

Underwriting Guide

This PDF is designed to give you clear explanations of underwriting outcomes and how they work

Contents

Anxiety and depression	3
Asthma	7
Back pain	11
Cholesterol	15
Crohn's Disease	19
Diabetes	23
Epilepsy	27
Gout	31
Heart Attack and Angina	34
High blood pressure (Hypertension)	36
Irritable Bowel Syndrome	41
Multiple Sclerosis	45
Stroke and Transient Ischaemic Attack	49
Thyroid conditions	54
Ulcerative Colitis	58
Contact us	62

Anxiety and depression

This guide explains what effect mental health conditions have on our underwriting decisions so you and your clients know the potential outcome of an application before you begin the application process.

Definition

This definition covers a wide range of conditions with symptoms such as:

- Low mood
- Anxiety
- Panic attacks
- Stress
- Phobias
- Chronic fatigue

When does my client need to tell you about their history of anxiety or depression?

If they have ever been diagnosed with any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist. In addition, they will need to tell us if they have seen a doctor, nurse or other health professional in the last five years for anxiety, depression or any form of nervous or mental disorder needing treatment or counselling.

MUTAL receive regular calls from IFA's about clients attempting self-harm but for one reason or another never went ahead as someone else intervened so they don't believe this should count.

What happens when my client says they have had anxiety or depression on their application form?

We can usually assess the details online for a large proportion by asking just a few simple questions and tell you what the decision is.

These symptoms can lead to the diagnosis of a range of conditions including:

- Brief episodes of stress or anxiety that may be related to situations such as bereavement, divorce or similar.
- Depression, which may need treatment or referral to a specialist.
- Mental health conditions such as schizophrenia or bipolar disorder.

What does my client need to know about their anxiety or depression when they apply?

The key things your client will need to know are:

1. Any treatment including medication, counselling or cognitive behavioural therapy.
2. Any ongoing symptoms.
3. Any time off work in last 12 months including claiming any benefits due to this condition.
4. Details of any hospital admissions including the date of the last one, and the number of admissions.
5. Details of any treatment by a psychiatrist or psychiatric nurse including the date this occurred.
6. Details of any episodes of self-harm or planned or attempted suicide
7. Whether any government benefits, allowance or credits have been claimed due to disability or illness, or whether retired early due to this condition?

Did you know we accept over 85% of customers with anxiety or depression at point of sale for Life cover.

Potential underwriting outcomes

The section below gives an indication of the underwriting decisions.

Anxiety and depression	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
Anxiety or stress disclosed with no treatment: <ul style="list-style-type: none"> No time off work or state benefits claimed. No admissions to hospital or self harm. No current symptoms. No psychiatric referrals. 	Standard rates	Standard rates If symptoms in the last 3 years an exclusion would be applied to own occTPD.	Standard rates If symptoms in the last 3 years an exclusion would be applied to own occTPD.	Standard rates If the last symptoms were more than three years ago. If symptoms are more recent exclusion applied
Anxiety or stress disclosed but with moderate symptoms likely to include one of the following: <ul style="list-style-type: none"> Regular treatment. Current symptoms. Time off work or on state benefits. Previously seen by psychiatrist. 	Standard rates to +100% loading	Standard rates to +50% loading TPD definition maybe restricted, exclusion applied or be declined.	Standard rates to +50% loading TPD definition maybe restricted, exclusion applied or be declined.	Exclude or Decline
A diagnosis of a chronic condition such as clinical diagnosis of depression, or a specified illness such as schizophrenia, bipolar disorder or similar. <ul style="list-style-type: none"> No other symptoms or related problems such as hospital admissions or suicide attempts. 	+50% to +150% loading	Standard rates to +50% loading TPD definition - restriction may be applied as above.	Standard rates to +50% loading TPD definition maybe restricted, exclusion applied or be declined.	Exclude or Decline

Additional points that could impact on the underwriting decisions

More severe depression requiring hospital admissions:

- If more than two admissions = decline.
- If in last 12 months = postpone.

Suicide attempts and self harm:

- If a single episode within last five years = decline.
- If multiple attempts in last 10 years = decline.

There are some features which would have an additional impact on these conditions and as such are negative features:

- Poor physical health.
- Excessive alcohol consumption.
- Poor insight into their condition.

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

If a history of suicide attempts, self harm or admission to hospital exist, we may need to obtain information from the client's GP to get a fuller picture of the situation. This will enable us to offer the best terms we can.

Case studies

Example 1 - A typical situation

A client with a history of anxiety but with no treatment or complications would be accepted at standard rates for life cover at the point of sale.

Have you ever had any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist?

Yes

No

Because of your answer to the above question you must provide the following information.

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

Anxiety ▼

Have you ever been admitted to hospital as an inpatient for one night or more for this condition?

Yes

No

Have you ever been treated by a psychiatrist or psychiatric nurse?

Yes

No

Have you ever tried to harm yourself in any way or planned to harm yourself in any way?

Tried to harm yourself

Planned to harm yourself

Both

No

Do you still have symptoms of this condition?

Yes

No

Are you currently taking medication for this condition, receiving counselling or cognitive behavioural therapy (CBT)?

CBT is a condition of cognitive therapy that helps with thinking processes such as unwanted thoughts, attitudes and beliefs (called cognitive processes) and behavioural therapy that focuses on behaviour in response to those thoughts.

Yes

No

Are you currently receiving any government benefits, allowance or credits due to disability or illness, or have you retired early due to this condition?

Yes

No

In total, how much time off of your normal work or daily activities have you had for this condition in the last 12 months?

Weeks

Days

Case studies

Example 2 - An unusual situation

A client with a history of depression who has seen a psychiatrist in the past, has some symptoms but with no need for medication, and has had one week off work, would be offered a rated terms decision at the point of sale.

Have you ever had any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist?

Yes No

Because of your answer to the above question you must provide the following information.

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

Depression

Have you ever been admitted to hospital as an inpatient for one night or more for this condition?

Yes No

Have you ever been treated by a psychiatrist or psychiatric nurse?

Yes No

How long ago did you last see a psychiatrist or psychiatric nurse?

Years Months

Have you ever tried to harm yourself in any way or planned to harm yourself in any way?

Tried to harm yourself Planned to harm yourself Both No

Are you currently taking medication for this condition, receiving counselling or cognitive behavioural therapy (CBT)?

CMT is a condition of cognitive therapy that helps with thinking processes such as unwanted thoughts, attitudes and beliefs (called cognitive processes) and behavioural therapy that focuses on behaviour in response to those thoughts.

Yes No

Do you still have symptoms of this condition?

Yes No

Have you claimed any government benefits, allowance or credits due to disability or illness, or retired early due to this condition?

Yes No

In total, how much time off of your normal work or daily activities have you had for this condition in the last 12 months?

Weeks Days

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Asthma

Around 5.4 million people in the UK are currently receiving treatment for asthma. 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

This definition covers a wide range of conditions with symptoms such as:

Asthma is a disorder of the airways where the bronchi (small tubes in the airways) become inflamed and narrowed. This leads to an increase in mucus production that makes it difficult to breathe.

The usual symptoms of an asthma attack can include coughing, wheezing, shortness of breath and tightness in the chest. The symptoms of an asthma attack are usually reversible, although the severity of symptoms varies from person to person.

When does my client need to tell us about their asthma?

If they have seen a doctor, nurse or other health professional during the last 2 years (if life cover only) or the last 5 years (if critical illness or income protection), for their asthma.

What happens when my client says they have asthma on their application form?

We can assess the details given for asthma online for all applications by asking just a few simple questions, and then tell you what the decision is.

What does my client need to know about their asthma when they apply?

The key things your customer will need to know are:

1. How often they experience symptoms of asthma and how long ago their last symptoms were. Symptoms may include wheezing, shortness of breath and/or tightness in their chest.
2. How often they have an asthma attack in a typical week. This is when the symptoms last for several hours and are sufficient to stop them doing what they were doing.
3. How many times they have been admitted to hospital for one night or more due to an asthma attack in the past year.
4. Details of any time off work in the last year.

Did you know we accept over 91% of all customers with asthma at standard rates for life cover at point of sale.

Potential underwriting outcomes

The section below gives an indication of the underwriting decisions.

Asthma		Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
	Last symptoms more than two years ago (includes both smokers and non-smokers)	Standard rates	Standard rates	Standard rates	Standard rates
	<ul style="list-style-type: none"> Up to one asthma attack a week No hospital admissions in past year No time off work (includes both non-smokers and occasional smokers only) 	Standard rates	Standard rates	Standard rates	Standard rates
	Has symptoms of asthma less than daily				
	<ul style="list-style-type: none"> More than one asthma attack a week Up to two hospital admissions in past year May include time off work 	+50% to +150% loading	Standard rates to Decline	Standard rates to Decline	Standard rates to Decline
	Has daily symptoms of asthma				
	<ul style="list-style-type: none"> May have regular asthma attacks each week May have required a hospital admission in past year 	+50% to +150% loading	Standard rates to 100% loading	Standard rates to 100% loading	+50% loading to Decline
	Has more or less continual symptoms of asthma				
	<ul style="list-style-type: none"> May have regular asthma attacks each week May have required a hospital admission in past year 	+75% to Decline	Standard rates to Decline	Standard rates to Decline	Decline

Additional points that could impact on the underwriting decisions

For clients who smoke 40 or more cigarettes per day, we're unable to offer any terms for any type of cover. For those smoking 31 to 39 per day, we're only able to consider applications for life cover.

