develops in the basal cells that line the bottom of the outermost layer of the skin i.e. the epidermis.

Squamous Cell Carcinoma – This cancer develops in cells called keratinocytes which line the top of the epidermis.

Malignant Melanoma – The most serious malignant skin condition which arises in the pigment producing cells in the epidermis. The common sign of a melanoma is the appearance of a new mole or a change in an existing mole.

Other rarer types of skin cancer include Merkel cell carcinoma, sarcoma, Kaposi's sarcoma and cutaneous T-cell lymphoma.

What information should my client provide when applying?

- Whether the cancer spread to the lymph nodes or other site in the body.
- Type of treatment received.
- Date of last treatment.
- Has there been any recurrence.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had malignant melanoma.

Has the melanoma ever spread outside of your skin to lymph nodes and/or other parts of your body? **No**

Has your cancer recurred? **No**

Was the melanoma described as "in-situ"? **No**

Do you know the clinical staging or grading of your cancer?
For example T1aN0M0, Stage I or Clark level I (if you have had more than one melanoma then please give the staging of the most recent) **Don't know**

Have you completed all hospital or clinic based surgery, radiotherapy and/or chemotherapy? **Yes**

When did your treatment cease? **Six and a half years ago**

Based on the customer's response to these questions we would request a medical report from their GP. The GP report confirmed that the information disclosed by the customer was correct.

Based on this our decision would be:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates with skin cancer exclusion (no premium change)

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Skin cancer underwriting guide

(continued)



Key points

If investigations are ongoing and there is no final diagnosis, the application will be postponed.

We will be unable to consider terms if there is a history of melanoma recurrence.

For disclosures of malignant melanoma, terms can be considered for Life Cover between zero and four years post completion of all treatment and Critical Illness Cover and Income Protection will range between three and ten years post treatment depending on the staging.

Potential underwriting outcomes.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Malignant Melanoma	Various outcomes could apply. More favourable decisions will apply to lower grades and the longer time has elapsed since treatment ceased.	If we can offer Life Cover at standard rates then we are likely to offer Critical Illness Cover with an exclusion. Otherwise it will be declined.	If we can offer Life Cover at standard rates then we are likely to offer TPD with an exclusion. Otherwise it will be declined.	Various outcomes could apply from standard rates, to a rating, exclusion or decline. More favourable decisions will apply to lower grades and the longer time has elapsed since treatment ceased.
Malignant Melanoma with spread to other parts of the body	Decline	Decline	Decline	Decline

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Stroke underwriting guide

A stroke is the sudden death of brain cells in a localised area due to inadequate blood flow. A stroke occurs when blood flow to part of the brain is interrupted.

This could be caused by blockage or rupture of an artery to the brain. Without blood to supply oxygen, brain cells quickly begin to die. Depending on the region of the brain affected, a stroke may cause paralysis, speech impairment, loss of memory and reasoning ability. A stroke is also sometimes called a cerebrovascular accident (CVA). A stroke will lead to permanent residual symptoms but these may improve over time. A transient ischaemic attack (TIA) is often referred to as a mini stroke and occurs where there is a temporary disruption to the blood supply to a portion of the brain. This can lead to symptoms similar to a stroke but a full recovery is normal within 24 hours.

What information should my client provide when applying?

- Age at diagnosis.
- Type of treatment.
- Details of any ongoing symptoms.
- Any specific underlying cause.

A simple question set will rule out any of your clients we cannot offer terms to. We can only consider terms for Life Cover only.



Key points

We can only consider Life Cover only.

We are unable to consider terms for Critical Illness, Total Permanent Disability, Income Protection or Premium Protection cover for any disclosure of stroke. We will always require a medical report in order to fully assess TIA or stroke.

Clients with diabetes, cardiomyopathy, atrial fibrillation or heart disease will be declined.

