

# MEDICAL UNDERWRITING GUIDE

A Guide for Advisers

February 2025



# A guide to medical underwriting

## What is Medical Underwriting?

Underwriting is the tool that insurance companies use to assess the risk of individual clients. An effective underwriting process ensures all customers are treated equally and have policy terms and conditions that reflect the risk they represent.

At AIA, we have a comprehensive approach to evidence-based underwriting. We assess each individual applicant by considering their unique medical, occupational, and financial circumstances.

## What does medical advancement mean for Underwriting?

Medical knowledge has been increasing at an exponential rate and there have been numerous medical advances in the diagnosis and treatment of disease. This has an impact on medical underwriting given we are trying to assess the mortality and morbidity risks of each individual client.

In New Zealand, there are several ongoing health challenges that also impact our process. These include the obesity epidemic, the increased incidence of diabetes, and the apparent increase of cancer diagnosis. In addition, we have an ageing population who are living longer with greater associated illnesses and disabilities.

## The importance of full disclosure

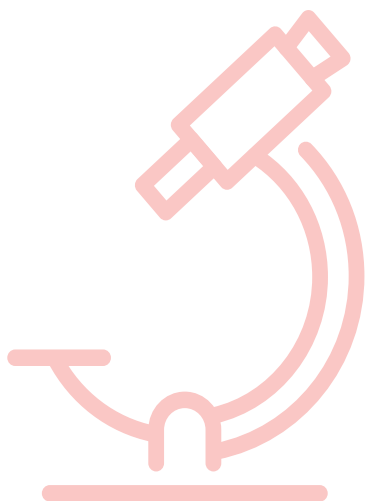
The greatest individual health risk to a person is their age - the older a person gets, the more likelihood there is of disease. With medical knowledge, it is accepted that the best predictor of future behaviour is past behaviour. It is very important at underwriting time to know the applicant's detailed medical history. Full disclosure of medical information is very important for the underwriting process and in most cases, this occurs by a well completed application form.

## How to use this guide

This guide has been created to help you understand the underwriting approach for a number of key medical conditions that we see on a regular basis. For each condition, we outline what it is, what information we need to make an assessment, and how we make our decisions. It is designed to help you feel confident in discussing the most common conditions we see with your clients.

In most instances we will try to underwrite off of the information provided by the applicant, however in some circumstances it may be necessary to obtain further information from the applicant's medical provider.

The ratings shown throughout are indicative only to give you an idea of what can apply for any medical condition. This is a guide only and the terms you get from your underwriter may be different depending on the overall risk a person presents given all the factors and underwriting consideration.



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## Legal disclaimer

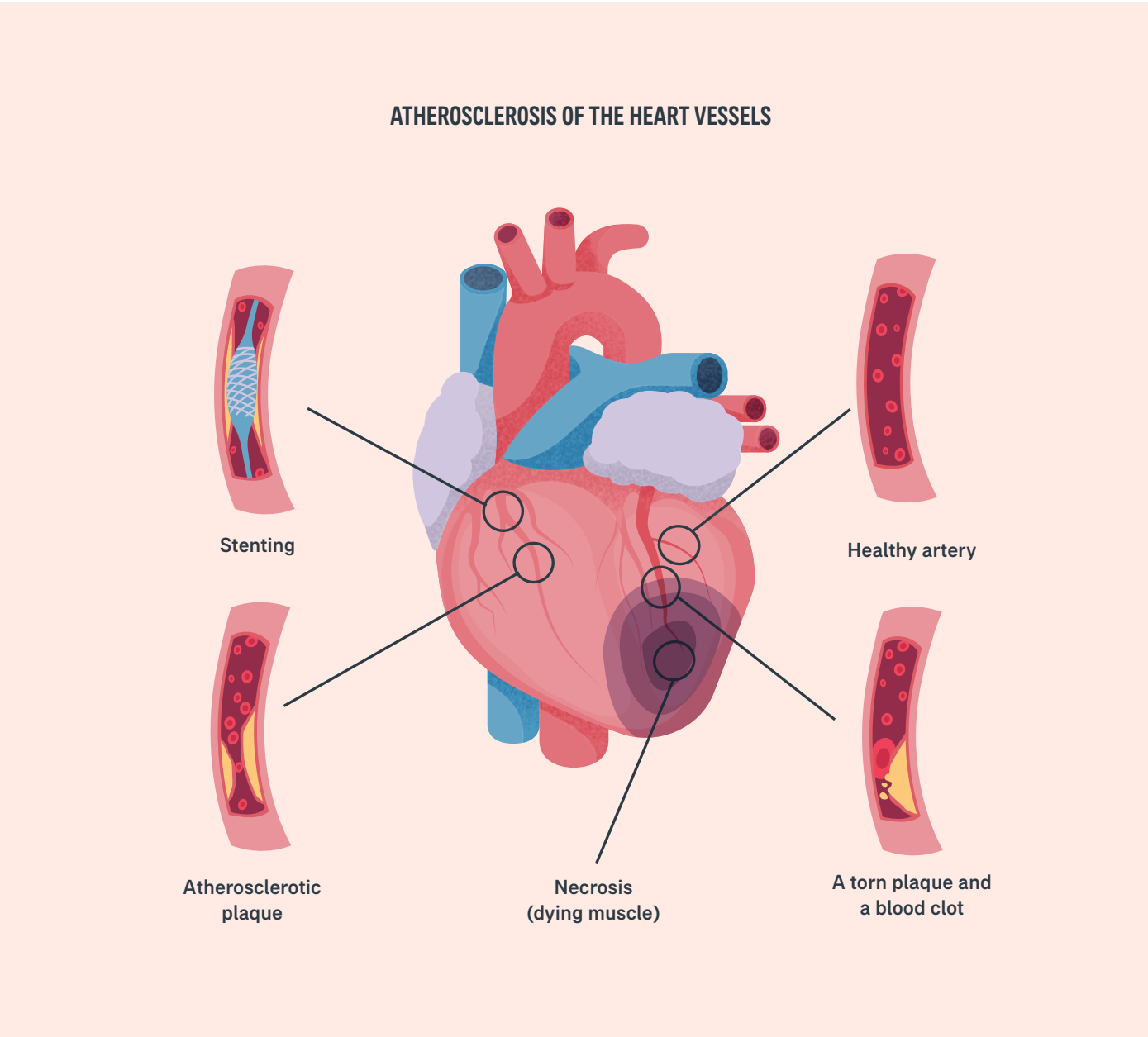
The availability of insurance cover is subject to your client's application being approved. All applications are subject to individual consideration. Special conditions, exclusions and premium loadings may apply. The insurance policies to which this guide relates are underwritten by AIA New Zealand Limited. For full details of the products and benefits offered by AIA, please refer to the policy document(s) which are available from AIA.

