

# Understanding Underwriting

A guide to medical conditions and the underwriting process

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## Welcome

The underwriting process begins with the application for cover and the questions within it.

At Aviva we aim to give as many of your clients a decision about their cover at the point of sale as possible, and our application is designed to facilitate this by asking only for relevant information.

Those applications which cannot be assessed at point of sale are passed to an underwriter. This guide has been designed to help you better understand the process these applications will go through by explaining:

- The questions on the application form and why we need the information;
- Your client's disclosures and what they are likely to mean in terms of the cover applied for;
- The types of medical evidence we ask for and why we ask for it;
- The decisions we make and how we can help you explain them to your clients.

This means you'll be able to help your client disclose the correct information, and advise them of the reasons for their cover taking a little longer to be offered.

**Aviva UK Life**

# What is Underwriting?

All applications go through a risk assessment process to determine the applicant's eligibility for cover and the premium they should pay. This process is known as underwriting.

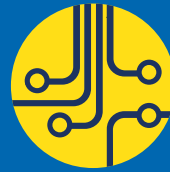
The basic premium is determined by the applicant's age and whether they have smoked tobacco or used nicotine products in the last five years. The information from the application form is then used to determine whether there is any additional risk, which is explained in this guide.

All applications are underwritten, and most will be accepted, from the application alone. By using cutting edge technology and expertly trained underwriters we ensure that even the more complex cases are handled as quickly as possible.

## Underwriting at Aviva?

The responsibilities of underwriting call for significant technical knowledge and experience. It can take many years to obtain a full underwriting authority at Aviva.

As well as internal training and coaching, the Chartered Insurance Institute (CII) offers a professional underwriting qualification which most of our underwriters hold or are studying towards.



### The technology we use to speed up decisions

**Here at Aviva we are proud to say that around 8 in 10 customers receive an immediate underwriting decision.**

We use 'intelligent underwriting systems' to speed up the underwriting process. These are what you use when you submit an application on [aviva.co.uk/adviser](https://www.aviva.co.uk/adviser). They use hard-coded rules, created by us, to generate underwriting decisions at the time you submit an application. The systems only ask questions that are relevant to the details you have entered. And, depending on the answers provided, they can ask further questions when we need more information to give a decision. These systems help us increase acceptance rates at the point of application.

An extra benefit of using these systems is that they can help reduce the amount of additional evidence we need. And because less human intervention is needed, it can lower processing costs and improve the consistency of our decisions. They also generate some useful management information, which helps us to refine our question sets further.

Medical consent will be captured as part of the online journey through an Access to Medical Reports Act (AMRA) consent form. If consent is not given, the application will not be able to proceed. We will also ask for details of your client's GP during the application process.

When we do need further detail from an applicant's GP, Aviva are now requesting reports electronically. This means we can make decisions faster and with minimum delays for your clients.



# What do we ask about?

In order for us to make an underwriting decision, we will ask that either you or your client completes a proposal form. This then becomes the basis of the insurance contract between the insurer and the insured and includes questions about build, personal and family medical history, occupation and pastimes. It is important that it is filled in truthfully and accurately.

<b>Past and present medical history</b>	Where requested it is essential to provide dates of treatment, frequency of symptoms and whether investigations or consultations are on-going/outstanding.
<b>Height, weight and waist size</b>	If a proposer falls outside our standard limits, determined by their body mass index (BMI), or their waist size, then we will increase their premium.
<b>Inherited Conditions</b>	The proposal explains the details of inherited conditions and family history that the customer needs to tell us about.
<b>Smoking</b>	As well as determining whether or not an applicant is charged smoker rates, very high consumption may result in a further increase in premium. Our definition of a non-smoker is someone who has not used tobacco products - cigarettes, cigars, pipe tobacco, chewing tobacco or the use of nicotine replacement products (such as e-cigarettes) - in the five years prior to their proposal.
<b>Alcohol consumption</b>	We do ask about drinking habits but please note moderate social drinking will not affect premiums.
<b>Recreational drug use</b>	We need to know about “recreational” drug use in the last 10 years. Recreational drugs include, but are not limited to, cocaine, heroin, amphetamines and cannabis.
<b>Occupation</b>	Very few occupations will result in a premium increase for life and critical illness cover. However the nature of duties can affect acceptability for premium protection or the definition of disability under total permanent disability (if critical illness is selected). Occupation is important for income protection for both premium setting and underwriting. The more accurate and precise you can be in providing details of the occupation, and where requested the industry involved, the easier it will be to assess.
<b>Recreational activities</b>	A number of activities can carry elements of additional risk depending on the standard and frequency with which they are practiced. Sometimes extra questions are needed to help us understand the extent of that risk.
<b>Overseas travel</b>	We ask about past travel to countries where there is a health risk, particularly HIV and hepatitis. We also ask about future travel, where we are concerned not only with a health risk, but also terrorism and areas of political instability.  More details about future travel are shown in the “Underwriting Factors” section below.



# What medical evidence could be requested?

As part of the underwriting process, we may ask for further medical information to be provided. If your client meets a certain age/cover amount, we may require some of these tests to be carried out automatically. Further information on this can be found in our medical and financial limits guide.

## General practitioner's report (GPR)

This is a report compiled by your client's GP from their medical records. In order to proceed your client must give us permission under the Access to Medical Reports Act. This will be captured at the start of the application journey. The consent form they sign tells them about their rights to view the report, and what information we will ask their GP for.

## Paramedical mini-screening (MINI)

These are carried out by a nurse, usually in the client's own home at a time convenient to them. Blood pressure, height and weight measurements, and a urine test are carried out.

## Nurse tele-interview

Occasionally we will ask a nurse to telephone the customer to ask some further questions about something they have disclosed on the proposal. This phone call doesn't usually last more than 10 minutes and will be carried out at a time convenient to the customer.

