

Group Protection

Medical underwriting – your questions answered



What is medical underwriting?

Sometimes we need information about an individual's health and lifestyle before we're able to consider cover for them. We require a member's declaration form to be completed in all cases.

Occasionally, we'll ask for more information that could include a medical or nurse screening examination and blood or other tests.

The information we gather is commonly referred to as medical evidence. The process of obtaining medical evidence and reaching a decision on the terms we can offer is known as medical underwriting.

What is a free limit?

Employees joining when they are first eligible for benefit will normally get a certain amount of cover without having to provide us with medical evidence. This amount of cover is known as the **free limit**.

The **free limit** differs for all our Group Protection products. Speak to your financial adviser or contact us to find out more.

How do you identify when members need to be medically underwritten?

When a policy is set up with us, we'll send all the necessary documentation.

Our [When medical evidence is required](#) statement fully explains how the **free limit** works and when we normally need medical evidence.

We may also set terms and conditions that specify when medical evidence is needed outside these normal requirements.

Member's declaration form

A [member's declaration](#) form needs to be completed by the employee before we start medical underwriting. We offer the following options to help them complete the form:

- [Big T - Tele-interview](#): A qualified nurse will contact the member at an agreed convenient time. The form will be completed over the telephone and then sent out in the post to the member to sign, date and return to us.
- [Little T - Tele-interview](#): This allows members' to fill in the declaration form and then return it to us. If more information is required, a qualified nurse will contact them.

You can download a copy of the form from www.legalandgeneral.com/employercentre or by contacting us on the details overleaf.

When is a medical examination needed?

Group Income Protection policies

We'll use the information provided in the member's declaration form to decide whether a medical examination is needed.

Death in Service Benefit and Critical Illness Cover policies

We'll consider the following when deciding if a medical examination is needed:

- the level of cover requested;
- the age of the member; and
- the information supplied in the member's declaration form.

Will medical examinations be convenient for the member?

Often company medical reports will give us the information we need. We can accept medical reports from examinations taken within the last two years, providing they meet our requirements.

Nurse screenings

There may be cases when a medical examination is necessary. We offer nurse screenings, which can take place at a convenient time at the member's home or in the office.

Do members need an HIV test as part of their medical evidence?

We need this:

- when benefit exceeds a certain level (apart from Group Income Protection); or
- because of answers given on the member's declaration form.

We follow the Association of British Insurers Statement of Best Practice for HIV and Insurance July 2008. This means we can only say a member is undergoing further tests, and cannot specify it is an HIV test.

Once medically underwritten, will you need more medical evidence for future increases in cover?

We offer ONEderwriting for all our Group Income Protection and Death in Service policies covering 50 members or more. This means once medically underwritten, in most cases, we don't need to medically underwrite the member again.

Our forward underwriting terms apply to Death in Service and Group Income Protection policies that do not meet our ONEderwriting criteria. Once a member is medically underwritten, we won't need to underwrite them for another five years as long as they meet a set criteria.

What happens when an application for cover has been postponed or declined?

We will advise the Independent Financial Adviser when an application for cover has been postponed or declined.

If the member would like further information or wish to make an appeal against our decision, we recommend they write to our Chief Medical Officer (CMO) at the contact details below.

Employee benefits made easier by Legal & General



Email groupprotection.medicalunderwriting@landg.com
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Tel. no. **0845 072 0753** We may record and monitor calls. Calls charges will vary.