Protection

Group Critical Illness

Medical Underwriting Guide

How it works

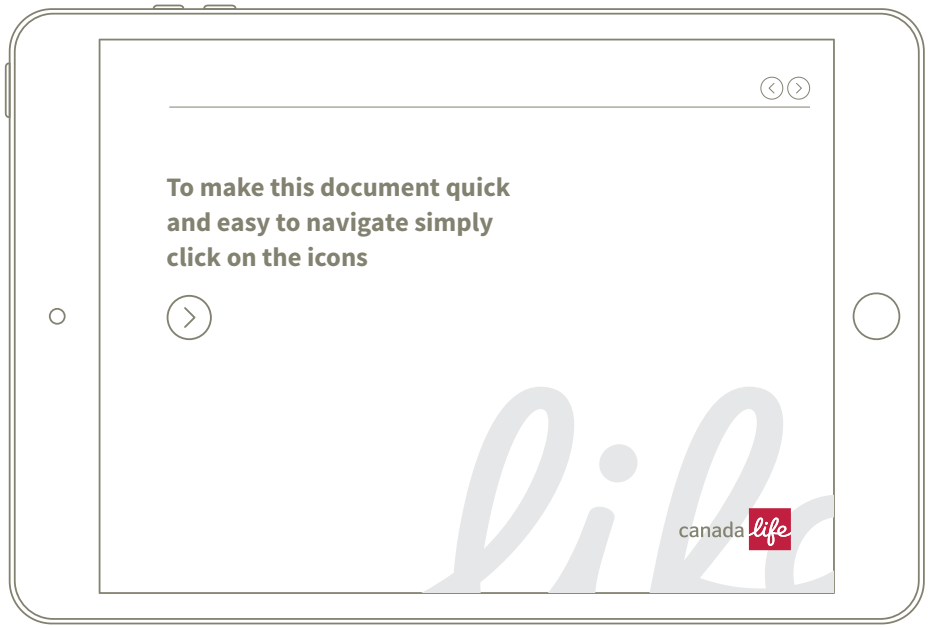
Product Guide

Running the Policy

canada life

Introduction

This guide will help you through the process and answers some of the frequently asked questions.



How to contact us

Call us on 0345 223 8000

If you have any questions.

Contents

When do we medically underwrite?

There are a number of different reasons we will look to medically underwrite an individual.

Individual not currently covered under the policy

We may look to medically underwrite an individual if one or more of the following circumstances occur:

- their total benefit exceeds our Free Cover Limit
- their total benefit exceeds the level of cover a previous insurer has agreed to provide
- they are classed as a discretionary, early or late entrant. For further information please see our document **'Adding an Individual to a policy'**
- where we are asked to insure an individual for a benefit which differs from that normally provided (discretionary benefit)

Individual already covered under the policy

We may look to medically underwrite if one or more of the following circumstances occur:

- benefits exceed the Free Cover Limit or any other limit we have agreed to insure
- where we are asked to insure an individual for a benefit which differs from that normally provided (discretionary benefit)
- the individual is a late entrant. For further information please see our document **'Adding an Individual to a policy'**

What is a Free Cover Limit?

The amount of a normal entrant's benefit that we will cover on standard terms without the need for medical evidence to be provided. For further information on a 'normal entrant' please see our document **'Adding an Individual to a policy'.**

The free cover limit is calculated at the commencement date and at each subsequent annual revision date.

Comparison of total benefit to the Free Cover Limit

	Example 1	Example 2
Total Benefit	£175,000	£105,000
Free Cover Limit	£0	£500,000
Excess Benefit	£175,000	£0
Medical underwriting required	Yes, excess benefit only	No

Comparison of total benefit to other agreed limits

	Example 1	Example 2
Total Benefit	£225,000	£198,000
Free Cover Limit	£0	£0
Other Agreed Limit	£201,250	£201,250
Excess Benefit	£23,750	£0
Medical underwriting required	Yes, excess benefit only	No

Medical underwriting in other scenarios

	Example 1
Type of Entrant	Discretionary entrant
Free Cover Limit	£0
Benefit	£75,000
Medical underwriting required	Yes
Comment	All benefits to be underwritten

	Example 1
Type of Entrant	Discretionary benefit
Normal Benefit	2x
Required Benefit	4x
Medical underwriting required	Yes
Comment	Additional 2x to be underwritten

How do we know if medical underwriting is required?