## Medical examination (MED)

This is carried out by an independent medical examiner and arranged by us by a company specialising in insurance medical services. The examination is in two parts. The first is a questionnaire about the client's medical history, family history, and smoking and drinking. The second is a physical examination including blood pressure, height and weight, a urine test and heart and chest exam.

## HIV tests

We use saliva and blood testing. All customers are told the result of an HIV test. The client will nominate a post-test counsellor in the event of the result being positive.

## Exercise ECG (ExECG)

Sensors are attached to the skin to detect the electrical signals produced by the heart while exercising on a treadmill. It is used to check the heart's rhythm and electrical activity.

## Lipid profile (LP)

A blood test to measure cholesterol and other blood fats.

## Full blood profile (FBP)

A full blood profile provides information about the types and numbers of cells in the blood, as well as a chemical analysis testing for things like kidney and liver function.

## Prostate specific antigen screening (PSA)

A blood test which is used to detect possible prostate gland problems.

## NT-proBNP

A blood test which is used to help detect heart problems.

# Underwriting decisions

The final decision on a protection application will be one of the following. Different decisions may apply to different benefits.

## Standard rates

The application is accepted as originally quoted. This will be the outcome for the majority of applicants.

## Exclusions

If an exclusion is applied to a policy it means a claim will not be paid for a specific event. Exclusions are not applied to life cover, but are commonly applied to critical illness and disability cover. We may exclude payment of a claim resulting from a high risk pursuit, or a medical condition. For example if the applicant has a recurring back problem and we apply an exclusion, it means we wouldn't pay a claim for that condition.

## Premium loadings

Where there is an additional risk of a claim we will increase the premium, known as an extra mortality loading. The extra cost is spread throughout the term of the policy. The additional risk is calculated as a multiple of the basic premium, expressed in percentages. So an extra mortality loading of +50% results in an increase in premium of 50%.

## Defer

If the risk is currently too high but may improve, an application may be deferred for a specific period of time. We would also defer an application if a customer is waiting for investigations or the results of investigations.

Once the necessary period of time has passed, or the results are known and a diagnosis made, we can reconsider an application. If this is within 90 days the existing application can be reused with the updated information being provided. Where the defer period goes past 90 days we may ask for a new application to be submitted.

## Unable to offer cover

If the risk is too great then an application will be refused.

# A guide to medical conditions

We have included some of the most common medical conditions we encounter and have incorporated:

- a brief explanation of each condition
- the usual evidence needed to underwrite
- the most likely underwriting decision
- case studies.

Please bear in mind that the terms suggested in this guide are based on the average presentation of each medical condition and are not guaranteed; we assess each applicant individually so there will be exceptions where better terms can be offered, and others where we will be unable to offer cover.

Before ringing the underwriting helpline please check this guide to see whether terms can be issued. If you need to ring the helpline for a more detailed indication of terms we have included the information you will need to get from your client.

## Medical condition guide - rating key

### Life

Mild	Up to 75%
Moderate	100 - 150%
Severe	175% up

### Critical illness & income protection

Mild	Up to 50%
Moderate	75 - 100%
Severe	125% up

Angina	8 ▶
Arthritis	9 ▶
Rheumatoid arthritis	10 ▶
Asthma	11 ▶
Back pain	12 ▶
Cancer	13 ▶
Diabetes	14 ▶
Heart Attack	15 ▶
High Blood Pressure	16 ▶
Mental Health	17 ▶
Multiple Sclerosis	19 ▶
Raised Cholesterol	20 ▶
Stroke	21 ▶
Family history	22 ▶

# Angina

## Why are we concerned?

Angina is chest pain caused by restricted blood flow to the heart muscle. It is often the first sign of coronary artery disease which also causes heart attacks and heart failure. Treatment and lifestyle changes can help manage the symptoms and reduce the chance of a heart attack, but it can't be cured.

## What terms can be offered?

We can only offer terms for life cover and our decision will depend on the extent of the underlying heart disease causing the symptoms, the customer's age, and how frequent the symptoms are. Ratings start at +100%.

We will be unable to offer cover if:

- The customer also has a history of stroke/transient ischaemic attack (TIA) or diabetes
- The customer was diagnosed at age 40 or under
- The customer is on smoker rates
- The customer has frequent symptoms (eg more than once a month or during normal activity such as climbing stairs)

## What do we need to know?

- Applicant's age
- How old they were when the symptoms started
- How often they have chest pain
- What treatment they are taking

### Life Cover



- Ratings start at +100%
- We are unable to offer cover if the customer has also diabetes, smokes, or has had a stroke / TIA



### Critical Illness

- We will be unable to offer cover



### IP/TPD/WOP

- We will be unable to offer cover



### Global Treatment

We will be unable to offer cover for Global Treatment



### Is medical evidence required?

To make a final decision we will need information about cardiac investigations which we will get from a doctor's report. We will only get a report if there is a reasonable chance of offering terms.



# Arthritis

The two most common types of arthritis are osteoarthritis and rheumatoid arthritis, but there are others such as gout, psoriatic arthritis and ankylosing spondylitis which are not covered here.

## Osteoarthritis

### Why are we concerned?

Osteoarthritis is the deterioration of joints as cartilage wears away and bone surfaces rub together causing pain and restriction of movement. This can affect people's ability to do their job, particularly if they have an active occupation.

### What terms can be offered?

- Life cover and critical illness are rarely affected, unless the arthritis is severe and disabling, when a small rating may be applied.
- Usually the arthritic joint is excluded from IP, TPD and WOP.
- If more than two joints are affected, we may exclude arthritis from the cover, rather than just the affected joints.



#### Life Cover

- Usually standard rates



#### Critical Illness

- Usually standard rates



#### IP/TPD/WOP

- Joints or arthritis usually excluded



#### Global Treatment

Global Treatment is acceptable

# Rheumatoid arthritis

## Why are we concerned?

Rheumatoid arthritis is an inflammatory condition where the joints are painful, stiff and swollen. Continuous inflammation can eventually cause destruction of the joint. Other organs may also be affected such as the eyes, heart, blood vessels and nerves. The condition might also cause general fatigue and weakness which can be disabling.