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# Heart disease

Heart disease comes in many forms and varieties. In New Zealand, the most common is ischemic heart disease, which shows up as angina or heart attack.

The risk factors for heart disease include age, gender, obesity, hypertension, lipid profile and family history.

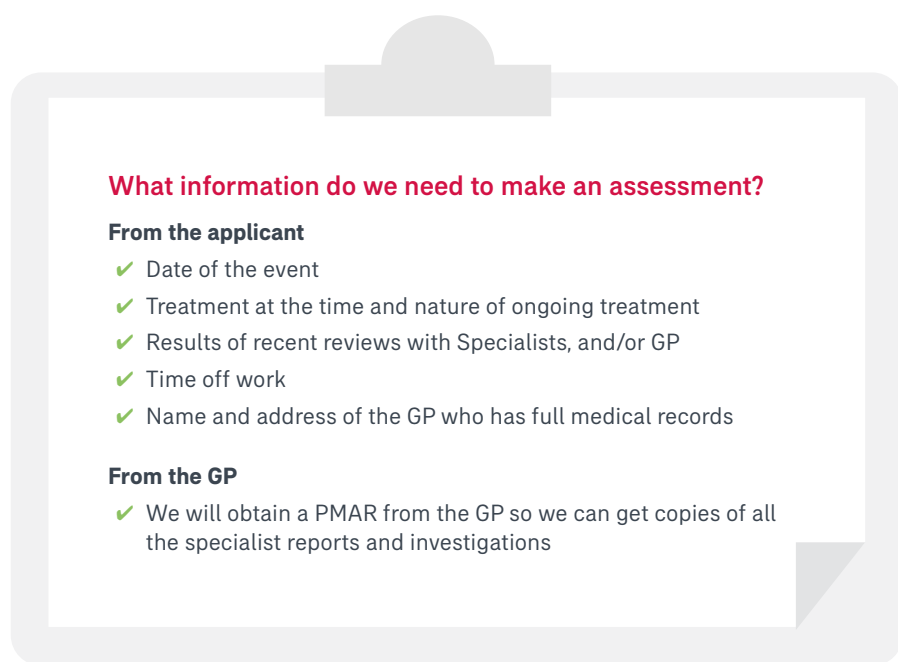


# Heart attack

## What is the condition?

The heart is a muscle that pumps blood around the body. The heart has its own network of blood vessels called coronary arteries that deliver blood to the heart muscle. Blood flow can be restricted to the heart for several reasons including blocked or narrowing of the arteries around the heart due to high cholesterol. When the heart muscle does not receive enough blood, a person experiences a heart attack.

The difference between a heart attack and angina is that a heart attack (or myocardial infarction) results in the death of cardiac tissue. Diagnosis is made by clinical signs and symptoms, blood tests (usually elevated troponin levels) and diagnostic ECG changes.



**What information do we need to make an assessment?**

**From the applicant**

- ✓ Date of the event
- ✓ Treatment at the time and nature of ongoing treatment
- ✓ Results of recent reviews with Specialists, and/or GP
- ✓ Time off work
- ✓ Name and address of the GP who has full medical records

**From the GP**

- ✓ We will obtain a PMAR from the GP so we can get copies of all the specialist reports and investigations

## Making our decision

- The loading will depend on the customer’s age, frequency and severity of symptoms, smoking status, the extent of the heart disease (how many vessels are affected) and the presence of other risk factors.
- If the heart attack was within the last six months, we’ll usually defer the application to enable us to quantify the risk.

