

IMPORTANT INFORMATION

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Underwriting Quick Reference Guide

All the tools you need to help
clarify the underwriting process

For professional use only

Contents

1. Introduction	P 3
2. Medical Underwriting	P 5
3. Medical Conditions Guide	P 7
4. Medical Reference Table	P 9
5. Underwriting Limits	P 29
6. Financial Underwriting including limits	P 36
7. Full and Non-Disclosure	P 39
8. Residency	P 41
9. Hazardous and Leisure Pursuits Guide	P 45

Part 1 – Introduction

The underwriting process is often perceived as complicated and confusing. We have therefore produced this guide with the aim of providing you with clear and useful information, to help explain our underwriting process and ultimately help you to write more business.

Its aims

This guide aims to:

- explain the need to ask certain questions, so that you and your clients will have fewer surprises and less concerns
- answer the most frequently asked questions our Support Desks get asked
- help you to manage your client's expectations
- help you write Legal & General business more effectively and efficiently
- summarise the additional support that is available to you.

Why should you use this guide?

- this guide is simple to use and you can use it as a quick reference guide
- it explains when Legal & General request additional medical and financial information
- it explains why Legal & General need this additional information.

This guide will increase the effectiveness of the underwriting process, because

- you and your clients will be better informed about the type of information we need
- you and your clients will be more aware of the next steps in the process
- it should reduce the level of non-disclosure
- Legal & General will be able to make decisions more efficiently
- more business will complete.

Additional information can be obtained from Legal & General's Underwriting and Claims Solutions extranet site. The site contains useful information on Legal & General's underwriting and claims philosophy and processes in order to help agents/advisers to progress their cases more efficiently. It is accessible from the home page of the Adviser Centre and BP Centre.

The site contains:

- Medical, financial and hazardous pursuits underwriting information
- User friendly medical and financial evidence tables
- Links to relevant underwriting literature
- A 'Hot Topics' section
- Links to relevant external websites (e.g. World Health Organisation, Body Mass Index (BMI) calculator, GP address search facility)
- A feedback facility

The site will be kept up to date at all times.

In addition to these web sites the Medical Underwriting Technical Advice Line (MUTAL) is also available providing you with an excellent level of underwriting technical support.

The MUTAL provides detailed explanations and answers to your point of sale underwriting and technical queries.

We will advise whether an application is likely to be accepted, rated or postponed/declined. Also, what additional information we are likely to ask for to allow us to underwrite a case*.

To ensure this high level of support is delivered we have a dedicated team of Technical Consultants providing instant point of sale underwriting advice.

All calls are recorded for monitoring and training purposes. Each call is logged and given a unique reference number which is quoted to the caller. This number can be used to refer back to this call at any time in the future.

To help the MUTAL team provide effective Point of Sale advice, please refer any other queries to your existing New Business areas via your usual contact telephone numbers or email addresses. Telephone Number: 0370 33 33 699 MUTAL is open Monday to Friday 9.00am to 5.30pm.

* The final outcome of an application is subject to the medical evidence gathered at the underwriting stage.

Literature

Our application forms and online apply systems are designed to obtain all the required

information 'upfront' from the customer. By asking all the questions early on in the process, we can hopefully reduce the number of times you or Legal & General have to go back to the customer for additional information, and reduce the overall length of time from application stage to acceptance. The application forms are designed with a tick box format where possible, so that the customer can answer the questions quickly and clearly.

Please see section 7 for details on Full and Non-Disclosure.

In addition, we produce a range of supporting leaflets that will help your clients provide the specific details that we need in order to make a decision and will assist you and your client through the underwriting process.

These leaflets include:

- "Assessing your application" This explains the processing of an application.
- "What happens after you apply?" This explains the underwriting process to your client and outlines what may be asked when we receive their application.
- "Underwriting Explained" Is specifically designed to help applicants understand why a particular decision has been made. This leaflet is sent with any adverse decision, e.g. extra premium or exclusion.
- "Occupation Class Guide" Explains how we now categorise occupations.

Please contact your usual Legal & General representative to obtain a copy of any of the above items of literature.

Part 2 – Medical Underwriting

Immediate Cover

Legal & General can offer Immediate Cover on the following products. Maximum sum assured:

- Life Cover £3,000,000.
- Business Term Assurance with Critical Illness Cover rider £1,500,000 (guaranteed and reviewable premiums).
- Critical Illness Cover (personal mortgage/loan protection) £1,500,000.

Immediate cover is available upon receipt of an application together with a completed direct debit mandate, as long as the client is not suffering from any life-threatening illness. Immediate Cover will last for a maximum period of 60 days or until an underwriting decision has been made, whatever is earlier – providing the client with peace of mind. Please see our 'Immediate Cover Form' for further details.

Please speak to one of our Technical Consultants on the MUTAL for further advice on individual applications.

Free Life Cover

Legal & General can provide 90 days free Life cover on our Mortgage Protection Plan between exchange of contracts and completion as long as the case has been underwritten at ordinary rates. Please see our 'Free Life Cover' certificate for further details.

Terms and conditions apply.

Free Accidental Death Benefit Cover

Legal & General can provide free accidental death cover, whilst your client's Life application is being processed. The cover lasts for a maximum of 90 days from when we receive the completed paper or electronic application at one of our offices. If your client sustains bodily injury caused by accidental, violent, external and visible means, which solely and independently of any other cause, results in death within 90 days of such an accident, Legal & General will pay the amount of life cover your client applied for or £300,000 (lump sum) whichever is the lower amount. Other conditions may apply (please see our "Accidental Death Benefit Cover Certificate").

High Net Worth Cases

Given the nature of high net worth cases, you should expect more evidence to be requested. In many instances a General Practitioner's Report, medical examination, cotinine saliva test (to check non-smoker status) and HIV test will be required.

In larger cases and those with Critical Illness Cover, electrocardiogram's (ECG's), which are electrical recordings of the heart and additional urine and blood tests may be required, as well as additional financial evidence.

Types of Decision

There are six main types of decisions that Legal & General's underwriters can make and these are:

1. **Acceptance at ordinary rates**
2. **Rating** – A rating is where an additional amount is added to the policy premium because the risk is considered to be higher than that assumed when quoting the basic premium. Ratings can vary from small, moderate to heavy and can be applied temporarily.
3. **Exclusion** – An exclusion clause means that the client will not be covered for a specified condition. By limiting cover in this way we can offer the rest of the cover, often without charging an extra premium.
4. **Declined Waiver of Premium** – Waiver of Premium is automatically declined whenever a case is rated, declined or an exclusion is applied. This is done when Legal & General consider that the risk is too high.
5. **Postponement** – Cover may be postponed if the client has recently suffered from a serious medical event e.g. heart attack or cancer. Or if they are currently undergoing investigations or awaiting a referral.
6. **Declined Applications** – Where Legal & General feel that they can not insure the client as the risk is too high.

Legal & General produce a leaflet entitled "Underwriting Explained" that gives further information on the above including information on how our underwriters assess the client's application and the assessment factors. Legal & General will send this leaflet to all clients who have received an adverse decision. You can obtain copies from your usual source.

Useful Note

There could be a combination of the rating and exclusion(s) mentioned above.

Part 3 – Medical Conditions Guide

Below are some of the common illnesses and conditions that may result in an adverse underwriting decision.

	LIFE	CIC*	IPB
Heart Attack	Applicants who have had a recent heart attack will have cover postponed. After a certain period applicants would attract a moderate to heavy rating	DECLINE	DECLINE
Diabetes	Non-Insulin/Diet dependent – a Moderate rating. Insulin dependent – Moderate to Heavy rating	DECLINE	DECLINE
Malignant Cancer	If recent – Postpone cover. Then heavy temporary rating. Severity of rating depends upon tumour size and nature	Generally decline, however terms may be possible providing a full recovery has been made, depending on the type of cancer suffered and the time that has passed since being given the all clear	If Recent – Postpone cover. Then Heavy Temporary Rating. Severity of Rating depends upon tumour size and nature
Ulcerative Colitis/Crohns Disease	Decision depends on severity of disease and extent of colonic involvement	Decision depends on severity of disease and extent of colonic involvement	Ulcerative Colitis – Moderate rating and Exclusion if Mild. Crohns – usually Decline
Multiple Sclerosis	Decision depends on degree of disability	DECLINE	DECLINE
Back/Neck Ache/Pain	Ordinary Rates	Exclusion if long term, and severe or if recent onset	Exclusion
Depression	Usually Ordinary Rates – unless on long term treatment, severe depression or self harm	Exclusion if long term, severe or recent onset	Exclusion
Family History of Breast/Ovarian Cancer	Male lives – Ordinary Rates Female lives – Ordinary Rates to Moderate Rating dependant on ages of and number of relatives affected	Male lives – Ordinary Rates Female lives – light to moderate rating if 1st degree relative or exclusion applied	Male lives – Ordinary Rates Female lives – Ordinary Rates to Moderate Rating dependant on ages of and number of relatives affected

* CIC: Generally as a rule of thumb if the applicant has suffered a Critical Illness in the past then they will be declined CIC. These are just very broad guidelines, please feel free to call the MUTAL – 0370 333 3699 – to discuss any potential cases. Additional information is also available on the Underwriting and Claims Solutions website.

Build

This is a guide and only relevant if the applicant has no other risk factors associated with a high BMI.

The Body Mass Index (BMI) is calculated by
$$\frac{\text{Weight in kilograms}}{\text{Height in metres squared}}$$

Potential Rating			
BMI	Life	Critical Illness Cover (CIC)	Income Protection Benefit (IPB)
<19	Individual Consideration (IC)	IC	IC
>19-31	Ordinary Rates (OR)	OR	OR
>32-35	OR to light extra's	Light to moderate extra's	Light to moderate extra's
>36-39	Moderate to heavy extra's	Heavy to decline	Moderate to decline
>39	Heavy extra's to decline	Decline	Decline

3

Please Note:

1. The potential decisions for BMI are also dependant on the clients age
2. In the table above the range of potential extra premiums are:
 - Light – approx. 50% to 75%
 - Moderate – approx 75% to 150%
 - Heavy – approx 150% upwards

Part 4 – Medical Reference Table

Below is a reference table giving details on common medical disclosures and the possible underwriting decision based on the severity of the condition. The likely decision column is only a guide to what decision may be made.

