



Your Underwriting Guide

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Introduction

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Faster. Smarter. Simpler.

Our online application recently got a major upgrade, but the support from our lovely Underwriters is still as good as ever! This means there's still an experienced Underwriter on the other end of the phone if you need them. Any questions you've got, they'll sort it. Give us a call at 01452 782 760 or send us an email at presales@holloway.co.uk, especially if you've got lots of info you need to share. We're here to help!

So, what's changed?

We've worked hard to bring you a faster, smarter and simpler online application, with minimal changes to our inclusive underwriting.

Most decisions we previously would've had to refer to an Underwriter, we can now make online. Like, if your client's got mild ulcerative colitis, or little lumps and bumps that vanished, or even a recent headache that didn't keep them out of work for long. And the underwriting questions? They're sophisticated now. The system's sharp enough to determine whether to ask your client more questions, depending on what they've answered before. It's all decided with no fuss. We're continuously reviewing our automated decisions.

What's this underwriting guide about?

We've put this guide together to give you the lowdown on how our underwriting works. Here's what you can find:

- What kind of medical evidence we might need to see
- The types of decisions we might offer
- The info we need to know for each condition
- Potential options that might be offered for the most common medical conditions.

All the info in this document is intended as a quick guide only. The real decision happens when we've got a completed application form, full medical details and, if needed, got our hands on any extra medical information that matters.

Because some conditions can cause issues when they happen together like a high BMI, high blood pressure, high cholesterol and family history. The total additional price might be more than if we simply added up each individual condition's price.

For any questions about a specific medical condition on an application, a complex case, hazardous hobby or occupation, you can speak directly to one of our experienced Underwriters - **01452 782 760**.

What medical evidence might we ask for?

- More information from the applicant about medical disclosures they've told us about
- GP Report from their medical records (average time to receive this is 14 days)
- Targeted GP Report for a specific condition based on info in their medical records
- Mini-screening by a nurse, including; height and weight measurement, urine test and blood pressure measurement
- Blood or other tests e.g. Full lipid profile, Full blood profile, HIV test, Hepatitis serology, Cotinine test.

The good news is we never automatically ask for medical evidence, for example if your client wants a high amount of insurance.

Your client needs to be a UK or Isle of Man resident and have been registered with a GP in the UK or Isle of Man for at least 3 years.

What decision types might we make for your client's application?

- Original price: if everything looks good on your client's application, they'll get the original price we quoted
- Increased price: we might increase the price your client pays if there is any extra risk because of medical reasons, lifestyle, family history or riskier hobbies
- Sometimes the information your client provides might mean there are things we can't insure them for, so these won't be included in their insurance
- Postpone: we are currently unable to offer your client any insurance but we might be able to after some time, for example if they are waiting for test results
- Decline: if there is something on your client's application which means we cannot offer them any insurance now or in the future.

What are some of the conditions we can't cover?

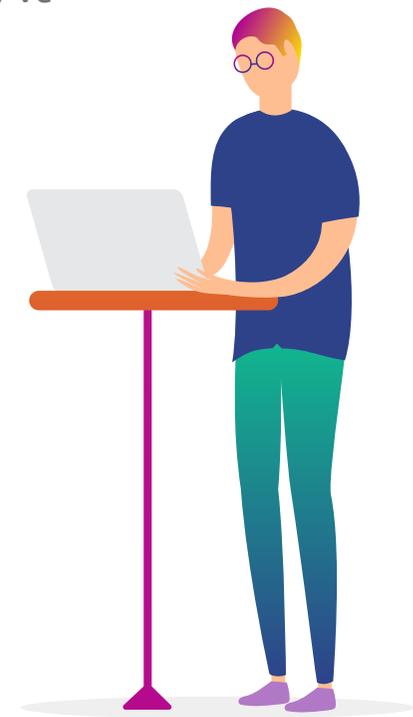
We won't be able to offer insurance if your client is currently off work or working reduced hours or having altered duties due to sickness / injury.

- Organ Transplant
- Hepatitis C (terms may be available in some cases)
- Serious heart conditions like Heart attacks, Angina and Heart Bypass surgery
- Diseases of the arteries
- Stroke
- Multiple Sclerosis, paralysis or disease of the brain, spinal cord and nerves like Parkinson's, Motor Neurone and Muscular Dystrophy
- Aids
- Schizophrenia, psychosis and other Bipolar or personality disorders
- Recent advanced or aggressive progressive types of cancers
- Moderate or severe Chronic Obstructive Pulmonary Disease (COPD)
- Connective tissue disorders
- Polycystic kidney disease
- Dementia, Alzheimer's.