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Heart attack</b>	All cases	Referral to underwriting	Referral to underwriting	Referral to underwriting	Referral to underwriting

# Angina

## What is the condition?

Angina is chest pain associated with coronary heart disease where there is a narrowing of the blood vessels that carry blood to the heart.

This leads to inadequate blood flow to the heart muscle which means it can't work efficiently and usually this creates chest pain. Angina is different from a heart attack because unlike with a heart attack, angina does not cause any part of the heart muscle to die.

**What information do we need to make an assessment?**

**From the applicant**

- ✓ Date of diagnosis
- ✓ Number of events/interventions
- ✓ Medications they are taking
- ✓ Surgical procedures or investigations undertaken
- ✓ Name and address of the GP who has full medical records
- ✓ Indication of how often the symptoms occur and any time off work required

**From the GP**

- ✓ Results of investigations including
  - ECGs
  - Stress testing
  - Echocardiography
  - Angiography



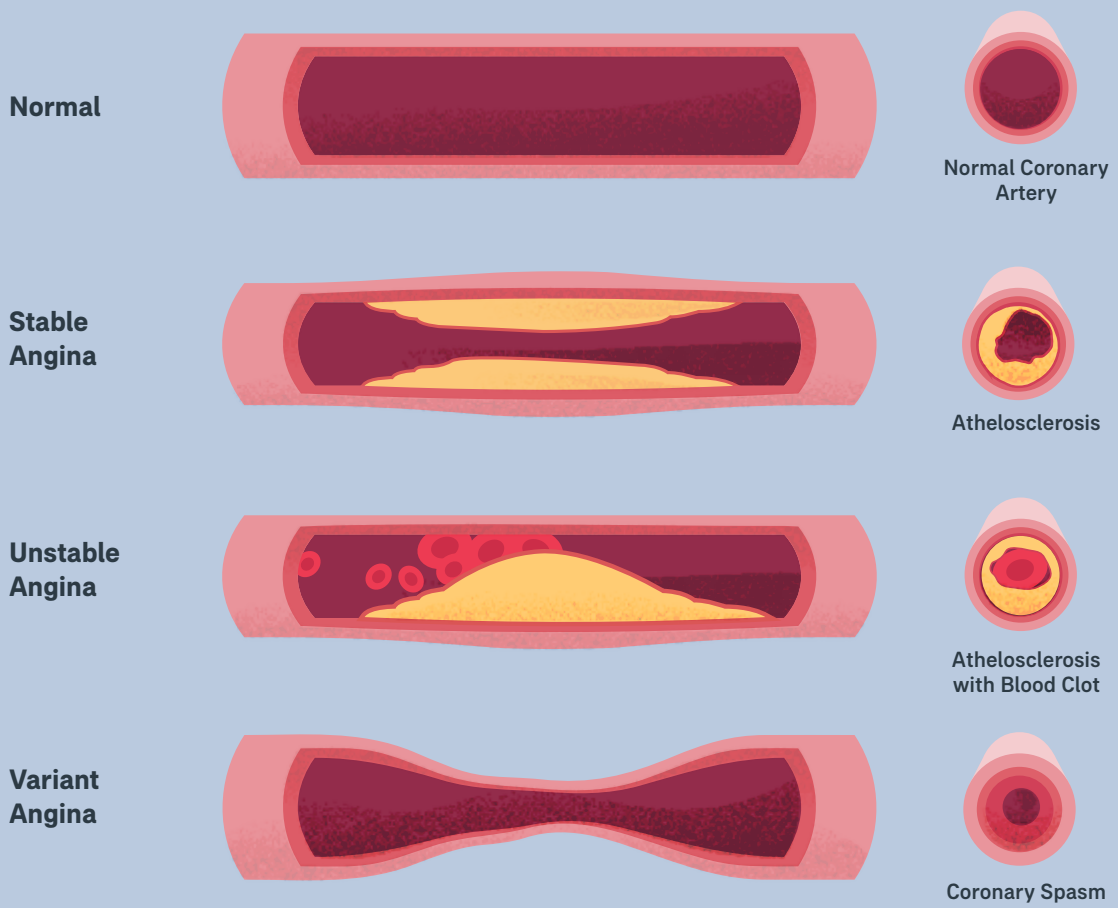
## Making our decision

- Our decision will depend on the customer's age, frequency and severity of symptoms, the extent of the heart disease (e.g. how many vessels are affected), the presence of any other risk factors including compliance with prescribed treatment and follow-up appointments.
- If angina was discovered in the past six months, we'll postpone the application till we can be sure the customer's condition has been stabilised on appropriate treatment.