Where there has been the need for hospital admissions in the past year indicating a severe attack, it can have an impact on the terms we can consider. For a client who smokes and has been admitted to hospital in the past year, we would not offer any terms for any type of cover. However, for non-smokers, it's only when they have had three or more admissions to hospital in the past year that we're unable to offer terms.

When we'll need a report from your client's GP

The questions within OLPC will ensure that we have sufficient details to give a point of sale underwriting decision for any client who discloses their asthma, and we will not require a report from their GP. If there are any additional disclosures, then these will be considered separately.

Case studies

Example 1

The client has less than daily symptoms and typically an asthma attack each week, but has not needed any time off work due to asthma in the last 12 months. The client would be offered standard rates for life cover, Critical Illness Cover or Income Protection Benefit at the point of sale. This would apply for non-smokers and occasional smokers.

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

How long ago did you last have symptoms of asthma?
Symptoms may include wheezing, shortness of breath or tightness in your chest. Years Months

How often do you have symptoms of asthma?

Less than daily
 Daily
 More or less continuously

In the last year, how many times have you been admitted (for one night or more) to hospital due to an asthma attack?

In a typical week, how often do you have an asthma attack?
This is when you have asthma symptoms which last for several hours and are sufficient to make you stop what you are doing.

Case studies

Example 2

The client has regular symptoms of asthma each day and typically two attacks each week. The client would be offered an increased premium for life cover or Critical Illness Cover at point of sale. For Income Protection Benefit, we are unable to offer cover.

Please select from this list. Only select other when you cannot find a match. Asthma ▾

How long ago did you last have symptoms of asthma?
Symptoms may include wheezing, shortness of breath or tightness in your chest. 1 Years 0 Months

How often do you have symptoms of asthma?

Less than daily
 Daily
 More or less continuously

In the last year, how many times have you been admitted (for one night or more) to hospital due to an asthma attack? 0

In a typical week, how often do you have an asthma attack?
This is when you have asthma symptoms which last for several hours and are sufficient to make you stop what you are doing. 2

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Back pain

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

Back pain is very common and often has no specific underlying cause. The spine is a complex structure of bones and intervertebral discs with the spinal cord and nerves running through them. These are all held together with muscles, ligaments and tendons.

The onset of back pain may be sudden and resolve quickly, or may be a chronic pain with constant or intermittent symptoms. In addition, if the back problem causes pressure on the large nerves going to the arms or legs, it could lead to pain in these areas. Severe back pain may limit the ability to work or carry out normal activities.

When does your client need to tell us about their back pain?

If they've seen a doctor, nurse or other health professional in the last five years for neck, back, or spine trouble.

What happens when my client says they've had back pain on their application form?

We can usually assess the details online for a large proportion of clients by asking just a few simple questions, and then tell you what the decision is.

However, in some situations such as a back problem that has been caused by a tumour, infection of the spine or spinal cord injury, it may be necessary to obtain additional information.

What does my client need to know about their back pain when they apply?

The key things your client will need to know are:

1. When they last had symptoms.
2. What their symptoms are.
3. Details of any time off work or limitations in their ability to work or carry out normal daily activities.
4. If the condition requires the use of walking aids, such as walking sticks or a frame.
5. Details of any planned surgery.
6. If they are currently receiving any Government benefits, allowance or credits due to disability or illness, or retired early due to this condition.

Potential underwriting outcomes

The section below gives an indication of the underwriting decisions.

Back pain	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
Last symptoms within the previous six months and has no more than occasional pain or stiffness.	Standard rates Waiver of premium – decline	Standard rates TPD – Ordinary rates to decline Only specified work tasks definition is considered	Standard rates TPD – Ordinary rates to decline Only specified work tasks definition is considered	Exclusion to decline
Last symptoms within the previous six months and now has persistent or continuous pain or stiffness.	Standard rates to +50% loading Waiver of premium – decline	Standard rates to exclude TPD – Decline	Standard rates to exclude TPD – Decline	Decline
Last symptoms more than six months ago.	Standard rates Waiver of premium – Standard rates to decline	Standard rates TPD – Ordinary rates to decline	Standard rates TPD – Ordinary rates to decline	Standard rates to decline

The underwriting decision is dependent on a number of factors including the severity of symptoms and any limitations in their ability to work or carry out their normal daily activities. In addition, we'll take into account how recent these symptoms were and the amount of time taken off work. An example is shown in case study 1 illustrating that full cover is available at standard rates.

Additional points that could impact on the underwriting decisions

We're unable to offer any terms for waiver of premium or for TPD where the client has limitations in their ability to work or carry out their normal daily activities. We would also postpone offering terms for Income Protection Benefit for a period of six months.

If the client is waiting for surgery, this may lead to a loading being applied for one year in respect of life cover and terms for all other benefits being postponed. The potential loading would be dependent on the client's age.

When we'll need a report from your client's GP

We may need to obtain a report from your client's GP to have a fuller picture of the situation and enable us to offer the best terms we can in the following situations:

- Back problem caused by a tumour (either benign or malignant).
- Spinal cord injury.
- Infection of the spine, the spinal cord or nerves.

Case studies

Example 1

The client last had symptoms 12 months ago and has had less than one week off work. They have no limitations in their ability to work or carry out their normal daily activities. The underwriting decision given at the point of sale would be standard rates for life cover, Critical Illness Cover (including TPD), waiver of premium and Income Protection Benefit.

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

Please select from this list.

Please select from the following list the primary reason for your back problem.

<input type="checkbox"/> Tumour (benign or malignant)	<input type="checkbox"/> Infection of the spinal cord or nerves	<input type="checkbox"/> Fracture of the spine or back	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Curvature of the spine	<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Disc problems	<input type="checkbox"/> Trapped nerve
<input type="checkbox"/> Cauda Equina syndrome	<input checked="" type="checkbox"/> None of these		

Are you waiting for an operation or surgery for this? Yes No

How long ago were your last symptoms? Years Months

In total, how much time off of your normal work or daily activities have you had for this in the last 5 years? Weeks Days

Does this limit your ability to work or carry out your normal daily activities? Yes No

Case studies

Example 2

The client last had symptoms 12 months ago and has had less than one week off work. They have no limitations in their ability to work or carry out their normal daily activities. The underwriting decision given at the point of sale would be standard rates for life cover, Critical Illness Cover (including TPD), waiver of premium and Income Protection Benefit.

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

Please select from this list.

Please select from the following list the primary reason for your back problem.

<input type="checkbox"/> Tumour (benign or malignant)	<input type="checkbox"/> Infection of the spinal cord or nerves	<input type="checkbox"/> Fracture of the spine or back	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Curvature of the spine	<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Disc problems	<input type="checkbox"/> Trapped nerve
<input type="checkbox"/> Cauda Equina syndrome	<input checked="" type="checkbox"/> None of these		

Are you waiting for an operation or surgery for this? Yes No

How long ago were your last symptoms? Years Months

Which of the following most closely describes your condition during the last two weeks?

- No pain or stiffness
- Occasional pain or stiffness
- Persistent or continuous pain or stiffness

Does this limit your ability to work or carry out your normal daily activities? Yes No

IMPORTANT
Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Cholesterol

Two out of three British men and women have higher than recommended levels of cholesterol. 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

Cholesterol is a fatty substance contained in blood. Too much cholesterol in the blood increases the risk of coronary heart disease and disease of the arteries. Cholesterol levels generally rise with age.

When does my client need to tell you about their history of cholesterol?

If their cholesterol level has been raised during the last five years or if they have taken a cholesterol lowering treatment within the last 12 months.

What happens when my client says they have had raised cholesterol 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 cholesterol reading, we may still be able to make a decision.

What does my client need to know about their cholesterol when they apply?

The key things your client will need to know are:

1. How many cholesterol lowering medicines they are taking.
2. Whether they have ever attended a specialist cholesterol clinic.
3. How often they have their cholesterol tested.
4. Their last cholesterol level (or how it was described) and the date of the test.

Potential underwriting outcomes

The section below gives an indication of the underwriting decisions.

Cholesterol	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
<p>Good control where levels have reduced to nearer normal levels and only requiring up to one treatment. Cholesterol level between 3.1 mmol/l and 6.9 mmol/l.</p> <p>No other risk factors.</p>	Standard rates	Standard rates to +75% loading	Standard rates to +75% loading	Standard rates
<p>Control has not been achieved and may have required changes to treatment over the years. Cholesterol levels 7.0 mmol/l or higher.</p> <p>May require evidence.*</p>	Up to +75% loading	Up to +100% loading. May only be available for older age clients.	Up to +100% loading. May only be available for older age clients.	Up to +75% loading
<p>Poor control that may require multiple treatments, frequent cholesterol level tests and/or referral to a specialist clinic. Cholesterol levels 7.0 mmol/l or higher.</p> <p>May require evidence.*</p>	Minimum +50% loading	May only be available for older age clients with a loading over +75% applied	May only be available for older age clients with a loading over +75% applied	Minimum +50% loading

*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.

