UNDERWRITING OUTCOMES EXPLAINED

UNDERWRITING GUIDE.

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

This is not a consumer advertisement. It is intended for professional financial advisers and should not be relied upon by private customers or any other persons.
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DEFINITION
This definition covers a wide range of conditions with symptoms such as:
• Low mood.
• Anxiety.
• Stress.
• Phobias.
• Panic attacks.
• Chronic fatigue.
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.

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.

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.

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 suicide attempt.
7. Whether any government benefits, allowance or credits have been claimed due to disability or illness, or whether retired early due to this condition?
### POTENTIAL UNDERWRITING OUTCOMES.

#### ANXIETY AND DEPRESSION

**Anxiety or stress disclosed with no treatment:**
- No time off work or state benefits claimed.
- No admissions to hospital or self harm.
- No current symptoms.
- No psychiatric referrals.

**Anxiety or stress disclosed but with moderate symptoms likely to include one of the following:**
- Regular treatment.
- Current symptoms.
- Time off work or on state benefits.
- Previously seen by psychiatrist.

**A diagnosis of a chronic condition such as clinical diagnosis of depression, or a specified illness such as schizophrenia, bipolar disorder or similar.**
- No other symptoms or related problems such as hospital admissions or suicide attempts.

<table>
<thead>
<tr>
<th></th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard rates</strong></td>
<td></td>
<td>Standard rates</td>
<td>Standard rates if the last symptoms were five years ago or more.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If symptoms in the last two years an exclusion would be applied to own occ TPD.</td>
<td>If symptoms are more recent exclusion applied.</td>
</tr>
<tr>
<td><strong>Standard rates to +100% loading</strong></td>
<td></td>
<td>Standard rates to +50% loading</td>
<td>Exclude or Decline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TPD definition maybe restricted, exclusion applied or be declined.</td>
<td></td>
</tr>
<tr>
<td><strong>+50% to +100% loading</strong></td>
<td></td>
<td>Standard rates to +50% loading</td>
<td>Exclude or Decline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TPD definition – restriction may be applied as above.</td>
<td></td>
</tr>
</tbody>
</table>

**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

☐ Yes ☐ No

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?

☐ Yes ☐ 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 combination 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?

1 Weeks 0 Days
**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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been admitted to hospital as an inpatient for one night or more for this condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been treated by a psychiatrist or psychiatric nurse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long ago did you last see a psychiatrist or psychiatric nurse?</td>
<td>1</td>
<td>6  Months</td>
</tr>
<tr>
<td>Have you ever tried to harm yourself in any way?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently taking medication for this condition, receiving counselling or cognitive behavioural therapy (CBT)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBT is a combination 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you still have symptoms of this condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you claimed any government benefits, allowance or credits due to disability or illness, or retired early due to this condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In total, how much time off of your normal work or daily activities have you had for this condition in the last 12 months?</td>
<td>1</td>
<td>0  Days</td>
</tr>
</tbody>
</table>

**IMPORTANT**

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

The answers provided in these case studies are potential responses to genuine questions posed by our online quote and apply system, OLP Connect.
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.
The section below gives an indication of the underwriting decisions.

<table>
<thead>
<tr>
<th>Last symptoms more than two years ago (includes both smokers and non-smokers)</th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td></td>
</tr>
</tbody>
</table>

| Has symptoms of asthma less than daily |  |
|---|---|---|
| Standard rates | Standard rates | Standard rates |

| Has daily symptoms of asthma |  |
|---|---|---|
| $+50\%$ to $+150\%$ loading | $+50\%$ loading to Decline | $+50\%$ loading to Decline |

| Has more or less continual symptoms of asthma |  |
|---|---|---|
| $+75\%$ to Decline | Standard rates to Decline | Decline |

### Additional points that can affect 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.
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 both smokers and non-smokers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have symptoms of asthma?</td>
<td>Less than daily</td>
</tr>
<tr>
<td>How long ago did you last have symptoms of asthma?</td>
<td>1 Years 0 Months</td>
</tr>
<tr>
<td>In the last year, how many times have you been admitted to hospital due to an asthma attack?</td>
<td>0</td>
</tr>
<tr>
<td>In a typical week, how often do you have an asthma attack?</td>
<td>1</td>
</tr>
</tbody>
</table>

Asthma symptoms may include wheezing, shortness of breath or tightness in your chest.
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.