Other factors such as raised blood pressure, cholesterol, smoking, obesity etc. may adversely affect our decision.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had a stroke and that this was the only condition disclosed with no complications. The customer also disclosed they were 56 years old and a non smoker and had no ongoing problems.

What did your doctor advise was the cause of your stroke? **Unknown**

On how many separate occasions have you suffered from this? **1**

When did this occur? **18m ago**

How best describes your current condition?

Fully recovered – no symptoms or restriction in activities

Based on the customer's response to these questions we would request a medical report from their GP. After obtaining a medical report it confirmed a minor ischaemic stroke which the customer made a full recovery from.

Based on this our decision would be:

Life cover = A loading of +150%

Critical Illness Cover = Declined

Total Permanent Disability (TPD) = Declined

Premium Protection (PP) = Declined

Income Protection (IP) = Declined

Potential underwriting outcomes

Below is a table which gives an indication of underwriting outcomes for stroke disclosures.

	Life Cover
Stroke before age 40*	Decline
**Mild Stroke – Full recovery or minimal residual symptoms	+50-250% Loading
**Moderate Stroke – Ongoing symptoms with some impact on daily activities	+100% to Decline
Major Stroke – Ongoing symptoms with significant impact on daily activities	Decline
* We would be able to consider terms if the stroke was caused by a migraine or contraceptive pill ** Ratings reduce as client's age increases These ratings also assume your client has only suffered one stroke.	

Thyroid disorders underwriting guide

The thyroid gland is the biggest gland in the neck. The sole function of the thyroid is to make thyroid hormones.

The hormones have an effect on nearly all tissues of the body where it increases cell activity. This means the sole function of the thyroid is to regulate the body's metabolism.

There are two main types:

Hypothyroidism – means a reduced level of thyroid hormone in the body. This can cause various symptoms, the most common being: tiredness, weight gain, constipation, aches, dry skin, lifeless hair and feeling cold. Treatment is usually easy by taking a tablet each day to replace the missing hormone. Treatment usually works well and symptoms usually go.

Hyperthyroidism – means a raised level of thyroid hormone for which there are various causes. This can cause various symptoms, the most common being: restlessness, tremor, weight loss, eye problems and palpitations. Treatment is usually effective. Treatment options to reduce the hormone level include: medicines, radioiodine and surgery. Long-term follow-up is important, even after successful treatment.

What information should my client provide when applying?

- Has this been fully investigated and diagnosis confirmed.
- Any underlying cause.
- Associated complications.
- Treatment.
- Whether the condition is well controlled.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had an underactive thyroid (hypothyroidism).

When did you first have symptoms of this condition? **1 year ago**

Was/is the condition associated with any cancer or malignancy? **No**

Are you now, or have you previously been, under the care of a hospital specialist? **Not seen a specialist**

Have you been told that your thyroid function is now normal (whether on treatment or not)? **Yes**

How many days have you taken off work or been unable to perform your normal daily activities due to this condition in the last 2 years? **0**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates



Case study 2

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had an overactive thyroid (hyperthyroidism).

When did you first have symptoms of this condition? **4 months ago**

Are you undergoing or awaiting hospital referral, tests, investigations, the results of any investigations or tests or surgery for this condition? **No**

Have you been told by your doctor that your thyroid condition is adequately controlled (with or without treatment)? **Yes**

Have you had any symptoms or complications including heart rate problems, other heart problems, eye or vision problems in the last 2 years? **No**

Do you now, or have you previously, taken treatment for this condition? **Currently on treatment**

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = Standard Rates

Critical Illness Cover = Standard Rates

Total Permanent Disability (TPD) = Standard Rates

Premium Protection (PP) = Standard Rates

Income Protection (IP) = Standard Rates

Thyroid disorders underwriting guide (continued)



Key points

We are unable to consider terms within the first three months of commencing treatment.

Potential underwriting outcomes.

