Holloway Friendly

Underwriting Guide

My Sick Pay and Classic Plus

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Keeping life colourful

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Introduction

We are committed to income protection. Since 1875 we've been supporting people who are unable to work due to illness and injury. We aim to make income protection more inclusive and accessible to all. We can help you and your clients get the right income protection to help keep their lives colourful.

This guide is designed to help you through the underwriting process by detailing:

- The types of medical evidence we may ask for
- The types of decisions we may offer
- An explanation of each condition
- The information we need to know for each condition
- An indication of terms that may be offered for the most common medical conditions we are asked about.

This guide covers how we currently treat increased risk, however, please note that our underwriting practices can change at any time.

The loadings indicated are intended only as a guide and all underwriting decisions are subject to the receipt of a completed application form with full medical disclosure and, where applicable, the relevant further medical information. Our application provides free text enabling you to present the full story about your client as we understand that everyone's journey is different.

As some disorders present a cumulative risk when encountered together (e.g. BMI, raised blood pressure, raised cholesterol, family history), the final loading may be more than the individual loading for each condition combined.

If you have any questions about an application regarding a specific medical condition, a complex case, a hazardous hobby or occupation, you can speak directly to one of our experienced Underwriters.

Medical evidence we may request

No automatic medical evidence

We don't ask for the routine medical evidence that other insurers might ask for. This means we do not have any automatic medical evidence limits regardless of the benefit amount applied for. In most cases we should be able to get all the information we require from the application or nurse tele-interview. We will only ask for relevant medical evidence where essential for the underwriting risk assessment.

Application form or nurse tele-interview

Applications can be made by an online application form or a tele-interview (depending upon the benefit amount required). The tele-interview is carried out by a nurse working for an outsourced specialist provider who will telephone the applicant at a pre-arranged time. Both online applications and tele-interviews collect medical and lifestyle information, occupation and pastimes details.

GP Report (GPR) and Targeted GP Report (TGPR)

GPRs are obtained from the applicant's own Doctor. The Doctor completes the report from their medical records. A TGPR is a report from the applicant's own Doctor for a specific condition based on information in their medical records. Where we need to obtain information from the applicant's own Doctor we will require a signed and dated Access to Medical Reports form (AMRA) to be completed prior to us being able to request a report.

Mini-screening

This involves the applicant being visited by a nurse (usually at the applicant's home) from our outsourced supplier. The visit includes: height and weight measurement, urine test and blood pressure measurement.

Blood or other tests

We may also require the following tests:

- Full lipid profile – blood test to check blood fat levels including cholesterol
- Full blood profile – blood test to check haematology, biochemistry including kidney and liver function and full lipid profile
- HIV test – we use saliva and blood testing
- Hepatitis serology – blood test to detect the presence of hepatitis B or C
- Cotinine test – this is a urine test to confirm the applicant's smoking status

Underwriting decision types

This section describes the types of underwriting decisions we will make taking into account all information disclosed and medical evidence where applicable. In some circumstances the Underwriter may apply a combination of loadings and exclusions.

Standard rates – the applicant shows no evidence of increased risk and the application is accepted as originally quoted.

Loadings – an extra premium is charged due to the additional risk identified by the Underwriter. This guide expresses the loadings as additions to the standard morbidity rates e.g. +75%. The minimum loading we apply is +50% and the maximum is +150%. Loadings could be applied due to medical, lifestyle, family history or hazardous pursuits reasons.

Exclusions – an exclusion means that if a claim occurs due to an excluded condition/ hazardous pursuit the benefit amount will not be paid. A maximum of 3 exclusions will be applied before the application is declined.

We can apply 2 types of exclusions:

Reviewable Exclusions – Where possible, we will add a review date to the exclusion. The maximum reviewable period we will offer is 3 years. We will contact the Member at the review date offering to review the exclusion providing: they have not had any further symptoms; taken any medication/ received any treatment or had time off work regarding the excluded condition since the start date of their plan; and the satisfactory completion of a Declaration of Health for Reviewable Exclusions.

Permanent Exclusions – The exclusion will apply for the duration of the policy. If we apply either a permanent mental health or permanent back exclusion we will discount the basic premium by 10%*. If the policy has both exclusions applied we will discount the basic premium by 20%.

Postpone – we are unable to currently offer any terms, but may be able to consider offering terms after a specific period of time. Also, if the applicant is undergoing or awaiting tests or investigations we will postpone the application until the results are available.

Decline – if the risk is too great, unfortunately we are unable to offer any cover now or in the future.

* Discount applies to selected plans

Conditions we can't cover

This guide includes the most commonly disclosed medical conditions, unfortunately we are unable to offer cover to clients with the following medical issues:

- Multiple sclerosis, paralysis or any other neurological condition
- Heart attack, angina
- Stroke
- HIV/Aids
- Organ transplant
- Recent cancers
- Type 1 diabetes
- Schizophrenia or any other type of psychosis

Arthritis

Arthritis is a generic term used to describe pain, swelling and stiffness in a joint or joints. Arthritis isn't a single condition and there are several different types.