Additional points that can affect underwriting decisions

We are unable to offer any terms to clients where their cholesterol is 9.0 mmol/l or more, even if they are receiving treatment. Other features that will have an adverse impact are:

- Poor monitoring or control of cholesterol levels.
- Additional heart-related risk factors such as diabetes, raised blood pressure or high body mass index.
- Family history of heart disease.

When we'll need a report from your client's GP

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

- The cholesterol level is high, such as elevated above 8.0 mmol/l.
- If there are other additional heart related risk factors present such as diabetes, raised blood pressure or high body mass index.

Case studies

Example 1 - a typical situation

The client is taking one cholesterol lowering medicine, tested yearly and the latest cholesterol level is good. The client will be offered standard rates at point of sale.

How many different cholesterol lowering medications are you currently taking?	<input type="text" value="1"/>
Have you ever attended, been advised to attend or are you currently attending a specialist cholesterol clinic? This is a clinic specifically to help manage your cholesterol.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
After your last cholesterol test, did your doctor tell you that you should increase the dosage of your cholesterol lowering medication?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
At what intervals has your doctor or nurse recommended that your cholesterol should be checked?	<input checked="" type="checkbox"/> Less often than yearly <input type="checkbox"/> Yearly <input type="checkbox"/> More often than yearly
Do you know what your cholesterol level was when it was last tested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What was your cholesterol level was when it was last tested?	<input type="text" value="5"/>

Case studies

Example 2 - an unusual situation

The dosage of cholesterol lowering medicine may need to be increased and the cholesterol level is still slightly high. The client will be offered rated terms at point of sale for life cover only. For Critical Illness Cover or Income Protection Benefit, a report from the client's GP will be required. The actual terms offered will depend on the client's age, smoking status and the type of policy applied for.

How many different cholesterol lowering medications are you currently taking?	<input type="text" value="1"/>
Have you ever attended, been advised to attend or are you currently attending a specialist cholesterol clinic? This is a clinic specifically to help manage your cholesterol.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
After your last cholesterol test, did your doctor tell you that you should increase the dosage of your cholesterol lowering medication?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you know what your cholesterol level was when it was last tested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which of the following most closely describes your last cholesterol reading?	<input type="checkbox"/> Normal or low <input checked="" type="checkbox"/> Slightly high <input type="checkbox"/> High <input type="checkbox"/> Don't know

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Crohn's Disease

Crohn's Disease affects at least 115,000 people in the UK. 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

Crohn's Disease is a long term condition that causes inflammation of the lining of the digestive system. It can affect any part of the digestive system, but it most commonly occurs in the last section of the small intestine (ileum) or the large intestine (colon).

Crohn's Disease can lead to abdominal pain, diarrhoea, vomiting or weight loss. In addition, there can be complications outside of the gastrointestinal tract such as skin complaints, eye disorders, liver disease or problems affecting the joints.

When does your client need to tell us about their Crohn's Disease?

Your client will need to tell us if they've seen a doctor, nurse or other health professional for their Crohn's Disease within the last five years if applying for critical illness or income protection. If they're applying for life cover only, we'll need details for the last two years.

What happens when my client says they have Crohn's Disease on their application form?

We can usually assess the details online by asking a few simple questions and tell you what the decision is. However, if there are any complications with the Crohn's Disease, additional information may be required.

What does my client need to know about their Crohn's Disease when they apply?

They'll need to know:

1. When they were diagnosed.
2. The treatment or medications they take and how they are taken.
3. If the Crohn's Disease affects their liver, joints or eyes.
4. If they've had a major attack since their diagnosis, for example severe fever, anaemia, significant weight loss, rectal bleeding or admission to hospital, and how long since this happened.
5. If they've had, or are waiting for an operation due to the Crohn's Disease.

Did you know we accept over 85% of customers with Crohn's disease at point of sale for life cover.

Potential underwriting outcomes

The section below gives an indication of the underwriting decisions.

Chrone's Disease		Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
Diagnosis of Crohn's Disease or major attack within the last 12 months.	No medications required	+75% to +100% loading	Postpone	Postpone	Postpone
	Medication is required	+75% to +125% loading	Postpone or decline	Postpone or decline	Postpone or decline
Diagnosis of Crohn's Disease or the last major attack was over 12 months ago.	No medications required	Standard rates to +75% loading	+50% to +100% loading	+50% to +100% loading and exclusion	+50% loading to exclusion
	Medication is required	standard rates to +100% loading	+50% loading to decline	+50% loading and exclusion to decline	+50% loading to Decline

*Income protection – we can only consider deferred periods of 13 weeks or more.

Additional points that could impact on the underwriting decisions

Unfortunately, we're unable to offer terms to clients when:

- They have a BMI of 17 or less.
- The Crohn's Disease affects their liver.

We'll postpone offering your clients cover in certain circumstances:

- If their diagnosis was recent or they've had a major attack of Crohn's Disease in the last three months, we'll be unable to offer terms for three months.
- If they have had surgery within the last six months, we'll be unable to offer terms for six months.
- If they have surgery planned, we would be unable to offer terms for 12 months.

When we'll go for extra information

We may need to get a report from your client's GP. This will enable us to have a full understanding of the situation so that we can offer the best terms possible in the following situations:

- If their Crohn's Disease affects their joints or eyes.
- They don't know the details of their treatment.

Case studies

Example 1

This client has a history of Crohn's Disease that is treated with medication and their last major attack was three years ago. They would get a decision at point of sale for life cover and Critical Illness Cover with an extra premium being charged. A Crohn's Disease exclusion would be applied to the total and permanent disability benefit and Critical Illness Extra.

Please select from this list. Only select other when you cannot find a match. Crohn's Disease

Have you had, or are you waiting for, an operation or surgery for this?
 Yes
 No
 Awaiting

Does your Crohn's Disease affect your liver, joints or eyes?
 Liver
 Joints or joints and eyes only
 Eyes only
 No

Does your medication include any of the following?
Adalimumab Infliximab
Azathioprine Mercaptopurine
Budesonide Methotrexate
Ciclosporin Prednisolone
 Yes
 No
 Don't know
 Not on any medication

Since being diagnosed, have you had a major attack (E.g. severe fever, anaemia, significant weight loss, rectal bleeding or admission to hospital)?
 Yes No

How long ago was this? Years Months

Case studies

Example 2

This client has a history of Crohn's Disease that has required surgery 18 months ago. Their last major attack was two years ago and they still require one of the medications listed for the condition. They would get a decision at point of sale for life cover only with an extra premium being charged. Critical Illness Cover, Critical Illness Extra and Income Protection Benefit would be declined.

Please select from this list. Only select other when you cannot find a match. Crohn's Disease

Have you had, or are you waiting for, an operation or surgery for this?
 Yes
 No
 Awaiting

How long ago was this?
 Yes No

Does your Crohn's Disease affect your liver, joints or eyes?
 Liver
 Joints or joints and eyes only
 Eyes only
 No

Does your medication include any of the following?
Adalimumab Mercaptopurine
Azathioprine Methotrexate
Ciclosporin Prednisolone
Infliximab Budesonide
 Yes
 No
 Don't know
 Not on any medication

Since being diagnosed, have you had a major attack (E.g. severe fever, anaemia, significant weight loss, rectal bleeding or admission to hospital)?
 Yes No

How long ago was this?
 Years Months

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Diabetes

There are now over four million people diagnosed with diabetes in the UK. 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

Diabetes is a medical condition where the body produces either no insulin or insufficient amounts of insulin to enable it to use glucose. The body may also be resistant to insulin and unable to use it properly (known as insulin resistance).

Type 1 diabetes is usually diagnosed at a young age and is where the body does not produce insulin. Treatment for this will involve regular injections of insulin or use of a permanent insulin pump.

Type 2 diabetes is where the body does not produce sufficient insulin or the insulin produced does not work fully. This is treated initially by modification of diet and possibly medication to control levels of glucose. Over time it may be necessary to also include insulin injections to improve the control of the condition.

The long term monitoring of the control is done by a blood test measuring glycated haemoglobin (HbA1c). The results indicate the blood glucose levels within red blood cells and will either be expressed as a percentage or in millimoles per mol (mmol/mol). This test should not be confused with the regular blood tests diabetics undertake on a daily basis to measure their blood sugar levels.

When does my client need to tell you about their diabetes?

If they have ever been diagnosed as having diabetes regardless of how long ago it was.

What happens when my client says they have diabetes 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. However, if there are any complications with the diabetes or your client's control of their disease, it may be necessary to obtain additional information.

What does my client need to know about their diabetes when they apply?

The key things your client will need to know are:

1. When they were diagnosed and the date of the last diabetic review.
2. Whether the treatment includes insulin injections or insulin pump.
3. Details of any hospital admissions (excluding their regular diabetic clinic appointments).
4. Result of latest HbA1c test.
5. Any complications such as eye problems, kidney problems, abnormal urine test results or any episodes of tingling, numbness or loss of sensation in fingers, toes or feet.