What do I do if the condition I'm looking for isn't covered in this guide?

Get in touch with our Underwriters with the following information:

- Your client's condition
- When they experienced their first and last symptoms
- Any triggers or underlying causes
- Any details and results of tests and investigations they've had
- The amount of time they've had off work.





Arthritis

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What do we need to know?

- The type of arthritis they have
- If they've had any complications
- The type of treatment they've had
- Who they've seen for their symptoms
- How severe their arthritis is
- Which of their joints are affected
- How much time they've had off work in the last 2 years and when the last time was.

Is medical evidence required?

While GP information is essential in some instances, we'll always try to speak with the applicant first to see if they can give us the extra information we need about their health. During the call, we'll ask the applicant for copies of any specialist medical reports or tests they might have, we know that lots of people have access to their own medical records and we're happy to accept prints or photos of them if it's easier, and it helps us make our decision quicker. If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

- If their symptoms are moderate to severe or more than 2 joints are involved
- If they have moderate to severe Rheumatoid Arthritis
- If they've needed biological immunosuppressant treatment
- If your client's job makes their symptoms worse
- If your client needs mobility aids
- If your client is waiting for surgery or a referral
- If your client has been off work for long amounts of time.

Osteoarthritis - we probably wouldn't be able to include this in your client's insurance

Rheumatoid arthritis - we probably wouldn't be able to include this in your client's insurance. Unless it has been inactive for 10 years, then we could look at offering them our standard pricing.



Asthma

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What do we need to know?

- The age when they were first diagnosed and the date they last had symptoms
- Any time they've had off work in the last 2 years
- Any hospital visits they've had and when
- How often your client has symptoms
- Any treatment, other than their normal reliever or preventer inhalers and how many days of steroid tablets.

What insurance can we offer?

If they smoke, either;

- They'll have extra charges
- Or their asthma won't be covered in their insurance
- Or we won't be able to offer any insurance.

This decision would depend on the amount they smoke and how bad their asthma is.

If your client is smoking more than 30 cigarettes a day we either won't be able to include asthma in their insurance or we won't be able to offer any insurance. This would again depend on how bad their asthma is.

Is medical evidence required?

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When aren't we able to offer insurance?

- If your client has severe asthma (smoker or non-smoker)
- If they've had a lot of time off work within the last 2 years
- If they have daily or continuous symptoms
- If they've been to hospital in the last year and they smoke
- They've needed a lot of steroid treatment in the last 2 years.



Back Pain

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What do we need to know?

- Any surgery your client's had
- How many episodes they've had
- The date of their last treatment and symptoms and how long they went on for
- Any time off work they've had.

What insurance can we offer?

Any insurance we'll offer will depend on how long your client has decided to wait until we start paying their claim.

We might be able to stick with our original price if:

- Their job isn't manual
- They're not on their feet all day
- Their back pain didn't affect them doing their job or daily activities, was some time ago and only lasted for a short time.

Is medical evidence required?

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we know that lots of people have access to their own medical records and we're happy to accept prints or photos of them if it's easier, and it helps us make our decision quicker. If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

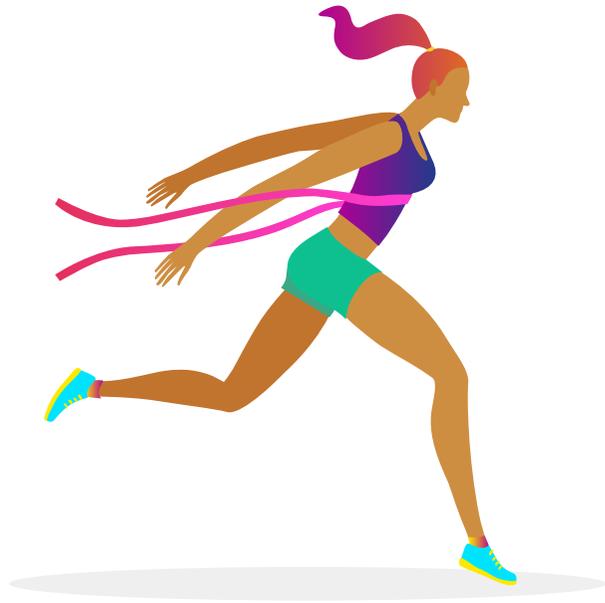
If they've had frequent symptoms or they've taken a lot of time off work in the last 2 years.