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Angina</b>	All cases	Referral to underwriting	Referral to underwriting	Referral to underwriting	Referral to underwriting

## TYPES OF ANGINA



# High cholesterol (hypercholesterolaemia)

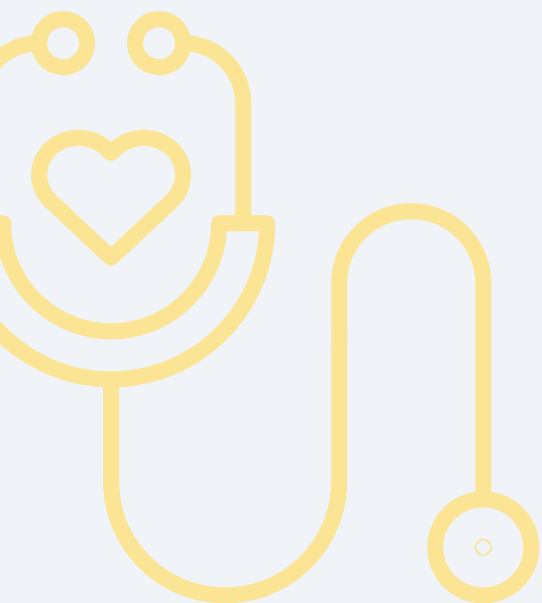
## What is the condition?

Cholesterol is a fatty substance which circulates in the blood and is used by our bodies in several different ways. A person naturally produces cholesterol in the liver and acquires it by the food they eat. There are two types of cholesterol. When there's too much of the wrong type in the blood this can accumulate on the walls of organs and blood vessels.

A person with an abnormal cholesterol profile, usually with elevated LDL (Low Density Lipoprotein or bad cholesterol) and decreased HDL (High Density Lipoprotein or good cholesterol) could suffer complications of unstable angina including heart disease and stroke.

In assessing somebody with elevated cholesterol, other factors need to be considered including BMI, blood pressure, family history and their own medical history. There are many drugs available now which, in combination with diet, will lower the LDL. Adherence with recommended treatment and other medical advice (including addressing modifiable risk factors) can often mean standard rates for most covers.

The most common of these drugs available in New Zealand are statins. There is good medical evidence now that these drugs are potentially lifesaving and decrease the risk of heart disease, stroke, and dementia.



## What information do we need to make an assessment?

### From the applicant

- ✓ Date of diagnosis
- ✓ How frequently the cholesterol is monitored
- ✓ Last cholesterol reading and when it was taken
- ✓ Type of treatment including any recent changes
- ✓ Other cardiovascular risk factors (height/weight, family history, raised blood pressure, smoking)