When will we advise if medical underwriting is required?

We will advise if medical underwriting is required either when:

- membership data is provided
- we are advised of any salary increases
- we are asked to add an individual to the policy
- we are asked to insure an individual for a benefit which differs from that normally provided

Can you work out of if medical underwriting is required?

This can either be done by:

- assessing an individual's total benefit against the Free Cover Limit or any other limit agreed
- using the table provided in our document **'Adding an Individual to a policy'**
- comparing the benefits required against the terms shown in our Policy Document

Important Information

It is vital that an individual's benefits and whether they will be subject to medical underwriting, is considered outside of our normal processes as failure to initiate the underwriting process at the earliest opportunity could mean that:

- the cover may not meet your needs
- Temporary Cover may not be in place; see section titled **'What benefits are insured if medical underwriting is required?'**
- there may be delays in paying claims or we may reject or reduce claims

Notes

Please contact us if you need assistance in determining whether medical underwriting is required.

If you believe medical underwriting is necessary and request the completion of a Health Declaration Form or Health Declaration Update Form, please ensure that full details of are provided as to why these forms are being sent.

What happens if medical underwriting is required?

Forms which need to be completed

The individual who requires underwriting initially needs to complete one of the following:

- Health Declaration Form, if
  - the individual has not been medically underwritten by us before
  - we have medically underwritten the individual in the past but the Health Declaration Form was completed more than five years ago
- Health Declaration Update Form, if a Health Declaration Form has been completed within the last five years

Notes

Please contact us if you are unsure if the individual's benefit will need to be medically underwritten.

We should be contacted so that we can confirm which form should be completed.

In all other circumstances we will confirm which form should be completed when we advise that medical underwriting is required.

What is a Health Declaration Form or Health Declaration Update Form used for?

The aim of these forms is to obtain as much information as possible regarding the individual's lifestyle and state of health, at this earliest opportunity.

However, both forms do contain the required authorisations to allow us to write to appropriate doctors or other medical advisers to obtain further information on the individual's state of health, if needed.

Can we use another insurer's Health Declaration?

Please contact us to discuss further as it may be possible to use another insurers form to gain an insight into the individual's lifestyle and state of health.

Our decision will be dependent on when the Health Declaration Form was completed and whether the individual's lifestyle or state of health has changed since.

If we are able to use another insurer's form we will need a completed 'Consent form to obtain medical information'.

This form allows us to obtain further medical evidence, if deemed necessary, and also requests confirmation of any changes in the individual's state of health since the date of completion of the other insurers form.

Are there any other forms the individual may have to complete?

If the individual participates in any hazardous pursuits we may require additional information to be supplied.

Questionnaires are available for the activities listed below. If appropriate the questionnaire should be completed and submitted at the same time as the Health Declaration Form or Health Declaration Update Form.

If a questionnaire is not received we will contact the individual to obtain the information required:

Available questionnaires:

- Aviation or ballooning
- Diving
- Equestrian sports
- Extreme pursuits
- Hang-gliding, para-gliding or microlighting
- Mountaineering or rock-climbing
- Motorsports
- Parachuting
- Yachting

Is there an alternative to completing a Health Declaration Form, Health Declaration Update Form or additional questionnaires?

For certain individuals it may be possible, subject to prior agreement, to offer Telephone Underwriting. This process involves us:

- calling the individual at a mutually convenient time
- asking appropriate questions and completing the appropriate form over the phone

We will send a copy of the answers to the individual so they can review for accuracy. This ensures:

- no questions are missed
- we can get a better picture of the answers by talking through any issues that are not always easy to document
- the individual can ask the interviewer questions during the call

Notes

Please contact us for further information regarding this process or in advance of completing any forms to make sure that we are able to offer this service to the individual(s) concerned.

What benefits are insured if medical underwriting is required?

Temporary Cover

In the majority of circumstances we are able to offer a period of 'Temporary Cover' for the benefit which is subject to medical underwriting.

This cover will apply for a maximum period of 120 days, from the date:

- the individual is first included in the Policy
- an increase in an individual's total benefit means medical underwriting is necessary
- we are notified of a discretionary or late entrant
- we are asked to insure a discretionary benefit

The period of Temporary Cover will cease before the 120 days is reached if we inform you of our final underwriting decision.