Where the medical requirement is a GPR, dependent on other factors, a targeted report (a short condition specific medical report) or Tele Medical Interview (TMI) call may be requested in place of a GPR.

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Abscess – A localised collection of pus in a cavity	The location is vital information: <ul style="list-style-type: none"> • External, treated more than 3 months ago, no radiotherapy or chemotherapy and no follow up • Internal 	Usually Ordinary Rates Usually GPR, cannot predict decision
Adenoids – Gland-like tissue, within the nose, above the tonsils	An adenoidectomy involves surgical removal of the adenoids and is often performed with a tonsillectomy	Usually Ordinary Rates
Adhesions – Abnormal fibrous attachments bound to the intestines	<ul style="list-style-type: none"> • Under investigation or awaiting surgery • Diagnosed and/or successfully treated >6 months ago, fully recovered, not under follow up • Otherwise 	Postpone at least 3 months Usually Ordinary Rates Usually GPR, rating depends upon reported symptoms
Alcohol consumption – Excessive alcohol consumption affects every system of the body leading to significantly higher mortality and morbidity	Any indication of excessive consumption or any condition associated with excessive alcohol consumption	GPR Signs of any condition will usually be rated Any indication of alcoholism with continued consumption will result in a decline
Allergies	Relevant mainly for disability cover, but all allergies will require individual consideration before we can decide what evidence we will require	Usually Ordinary Rates We may need to impose an exclusion on disability insurance where the allergy is linked to the applicant's occupation in any way
Aneurysm – An aneurysm is a swelling in the wall of an artery. It maybe congenital or due to disease. Rupture of an aneurysm is usually life threatening	Heart or major artery (brain within 2 years) Otherwise	Decline CIC and Disability benefits GPR <ul style="list-style-type: none"> • Usually rated • May be postponed if within 6 months

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Arteriosclerosis/ Atherosclerosis – Disease of the arteries usually causing the walls of the arteries to become thickened		Usually Decline CIC and Disability benefits GPR for Life • Usually rated
Arteritis (not Arthritis, see below) – Inflammatory disease affecting the muscular walls of the arteries		GPR A substantial proportion will be declined Where a full recovery has been made, some applicants will be acceptable at Ordinary Rates, but most will be rated
Arthritis – A non-specific term describing inflammation of any part of the joint e.g. cartilage, ligament, bone	Most forms of arthritis can cause variable degrees of incapacity, posing a risk for all types of disability insurance. Rheumatoid arthritis is a severe form and can involve the small blood vessels causing damage to major organs e.g. heart, lungs, eyes	Usually a GPR • For disability contracts expect an exclusion • For life the rating will depend on the type of Arthritis, the symptoms, test results and any complications
Aspirin to Thin Blood – may be used: • After a cardiovascular event e.g. heart attack, stroke. • After cardiovascular surgery e.g. bypass surgery. • As a preventative measure due to risk factors for coronary artery disease or stroke. Aspirin is widely utilised for pain relief and fever and this may be disregarded	If the reason is known it will be covered more specifically elsewhere in this guide	GPR The underlying reason for the treatment will drive the final decision
Asthma – Causes breathing difficulties and wheezing.	Severity of condition and smoker status determines the decision. Most cases with mild and controlled symptoms in a non-smoker Cases with mild and controlled symptoms in a smoker Others	Ordinary Rates Light rating GPR, decision will depend on the detailed information
Atrial Fibrillation – Irregular heart rhythm	Vital information – Frequency of attacks, time since last attack and underlying disorders	GPR, decision will depend on details
Barratt's Oesophagus – A pre malignant condition where mucosal lining of the oesophagus is abnormal		Usually a GPR, decision will depend on details

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Bell's Palsy – Paralysis of facial nerve causing weakness of muscles on one side of the face	In order to confirm the diagnosis and rule out more serious causes we will usually request a GPR	Usually GPR Diagnosis and full recovery confirmed: Usually an exclusion on disability benefits Usually ordinary rates for CIC and Life
Bladder disorders – These could be described in general terms or specifically as: Cystitis; Urethritis; Urinary Tract Infection (UTI); Enuresis (Incontinence) or Stricture of Urethra	<ul style="list-style-type: none"> • Under investigation or awaiting surgery • Recent onset, recurrent attacks or disability cover requested • No symptoms or treatment for over 2 yrs (Life, CIC and Waiver only) 	Postpone at least 3 months Usually GPR Usually Ordinary Rates
Blood disorders – examples: Anaemia; Haemochromatosis; Haemophilia; Leukaemia; Polycythaemia; Purpura; Sickle Cell Disorders/Thalassaemia; Venesection; Von Willebrand's Disease	We will almost always need a GPR to confirm diagnosis and severity of the condition	Usually GPR
Blood Pressure – Blood pressure is a measurement of the pressure of blood against the main artery walls. A raised blood pressure, i.e. hypertension, is a well-established predictor of mortality and morbidity risk		Usually GPR The final decision will depend upon the readings, other risk factors and the age of the applicant – Expect a rating other than in cases with up to date blood pressure readings and no treatment
Blood Transfusion – To replace blood lost during surgery or to treat anaemia	We will need to know the specific reason and all relevant details	Usually GPR
Body piercing		Ordinary Rates
Boils		Ordinary Rates
Brain haemorrhage (Subarachnoid) – Bleeding into the subarachnoid space of the brain Brain haemorrhage (other) see 'Stroke'	This is a specific type of bleed within the brain. After successful surgery these can be considered lower risk than other types of brain haemorrhage	GPR Decision will depend on the time since event and the surgery, and the recovery made Life – usually rated CIC & Disability benefits – usually Decline
Breast conditions – Fibroadenoma, fibrocystic disease /fibroadenosis, mastitis, lump, cyst, growth, papilloma etc. Tumour, cancer, malignant disease	Under investigation or awaiting surgery Otherwise	Postpone at least 3 months GPR If benign – Life OR – CIC OR to moderate rating If malignant – see malignant cancer
Bronchitis – Disease may be acute or chronic. Cigarette smoking is the major cause of chronic disease	Smokes less than 20 cigarettes per day, single episode more than 3 months ago, full recovery made Otherwise	Ordinary Rates GPR, decision depends on cigarette consumption and severity of condition

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Cardiomyopathy – Disease affecting the heart muscle causing cardiac dysfunction	This is a serious condition for which cover can only be offered to relatively low risk applicants	GPR, always rated, often postponed or declined
Cerebral Palsy – Brain damage occurring before, during or immediately after birth. The brain damage is permanent but non-progressive	Disability can range from minimal to extreme paralysis and impairment of intelligence	GPR Decision depends on extent of disability and nature of complications CIC/Disability – expect decline except for the mildest of cases
Chest Infection	Not recurrent and fully recovered Otherwise	Ordinary Rates GPR, decision will depend on the underlying cause
Chest pain – Chest pain can be due to many causes ranging from minor musculo-skeletal disorders or digestive symptoms to serious underlying diseases of the heart and lungs	Under investigation Otherwise	Postpone at least 3 months GPR Decision dependent on underlying cause If heart attack – see Medical Conditions Guide (page 7)
Cholesterol – Raised cholesterol is an important risk factor for cardiovascular diseases, particularly coronary artery disease	The reading, treatment and any other associated conditions (eg. smoking, build, family medical history) will affect the decision	GPR Controlled/ideal cholesterol readings – expect Ordinary Rates for all benefits. Otherwise – rated dependent on details
Chronic Fatigue Syndrome (CFS) – Also known as myalgic encephalomyelitis (ME) and post-viral fatigue syndrome	A condition of unknown cause and unpredictable duration. The degree of disability and type of symptoms can be extremely variable. The condition can cause total incapacity and prolonged episodes of time off work No definite diagnosis/not fully investigated/recent diagnosis within the last 6 months Otherwise	GPR Postpone Life – usually Ordinary Rates unless severe CIC/Disability – exclusion or decline Total and Permanent Disability and disability benefits
Cirrhosis	Cirrhosis is the replacement of normal liver tissue by bands of fibrosis. Common causes include alcohol excess, chronic biliary infection, chronic viral infection and autoimmune disorders	Decline for all contracts except life which MAY be acceptable with an extra premium
Cold		Ordinary Rates
Collapsed Lung (Pneumothorax) – Deflation of the lungs due to accumulation of air in the pleural cavity	Single Episode more than 6 months ago, no underlying disease Otherwise	Ordinary Rates GPR, decision will depend on the underlying cause Life/CIC – if full recovery made – usually Ordinary Rates Disability – if 1 or 2 episodes and full recovery made – usually Ordinary Rates – if more than 2 episodes – exclusion/rating

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
<p>Coronary Artery Disease (CAD) ONLY</p> <p>Note, CAD combined with diabetes or smoking more than 20 cigarettes per day will always be a decline for all contracts</p>	<p>CIC/Disability insurance, definite diagnosis</p> <p>If there was “suspected angina/heart attack” from which a full recovery has been made</p> <p>Life cover, recent event</p> <p>Life cover, severe symptoms, or symptoms following surgery</p> <p>Life cover, other</p>	<p>Decline</p> <p>GPR, still usually decline but may be able to offer terms</p> <p>Postpone</p> <p>GPR, usually decline</p> <p>GPR, rating</p>
<p>Cystic Fibrosis – A genetic disease affecting glandular tissue. Affects vital organs of the body, especially the lungs, intestines and pancreas, clogging them with sticky mucus, making it difficult to breathe and digest food</p>		<p>Decline for all contracts except life, which MAY be acceptable with an extra premium on short duration policies (not normally more than 10 years)</p>
<p>Deep Vein Thrombosis (DVT) or Phlebitis – Phlebitis is the inflammation of the wall of a vein, which is commonly seen in the legs as a complication of varicose veins. Thrombosis can develop causing Deep Vein Thrombosis</p>	<p>Single attack more than 2 years ago, no current treatment or follow up</p> <p>Otherwise the rating will depend on the number of attacks, the degree of recovery, the time since the last attack and whether any treatment is still required</p>	<p>Ordinary Rates</p> <p>GPR, rating will depend on the details</p>
<p>Dementia – Disorder of the brain usually caused by disease or degeneration. Generally a disease of the elderly causing loss of memory and intellect causing personality and behaviour changes</p>	<p>Includes Senile or Pre-Senile Dementia, Alzheimer’s Disease and Creutzfeldt – Jakob Disease</p>	<p>Decline for all contracts except life, which MAY be acceptable with an extra premium ONLY if a full recovery has been made</p>
<p>Diabetes Mellitus – Inadequate production or utilisation of insulin. It is a leading cause of mortality and morbidity. Late complications include coronary artery disease, stroke, kidney failure, peripheral vascular disease and blindness due to diabetic retinopathy</p>	<p>There are many factors that impact on the rating, particularly the control of the condition, the age of the applicant, the duration and other risk factors such as smoking or complications</p>	<p>Decline for all contracts except life, which will usually be acceptable with an extra premium</p> <p>GPR</p>
<p>Dizziness/Vertigo – A symptom of disease. Maybe due to a minor cause such as ear infection or serious underlying disease. Serious causes include cerebral ischaemia, intracranial tumours or multiple sclerosis</p>	<p>The investigations undertaken and the cause of this symptom are vital. We may not be able to accept un-investigated or undiagnosed cases. Where a diagnosis has been made the application will be assessed under the relevant condition</p>	<p>Ordinary Rates if a definite diagnosis of positional vertigo has been made</p> <p>Otherwise we will often have to postpone a decision or even decline cover, particularly CIC</p>