Body Mass Index (BMI)

What do we need to know?

- Their current height and weight
- Their blood pressure readings
- If they smoke
- Their Cholesterol levels
- If they've got pre-diabetes or diabetes
- If your client's had any gastric surgery and if so, what type



What insurance can we offer?

Age 30 or less		
BMI	Weeks to wait before we pay out	
	4 and 8 weeks	13 weeks and up
29	0	0
30	0	0
31	25	25
32	25	25
33	50	50
34	50	50
35	75	75
36	75	75
37	75	75
38	100	100
39	150	125
40	Decline	150
41	Decline	Decline
42	Decline	Decline
43	Decline	Decline
44	Decline	Decline
45	Decline	Decline

Age 31 to 49		
BMI	Weeks to wait before we pay out	
	4 and 8 weeks	13 weeks and up
29	0	0
30	0	0
31	0	0
32	0	0
33	25	25
34	50	50
35	50	50
36	50	50
37	75	75
38	75	75
39	100	100
40	150	150
41	Decline	Decline
42	Decline	Decline
43	Decline	Decline
44	Decline	Decline
45	Decline	Decline

Age 50 or more		
BMI	Weeks to wait before we pay out	
	4 and 8 weeks	13 weeks and up
29	0	0
30	0	0
31	0	0
32	0	0
33	0	0
34	25	25
35	25	25
36	50	50
37	50	50
38	75	75
39	75	75
40	100	100
41	Decline	Decline
42	Decline	Decline
43	Decline	Decline
44	Decline	Decline
45	Decline	Decline

Cancer, Lumps and Growths

What do we need to know?

- Their type of cancer or growth
- If their cancer has spread
- Their treatment details and the date when they stopped
- If they're still due a follow-up or when they were last seen.

What insurance can we offer?

Our decisions can range from us offering our standard pricing to not offering them insurance.

As there are so many different types of cancer we can't give specific guidelines to cover them all. Our Underwriters will look at each person individually.

Is medical evidence required?

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We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

- If your client's had a recent cancer diagnosis or treatment, unless your client had a low grade cancer over a year ago. Then we might be able to offer them insurance
- If their cancer is stage 4 or higher
- If your client has a specific type of cancer e.g. Lymphomas including Hodgkin's and Non-Hodgkin's, liver cancer, mesothelioma, multiple myeloma, leukaemia.





Crohn's Disease

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What do we need to know?

- Your client's date of diagnosis
- If your client's waiting for surgery or a referral
- If they've had any complications
- What type of treatments they've had
- The date of their last flare up.

What insurance can we offer?

We may be able to offer our standard prices if:

- Your client's over the age of 34
- And has mild Crohn's and had no issues for several years
- And is in a class 1 or 2 job.

Is medical evidence required?

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We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

- The time between your client being unable to work and us paying them is less than 13 weeks
- Your client's had 2 or more operations and needed steroids or treatment other than mesalazine
- Their last flare up was within 6 months
- They've been diagnosed in the last 3 months
- They're waiting for surgery or a referral
- They've had lots of time off work because of their Crohn's; regular relapses or have had complications with their Crohn's disease, like liver disease or polyps.





Type 1 Diabetes

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What do we need to know?

We need to know if your client is managing their condition well and following their treatment plan.

What insurance can we offer?

We may be able to offer insurance if your client:

- has good control over their diabetes
- has no complications or other serious health conditions
- has a HbA1C level within a healthy range, with a full history available
- has normal blood pressure, cholesterol, BMI, and other diabetes related test results
- doesn't smoke or misuse alcohol or drugs
- is aged between **30 and 55**
- has been diagnosed for at least 2 years.

Impact on price and insurance

The earliest we can start paying a claim is **13 weeks** after your client becomes too unwell to work and the maximum age they can be insured to is **60**.

The cost of the insurance will be higher than our standard rates, typically **75% to 150% more**. The price depends on your client's age, how long they've had the

condition, and how well it's managed. If your client would prefer to exclude diabetes from their insurance, let us know.

Is medical evidence required?

One of our friendly Underwriters will speak directly with your client to understand their situation.

We may ask for:

- Test results, medical reports, specialist reports and any other relevant health information.

Your client can send this information as photos or scans if that's easier. If we need more details, we may request a GP report.



Type 2 Diabetes

What do we need to know?

We need to know if your client is managing their diabetes well and following their treatment plan.

What insurance can we offer?