If the 120 days is reached and we are not in a position to make a final underwriting decision we will write to appropriate parties to confirm that the Temporary Cover period has expired and the level of benefit we will insure moving forward, if any.

Notes

Cover for benefits we have already agreed to insure, e.g. the Free Cover Limit, are not affected because medical underwriting is required.

When is a period of Temporary Cover not granted?

We do not allow this cover:

- if the individual has previously had some or all of their total benefit declined or postponed
- if any additional premiums chargeable, following the completion of the medical underwriting process, have not been accepted
- if a period of Temporary Cover has already been allowed in the past but the medical underwriting process was not completed
- for any benefits over £250,000

Notes

It is important that we are advised as soon as possible if it is believed that an individual's cover will in any way be subject to medical underwriting considering when and for how long Temporary Cover is in place.

A critical illness is first diagnosed or treated during a period of Temporary Cover

No benefit is insured under our Temporary Cover terms before the medical underwriting process has been completed and the period of Temporary Cover allowed has not expired, if the critical illness was directly or indirectly linked to a medical condition suffered within a 5 year period prior to the date Temporary Cover commenced.

What happens once a completed Health Declaration Form or Health Declaration Update Form has been submitted?

Initial assessment

Upon receipt of the completed form an assessment of the information disclosed is made by our Medical Underwriters.

At this stage the underwriter will either:

- make a decision as to whether cover for the individual's total benefit can be offered
- request additional information or evidence to understand details of the conditions disclosed before a final decision can be made

What additional evidence might we request?

This can include but is not limited to:

- further information from the individual applying for cover (where possible we will try to obtain from the individual by phone)
- General Practitioners report
- information from a Specialist/Consultant
- medical examination
- medical tests, e.g. blood, urine

Notes

Please see **Appendix 1** for further information regarding the additional evidence we might request.

Who pays for any additional evidence required?

We will normally meet the costs involved when requesting any additional evidence. If the individual is not working in the UK we will only pay the equivalent cost of obtaining the same evidence in the UK.

Further information from the individual applying for cover

We will usually contact the individual directly. This may be done through a phone call or an email if these details have been provided.

General Practitioners reports or information from a Specialist/ Consultant

We request these directly from the medical advisers involved.

When a report is requested from a GP we will write to the individual being underwritten, if they have indicated that they wish to see any reports before they are sent to us, to inform them of the information we have requested in line with the Access to Medical Records Act 1988.

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What happens once a completed Health Declaration Form or Health Declaration Update Form has been submitted? (continued)

Medical examinations and tests

We use a third party provider, Square Health, who arrange for these to be carried out using their panel of nurses and doctors.

Square Health will contact the individual directly to arrange a mutually convenient time and location for the examination and/or tests to be carried out.

Delays involved in obtaining additional evidence

Delays can be encountered while waiting for reports from doctors, specialist or consultants.

Additional delays occur if evidence has to be obtained from outside the UK or if reports have to be translated into English.

We issue reminders to all parties every 21 days during the Temporary Cover period. We may also seek the assistance of the individual being medically underwritten in getting the requested reports returned.

Square Health will contact the individual being medically underwritten regularly if delays are encountered regarding the medical examinations and/or test(s).

What happens if the medical evidence required is not received?

We will restrict the amount of benefit covered to a minimum of the following:

- the individual's previously insured benefit if they have been previously underwritten
- the Free Cover Limit, if one applies, where they have not been previously underwritten and they are being underwritten because their total benefit exceeds the Free Cover Limit
- nil benefit if they are being underwritten as a discretionary entrant
- the individual's previously insured benefit if they are being underwritten for a discretionary benefit or as a late entrant

Communicating our final medical underwriting decision

When we have received all the information required our Medical Underwriters decide whether we can accept an individual's total benefit.

We will issue a decision letter which will confirm:

- what cover can be provided, if any
- whether any special terms will be applied
- any additional premiums which will be payable
- when/if we will need to medically underwrite the individual again

Notes

Any additional premiums shown on the decision letter will amount to the annualised cost for the first year only.