The two common types are Osteoarthritis and Rheumatoid arthritis.

Osteoarthritis is a degenerative joint disease which affects the smooth cartilage lining of the joint which makes movement more difficult, leading to pain and stiffness and can progress to severe swelling and loss of cartilage. It tends to affect the hands, knees, hips or spine.

Rheumatoid arthritis is an inflammatory condition. It occurs when the body's own immune system targets affected joints leading to pain and swelling. People can also develop problems with other tissues and organs in their body e.g. eyes, heart.

What terms can be offered?

Osteoarthritis	Possible Terms
Mild or minimal (no more than 2 joints affected, no time off work)	Likely exclude
Moderate or severe	Likely decline
Surgery	Postpone until 6 months after surgery, otherwise exclude

Rheumatoid arthritis	Possible Terms
Inactive/Dormant for more than 10 years	May consider standard rates, otherwise we will usually exclude
Active	If mild, usually exclude. Otherwise likely decline

What do we need to know?

- Type of arthritis
- Joint(s) affected
- Description of symptoms
- Date of first and last symptoms
- Who they have seen for their symptoms
- Details of any investigations and their results
- Treatment given
- Details of any surgery
- Time off work
- Any impact on daily activities, particularly their occupation
- Any complications

Is medical evidence required?

For Osteoarthritis we would normally be able to provide terms from the clients' disclosures. For Rheumatoid arthritis we would need clarification from the GP records.

Asthma

Asthma is a common long-term condition that affects the airways – the tubes that carry air in and out of the lungs. The airways become sensitive and inflamed, have increased mucus and react when they come into contact with a trigger e.g. pollen, medication, exercise, cold weather etc and causes breathing difficulties and wheezing.

Asthma is usually treated with inhalers of which there are 2 types, a reliever which is used occasionally to relieve acute asthma symptoms and a preventer which is used regularly to prevent acute symptoms.

What terms can be offered?

Most mild asthmatics who do not smoke are usually accepted at standard rates. Some example terms are set out below.

Classification	Possible terms
Allergic	+0 for all deferred periods
Intermittent, symptoms 2 or less days per week, no time off work required, easily controlled with intermittent or prophylactic use of reliever inhaler only, no night time awakenings, non-smoker	+0 for all deferred periods
Mild, symptoms more than 2x per week but not daily, good response to treatment with reliever or preventer inhaler, no time off work, 2 or less night time awakenings per month, non-smoker	Exclude for 1 week deferred +25 for 4 week deferred+
Moderate, daily symptoms, continuous treatment, oral steroids up to 30 days per year, may have had a hospital admission but not within the last year, less than 2 weeks per year time off work, non-smoker	Exclude for 1 week deferred +50 to +100 for 4 week deferred+

Asthmatics who smoke will be loaded, or an exclusion applied or terms declined depending upon amount smoked and severity of asthma. For those smoking more than 30 cigarettes per day, we will apply an exclusion, or decline terms, depending upon the severity of the condition.

We are unable to offer terms for severe asthmatics whether or not they smoke.

What do we need to know?

- Age diagnosed with Asthma
- Frequency, duration and severity of symptoms
- Any night-time symptoms
- Treatment given e.g. types of inhaler and how often they are used, including the use of oral steroids
- Details of any hospital admissions within the last 5 years
- Lung function test results (if known)
- Time off work within the last 5 years or any restrictions to daily activities
- Whether occupation or environment worked in aggravates symptoms
- Smoking details

Is medical evidence required?

We would normally be able to offer terms from the applicant's disclosures. If it is not clear or we need clarification of their treatment history or lung function we may request a GP report.

Back pain/disorders

Most people at some stage in their life will have some form of back pain. The vast majority are acute and usually self-limiting, resolving spontaneously within a short period of time. The pain or disorder can affect the neck (cervical spine), the middle back (thoracic spine) or the lower back (lumbo-sacral spine) or the coccyx (lower end of spine). The cause may be non-specific or mechanical and can be caused by poor posture, lifting something or a minor injury such as a sprain (pulled ligament) or strain (pulled muscle) or the cause can be due to a medical condition such as slipped disc, sciatica, ankylosing spondylitis, an infection or even cancer.

Back pain or disorders are a major cause of disability and one of our top reasons for income protection claims. The impact for a physically demanding occupation is greater than for those in more sedentary lines of work.

What terms can be offered?

Any terms will depend upon the selected deferred period. The examples below provide some general guidelines and assume a deferred period of 4 weeks or more.

