

Guide to Life and Disability **medical underwriting**



This Guide will give you an overview about the most common questions asked about our medical underwriting. If you have further question, please contact us and we are happy to help.

1. What is medical underwriting?

Medical underwriting is the assessment of insurance risk based on information the member gives us when applying for cover.

The purpose of medical underwriting is to assess the members' pre-existing medical condition(s) to decide:

- Whether we are prepared to insure the full benefit amount requested and
- the terms of our offer.

2. Who is subject to medical underwriting?

The Company policy will cover all eligible members' benefits (or sums insured) up to a pre-defined threshold, also called the Automatic Acceptance Limit (AAL).

Where a member's level of benefit under an insurance cover (Group Life and/or Disability for example) exceeds the AAL, the member has to undergo medical underwriting for the excess amount above the AAL.

If there is no AAL for the policy in place, the full sum insured will be underwritten.

Where voluntary cover is selected (this means the member requests additional cover for themselves), this sum insured will also be subject to medical underwriting, unless otherwise stated in the company agreement.

Where the member's sum insured increases during the term of the policy, medical underwriting may also apply.

If medical underwriting is required members must disclose all pre-existing conditions. If any pre-existing conditions are not disclosed, future claims may be declined.

Example:

Company Group Life policy AAL:	€500,000
Your Group Life sum insured:	€600,000
Amount in excess of the AAL that will be underwritten:	€100,000

3. What if the applicant does not complete the medical underwriting process?

- a) If the completed Application Form is not received within 30 days of the request being issued, the applicants' benefit will be restricted to the AAL of the group policy. If there is no AAL in place and we do not receive the completed Application Form within 30 days of the request being issued we will assume that the applicant or the company no longer wishes to progress this request for cover.
- b) Should the applicant not provide the requested evidence following the Application Form assessment, within the required timeframe, the benefit will be restricted to the corresponding AAL. If there is no AAL in place and the applicant does not provide the requested evidence following the Application Form assessment, within the required timeframe, we will assume that the applicant/the company no longer wish to progress this request for cover.

4. What does the medical underwriting process entail?

Step 1 – The applicant completes an Application Form and sends it to underwriting@allianzworldwidecare.com within 30 days of having been notified.

Step 2 – We review the Application form. Depending on the applicants age, the level of sum insured above the AAL and the information disclosed, we will contact the applicant and may request additional medical evidence and/ or further information.

Step 3 – The applicant organises the additional requirements to be provided to our underwriting team.

Step 4 – After assessment of the requirements and/or medical evidence, we will make an underwriting decision and inform the applicant of this decision. The company is also notified of the decision (however no medical information will be shared with them).

5. What benefit level is the applicant covered for during the medical underwriting process?

The applicant's benefit is restricted to the AAL during the length of the medical underwriting process (or the previously accepted sum insured if the Company/applicant is now looking to increase the benefit). When the underwriting process is complete and we confirm acceptance terms for the additional cover, we will adjust the applicant's cover level as from the effective date of the underwriting decision.

Where the company policy does not have an AAL, the applicant will not be covered until the underwriting process is complete.

6. What are the possible outcomes of the medical underwriting process?

Acceptance on standard terms: The applicant is covered for their full benefit entitlement at standard corporate policy rates.

Acceptance with a premium loading: The applicant is covered for their full benefit entitlement and a premium loading for the sum insured above the AAL is applied to the policy rates.

Declinature: The applicant will only be covered up to the AAL (when agreed in the company policy) under the corresponding policy.

Exclusion: The applicant is covered for full benefit entitlement at standard corporate policy rates for all causes but for the excluded condition/activity. This exclusion will only apply to the sum insured above the AAL.

Postponement: The medical assessment does not enable us to formalise a definitive decision. In such a case, the applicant's benefit is restricted to the AAL and our underwriting team will advise of the next steps to progress the assessment.

7. Will a member need to be underwritten again in the future?

Forward Underwriting Bar: Where a member is medically underwritten and accepted at standard terms we will allow the Company to increase their benefits by 20% for all covers in any one calendar year, without further medical underwriting. For the duration of the insured member's policy, forward underwriting is capped to a maximum of €250,000, for Life or Permanent Total Disability cover, and €20,000, for Long Term Disability or Short-Term Disability cover unless otherwise stated in the Company Agreement. Forward Underwriting does not apply to members underwritten at non-standard terms or those accepted with a surcharge and/or exclusion. Once the cap is reached or if the member is not eligible, any increase in the sum insured will be subject to medical underwriting. **Forward Underwriting is not available to Voluntary applications.**

The underwriting terms are valid as long as the member's salary and/or benefit does not increase by more than 20%. In such a case, medical underwriting would take place for the amount of benefit in excess of 20%.

Example:

2021

The applicants Group Life sum insured: €600,000

Amount that was underwritten: €600,000

Underwriting decision: cover acceptance for €600,000 (and up to €720,000)

2022

The member's Group Life sum insured increases to €650,000.

As this is less than 20% increase, no underwriting is required and the full benefit is covered.

2023

The member's Group Life sum insured increases to €730,000.

As this is more than 20% increase, there is underwriting required for €10,000 (the 2021 underwriting decision applies up to €720,000 and additional underwriting is needed for the excess above €720,000).

8. Who will bear the costs of the medical underwriting process?

Any costs resulting from the medical underwriting process will need to be paid to the medical provider at the time of the consultation for the medical examination and any additional tests. Costs may be reimbursed by us, subject to acceptance of cover. In addition, we will only reimburse costs where the charges are reasonable and customary and in accordance with standard and generally accepted medical procedures. For claiming purposes, we will require an invoice from the medical provider which states all fees charged borne by the insured member.

9. What are the additional tests or medical reports that may be requested as part of the assessment taking place on receipt of the application form?

Possible Additional Requirements*	Definition
PMAR	Private Medical Attendants report. This is a medical report which the applicants usual doctor completes from his own records. It does not require the applicant's physical attendance to doctors' clinic. Also, known as a GPR - General practitioner report.
MER	Medical examination report. This is a physical examination with a doctor nominated by the applicant of his/her own choice or usual doctor.
FBL	Fasting Blood Lipids. This test requires fasting for 12-16 hours prior to the test being taken. It measures fats in the blood, including cholesterol, HDL, LDL and triglycerides.
FBC	Full blood count (includes biochemistry & haematology).
PSA	Prostate Specific Antigen (males only).
HIV	HIV and Hepatitis B and C serology.
ECG	Resting and Exercise Electro-cardiogram.

**Other tests or medical reports may be required as part of the underwriting process. Our Medical Underwriting team will advise on the exact requirements to progress the applicant's case.*

We are here to help, if you need us!

24/7 Helpline for general enquiries and emergency assistance



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Toll-free numbers: www.allianzcare.com/toll-free-numbers

If you are not able to access the toll-free numbers from a mobile phone, please dial one of the Helpline numbers listed above. Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.



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