Did you know we accept over 80% of customers with diabetes at point of sale for life cover.

Potential underwriting outcomes

Life Cover applications only. No terms are available for Critical Illness Cover, Critical Illness Extra or Income Protection Benefit.

Client's age at application	HbA1c level	Treatment with insulin injections since first diagnosis	Treatment does NOT include insulin injections
21 to 40	Up to 8.9% (74 mmol/mol) 9% to 10.9% (96 mmol/mol)	+150% to +225% loading +200% loading to decline	+125% to +225% loading +175% loading to decline
41 to 60	Up to 8.9% (74 mmol/mol) 9% to 10.9% (96 mmol/mol)	+125% to +225% loading +175% loading to decline	+75% to +225% loading +125% loading to decline
61 and over	Up to 8.9% (74 mmol/mol) 9% to 10.9% (96 mmol/mol)	+75% to +225% loading +125% loading to decline	+75% to +225% loading +125% loading to decline

The higher ratings shown in the above ranges will apply:

- where the client is a younger age.
- they've had the condition for a long period of time.
- if the client has had any hospital admission or complications relating to their diabetes.

Additional points that can affect underwriting decisions

We are unable to offer any terms to clients in the following situations:

- Poor control of the diabetes with a HbA1c of 11% or 97 mmol/mol or more.
- Cigarette smoking of 11 or more a day.
- The presence of two or more common complications of diabetes including retinopathy, albumin in the urine, nephropathy, episodes of tingling or numbness.
- Any additional cardiovascular risk being present such as angina, heart attack, stroke or similar.
- Any combination with raised cholesterol, raised BP, raised BMI.

In some situations it will not be possible to consider the client's application until a later date. These will include:

- Clients under the age of 20.
- Anyone who has not had a diabetic review within the last 18 months.
- Anyone who has not had their HbA1c measured.
- If there has been a hospital admission due to diabetes in the last 12 months (excluding regular diabetic clinic appointments).

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

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

- The diabetic control is not ideal such as a HbA1c above 9.0% and there is also a diabetic complication such as retinopathy, albumin in the urine, nephropathy or episodes of tingling or numbness.
- Any diagnosis of diabetes where the client is currently pregnant.

Case studies

Example 1 - a typical situation

A Type 2 diabetic of five years duration who has good control and no complications. This client will get a decision at point of sale.

Have you been on insulin since your diabetes was first treated?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
How long ago was your last diabetic review at your GP's surgery, a diabetic clinic or hospital?	<input type="text" value="0"/> Years	<input type="text" value="6"/> Months
Since you were told you had diabetes, have you been admitted to hospital for one night or more due to your diabetes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you taking insulin injections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
How long ago was your diabetes diagnosed?	<input type="text" value="5"/> Years	<input type="text" value="0"/> Months
Have you ever had, been advised to have or are you waiting to have laser treatment on your eyes due to diabetes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever been told by your GP or any medical professional that you have protein or albumin in your urine due to diabetes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have tingling, numbness or loss of sensation in your fingers, toes or feet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
What was the result of your latest HbA1c?	<input type="checkbox"/> 4 or less <input checked="" type="checkbox"/> 4.1 to 8.9 <input type="checkbox"/> 9 to 10.9 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 15.1 to 20	<input type="checkbox"/> 21 to 74 <input type="checkbox"/> 75 to 96 <input type="checkbox"/> 97 to 140 <input type="checkbox"/> Over 140

Case studies

Example 2 - an unusual situation

A type 1 diabetic, over 40 years of age who has had diabetes for 20 years and has needed laser treatment to their eyes due to diabetes. The customer has an HbA1c up to 8.9% or (74 mmol/mol) this client would not get a decision at point of sale as we would require a report from the client's GP.

Have you been on insulin since your diabetes was first treated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
How long ago was your last diabetic review at your GP's surgery, a diabetic clinic or hospital?	<input type="text" value="0"/> Years	<input type="text" value="6"/> Months
Since you were told you had diabetes, have you been admitted to hospital for one night or more due to your diabetes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
How long ago was your diabetes diagnosed?	<input type="text" value="20"/> Years	<input type="text" value="0"/> Months
Have you ever had, been advised to have or are you waiting to have laser treatment on your eyes due to diabetes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Epilepsy

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

Epilepsy is a common neurological condition that affects the brain and causes seizures. Seizures occur due to abnormal electrical activity in the brain that temporarily affects how it works. Seizures can cause different symptoms depending on which part of the brain is involved.

Treatment usually consists of anti-epileptic medication but can also include surgery.

When does my client need to tell you about their epilepsy?

Your client will need to tell us if they've seen a doctor, nurse or other health professional for their epilepsy within the last five years if they're applying for life cover only. If applying for critical illness or income protection, we'll need details if they have ever been diagnosed with epilepsy regardless of how long ago.

What happens when my client says they have epilepsy on their application form?

We can usually assess the details online for a large proportion of customers by asking just a few simple questions, and then tell you what the decision is. However, if there are any complications or unusual patterns with the epilepsy, it may be necessary to obtain additional information.

What does my client need to know about their epilepsy when they apply?

The key things your client will need to know are:

1. What type of epilepsy they have.
2. How many fits or attacks they have and how long ago since the last one.
3. Whether they experience a change or loss of consciousness during any of your attacks.
4. When they were diagnosed.

Did you know we accept over 90% of customers with epilepsy at point of sale for life cover and Critical Illness. 60% of those are at standard rates for life cover.

Potential underwriting outcomes

The section below gives an indication of the underwriting decisions.

Epilepsy		Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
Seizures do not include a change or loss of consciousness	<ul style="list-style-type: none"> Diagnosed over 6 months ago Less than 12 attacks per year Last attack over 1 year ago 	Standard rates	Standard rates	Standard rates	Standard rates
	<ul style="list-style-type: none"> Diagnosed over 6 months ago Less than 12 attacks per year Last attack less than 1 year ago 	+50% loading	+50% loading	+50% loading and exclusion	+75% loading
Seizures can include a change or loss of consciousness	<ul style="list-style-type: none"> Absence seizures, characterised by clouding of consciousness for less than a minute and no falling to the ground. Diagnosed before age 20 Last attack in the last year 	Standard rates to +50% loading	"Standard rates to +50% loading TPD Standard rates to Decline"	Standard rates to +50% loading and exclusion TPD Standard rates to Decline	Standard rates to Decline
	<ul style="list-style-type: none"> Sudden loss of consciousness, falling to the ground, jerking movement of the limbs and possibly incontinence or tongue biting Diagnosed over 1 year ago Less than 12 attacks per year 	Standard rates to +100% loading	"Standard rates to +50% loading TPD Standard rates to Decline"	"Standard rates to +50% loading and exclusion TPD Standard rates to Decline"	+50% loading to Postpone

Additional points that could impact on the underwriting decisions

We're unable to offer any terms if in the following circumstances

- A recent diagnosis of Epilepsy
- Where the underlying cause is alcohol
- Where the client has more than 12 seizures per year (not including absence attacks)

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

Where the underlying cause of the epilepsy is a stroke, a tumour or medication.

Case studies

Example 1

The client has absence seizures only which was diagnosed as a teenager. The customer has had no attacks for over 2 years and will be offered standard rates for all benefits.

Please select from this list. Only select other when you cannot find a match. Epilepsy ▼

What did your doctor advise was the cause of your epilepsy?

Alcohol consumption Tumour, growth or swelling of the brain Stroke, scarring or malformation of the brain Drug use

Medication None of these No cause Don't know

Do you ever experience a change or loss of consciousness during any of your attacks? Yes No

What type of epilepsy do you have?

Absence seizures, characterised by clouding of consciousness for less than a minute and no falling to the ground Sudden loss of consciousness, falling to the ground, jerking movement of the limbs and possibly incontinence or tongue biting

Neither of these

How long ago was this diagnosed? 20 Years 0 Months

How long ago was your last attack or fit? 2 Years 6 Months

Case studies

Example 2

The client has seizures which include sudden loss of consciousness and jerking of limbs. The customer was diagnosed 5 years ago and last had a seizure 9 months ago. They would get a decision at point of sale for life cover and Critical Illness Cover with an extra premium being charged. Critical Illness Extra will also require an exclusion and Income protection benefit would not be available.

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

What did your doctor advise was the cause of your epilepsy?

Alcohol consumption Tumour, growth or swelling of the brain Stroke, scarring or malformation of the brain Drug use

Medication None of these No cause Don't know

Do you ever experience a change or loss of consciousness during any of your attacks? Yes No

What type of epilepsy do you have?