Severity	Possible terms
Short-lived, single episode, less than one week off work	**Non-manual occupation:** episode more than 12 months ago, usually standard rates **Manual occupation:** episode more than 2 or 3 years ago usually standard rates (depending upon selected deferred period) Otherwise full spine exclusion
Longer lasting but less than 3 months, single episode, up to 2 weeks off work	**Non-manual occupation:** episode more than 2 years ago, usually standard rates **Manual occupation:** episode more than 3 years ago, usually standard rates Otherwise full spine exclusion
Intermittent/recurrent episodes	Full spine exclusion
Severe – long duration of symptoms, single or recurrent with more than 2-4 weeks off work	We may need to postpone if symptoms within the last 2 years otherwise full spine exclusion

If minor issues, even with no time off work, are recent we may need to exclude but could review this if there are no further symptoms going forward. If symptoms are caused or exacerbated by the client's occupation we may not be able to offer terms.

What do we need to know?

- Any diagnosis or cause of the symptoms
- Which area of the spine is affected and what the symptoms are
- Date of first and last symptoms
- How often do symptoms happen and how long each episode lasts
- Who they have seen for their symptoms
- Details of any investigations and their results
- Treatment given including details of any surgery
- Time off work or limitations in their ability to carry out normal daily activities
- Whether they participate in sport

We are not concerned with minor aches experienced as a normal part of everyday life that have **not:** required a consultation with any sort of medical practitioner, required any form of treatment (including over-the-counter medication) nor needed to take any time off work.

Is medical evidence required?

We would normally be able to offer terms from the applicant's answers to our question set. However, if this is unclear or they do not know all the information we would write to their GP. We would also write to their GP if they have suffered from a medical disorder that caused the back pain or there are associated complications.

Body Mass Index (BMI)

BMI is a measure that uses height and weight to work out if a person's weight is healthy. BMI can tell you if you're carrying too much weight, but it can't tell if you're carrying too much fat as it can't tell the difference between excess fat, muscle, or bone. Apart from these limitations it's a relatively straightforward and convenient way of assessing someone's weight.

The BMI calculation divides an adult's weight in kilograms by their height in metres squared. For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

Underweight

A BMI of less than 18.5 is considered to be underweight.

Mild underweight is usually a normal body state in an otherwise healthy person. For this reason, mild underweight can usually be ignored. However, a BMI of 17 or less will be subject to individual consideration or declined.

Underweight can be secondary to, or symptomatic of, an underlying disease e.g. cancer, anorexia or bulimia and intestinal malabsorption including Crohn's disease and ulcerative colitis.

Complications of long-term underweight include osteoporosis, fractures and increased risk of infections.

Obesity

BMI was developed as a risk indicator of disease; as BMI increases, so does the risk for some diseases. Some common conditions related to overweight and obesity include: angina, heart attack, raised blood pressure, stroke, osteoarthritis, low back pain, gastro-oesophageal reflux disease (GORD), fatty liver disease, respiratory diseases, sleep apnoea, some cancers and type 2 diabetes.

Obesity can also affect quality of life and lead to psychological problems, such as depression and low self-esteem.

Obesity also has the potential to impact on the ability to work as it puts a greater strain on joints and causes even more problems on already damaged joints. Recovery rates from injury/disease can be prolonged due to being overweight.

What terms can be offered?

Obesity is often progressive with age. An obese younger applicant may therefore have a larger loading applied than an older applicant with the same BMI.

The following loadings are based on BMI and assume no other risk factors are present.

Age 30 or less			
BMI	Deferred period 1 week	Deferred periods 4 and 8 weeks	Deferred period 13 weeks and up
29	0	0	0
30	0	0	0
31	25	25	25
32	50	25	25
33	75	50	50
34	100	50	50
35	100	75	75
36	125	75	75
37	125	75	75
38	D	100	100
39	D	150	125
40	D	D	150
41	D	D	D
42	D	D	D
43	D	D	D
44	D	D	D
45	D	D	D

Age 31 to 49			
BMI	Deferred period 1 week	Deferred periods 4 and 8 weeks	Deferred period 13 weeks and up
29	0	0	0
30	0	0	0
31	0	0	0
32	25	0	0
33	50	25	25
34	75	50	50
35	75	50	50
36	75	50	50
37	100	75	75
38	150	75	75
39	D	100	100
40	D	150	125
41	D	D	D
42	D	D	D
43	D	D	D
44	D	D	D
45	D	D	D

Age 50 or more			
BMI	Deferred period 1 week	Deferred periods 4 and 8 weeks	Deferred period 13 weeks and up
29	0	0	0
30	0	0	0
31	0	0	0
32	25	0	0
33	50	0	0
34	50	25	25
35	75	25	25
36	75	50	50
37	100	50	50
38	125	75	75
39	D	75	75
40	D	100	100
41	D	D	D
42	D	D	D
43	D	D	D
44	D	D	D
45	D	D	D

A 25% loading will only be applied if there are other risk factors.

What do we need to know?

- Current height and weight
- Details of any existing risk factors e.g. raised blood pressure (if so, most recent BP readings), smoking, family history of cardiovascular disease, raised cholesterol (if so most recent lipid levels), impaired glucose tolerance
- Whether the applicant has had any gastric surgery and if so, details of type of surgery (e.g. gastric bypass, gastric banding)
- Where there has been recent (within the last 12 months) weight loss, confirmation of weight pre-weight loss as we need to base our decision on a stable BMI. We may apply a loading or increase the above loadings

Is medical evidence required?

