

Underwriting Guide



Faster. Smarter. Simpler.

We've made some big changes to our online application. Advisers told us it took too long, didn't provide enough decisions online and was difficult to use.

We've listened, and replaced it, using one of world's most powerful underwriting engine.



FASTER

Fewer questions and less free text.

Which means we've been able to reduce the time it takes by half.



SMARTER

New, intelligent questions.

So you'll get far more immediate decisions online, right there and then.



SIMPLER

Redesigned, with easier to understand questions and language.

Keeping it simple for your and your client.

Best of both worlds

We've done this with minimal changes to our underwriting philosophy, which is generally considered to be one of the most inclusive in the industry.

This means we're still here to help your harder to insure clients, so if your client has:

Mental Health



We'll insure people who've had mental health issues, if they manage it well, or they've recovered.

When they apply, we give people the opportunity to tell us their own story and how they manage things. Often we can insure them with no exclusions and without increasing their price.

High BMI



We'll insure people with a Body Mass Index of up to 40, with no age restrictions.

Depending on the results, sometimes we might need to increase their price, or how long they would need to wait between becoming too unwell to work and when we pay them.

Active people



We can often insure people who take part in 'hazardous pursuits'.

Examples of pastimes we've covered recently include motocross, mountain biking, horse-riding, climbing, diving and many more.

Sometimes we can even cover them at competition-level. And sometimes we may limit how long we can pay Sick Pay out to 1 or 2 years a claim.

Type 2 Diabetes



We're often able to insure people with type 2 diabetes.

Because it can be a complex condition, we may need to check medical records first. Wherever possible, we'll aim to cover them for any issues they get from the diabetes. Their price may increase because of their condition. We look at each person's unique circumstances and we'll do the best we can for them.

Miles ahead



We don't ask how many miles someone drives when they apply. We just ask what percentage of their job is time spent behind the wheel.

As long as it's less than 50% it won't affect what they pay for their insurance.

The high life



We can usually insure people working above 40ft.

Common examples include roofers, or tree surgeons. We try to cover as many jobs working at height as we can, though from time to time we do come across a job where we can't.

Always there when you need us.

Our online application just got a whole lot better but the support our underwriters offer you hasn't changed at all. This means there's still an experienced underwriter on the other end of the phone if you need them, ready to answer all your questions and guide you through any underwriting challenges 01452 782 760.

What's changed?






We've worked hard to bring you faster, smarter and simpler online application, with minimal changes to our inclusive underwriting.

However, the technology currently doesn't allow us to apply reviewable exclusions though we hope we'll be able to offer this in the future. We will also start our minimum loadings at +25%. The good news is that for many conditions we previously would've had to refer to an underwriter we can now make decisions online. Examples include mild ulcerative colitis, recent lumps and bumps that have disappeared or a recent headache that only required a few days off work.



About our underwriting guide

We've designed this guide to help you understand how we make underwriting decisions. It covers:



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

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.

As some illnesses can have 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 - 01452 782 760.

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 your client applies for. In most cases we should be able to get all the information we need 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 on the benefit amount required). The tele-interview is carried out by a nurse working for an outsourced specialist provider who will call 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 before we're 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'll 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 – your client might be charged more 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 maximum loading we apply 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.

At this moment we only apply Permanent 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'll discount your client's price by 10%*. If the plan has both exclusions applied, we'll discount the original price by 20%.

Postpone – we're 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'll postpone the application until the results are available.

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

Conditions we can't cover

This guide includes the most commonly disclosed medical conditions, unfortunately we're 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


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

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)	Likey exclude
Moderate or severe	Likey 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'd normally be able to provide terms from what the client's told us. For Rheumatoid arthritis we'd 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?

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 we'll apply an exclusion, or terms declined depending upon amount smoked and severity of asthma. For those smoking more than 30 cigarettes per day, we'll apply an exclusion, or decline terms, depending upon the severity of the condition.

We're 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'd normally be able to offer terms from the information the applicant gives us. If it's 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 we'll offer will depend on how long your clients has decided to wait until we start paying their claim. The examples below provide some general guidelines and assume that to be 4 weeks or more.

Severity	Possible Terms
Short-lived, single episode, less than one week off work	<p>Non-manual occupation: episode more than 12 months ago, usually standard rates</p> <p>Manual occupation: episode more than 2 or 3 years ago usually standard rates (depending upon selected deferred period)</p> <p>Otherwise full spine exclusion</p>

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

If minor issues, even with no time off work, are recent we may need to exclude. 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're 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'd normally be able to offer terms from the applicant's answers to our online application. However, if it's unclear or they don't know all the information we'd need to make a decision. We'd 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 we offer?