## What terms can be offered?

- Ratings for life and CI will depend on the severity of the condition. Severity is based on the frequency and extent of symptoms. If the condition is mild and in remission (ie no flare ups) then we should be able to accept at ordinary rates. Ratings then increase with the severity of the condition. Only the most severe cases, where joint destruction is extensive and disabling, mean we'll be unable to offer cover, or where the heart or blood vessels are also involved.
- Rheumatoid arthritis is an insured condition on upgraded CI, so where a diagnosis has already been made or is suspected the condition will always be excluded, whether a rating has been applied or not. The exclusion makes it clear the policyholder cannot claim for rheumatoid arthritis, while the extra premium covers the increased risk of claims for other conditions and provides security to the customer that other critical illnesses are covered.
- We are unable to offer cover for IP, TPD and WOP.



### Is medical evidence required?

If the condition appears severe we may request a doctor's report which will include blood test results and other details, but we should be able to get all the information we need from the application or a nurse tele-interview.

### Life Cover



- Mild, in full remission, usually standard rates
- Severe, disabling, minimum +250

### Critical Illness



- Mild: Core CI O/R, upgraded CI exclude RA
- Severe: rate up to +150, also exclude RA on upgrade



### IP/TPD/WOP

- We will be unable to offer cover

### Global Treatment



- mild - accept
- Severe - we will be unable to offer cover

## What do we need to know?

The decision will be based on the severity of the condition and whether it is active or in remission. Severity is classified according to:

- Which joints are involved and the extent of swelling and limitation of movement
- How frequent the symptoms (eg pain, joint stiffness) are
- Whether other parts of the body are affected apart from the joints
- Treatment prescribed (including physiotherapy)
- Whether assistive devices are required (eg a stick or wheelchair)
- Whether in remission (ie pain and symptom free) and if so, for how long

# Asthma

## Why are we concerned?

Asthma is a respiratory condition where the airways become inflamed and narrowed, obstructing the airflow and causing wheezing and coughing. It is a very common condition, usually managed with inhalers which either prevent the symptoms, or which relieve the symptoms by relaxing the airways, or a combination of the two. Most people are able to control their condition with these inhalers and are usually acceptable at ordinary rates or with a small rating. However, uncontrolled or severe asthma may lead to complications, and can be life threatening, therefore we can't completely ignore it.

## What terms can be offered?

- The majority of applications are accepted at ordinary rates
- Continuous treatment with steroid tablets, hospital admissions and frequent symptoms will result in a rating
- People with asthma who smoke will sometimes be rated and in some instances we may be unable to offer cover - this will depend on the history.

## What do we need to know?

Asthma is most commonly treated with inhalers. There are two types - a preventer inhaler which is used regularly once or twice a day to stop symptoms from occurring, and a reliever inhaler which is used when needed to relieve acute asthma symptoms quickly. If these inhalers don't work then other treatments are available and the most common one we see is steroid tablets. Preventer inhalers often contain a small dose of steroids but this is not the same as steroid tablets. Our assessment is based on:

- Frequency of symptoms requiring a reliever inhaler
- Treatment especially other than reliever and preventer inhalers, including dates if not continuously prescribed
- Dates of any hospital admissions in the last five years
- Time off work and impact on daily activities

### Life Cover



- Mild, usually standard rates
- More severe +50 to unable to offer cover

### Critical Illness



- Mild, usually standard rates
- More severe +25 to unable to offer cover

### IP/TPD/WOP



- Mild, usually standard rates
- More severe +50 to unable to offer cover

### Global Treatment



acceptable unless very severe and disabling



### Is medical evidence required?

If the condition appears severe we may request a doctor's report which will include lung test results and other details, but we should be able to get all the information we need from the application or a nurse tele-interview.

# Back pain

## Why are we concerned?

Back pain is the leading cause of disability, so a history of back pain is significant for income protection, TPD and WOP. Although it may be caused by a slipped disc, sciatica or something more serious, very often no underlying cause is identified, and x-rays and CT scans can be normal when there are symptoms. Back pain can be made worse by being overweight, and chronic pain may affect other conditions like depression.

## What terms can be offered?

Most often we are asked when a spine exclusion is going to be imposed. Our decision will be based on:

- Time off work
- Time since last symptoms
- How many episodes there have been and over how long
- Whether the customer has a manual or sedentary job

A minimum of an exclusion will be applied when:

- There has been recurrent back pain or recent symptoms
- The customer has required more than a week off work in the last two years

If there is a known underlying cause then the assessment will be based on that rather than the symptoms of back pain alone.



### Life Cover

- standard rates



### Critical Illness

- standard rates



### IP/TPD/WOP

- usually excluded



### Global Treatment

Global Treatment is acceptable



### Is medical evidence required?

Not usually. If anything needs to be clarified from the application we will ring the customer or get a nurse tele-interview.

# Cancer

Cancer is the uncontrolled growth of cells. There are many different types of cancer and it is a complicated condition with decisions ranging from ordinary rates to unable to offer cover. The terms we offer depend on the type of cancer, how long ago it was treated and whether it has spread.

## What terms can be offered?

- We will not be able to offer terms until initial treatment has been successfully completed. For some cancers there is an additional postponement period of up to five years before terms can be offered
- We will always exclude the specific cancer from critical illness. Sometimes an extra premium will also be charged to cover the complications of treatment or the possibility of secondary cancers developing.

## What do we need to know?

The main piece of information we use to rate cancer is the classification, which a patient doesn't often have. However, we can give an idea of a likely indication of the loading with the following information:

- Location/type of cancer
- How long ago initial treatment (surgery, chemotherapy or radiotherapy) was finished and the customer was told they were in remission.
- Whether the cancer has spread e.g. to lymph nodes or other parts of the body

If the customer does know the classification we will be able to be more accurate when indicating terms. They may have this information from their hospital discharge letter. The most common classification is known as "TNM" although there are others.