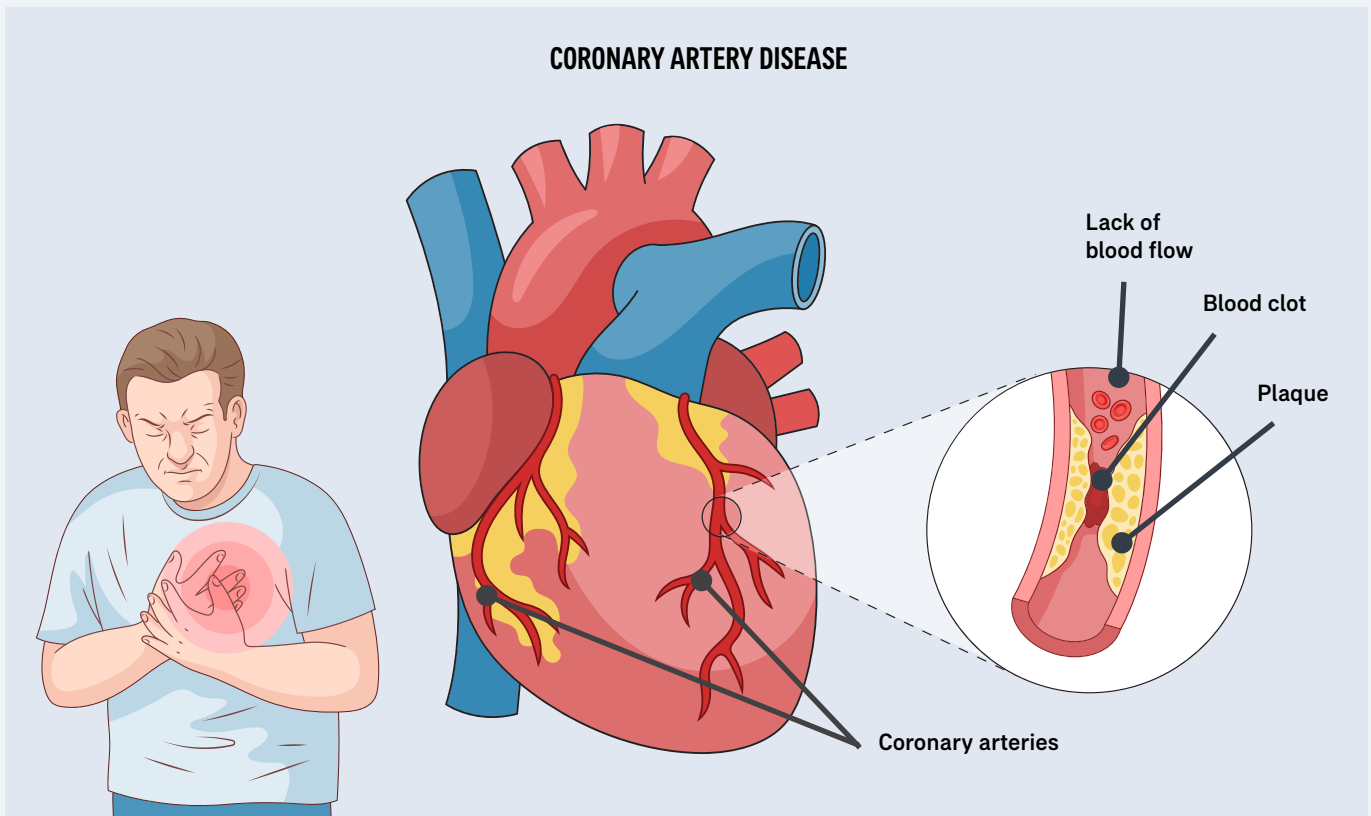
### From the GP

- ✓ Electrocardiogram (ECG)
- ✓ Echocardiograms and other appropriate imaging
- ✓ Blood tests



**Decision guide**

Condition	Severity	Life	Trauma	IP	TPD
<b>High cholesterol</b>	Well controlled, no other risk factors	Standard rates	Standard rates	Standard rates	Standard rates
	Control not ideal, occasional lapses in treatment, periodic elevations in lipid values	+50% to +100%	+50% to +100%	+50% to +100%	+50% to +100%
	Not well controlled or absence of control, non-compliant with medication or persistently high lipid values	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter



# High blood pressure (hypertension)

## What is the condition?

High blood pressure, or hypertension, is a sustained increase in blood pressure. Blood pressure is a measure of the force of blood pushing against the walls of the arteries as it flows through them. Arteries are blood vessels that carry blood from the heart to the body tissues. High blood pressure means the heart must work harder to pump blood around the body, and this increases the risk of several conditions such as heart disease, heart attacks, angina, and stroke.

Hypertension is a common condition which often goes undetected. A lot of people with high blood pressure have no symptoms and the condition is usually only picked up by a routine medical check. These days, in most cases, it can be treated well by medication.

In the past, a good reading of blood pressure was a systolic reading of 100 plus your age and a diastolic level below 90. However, medical research now shows that for most of us blood pressure should be below 130/80, but, in practical terms, the best blood pressure is the lowest level that can be tolerated.

Hypertension is not just a disease but a significant risk factor for heart disease, stroke, renal disease, and peripheral vascular disease.

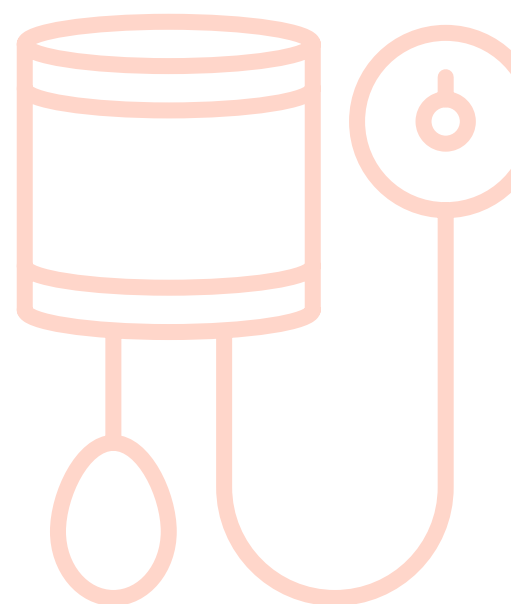
### What information do we need to make an assessment?

#### From the applicant

- ✓ Date of diagnosis
- ✓ Medications they're taking
- ✓ Surgical procedures or investigations undertaken
- ✓ Name and address of the GP who has full medical records

#### From the GP (where additional information is required)

- ✓ Electrocardiogram (ECG)
- ✓ Echocardiograms and other appropriate imaging
- ✓ Blood tests