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Drug Abuse – Drug abuse is the use of any substance in a manner deviating from the accepted medical, social or legal patterns that exist within society	Drugs are used to induce changes in mood, perception and behaviour. HIV infection is an important risk factor among injecting drug users through the use of shared needles	Decline
Encephalitis – Inflammation of the brain/brain stem Encephalomyelitis is inflammation of the brain and spinal cord Complications include epilepsy, hydrocephalus, mental disorder and paraplegia	Full recovery more than 3 years ago Otherwise Symptoms within 6 months Not a full recovery	Ordinary Rates GPR, if there has been a full recovery with no symptoms for at least 6 months – Ordinary Rates for all contracts Usually postpone Try to accept with an extra premium
Epididymitis – Inflammation of the epididymis within the testes	Single short episode and fully recovered Present Otherwise	Ordinary Rates Postpone GPR, likely to be an extra premium
Epilepsy – Epilepsy is characterised by seizures caused by electrical discharges in the brain May be secondary to other diseases especially if onset after age 40 Serious causes include head injury, cerebrovascular disease, chronic alcohol abuse or brain tumour The number of attacks per year is a vital piece of information	Less than 6 months since onset Onset after age 40 No attacks for over 10 years (e.g. since childhood), no time off work – may still be on treatment Otherwise	We will only consider life after a GPR. All other contracts will be postponed GPR Usually Ordinary Rates GPR, decision depends on number of attacks and severity of symptoms
Erythema (includes Erythema Multiforme, Erythema Nodosum, Systemic Lupus Erythematosus (SLE), Lupus and Anti-Phospholipid Syndrome)	This covers a range of conditions which can be very mild through to very serious	GPR, rating will depend on exact diagnosis and symptoms
Eye Disorders	The diagnosis or cause is an important factor. The application disclosure should include whether the disorder affects one eye or both eyes For disability benefits many conditions will have an impact on the ability to work	If under investigation then most contracts will usually be postponed Life will usually be Ordinary Rates, but some causes will attract a rating Conditions will often be excluded for disability benefits. Waiver will often be declined

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Fainting – Temporary loss of consciousness, usually sudden and brief and caused by inadequate oxygen supply to the brain. May be a symptom of serious underlying disorder	Less than 6 months since onset, or under investigation Otherwise	Postpone GPR and rated depending on cause
Family History – of certain conditions indicates an increased risk of the applicant suffering the same or linked conditions	The vital information is always the exact diagnosis, the age at diagnosis and the relationship to the applicant. For cancer and heart condition we always need to know the precise details, e.g. site of cancer and whether heart attack/ cardiomyopathy, angina, heart failure etc.	The majority of cases will be acceptable at Ordinary Rates The remainder could get any of the following decisions: rating, exclusion or decline
Flu - providing a full recovery has been made.		Ordinary rates
Gall Bladder – Most diseases of the gall bladder do not present a risk to mortality or long-term morbidity. Time since symptoms and whether a full recovery has been made from surgery are the key items of information	No symptoms for more than one year, or full recovery after operation with no follow up Otherwise GPR Diagnosis of Primary Sclerosing Cholangitis	Ordinary Rates If more than one attack, usually rated for life or CIC and excluded or rated for disability cover Decline all contracts
Gilbert's Disease/Syndrome – Usually a symptomless condition	Certain diagnosis with no symptoms Otherwise	GPR Ordinary Rates for Life and CIC, but may be rated for disability cover Individual consideration
Gland Disorders	We will usually require further information. Problem within one year Problem more than one year ago	GPR MCQ
Glandular Fever – An infectious disease due to the Epstein-Barr virus. Symptoms of headache, sore throat and swelling of lymph glands may last 2-3 weeks, followed by a gradual recovery over the next few months	Greater than 6 months since full recovery and less than 2 months off work Otherwise	Ordinary Rates Usually a GPR and waiver will be declined
Gout – Hyperuricaemia is a raised level of uric acid in the blood. It may result in deformity of the joints or other tissues (gout) or remain asymptomatic. Gout may be related to excess alcohol consumption	Decision will depend upon the severity of the condition, which is measured by the extent and frequency of attacks	Usually GPR Usually Ordinary Rates for life cover and often rated for other benefits

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Gynaecological Disorders	<p>Vital information is:</p> <ul style="list-style-type: none"> • The exact diagnosis. • The date of the diagnosis. • Whether investigations have been completed. • Whether any treatment is continuing. • Whether any surgery has taken place or is planned. • Whether any follow up was, or is required. <p>ALL OF THESE QUESTIONS ARE INCLUDED ON THE APPLICATION FORM</p>	<p>Unpredictable due to the varied conditions covered under this broad heading</p> <p>The guiding rules are the same as for other conditions</p> <p>Recent symptoms or ongoing investigations are likely to result in a postpone</p> <p>Full recovery with no follow up will usually be Ordinary rates</p> <p>Everything else falls in between</p>
Haematemesis – Vomiting blood. Could be due to bleeding from any part of the gastrointestinal tract. Cancer or oesophageal varices are serious underlying causes	The cause is the relevant information	GPR and the decision will be dependent upon the cause
Haematoma – An accumulation of blood in the tissues forming a solid swelling	<p>Head</p> <p>Other sites, more than 6 months ago, fully recovered, not under follow up or treatment</p> <p>Otherwise decision depends upon site, reason and whether a full recovery has been made</p>	<p>Dealt with as ‘Head Injury’ below</p> <p>Ordinary Rates</p> <p>Usually a GPR, decision depends on detailed information</p>
Haematuria – Presence of blood in the urine	<p>The cause of the condition is always required and is the information used to assess the application</p> <p>Cause known</p> <p>Cause unknown by client</p> <p>Cause unknown by GP/ investigations ongoing</p>	<p>Application assessed according to the cause of the haematuria</p> <p>GPR</p> <p>Postpone until cause known</p>
Haemorrhoids – Enlarged or varicose veins in the wall of the anus		Ordinary Rates
Hay Fever		Ordinary Rates
Head Injury	<p>Not under follow-up or treatment, fully recovered, no further symptoms:</p> <ul style="list-style-type: none"> • Less than 6 months ago; • 6 months to 2 years ago; • More than 2 years ago <p>Otherwise</p>	<p>GPR (Decline WOP)</p> <p>Life Ordinary Rates, GPR for all other benefits</p> <p>Ordinary Rates</p> <p>GPR (Decline WOP)</p>

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Headache/Migraine – Headache is pain within the skull. Migraine is a recurrent throbbing headache often accompanied by vomiting	Recent and uninvestigated, or where there is any ongoing or incomplete investigation Otherwise	Postpone for CIC, GPR for other benefits Usually GPR although a large majority will be Ordinary Rates if symptoms are stable and long-standing
Heart Block – This is a vague term used to describe a number of different conditions	The precise diagnosis is vital. Other important information is whether the applicant has a pacemaker fitted and whether there are any other existing heart conditions	GPR, rating will depend on details
Heart Enlargement/Cardiomegaly – Heart enlargement or hypertrophy is usually a sign of disease of the circulatory system e.g. hypertension or cardiomyopathy	We need to know the degree of enlargement and any underlying cause	GPR, decision will depend on the details Expect adverse terms
Heart Failure – Pumping action of the heart is inadequate	May be able to consider for Life Cover only	GPR, decision depends on the details
Heart Problem General – Where the applicant simply discloses heart condition or a problem not included in this guide, for example – heart valve defect or heart murmur	Generally the Medical Condition Questionnaire on the application will provide us with sufficient information to ask the GP the right questions	GPR, decision will depend on the detail
Hepatitis – Hepatitis is inflammation of the liver due to virus infection or disease. There are several types of hepatitis. The disease may be acute with full recovery after short-lived infection or result in chronic, permanent disease	Vital information: <ul style="list-style-type: none"> • Specific type of hepatitis, • Level of recovery, • Liver function tests Hepatitis A – more than 6 months ago, full recovery	GPR, decision will depend upon the detailed information provided and could be anything from Ordinary Rates to Decline for all benefits Ordinary Rates
Hernia – The protrusion of an organ outside the wall of the cavity containing it, e.g. hernia of the intestine through the abdominal wall. Inguinal hernia (groin) is the most common type and surgical correction is usually successful. Hiatus Hernia is where part of the stomach passes into the chest cavity, through the oesophageal opening. Most cases respond to medical treatment, a minority requiring surgery	Hiatus Hernia Under investigation or awaiting surgery Otherwise Other Hernia (NOT Hiatus) Fully recovered, no symptoms or treatment Otherwise	Postpone 3 months Usually Ordinary Rates, but will need a GPR in some circumstances Ordinary Rates GPR for details, likely to be a rating or exclusion