We will request medical evidence where the loading for the BMI is in excess of +100. Where other risk factors are present (e.g. smoking) then medical evidence may be required at a lower point. If underweight we may request a report from the applicant's GP.

Cancer, lumps and growths

Cancer

Cancer is a disease caused by an uncontrolled division of abnormal cells in a part of the body. Cancer starts when gene changes make one cell, or a few cells, begin to grow and multiply too much. This may cause a growth called a tumour.

What terms can be offered?

Decisions can range from ordinary rates to a decline. Due to the many variations in different types of cancer we are unable to provide specific guidelines. Our Underwriters will be happy to provide guidance on an individual basis if you can provide us with the information below.

What do we need to know?

- Date of diagnosis
- Type/location of the cancer
- Staging/grading of the cancer. The stage of a cancer means how big it is and whether it has spread. The most common is known as TMN classification. The grading depends upon what the cells look like under a microscope – grade I, II or III or low to high
- Other information that may be available for some specific cancers is: Clark level/ tumour thickness for skin cancers; Dukes stage for colon cancer; Gleason Score for prostate cancer.
- If the classification is not known, please confirm whether the cancer has spread to lymph nodes or other parts of the body.
- Date when treatment (e.g. surgery, chemotherapy, radiotherapy) was last received
- Date when the applicant was told they were in remission
- Whether there has been a recurrence

Is medical evidence required?

We will always request a report from the applicant's GP in order to obtain specialist information.

Lumps and growths

Not all lumps are cancerous. A lump that is not cancerous (benign) cannot spread to anywhere else in the body.

What terms can be offered?

Single lump/growth confirmed as benign can be accepted at ordinary rates, unless the location could cause problems e.g. brain or spine.

If a lump/growth is awaiting investigation or removal we will need to await the results before terms can be considered.

Recurrent lumps/growths will usually need information from the applicant's GP.

What do we need to know?

- Date of diagnosis
- Location of the lump/growth
- Whether single or multiple lumps/ growths
- Whether confirmed as benign with a biopsy or ultrasound

Is medical evidence required?

We may require information from the applicant's GP in order to obtain specialist information such as biopsy results.

Crohn's disease

Crohn's disease is a long-term condition that most commonly affects the last section of the small intestine or large intestine (colon) but it can affect any part of the digestive system. It causes inflammation producing symptoms such as diarrhoea, abdominal pain, weight loss and anaemia. Complications such as abscesses, sepsis and perforations can occur and there can also be complications outside of the digestive system such as liver disease, joint problems (arthritis), skin complaints or eye disorders.

What terms can be offered?

The minimum deferred period we can consider is 13 weeks. The terms below assume the applicant's working record is good in spite of the condition.

Severity	Duration since last major episode	Possible terms
Mild – only small intestine involved, very infrequent use of steroids, disease in remission/no current disease activity, stable weight	3 months to 2 years ago 2 to 5 years ago 5 or more years ago	Exclude +75 to +100 +50 to +75
Moderate – localised involvement of the colon, occasional use of steroids, tendency to recurrent episodes, no more than 2 surgical procedures	3 months to 5 years ago 5 or more years ago	Postpone +75 to exclude

We will postpone offering terms if the diagnosis or last major episode, or surgical treatment, was within the last 3 months.

We are unable to offer terms to applicants where there is a pattern of frequent absence from work due to Crohn's; frequent relapses; multiple surgical procedures; long-term need for oral steroids or immunosuppressants (eg. Methotrexate, Azathioprine, Sulphasalazine); or complications such as liver disease or polyps (found at colonoscopy).

What do we need to know?

- How long ago their condition was diagnosed
- Date of last episode
- Extent of the disease (location of the disease within the digestive system)
- Frequency, duration and severity of symptoms
- Treatment, if surgical, the nature of the procedures carried out
- Complications, including those outside of the digestive system
- How much time off work they have needed because of this condition within the last 5 years

Is medical evidence required?

We will usually request a report from the applicant's GP in order to obtain specialist information.

Diabetes

Diabetes is a chronic condition which can involve a number of serious long-term complications such as impaired kidney function/failure, impaired vision and blindness, heart disease, stroke, foot or leg ulcers and limb amputation.

The most common types of diabetes are:

Diabetes Type 1 – formerly known as insulin dependent diabetes, IDDM or juvenile-onset diabetes. It is usually diagnosed in children and young adults. The body's immune system attacks and destroys the cells that produce insulin. The only way it can be treated is through lifelong insulin injections. It accounts for approximately 5 – 10% of all diabetics.