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

### POTENTIAL UNDERWRITING OUTCOMES.

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

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 one 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.

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.
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.

<table>
<thead>
<tr>
<th>Please select from this list. Only select other when you cannot find a match.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select from this list.</td>
</tr>
<tr>
<td>Please select from the following list the primary reason for your back problem.</td>
</tr>
<tr>
<td>Are you waiting for an operation or surgery for this?</td>
</tr>
<tr>
<td>How long ago were your last symptoms?</td>
</tr>
<tr>
<td>In total, how much time off of your normal work or daily activities have you had for this in the last 5 years?</td>
</tr>
<tr>
<td>Does this limit your ability to work or carry out your normal daily activities?</td>
</tr>
</tbody>
</table>

- Back or neck condition
- Back Condition
- Tumour (benign or malignant)
- Infection of the spinal cord or nerves
- Fracture of the spine or back
- Spinal cord injury
- Curvature of the spine
- Ankylosing Spondylitis
- None of these

- Yes
- No

- 1 Years
- 0 Months

- 0 Weeks
- 5 Days

- Yes
- No
**CASE STUDIES.**

**EXAMPLE 2**

The client has experienced symptoms of back pain in the last two months and currently has persistent pain or stiffness. This has led to a restriction in their mobility requiring the use of walking aids such as walking sticks. The client will be offered life cover with an additional premium and Critical Illness Cover with an exclusion at the point of sale.

All other benefits including TPD are not available.

<table>
<thead>
<tr>
<th><strong>Please select from this list. Only select other when you cannot find a match.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Back or neck condition</td>
</tr>
<tr>
<td>Back Condition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Please select from this list.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour (benign or malignant)</td>
</tr>
<tr>
<td>Infection of the spinal cord or nerves</td>
</tr>
<tr>
<td>Fracture of the spine or back</td>
</tr>
<tr>
<td>Spinal cord injury</td>
</tr>
<tr>
<td>Curvature of the spine</td>
</tr>
<tr>
<td>Ankylosing Spondylitis</td>
</tr>
<tr>
<td>None of these</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you waiting for an operation or surgery for this?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>How long ago were your last symptoms?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Which of the following most closely describes your condition during the last two weeks?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain or stiffness</td>
</tr>
<tr>
<td>Occasional pain or stiffness</td>
</tr>
<tr>
<td>Persistent or continuous pain or stiffness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Do you use walking aids, for example walking sticks or frame?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**IMPORTANT**

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

**CHOLESTEROL**

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.
No other risk factors.

Control has not been achieved and may have required changes to treatment over the years.
Cholesterol levels 70 mmol/l or higher.
May require evidence.*

Poor control that may require multiple treatments, frequent cholesterol level tests and/or referral to a specialist clinic.
Cholesterol levels 70 mmol/l or higher.
May require evidence.*

<table>
<thead>
<tr>
<th></th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good control</td>
<td>Standard rates</td>
<td>Standard rates to +75% loading</td>
<td>Standard rates</td>
</tr>
<tr>
<td>Poor control</td>
<td>Up to +75% loading</td>
<td>Up to +100% loading. May only be available for older age clients.</td>
<td>Up to +75% loading</td>
</tr>
</tbody>
</table>
| 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 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 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?
  - 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.
  - Yes
  - No

- After your last cholesterol test, did your doctor tell you that you should increase the dosage of your cholesterol lowering medication?
  - Yes
  - No

- At what intervals has your doctor or nurse recommended that your cholesterol should be checked?
  - Less often than yearly
  - Yearly
  - More often than yearly

- Do you know what your cholesterol level was when it was last tested?
  - Yes
  - No

- What was your cholesterol level was when it was last tested?
  - 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many different cholesterol lowering medications are you currently taking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After your last cholesterol test, did your doctor tell you that you should increase the dosage of your cholesterol lowering medication?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know what your cholesterol level was when it was last tested?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which of the following most closely describes your last cholesterol reading?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal or low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Crohn’s disease affects at least 115,000 people in the UK, and the most common age for onset is between 16 and 30. 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.
3. If the Crohn’s disease affects their liver, joints or eyes.
4. If they’ve had a major attack since their diagnosis that required a hospital admission or change to their medication, and how long since this happened.
5. If they’ve had, or are waiting for an operation due to the Crohn’s disease.
### POTENTIAL UNDERWRITING OUTCOMES.