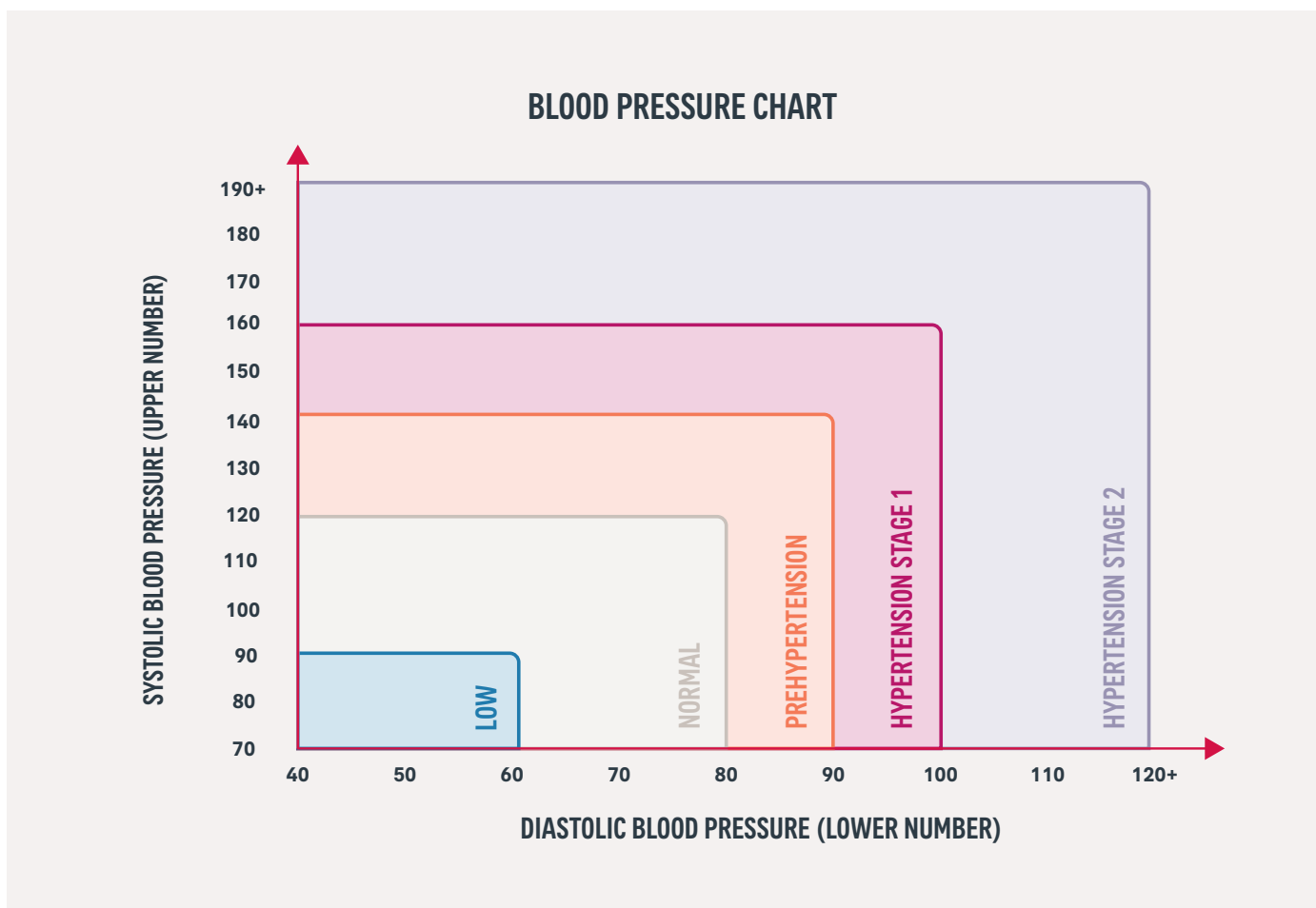


### Making our decision

- The underwriting decision will depend on the applicant's age, frequency and severity of disease. We will need to see their most recent blood pressure readings, any change in blood pressure, changes in treatment and any other cardiological investigations undertaken.

#### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
High blood pressure	Well controlled, no other risk factors	Standard rates	Standard rates	Standard rates	Standard rates
	Control not ideal, occasional lapses in treatment, periodic elevations in blood pressure	+50% to +100%	+50% to +100%	+50% to +100%	+50% to +100%
	Not well controlled or absence of control, non-compliant with medication or persistently high blood pressure readings	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter





## What is the condition?

Cancer is essentially a condition where the affected organ produces abnormal cells which can multiply rapidly and can cause adverse health events. It can also be referred to as malignancy, malignant neoplasm, carcinoma, and in the case of blood cancers, leukaemia, and myeloproliferative disorders. Malignant tumours grow and destroy healthy tissue and can also spread (or metastasise) to other organs. The diagnosis of cancer is definitively made by a biopsy and histological diagnosis. A biopsy is a procedure to remove a piece of tissue or sample of cells so that it can be tested. Histology defines the type of cancer the cells are through scans and surgery tells us the spread.

Imaging, including X-ray, CT scan and MRI, can indicate a likely diagnosis. Based on histology, cancers are graded, and with the help of organ imaging, a staging process is also actioned. These measures enable more accurate treatment and indicate a prognosis.

In AIA's claims experience, the most common cancers that are seen are breast, bowel, prostate, and lung.

## Advances in medical technology

The treatment of cancer in the last 10 years has dramatically changed. The mainstays of treatment are still surgery, radiotherapy, and chemotherapy. However, with the advances in medical technology, there can be more targeted treatment based on the genetic profile of the patient and in-depth tissue testing off the tumour. Also, research has shown that some early cancers can be monitored and may not need invasive treatment.

Benign tumours can also have adverse effects due to the location and pressure on adjacent structures. The most common example of this is pituitary tumours.

