

# UNDERWRITING HIGH BLOOD PRESSURE (HYPERTENSION).

One in three adults in the UK has high blood pressure. This guide explains what effect the condition has on our underwriting decisions so you and your clients know the potential outcome of an application before you begin the application process.



## DEFINITION

When blood is pumped around the body by the heart it presses against the walls of the arteries and this pressure can be measured. If the pressure is too high it can put a strain on the heart and the arteries that increases the risk of a heart attack or stroke.

Blood pressure is recorded as two figures:

1. **Systolic pressure** – the reading as the heart beats to pump out the blood.
2. **Diastolic pressure** – the reading as the heart rests between beats.

A blood pressure reading of below 130/80 mmHg is considered normal.

## When does my client need to tell you about their blood pressure?

If in the last five years they have seen a medical professional (such as a doctor or nurse) for raised blood pressure.

## What happens when my client says they have had raised blood pressure on their application form?

We can usually assess the details online by asking just a few simple questions and tell you what the decision is. Even if your client doesn't remember their last blood pressure reading, we may still be able to make a decision.

## What does my client need to know about their blood pressure when they apply?

The key things your client will need to know are:

1. How many different medications they take for raised blood pressure.
2. How often they have their blood pressure checked.
3. What their latest blood pressure reading is (or how it was described) and how long ago this was measured.
4. Whether they are waiting for any tests, investigations or to be seen by a specialist.
5. Whether they have had any potential complications such as a kidney disorder, an ECG which needed further investigation or hospital admission due to the blood pressure.

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# POTENTIAL UNDERWRITING OUTCOMES.

Where blood pressure readings are available the following table uses the higher figure of either the systolic or diastolic readings.

BLOOD PRESSURE		Age next birthday	Life Cover	Critical Illness Cover	Income Protection	
<p>Good control where levels have reduced to nearer normal levels including those requiring treatment.</p> <p>Systolic reading up to 142 mmHg. Diastolic reading up to 88 mmHg.</p> <p>No other risk factors.</p>			Ordinary Rates	Ordinary Rates Potential loading for females at top of range	Ordinary Rates	
<p>Blood pressure has not returned to normal levels and remains raised even with treatment.</p> <p>Systolic reading up to 143 to 152 mmHg. Diastolic reading 89 to 93 mmHg.</p> <p>May require evidence.*</p>	Up to two blood pressure medicines	Age to 45	up to +50% loading	up to +50% loading	up to +50% loading	
		Age 46 and over	Ordinary Rates to +50% loading	Ordinary Rates to +50% loading	Ordinary Rates to +50% loading	
	Up to three blood pressure medicines (non smoker)	Age to 45	+75% loading	+75% to +100% loading	+75% loading	
		Age 46 and over	Ordinary Rates to +75% loading	Ordinary Rates to +75% loading	Ordinary Rates to +75% loading	
	Up to three blood pressure medicines (smoker)	Age to 45	Decline	Decline	Decline	
		Age 46 and over	Ordinary Rates to decline	Ordinary Rates to decline	Ordinary Rates to decline	
<p>Blood pressure remains high even with treatment.</p> <p>Systolic reading over 153 mmHg. Diastolic reading over 94 mmHg.</p> <p>May require evidence.*</p>	Up to two blood pressure medicines	Age to 45	up to +50% loading to Postpone	+50% loading to Postpone	up to +50% loading to Postpone	
		Age 46 and over	Ordinary Rates to Postpone	up to +50% loading to Postpone	Ordinary Rates to Postpone	
	Up to three blood pressure medicines (non smoker)	Age to 45	+75% loading to Postpone	+100% loading to Postpone	+75% loading to Postpone	
		Age 46 and over	+75% loading to Postpone	+75% loading to Postpone	Ordinary Rates to Postpone	
	Up to three blood pressure medicines (smoker)			Decline	Decline	Decline

\* Any additional risk factors present are likely to increase any terms we could offer and may lead to this being declined. In the majority of situations a report from the client's GP will be required.

# POTENTIAL UNDERWRITING OUTCOMES.

## Additional points that can affect underwriting decisions

We will be unable to offer any terms for a period of 12 months to clients when their latest blood pressure reading has either:

- a systolic of greater than 177 mmHg; or
- a diastolic of greater than 107 mmHg.

We will be unable to offer any terms if in addition to raised blood pressure the client also has a kidney condition (apart from kidney stones or occasional episodes of cystitis) or if the kidneys are not working as well as they should be.