Underwriting decisions which can be made

The decisions our Medical Underwriters can make are:

- accept the total benefit at standard rates
- remove the pre-existing and related condition exclusions applied to all accepted benefits
- charge an additional premium on medical grounds, also known as applying a medical loading, for the amount of total benefit that has been underwritten
- charge an additional premium due to participation in hazardous pursuits, also known as a hazardous pursuits loading
- charge an additional premium due to the business travel involved in their occupation
- exclude certain illness or conditions
- exclude the payment of claims if the absence is caused due to participation in hazardous pursuits
- postpone making a decision to a later date
- decline the amount of total benefit that is subject to medical underwriting

Standard rates

This means our Medical Underwriters do not believe there are any additional risks involved in insuring the individual at this time.

Remove the pre-existing and related condition exclusions

This means our Medical Underwriters do not believe there are any historical risks involved in insuring the individual so are happy to remove these standard exclusions.

Medical loadings

These are applied when, in the opinion of our Medical Underwriters, the individual's health at this time presents a higher risk which can be insured subject to us receiving additional premiums as opposed to not being able to provide cover.

Medical loadings are normally expressed in two ways:

- an additional premium as a percentage of our rates, e.g. +50%, +100%
- a £ per £1,000 of benefit insured, e.g. £5 per £1,000

We will review our decision if the individual's health changes. If reviewed, we will not increase a loading applied to benefits already accepted, but these can be reduced or removed if appropriate.

Notes

All medical loadings which are based on a percentage of our rates will be calculated using our Single Premium rates and will change each year. See document **'How is the cost calculated'** for further information

No additional premiums become payable immediately. All additional premiums, including any arrears, will be charged when we produce accounts.

Hazardous pursuit loadings

These are applied when, in the opinion of our Medical Underwriters, the individual's participation in certain activities presents a higher risk of them being diagnosed with one of the insured critical illnesses.

In these circumstances we are able to provide the insurance but this will be subject us receiving additional premiums as opposed to not being able to provide cover.

Such loadings are normally expressed as a £ per £1,000 of benefit insured, e.g. £5 per £1,000.

Notes

We may review any loading applied if the individuals concerned no longer participates, or changes their level of participation for a period of one year, in the hazardous pursuit to which the loading relates.

No additional premiums become payable immediately. All additional premiums, including any arrears, will be charged when we produce accounts.

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Underwriting decisions which can be made (continued)

Business travel loadings

These are applied when, in the opinion of our Medical Underwriters, the individual business travel, locations and/or frequency, presents a higher risk of them being diagnosed with one of the insured critical illnesses.

In these circumstances we are able to provide the insurance but this will be subject us receiving additional premiums as opposed to not being able to provide cover.

Such loadings are normally expressed as a £ per £1,000 of benefit insured, e.g. £5 per £1,000.

Notes

This type of loading will only be applied if the business travel involved in the decision has not been considered as part of our premium rate assessment; see document **'What is needed to provide a quote'** for further information.

We will review any loading applied if the individual's business travel changes.

No additional premiums become payable immediately. All additional premiums, including any arrears, will be charged when we produce accounts.

Medical exclusions

These are applied when, in the opinion of our Medical Underwriters, certain illnesses or conditions present too high a risk of causing the individual to be diagnosed with an insured condition.

In these circumstances we will accept the benefit but will detail, in full, the illnesses or conditions where a claim will not be paid.

Notes

If an individual has a medical exclusion imposed the exclusion will also be applied to any future increases in Free Cover Limit allowed.

Hazardous pursuit exclusions

These are applied when, in the opinion of our Medical Underwriters, the individual's participation in certain activities presents a higher risk of them being diagnosed with one of the insured critical illnesses.

In these circumstances we will accept the benefit but will detail the activities where a claim will not be paid if the individual's illness or injury, was caused by their participation.

Notes

Where possible we will look to provide the cover subject to an additional premium charge rather than exclude the hazardous pursuit.

If an individual has a hazardous pursuit exclusion imposed the exclusion will also be applied to any future increases in Free Cover Limit allowed.

Postponed decisions

These are taken when, in the opinion of our Medical Underwriters:

- the individual's health at this time presents too high a risk to insure the benefits requested
- there is insufficient medical evidence available to fully assess the individual's current health
- investigations into the individual's health are ongoing

We will normally agree to review our decision either after a set period of time or when further appropriate medical evidence becomes available.

Notes

If cover for an individual is postponed we do not allow them to benefit from any future increases in Free Cover Limit.

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Underwriting decisions which can be made (continued)

Declined decisions

These are taken when, in the opinion of our Medical Underwriters, the individual's health at this time and at any point in the future presents too high a risk to for us to insure the benefit requested.