We may be able to offer insurance if your client:

- has good control over their diabetes
- has no complications or other serious health conditions
- has a HbA1C level within a healthy range, with a full history available
- has normal blood pressure, cholesterol, BMI, and other test results
- doesn't smoke or misuse alcohol or drugs
- is aged between **30 and 59**
- has been diagnosed for at least 6 months.

Impact on price and insurance

The earliest we can start paying a claim is **4 weeks** after your client becomes too unwell to work and the maximum age they can be insured to is **65**.

The cost of insurance will be higher than our standard rates, typically **75% to 150% more**. The price depends on your client's age, how long they've had the condition, and

how well it's managed. If your client would prefer to exclude diabetes from their insurance, let us know.

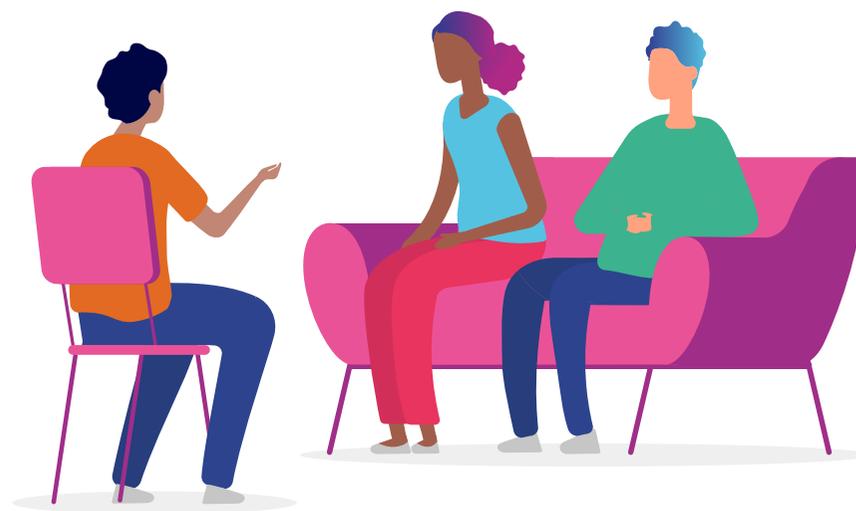
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One of our friendly Underwriters will speak directly with your client to understand their situation.

We may ask for:

- Test results, medical reports, specialist reports and any other relevant health information.

Your client can send this information as photos or scans if that's easier. If we need more details, we may request a GP report.





Family History

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What do we need to know?

Family history only relates to your client's biological mother, father, brother and sister.

- The number of your client's family members who have the condition
- The age their family member was diagnosed
- Their relationship to your client and, in some cases, whether they're an identical twin.

What else do we look at with family history?

What we can offer may change based on your client's health and other risk factors e.g., smoking, increased BMI and other family history.

Is medical evidence required?

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What if my client or their family members are waiting for test results?

We'll need to wait until they get their results.

Genetic Testing

Your client only needs to tell us they've had a genetic test if their total income protection is above £30,000 per year.

We can only use genetic test results which have been accepted by the Government's Genetics and Insurance Committee. Your client will need to let us know if they've got a family history, or symptoms of a genetic condition. Also, it would be good to tell us if your client's had genetic testing done and got a negative result.





Fractures

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What do we need to know?

- Date their fracture happened
- The cause of their fracture
- Where their fracture is
- If they've made a full recovery or if they have any ongoing symptoms
- How long their symptoms lasted and the date they last had any
- The type of treatment they had and how long it lasted for (including any surgeries)
- Any time off work they've had or anything that has affected their normal daily activities

What insurance can we offer?

Our guide is specifically for fractures as a result of injury only.

Knee, Hip, Shoulder

- With Surgery - We could offer our standard price if your client's made a full recovery (12 months for job classes 1 and 2 and 36 months for job classes 3 and 4). And their condition doesn't affect their job and daily activities
- No Surgery - We could offer your client our standard price if their fracture hasn't been made worse by their job and they've made a full recovery

- We could offer our standard price as long as your client's made a full recovery, they're not in a job class of 3 or 4 and the fracture wasn't in the last 6 months
- Our Underwriters would need to see your client's case if they've had more than 60 days off work.

Please get in touch with our Underwriters if you need info on a skull or spinal fracture.

Is medical evidence required?

While GP information is essential in some instances, we'll always try to speak with the applicant first to see if they can give us the extra information we need about their health. During the call, we'll ask the applicant for copies of any specialist medical reports or tests they might have, we know that lots of people have access to their own medical records and we're happy to accept prints or photos of them if it's easier, and it helps us make our decision quicker. If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

High Blood Pressure

What do we need to know?