Absence seizures, characterised by clouding of consciousness for less than a minute and no falling to the ground Sudden loss of consciousness, falling to the ground, jerking movement of the limbs and possibly incontinence or tongue biting

Neither of these

How long ago was this diagnosed? 5 Years 0 Months

How many attacks or fits do you have a year? 2

How long ago was your last attack or fit? 0 Years 9 Months

Gout

It is estimated that, overall, 1 in 45 people in the UK have Gout. However, Gout is more common in older adults, affecting 1 in 7 older men and 1 in 16 older women. 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

Gout is a type of arthritis which causes attacks of painful inflammation, usually in the small joints of the feet and hands. Gout is caused by a build up of uric acid in the blood. Uric acid is one of the body's waste products, which when elevated, may result in the formation of crystals in and around the small joints which causes pain.

The most commonly affected joint is the one at the base of the big toe, however, other joints and tissue may also be affected.

Gout becomes more common with age and is three to four times more common in men. Diabetes, Hypertension or raised blood pressure, excessive alcohol and being overweight can all increase the likelihood of Gout.

Treatment is usually with non-steroidal anti-inflammatory drugs or sometimes steroids. The risk of further attacks may be reduced by making lifestyle changes such as losing weight, drinking less alcohol or uric acid lowering medications such as allopurinol.

Complications as a result of Gout may include damage to the kidneys, kidney stones and permanent joint damage.

When does my client need to tell you about Gout?

If they have seen a doctor, nurse or other health professional regarding Gout – in the last two years for life only cases or in the last five years if also applying for critical illness or Income Protection Benefits.

What does your client need to know about their Gout when applying?

1. How long ago they last had symptoms.
2. The frequency of attacks.
3. Any associated problems such as high blood pressure or kidney problems.
4. How many joints are affected.

What happens when my clients say they have or had Gout?

We can assess the details online for a large proportion of clients by asking just a few simple questions, and then tell you what the decision is. However, in some situations where serious complications exist it may be necessary to obtain additional information.

Any complications such as eye problems, kidney problems, abnormal urine test results or any episodes of tingling, numbness or loss of sensation in fingers, toes or feet.

Did you know we accept over 90% of customers with Gout at point of sale for life cover and just under 80% at standard rates for life cover.

Potential underwriting outcomes

Underwriting outcomes will depend on the frequency and severity of attacks and whether associated problems or complications exist. Infrequent attacks of one joint only, with no complications or associated problems, will result in Standard rates for life and critical illness.

Gout	Life	Critical Illness Cover	Critical Illness Extra	TPD	Income Protection
Infrequent attacks of short duration affecting one joint only. Last symptoms over 12 months ago. No high blood pressure or kidney problems.	Standard rates	Standard rates	Standard rates	Standard rates	Standard rates to exclude
Infrequent attacks of short duration affecting more than one joint. No high blood pressure or kidney problems.	Standard rates	Standard rates/+50%	Standard rates/+50%	Standard rates	Standard rates/Postpone
More than three separate episodes a year requiring treatment.	Standard rates	Standard rates/+50%	Standard rates/+50%	Standard rates	Standard rates/Postpone
Permanent or continual symptoms.	+50%/+75%	+100%/Decline	+100%/Decline	Decline	Decline
With associated high blood pressure.	+50%/+100%	Decline	Decline	Decline	Decline

If the customer has high blood pressure or kidney problems and also smokes or has a high BMI then we will either obtain medical evidence or decline. If a customer has high blood pressure and kidney problems and they also smoke or have a high BMI we will decline.

Case studies

Example 1 - a typical situation

The customer has no major complications or associated risks. Symptoms are infrequent and affect only one joint. The last symptoms were over one year ago. The customer will be offered standard rates for life, critical illness and IPB other than classes 3 and 4 which will receive an exclusion.

Have you been diagnosed with high blood pressure, or had any kind of kidney problems, such as a kidney stone or protein in your urine? Yes No

Which of the following most closely describes your condition?

A. Chance finding on blood test, symptom free. B. Infrequent symptoms of short duration.

C. More than three separate episodes a year requiring treatment. D. Permanent or continual symptoms.

How many joints are, or were, affected?

How long ago were your last symptoms? Year(s) Month(s)

Example 2 - an unusual situation

The customer has no major complications or associated risks but has permanent symptoms and the condition affects three joints. This customer will be rated for life cover, all other benefits will be declined.

Have you been diagnosed with high blood pressure, or had any kind of kidney problem such as a kidney stone or protein in the urine? Yes No

Which of the following most closely describes your condition?

A. Chance finding on blood test, symptom free. B. Infrequent symptoms of short duration.

C. More than three separate episodes a year requiring treatment. D. Permanent or continual symptoms.

How many joints are, or were, affected?

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Heart attack and Angina

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

Heart attacks, or myocardial infarctions, are typically caused when the coronary arteries narrow due to gradual build up of fatty material within the artery walls. If this leads to a complete blockage of the blood supply to the heart, this interruption will lead to a section of the heart muscle dying. This will impair the future function of the heart. The symptoms of a heart attack can include chest pains which may spread to the arms, neck, jaw or back.

Angina occurs where there is a reduced blood supply to the heart but not a complete blockage. The reduced blood supply may lead to experiencing symptoms such as breathlessness on exertion.

When does my client need to tell us about their heart attack or angina?

If they've ever had a heart condition, such as a heart attack or angina.

What happens when my client says they've had a heart attack or angina on their application form?

The application form includes a few simple questions following the disclosure of angina but we'll be unable to offer any terms of acceptance at a point of sale stage.

We no longer offer cover for customers who have had a heart attack.

What does my client need to know about their angina when they apply?

The key things your customer will need to know are:

1. How long ago they were diagnosed with the condition.
2. Whether they have pain in their calves when walking.

Potential underwriting outcomes

The section below gives an indication of the underwriting decision following a full assessment of the medical evidence.

Angina	Life Cover	
	Up to age 50	Decline
Angina	Age 51-59	+150% loading to decline
	Age 60-69	+100% loading to decline
	Age 70 or more	+50% loading to decline

No terms are available for Critical Illness Cover, Critical illness Extra or Income Protection Benefit.

For applications where we're able to consider life cover, we'll require a report from the clients GP. The underwriting decision will depend on:

- The exact diagnosis.
- The area of the heart affected.
- The results of any investigations or reviews.
- The client's cardiac function and exercise tolerance.
- Any additional cardiovascular risk factors such as raised blood pressure or cholesterol.
- Details of their treatment.

Additional points that could impact on the underwriting decisions

There are various factors which could have an impact on any terms offered. In some circumstances, these may lead to the application being declined at the point of sale.

These factors include:

- An incidence of heart disease, or angina at a young age.
- Clients who continue to smoke or have smoked in the last 12 months.
- A recent diagnosis of angina.
- A Body Mass Index which is higher than ideal.
- Ongoing associated problems such as:
 - pain in calves.
 - a condition which has an impact on their overall life such that they may now be receiving any government benefits, allowances or credits due to disability or illness, or retired early due to this condition.

We're unable to offer any terms if any of the following conditions are also disclosed:

- Diabetes or impaired glucose tolerance.
- Stroke or Transient Ischaemic attacks.
- Other heart problems, such as Cardiomyopathy, Atrial fibrillation or Pacemaker.
- Circulatory problems such as intermittent claudication.
- Emphysema.

When we'll need a report from your client's GP

In all cases where we're able to consider terms, we'll automatically require a report from the client's GP.

High Blood Pressure (Hypertension)

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 an ECG which needed further investigation or hospital admission due to the blood pressure.

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	Life Cover	Age next birthday	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
<p>Good control where levels have reduced to nearer normal levels including those requiring treatment. Systolic reading up to 142 mmHg. Diastolic reading up to 88 mmHg. No other risk factors.</p>			Standard rates	Standard rates Potential loading for ages up to 45 at top of range	Standard rates Potential loading for ages up to 45 at top of range	Standard rates
<p>Blood pressure has not returned to normal levels and remains raised even with treatment. Systolic reading 143 to 152 mmHg. Diastolic reading 89 to 93 mmHg. 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	up to +50% loading
		Age 46 and over	Standard rates to +50% loading	Standard rates to +50% loading	Standard rates to +50% loading	up to +50% loading
<p>Blood pressure remains high even with treatment. Systolic reading over 152 mmHg. Diastolic reading over 93 mmHg. May require evidence.*</p>	Three or more blood pressure medicines	Age to 45	+75% loading	+75% to +100% loading	+75% to +100% loading	+75% loading
		Age 46 and over	Standard rates to +75% loading	Standard rates to +75% loading	Standard rates to +75% loading	+75% loading
<p>Blood pressure remains high even with treatment. Systolic reading over 152 mmHg. Diastolic reading over 93 mmHg. May require evidence.*</p>	Up to two blood pressure medicines	Age to 45	+25% loading to Postpone	+50% loading to Postpone	+50% loading to Postpone	+25% loading to Postpone
		Age 46 or over	Standard rates to Postpone	+25% loading to Postpone	+25% loading to Postpone	Standard rates to Postpone
<p>Blood pressure remains high even with treatment. Systolic reading over 152 mmHg. Diastolic reading over 93 mmHg. May require evidence.*</p>	Three or more blood pressure medicines.	Age to 45	+75% loading to Postpone	+100% loading to Postpone	+100% loading to Postpone	+75% loading to Postpone
		Age 46 and over	Standard rates to Postpone	+75% loading to Postpone	+75% loading to Postpone	Standard rates to Postpone

*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 continued

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 106 mmHg.