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
<p>Herpes – Herpes of the lip (herpes simplex or cold sore) is the most common form</p> <p>Herpes genitalis – sexually transmitted</p> <p>Herpes zoster (shingles) – a type of herpes that usually starts with pain along the distribution of a nerve, often the face, chest or abdomen, followed by the development of vesicles</p>	<p>Herpes simplex can affect the eye and such cases require individual consideration</p> <p>With no involvement of the eye</p> <p>For sexually transmitted herpes the additional risk is that of other sexually transmitted diseases, so further information/tests may be requested</p> <p>Shingles</p>	<p>Ordinary Rates</p> <p>Usually Ordinary Rates</p>
<p>Huntington’s – Rare genetic disorder of the brain. A child of an affected parent has a 50% chance of inheriting the disease. The risk of inheritance reduces with age e.g. around 33% risk at age 30 and 15% risk at age 50</p>	<p>Definite diagnosis</p> <p>Family History, decision depends on relationship to sufferer and age of applicant</p>	<p>Decline all benefits</p> <p>Rating, although at older ages for Life and/or CIC, some applicants may qualify for Ordinary Rates</p>
<p>Hydrocele – The accumulation of watery liquid in a sac, usually the sac surrounding the testes</p>	<p>Under investigation or awaiting surgery</p> <p>Diagnosed greater than 6 months ago, no time off work and not being followed up, or fully recovered after successful surgery</p> <p>Otherwise, depends on detail</p>	<p>Postpone</p> <p>Ordinary Rates</p> <p>GPR, either Ordinary Rates or Postpone</p>
<p>Hydrocephalus – Water on the brain i.e. accumulation of cerebrospinal fluid within the brain</p>	<p>Present</p> <p>Corrected with surgery:</p> <p>If within 6 months of surgery</p> <p>Otherwise</p> <p>Corrected without surgery</p>	<p>Postpone Life and Decline all other benefits</p> <p>Postpone Life and Decline all other benefits</p> <p>GPR for Life, then rated. Decline all other benefits</p> <p>GPR for all contracts, decision depends upon extent of recovery. WOP always declined</p>
<p>Hypertension/Hypotension</p>	<p>See Blood Pressure</p>	
<p>Hyperthyroid/Hypothyroid</p>	<p>See Thyroid Disorders</p>	

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Immunodeficiency Disorder	Vague term, as much detail as possible should be submitted	Unable to predict
Intermittent Claudication – Disease of the arteries in the limbs, usually the legs. Major risk factors are smoking, hypertension and diabetes. In severe disease, gangrene and amputation may be required. Associated with increased risk of coronary and cerebrovascular disease	CIC and Disability Cover Life Cover	Decline GPR, Most cases will be rated. Some will be declined and where surgery has been undertaken recently cases will be postponed
Irritable Bowel Syndrome (IBS) – Abdominal pain associated with diarrhoea, constipation or a change of bowel habit. There is no definite diagnostic test	Under investigation Onset more than 6 months ago, not underweight, controlled with or without treatment Otherwise	GPR Usually Ordinary Rates GPR
Jaundice – Yellowing of the skin or whites of the eyes, indicating excess bilirubin in the blood	We need to know the cause. If known If unknown	We will assess according to the cause GPR, then assess according to the cause
Kidney disorders: Congenital – Born with an abnormality Donated for transplant Stones Dialysis or Kidney Failure Otherwise	No complications since childhood and not under follow up or treatment Greater than 6 months ago and not under follow up or treatment Less than 3 attacks, greater than 2 years since last attack, not under follow up or treatment	Ordinary Rates Ordinary Rates Ordinary Rates Usually Decline GPR, unable to predict decision
Lobectomy – Surgical removal of a lobe of an organ or gland e.g. brain, lung, thyroid	Site and cause are vital items of information Cause known Cause unknown	Decisions will be related to the cause GPR, decision will be related to the cause

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Malaria – An infectious disease transmitted by mosquitoes. Preventative and curative treatment is successful	>1 year ago, single attack, fully recovered Otherwise	Ordinary Rates GPR
Measles (including German measles)		Ordinary Rates
Meningitis – Inflammation of the meninges i.e. membrane lining the skull and spinal cord	Fully recovered more than one year ago, no follow up or treatment Present Otherwise	Ordinary Rates Postpone GPR, decision will be related to the cause
Mental Illness	There are many different conditions under this heading and the questions on the application help us make a decision. In addition it is vital that we know if there have been any thoughts or suicidal attempts Stress, Anxiety, Panic Attacks or Mild Depression. Life cover only application, full recovery and on no treatment Otherwise, for all benefits	Ordinary Rates GPR, the decision will depend upon the individual details
Motor Neurone Disease (MND) – Degenerative disease characterised by progressive muscular wasting and weakness Some forms of the disease are familial	Multifocal Motor Neuropathy Other types of Motor Neurone Disease	GPR, may be acceptable at Ordinary Rates for Life and CIC, all other benefits declined Usually decline, but terms may be offered in very favourable cases
Multiple Sclerosis (MS) – Disease of the nervous system – the myelin sheaths of the nerve fibres degenerate and are replaced by fibrous connective tissue	Life cover only All other benefits	GPR, usually rated. Rating is dependent on type of MS and degree of disability Decline

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Muscular Dystrophy – Hereditary muscle disorders causing weakness and disability	The specific diagnosis is vital. Dystrophica Myotonica All other types	Decline all benefits GPR, decision will depend upon the individual details. WOP will always be declined
Musculoskeletal Disorders – A huge range of conditions from arthritis to whiplash	We will always have to assess the application according to the exact diagnosis Life cover only CIC depends on TPD definition Disability cover	WOP, usually declined Rarely a GPR will be required, more likely an MCQ, if decision cannot be made from application disclosure. Usually Ordinary Rates. Ratings are normally applied for complications Rarely a GPR, more likely an MCQ, if decision cannot be made from application disclosure. Ordinary Rates or Exclude. Ratings are normally applied for complications GPR, Exclusion or Decline
Myasthenia Gravis – Disease causing excessive tiredness and weakness of specific muscle groups	Specific diagnosis, treatment, and time since symptoms were suffered are vital pieces of information which we will need to obtain from the applicant's GP	GPR, decision will depend upon the individual details
Needle Stick Injury – Needle-stick accidents are a risk factor for infection with disease e.g. hepatitis or HIV. Depending on the circumstances of the injury follow-up testing is performed for a period of time. Medication may be used in some cases	Greater than 6 months ago, confirmation of negative HIV and Hepatitis status and not under follow up Within 6 months Otherwise	Ordinary Rates GPR, usually Ordinary Rates Decision will depend on test results and/or reasons for follow-up
Neurological Symptoms/Disorders – There are many and varied neurological symptoms. Some disclosures will be of specific illnesses such as Guillain-Barré Syndrome, others will be vague symptoms such as dizziness or numbness	Less than 3 months since onset or under investigation Fully investigated and definite diagnosis made Otherwise	Postpone GPR, decision will depend on the detail Usually a GPR will be requested. Rates can usually be offered for Life cover A proportion of cases will be declined for CIC and Disability cover due to the unpredictable nature of recurrence and progression in neurological conditions and symptoms

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Oedema – Abnormal accumulation of fluid with weight gain and/or leg swelling. May be due to a variety of causes including varicose veins, congestive heart failure and kidney disease	The decision will depend on the site and the cause	GPR, decision will depend on the detail
Oesophagitis – Inflammation of the oesophagus due to reflux (backflow) of gastric contents	Dependent on type of oesophagitis If caused by reflux Other types	GPR Life & CIC – usually Ordinary Rates Disability – rating or exclusion Decision depends on details of condition
Paget's Disease – Two definitions: Chronic disease of the bones, particularly in the elderly A malignant condition of the nipple	It is important to know which one we are dealing with so that we can ask the GP the appropriate questions Of the bone Of the nipple	GPR, rating depends on the severity, age and any complications. Mild cases can often be accepted at Ordinary Rates for life and CIC cover GPR, rated according to the detailed staging of the cancer for life and disability. Declined for CIC
Palpitations – These occur when there is an unpleasant awareness of the forceful or rapid beating of the heart. Palpitations may be felt due to underlying disease (e.g. atrial fibrillation) or imagined when the person is anxious	This is a vague description of a symptom rather than a condition. Therefore a precise diagnosis is much more useful and confirmation that investigations are complete and results known	GPR, the decision will depend on the underlying cause
Pancreatitis – Inflammation of the pancreas. May be acute or chronic. Often associated with excessive alcohol consumption	Acute, short attack from which a full recovery is made Full recovery more than 3 years ago, no underlying cause Otherwise, cause known Otherwise, cause unknown Chronic	GPR GPR, usually Ordinary Rates GPR, rate for cause GPR, usually rated, but some recent cases will be postponed GPR, if acceptable, rated for life and CIC Disability cover, usually declined

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Paralysis	Apart from the most severe cases we can usually accept for Life, CIC and Disability Benefits with a rating	GPR, decision depends on the detail WOP and 4 week deferred period disability benefits will always be declined
Parkinson's Disease – A neurological disorder causing tremor of the hands, rigidity of muscles and slow body movements. Also known as Parkinsonism	The severity of symptoms is the most important factor. Life, only severe cases will be declined CIC, severe cases will be declined Disability	GPR, rated GPR, exclusions and ratings will be applied GPR, usually declined, unless minimal symptoms with little progression
Peritonitis – Inflammation of the peritoneum, i.e. the lining of the abdominal cavity	Over a year ago, full recovery, no follow-up or treatment Otherwise	Ordinary Rates GPR – decision will depend on details
Pharyngitis – Inflammation of the pharynx, usually causing a sore throat		Ordinary Rates
Pilonidal Sinus – An infected sinus of the buttocks containing hairs and discharging pus	More than 1 year ago, no current treatment, or Treated surgically, fully recovered, not under follow up, no time off work since Otherwise, we need to know whether there is a specific cause	Ordinary Rates Ordinary Rates GPR, decision depends on the cause
Pituitary Gland Disorders	The specific diagnosis is vital	GPR, decision depends on the condition
Polio myelitis – An infectious disease affecting the central nervous system. Paralysis can occur to variable degrees. The disease is now rare in countries with good immunisation programmes	All but very recent or severe cases Very recent Severe	GPR, decision depends on residual symptoms Postpone Decline for CIC and disability
Polycystic Kidney Disease – An inherited disorder in which the kidney tissue is replaced by cysts	CIC and disability cover Life Cover, dependent on degree of renal impairment	Decline Heavy rating or decline