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

<table>
<thead>
<tr>
<th>CROHN’S DISEASE</th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis of Crohn’s disease or major attack within the last 12 months.</td>
<td>No medications required</td>
<td>+75% to +100% loading</td>
<td>Postpone</td>
</tr>
<tr>
<td>Medication is required</td>
<td>+100% to +150% loading</td>
<td>Postpone or decline</td>
<td>Postpone or decline</td>
</tr>
<tr>
<td>Diagnosis of Crohn’s disease or the last major attack was over 12 months ago.</td>
<td>No medications required</td>
<td>Standard rates to +75% loading</td>
<td>+ 75% loading</td>
</tr>
<tr>
<td>Medication is required</td>
<td>+50% to +125% loading</td>
<td>+100% loading to decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Please select from this list. Only select other when you cannot find a match.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crohn's Disease ▼</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you had, or are you waiting for, an operation or surgery for this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Awaiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your Crohn's disease affect your liver, joints or eyes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Liver</td>
</tr>
<tr>
<td>□ Joints or joints and eyes only</td>
</tr>
<tr>
<td>□ Eyes only</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your medication include any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab</td>
</tr>
<tr>
<td>Azathioprine</td>
</tr>
<tr>
<td>Ciclosporin</td>
</tr>
<tr>
<td>Infliximab</td>
</tr>
<tr>
<td>Mercaptopurine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Since being diagnosed, have you had a major attack (one that required hospital admission or treatment with any of the following medications)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab</td>
</tr>
<tr>
<td>Azathioprine</td>
</tr>
<tr>
<td>Ciclosporin</td>
</tr>
<tr>
<td>Infliximab</td>
</tr>
<tr>
<td>Mercaptopurine</td>
</tr>
<tr>
<td>Methotrexate</td>
</tr>
<tr>
<td>Prednisolone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long ago was this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Years</th>
<th>0 Months</th>
</tr>
</thead>
</table>
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 and Income Protection Benefit would be declined.

Have you had, or are you waiting for, an operation or surgery for this?

How long ago was this?

Have you had any symptoms since recovering from your operation or surgery?

Does your Crohn's disease affect your liver, joints or eyes?

Does your medication include any of the following?
Adalimumab
Azathioprine
Ciclosporin
Infliximab
Mercaptopurine

Since being diagnosed, have you had a major attack (one that required hospital admission or change to your medication)?

How long ago was this?

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

<table>
<thead>
<tr>
<th>Crohn's Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Awaiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long ago was this? (in years and months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Years 6 Months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you had any symptoms since recovering from your operation or surgery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your Crohn's disease affect your liver, joints or eyes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
</tr>
<tr>
<td>Joints or joints and eyes only</td>
</tr>
<tr>
<td>Eyes only</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your medication include any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
<tr>
<td>Not on any medication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Since being diagnosed, have you had a major attack (one that required hospital admission or change to your medication)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long ago was this? (in years and months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Years 0 Months</td>
</tr>
</tbody>
</table>

IMPORTANT
Please remember that if a client does not answer any questions truthfully and accurately it will mean that a claim will be declined 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.
POTENTIAL UNDERWRITING OUTCOMES.

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

<table>
<thead>
<tr>
<th>CLIENT’S AGE AT APPLICATION</th>
<th>HbA1c level</th>
<th>Treatment with insulin injections since first diagnosis</th>
<th>Treatment does NOT include insulin injections</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 to 40</td>
<td>Up to 8.9% (74 mmol/mol)</td>
<td>+150% to +225% loading</td>
<td>+125% to +225% loading</td>
</tr>
<tr>
<td></td>
<td>9% to 10.9% (96 mmol/mol)</td>
<td>+200% loading to decline</td>
<td>+175% loading to decline</td>
</tr>
<tr>
<td>41 to 60</td>
<td>Up to 8.9% (74 mmol/mol)</td>
<td>+125% to +225% loading</td>
<td>+75% to +225% loading</td>
</tr>
<tr>
<td></td>
<td>9% to 10.9% (96 mmol/mol)</td>
<td>+175% loading to decline</td>
<td>+125% loading to decline</td>
</tr>
<tr>
<td>61 and over</td>
<td>Up to 8.9% (74 mmol/mol)</td>
<td>+75% to +225% loading</td>
<td>+75% to +225% loading</td>
</tr>
<tr>
<td></td>
<td>9% to 10.9% (96 mmol/mol)</td>
<td>+125% loading to decline</td>
<td>+125% loading to decline</td>
</tr>
</tbody>
</table>