We would not re-underwrite individuals who are declined unless further medical evidence is available which shows a change in their health.

Notes

If cover for an individual is declined we do not allow them to benefit from any future increases in Free Cover Limit.

Will an individual need to be underwritten again if accepted?

If we are in a position to accept an individual's total benefit, we normally look to allow an amount of extra benefit in addition to the amount accepted to allow for future increases before further medical underwriting is required.

What extra levels of benefit are allowed if medically underwritten benefits are accepted?

We will normally look to give a Forward Underwriting Bar in addition to the benefits accepted.

A fixed amount of benefit above the individuals current benefits will normally be allowed before further medical underwriting is required. This is still subject to a maximum benefit of £500,000.

Notes

One Time Underwriting is not available at the current time.

There may be circumstances where we will not offer a Forward Underwriting Bar. In these circumstances any future increase in benefit will need to be medically underwritten.

The terms of our decision letter will apply to any Forward Underwriting limit offered.

Examples where extra levels of benefit allowed if benefits are accepted

	Example 1	Example 2
Total benefit	**£160,000**	**£160,000**
Benefit which requires underwriting	**£160,000**	**£160,000**
Decision made	**Standard rates**	**Standard rates**
Extra level of benefit allowed	**£200,000**	**£200,000**
Terms applicable to the extra amount available	**Standard rates**	**+100%**
Benefit allowed before further medical underwriting required	**£360,000**	**£360,000**

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Will an individual need to be underwritten again if accepted? (continued)

Does anything need to be done once a decision letter has been received?

If cover is not required, especially where additional premiums are to be charged, we should be advised within 21 days of the date of our decision letter.

Notes

We do not charge premiums for the additional accepted benefit if we are advised that cover is not required within 21 days of the date of our decision letter.

If notification is not received within 21 days, premiums will be charged for the period until notification is received, at which point the benefits will be restricted and full cover will not be insured.

If someone is not accepted at standard rates can the individual be told why?

At the individual's request, we are able to advise a doctor of their choice (usually their GP) of the reasons behind the decision made.

In certain circumstances we may be able to advise the individual directly. However, we normally adopt the approach of writing to the individual's doctor because:

- their doctor can write to us with any observations or details of any new or additional information of which we may not be aware, or to correct any misunderstandings
- going through the reasons for our decision with their doctor gives the individual the opportunity to discuss personal medical situations, seek explanations of unfamiliar terminology or ask further related questions
- our Medical Officer(s) avoids overstepping any personal boundaries and being perceived as interfering with the patient/GP relationship, or with their medical management

Will any additional premiums payable be due immediately?

No additional premiums become payable immediately. All additional premiums, including any arrears, will be charged when we produce accounts.

How to contact us

By email

medicalunderwriting
@canadalife.co.uk

By post

Medical Underwriting Team
Canada Life Limited,
3 Rivergate, Temple Quay,
Bristol BS1 6ER.

Call us
0345 223 8000

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Monday to Friday 9am to 5pm

Our forms are available to download from our website: www.canadalife.co.uk/group
Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER. Telephone 0345 223 8000

Appendix 1

Additional medical evidence which may be requested. Please refer to section headed **'What happens once a completed Health Declaration Form has been submitted'.**

General Practitioner's Report (GPR)

This report is obtained from the individual's own doctor and provides an historical record of their health. We do not expect the GP to examine their patient before the report is completed.

Please read our Health Declaration Form or Health Declaration Update Form for full details of the individual's rights regarding this report under the Access to Medical Reports Act 1988 and what the report will/ will not contain.

Medical Examination Report (MER)

The examination consists of a health statement by the individual and a medical examination by a Canada Life approved doctor who will carry out a full, non-invasive examination of the main systems of the body.

This will include height/weight, blood pressure, a urine test and possibly other aspects of health. The examination normally takes 30-40 minutes.

Mini paramedical

This is a shorter medical examination, conducted by a nurse at the individual's home or workplace, if convenient.

The exam includes height/weight, blood pressure and a urine test. The mini paramedical normally takes 20-25 minutes.

Blood tests

These can be conducted at the individual's home or in a doctor's surgery.

Tests could include cholesterol, glucose, liver function and kidney function. Some may need the individual to fast for 12 hours before the test is taken, so an early morning appointment is usually arranged.