Diabetes Type 2 – formerly known as non-insulin dependent diabetes, NIDDM or adult-onset diabetes and typically occurs in adults over 30 years of age. It is where the body does not produce sufficient insulin or the body is unable to effectively use the insulin being produced.
A number of factors can increase the risk of developing type 2 diabetes:

- Having a first degree relative with type 2 diabetes
- Excess weight, lack of exercise and an unhealthy diet
- Smoking
- Raised cholesterol and/or raised blood pressure

This type of diabetes may be treated by diet, exercise or tablets but may eventually require insulin injections to help to control levels of glucose. It accounts for over 90% of diabetics.

Impaired glucose tolerance (IGT) – This is a pre-diabetic state in which blood glucose is increased beyond normal levels, but not high enough to permit a diabetes diagnosis. People with IGT are at high risk of progressing to type 2 diabetes, although this is not inevitable. For many people with prediabetes lifestyle modifications may be sufficient to control the problem. These can include regular physical activity, weight loss and following a healthy diet plan to avoid becoming obese.

What terms can be offered?

Type 1: We can't offer terms for applicants with type 1 diabetes.

Type 2:

- Applicants with good control, no complications and no additional risk factors will be considered.
- If diabetes was diagnosed less than 6 months ago we will postpone.
- Maximum plan age is 65.
- Applicants who have a poor control of their condition and/or who have complications or additional risk factors will not be offered terms.
- If insulin is required to treat their type 2 diabetes we will not offer any terms.
- Minimum deferred period we can consider is 4 weeks
- Applicants who smoke will not be offered terms

The example terms below assume a BMI of 25 or less, no additional risk factors* or complications and will vary when factors such as age when diagnosed and duration since diagnosis are taken into consideration.

Age at application	HbA1c 6.5	HbA1c 7.0
Less than 33	Decline	Decline
33 - 40	+100 to decline	+100 to decline
41- 49	+75 to decline	+100 to decline
50 - 59	+50 to decline	+75 to decline

*Additional risk factors e.g. smoking, raised blood pressure, raised cholesterol, obesity, cardiovascular disease.

Impared glucose tolerance:

- If diagnosed under age 30 we are unable to offer any terms
- If diagnosed age 30 or more a likely loading could be in the range of +50 to +150

What do we need to know?

Compliance with treatment and control of the condition are important factors in the underwriting assessment

- Type of diabetes
- How long ago it was diagnosed
- Result of latest HbA1c – this is a blood test reflecting average blood glucose levels over the preceding 3 months and indicates how well controlled the condition is. We will not be able to offer terms for applicants who have not had their HbA1c measured
- Treatment
- Latest blood pressure reading and cholesterol levels (if known)
- Latest urine test result/confirmation no abnormal urine test results
- Whether there are any complications (with the eyes, kidneys, tingling or numbness in feet, toes or fingers, foot or leg ulcers)
- Smoking details

Is medical evidence required?

We will always request a report from the applicant's GP in order to obtain specialist information.

Family history

Many medical conditions can appear more frequently in some families, therefore family history has long been recognised as an important factor for the assessment of the risk of developing these conditions in applicants.

Family history only relates to first degree relatives e.g. mother, father, brother, sister and we only ask about conditions which are diagnosed before the family member is 60.

What terms can be offered?

This table gives an indication of the possible terms for family history only. This may change depending upon the applicant's own health and cumulative risk factors e.g. smoking, increased BMI and other family history.

Condition	Possible Terms	
Alzheimer's disease	**1 family member**	+50/+75
	2 or more family members	+75 to exclude
Female applicants only: Breast cancer	**1 family member**	+0 to +50
	2 family members	+0 to +75
	3 or more family members	Exclude
Ovarian cancer	**1 family member**	+0 to +50
	2 or more family members	Exclude
Bowel cancer	**1 family member:** Age of affected member at diagnosis less than age 50	+0 to exclude
	Age of affected member at diagnosis more than age 50	Exclude
	2 or more family members	+0 to exclude
Cardiovascular disease – includes stroke, heart attack, heart disease	**1 family member**	+0
	2 family members: Applicant age less than age 40: At least one diagnosed less than age 45	+75
	At least one diagnosed less than age 55	+50
	Both diagnosed age 55-59	+25

Condition	Possible Terms	
Cardiovascular disease – includes stroke, heart attack, heart disease continued	**2 family members:** Applicant age more than age 40: At least one diagnosed less than age 45	+50
	At least one diagnosed less than age 55	+25
	Both diagnosed age 55-60	+0
	3 or more family members	Individual consideration - usually decline
Type 2 Diabetes	**1 family member**	Up to +25
	2 family members	+25 to +50
	3 or more family members	+75 to +100
	Identical twin	+150 to decline
Polyposis coli (FAP)	Age of applicant 30 or less	Individual consideration
	Age of applicant 31 or more	+0 to decline
Multiple sclerosis	**1 family member** Age of applicant less than 40	Exclude
	Age of applicant more than 40	+50
	Identical twin	Exclude
	2 or more family members	Exclude
Motor Neurone Disease	**1 family member**	+50 to exclude
	2 or more family members	Individual consideration
Muscular dystrophy		Individual consideration
Parkinson's disease	**1 family member**	+0
	2 or more family members	Exclude
Polycystic kidney disease		Individual consideration
Other cancers (not breast, ovarian or bowel)	Usually only of concern if there are 2 or more family members with the same type of cancer	

There are some conditions e.g. polycystic kidney disease and polyposis coli where we would expect the applicant to have undergone regular screening to look for early signs of the condition. If they haven't been screened we may not be able to offer terms.