- Age their high blood pressure was diagnosed and the reading
- Their latest blood pressure reading and when this was measured
- Treatment they've had, including referrals
- Details of any existing health risks like history of high cholesterol (if so, please provide most recent cholesterol levels), smoking, family history of cardiovascular disease, height/weight, impaired glucose tolerance/diabetes
- Any episodes of protein in their urine, eye problems or ECG changes
- Details of any time they've had off work.

What insurance can we offer?

We can usually offer our standard pricing if:

- Your client keeps up with their treatment
- Their blood pressure readings are within normal levels and they have no complications or other health risks.

We'd have to apply extra charges if:

- Their blood pressure readings aren't the normal levels, even with treatment. The higher the reading, the higher the extra charges

- We'd have to apply extra charges of at least 50% if they have high blood pressure that started in the last 6 months and they need medication. Even if blood pressure is under control.
- We might have to apply extra charges if your client's got high blood pressure before the age of 30.

Is medical evidence required?

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When aren't we able to offer insurance?

- Where this has caused your client other complications
- If they are waiting for investigations
- If their most recent readings are excessively high, we may be able offer insurance if we wait and the readings go down to a lower level.

High Cholesterol

What do we need to know?

- The date your client got their diagnosis
- The date and result of their last cholesterol test (including total cholesterol, LDL and triglycerides)
- Treatment they've had, including referrals
- Details of other existing health risks like raised blood pressure, smoking, family history of cardiovascular disease, high BMI diabetes or pre-diabetes.

What insurance can we offer?

We can usually offer our standard pricing if your client's cholesterol levels are normal, or near normal levels with treatment.

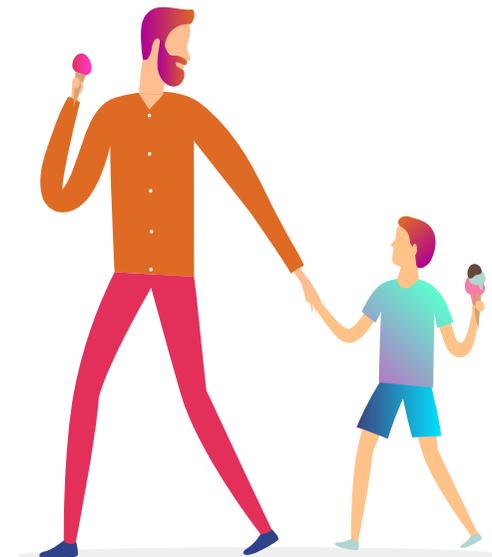
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If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

- If your client has familial hypercholesterolemia or if your client is waiting for results.
- If cholesterol readings are too high, we may not be able to offer any insurance or we might have to wait to offer insurance to them until their levels are reduced to a lower level.



Human Immunodeficiency Virus (HIV)

What do we need to know?

- Your client's medical history
- Details of their test results
- Any treatment they've taken
- Details of your client's understanding and control of the condition

What insurance can we offer?

When we have what we need and we're happy we can cover your client, the cost of their insurance will likely be between 50% & 75% higher than our normal price. If your client would prefer an exclusion, let us know.

Is medical evidence required?

One of our friendly Underwriters will speak with your client to understand their individual circumstances.

We'll need to see copies of test results, medication and any reports your client has from their HIV specialist. Often this information is available to your client through the NHS App.

Sometimes this is enough for us to be able to insure your client, or alternatively we may need to get a GP report.

When aren't we able to offer insurance?

- If your client has a detectable viral load
- If your client has a CD4 count below 500
- If they are a heavy smoker or have used illegal drugs in the past 5 years
- If they've had Hepatitis B or C infections or other sexually transmitted infections since being diagnosed with HIV
- If they have a history of infections such as bronchitis, septicaemia, pneumonia or TB
- If they have another serious illnesses, condition or complications of HIV
- If they don't have the evidence available for the tests results and medical history we need
- If they have a poor understanding or control of condition

Irritable Bowel Syndrome (IBS)

What do we need to know?

- If your client's seen a health professional for anything stomach related in the last 5 years
- If they're waiting for any tests, investigations or referrals
- If your client's been given a definite diagnosis of IBS from investigations
- How long ago their IBS was diagnosed and when they last had symptoms
- How much time they've had off work in the last 5 years for their IBS
- What symptoms they have and how long they last for

What insurance can we offer?