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 clients 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been on insulin since your diabetes was first treated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long ago was your last diabetic review at your GP’s surgery,</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>a diabetic clinic or hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since you were told you had diabetes, have you been admitted to hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for one night or more due to your diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you taking insulin injections?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long ago was your diabetes diagnosed?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Have you ever had, been advised to have or are you waiting to have</td>
<td></td>
<td></td>
</tr>
<tr>
<td>laser treatment on your eyes due to diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been told by your GP or any medical professional that you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>have protein or albumin in your urine due to diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have tingling, numbness or loss of sensation in your fingers,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>toes or feet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the result of your latest HbA1c?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 4 or less
- 4.1 to 8.9
- 9 to 10.9
- 11 to 15
- 15.1 to 20
- 21 to 74
- 75 to 96
- 97 to 140
- Over 140
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?**
- **Yes**
- **No**

**How long ago was your last diabetic review at your GP’s surgery, a diabetic clinic or hospital?**
- **0 Years**
- **6 Months**

**Since you were told you had diabetes, have you been admitted to hospital for one night or more due to your diabetes?**
- **Yes**
- **No**

**How long ago was your diabetes diagnosed?**
- **20 Years**
- **0 Months**

**Have you ever had, been advised to have or are you waiting to have laser treatment on your eyes due to diabetes?**
- **Yes**
- **No**

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

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

<table>
<thead>
<tr>
<th>GOUT</th>
<th>Life</th>
<th>Critical Illness</th>
<th>TPD</th>
<th>Income protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrequent attacks of short duration affecting one joint only. Last symptoms over 12 months ago. No high blood pressure or kidney problems.</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Standard rates to exclude</td>
</tr>
<tr>
<td>Infrequent attacks of short duration affecting more than one joint. No high blood pressure or kidney problems.</td>
<td>Standard rates</td>
<td>Standard rates/+50%</td>
<td>Standard rates</td>
<td>Standard rates/ Postpone</td>
</tr>
<tr>
<td>More than three separate episodes a year requiring treatment.</td>
<td>Standard rates</td>
<td>Standard rates/+50%</td>
<td>Standard rates</td>
<td>Standard rates/ Postpone</td>
</tr>
<tr>
<td>Permanent or continual symptoms.</td>
<td>+50%/+75%</td>
<td>+100%/Decline</td>
<td>Decline</td>
<td>Decline</td>
</tr>
<tr>
<td>With associated high blood pressure</td>
<td>+50%/+100%</td>
<td>Decline</td>
<td>Decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

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?
  - 1

- How long ago were your last symptoms?
  - 1 Year(s) 6 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?
  - 3

IMPORTANT

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

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

There are around 124,000 heart attacks in the UK every year. 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.

<table>
<thead>
<tr>
<th>ANGINA</th>
<th>Life Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to age 59</td>
<td>+150% loading to Decline</td>
</tr>
<tr>
<td>Age 60 to 69</td>
<td>+100% loading to Decline</td>
</tr>
<tr>
<td>Age 70 or more</td>
<td>+50% loading to Decline</td>
</tr>
</tbody>
</table>

No terms are available for Critical Illness Cover 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).

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

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

Blood pressure is recorded as two figures:
1. Systolic pressure – the reading as the heart beats to pump out the blood.
2. Diastolic pressure – the reading as the heart rests between beats.
A blood pressure reading of below 130/80 mmHg is considered normal.

When does my client need to tell you about their blood pressure?
If in the last five years they have seen a medical professional (such as a doctor or nurse) for raised blood pressure.

What happens when my client says they have had raised blood pressure on their application form?
We can usually assess the details online by asking just a few simple questions and tell you what the decision is. Even if your client doesn’t remember their last blood pressure reading, we may still be able to make a decision.

What does my client need to know about their blood pressure when they apply?
The key things your client will need to know are:
1. How many different medications they take for raised blood pressure.
2. How often they have their blood pressure checked.
3. What their latest blood pressure reading is (or how it was described) and how long ago this was measured.
4. Whether they are waiting for any tests, investigations or to be seen by a specialist.
5. Whether they have had any potential complications such as 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.