What do we need to know?

- Age of applicant
- Ages affected family members were diagnosed with the condition
- Number of family members affected by the condition
- Relationship to applicant and whether they are an identical twin

Is medical evidence required?

We would normally be able to offer terms from the applicant's disclosures. However, we may need to request medical evidence in some circumstances e.g. a strong family history of diabetes where the applicant hasn't been investigated for diabetes; 2 or more family members with cardiovascular disease.

Fractures

A fracture is a broken bone and may occur in any bone or joint. Fractures can be caused by a traumatic injury, or by a systemic disease e.g. osteoporosis or a bone tumour.

Fractures of joints are more likely to be complicated by ongoing stiffness in the joint, failure to regain full mobility and post-traumatic osteoarthritis.

The impact for a physically demanding occupation is greater than for those in more sedentary lines of work.

What terms can be offered?

This guide is specifically for fractures as a result of injury/trauma only and the guidelines also do not include fractures of the skull or spine.

Fracture		Possible terms
Joint fracture e.g. Knee, shoulder, ankle		Joint fractures – usually exclude. If a non-manual occupation we can consider standard rates where surgery has completely resolved symptoms and last symptoms more than 3 years ago
Other fractures e.g. fingers, radius, ulna or humerous (arm), tibia (lower leg)	Fully recovered, no complications or ongoing symptoms	Non manual occupations: standard rates Manual occupations: Within 6 months of the fracture = exclude Otherwise standard rates
	Ongoing symptoms	Exclude, however we may accept with a reviewable exclusion depending upon how long ago the fracture happened and severity of symptoms
	Fractures requiring multiple surgical procedures or bone grafting	Exclude

What do we need to know?

- Date of fracture
- Cause of fracture
- Location of fracture
- Whether a full recovery has been made or if there are ongoing persisting symptoms
- Duration of symptoms and date of last symptoms
- Type of treatment, including surgical, and duration of treatment
- Time off work or limitations in their ability to carry out normal daily activities

Is medical evidence required?

We would normally be able to offer terms from the applicant's answers to our question set.

High blood pressure

High blood pressure (also known as hypertension) is defined by the pressure of blood in the arteries being higher than it should be. A normal blood pressure reading varies by age, but as a guide, a reading of above 140/90 is considered abnormal.

If the pressure is too high it can put a strain on the arteries and can lead to an increased risk of heart attacks, heart failure, strokes, kidney disease and blindness.

What terms can be offered?

If the applicant complies with their treatment, blood pressure readings are normal or near normal (up to 145/90) levels and they have no complications or other risk factors, we can usually accept at standard rates.

Blood pressure readings that have not returned to normal levels and remain raised even with treatment will be loaded.

The higher the reading, the higher the loading will be. If blood pressure readings are too high we may not be able to offer terms or we may postpone offering terms until the readings are reduced to a lower level. Also, if the applicant has any complications it's likely we will be unable to offer any terms.

Hypertension requiring medication that commenced within the last 6 months, even where blood pressure is controlled will usually be loaded +50 minimum.

Very early onset high blood pressure (before the age of 30) may also be loaded even where blood pressure is controlled.

What do we need to know?

- Age high blood pressure was diagnosed and the reading at that time
- Latest blood pressure reading (or how it was described) and confirmation of when this was measured
- Treatment, including any referrals to hospital
- Details of any existing risk factors e.g. history of high cholesterol (if so, please provide most recent cholesterol levels), smoking, family history of cardiovascular disease, height/weight, impaired glucose tolerance/diabetes
- Any episodes of protein in the urine, eye problems or ECG changes
- Details of any time off work

Is medical evidence required?

We will usually be able to make a decision from information on the application form. However if there are complications or if an ECG has caused the Doctor concern we will write to the applicant's GP. Where there is also a history of raised BMI, high cholesterol or a family history of cardiovascular disease we may request a mini screening and lipid test.

High cholesterol

Cholesterol is a fat in the blood, essential to the functioning of the body. If raised above the acceptable level for age it can deposit fats in the blood vessels which may lead to heart attacks and strokes in the future.

What terms can be offered?

If the cholesterol levels are normal or near normal levels under treatment we can usually accept at standard rates.

The following loadings are based on high cholesterol alone and assume no other risk factors are present.

Total cholesterol	Possible terms
Up to 6.69	+0
6.7 to 7.39	+0 to +50
7.4 to 8.19	Up to +100

If cholesterol readings are too high we may not be able to offer terms or we may postpone offering terms until the levels are reduced to a lower level.