As long as your client's IBS is under control, hasn't caused them to have time off work, hasn't affected their normal daily life and they haven't suffered from any mental health issues we could look at the following options:

- If they're happy to wait for 4 or 8 weeks for us to pay them, and their job class is 1 or 2. We may be able to offer our original price. Or for job classes 3 or 4 we may need to increase our price by 50%.
- If they're happy to wait for 13 weeks or more for us to pay them, then we would likely stick with our original price for job classes 1 or 2. But we would increase the price by +25% for job classes 3 or 4.

Is medical evidence required?

While GP information is essential in some instances, we'll always try to speak with the applicant first to see if they can give us the extra information we need about their health. During the call, we'll ask the applicant for copies of any specialist medical reports or tests they might have, we know that lots of people have access to their own medical records and we're happy to accept prints or photos of them if it's easier, and it helps us make our decision quicker. If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

- If your client has complications with their IBS or has suffered with mental health issues our Underwriters would need to confirm if we can offer insurance
- If your client's waiting for tests we won't be able to offer any insurance until we've got their results
- If your client's having regular symptoms and time off work we wouldn't be able to offer insurance
- If your client is using anti-depressants we wouldn't be able to offer them insurance.



Mental Health

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What do we need to know?

- The underlying cause, if known
- Their symptoms and the dates and lengths these have lasted
- The dates and lengths of time they've had off work
- What their diagnosis is
- Any treatment they've had including self referrals, talking therapies, hospitalisation
- Medication they've had, including the name of it, the dosage, the dates they were prescribed and how long they took them for
- If they were prescribed medication did they take it for as long as their doctor recommended
- If they've ever had suicidal thoughts, attempts, or self-harmed
- If they've ever misused alcohol or drugs

What insurance can we offer?

If your client's having a normal reaction to a bereavement or personal loss and hasn't had lots of time off work, we can normally offer our original price. As long as it wasn't in the last few months.

Is medical evidence required?

While GP information is essential in some instances, we'll always try to speak with the applicant first to see if they can give us the extra information we need about their health. During the call, we'll ask the applicant for copies of any specialist medical reports or tests they might have, we know that lots of people have access to their own medical records and we're happy to accept prints or photos of them if it's easier, and it helps us make our decision quicker. If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

When aren't we able to offer insurance?

- The diagnosis is schizophrenia, bipolar, psychosis, mania or personality disorder
- Multiple suicide attempts or recent attempts, thoughts of or actual self-harm.



Stroke

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We can't offer any insurance for your client if they've had a stroke because of possible complications, the risk of recurrence and the level of disability a stroke can cause.

Transient Ischaemic Attack (TIA)

What do we need to know?

- The date of their TIA
- Your client's age now and age when they suffered the TIA
- The cause
- How long their symptoms lasted
- If your client's made a full recovery with no lasting symptoms
- Details of their treatment and surgery

Is medical evidence required?

While GP information is essential in some instances, we'll always try to speak with the applicant first to see if they can give us the extra information we need about their health. During the call, we'll ask the applicant for copies of any specialist medical reports or tests they might have, we know that lots of people have access to their own medical records and we're happy to accept prints or photos of them if it's easier, and it helps us make our decision quicker. If we need GP information, it doesn't automatically mean we need a full report of the applicant's medical history. We'll normally ask for information about the specific medical condition, unless there's a combination of things we need to know more about, then we might need a full report.

What factors might affect us being able to offer insurance?

- If a blood disorder caused the TIA
- If your client's overweight
- If your client smokes
- If your client's got high blood pressure
- If your client has diabetes
- If they have kidney or heart disease.



Ulcerative Colitis

What do we need to know?

- The date your client was diagnosed
- The date of their last episode
- The level of colitis they've got
- How often, long and severe their symptoms are
- Any treatment they've had
- Any complications they've had
- How much time off work they've needed in the last 5 years
- Their surveillance colonoscopy results.

What insurance can we offer?

If your client's condition doesn't affect their job or daily living activities, and if it's mild and they've had no issues within the last few years, we may be able to offer our standard price.

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When aren't we able to offer insurance?

- Your client is awaiting surgery or referral. Or their diagnosis was in the last 3 months
- If their surgery was in the last 6 months
- Your client's had more than 4 episodes of symptoms in the last 12 months
- If your client's had lots of issues and they've needed a lot of time off work in the last 12 months
- If they've had complications
- If they're on certain types of immunosuppressants





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