Below is a table which gives an indication of underwriting outcomes for thyroid disclosures.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Hypothyroidism (underactive/low thyroid levels). Well controlled no associated complications.	Standard Rates	Standard Rates	Standard Rates	Standard Rates
Hyperthyroidism (overactive/high thyroid levels). Well controlled no associated complications.	Standard Rates	Standard Rates	Standard Rates	Standard Rates
Thyroid eye disease.	Standard Rates	Standard Rates with Blindness exclusion	Standard Rates with Blindness exclusion	Standard Rates with Blindness exclusion
Uncontrolled Thyroid disorders.	Postpone until stabilised for three months then Standard Rates	Postpone until stabilised for three months then rate as above	Postpone until stabilised for three months then Standard Rates	Postpone until stabilised for three months then Standard Rates

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Ulcerative colitis underwriting guide

Ulcerative colitis is a condition that causes inflammation and ulceration of the inner lining of the large intestine. Ulcerative colitis is thought to be an autoimmune condition.

This means the immune system – the body’s defence against infection – goes wrong and attacks healthy tissue. In UC, tiny ulcers develop on the surface of the lining and these may bleed and produce pus. The severity of the symptoms varies, depending on how much of the intestine is inflamed and how severe the inflammation is. Symptoms often include abdominal pain, diarrhoea and weight loss. Other linked symptoms may also occur which includes anaemia, skin rashes, arthritis, inflammation of the eyes and tiredness.

What information should my client provide when applying?

- Details of current medication.
- Details of any surgery.
- Duration and frequency of attacks.
- How much of the intestine is affected.
- Other associated symptoms.



Key points

We are unable to consider terms for clients where they’ve had any liver disease associated with their ulcerative colitis.

If surgery has taken place within the last three months or future surgery is planned, we would need to postpone three months post the date of surgery.

Important: Please remember that if a client does not answer any questions honestly and accurately we may either amend terms, decline a claim or cancel the cover.



Case study 1

The following case study is based on questions posed by our online quote and apply system if the customer disclosed that they had ulcerative colitis with no complications and is 42 years old.

When was your condition first diagnosed? **4 years ago**

Are you undergoing or awaiting hospital referral, tests, investigations, the results of any tests or investigations or surgery for this condition? **No**

Have you had surgery for this condition? **No**

What treatment have you been given or prescribed in the last year?
No medication or laxatives

In the last year, which of the following best describes your usual symptoms? **3 to 4 flare ups and symptom free in-between**

How has this condition has impacted upon your normal daily activities and ability to work during the last 12 months?
No affected daily activities

Based on the customer responses to these questions we would provide an instant decision of:

Life cover = A small loading of +50%

Critical Illness Cover = Loading of +100%

Total Permanent Disability (TPD) = Ulcerative colitis exclusion (no premium change)

Premium Protection (PP) = Ulcerative colitis exclusion (no premium change)

Income Protection (IP) = Ulcerative colitis exclusion (no premium change)

Potential underwriting outcomes.

Below is a table which gives an indication of underwriting outcomes for ulcerative colitis disclosures, we assume that there are no other complications.

	Life Cover	Critical Illness Cover	Total Permanent Disability	Income Protection
Mild ulcerative colitis, low activity of disease, less than four bowel movements per day.	Standard Rates	Standard Rates to +50% Loading	Exclusion	Exclusion
Moderate ulcerative colitis, moderate to high activity, more than four bowel movements per day; intermittent relapses (up to four per year).	Standard Rates to +50% Loading	+25% to +100% Loading	Exclusion	Exclusion
Continuous symptoms; frequent or continuous oral corticosteroid treatment.	+50 Loading to +125% Loading	+50 Loading to +125% Loading	Decline	Decline
Fulminant or severe colitis	Postpone two years post diagnosis then rating dependent on severity	Postpone two years post diagnosis then rating dependent on severity	Postpone two years post diagnosis then rating dependent on severity	Postpone two years post diagnosis then rating dependent on severity



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