There is also an inherited condition, familial hypercholesterolemia, which can cause high cholesterol even in someone who takes a statin. High cholesterol will be found at a young age and the condition can accelerate heart disease and strokes. We are unable to offer terms for applicants with familial hypercholesterolemia.

What do we need to know?

- Date of diagnosis
- Date and result of last cholesterol test (including total cholesterol, LDL and triglycerides if known)
- Treatment, including referrals to a specialist clinic
- Details of any existing risk factors e.g. raised blood pressure (if so, most recent BP readings), smoking, family history of cardiovascular disease, height/weight, impaired glucose tolerance/diabetes

Is medical evidence required?

We will usually be able to make a decision from information on the application form. However, if readings are high, if information is missing/where applicants are unsure of readings, if diagnosed before the age of 30 or if pre-treatment lipid readings were very high (in excess of 9) then we may write to their GP for information or arrange a mini screening and lipid test.

Irritable Bowel Syndrome (IBS)

IBS is a common condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation. Symptoms may vary between mild to severe and the duration of symptoms can also vary. The cause is often unknown, but can be associated with stress and anxiety.

What terms can be offered?

Mild occasional symptoms, no time off work, no psychological symptoms:

Deferred Period	Possible terms
Less than 4 weeks	Usually exclude, however, if diagnosed more than 2 years ago with no time off work within last 2 years = +50
4 weeks or more	+0 to +50

Regular or constant symptoms, occasional time off work, no psychological symptoms:

Deferred Period	Possible terms
Less than 4 weeks	Usually decline
4 weeks or more	Usually exclude depending upon severity of symptoms

Factors that can affect underwriting decisions:

- Applicants with an associated psychological condition are subject to individual consideration
- Applicants awaiting tests or investigations will be postponed until the results are available

What do we need to know?

- The applicant should tell us if they have seen a Doctor, nurse or other health professional for any condition affecting their stomach in the last 5 years
- Whether they are waiting for any tests, investigations, or a referral to hospital
- Whether or not the applicant has had their symptoms fully investigated in order for a definite diagnosis of IBS to be made
- How long ago their IBS was diagnosed and when they last had symptoms
- How much time off work they have needed because of this condition within the last 5 years
- Description and duration of symptoms

Is medical evidence required?

We will usually be able to make a decision from information on the application form. For applicants who have not had the diagnosis confirmed we may require a report from their GP.

Mental Health

We all have mental health – good is being able to think, feel and react in the ways you want and need to live your life; poor is where you find your thinking, feeling or reacting frequently becoming difficult, or even impossible, to cope with. Poor mental health covers a range of conditions from common problems, such as loss reactions, depression, anxiety or stress, to rarer problems such as schizophrenia or bi-polar disorder.

A loss reaction is related to a traumatic event and is an understandable reaction. Triggers for a reaction to a loss can include: Bereavement, relationship breakdown, being made redundant, miscarriage, infertility, children leaving home or other life-changing events.

We recognise that most people experience transient rather than persistent distress and don't develop a mental health condition.

However, sometimes there is no apparent cause for the symptoms.

Mental health illnesses are a major cause of disability and one of our top reasons for income protection claims. Symptoms such as feeling tired all the time, difficulty concentrating, sleeping issues, appetite changes, aches and pains, lack of motivation can all lead to an inability to work. There are also the risks of self-harming and suicide attempts, weakening of the immune system over time leading to susceptibility to infections, increased flare-ups of skin conditions and increased alterations in bowel habits.

At Holloway we assess each applicant individually so we can understand their story, hear the positives as well as the negatives and credit resilience and change.

We all have resilience. It's just a question of how much and how well we put it to good use in our life. Resilience doesn't mean the person doesn't feel the intensity of the event or problem. Instead, it just means that they've found a good way of dealing with it more quickly than others.

A person with good resilience has the ability to bounce back more quickly and with less stress than someone whose resilience is less developed.

By asking a resilience question we can gain insight into someone's resilience by looking at their responses to see how they cope / what they do to help themselves feel better when life gets tough.

What terms can be offered?

The examples below provide some general guidelines:

1. Applicant's story:
Bereavement three and a half years ago, 4 weeks absence from work and prescribed an antidepressant. Diagnosed with a mild reactive depression. To date continues to take a low maintenance dose antidepressant but hasn't had any symptoms or time off work for the last 3 years. Positive resilience indicators.
Requires a minimum 4 week deferred period.
Decision = +50% premium loading

2. Applicant's story:
Miscarriage 2 months ago, 2 weeks absence from work. Took some sleeping tablets for a few days and attended some counselling sessions. Positive resilience indicators.
Requires a minimum 4 week deferred period.
Decision = standard rates

3. Applicant's story:
Started to feel depressed four and a half years ago. Took 4 weeks off work. Overcame symptoms with antidepressants and talking therapies. No known cause or trigger for depression. Still taking antidepressant but is a low maintenance dose and hasn't experienced any further symptoms or needed any time off work in the last three and half years.
Requires a minimum 4 week deferred period.
Decision = +100% premium loading

Recurrent episodes of depression usually requires an exclusion. Depending upon the severity of the condition and date of the last episode we may postpone offering terms.