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Life Cover</th>
<th>Age next birthday</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
</table>
| **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. |
| **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.* |
| **Blood pressure remains high even with treatment.**
  Systolic reading over 152 mmHg. Diastolic reading over 93 mmHg. May require evidence.* |

* 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 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 life cover.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you waiting for tests or investigations, or to be seen by a hospital doctor or specialist?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had any of the following?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been advised at any time to take medication for your blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many different medications do you take to control your blood pressure?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>How long ago was your blood pressure last checked by your doctor or nurse?</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Do you know the result of your latest blood pressure check taken at your GP’s surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tell us your latest blood pressure reading when checked by your doctor or nurse.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Raised Blood Pressure (Hypertension)**

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

- 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.

<table>
<thead>
<tr>
<th>Systolic pressure</th>
<th>137</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diastolic pressure</td>
<td>86</td>
</tr>
</tbody>
</table>
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)

- 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?

- 3

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

- 0 Years
- 6 Months

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

- Yes
- No

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.

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

Systolic pressure 150
Diastolic pressure 93

IMPORTANT

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

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

<table>
<thead>
<tr>
<th>IBS</th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed over 2 years ago, occasional symptoms only and no time off work.</td>
<td>Std rates</td>
<td>Std rates</td>
<td>Std rates</td>
</tr>
<tr>
<td>Diagnosed 6 months ago, fully investigated and diagnosis confirmed. Regular or constant symptoms and time off work required.</td>
<td>Std rates</td>
<td>STD Rates TPD Own occStd/Decline</td>
<td>Std rates to Decline</td>
</tr>
</tbody>
</table>

* 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 information from your client’s GP**

Customer 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.

- Irritable Bowel Syndrome

Have you had any symptoms of this condition in the last 12 months?

- Yes
- No

0 Days 0 Weeks

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

- Yes
- No

How long ago was this diagnosed?

- 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?

- Yes
- No

Has the diagnosis of irritable bowel syndrome been confirmed by your GP or a hospital doctor?

- Yes
- No

How often do you have symptoms of this condition and how long do they typically last?

- 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?

- 3 weeks

IMPORTANT

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

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

Multiple Sclerosis is the most common neurological condition in young adults in the UK, affecting around 100,000 people. 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 they have ever been diagnosed as having Multiple Sclerosis regardless of how long ago this was.

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.
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, Income Protection Benefit or Waiver of Premium benefit.

**MULTIPLE SCLEROSIS**

<table>
<thead>
<tr>
<th>Life Cover</th>
<th>Last symptoms of Multiple Sclerosis over five years ago.</th>
<th>+50% loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had an episode of symptoms within the last five years.</td>
<td></td>
<td>+75% to +100% loading</td>
</tr>
<tr>
<td>No limitation to ability to work full time or carry out normal daily activities and does not have continuous symptoms of Multiple Sclerosis.</td>
<td></td>
<td>+75% to +150% loading</td>
</tr>
<tr>
<td>Some limitation to ability to work full time or carry out normal daily activities. Or if experiencing continuous symptoms.</td>
<td></td>
<td>+150% to +250% loading</td>
</tr>
<tr>
<td>No memory loss, periods of confusion or multiple urinary infections within the last two years.</td>
<td></td>
<td>+200% loading to decline</td>
</tr>
<tr>
<td>Multiple urinary infections within the last two years.</td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

**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.
**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.

<table>
<thead>
<tr>
<th>Please select from this list. Only select other when you cannot find a match.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which of the following best describes your condition?</strong></td>
<td></td>
</tr>
<tr>
<td>- Completely free of all symptoms with no lasting disability or difficulties</td>
<td></td>
</tr>
<tr>
<td>- Intermittent symptoms - with little or no disability in between</td>
<td></td>
</tr>
<tr>
<td>- Continuous or worsening symptoms</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long ago did you last have any symptoms of Multiple Sclerosis?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- 4 Years</td>
<td>- 6 Months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long ago were you first diagnosed with Multiple Sclerosis?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- 10 Years</td>
<td>- 0 Months</td>
</tr>
</tbody>
</table>
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.

Which of the following best describes the pattern of 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?

- 6 Years
- 0 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 future claim may not be paid and the policy cancelled.

