

Help us pay more claims

Protection policies exist to make sure your clients' loved ones are taken care of, should the worst happen.

Making sure all their information is correct when they take out their policy means they'll have our support when they need it, and they won't be left with less than they'd planned. To ensure your clients don't miss out on any claim, here are 2 key areas you can help them focus on getting right at point of sale.



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1. How to avoid misrepresentation

The following areas commonly cause problems at the point of claim because of inaccurate information or nondisclosures at the application stage. Remind your client to take extra care to provide the correct health and lifestyle information, and to speak to you if their circumstances have changed so you can advise them on what to do next.

Common reasons for misrepresentation



Alcohol

Inaccurate information around alcohol is the most common cause of misrepresentation resulting in a claim not being paid. If your client has reduced their alcohol consumption following previous medical advice, it's best practice to disclose this information to ensure they have the correct cover in place should they need to claim.



Weight

If your client is uncertain of their current weight or height, please ask them to measure themselves and advise them to be as accurate as possible. This is how we determine whether your client is within the healthy range for BMI and if it is outside of the normal range, we may need to charge an additional premium.



Smoking and vaping

It's important your client doesn't think this question refers to regular smoking only. They must disclose even the occasional cigarette, cigar or vape they have. If they have given up smoking, it's also very important that they provide an accurate date of when they last smoked.



Pre-existing conditions

We need to know about any conditions your client has already been diagnosed with, and any treatment or related ongoing symptoms they have. Depending on the treatment and severity of a diagnosed condition, such as high blood pressure, we may need to charge an additional premium or review alternative cover if the condition is severe.



Symptoms not yet diagnosed

Remind your client to disclose any current symptoms, whether they're undergoing any tests which have not yet been officially diagnosed, or if they are waiting to be seen by a specialist to ensure they have the correct cover in place.



Did you know?

The majority of Critical Illness claims are turned down because the condition doesn't meet the specified severity definition.

Remind your clients to familiarise themselves with what conditions are covered, and the circumstances in which we can or can't pay out. If they have any questions about their cover, encourage them to give us a call – we'll help answer any questions even if they don't end up claiming.

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2. The importance of Confirm Your Details (CYD)

CYD can make a big difference – that's why it's important to make sure your clients register for 'My Account' to confirm their details following the initial application – and for you to follow up to check they've done it. Encourage them to look out for the registration email to confirm all their information is accurate or to let us know if anything has changed. Accuracy at this stage is vital and it provides you and your clients with peace of mind that the correct cover is in place.

Top reasons for CYD amends within My Account:



Medical information

Such as revision to current treatments, or symptoms not yet diagnosed.



Travel

Such as past or future travel plans.



Leisure and occupational pursuits

Such as rock climbing, gliding or motorsports.



Financial

Such as a change in occupation or mortgage amount.

Visit our [Adviser site](#) for more information to ensure your clients stand the very best chance of having their claim paid.