Multiple suicide attempts or the more severe types of mental health diagnoses such as bipolar disorder, manic depression or schizophrenia are much less common and we are usually unable to offer terms for these conditions.

Other mental health diagnoses such as eating disorders, phobias, panic attacks, and post-traumatic stress are not covered in this guide.

What do we need to know?

- Underlying triggers
- Symptoms: Type and severity of symptoms; dates and duration of episodes / symptoms
- Dates and duration of any time off work
- Diagnosis
- Treatment, including counselling / talking therapies and any hospital treatment (either in-patient or outpatient)
- Medications - for each medication we need to know: the date first started taking it, dosage and date stopped taking it. If any medication is ongoing, we need to know the current dosage and how long they have been taking the current dosage
- Was all medication taken for as long as recommended by a doctor or did they choose not to take a prescribed medication
- Any suicidal thoughts or attempts, or self-harm
- Has there been any misuse of alcohol or drugs
- We will also ask the applicant about how they deal in general with difficult life situations. We know everyone reacts differently to life events and so these questions are designed to see how they react to those situations. They will be given a number of examples and should select the best matching one for them.

Is medical evidence required?

We will usually be able to make a decision from information on the application form. However, if information is missing or is unclear then we may write to their GP for information.

Stroke and Transient Ischaemic Attack (TIA)

A stroke occurs when the blood supply to a part of the brain is cut off. The brain becomes starved of oxygen which leads to damage or death of the brain cells in that area. A stroke will lead to permanent residual symptoms varying from almost a total recovery to permanent weakness or paralysis down one side of the body.

A TIA or "mini stroke" 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. Typically the symptoms only last a few minutes and then completely resolve.

What terms can be offered?

Stroke: We are unable to offer terms for a history of a stroke due to the complications following a stroke and high chance of disability or recurrence.

TIA:

	Possible terms
TIA caused by the oral contraceptive pill (OCP) or a migraine, complete recovery, no longer taking OCP	Standard rates, reviewable or permanent exclusion depending upon the chosen deferred period and how long ago a full recovery was made.
Single TIA, complete recovery, all other causes Age of applicant at diagnosis:	
40 or less	Postpone within 5 years, then loading range between +50 - +150/Exclude/ Decline
More than age 40	Postpone within 2 years then loading range between +50 - +150/Exclude/ Decline
2 or more TIA's	Decline

Factors that could have an impact on any terms being offered/declined are: where the cause has been identified as a blood disorder; applicants who are overweight, smoke, have raised blood pressure, diabetes, kidney or heart disease.

What do we need to know?

- Date of TIA
- Age of applicant now and when suffered the TIA
- Cause
- How long symptoms lasted
- Has a full recovery been made with no residual symptoms
- Details of any treatment/surgery

Is medical evidence required?

We will always request a report from the applicant's GP in order to obtain specialist information.

Ulcerative Colitis

Ulcerative colitis is an inflammatory bowel disease, usually confined to the colon (large bowel). The entire colon may be affected but most commonly affected are the sigmoid and descending colon (left-sided colitis) and rectum. It causes symptoms such as abdominal pain, bloody diarrhoea mixed with mucus, rectal bleeding, weight loss and anaemia.

There can also be complications outside of the colon such as liver disease, joint problems (arthritis), skin complaints or eye disorders.

What terms can be offered?

Decisions can range from ordinary rates to a decline. Due to the many scenarios we are unable to provide specific guidelines. Our Underwriters will be happy to provide guidance on an individual basis if you can provide us with the information below.

We will postpone offering terms if diagnosis/onset of the condition was within the last 3 months.

If the applicant has been treated with surgery, resulting in a full recovery with no recurrence of symptoms we will usually exclude ulcerative colitis from cover.

We are unable to offer terms to applicants where there is a pattern of frequent absence from work due to ulcerative colitis; frequent relapses; where the disease affects the total colon (known as Pancolitis); treatment with immunosuppressants (e.g. Azathioprine, Cyclosporine) or high doses of oral steroids; a history of hospital admissions during acute attacks; or complications such as liver disease or evidence of polyps (on colonoscopy).

What do we need to know?

- How long ago their condition was diagnosed
- Date of last episode
- Extent of the disease
- Frequency, duration and severity of symptoms
- Treatment, if surgical, the nature of the procedures carried out
- Complications, including those outside of the digestive system
- How much time off work they have needed because of this condition within the last 5 years
- Results of any surveillance colonoscopies (if known)

Is medical evidence required?

We will usually request a report from the applicant's GP in order to obtain specialist information.

Contact us.

We're here to help.

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We're here

Monday - Friday 9.00am to 5.00pm

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