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Pregnancy	Current, no previous complications Aged under 40 Aged 40 or over Previous complications	Ordinary Rates GPR, usually Ordinary Rates Usually GPR, decision depends on the nature of complications and current details
Prostate Gland – The prostate is a small gland the size of a chestnut found in males at the neck of the bladder	Prostatic Enlargement/Hypertrophy Prostatectomy. Abnormal/Raised PSA Test	GPR, decision depends upon the details
Pulmonary Embolism – Obstruction of the pulmonary artery by an embolus (blood clot) usually due to thrombophlebitis from the veins of the legs	Number of attacks and time since last attack are vital pieces of information	GPR, decision depends on details, if the last attack was more than 2 years ago then Ordinary Rates may be applied
Pyloric Stenosis – Narrowing of the pylorus i.e. the lower end of the stomach leading to the duodenum	Treated Surgically in infancy	Ordinary Rates
Raynaud's Disease or Phenomenon – Raynaud's disease occurs typically in young women in which the arteries of the fingers are unduly reactive and enter spasm when the hands are cold. The term Raynaud's phenomenon is used when signs and symptoms of the disease occur secondarily to other conditions	Certain diagnosis, no underlying cause, with minimal symptoms Otherwise	GPR, usually Ordinary Rates GPR, decision depends on the details
Rheumatic Fever – An acute infectious disease mainly affecting children and young adults. A potential long-term complication is damage to the heart valves	The decision will depend upon the severity of any residual damage	GPR, decision depends on the details
Rupture – Bursting apart of any organ or tissue	The decision will depend on the information provided on the Medical Condition Questionnaire. Particularly the site of the rupture	

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Sarcoidosis – Chronic systemic inflammatory disorder that can affect virtually any part of the body. The lungs are the most commonly affected organs	The decision will depend upon the sites involved, the severity and staging of the condition, test results, recovery made and treatment	GPR, decision depends on the details
Scarlet Fever – Highly contagious disease, mainly occurring in childhood	Fully recovered with no residual effects Otherwise	Ordinary Rates Usually a GPR, decision depends on the details regarding the residual effects
Septicaemia – Blood poisoning	Full recovery more than 6 months ago, no treatment or symptoms since the recovery was made Otherwise	Ordinary Rates Usually postpone until 6 months after a full recovery has been made
Sexually Transmitted Disease – Any disease spread by sexual contact	We will always need to consider the likelihood of infection with another sexually transmitted disease The evidence required will depend upon the condition and the age of the applicant	Usually GPR, decision depends on the details
Shadow on Lung	This is an x-ray result rather than a condition	GPR, decision will depend on the underlying cause
Sinusitis – Inflammation of the lining of the sinuses i.e. bone cavities of the face		Ordinary Rates
Skin Disorders	There are many skin disorders and only a few with complications that affect life or CIC cover. For disability cover the biggest concern is the link between the, skin condition and the applicant's occupation Treatment with Methotrexate or Maxtrex	Usually Ordinary Rates, unless there are complications affecting other organs or the condition is linked to the occupation GPR, decision will depend on the reason for the treatment
Sleep Apnoea – A sleeping disorder where 'collapse' of the upper airways causes apnoea (cessation of airflow lasting 10 seconds or more) and reduced oxygen concentration in the blood. This is commonly associated with obesity		GPR, rating will depend on severity and any additional factors such as smoking and build. A large proportion of fully investigated and treated cases will be acceptable at Ordinary Rates
Spina Bifida – Part of the spinal cord exposed in a newborn baby. Symptoms may include paralysis of the legs, incontinence and mental retardation	The decision will depend on the type of spina bifida, the symptoms and whether any surgery has been performed	GPR, decision depends on the details

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Spleen Disorders	Enlargement of the Spleen Splenectomy, Ruptured Spleen: Due to trauma with full recovery Otherwise	GPR, decision depends on the reason Ordinary Rates Usually GPR, decision depends on the details
Stroke – A stroke is where there has been permanent damage to the brain caused by a sudden cerebrovascular event (e.g. blood clot or bleeding), which produces impairment of the nervous system A transient ischaemic attack, or TIA, is like a stroke with symptoms lasting less than 24 hours. May also be described as amaurosis fugax or a mini-stroke	CIC and Disability Cover Life cover, the decision will depend on the type of stroke, the age at which the condition occurred and the degree of recovery	Decline GPR, decision depends on the details
Tachycardia – Rapid heart beat	There are different types and the results of investigations together with the diagnosis will determine the decision	GPR, decision depends on the details
Tattoo Removal		Ordinary Rates
Tests and Investigations	Where tests, investigations or results are awaited Routine tests (not instigated due to symptoms) Tests or investigations due to symptoms (as much detail as possible on the application may help us make a decision without further evidence)	Usually postpone until all investigations are complete and results are known Usually Ordinary Rates Usually GPR, decision depends on the details
Tetanus Injection		Ordinary Rates
Throat Infection		Ordinary Rates

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Thyroid Gland Disorders (includes hypothyroidism and hyperthyroidism)	Under investigation or awaiting surgery Less than 1 year since diagnosis or surgical treatment Otherwise, the evidence required and decision made will depend on the exact diagnosis and all the other answers on the MCQ	Postpone 6 months GPR, decision depends on the details Too many possible outcomes to predict
Tonsillitis – The tonsils are at the back of the mouth and provide protection from infection. Tonsillitis is where the tonsils are infected		Ordinary Rates
Tuberculosis – Infectious disease usually affecting the lungs	Positive skin test ONLY Otherwise	GPR, usually Ordinary Rates GPR, Postpone if diagnosis is within 6 months. Decision then depends on the details
Tumours – A tumour, lump or growth of any kind (and given any other name), will almost always require investigation. A specific diagnosis is usually given, even if this only takes the form of excluding malignant disease	For CIC cover in particular these are difficult cases to assess if the information is not clear and specific Malignant disease Pre-malignant disease. Some tumours, although not malignant now, have a tendency to progress to become malignant Benign/Non-malignant disease	CIC will be declined. Other benefits, GPR, decision will depend on the details CIC, usually decline. Other benefits, usually GPR, decision will depend on the details CIC, usually GPR. Even tumours described as benign can still carry an increased risk of malignant disease in the future and ratings or exclusions may be applied Other benefits, usually a GPR and usually Ordinary Rates, but the decision depends on the details
Ulcer (duodenal, gastric, oesophageal) – Peptic ulcers can occur in the stomach, oesophagus or intestine	Under investigation Onset more than 6 months ago, successful treatment Otherwise	GPR – possible postponement while investigations are outstanding Ordinary Rates GPR, decision depends on details

Disclosure	Background	Likely decision (this is not guaranteed, please see terms and conditions)
Undescended testicle – The testes fail to descend in to the scrotum being retained in the abdomen or inguinal canal. There is an increased risk of malignancy even after treatment	Successful treatment with orchidopexy or hormone treatment >1 year ago, confirmed benign Otherwise	Usually Ordinary Rates for life and an exclusion may be applied for CIC GPR, decision depends on the details
Upper Respiratory Tract Infection (URTI)	Not recurrent Otherwise	Ordinary Rates GPR, decision will depend on the underlying cause
Urinary Tract Infection	See Bladder Disorders	
Urticaria – A widespread itchy rash appearing rapidly and resolving within hours	The cause is the vital piece of information required to decide what evidence is required	Depends entirely on the cause and the details regarding that
Vibration White finger – A circulatory problem often caused by occupations involving the use of vibrating machinery	Life cover Other benefits	Ordinary Rates GPR, decision will depend on the symptoms and any link with the applicant’s occupation
Xanthoma/Xanthelasma – A yellowish skin lesion. Xanthelasma occurs around the eyelids	These conditions are usually linked to lipid disorders. Therefore, the evidence requested is to discover the nature and severity of the underlying disorder	GPR, decision depends on the details

4

Medical Reference Table Key:
GPR – General Practitioner’s Report
WOP – Waiver of Premium
TPD – Total and Permanent Disability
CIC – Critical Illness Cover
MCQ – Medical Conditions Questionnaire

Part 5 - Underwriting Limits

The table below lists the medical evidence we require according to your clients' level of cover and their age next birthday.

Medical Evidence Limits for Life									
Sum Assured (£) up to:	Age Next Birthday								
	Up to 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 – 65	66 – 70	Over 70
Up to 25,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence
25,001 – 50,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR
50,001 – 75,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR
75,001 – 150,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR, NSE, COT#	GPR, MER, COT#
150,001 – 200,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR	GPR, MER, COT#	GPR, MER, COT#
200,001 – 250,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR	GPR, NSE, COT#	GPR, MER, COT#	GPR, MER, COT#
250,001 – 300,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP
300,001 – 350,000	No automatic evidence	No automatic evidence	No automatic evidence	NSE, COT#	GPR	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP
350,001 – 400,000	No automatic evidence	No automatic evidence	No automatic evidence	NSE, COT#	GPR	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP*	GPR, MER, COT#, FBP
400,001 – 450,000	No automatic evidence	No automatic evidence	NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP
450,001 – 500,000	No automatic evidence	No automatic evidence	NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP
500,001 – 600,000	No automatic evidence	NSE, COT#	NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP
600,001 – 700,000	NSE, COT#	NSE, COT#	NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP
700,001 – 750,000	NSE, COT#	NSE, COT#	NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP

Medical Evidence Limits for Life									
Sum Assured (£) up to:	Age Next Birthday								
	Up to 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 – 65	66 – 70	Over 70
750,001 – 1,000,000	NSE, COT#	NSE, COT#	GPR, NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP, ECG (Ex (T))
1,000,001 – 1,500,000	GPR, NSE, HIV (blood), COT#	GPR, NSE, HIV (blood), COT#	GPR, NSE, HIV (blood), COT#	GPR, MER, HIV (blood), COT#	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP, ECG (Ex (T or B))	GPR, MER, COT#, FBP, ECG (Ex (T))
1,500,001 – 2,000,000	GPR, NSE, HIV (blood), COT#	GPR, NSE, HIV (blood), COT#	GPR, MER, HIV (blood), COT#	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, COT#, FBP, ECG (Ex (T or B))	GPR, MER, COT#, FBP, ECG (Ex (T or B))	GPR, MER, COT#, FBP, ECG (Ex (T))
2,000,001 – 3,000,000	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU
3,000,001 – 5,000,000	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU
5,000,001 - 7,500,000	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T or B)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU
Over 7.5 Million	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU	GPR, MER, HIV (blood), COT#, FBP, ECG (Ex (T)), MSU

COT - only request cotinine on disclosed non-smoking applications.

The medical examination will normally be requested with the client's own General Practitioner, if the sum assured is below £500,000. However if additional tests such as HIV or ECG are requested then this may not be possible due to the GP not being willing to perform such tests like HIV/AIDS testing or not having the relevant facilities like an ECG machine. In such cases the examination would be performed by one of Legal & General's approved independent examiners.