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 all benefits

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?

<input checked="" type="checkbox"/> Waiting for routine blood pressure check or routine blood test.	<input type="checkbox"/> Waiting for other tests investigations.
<input type="checkbox"/> Waiting to be seen by hospital doctor or specialist.	<input type="checkbox"/> Currently being seen by hospital doctor or specialist.
<input type="checkbox"/> None of the above.	

Have you ever had any of the following?

<input type="checkbox"/> An ECG which caused your doctor concern or that needed further action.	<input type="checkbox"/> Hospital admission in the last 12 months, for one night or more, for tests or treatment for raised blood pressure.
<input checked="" type="checkbox"/> 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.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

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

Systolic pressure	<input type="text" value="137"/>
Diastolic pressure	<input type="text" value="86"/>

Case studies

Example 2 - an unusual situation

The client’s blood pressure remains high and requires three different blood pressure lowering medicines. The client may be offered rated terms at point of sale.

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?

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.

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

IMPORTANT
Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Irritable Bowel Syndrome

It is estimated that between 10-20% of us will experience IBS symptoms at some stage in our lives. IBS is twice as common in women as in men. 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

Irritable Bowel Syndrome (IBS) is a common condition which affects the digestive system. IBS is what is known as a functional disorder. This means there is a problem with the function of a part of the body, but there is no abnormality in the physical structure.

The cause is often unknown but can be connected with anxiety, stress or intolerance to certain foods.

What are the symptoms of IBS?

The symptoms of IBS often differ from person to person but most will experience abdominal pain, diarrhoea, constipation, bloating or a combination of these symptoms. Symptoms may vary between mild to severe and so does the duration of symptoms. Passing blood is not a symptom of IBS. Your client should tell a doctor if they pass blood and also disclose this separately on their application.

When does my client need to tell you about their Irritable Bowel Syndrome?

If applying for life cover only, they should tell us if they have seen a doctor, nurse or other health professional for any condition affecting their stomach during the last 2 years. If applying for critical illness or income protection they should tell us if they have seen a doctor, nurse or other health professional for any condition affecting their stomach in the last 5 years.

What does my client need to know about their IBS when they apply?

The key things your client will need to know are:

1. How long ago their IBS was diagnosed and when they last had symptoms.
2. Whether they are waiting for any tests, investigations, or a referral to hospital.
3. Who has made the diagnosis of IBS e.g GP, specialist etc.
4. General description of their condition including description and duration of symptoms.
5. How many days have they taken off work because of this condition in the last 12 months.

Did you know we accept over 93% of all customers with Irritable bowel syndrome at standard rates for life cover at point of sale.

Potential underwriting outcomes

IBS	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
Diagnosed over 1 year ago, occasional symptoms only and no time off work.	Standard rates	Standard rates	Standard rates	Standard rates
Diagnosed 6 months ago, fully investigated and diagnosis confirmed. Regular or constant symptoms and time off work required.	Standard rates	Standard rates TPD Own occ Standard to Decline	"Standard rates TPD Own occ Standard to Decline	Standard rates to 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.

Additional points that can affect underwriting decisions

For clients who are awaiting tests or investigations we will postpone pending the outcome. Clients who have not had the diagnosis confirmed by a GP or a specialist will be referred to underwriting as further information may be required.

Customers over the age of 35 who have not undergone any investigations will be postponed.

Terms may vary if an associated psychological condition is present.

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

Customers who have not had any symptoms of IBS in the last year but who have needed time off work or been able to work due to their IBS.

Case studies

Example 1 - a typical situation

This client has mild IBS and has not had any symptoms in the last year. No time off work has been taken due to IBS. This client will be offered standard rates for all benefits.

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

Have you had any symptoms of this condition in the last 12 months? Yes No

In total, how much time off your normal work or daily activities have you had for this in the last 12 months? Years Months

Case studies

Example 2 - an unusual situation

This client is aged 25 and has been diagnosed in the last 12 months. Occasional bouts of symptoms lasting no more than a week at a time. The client has been unable to work for 3 weeks in the last year due to IBS. The client will be offered standard rates for life and Critical Illness Cover but income protection and waiver of premium benefits would be declined.

Have you had any symptoms of this condition in the last 12 months?	<input checked="" type="radio"/> Yes <input type="radio"/> No
How long ago was this diagnosed?	<input type="text" value="6"/> Months
Are you waiting to see a specialist, or to have any tests and investigations by your GP or a hospital doctor, or to get the results of any tests or investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Has the diagnosis of irritable bowel syndrome been confirmed by your GP or a hospital doctor?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Which of the following most closely describes your condition?	<input type="text" value="Occasional bouts of symptoms, lasting up to one week at a time"/>
In total, how much time off your normal work or daily activities have you had for this in the last 12 months?	<input type="text" value="3 weeks"/>

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Multiple Sclerosis

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

Multiple Sclerosis is thought to be an autoimmune condition where the body's own immune system attacks the protective layer (called myelin) that surrounds the nerves. This leads to a disruption of the messages travelling along these nerves, which in turn can lead to a variety of different symptoms.

Some common early symptoms of Multiple Sclerosis can include:

- Visual disturbances (such as blurred or double vision) or speech problems.
- Sensory symptoms (such as pins and needles, tingling, or facial pain).
- Co-ordination or balance problems (such as unsteadiness, dizziness, vertigo or clumsiness) or weakness or parasthesia.

In the early stages it can be difficult to have a clear and definite diagnosis due to the wide range of potential symptoms. Multiple Sclerosis can lead to a person having a flare-up of symptoms (relapse) followed by a period of recovery (remission), or steadily worsening of symptoms with an increase in disability or may go many years without any symptoms.

When does my client need to tell you about their Multiple Sclerosis?

If applying for life cover only, they should tell us if they have seen a doctor, nurse or other health professional for any neurological condition during the last 5 years. If applying for critical illness or income protection they should tell us if they have ever had or been diagnosed.

What happens when my client says they have Multiple Sclerosis 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. However if there are any complications with the Multiple Sclerosis it may be necessary to obtain additional information.

What does my client need to know about their Multiple Sclerosis when they apply?

The key things your client will need to know are:

1. When they were diagnosed.
2. The current pattern of their condition such as ranging from being completely free of all symptoms, to having intermittent symptoms, to having continuous or worsening symptoms.
3. If there is any need to use walking aids such as a walking stick or wheelchair.
4. Any potential complications in the last 2 years such as episodes of memory loss or confusion, or multiple urinary infections.
5. Any episodes of difficulty breathing, eating, swallowing, or a need to spend most of their time in bed due to their condition.

Did you know we accept over 95% of customers with Multiple Sclerosis at point of sale for life cover.

Potential underwriting outcomes

The section below gives an indication of the underwriting decision at both the application stage or if we obtain additional details. No terms are available for Critical Illness Cover, Critical Illness Extra, Income Protection Benefit or Waiver of Premium benefit.

Multiple Sclerosis	Life Cover	
<p>Completely symptom free with no lasting disability or difficulties.</p>	<p>Last symptoms of Multiple Sclerosis over five years ago.</p>	<p>+50% loading</p>
	<p>Had an episode of symptoms within the last five years.</p>	<p>+75% to +100% loading</p>
<p>May have some symptoms of Multiple Sclerosis (either intermittent or continuous symptoms). However does not need to use mobility aids such as walking sticks or wheelchair.</p>	<p>No limitation to ability to work full time or carry out normal daily activities and does not have continuous symptoms of Multiple Sclerosis.</p>	<p>+75% to +150% loading</p>
	<p>Some limitation to ability to work full time or carry out normal daily activities. Or if experiencing continuous symptoms.</p>	<p>+150% to +250% loading</p>
<p>May have some symptoms of Multiple Sclerosis (either intermittent or continuous symptoms). However does require the use of mobility aids such as walking sticks or a wheelchair.</p>	<p>No memory loss, periods of confusion or multiple urinary infections within the last two years.</p>	<p>+200% loading to decline The term of the contract may be limited depending on the duration since the onset or diagnosis of the condition.</p>
	<p>Multiple urinary infections within the last two years.</p>	<p>If there is a need to use walking sticks only then a report from the clients GP will be required. In any other situation we are unable to offer terms.</p>

Additional points that can affect underwriting decisions

We are unable to offer any terms to clients in the following situations:

- The condition has led to difficulty breathing, swallowing, eating or drinking, problems with choking.
- The client needs to spend most of their time in bed.
- The client uses a walking stick, frame or wheelchair and has had memory loss, periods of confusion or difficulty remembering in the last 2 years.

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

We may need to obtain a report from your client's GP to have a fuller picture of the situation and enable us to offer the best terms we can in the following situation:

- Where there are any vague neurological symptoms disclosed which may or may not be related to Multiple Sclerosis or a similar condition. Examples would include optic neuritis, trigeminal neuralgia, episodes of visual disturbance, pins and needles or paraesthesia or numbness condition.