Other information which may be available is:

### Breast cancer

- Tumour size
- Tumour grade
- Whether any maintenance treatment is being prescribed such as tamoxifen or Herceptin

### Skin melanoma

- Tumour thickness
- Clark level



### Life Cover

- terms depend on how long in remission



### Critical Illness

- terms depend on how long in remission
- cancer will always be excluded



### IP/TPD/WOP

- terms depend on how long in remission



### Global Treatment

We are unable to offer cover for Global Treatment

There are many factors which affect a rating for cancer. We are unlikely to be able to give an indication of terms unless you know the full details about the tumour itself.

- To illustrate this, assume a client applies after a history of breast cancer which was treated 1 year ago – the outcomes vary dependent on the specific tumour details as shown below:
- **T1N0M0** – small tumour, no spread – terms can be offered with a loading and after a couple of years the applicant could potentially reapply and receive standard rates.
- **T3N1M0 grade 2** – large tumour with spread to lymph nodes – terms cannot be offered until at least five years after initial treatment is completed, then a significant loading would apply. As time passes from treatment the loadings improve, this means a client could potentially reapply for more favourable terms under a new policy in the future.

This shows why it is important to get the full information before asking for an indication of terms.



### Is medical evidence required?

In most cases we will request a report from the customer's GP for the technical information we require.

# Diabetes

Diabetes is a term used to describe a number of conditions characterised by high blood sugar levels, the most common being type 1 diabetes, type 2 diabetes and gestational diabetes. There are other rarer types which are not covered here.

- **Type 1 diabetes:** The pancreas does not produce any insulin. This is usually diagnosed in childhood and lifelong insulin injections are essential.
- **Type 2 diabetes:** The pancreas produces insulin but not enough, or else it produces insulin but the body's cells don't respond to it.
- **Gestational diabetes:** The pancreas does not produce enough insulin to meet the extra needs during pregnancy.

## Why are we concerned?

Sugar in the blood destroys blood vessels, which is one of the causes of the complications of diabetes. Complications include serious health problems such as heart disease, stroke, kidney failure, blindness and limb amputation. If the condition is well controlled then complications are less likely to occur. Control and compliance with treatment are therefore an important part of the assessment.

## What terms can be offered?

- We will be unable to offer cover if the customer also has a history of stroke/TIA, kidney disease, heart disease or has had limb amputations
- We will be unable to offer cover if the customer has not attended for a follow up review within the last 12 months
- We may be unable to offer cover if the customer has a combination of raised blood pressure, raised cholesterol or smokes
- If gestational diabetes fully resolves with normal blood sugar levels we can accept at ordinary rates with one exception. If the patient was prescribed insulin, there is an increased chance of developing Type 1 diabetes so we will exclude type 1 diabetes if they have applied for upgraded critical illness.

### Life Cover



- type 1 - rated from +100 to unable to offer cover
- type 2 - rated from +25 to unable to offer cover
- gestational diabetes - std if resolved



### Critical Illness

- unable to offer cover



### IP/TPD/WOP

- unable to offer cover



### Global Treatment

We are unable to offer cover for Global Treatment

## What do we need to know?

- Type of diabetes
- How long ago it was diagnosed
- Whether there are any complications with the eyes, feet or kidneys
- The results of the latest clinic check up will help and the customer should have the details of their HbA1c (a measure of blood sugar), blood pressure and urine test.



### Is medical evidence required?

Depending on the details given on the application, we are often able to make an immediate decision. If there are any missing details, questions about control or complications, we will request a report from the GP.

# Heart Attack

## Why are we concerned?

A heart attack is where the blood flow through the heart vessels is blocked. The heart muscle becomes starved of oxygen and is permanently damaged as a result. The prognosis depends on how much of the heart is affected. More extensive damage means the heart is weaker, and this can lead to heart failure. Having one heart attack increases the probability of having another, with the risk of further impairment.

## What terms can we offer?

We are unable to offer cover for critical illness and disability benefits.

We will be unable to offer life cover if the applicant is a smoker, has had a stroke/TIA, has diabetes, has had more than one heart attack, or is experiencing frequent angina symptoms.

We will not offer any cover for 6 months following a heart attack.

We are unable to offer cover to applicants diagnosed at age 40 or under.

Applicants aged 41 - 45 - terms may be available following a minor heart attack but for most we will be unable to offer cover.

Applicants aged 45 - 70 - basic terms range depending on the customer's age when they apply and the type of heart attack they had.

We then make adjustments to the rating according to the part of the heart affected and the extent of the damage, using information from ECGs, echocardiograms and other tests. We will get this information from the customer's GP.



### Life Cover

- terms depend on age, severity of heart damage, and whether there are other related risk factors



### Critical Illness

- unable to offer cover



### IP/TPD/WOP

- unable to offer cover



### Global Treatment

We are unable to offer cover for Global Treatment



## Is medical evidence required?

To make a final decision we will need information about the type of heart attack, extent of damage, and the result of recent cardiac investigations which we will get from a doctor's report. We will only get a report if there is a reasonable chance of offering terms.



# High Blood Pressure

## Why are we concerned?

If blood pressure is too high it puts strain on the blood vessels. This affects the heart, brain, kidneys, eyes and other organs, causing heart attacks, heart failure, strokes, kidney failure and blindness. High blood pressure itself rarely causes symptoms. It is usually discovered by chance on routine health checks, or when it has already caused organ damage.

## What terms can we offer?

The terms we offer are based on how well controlled the blood pressure is.

Blood pressure readings consist of two parts. The first is the systolic reading which measures the force at which the heart pumps the blood round the body. The second is the diastolic reading which measures the pressure in the arteries when the heart is at rest. A normal reading varies by age but as a guide anything above 140/90 would be considered abnormal.