Key – Evidence Requirements

GPR	General Practitioner's Report
NSE	Nurse Screening Examination (previously Paramedical Examination Report)
MER	Medical Examination Report
HIV	Human Immunodeficiency Virus Test
ECG (Ex (T))	Exercise ECG (Treadmill)
ECG (Ex (T or B))	Exercise ECG (Treadmill or Bicycle): If possible coronary disease is suspected a treadmill test must be requested
MSU	Microscopic Urinalysis
FBP	<p>Fasting Blood Profile (FBP) - A blood profile which includes all the tests below.</p> <p>Liver Function Test (LFT) - Used to analyse the functioning of the liver.</p> <p>Fasting Lipids - Used to calculate the cholesterol level in the blood.</p> <p>Renal Function Test (RFT) - Used to analyse the functioning of the kidneys.</p> <p>Full Blood Count (FBC) - Analyses the constituents of the blood.</p> <p>Fasting Blood Sugar/Glucose (FBS/FBG) - Measures the amount of sugar (glucose) in the blood.</p>

Underwriting Limits for Critical Illness Cover

The table below lists the medical evidence we require according to your clients' level of benefit and their age next birthday.

Medical Evidence Limits for CIC						
Sum Assured (£) up to:	Age Next Birthday					
	Up to 40	41 – 45	46 – 50	51 – 55	56 – 60	Over 60
Up to 75,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence
75,001 – 100,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR
100,001 – 150,000	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR
150,001 – 200,000	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR	GPR, MER, COT#, FBP
200,001 – 250,000	No automatic evidence	No automatic evidence	NSE, COT#	GPR	GPR	GPR, MER, COT#, FBP
250,001 – 300,000	No automatic evidence	No automatic evidence	NSE, COT#	GPR	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU
300,001 – 350,000	No automatic evidence	NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU
350,001 – 400,000	No automatic evidence	NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU
400,001 – 450,000	NSE, COT#	GPR, NSE, COT#	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU
450,001 – 600,000	NSE, COT#	GPR, NSE, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU, ECG(Ex (T))	GPR, MER, COT#, FBP, MSU, ECG(Ex (T))	GPR, MER, COT#, FBP, MSU, ECG(Ex (T))
600,001 – 1,000,000	GPR, NSE, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU	GPR, MER, COT#, FBP, MSU, ECG(Ex (T))	GPR, MER, COT#, FBP, MSU, ECG(Ex (T))	GPR, MER, COT#, FBP, MSU, ECG(Ex (T))
1,000,001 – 2,000,000	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU, ECG (Ex (T))	GPR, MER, HIV (blood), COT#, FBP, MSU, ECG (Ex (T))	GPR, MER, COT#, FBP, MSU, ECG (Ex (T))
2,000,001 – 3,000,000	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU	GPR, MER, HIV (blood), COT#, FBP, MSU, ECG(Ex (T))	GPR, MER, HIV (blood), COT#, FBP, MSU, ECG(Ex (T))	GPR, MER, HIV (blood), COT#, FBP, MSU, ECG(Ex (T))

1. COT# – only request cotinine on disclosed non-smoking applicants
2. MER – may be performed by the GP or an independent examiner. Some GP surgeries do not have facilities for ECG's.

Key - Evidence Requirements	
GPR	General Practitioner's Report
NSE	Nurse Screening Examination (previously Paramedical Examination Report)
MER	Medical Examination Report
HIV	Human Immunodeficiency Virus Test
ECG (Ex(T))	Exercise ECG (Treadmill)
MSU	Microscopic Urinalysis
FBP	<p>Fasting Blood Profile (FBP) - A blood profile which includes all the tests below.</p> <p>Liver Function Test (LFT) - Used to analyse the functioning of the liver.</p> <p>Fasting Lipids - Used to calculate the cholesterol level in the blood.</p> <p>Renal Function Test (RFT) - Used to analyse the functioning of the kidneys.</p> <p>Full Blood Count (FBC) - Analyses the constituents of the blood.</p> <p>Fasting Blood Sugar/Glucose (FBS/FBG) - Measures the amount of sugar (glucose) in the blood.</p>

Underwriting Limits for Income Protection Benefit

The table below lists the medical evidence we require according to your clients' level of benefit and their age next birthday.

Medical Underwriting Limits Income Protection Benefit					
Monthly Benefit level	Age nbd Up to 40	Age nbd 41-45	Age nbd 46 – 50	Age nbd 51 – 55	Age nbd Over 55
Up to and including £400	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence
£401 - £500	No automatic evidence	No automatic evidence	No automatic evidence	No automatic evidence	GPR
£501 - £750	No automatic evidence	No automatic evidence	No automatic evidence	GPR	GPR
£751 - £800	No automatic evidence	No automatic evidence	GPR	GPR	GPR
£801 - £1,250	No automatic evidence	No automatic evidence	GPR	GPR	GPR, NSE (mini), Cotinine (non-smoker)
£1,251 - £1,500	No automatic evidence	GPR	GPR	GPR, NSE (mini), Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)
£1,501 - £2,000	GPR	GPR	GPR, NSE (mini), Cotinine (non-smoker)	GPR, NSE (mini), Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)
£2,001 - £2,500	GPR	GPR, NSE (mini), Cotinine (non-smoker)	GPR, NSE (mini), Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)
£2,501 - £3,000	GPR	GPR, NSE (mini), Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)
£3,001 - £4,000	GPR, NSE (mini), Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)	GPR, MER, Cotinine (non-smoker)
£4,001 - £4,500	GPR, MER, HIV (blood), Cotinine (non-smoker)	GPR, MER, HIV (blood), Cotinine (non-smoker)	GPR, MER, HIV (blood), Cotinine (non-smoker)	GPR, MER, HIV (blood), Cotinine (non-smoker)	GPR, MER, HIV (blood), Cotinine (non-smoker)
£4,501 - £5,500	GPR, MER, HIV (blood), Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)
£5,501 and above	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)	GPR, MER, HIV (blood), Fasting Lipids, LFT, FBC, Exercise ECG, (T or B) Cotinine (non-smoker)

5

The medical examination will normally be requested with the applicant's own General Practitioner. If this is not possible then the examination would be performed by one of Legal & General's approved independent examiners.

Key - Evidence Requirements	
GPR	General Practitioner's Report
NSE	Nurse Screening Examination (previously Paramedical Examination Report)
MER	Medical Examination Report
HIV	Human Immunodeficiency Virus Test
LFT	Liver Function Test
FBC	Full Blood Count
Exercise ECG (T or B)	Exercise ECG (Treadmill or Bicycle): If possible coronary disease is suspected a treadmill test must be requested.

Part 6 – Financial Underwriting including limits

Financial underwriting on lower sums assured is limited to showing that there is acceptable insurable interest on the application. For larger sums assured, additional documentation is required to assess a case financially.

Financial underwriting is ensuring that the benefits asked for are not excessive in relation to the client's personal circumstances.

Financial evidence is required on –

- Life applications where the sum assured is above £800,000*.
- CIC applications where the sum assured is above £500,000*.
- Income Protection Insurance where cover is above £3,000 per month. (For cases submitted before 31 January 2010)

High Net Worth

- All life applications need to be referred to Medical Underwriting where the total sum assured is over £600,000 as a “High Net Worth Case”.
- All CIC applications, whether sold as standalone or in conjunction with Life cover need to be referred to Medical Underwriting where the total sum assured is over £350,000 as a “High Net Worth Case”.

We value our High Net Worth business and have designed an exceptional level of service to smooth the entire application process for advisers and clients.

Our philosophy is to encourage an open relationship, to ensure that business is underwritten and completed with the minimal amount of disruption to the adviser and client.

Our High Net Worth service to the Adviser

- Access to a High Net Worth underwriter at the pre-submission stage, to discuss the case specifics
- A new financial underwriting tool which gives a financial underwriting decision and highlights any required supporting evidence
- A single point of contact throughout the submission process
- Active management of pipeline business to ensure applications progress quickly
- Regular updates on the status of all their high net worth cases
- A proposal tracking facility providing automatic updates on the progress of each application
- Flexible client medical examination arrangements in partnership with the Harley Street Doctors Group

Our High Net Worth service to the Client

- Flexible appointments for medical examinations conducted by the Harley Street Doctors Group. This means that the client can choose a time, date and location that suits them
- A welcome call from the Harley Street Doctors Group to arrange a medical appointment (if required) and to answer any queries that the client may have
- A courtesy call prior to their medical appointment to ensure they are clear on what to expect and what to bring with them
- At the end of the examination the client will be provided with a summary of their health screen
- Complete confidentiality and peace of mind throughout the whole process

* Sum assured refers to total cover with Legal & General, including cover in force and concurrent applications.

For all clients

When assessing how much Life or Critical Illness Cover a client requires, the number of policies they hold with other companies will need to be taken into consideration. If the total cover, including the policies taken out with other companies in the past 12 months, exceeds our financial limits then we will need further information.

For a copy of our Business or Personal Assurance Questionnaire or our Simplified Financial Information form please contact your usual Legal & General contact. Alternatively, the questionnaires are available on-line on the Advisor and BP centres. For any further enquiries please contact the MUTAL on 0370 333 3699. Additional information can also be obtained from Legal & General's Underwriting and Claims Solutions extranet site.

If the total sum assured exceeds the limits in the following tables the financial evidence will always be required before any terms can be issued and should be submitted with the application.

Please see limit tables inserted in the flap at the back.

