

Underwriting guide.

REAL LIFE



Underwriting at The Exeter

Our underwriting approach combines flexibility and expertise with the personal touch you've come to expect from us. This guide will help you understand the underwriting process and principles behind our Real Life product.

The guidelines below will help you understand the type of information we'll require to be able to underwrite your clients.

The list is not exhaustive but represents some of the more common conditions.

If you need help on any conditions not mentioned, you can speak to an underwriter directly by calling **0300 123 3203** or emailing underwriting@the-exeter.com.

Condition	Type of information required	How can this be provided	Likely terms
Alcohol Abuse/ Dependency	<ul style="list-style-type: none"> Is it ongoing? Current liver function test results? Is client able to work? Any complications or co-existing conditions (e.g. heart/ mental health problems)? 	Customer supplied evidence if recent, otherwise a GPR likely.	If still drinking, we will be unable to cover, otherwise terms dependent on circumstances such as time since last alcohol and success of treatment and liver function. A moderate to large rating is likely.
Atrial Fibrillation/ arrhythmias	<ul style="list-style-type: none"> Any symptoms currently? Treatment past and present? Any underlying problems? Any complications (e.g. blood clots in the lungs, strokes)? 	Customer supplied evidence if treated and controlled and no associated stroke.	Mild and well controlled arrhythmia with no complications would attract a mild rating, otherwise terms dependent on individual circumstances.
BMI	<ul style="list-style-type: none"> Current height and weight? Any co-existing health issues? 	Customer supplied BMI or a nurse mini screen may be required for a BMI above 45.	For ratings on BMI alone see table on page 7.
Cancer (including Hodgkin's Disease, Non-Hodgkin's Lymphoma and the Leukaemias)	<ul style="list-style-type: none"> What type? Staging/grading? Treatment and the date it was completed? Any spread from the original site? For breast cancer, the size of the tumour and hormone receptor status 	Customer supplied evidence in the form of the latest oncology follow up letter, otherwise a TGPR is required.	Terms depending on individual circumstances but unable to cover whilst treatment is ongoing and a period thereafter until likely remission, ranging from 2-5 years.

Condition	Type of information required	How can this be provided	Likely terms
Cardiomyopathy	<ul style="list-style-type: none"> ■ What type (e.g. dilated or congestive, restrictive, hypertrophic)? ■ Any symptoms currently? ■ Treatment past and present? ■ Any complications (e.g. heart failure)? ■ Is an implantable defibrillator fitted (ICD)? 	GPR, though we may be able to consider on customer supplied evidence in the form of the latest cardiology follow up report.	<p>Note we are unable to cover Arrhythmogenic right ventricular cardiomyopathy (ARVC).</p> <p>For other cardiomyopathies, terms dependent on individual circumstances. Treated and well controlled (without ICD) with no symptoms and no complications would attract a moderate to large rating. With complications or poor cardiac function, likely unable to offer cover.</p>
Diabetes (Type 1 and 2)	<ul style="list-style-type: none"> ■ Date of diagnosis? ■ Type 1 or Type 2? ■ Most recent HbA1c? We will ask for the most recent HbA1c reading at application stage. ■ Any diabetic complications (e.g. diabetic coma, retinopathy, kidney problems, neuropathy i.e. loss of sensation in feet or foot ulcer)? ■ Any other medical conditions? 	Customer supplied evidence in the form of the latest diabetic clinic results and details of any complications. A TGPR may be required but many can be accepted from application information.	See tables on pages 8 and 9.
Heart Attack	<ul style="list-style-type: none"> ■ Date(s)? ■ Any ongoing symptoms (e.g. angina)? ■ Treatment (including stenting, coronary artery bypass grafting)? ■ More than 1 heart attack or other significant co-morbidities? 	TGPR, though we may be able to consider on customer supplied evidence in the form of the latest cardiology follow up report.	<p>We are unable to offer cover if two or more heart attacks or if there is a history of heart attack with diabetes and continuation of smoking.</p> <p>Single treated heart attack with good recovery would attract a mild to moderate rating depending on age and duration since event.</p>