Case studies

Example 1

The client who has been diagnosed with Multiple Sclerosis but is currently free from all symptoms. This client will get a decision at point of sale for life cover with an extra premium being charged.

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

Which of the following best describes your condition?

Completely free of all symptoms with no lasting disability or difficulties

Intermittent symptoms - with little or no disability in between

Continuous or worsening symptoms

How long ago did you last have any symptoms of Multiple Sclerosis? Years Months

How long ago were you first diagnosed with Multiple Sclerosis? Years Months

Case studies

Example 2

The client with a diagnosis of Multiple Sclerosis who experiences intermittent symptoms but does not need to use any walking aids. This client would get a decision at point of sale for life cover with an extra premium being charged.

Please select from this list. Only select other when you cannot find a match. Multiple Sclerosis

Which of the following best describes your condition?

Completely free of all symptoms with no lasting disability or difficulties

Intermittent symptoms - with little or no disability in between

Continuous or worsening symptoms

Do you need to spend most of your time in bed or have difficulty breathing, swallowing, eating or drinking, or have problems with choking? Yes No

Do you ever need to use walking aids?

Walking frame or a wheelchair

Walking stick or sticks only

No

Does your condition currently limit your ability to work full time or carry out your normal daily activities? Yes No

How long ago were you first diagnosed with Multiple Sclerosis? Years Months

Have you another condition or illness to disclose under this heading? Yes No

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Stroke and Transient Ischaemic Attack

Every year an estimated 150,000 people in the UK have a stroke. 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

A stroke occurs when the blood supply to a part of the brain is cut off which leads to damage or death of the brain cells in that area. The symptoms will depend on the area of the brain affected and can include weakness or paralysis on one side of the body, slurred speech, problems with vision or confusion. A stroke will lead to permanent residual symptoms but these may improve over time.

A transient ischaemic attack (TIA) is often referred to as a mini stroke and occurs where there is a temporary disruption to the blood supply to a portion of the brain. This can lead to symptoms similar to a stroke but a full recovery is normal within 24 hours.

When does your client need to tell us about their stroke or transient ischaemic attack?

If they've ever been diagnosed with a stroke, mini stroke, transient ischaemic attack (TIA) or brain haemorrhage.

What happens when my client says they've had a stroke or transient ischaemic attack on their application form?

We can assess the details online for a proportion of clients by asking just a few simple questions and tell you what the decision is. However, it's often necessary to obtain a report from your client's GP to have a full picture of the condition before giving a final underwriting decision.

What does my client need to know about their stroke or transient ischaemic attack when they apply?

The key things your client will need to know are:

1. When it occurred and on how many occasions.
2. If they were advised of a specific cause.
3. Details of their treatment, including if they've had or are waiting for any surgery.
4. Details of any residual symptoms or restrictions in their daily activities.
5. Whether they have difficulty breathing, chest pain on exertion, angina, or pain in their calves when walking.

Potential underwriting outcomes

The section below gives an indication of the underwriting decision at both the application stage or if we obtain additional details.

Stroke and Transient Ischaemic Attack		Life Cover	Income Protection	
Age up to 40 at time of stroke or TIA		No residuals or impact on daily living	Standard rates to +50% loading	Standard rates to decline
	Caused by oral contraceptive pill, migraine, head injury or hole in heart.	With residuals or some impact on daily living	Terms may be possible subject to evidence. Majority of cases will be declined.	Decline
		Significant impact on daily living	Decline	Decline
	If cause is unknown.	If cause unknown and no surgery = Decline A report from your client's GP would be required in other circumstances if we are to consider any terms		
Age over 40 at time of stroke or TIA		No residuals or impact on daily living	+50% loading to decline	Decline
		With residuals or impact on daily living	+100% loading to decline	Decline
		Significant impact on daily living	Decline	Decline
		A report from your client's GP would be required in other circumstances if we are to consider any terms		

No terms are available for Critical Illness Cover or Critical Illness Extra.

For applications where we're able to consider life cover or Income Protection Benefit, we may require a report from your client's GP. The underwriting decision will depend on the exact diagnosis, the cause of the stroke, any residual disability and any additional cardiovascular risk factors such as raised blood pressure.

Potential underwriting outcomes continued

Additional points that could impact on the underwriting decisions

There are various factors which could have an impact on any terms offered, and in some circumstances may lead to the application being declined at the point of sale.

These factors include:

- A stroke or TIA where the cause has been identified as a blood disorder.
- Clients who continue to smoke or have smoked in the last 12 months.
- A recent diagnosis of a stroke or TIA.
- Any recurrence of problems such as more than one stroke.
- A Body Mass Index which is higher than ideal.
- Where the cause has been identified as taking the oral contraceptive pill and your client continues to take this.
- Ongoing associated problems such as difficulty breathing, chest pain on exertion, angina or pain in calves.
- A condition which has an impact on their overall health that means they need help for many tasks and/or are required to use a wheelchair.

It may be necessary to postpone offering terms where the stroke or TIA has been diagnosed recently, or if the client is awaiting surgery or has recently had surgery.

- In addition if any of the following conditions are also disclosed we're unable to offer any terms:
- Diabetes or impaired glucose tolerance.
- Heart attack, angina or coronary disease.
- Other heart problems such as Cardiomyopathy, Atrial fibrillation, Pacemaker.
- Circulatory problems such as intermittent claudication.
- Emphysema.
- Systemic lupus.

When we'll need a report from your client's GP

Due to the complex nature of the condition and the potential residual problems, we may need to obtain a report from the client's GP to obtain a fuller picture of the situation and enable us to offer the best terms we can. The following situations are some examples:

- Stroke or TIA occurred in childhood (under age 10).
- A recent stroke or TIA where the client is yet to be discharged.
- Stroke or TIA occurred in older age groups.

Case studies

Example 1

A female client who is a non-smoker and age 35. She's had a single stroke with the cause being due to taking the oral contraceptive pill which she no longer takes. This would be accepted at standard rates for life cover at the point of sale.

Please select from this list. Stroke ▼

On how many separate occasions have you had this? 1

How long ago did it occur? 1 Years 6 Months

Which of the following best describes your condition?

- Blood disorder (for example antiphospholipid syndrome)
- Head injury
- Hole in the heart
- Migraines
- Oral contraceptive pill
- Other or unknown

Are you currently taking the combined oral contraceptive pill?

The combined oral contraceptive pill (COCP) contains both an oestrogen and a progestogen (often called the pill); we do not need to know about the progestogen only pill (often called the mini pill), injections or implants.

Yes No

Have you been advised to take daily treatment for this condition?

Yes No

How would you best describe your current condition?

- a. Fully recovered; no symptoms or restriction in activities
- b. Residual symptoms, but little or no help needed to carry out daily activities; mobile and can live independently
- c. Some impact on daily living; help with mobility needed
- d. Significant impact on daily living; help needed for many tasks and/or wheelchair bound.

Case studies

Example 2

A client who had a stroke at the age of 55 approximately 1 year ago. There was no known cause for this and the client has been left with some residual symptoms. A report from the client's GP would be required to understand the full picture of their medical history. The final terms would be a loading of at least +125% extra premium for life cover only with all other benefits being declined.

Please select from this list.	Stroke
On how many separate occasions have you had this?	1
How long ago did it occur?	1 Years 0 Months
What did your doctor advise was the cause?	<input type="checkbox"/> Blood disorder (for example antiphospholipid syndrome) <input type="checkbox"/> Head injury <input checked="" type="checkbox"/> Other
Have you ever had, or are you waiting for, an operation or surgery?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Awaiting
How would you best describe your current condition?	
a. Fully recovered; no symptoms or restriction in activities	<input type="checkbox"/>
b. Residual symptoms, but little or no help needed to carry out daily activities; mobile and can live independently	<input checked="" type="checkbox"/>
c. Some impact on daily living; help with mobility needed	<input type="checkbox"/>
d. Significant impact on daily living; help needed for many tasks and/or wheelchair bound.	<input type="checkbox"/>
Do you have difficulty breathing, chest pain on exertion, angina, or pain in your calves when walking?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IMPORTANT
Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Thyroid conditions

Thyroid disease is a medical condition impairing the function of the thyroid in men and women. 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

The thyroid gland is a large gland found in your neck below the thyroid cartilage (also known as the Adam's apple in men). It makes two hormones that are released into the blood, thyroxine (T4) and triiodothyronine (T3). The thyroid gland controls how quickly the body burns energy, makes proteins, and influences the activity of all the cells and tissues of your body. The two most common thyroid conditions are:

- Overactive thyroid (hyperthyroidism)
- Underactive thyroid (hypothyroidism)

Hyperthyroidism affects around 1 in 50 women and is 10 times more common in women than it is in men.

Symptoms of an overactive thyroid (hyperthyroidism) may include:

- Weight loss
- Tremor
- Anxiety
- Rapid heartbeat
- Excessive sweating
- Sore and gritty eyes

Symptoms of an overactive thyroid (hyperthyroidism) may include:

- Tiredness
- Weight gain
- Constipation
- Difficulty concentrating or remembering
- Poor concentration
- Heavy periods for women.
- Depression or anxiety

Once treated most symptoms of hyperthyroidism and hypothyroidism will resolve fully.