If the customer has well controlled blood pressure, complies with their treatment and follow up with their GP, and has no complications or other risk factors, they will usually be accepted at standard rates for all benefits. There is an exception to this where a young person (under the age of 30) who is on treatment for raised blood pressure may be rated for critical illness cover even if their blood pressure is well controlled.

The higher the reading is the higher the extra premium, until we reach a level at which we would not offer terms.

If there are other risk factors such as smoking, obesity, raised cholesterol, or a family history of heart disease, stroke and diabetes this is likely to increase the premium further. We will also need to know whether the applicant has any of the complications of high blood pressure such as urine abnormalities or eye problems. Again, this will increase the rating if terms are possible.



### Life Cover

- standard if under control



### Critical Illness

- standard if under control



### IP/TPD/WOP

- standard if under control



### Global Treatment

acceptance depends on Critical Illness rating

## What do we need to know?

- Ratings are based on blood pressure readings so if the customer knows this it will be very helpful. Many people have home blood pressure monitors so we will use that reading, it does not have to be from a doctor but needs to be on the GP records.
- If the customer does not know what their blood pressure level is we can get an idea of whether we can offer terms by finding out how often they see their GP, when they last went, what they were told about their blood pressure at the time, and whether their treatment has been changed.
- Whether they have any of the complications and risk factors mentioned earlier
- Treatment prescribed



### Is medical evidence required?

We can usually get enough information from the application form to see whether the blood pressure is under control. If necessary we will ring the customer or get a nurse teleinterview. If there are complications we may request a GP report.



# Mental Health

## (mild depression, anxiety and stress)

Mental health covers a very wide range of conditions including anxiety, depression, post traumatic stress disorder, bipolar affective disorder and psychoses. Each of these conditions has a wide range of diagnoses and differing levels of severity. Anxiety and depression are two of our most frequent disclosures. Conditions such as bipolar disorder or schizophrenia, or which have required inpatient hospital treatment are much less common and are not covered here.

### Why are we concerned?

Mental health conditions are one of the leading causes of disability claims. Mental health can also affect physical health which also has implications for both life and critical illness cover.

### What terms can be offered?

- Terms will depend on the diagnosis, and the frequency and severity of symptoms.
- Symptoms of mental health disorders tend to fluctuate, even when on treatment. We will need to know how severe the symptoms generally are, for example do they stop the customer from doing their job or normal, everyday activities? Or do they have no symptoms at all, or do they have occasional low moods or episodes of anxiety?
- We also need to know how frequent the symptoms are. They might be constant, or occur in episodes. An episode is where symptoms are severe enough to prompt a visit to the GP, a change in medication, additional counselling or referral to the mental health team, for example.



#### Life Cover

- Depends on symptoms



#### Critical Illness

- Depends on symptoms
- Psychosis and bipolar disorder may be excluded on upgraded critical illness cover



#### IP/TPD/WOP

- usually exclude



#### Global Treatment

Global Treatment will be accepted

# Mental Health

## (mild depression, anxiety and stress)

The terms we can offer depend on the benefit applied for.

### Life cover

- A single episode of mild depression is normally only rated if there are current symptoms.
- If there has been more than one episode ratings increase according to the severity, frequency and date of last symptoms.

### Critical illness

- An extra premium will not usually be charged for mild mental health conditions.
- If upgraded CI has been applied for psychosis and bipolar disorder may be excluded depending on the diagnosis, the history, and the age of the applicant.

### Income protection/TPD/WOP

- Depression and anxiety are a leading cause of disability claims, so if a client has had a history of these conditions we will usually exclude them from IP, TPD and WOP.
- If the symptoms are of recent onset or worsening, we may postpone cover to give treatment time to work.
- If there has been a lot of time off work, or more severe symptoms, we may not be able to offer cover at all.

### What do we need to know?

- Diagnosis
- Date of onset of symptoms
- Treatment, including counselling
- Time off work
- Frequency of symptoms
- Severity of symptoms



### Is medical evidence required?

Mental health conditions are more variable than most other medical conditions we assess. The course of the symptoms, and recovery, varies widely from person to person.

In most cases the information provided on the application form will allow us to make an automatic decision.

If we require additional information we may follow up the application with a call or email to the customer to clarify their disclosures. We will ask for the customer's contact preference on the application form, and we have underwriters who are trained to deal with the sensitive nature of these calls.

# Multiple Sclerosis

## Why are we concerned

- Multiple sclerosis is a progressive neurological condition. It can cause serious disability, and there is a reduced life expectancy associated with complications of paralysis.

## What terms can be offered?

- Because of the high chance of disability and the complications that can arise from MS, we will only offer terms for life cover.
- Because the condition is unpredictable, we will rate +200 during the first year after diagnosis.
- The most common type of MS is where there are recurrent periods of symptoms followed by periods of remission; this is called relapsing-remitting MS. If the customer has this type of MS terms will depend on the extent of disability:
  - No or minimal disability +50 - +75
  - Can walk without aids, social and work life not affected although may be prevented from working full-time or in an active occupation +100 - +150
  - May use sticks or a wheelchair but carry out the activities of daily living without help - ratings start at +200
- There is a type of MS where the patient does not go into remission; this is called progressive MS and ratings start at +200
- If there are complications or the customer is dependent on someone else to look after them, we will be unable to offer cover.

## What do we need to know?

- The type of MS eg progressive or relapsing-remitting.
- The extent of disability
- Frequency of relapses



### Life Cover

- +50 to unable to offer cover depending on symptoms/severity



### Critical Illness

- unable to offer cover



### IP/TPD/WOP

- unable to offer cover



### Global Treatment

we are unable to offer cover for Global Treatment



## Is medical evidence required?

Most customers are able to get an automatic decision. We will contact the customer if we need to clarify the customer's disclosures wherever we can, but sometimes we will have to request a GPR.

# Raised Cholesterol

## Why are we concerned?

Cholesterol is a fatty substance made by the liver which is essential for the normal functioning of the body. It is circulated in the blood and if it is too high it deposits fat in the blood vessels which can restrict the flow of blood and is a major cause of heart attacks and strokes.