Condition	Type of information required	How can this be provided	Likely terms
HIV Positive	<ul style="list-style-type: none"> ■ Date found to be positive? ■ Current CD4 count? ■ Current viral load? ■ Treatment (e.g. HAART)? ■ Details of any opportunistic infections including dates. 	Customer supplied evidence in the form of the latest HIV clinic results.	<p>NB: We are unable to offer terms if the applicant has AIDS.</p> <p>Some well treated and well controlled patients with undetectable viral load and high CD4 count may be offered standard rates. Others will attract a mild rating.</p>
Mental Illness	<ul style="list-style-type: none"> ■ What type (e.g. anxiety, depression, bipolar disorder)? ■ Treatment past and present (including in-patient treatment)? ■ How many suicide attempts or self harming, if any, and dates? 	Customer supplied evidence in the form of the latest mental health review report. Otherwise a TGPR will be required unless controlled anxiety/depression, which can usually be accepted from the application form.	Most mild and well controlled anxiety and depression will attract standard rates provided no complications. The more major or severe mental illnesses will attract a moderate to large rating. We will be unable to cover if multiple or recent suicide attempts.
Multiple Sclerosis	<ul style="list-style-type: none"> ■ What type (e.g. relapsing remitting, primary or secondary progressive)? ■ Date of diagnosis? ■ Date of last relapse? ■ How many relapses per year? ■ Current symptoms, if any? ■ Severity of symptoms (e.g. are any mobility aids required for walking)? ■ Any complications (e.g. bowel/bladder problems, depression)? 	Customer supplied evidence in the form of the latest neurological follow up report, otherwise a GPR required.	<p>The range of severity of MS can be vast and many will be acceptable with a moderate or large rating.</p> <p>We will be unable to consider those with extreme symptoms such as being bed bound and those with rapid progression.</p>

Condition	Type of information required	How can this be provided	Likely terms
<p>Stroke</p> <p><i>NB: A TIA (or mini stroke) is less severe than a full stroke so it is important to make the distinction in disclosure.</i></p>	<ul style="list-style-type: none"> ■ Date(s)? ■ Treatment past and present? ■ Severity of any residual physical/mental problems? ■ Any ongoing risk factors such as hypertension or smoking? ■ Age when had stroke? 	<p>Customer supplied evidence in the form of the latest stroke clinic review report, otherwise GPR will be required.</p>	<p>Ratings for a mild stroke in middle age more than 3 years ago with good recovery and no risk factors would attract a moderate rating. Rating may be higher or lower with time since recovery, age at diagnosis and classification of stroke, e.g. mild, moderate or severe. A single TIA would attract a mild rating.</p> <p>We are unable to cover multiple strokes.</p>

Key to reports:

- GPR - General Practitioners Report
- TGPR - Targeted General Practitioners Report

Key to ratings:

- Mild rating - 50% - 75%
- Moderate rating - 100% - 225%
- Large rating - 250% - 400%

► **Type 1 diabetes rating table**

HbA1c	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70 and over
Less than 5.0% (31 mmol/mol)	Individual consideration	Individual consideration	Individual consideration	Individual consideration	Individual consideration	Individual consideration
5.0% to 5.4% (31 to 35 mmol/mol)	175-275	125-200	100-175	75-125	25-100	25-75
5.5% to 6.4% (36 to 46 mmol/mol)	150-275	100-200	75-150	50-125	25-75	25-75
6.5% to 7.4% (47 to 57 mmol/mol)	175-275	125-225	100-175	75-150	50-100	25-75
7.5% to 8.4% (58 to 68 mmol/mol)	200-300	150-250	125-200	100-175	75-125	50-100
8.5% to 9.4% (69 to 79 mmol/mol)	225-350	175-275	150-250	125-200	100-175	50-125
9.5% to 10.4% (80 to 90 mmol/mol)	250-400	200-325	175-275	150-250	125-200	75-150
10.5% to 10.9% (91 to 96 mmol/mol)	275-Unable to cover	225-350	200-325	175-275	150-250	100-175
11.0% to 11.4% (97 to 101 mmol/mol)	Unable to cover	250-375	225-350	200-300	175-275	125-200
11.5% to 11.9%/mol (11.nd above (102 to 107 mmol/mol and above)	Unable to cover	Unable to cover	250-375	225-350	175-300	125-225
12.0% to 12.4%/mol (12.nd above (108 to 112 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	250-375	200-325	150-250
12.5% to 12.9%/mol (12.nd above (113 to 118 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	Unable to cover	225-350	175-275
13.0% to 13.4%/mol (13.nd above (119 to 123 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	Unable to cover	Unable to cover	200-300
13.5% and above (124 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	Unable to cover	Unable to cover	Unable to cover

Ratings will depend on duration of diabetes and may be higher due to the following:

- Blood pressure and cholesterol
- BMI
- Diabetic complications.