Other features which will have an adverse impact are:

- difficulty in controlling the blood pressure needing multiple treatments.
- a history of raised cholesterol levels.
- any episodes of protein in the urine.
- additional heart related risk factors such as diabetes, raised blood pressure, high body mass index.
- family history of heart disease.

## When we'll need information from your client's GP

To get a full picture of the situation and to help us offer the best terms we can, we will need information from the client's GP when:

- Blood pressure is high.
- There has been a hospital admission due to raised blood pressure in the last 12 months.
- An ECG which has caused the doctor concern or needed further action.
- There are other additional heart related risk factors present such as diabetes, raised blood pressure, high body mass index.

## CASE STUDIES.

### EXAMPLE 1 – A TYPICAL SITUATION

The client is taking one blood pressure lowering medicine and the latest blood pressure reading shows good control. The client will be offered standard rates for life cover.

Please select from the list. Only select other when you cannot find a match.

Are you waiting for tests or investigations, or to be seen by a hospital doctor or specialist?

Raised Blood Pressure (Hypertension)

- Waiting for routine blood pressure check or routine blood test.
- Waiting for other tests investigations.
- Waiting to be seen by hospital doctor or specialist.
- Currently being seen by hospital doctor or specialist.
- None of the above.

Have you ever had any of the following?

- A kidney disorder (apart from kidney stones or occasional episodes of cystitis) or kidneys not working as well as they should.
- An ECG which caused your doctor concern or that needed further action.
- Hospital admission in the last 12 months, for one night or more, for tests or treatment for raised blood pressure.
- None of the above.

None of the above

Have you been advised at any time to take medication for your blood pressure?

Yes  No

How many different medications do you take to control your blood pressure?

How long ago was your blood pressure last checked by your doctor or nurse?

Years

Months

Do you know the result of your latest blood pressure check taken at your GP's surgery?

Blood pressure is measured by taking systolic pressure (this is the first reading) and diastolic pressure (the second reading). For example, it would be given as 140/90 or 140 over 90. We need you to tell us both figures.

Yes  No

Please tell us your latest blood pressure reading when checked by your doctor or nurse.

Systolic pressure

Diastolic pressure

# CASE STUDIES.

## EXAMPLE 2 – AN UNUSUAL SITUATION

The client’s blood pressure remains high and requires three different blood pressure lowering medicines. The client will be offered rated terms at point of sale. The actual terms offered will depend on the clients age, sex, smoking status and the type of policy applied for.

Please select from the list. Only select other when you cannot find a match.

Raised Blood Pressure (Hypertension)

Are you waiting for tests or investigations, or to be seen by a hospital doctor or specialist?

- Waiting for routine blood pressure check or routine blood test.
- Waiting for other tests investigations.
- Waiting to be seen by hospital doctor or specialist.
- Currently being seen by hospital doctor or specialist.
- None of the above.

Have you ever had any of the following?

- A kidney disorder (apart from kidney stones or occasional episodes of cystitis) or kidneys not working as well as they should.
- An ECG which caused your doctor concern or that needed further action.
- Hospital admission in the last 12 months, for one night or more, for tests or treatment for raised blood pressure.
- None of the above.

None of the above

Have you been advised at any time to take medication for your blood pressure?

Yes  No

How many different medications do you take to control your blood pressure?

How long ago was your blood pressure last checked by your doctor or nurse?

Years  Months

Do you know the result of your latest blood pressure check taken at your GP’s surgery?

Blood pressure is measured by taking systolic pressure (this is the first reading) and diastolic pressure (the second reading). For example, it would be given as 140/90 or 140 over 90. We need you to tell us both figures.

Yes  No

Please tell us your latest blood pressure reading when checked by your doctor or nurse.

Systolic pressure

Diastolic pressure

**i** **IMPORTANT**  
Please remember that if a client does not answer any questions truthfully and accurately it will mean that any future claim may not be paid and the policy cancelled.

The answers provided in these case studies are potential responses to genuine questions posed by our online quote and apply system, OLP Connect.

## CONTACT US.

ANY QUESTIONS? PLEASE GET IN TOUCH

Medical Underwriting Technical Advice Line (MUTAL).

For help and advice on your point of sale underwriting queries.

**0370 333 3699**

Monday to Friday 9.00am to 6.00pm. We may record and monitor calls.  
Call charges will vary.



For more information and support on underwriting please visit our website.  
[www.legalandgeneral.com/underwriting](http://www.legalandgeneral.com/underwriting)

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