## What terms can be offered?

- If the cholesterol levels are under control, usually by taking a drug known as a statin, we will accept all benefits at standard rates.
- If cholesterol levels are not being controlled by treatment then our rating will be based on the most recent cholesterol level.
- The effects of high cholesterol are made worse by raised blood pressure, diabetes, smoking and a family history of stroke or heart disease, so if any of these risk factors are present this is likely to increase the rating.
- There's also an inherited condition called familial hypercholesterolaemia, which can cause high cholesterol even in someone who eats healthily, or takes a statin. High cholesterol will be found at a young age and the patient will be referred to a specialist clinic for treatment and care. We can consider life cover only, and this will incur higher ratings.

## What do we need to know?

- Date of diagnosis
- Date and result of last cholesterol test
- Treatment, including referrals to a specialist clinic
- Other risk factors - height/weight, family history, smoking, raised blood pressure



### Life Cover

- standard if under control



### Critical Illness

- standard if under control



### IP/TPD/WOP

- standard if under control



### Global Treatment

Global Treatment is acceptable



## Is medical evidence required?

Most customers will get an immediate decision. If there are any missing details, questions about control or complications, we will call the customer for the details. In some circumstances we may need a GPR.

# Stroke

## Why are we concerned?

A stroke is where the blood flow through the blood vessels in the brain is blocked, or where a blood vessel ruptures and bleeds into the brain. The brain becomes starved of oxygen and is permanently damaged as a result. Recovery is variable depending on the extent of the damage to the brain. There may be anything from almost total recovery to permanent total paralysis down one side of the body.

## What terms can be offered?

- Because of the high chance of disability and the complications that can follow a stroke, and the chance of further stroke, we will only offer terms for life cover.
- We will always defer cover for six months following a stroke

## We will be unable to offer cover to:

- applicants diagnosed at age 40 or under
- anyone who cannot live independently, needs a wheelchair or cannot walk without assistance
- anyone who has had more than one stroke
- customers who have additional risk factors such as smoking, diabetes, heart disease, heart valve problems or irregular heartbeat
- Ratings then depend on age and the extent of limitations on usual activities, with younger people being rated more heavily if we can offer terms

## What do we need to know?

- Type of stroke if known (eg caused by bleeding or a clot)
- Extent of recovery or disability
- Age of customer
- Date of stroke – or confirmation it was over 6 months ago
- Any other risk factors (smoker status, height/weight, or other medical conditions such as raised blood pressure/cholesterol)

### Life Cover



- terms depend on age, extent of brain damage, and whether there are other related risk factors



### Critical Illness

- unable to offer cover



### IP/TPD/WOP

- unable to offer cover



### Global Treatment

We are unable to offer cover for Global Treatment



### Is medical evidence required?

Yes, we will get a report from the customer's GP.

# Family history

## Why are we concerned?

Family history is recognised as a significant factor in identifying someone's susceptibility to certain medical conditions, either because there is a direct known genetic link, or because there is a higher incidence of medical conditions in families with affected individuals than in the general population.

The following list includes most of the main conditions with a significant familial element that we need to know about:

- Alzheimer's disease
- blood disorders (haemophilia or other bleeding problems, thalassaemia, sickle cell disease)
- cancer - particularly breast, ovarian and bowel
- cardiomyopathy
- coronary artery disease
- Huntington's disease
- motor neurone disease
- multiple sclerosis
- muscular dystrophy
- Parkinson's disease
- polycystic kidney disease
- polyposis coli (FAP)
- stroke
- type 2 diabetes

There are many other conditions which run in families so we also ask whether an applicant has been advised to have any screening. This has to be disclosed if the customer is applying for critical illness or income protection.

## A note about genetic tests

There are two categories of genetic test; predictive and diagnostic. A predictive genetic test is one where the patient has no symptoms but wants to know whether they are at an increased risk of developing a condition in the future. We cannot use predictive genetic tests to underwrite (apart from Huntington's disease and then only if the applicant has life cover over £500,000 in the market including the policy they are applying for), so if someone's mother has breast cancer for example, and she is found to be carrying one of the genes associated with breast cancer, her daughters can have a test to see whether they carry the same gene. If this test is positive we won't ask about it and we won't use it if we are told about it; we will just make our decision on the basis of the family history.

However, if the customer has had a negative test they can tell us, and we can take that into account, although a negative test doesn't necessarily mean we can ignore the condition.

A diagnostic genetic test is one which confirms a condition that the patient already has symptoms of. Our assessment is based on the symptoms and diagnosis which the customer discloses on the application.

# Family history

## What terms can be offered?

A disclosure of a family history of an inherited condition does not automatically result in an increased premium or an exclusion. It will depend on the condition, what is known about its heritability, the number of family members affected and at what age, and the age of the customer too.

- If someone is undergoing regular surveillance for their condition eg bowel, breast or ovarian cancer, polycystic kidney disease, cardiomyopathy or familial polyposis this will almost certainly result in an extra premium and if the condition is specifically covered under critical illness cover it will be excluded.

We only ask about conditions which are diagnosed before the family member is 60. Whether we ask about a condition also depends on the age of the customer and benefits applied for. This means the questions asked vary from customer to customer.

Terms depend on how many family members are affected and at what age. This table gives an idea of the basic terms for family history only. This may change depending on the customer's own health.

There are some rare conditions like polycystic kidney disease and cardiomyopathy where we would expect the applicant to have undergone regular screening to look for early signs of the condition. If they have not been screened we may not be able to offer terms.

## What do we need to know?

- How many relatives are affected and at what age their diagnosis was made (not the age of death, if applicable)
- When applying we only ask about family history that is relevant. So for example we will not ask about a family history of multiple sclerosis for life cover because it will not be rated.



### Is medical evidence required?

We will usually be able to make a decision from information on the application form unless the customer indicates they are undergoing screening. It may be necessary to request the details from the customer's GP.