When does my client need to tell us about their thyroid condition?

If applying for critical illness and/or income protection they need to tell us if they have seen a doctor, nurse or other health professional in the last five years regarding any condition affecting their thyroid.

What happens when my client says they have a thyroid condition on their application form?

We can usually assess the details online for a large proportion of cases by asking just a few simple questions and tell you what the decision is.

What does my client need to know about their thyroid condition when they apply?

The key things your customer will need to know are:

1. How long ago the condition was diagnosed.
2. What medication they are taking and how long they have been taking medication.
3. Whether they are awaiting surgery or radioiodine treatment.
4. Whether they have had any eye or visual problems due to their condition.
5. Degree of control e.g. have symptoms been reduced or resolved.

Did you know we accept over 95% of customers with a thyroid condition at standard rates for life cover at point of sale.

Potential underwriting outcomes

The section below gives an indication of the underwriting decision at both the application stage or if we obtain additional details.

Underactive Thyroid (Hypothyroidism)	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection
<ul style="list-style-type: none"> Not awaiting surgery Diagnosed 2 months ago or longer Condition stable with ongoing medication No problems with eyes or vision associated with thyroid condition 	Standard rates	Standard rates	Standard rates	Standard rates
<ul style="list-style-type: none"> Eye or visual problems associated with thyroid condition 	Standard rates	Exclude blindness	Exclude blindness and significant visual loss	Exclude blindness
Overactive Thyroid (Hyperthyroidism)				
<ul style="list-style-type: none"> No awaiting surgery or radioiodine treatment Diagnosed 3 months ago or longer Started medication 3 months ago or longer Condition stable with or without ongoing medication No problems with eyes or vision associated with thyroid condition 	Standard rates	Standard rates	Standard rates	Standard rates to +50%
<ul style="list-style-type: none"> Eye or visual problems associated with thyroid conditions 	Standard rates	Exclude blindness	Exclude blindness and significant visual loss	Exclude blindness

Additional point that could impact on the underwriting decision:

- In conjunction with disclosure of Atrial fibrillation = Decline Critical Illness.

When we'll need a report from your client's GP:


We may need to obtain a report from the client's GP to have a fuller picture of the situation and enable us to offer the best terms we can in the following situations:

- Poor control of their condition or uncertainty regarding control.
- Stopped taking medication or stopped attending follow-ups without medical advice to do so.

Case studies

Example 1 - a typical situation

A client with well-controlled hypothyroidism with no complications and ongoing medication will be accepted at standard rates for all benefits at point of sale.

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

Are you waiting for an operation or surgery for this?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you had this condition for more than 2 months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are you and your doctor happy that your thyroid condition is adequately controlled (with or without treatment)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you stopped taking treatment or attending reviews (without being advised to do so by your doctor)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have any problems with your eyes or vision as a result of your thyroid condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Case studies

Example 2

A client with hyperthyroidism who is awaiting surgery will result in the case being postponed.

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

How long ago was this diagnosed? Months ago

Have you started treatment for this condition within the last 3 months?

Yes
 No
 Awaiting

Are you and your doctor happy that your thyroid condition is adequately controlled (with or without treatment)?

Yes No

Example 3

A client with hypothyroidism who has stopped taking treatment or attending reviews without being advised to by their doctor will result in medical evidence being obtained.

Are you waiting for an operation or surgery for this? Yes No

Have you had this condition for more than 2 months? Yes No

Are you and your doctor happy that your thyroid condition is adequately controlled (with or without treatment)? Yes No

Have you stopped taking treatment or attending reviews (without being advised to do so by your doctor)? Yes No

IMPORTANT

Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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.

Ulcerative Colitis

Ulcerative colitis affects around 150,000 people in the UK, and the most common age range for diagnosis is between 15 and 25. 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

Ulcerative colitis is a type of inflammatory bowel disease that usually affects areas of the colon (large bowel) or the entire colon with inflammation and ulceration of the area affected.

Ulcerative colitis can lead to episodes of abdominal pain and diarrhoea mixed with blood. In addition, there can be complications outside of the colon such as skin complaints, eye disorders, liver disease or problems affecting the joints.

When does my client need to tell us about their ulcerative colitis?

If applying for life cover only, they should tell us if they have seen a doctor, nurse or other health professional for ulcerative colitis during the last 2 years. If applying for critical illness or income protection they should tell us if they have seen a doctor, nurse or other health professional in the last 5 years.

What happens when my client says they have ulcerative colitis on their application form?

We can usually assess the details online for a large proportion of customers by asking just a few simple questions, and then tell you what the decision is. However, if there are any complications with the ulcerative colitis, it may be necessary to obtain additional information.

What does my client need to know about their ulcerative colitis when they apply?

The key things your customer will need to know are:

1. When they were diagnosed.
2. The treatment or medications they take.
3. The symptoms and number of flare-ups they have each year
4. If the ulcerative colitis affects their liver.
5. If they have had significant weight loss due to this or if they have had a major attack since their diagnosis that required a hospital admission, and how long since this happened.
6. If they have had, or are waiting for, an operation or surgery due to ulcerative colitis.

Did you know we accept over 95% of customers with ulcerative colitis at point of sale for life cover. Over 80% of those are at standard rates for Life cover.

Potential underwriting outcomes

The section below gives an indication of the underwriting decision at both the application stage or if we obtain additional details.

Ulcerative Colitis	Life Cover	Critical Illness Cover	Critical Illness Extra	Income Protection	
No more than 1 major flare up a year and minor symptoms or symptom free in between	No oral steroids (for example prednisolone), in the last 6 months.	Standard rates to +75% loading	Standard rates	Exclusion required	Report from GP required If terms are available may have a loading or exclusion
	Currently receiving oral steroids (for example prednisolone) or has done in the last 6 months.	+50% loading to postpone	+100% loading to decline	+100% loading and exclusion to decline	Report from GP required or Decline
More than 1 major flare up a year and minor symptoms or symptom free in between	Not currently receiving oral steroids (for example prednisolone).	+50% to +100% loading	+100% loading to postpone	+100% loading and exclusion to postpone	Decline
	Currently receiving oral steroids (for example prednisolone).	+75% loading to postpone	Decline	Decline	Decline
Continuous symptoms, frequent or continuous oral steroid treatment.	Diagnosed within the last year	Postpone	Decline	Decline	Decline
	Diagnosed over 1 year ago	+75% loading			

Additional points that could impact on the underwriting decisions:

We're unable to offer any terms to clients where they've had any liver disease associated with their ulcerative colitis.

If clients have had any surgery within the last six months, or are awaiting surgery, we would postpone offering terms for six months.

If there has been a hospital admission in the past year we would postpone offering any terms.

When we'll need a report from your client's GP:

We may need to obtain a report from the client's GP to have a fuller picture of the situation and enable us to offer the best terms we can in the following situations:

- Where their BMI is below 18.

Case studies

Example 1

The client is on medication for their ulcerative colitis, but not oral steroids. Has not been admitted to hospital or experienced significant weight loss due to their condition. No more than 1 major flare up per year. The client will be offered standard rates for life cover. Critical Illness Cover will be accepted with a rating and Critical illness Extra with a rating and exclusion at the point of sale.

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

Have you had any liver disease associated with this condition? Yes No

Have you had, or are you waiting for, an operation or surgery for ulcerative colitis? Yes No Awaiting

Have you ever been admitted to hospital with an acute attack or experienced significant weight loss due to this condition? Yes No

Are you currently on any medication for this? Yes No

Which of the following best describes your condition?

No more than 1 major flare up a year and minor symptoms or symptom free in between More than 1 major flare up a year and minor symptoms or symptom free in between Continuous symptoms, frequent or continuous oral steroid treatment

Does your current treatment include oral steroids, for example prednisolone? Yes No

In the last 6 months, has any treatment included oral steroids, for example prednisolone? Yes No

How long ago was this diagnosed? Years Months

Case studies

Example 2

The client has more than 1 major flare up a year and is currently taking steroids. The client will only be offered life cover at the point of sale with an additional premium applied. All other benefits are not available.

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

Have you had any liver disease associated with this condition? Yes No

Have you had, or are you waiting for, an operation or surgery for ulcerative colitis? Yes No Awaiting

Have you ever been admitted to hospital with an acute attack or experienced significant weight loss due to this condition? Yes No

Are you currently on any medication for this? Yes No

Which of the following best describes your condition?

No more than 1 major flare up a year and minor symptoms or symptom free in between More than 1 major flare up a year and minor symptoms or symptom free in between Continuous symptoms, frequent or continuous oral steroid treatment

Does your current treatment include oral steroids, for example prednisolone? Yes No

How long ago was this diagnosed? Years Months

IMPORTANT
Please remember that if a client does not answer any questions truthfully and accurately it will mean that any 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 (except Thursday 9:30am).

We may record and monitor calls. Call charges will vary.

presale.enquiries@landg.com

For more information and support on underwriting please visit our website:

www.legalandgeneral.com/advisercentre/protection/underwriting

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