Financial Underwriting Requirements - Personal Protection

Life only sum assured	Evidence required
Up to £800,000	Nil
£800,001 - £1,500,000	Simplified Financial Information form – which requests details of the applicant’s <ul style="list-style-type: none"> • Earnings • Net worth • Any existing cover
£1,500,001 - £2,000,000	Personal Assurance Questionnaire (PAQ) – signed by applicant
Over £2,000,000	Our minimum requirements below are needed for all applications. PAQ signed by applicant Private residential loan – CLOL required Family Protection – evidence of earnings (i.e. P60, statement from employer, etc) or alternatively PAQ to be countersigned by independent 3rd party. IHT – PAQ with an independent 3rd party statement of net worth

Critical Illness Cover sum assured	Evidence required
Up to £500,000	Nil
£500,001 - £800,000	Simplified Financial Information form – which requests details of the applicant’s <ul style="list-style-type: none"> • Earnings • Net worth • Any existing cover
£800,001 - £3,000,000	Personal Assurance Questionnaire (PAQ) – signed by applicant plus supporting evidence of earnings and, if applicable CLOL. Note: If own occupation definition applies then the maximum sum assured available is £2m.
Over £3,000,000	Not available

Business Protection

Life only sum assured	Evidence required
Up to £800,000	Nil
£800,001 - £1,500,000	Simplified Financial Information form – which requests details of the applicant’s <ul style="list-style-type: none"> • Earnings • Net worth • Any existing cover • If Key person ‘last years profit’
£1,500,001 - £2,000,000	Business Assurance Questionnaire (BAQ) – signed by applicant
Over £2,000,000	Our minimum requirements below are needed for all applications. BAQ signed by applicant 2 years reports and accounts Loan related – CLOL required Share (or Partnership) protection – BAQ to be countersigned by an independent 3rd party

Critical Illness Cover sum assured	Evidence required
Up to £500,000	Nil
£500,001 - £800,000	Simplified Financial Information form - which requests details of the applicant's <ul style="list-style-type: none"> • Earnings • Net worth • Any existing cover • If Key person 'last years profit'
£800,001 - £1,500,000	Business Assurance Questionnaire (BAQ) - signed by applicant
£1,500,001 - £3,000,000	Our minimum requirements below are needed for all applications. BAQ signed by applicant 2 years reports and accounts Loan related – CLOL required. Note: If own occupation definition applies then the maximum sum assured available is £2m.
Over £3,000,000	Not available

Please note that additional supporting evidence may be requested as part of the underwriting assessment.

Income Protection Benefit (IPB) - for cases submitted before 31 January 2010.

Benefit Level (per month)	Evidence of Earnings	
	Employed	Self-Employed
£3,000 or less	Application form only	Application form only
Over £3,000	Last 3 months salary slips or copy of P60	Last 3 years Audited Reports and Accounts

For cases submitted on or after 1 February 2010, financial underwriting takes place at Claims stage.

Part 7 – Full and Non-Disclosure

With your help and the use of this guide we want to increase the quality of the information disclosed and reduce the incidence of non-disclosure. In the long run this will enable us to reconsider our non-medical limits and our claims processes.

By supplying Legal & General with all the information we ask for we may be able to assess a risk without the need for obtaining further medical evidence.

Benefits of Full Disclosure	Risks of Non-Disclosure
Full benefits in the event of a claim	None or limited benefits in the event of a claim
All contracts will be valid	Invalid contracts
A greater proportion of decisions can be made without further evidence	Lowers the non-medical limits so that Legal & General request more evidence on applications
Reduction in the processing time of an application	Increases the basic premium for everyone
In many cases, less further information required	Delay in getting the client on risk

Remember: If in doubt, contact the Medical Underwriting Technical Advice Line (MUTAL) on 0370 333 3699 or your Dedicated Service Team.

Common Non-Disclosures

Our medical underwriting team have identified the most common non-disclosures and provided reasons why these need to be disclosed.

1. Back trouble and pain: this is often perceived as a trivial matter and not something that needs to be disclosed. However, it is particularly relevant when assessing Waiver of Premium Benefit, Total & Permanent Disability definition on Critical Illness Cover (CIC) or Income Protection Benefit (IPB).

2. Stress, anxiety, depression or mental illness: there is sometimes a reluctance to disclose this type of information, but it is a major source of claims on disability contracts.

3. Height and weight: is often under estimated. These are always relevant.

4. Joint problems: are especially relevant when processing policies that include disability benefits. For example, knee, elbow, shoulder trouble or pain.

5. Tests and investigations: the date, reason and result of any tests, even if the client has been given the “all clear” should be disclosed, as there may be mortality or morbidity implications. If the results are awaited, or a referral has only just been made, then we will always wait for the outcome before making an underwriting decision.

6. Smoking: has well documented implications on a client’s health.

7. Alcohol consumption: has serious health implications and data on consumption is critical to the insurer. Where alcohol consumption has changed then full details are required.

8. Blood pressure and raised cholesterol: the readings are the most important details when assessing these factors. Therefore, if known, as many readings as possible should be detailed, along with the dates that they were taken.

Useful Note

Any changes to the answers on the application that occur after submission and before the policy is issued **MUST** be communicated to Legal & General in writing so that we can fully assess the risk. (Please see the Important Customer Information section in our application forms.)

Part 8 – Residency

Legal and General's Underwriting Philosophy

- Generally, we will consider applicants
 - Permanently resident in the UK
 - Temporarily travelling within the European Union (EU), United States of America (USA), Canada, Australia, New Zealand
 - Temporarily travelling to countries not listed above. These will be considered on an individual consideration basis
 - Whilst they remain in the UK (where a permanent move abroad is known about at application stage)
 - Who are crown employees or in the Merchant Navy
 - On a temporary VISA in the UK.

There are two specific types of risk here.

- Past residency – The risk of having contracted a disease while resident in another part of the world.
- Future – The risk of visiting a dangerous region or of contracting a disease which is more prevalent than in other parts of the world.

Both risks need to be assessed.

The application forms therefore asks for details regarding the location and the duration of any past or future foreign residency/travel included:

- Details regarding the location.
- The reason for the visit.
- Activities while there.
- Precautions being taken.

At the core of Legal and General's underwriting philosophy is the principle that we provide protection products for UK lives permanently resident in the UK – our life fund and product pricing is structured to reflect this.

In the event of requests for cover from applicants who are normally permanently resident in the UK, but who are currently or may be potentially resident outside the UK, individual assessment of their circumstances is required.

We do not treat any customer differently on the grounds of nationality, therefore, we do not ask about nationality on our application forms.

The two key areas that require underwriting consideration are:

- i) The additional risk of travel outside the UK** – e.g. geographical, political, health and environmental issues of the countries concerned.
- ii) The impact of current legislation.**
E.g. HM Revenue & Customs Overseas Life Assurance Business (OLAB) rules and European Union's Third Life Directive.

Although all cases are assessed on an individual basis there are some general rules relating to the suitability of our products in relation to applicants currently outside of the UK. These are primarily linked to current legislation. The following provides basic guidelines concerning the acceptance of applicants who are currently resident outside of the UK.

Before consideration can be given to anyone resident abroad they must first be able to provide:

- A UK contact address. This should be the applicant's home address as Legal & General are unable to accept selling agents, brokers or third party or care-of addresses.

- A UK Bank account. Any bank account used for paying premium payments must meet all of the following criteria:
 1. payment should be from a UK bank which follows the UK Sort Code criteria
 2. be able to accept direct debit payments
 3. from a country that uses UK Pounds sterling.

If an applicant cannot meet these criteria then we will be unable to consider them for any cover, regardless of current residency.

Legal & General do not normally accept requests for disability benefits for applicants who currently are, or will be, resident outside of the UK. This includes:

- Critical Illness Cover
- Waiver of Premium Benefit
- Income Protection Benefit

It may be possible to consider these benefits in some circumstances, but individual assessment would be required. Further to this, applicants should be aware that all of Legal & General's disability benefits contain exclusion wordings relating to foreign travel and residency. Reference will need to be made to the relevant Technical Guide for the benefit concerned for specific details.

Medical evidence from outside the UK

The obtaining of medical evidence from abroad presents several obstacles to the processing of applications and the following points will need to be addressed when dealing in such instances.

1. are records available at all?
2. if so, will they be adequate for underwriting purposes?
3. will medical forms require translation for the completing doctor?
4. will any correspondence received require any translation?
5. is the information provided accurate?

6. are laboratory tests carried out to an adequate standard?
7. what is the local legislation concerning access to medical information?

Legal & General also need to be satisfied that a competent medical doctor, with appropriate qualifications, recognised in the UK, has completed any medical evidence obtained. Without this, cover would not be possible, irrespective of any other residency requirements being fulfilled.

If the medical evidence is obtained from an overseas source then any extra fees will need to be met by the applicant.

Legal jurisdiction

All policies applied for will be subject to English Law, with the benefits payable in the UK in pounds sterling. It is also worth noting that a policy effected in the UK by an overseas resident may contravene the laws of the country of their current residence. Note that it is the responsibility of the salesperson to advise the applicant about the suitability of a contract for foreign residency.

Permissible Foreign Residency

Guidelines for Term Applications

Our life policies have no residence related standard exclusion wording, which means if death occurs outside the UK then a claim will be considered. Overseas Life Assurance Business (OLAB) rules apply to term assurance products and their derivatives and define the legal stance for selling term assurance products. Consequently we are unable to accept the majority of requests for cover from applicants currently resident abroad.

However, there are several situations where it may be possible to consider terms. The situations that these rules apply to are:

1) Crown Employees

Applications on Crown employees working abroad, such as Diplomatic staff and HM Forces on an overseas posting (subject to underwriting consideration regarding location etc).

Note that, under the current legislation, spouses and partners can only be considered where the application is on a joint life basis with the Crown Employee. Life of Another basis where the Crown Employee is the grantee or where the policy is in trust to the Crown Employee are other options.

2) Grantee

The Grantee is resident in the UK.

3) Business Cover

The grantee is a UK company unless it is group term assurance for overseas employees. Note that the business must be a UK registered company.

4) Joint Life Applications

It may be possible to offer cover on joint life applications where one of the lives assured is to remain resident in the UK whilst the other is abroad.

5) Policies Under Trust

In some situations, it may be possible to consider applicants where the policy is to be under trust with at least one of the beneficiaries or potential beneficiaries being a UK resident.

Our current understanding of this is that, for a trust form to be acceptable in this situation, at least one of the potential or actual beneficiaries must have an address in the UK, (i.e. England, Scotland, Wales or Northern Ireland).

Alternatively, for cases where mortgage cover is required, the trust can be for the lending source. In this situation the mortgage provider must be a recognised UK bank or Building Society.

For questions concerning the legal aspects, acceptable names and addresses and the suitability of using a trust please refer to your usual technical support area for guidance.

Useful Note

Applicants who are acceptable under any of the above criteria will still require underwriting of occupational, geographical, health and environmental risk factors and each application will have to be assessed on a case-by-case basis and be subject to the normal underwriting criteria.

Guidelines for consideration of applicants currently resident in the UK with plans to move abroad “permanently”

Permanent for the purpose of this document means no intention to return to the UK.