# Underwriting Factors

Here we explain in more detail the common factors that underwriters use in their assessment:

**Build** ▶

**Smoking / Alcohol** ▶

**Drugs** ▶

**Occupation** ▶

**Travel / HM Forces** ▶

**Pursuits** ▶



Obese people are more prone to heart disease, strokes, high blood pressure, diabetes, chronic depression and many other life threatening conditions. The key obesity measure is BMI (Body Mass Index). The BMI compares weight with height, irrespective of sex. It is calculated by dividing weight in kilos by height in metres squared (m<sup>2</sup>).

BMI is an accurate reflection of body fat percentage in the majority of the adult population.

A typical classification of BMI is:

**<17 Underweight**

**18-25 Healthy**

**26-30 Overweight**

**31-35 Obese**

**36-40 Severely obese**

**>40 Morbidly obese**

BMI is sometimes criticised as a crude measure of obesity. Though it does not actually measure the percentage of body fat, it is a useful tool to estimate a healthy body weight based on how tall a person is. Due to its ease of measurement and calculation, it is the most widely used diagnostic tool to identify weight problems. As the acceptable weight range will usually include moderately overweight, the limitations of BMI for applicants are of little concern in life assurance.

In addition to BMI, it is widely recognised that adipose obesity is a risk factor for cardiovascular and metabolic disorders. Where a customer's BMI indicates they are overweight they may also be asked to provide their trouser, skirt or dress size.

## Underweight

Underweight may be an indication of malnutrition, but it can be a normal body state in an otherwise healthy individual.

Underweight may be secondary to, or symptomatic of, an underlying medical condition, or an eating disorder.

Unexplained weight loss requires professional medical diagnosis.

Complications of being underweight can include increased risks such as infections, falls, fractures and osteoporosis.

## Obesity

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy. Obesity is a leading preventable cause of death worldwide, with increasing prevalence in adults and children. Authorities have often cited it as one of the most serious public health problems of the 21st century.

The prime cause of obesity is excessive calorific intake – often combined with a sedentary lifestyle. Genetics may have a role, as obesity often runs in families. Occasionally, obesity may be due to another medical condition or the treatment of another condition.

Medical risks of obesity include:

- High blood pressure
- Ischemic heart disease, angina and myocardial infarction (heart attacks)
- Congestive cardiac failure
- Raised cholesterol
- Deep vein thrombosis/pulmonary embolism
- Diabetes mellitus
- Strokes
- Gout
- Osteoarthritis
- Low back pain
- Fatty liver disease
- Chronic renal failure
- Gallstones
- Asthma
- Cancer (breast, ovarian, oesophageal, colorectal, liver, pancreatic, gallbladder, stomach, endometrial, cervical, prostate, kidney)
- Non-Hodgkin's lymphoma
- Multiple myeloma
- Obstructive sleep apnoea
- Polycystic ovarian syndrome
- Gastro-oesophageal disease
- Being overweight or obese puts additional strain on the joints, which is particularly significant for disability benefits, especially if someone already has arthritis in their weight bearing joints (hips, knees, ankles).

# Smoking

Aviva uses the following classification rules for smokers, ex-smokers and non-smokers.

**Smoker** - someone who is either a current smoker or who has used cigarettes, tobacco or nicotine replacement products in the last 12 months. Applicants who only use e-cigarettes containing 0% nicotine can class themselves as a non-smoker.

**Ex-smoker** - someone who has smoked within the last five years but not in the last 12 months.

**Non-smoker** - someone who has never used cigarettes, tobacco or nicotine replacement products.

## The implication of smoking on life, critical illness and income protection insurance

- Smokers pay a higher standard premium.
- High levels of tobacco consumption may lead to a loading on top of the smoker rates, and we may be unable to consider those with very high consumption.
- Where conditions are directly affected by smoking, we may be unable to offer cover or ratings will be increased.
- An accurate and reliable test for the presence of cotinine (a by-product of nicotine) is routinely used by insurers to test declared non-smokers.
- We will be unable to offer cover to smokers diagnosed with the following conditions:
  - Asthma with continual symptoms
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Heart attack/disease
  - Stroke or transient ischaemic attack (TIA).

# Alcohol

The consumption of alcohol plays a social role in many cultures. However, there are health risks associated with drinking above government recommended safe limits.

We ask how much someone drinks on average during the week, and whether they have been advised to stop or reduce their drinking.

## The implication of excessive alcohol consumption on life, critical illness and income protection insurance.

- If the customer is drinking above a moderate amount we will either increase the premium or request a GP report to see whether the applicant has any alcohol related illnesses.
- If there is a history of alcohol dependence we may offer terms, but only after a period of complete abstinence.
- If alcohol is affecting health or is linked to other medical conditions or concerns, we are unlikely to be able to offer cover.

# Drugs

We ask whether the applicant has used recreational drugs, stimulants, sedatives, anabolic steroids or methadone in the last 10 years. Recreational drugs include cannabis, cocaine, ecstasy etc. We will be unable to offer cover on any application where the applicant has used drugs (except cannabis) within the last five years.

For cannabis use, terms will depend on frequency of use and associated risk factors. Final decisions usually vary from standard rates to smaller premium increases, but in some instances, we may not be able to offer cover.

For all other recreational drugs (other than cannabis), once the last use was more than five years ago, the application will be referred to manual underwriting and subject to a GP report if we can consider cover. The premium is likely to be increased if we are able to offer terms.

## The implication of drug abuse on life, critical illness and income protection insurance.

- Drug use (other than cannabis only) will be declined for any use within the last 5 years. After 5 years, any ratings for the historic drug use will depend on the type of drug(s) used, time since last use, and any associated health consequences.
- Cannabis use only can potentially be considered even with current use, but this depends on the frequency of use and if there are other risk factors.