► Type 2 diabetes rating table

HbA1c	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70 and over
Less than 5.0% (31 mmol/mol)	Individual consideration	Individual consideration	Individual consideration	Individual consideration	Individual consideration	Individual consideration
5.0% to 5.4% (31 to 35 mmol/mol)	100-175	50-125	50-100	25-75	25-50	0-50
5.5% to 6.4% (36 to 46 mmol/mol)	75-150	50-100	25-75	25-75	0-50	0-50
6.5% to 7.4% (47 to 57 mmol/mol)	125-225	100-175	50-125	25-75	25-50	0-50
7.5% to 8.4% (58 to 68 mmol/mol)	150-250	100-175	75-125	50-100	25-75	0-50
8.5% to 9.4% (69 to 79 mmol/mol)	200-300	125-225	100-175	50-125	50-100	25-75
9.5% to 10.4% (80 to 90 mmol/mol)	250-375	175-275	125-200	75-150	50-125	25-100
10.5% to 10.9% (91 to 96 mmol/mol)	275-Unable to cover	200-325	150-250	100-200	75-150	50-100
11.0% to 11.4% (97 to 101 mmol/mol)	Unable to cover	225-350	175-275	125-200	100-175	75-125
11.5% to 11.9%/mol (11.nd above (102 to 107 mmol/mol and above)	Unable to cover	Unable to cover	200-300	150-250	100-200	75-150
12.0% to 12.4%/mol (12.nd above (108 to 112 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	175-275	125-225	100-175
12.5% to 12.9%/mol (12.nd above (113 to 118 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	Unable to cover	150-250	100-200
13.0% to 13.4%/mol (13.nd above (119 to 123 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	Unable to cover	Unable to cover	125-225
13.5% and above (124 mmol/mol and above)	Unable to cover	Unable to cover	Unable to cover	Unable to cover	Unable to cover	Unable to cover

Ratings will depend on duration of diabetes and may be higher due to the following:

- Blood pressure and cholesterol
- BMI
- Diabetic complications.

Our automatic medical limits

The following table outlines our automatic medical limits.

If your client chooses a sum assured above the limits in the table for their age, we will require further medical evidence to support their application.

Age	Up to and including age 40	41–50	51–55	56–60	61–65	66–70	71–75	Over 75
Sum assured								
> £100,000								GPR
> £150,000							GPR	GPR/ME Cotinine Bloods
> £200,000						GPR	GPR	GPR/ME Cotinine Bloods
> £300,000					GPR	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods
> £400,000				GPR	GPR	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods
> £500,000			GPR	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods
> £750,000	Mini-S Cotinine Bloods	GPR	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods EECG
> £1m	Mini-S Cotinine Bloods/GPR	GPR/Mini-S Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods	GPR/ME Cotinine Bloods/EECG	GPR/ME Cotinine Bloods/EECG	GPR/ME Cotinine Bloods/EECG
> £1.5m	Mini-S Cotinine Bloods/GPR HIV	GPR/Mini-S Cotinine Bloods/HIV	GPR/ME Cotinine Bloods/HIV	GPR/ME Cotinine Bloods/HIV/EECG	GPR/ME Cotinine Bloods/EECG	GPR/ME Cotinine Bloods/EECG	GPR/ME Cotinine Bloods/EECG	GPR/ME Cotinine Bloods/EECG
> £2m	IC	IC	IC	IC	IC	IC	IC	IC

Key:

GPR General Practitioners Report
 Mini-S Mini Screening
 HIV HIV Test
 Cotinine Cotinine Test (for non-smokers only)
 ME Medical Examination

Bloods Blood test including fasting lipids/LFTs/RFTs/ full blood haematology
 EECG Exercise Electrocardiogram
 IC Individual Consideration



You matter more.

The friendly specialists in
income protection, life cover
and health insurance.

Contact us

Members:

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Claims: 0300 123 3253
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Financial Advisers:

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Calls may be recorded and monitored.

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The legal blurb

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.