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

<table>
<thead>
<tr>
<th>Age up to 40 at time of stroke or TIA</th>
<th>Life Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>No residuals or impact on daily living</td>
<td>Standard rates to +50% loading</td>
<td>Standard rates to decline</td>
</tr>
<tr>
<td>With residuals or some impact on daily living</td>
<td>Terms may be possible subject to evidence. Majority of cases will be declined.</td>
<td>Decline</td>
</tr>
<tr>
<td>Significant impact on daily living</td>
<td>Decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

If cause unknown.

A report from your client’s GP would be required in other circumstances if we are to consider any terms.

<table>
<thead>
<tr>
<th>Age over 40 at time of stroke or TIA</th>
<th>Life Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>No residuals or impact on daily living</td>
<td>+50% loading to decline</td>
<td>Decline</td>
</tr>
<tr>
<td>With residuals or impact on daily living</td>
<td>+100% loading to decline</td>
<td>Decline</td>
</tr>
<tr>
<td>Significant impact on daily living</td>
<td>Decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

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.

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.
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.

<table>
<thead>
<tr>
<th>Please select from this list.</th>
<th>Stroke</th>
</tr>
</thead>
</table>

| On how many separate occasions have you had this? | 1 |
| How long ago did it occur? | 1 Years 6 Months |

<table>
<thead>
<tr>
<th>What did your doctor advise was the cause?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Are you currently taking the combined oral contraceptive pill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| Yes | No |

<table>
<thead>
<tr>
<th>Have you been advised to take daily treatment for this condition?</th>
</tr>
</thead>
</table>

| Yes | No |

<table>
<thead>
<tr>
<th>How would you best describe your current condition?</th>
</tr>
</thead>
</table>

- 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.
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.**

<table>
<thead>
<tr>
<th>On how many separate occasions have you had this?</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long ago did it occur?</td>
<td>1 Year 0 Months</td>
</tr>
<tr>
<td>What did your doctor advise was the cause?</td>
<td>Blood disorder (for example antiphospholipid syndrome)</td>
</tr>
<tr>
<td>Have you ever had, or are you waiting for, an operation or surgery?</td>
<td>Yes</td>
</tr>
<tr>
<td>How would you best describe your condition?</td>
<td>Fully recovered; no symptoms or restriction in activities.</td>
</tr>
<tr>
<td>Do you have difficulty breathing, chest pain on exertion, angina, or pain in your calves when walking?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**IMPORTANT**

Please remember that if a client does not answer any questions truthfully and accurately, it will mean that a claim will be declined 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.
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. It can occur at any age but is most common between the ages of 20 and 40.

**Hypothyroidism** is ten times more common in women than in men and usually occurs over the age of 40.

**Symptoms of an overactive thyroid (hyperthyroidism) may include:**

- Weight loss
- Tremor
- Anxiety
- Sore and gritty eyes.

**Symptoms of an underactive thyroid (hypothyroidism) may include:**

- Weight gain
- Constipation
- Heavy periods for women.

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 radio iodine 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.
### POTENTIAL UNDERWRITING OUTCOMES.

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

<table>
<thead>
<tr>
<th>UNDERACTIVE THYROID (HYPOTHYROIDISM)</th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not awaiting surgery</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Standard rates</td>
</tr>
<tr>
<td>• Diagnosed 2 months ago or longer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Condition stable with ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No problems with eyes or vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>associated with thyroid condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eye or visual problems associated</td>
<td>Standard rates</td>
<td>Exclude blindness</td>
<td>Exclude blindness</td>
</tr>
<tr>
<td>with thyroid condition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERACTIVE THYROID (HYPERTHYROIDISM)</th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not awaiting surgery or radio-iodine treatment</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Standard rates to +50%</td>
</tr>
<tr>
<td>• Diagnosed 3 months ago or longer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Started medication 3 months ago or longer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Condition stable with or without ongoing medication</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Standard rates to +50%</td>
</tr>
<tr>
<td>• No problems with eyes or vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>associated with thyroid condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eye or visual problems associated</td>
<td>Standard rates</td>
<td>Exclude blindness</td>
<td>Exclude blindness</td>
</tr>
<tr>
<td>with thyroid condition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you waiting for an operation or surgery for this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had this condition for more than 2 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you and your doctor happy that your thyroid condition is adequately controlled (with or without treatment)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you stopped taking treatment or attending reviews (without being advised to do so by your doctor)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any problems with your eyes or vision as a result of your thyroid condition?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASE STUDIES.