### What information do we need to make an assessment?

#### From the applicant

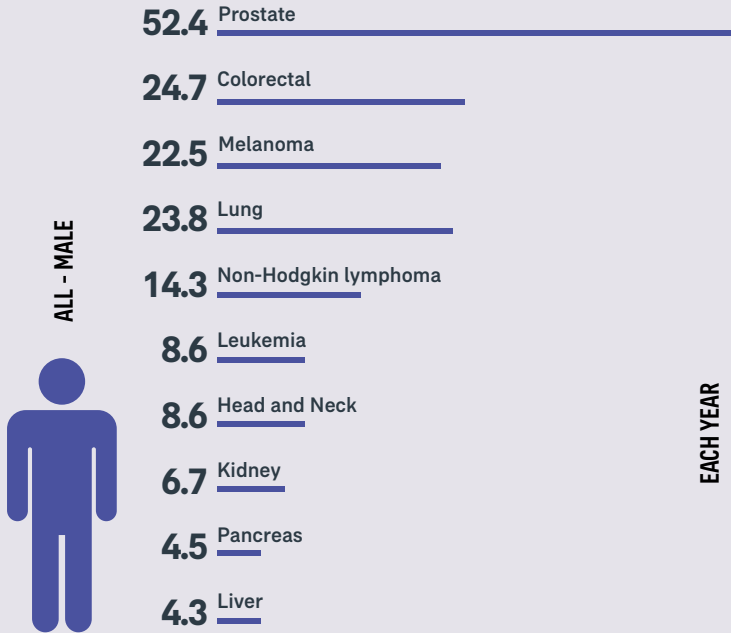
- ✓ Type of cancer
- ✓ Date of diagnosis
- ✓ Nature of treatment
- ✓ Name and address of the GP who has full medical records

#### From the GP

- ✓ Histology and other pathology reports
- ✓ Specialist reports

## COMMON CANCERS

Age standardised incidence rate per 100,000 per annum

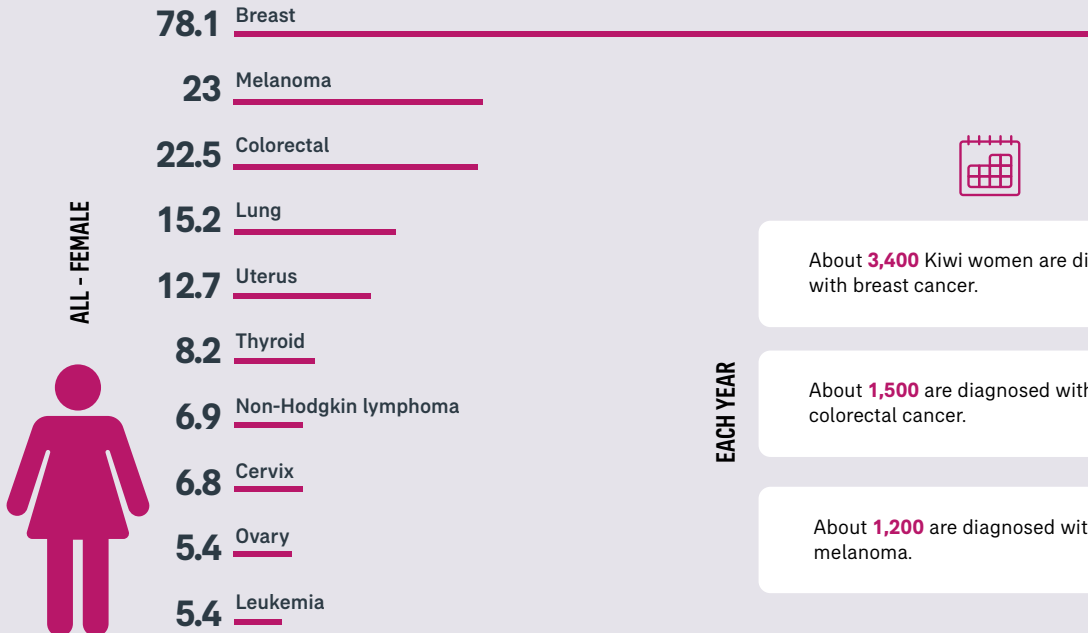


Each Year  
About **3,900** Kiwi men are diagnosed with prostate cancer.

Each Year  
About **1,700** are diagnosed with colorectal cancer.

Each Year  
About **1,500** are diagnosed with melanoma.

Age standardised incidence rate per 100,000 per annum



Each Year  
About **3,400** Kiwi women are diagnosed with breast cancer.

Each Year  
About **1,500** are diagnosed with colorectal cancer.

Each Year  
About **1,200** are diagnosed with melanoma.