If a move abroad is before or on the policy commencement date, please refer to your usual technical support area as OLAB applies. If there are no firm plans to live abroad then it should be possible to consider terms. Future residency should only be taken into account where there is a definite intention to move abroad.

Applicant MUST have a UK address and Bank Account. Any policy accepted MUST comply with Legal & General’s internal underwriting philosophy.

Imminent permanent move abroad (i.e. planned move abroad within Legal & General’s minimum policy term) = DECLINE. Planned move abroad over Legal & General’s minimum policy term.

- **UK mortgage related applications – allow cover for full mortgage term (copy of loan offer letter is not required).**
- **Non-mortgage related applications – allow cover for remaining period of stay in UK (e.g. until VISA expires). If minimum policy term is greater than remaining period of stay we are unable to provide cover.**

Exceptions:

Crown employees can be accepted – however, consideration must still be given to geographical risk of the country of residence.

Acceptance ALWAYS subject to all normal underwriting criteria – medical, financial, occupational, geographical etc.

Part 9 – Hazardous and Leisure Pursuits Guide

Some sports, hobbies or leisure pursuits carry with them an increased risk of death or injury. We need to know if the applicant participates in any such leisure pursuit. This information can be given using the Hazardous Pursuits Questionnaire or the Additional Information section contained within the Application forms. However, sometimes it may be necessary to obtain further additional information from the client.

Where the client is involved in a hazardous pursuit, we need to know the following:

- How many times they will take part each year.
- How often they take part (e.g. weekly/monthly/twice a year on holiday).
- Where (if abroad confirm which countries).
- Qualifications and Club Membership.
- The type, size and their involvement in any races with regards to motor sports.
- The depth and types of any diving.

This guide clarifies what the likely underwriting outcome will be.

The hazardous and leisure pursuit questionnaires are available from your usual Legal & General contact.

The guidelines provided in this document are reviewed periodically and are therefore subject to change.

SPORT/PURSUIT	Life	CIC	IPB	Waiver
Aviation Related Sports: If inadequate information on application form request the appropriate Questionnaire				
Ballooning				
< 50 flying hours pa	OR	Ex	Ex	IC
Over 50 hours	£0.13pm	Ex	IC	Decline
Record Attempts	IC	Ex	IC	Decline
Flying within the British Isles and Western Europe only. Not Flying Instructor.				
Flying hours 75 or less	£0.13pm	Ex	Ex	Decline
76-250	£0.26pm	Ex	Ex	Decline
Over 250	From £0.39pm	Ex	Ex	Decline
Gliding (unpowered and self sustaining) within the British Isles and Western Europe only. Not flying instructor.				
Flying hours 25 or less	OR	OR	Ex	OR
26-75	£0.13pm	Ex	Ex	Decline
76-125	£0.26pm	Ex	Ex	Decline
More than 125	£0.39pm	Ex	Ex	Decline
Hang-Gliding				
BHPA member. No. flights pa 50 or less	OR	Ex	Ex	IC
Otherwise	IC	Ex	IC	IC

SPORTS/HAZARDOUS PURSUITS:	Life	CIC	IPB	Waiver
Parachuting (Including skydiving and sky surfing. Excluding: BASE Jumping)				
Static Line –				
‘One-off jumpers’	OR	OR	OR	OR
< 50 jumps pa	OR	OR	Ex	OR
51 – 75 jumps pa	OR	OR	Ex	IC
75 – 100 jumps pa	OR	Ex	Ex	IC
> 100 jumps pa	IC – Refer to Medical Underwriting			
Free Fall or Competition Jumping				
< 25 jumps pa	OR	OR	Ex	OR
26 – 75 jumps pa	£0.13pm	OR	Ex	Decline
76 – 100 jumps pa	£0.26pm	OR	Ex	Decline
101 – 125 jumps pa	£0.39pm	Ex	Ex	Decline
126 – 250 jumps pa	£0.52pm	Ex	Ex	Decline
>250 jumps pa	£0.65pm	Ex	Ex	Decline
Paragliding/Parascending				
BHPA member:				
< 75 jumps pa	OR	OR	Ex	OR
Over 75 flights pa	OR	OR	Ex	OR
Non BHPA Member	Minimum £0.13pm	Ex	Ex	Decline
Climbing & Mountaineering:				
If inadequate information on application form request Mountaineering or Caving & Pot-Holing Questionnaire				
Artificial Wall Climbing	OR	OR	OR	OR
Caving & Potholing				
Diving involved	IC	IC	IC	IC
No Diving. Experienced caver or accompanied by experienced caver;				
< 12 times pa	OR	Ex	Ex	IC
13 – 25 times pa	OR	Ex	Ex	IC
Otherwise	£0.13pm- £0.39pm	Ex	Ex	Decline
Climbing (Hill climbing, trekking, tramping, abseiling)	OR	OR	OR	OR
Mountaineering & Rock Climbing				
Amateur: <4000 metres	£0.13pm- £0.26pm	Ex	Ex	Decline
>4000 metres	IC	Ex	Ex	Decline
Professional	IC	Ex	Decline	Decline
Motor Car Sport:				
If inadequate information on application form request Motor Sport Questionnaire				
Professional				
Single Seater: • CART • Indy racing league • Formula 1	IC – significant rating likely	IC	Decline	Decline
Single Seater: • Formula 3000 • Formula 3 Rallying (World Rally): • Special stage: over 2 litre Saloon Cars: • ASCAR	£1.30pm	IC	Decline	Decline

SPORTS/HAZARDOUS PURSUITS:	Life	CIC	IPB	Waiver
Single Seater: <ul style="list-style-type: none"> • Hill climbs, speed trials, sprints: over 2 litre Rallying (World Rally): <ul style="list-style-type: none"> • Special stage: 2 litres or less • Road rally: over 2 litre Saloon Cars: <ul style="list-style-type: none"> • Group A, Group N, Clubman: over 2 litre Drag Racing: <ul style="list-style-type: none"> • Top fuel, jet cars Karting: <ul style="list-style-type: none"> • Long circuit >100cc Other: <ul style="list-style-type: none"> • Stock car racing 	£0.52pm	IC	Decline	Decline
If exact motor sport activity not listed please treat as 'IC' for all contracts.				
Amateur				
Single Seater: <ul style="list-style-type: none"> • Hill climbs, speed trials, sprints: over 2 litre Rallying (World Rally): <ul style="list-style-type: none"> • Special stage: 2 litres or less • Road rally over 2 litre Saloon Cars: <ul style="list-style-type: none"> • Group A, Group N, Clubman: over 2 litre Drag Racing: <ul style="list-style-type: none"> • Top fuel, jet cars Karting: <ul style="list-style-type: none"> • Long circuit >100cc Other: <ul style="list-style-type: none"> • Stock car racing 	£0.26pm	Ex	Ex	Decline
Single Seater: <ul style="list-style-type: none"> • Single make formula (eg. Ford, Renault) • Formula Monoposto • Hill climbs, speed trials, sprints: 2 litres or less Rallying <ul style="list-style-type: none"> • Navigational rally • Economic rally • Historic Rally • Navigational Scatter • Economy run • Treasure Hunts • Road rally 2 litres or less Saloon Cars: <ul style="list-style-type: none"> • Group A, Group N, Clubman: 2 litres or less Drag Racing: <ul style="list-style-type: none"> • Other than – top fuel, jet cars Karting: <ul style="list-style-type: none"> • Indoor/fun karting • Short circuit <100cc Other types of motor sport: <ul style="list-style-type: none"> • Autocross • Autograss • Autotests • Banger racing • Cross country • Economy runs • Grass track racing • Hill climbs • Sand racing • Slaloms 	OR	OR	4 & 13wk: Ex 26wk up: OR	OR

SPORTS/HAZARDOUS PURSUITS:	Life	CIC	IPB	Waiver
Other types of motor sport continued: • Speed Trials • Sprints • Sporting trials • Team recovery • Trials • Twelve car rallies	OR	OR	4 & 13wk: Ex 26wk up: OR	OR
Motor Cycle Sport: If inadequate information on application form request questionnaire				
Chart covers Amateur & Professional – if a difference exists, it is listed as (A) for amateur and (P) for professional # stated information is for amateur, professionals are declined.				
Circuit racing – includes closed, restricted and national events	IC	IC	Ex#	IC
Drag racing	OR – £0.65pm	IC	4 & 13wk: Ex# 26wk up: IC#	Decline
Enduro racing	OR – £0.26pm	IC	4 & 13wk: Ex# 26wk up: IC#	Decline
Grass track racing	OR – £0.26pm	IC	4 & 13wk: Ex# 26wk up: IC#	Decline
Hill climbs	OR	OR (A) IC (P)	4 & 13wk: Ex# 26wk up: OR#	OR
Ice racing	OR	OR (A) IC (P)	Ex#	OR
Marshals	OR	OR (A) IC (P)	4 & 13wk: Ex 26wk up: OR#	OR
Moto-cross (scrambling)	OR	OR (A) IC (P)	4 & 13wk: Ex 26wk up: OR#	OR
Quadbiking	OR	OR (A) IC (P)	4 & 13wk: Ex 26wk up: OR#	OR
Record attempts	IC	Ex	Ex#	Decline
Sand racing	OR – £0.26pm	Ex (A) IC (P)	Ex#	Decline
Scooter & moped racing	OR – £0.26pm	Ex (A) IC (P)	Ex#	Decline
Speedway	£0.26pm- £0.39pm	Ex (A) IC (P)	Ex#	Decline
Sprint events	OR – £0.65pm	Ex (A) IC (P)	4 & 13wk: Ex. 26wk up: IC#	Decline
Stunt riding	IC	Ex (A) IC (P)	Ex#	Decline
Trails riding	OR	OR (A) IC (P)	4 & 13wk: Ex 26wk up: OR#	OR
Trials	OR	OR (A) IC (P)	4 & 13wk: Ex 26wk up: OR#	OR
Veteran & vintage	OR	OR (A) IC (P)	4 & 13wk: Ex 26wk up: OR#	OR

Key

Abbreviation	Description
pm	per thousand pound sum assured per month
OR	Ordinary Rates
EP	Extra Premium
Ex	Exclusion required. The pursuit will be excluded and no benefit will be paid

Abbreviation	Description
IC	Individual consideration
FATS	Functional Assessment Tests
TPD	Total Permanent Disability