EXAMPLE 2

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

<table>
<thead>
<tr>
<th>Thyroid condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long ago was this diagnosed?</td>
<td>6 Months ago</td>
<td></td>
</tr>
<tr>
<td>Have you started treatment for this condition within the last 3 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you waiting for surgery or radio-iodine treatment for this?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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 a claim will be declined 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 up to 120,000 in the UK, and the most common age range for diagnosis is between 10 and 40. 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 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.
POTENTIAL UNDERWRITING OUTCOMES.

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

<table>
<thead>
<tr>
<th>ULCERATIVE COLITIS</th>
<th>Life Cover</th>
<th>Critical Illness Cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>No medication required</td>
<td>Standard rates</td>
<td>Standard rates</td>
<td>Report from GP required</td>
</tr>
<tr>
<td>No more than four flare-ups of ulcerative colitis a year and symptom free in between.</td>
<td>Currently receiving treatment that does not include any of those listed below.</td>
<td>Standard rates to +75% loading</td>
<td>Report from GP required or Decline</td>
</tr>
<tr>
<td></td>
<td>Receiving any of the treatments listed below.</td>
<td>+75% to +125% loading</td>
<td>+100% loading to decline</td>
</tr>
<tr>
<td>More than four flare-ups of ulcerative colitis a year or has symptoms all or most of the time.</td>
<td>Currently receiving treatment that does not include any of those listed below.</td>
<td>+50% to +100% loading</td>
<td>+50% loading</td>
</tr>
<tr>
<td></td>
<td>Receiving any of the treatments listed below.</td>
<td>+100% to +200% loading</td>
<td>Decline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Decline</td>
</tr>
</tbody>
</table>

The above table refers to various treatments that may be used in connection with ulcerative colitis. These are:
- Azathioprine.
- Ciclosporin.
- Infliximab.
- Mercaptopurine.
- Mesalazine.
- Prednisolone.
- Sulfasalazine.
- The need for any regular injections or drips.

**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 has not been admitted to hospital for this and has no more than four flare-ups a year. The client will be offered standard rates for life cover and Critical Illness Cover at the point of sale.

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

<table>
<thead>
<tr>
<th>Ulcerative Colitis [✓]</th>
</tr>
</thead>
</table>

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?

- Yes
- No

Are you currently on any medication for this?

- Yes
- No

Are you receiving treatment by regular injections or drip or with any of the following?

- Azathioprine
- Ciclosporin
- Infliximab
- Mercaptopurine
- Mesalazine
- Prednisolone
- Sulfasalazine

- Yes
- No

Which of the following best describes your condition?

- Not more than four flare-ups a year and symptom free in between
- More than four flare-ups a year or symptoms all or most of the time

How long ago was this diagnosed?

- 7 Years
- 0 Months
CASE STUDIES.

EXAMPLE 2

The client has symptoms more than four times a year and has previously been admitted to hospital for this condition. In addition, they are on medication (one of those listed) for this condition. 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.

<table>
<thead>
<tr>
<th>Ulcerative Colitis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Have you had any liver disease associated with this condition?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Have you had, or are you waiting for, an operation or surgery for ulcerative colitis?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Awaiting</th>
</tr>
</thead>
</table>

Have you ever been admitted to hospital with an acute attack?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

How long ago was this?

<table>
<thead>
<tr>
<th>2 Years</th>
<th>0 Months</th>
</tr>
</thead>
</table>

Are you currently on any medication for this?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Are you receiving treatment by regular injections or drip or with any of the following?

- Azathioprine
- Ciclosporin
- Infliximab
- Mercaptopurine
- Mesalazine
- Prednisolone
- Sulfasalazine

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Which of the following best describes your condition?

<table>
<thead>
<tr>
<th>Not more than four flare-ups a year and symptom free in between</th>
<th>More than four flare-ups a year or symptoms all or most of the time</th>
</tr>
</thead>
</table>

How long ago was this diagnosed?

<table>
<thead>
<tr>
<th>6 Years</th>
<th>0 Months</th>
</tr>
</thead>
</table>

---

IMPORTANT
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Medical Underwriting Technical Advice Line (MUTAL).
For help and advice on your point of sale underwriting queries.

**0370 333 3699**
Monday to Friday 9.00am to 6.00pm. We may record and monitor calls. Call charges will vary.

Email: presale.enquiries@landg.com

For more information and support on underwriting please visit our website.
www.legalandgeneral.com/advisercentre/protection/underwriting