Obesity is often progressive with age. We might therefore have to apply a larger loading to an obese younger applicant 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	150
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

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

Cancer, lumps and growths

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 we offer?

Decisions can range from ordinary rates to a decline. Due to the many variations in different types of cancer we're 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 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 on 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'll 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 we offer?

We can accept single lump/growth confirmed as benign at ordinary rates, unless the location could cause problems e.g. brain or spine.

If a lump/growth is awaiting investigation or removal we'll need to wait for the results before we can consider the terms.

We'll usually need information from the applicant's GP about recurrent lumps/growths.

What 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 we offer?

The minimum time before we start paying your clients' claim 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	Exclude
	2 to 5 years ago	+75 to +100
	5 or more years ago	+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
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We'll postpone offering terms if the diagnosis or last major episode, or surgical treatment, was within the last 3 months.

We're 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; or complications such as liver disease or polyps (found at colonoscopy).

What 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'll 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 we offer?

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

Type 2:

- We'd consider applicants with good control, no complications and no additional risk factors.
- We'll postpone if diabetes was diagnosed less than 6 months ago.
- Maximum plan age is 65.
- We won't offer terms for applicants who have a poor control of their condition and/or who have complications or additional risk factors.
- We won't offer terms if insulin is required to treat their type 2 diabetes.
- Minimum time before we start paying your client's claim, we can consider is 4 weeks
- We won't offer terms to applicants who smoke

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 7.0	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.

Impaired glucose tolerance:

- We can't offer terms if diagnosed under age 30
- If applicant's been diagnosed age 30 or more, we'd likely offer terms with loading in the range of +50 to +150

What 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 we offer?

This table gives an indication of the possible terms for family history only. This may change based on 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 +50
	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 to +50
	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 2 family members 3 or more family members Identical twin	Up to +25 +25 to +50 +75 to +100 +150 to decline
Polyposis coli (FAP)	Age of applicant 30 or less Age of applicant 31 or more	Individual consideration +0 to decline
Multiple sclerosis	1 family member Age of applicant less than 40 Age of applicant more than 40 Identical twin 2 or more family members	Exclude +50 Exclude Exclude
Motor Neurone Disease	1 family member 2 or more family members	+50 to exclude Individual consideration
Muscular dystrophy		Individual consideration
Parkinson's disease	1 family member 2 or more family members	+0 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'd expect the applicant to have undergone regular screening to look for early signs of the condition. We may not be able to offer terms if they haven't been screened.

What we need to know?

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

Is medical evidence required?

We'd normally be able to offer terms based on what the applicant's told us. 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 we offer?

This guide is specifically for fractures as a result of injury/trauma only and the guidelines also don't 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 humerus (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 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'd normally be able to offer terms from the applicant's answers to our online application.

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 we offer?

We can usually accept the standard rates 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'd have to apply loading to blood pressure readings that have not returned to normal levels and remain raised even with treatment.

The higher the reading, the higher the loading we'll have to apply. 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 won't be able to offer any terms.

When it comes to hypertension requiring medication that commenced within the last 6 months, even where blood pressure is controlled we'll usually have to apply the loading of +50 minimum.

We may also have to apply loading to a very early onset high blood pressure (before the age of 30), even where blood pressure is controlled.

What 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'd 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'll write to the applicant's GP. Where there's 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 we offer?

We can usually accept standard rates if the cholesterol levels are normal or near normal levels under treatment.

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's 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're unable to offer terms for applicants with familial hypercholesterolemia.

What 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'd usually be able to make a decision based on information the applicant has given us. 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 more 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 we offer?

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'd usually be able to make a decision based on the information the applicant gave us. For applicants who haven't had their 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.

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

However, sometimes there's 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're 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.

What terms can be offered?

Recurrent episodes of depression would usually require 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're usually unable to offer terms for these conditions.

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

What 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.

Is medical evidence required?

We'd usually be able to make a decision based on the information the applicant gave us. 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're 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

More than age 40

Postpone within 5 years, then loading range between +50 - +150/Exclude/Decline

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 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'd 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 we offer?

Decisions can range from ordinary rates to a decline. Due to the many scenarios, we're 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'll 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'll usually exclude ulcerative colitis from cover.

We're 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); a history of hospital admissions during acute attacks; or complications such as liver disease or evidence of polyps (on colonoscopy).

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

Contact us:

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