### Types of drugs

<b>Stimulants</b>	The most widely abused stimulants are cocaine, crack (a pure form of cocaine) and amphetamines.
<b>Depressants</b>	These are substances that slow down or depress the central nervous system. Depressant drugs include alcohol, barbiturates and tranquillisers.
<b>Analgesics</b>	Analgesics are substances that provides relief from pain. Mild analgesics, such as aspirin or paracetamol are relatively harmless. Analgesic drugs of abuse are far stronger than this and are all powerful pain killers. Some are refined from an extract obtained from opium poppies ( <i>Papaver somniferum</i> ) and are classed as “opiates” and some are produced by chemical synthesis.
<b>Hallucinogens</b>	Drugs that affect a person’s perception of sights, sounds, touch, smell etc. Some of the stronger hallucinogens can exert a powerful effect on a drug user’s thinking and self-awareness. They include mescaline (found in magic mushrooms) LSD, MDA (methylenedioxyamphetamine) and Ecstasy (methylenedioxymethamphetamine - or MDMA).

# Occupation

All applicants are asked to provide their occupation. Further details may be required for disability related benefits - total permanent disability, waiver of premium or income protection.

## Life

Very few occupations will lead to a loading. Some examples of possibly loaded occupations: working on a trawler, manual occupations engaged in tunnelling, mining, quarrying, offshore oil/gas industry, working outside at heights, non-commercial flying, some armed forces (see HM Forces).

## Critical Illness

A small number of occupations will be subject to an additional clause that excludes claims arising from carrying out their occupation. Such occupations include those that are rated for life cover and some that are not acceptable for income protection.

## Income Protection

Occupation is key to determining the premium here. Further details are provided in our Occupation Guide.

# Travel

Travel risk is assessed as part of the application. Everyone is asked about any future travel intentions:

**“Are you currently living outside of, or during the next 12 months, do you intend to spend more than 30 days outside the UK, EU, other Western European countries, North America, Australia or New Zealand?”**

**You can ignore holidays lasting less than one month, business trips of up to one week provided they do not total more than 12 weeks and postings as members of HM Forces”**

We have strict conditions about the residency eligibility of the applicant and policyholder. This varies according to the type of cover applied for. Please refer to the terms and conditions of the contract for full details.

Assessment of future travel is based on where the applicant travels to, the frequency and duration of trips, and the reason, as well as the cover applied for.

When we are assessing foreign travel we take into account:

- areas of political instability
- health risks
- availability of medical facilities.

# HM Forces

**Members of the armed forces are asked:**

**“Are you currently on, or within the next 12 months are you due to go on, a tour of duty to an active theatre of operations, or an overseas operational deployment to a high risk country?”**

**A high-risk country includes any country where there is an active war or conflict, civil unrest or terrorism.**

If the answer to this question is no then most service personnel can be accepted for life cover at standard rates. Exceptions are higher risk duties such as dealing with unexploded ordnance (“bomb disposal”), air crew and special services such as SAS. If an applicant answers yes then the terms we offer depend on the destination and their duties.

## Critical illness

Armed forces personnel are acceptable for critical illness, but we will apply one of two exclusions, depending on their duties.

For higher risk roles such as special services, pilots and helicopter aircrew, dealing with unexploded ordnance (“bomb disposal”) and diving, we will apply an exclusion which means we will not pay a claim for critical illnesses resulting from any incident, accident or injury occurring while undertaking duties on behalf of, or during service with the Armed Forces or any other militia. For most other member of the armed forces the exclusion applies only while they are undertaking those duties in an active theatre of operations or an area of hostility, war or conflict.

## Income protection

We don’t offer this to members of the armed forces.

# Pursuits

Some pursuits present an increased risk - usually from accident or injury.

The pursuits that we ask about vary according to benefit applied for:

Pursuit	Asked about?			Likely outcomes		
	Life insurance	Critical illness	Income protection	Life insurance	Critical illness	Income protection
Diving	Yes	Yes	Yes	Standard if trained, accompanied, to less than 40m and not in caves, wrecks or other risks. Otherwise loaded.	Standard if trained, accompanied, to less than 40m and not in caves, wrecks or other risks. Otherwise pursuit excluded.	Standard if trained, accompanied, to less than 40m and not in caves, wrecks or other risks. Otherwise pursuit excluded.
Mountaineering/ rock climbing	Yes	Yes	Yes	Standard if UK only, up to 4,000m or traditional climbing up to HVS (hard, very severe) level and not winter climbing. Otherwise loaded.	Standard if UK only, up to 4,000m or traditional climbing up to HVS (hard, very severe) level and not winter climbing. Otherwise pursuit excluded.	Pursuit excluded.
Flying (other than as a fare paying passenger), hang gliding or paragliding	Yes	Yes	Yes	Usually loaded.	Pursuit excluded.	Pursuit excluded.
Motorcar or Motorbike racing	Yes	Yes	Yes	May be loaded.	Pursuit excluded.	Pursuit excluded.
Parachuting, skydiving or BASE jumping	Yes	Yes	Yes	Usually standard if less than 50 jumps per year. We are unable to offer cover to BASE jumpers.	Pursuit excluded.	Pursuit excluded.
Caving or Potholing	No	Yes	Yes	N/A	Pursuit may be excluded.	Pursuit excluded.
Powerboat racing	No	Yes	Yes	N/A	Pursuit may be excluded.	Pursuit excluded.
Transocean sailing or offshore racing	No	Yes	Yes	N/A	Pursuit may be excluded.	Pursuit excluded.
Full contact martial arts, combat sport or boxing	No	Yes	Yes	N/A	Pursuit may be excluded.	Pursuit may be excluded.
Any extreme sport, for example bungee jumping (other than one off bungee jumps), white water rafting, cliff or free diving etc.	No	Yes	Yes	N/A	N/A	Pursuit excluded.
Equestrian sport other than private hacking	No	No	Yes	N/A	N/A	Pursuit excluded.
Winter sports other than holiday skiing or snowboarding for pleasure	No	No	Yes	N/A	N/A	Depends on activity - will usually be excluded.

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