Source: New Zealand Cancer Registry

## Breast cancer

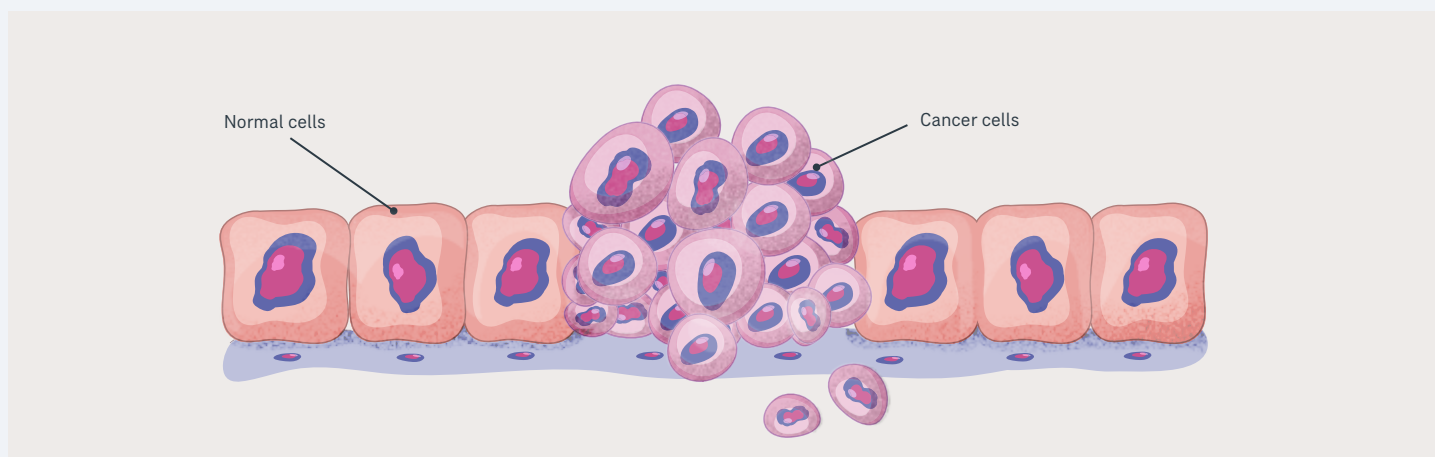
Breast cancer is common in New Zealand women (a lifetime risk of approximately 1 in 10) with only 3% of all breast cancers occurring in men. There is an effective screening programme for women over 40 years of age in New Zealand. However, breast cancer can occur in a younger age group but unfortunately screening is technically not as successful in making early detection. Women are encouraged to do breast self-examination, and any lump or abnormality should be further assessed by a medical professional via ultrasound imaging.

## Bowel cancer

Bowel cancer is one of the most common cancers in New Zealand. Several areas in New Zealand are now doing screening programmes on faecal occult bloods (tests done to detect blood in bowel motion). If there is blood noted in the bowel motion, then a colonoscopy is undertaken. However, advice is given to patients that if they notice a change in bowel habits or bleeding from the bowel, they should seek prompt assessment by a medical professional. Cancer of the large bowel is common in New Zealand and is usually an adenocarcinoma. Early surgical intervention improves prognosis.

## Prostate cancer

Prostate cancer is the most commonly occurring cancer in men over 55 years of age. There is still debate over the efficacy of prostate screening, however, most people agree that Prostate Specific Antigen (PSA) testing on a regular basis in this age group, 55 – 75, is appropriate. Nowadays if the PSA is deemed abnormal the next investigation is an MRI scan. As a result, there are fewer prostate biopsies being performed. This is a good example of advances in imaging reducing the likelihood of patient harm, (the biopsy itself does come with an element of risk). In addition, prostate cancer with a Gleason Score (the histological rating) of 6, is now treated by active surveillance and only if there is progression of the cancer is treatment indicated. In this cancer the treatment can cause significant side effects including erectile dysfunction and urinary difficulties. There needs to be a balance between treatment side effects and need to treat to improve prognosis.




### Making our decision


- Our decision will depend on several factors including the location of the cancer, date of diagnosis, the histology, grade (degree of cell abnormality), staging (size of the tumour, whether it has spread), and when any treatment was completed.
- Some conditions mean a customer can be predisposed to cancer such as bowel polyps which means the terms are similar.
- A strong family history of cancer can result in a loading or exclusion depending on the benefit.
- In some cases, we will be able to offer trauma benefits with an exclusion but if there is a high chance of reoccurrence terms are unlikely.
- With some forms of cancer, we may be able to offer a specific cancer exclusion on trauma benefits and income protection benefits, but we can only evaluate this once we have the medical notes.


### Decision guide


Condition	Severity	Life	Trauma	IP	TPD
<b>Cancer</b>	All cases	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
<b>Breast cancer</b>	Past history (>10 years), in remission, no lymph node involvement or metastases	Likely standard rates	Likely standard rates with exclusion	Likely standard rates	Likely standard rates
Terms for other cases will depend on tumour grading as well as the information noted above					
<b>Bowel cancer</b>	Past history (>10 years), in remission, no lymph node involvement or metastases	Likely standard rates	Likely standard rates with exclusions	Likely standard rates	Likely standard rates
Terms for other cases will depend on tumour grading as well as the information noted above					
<b>Prostate cancer</b>	Abnormal PSA Ratings only				
	PSA rating elevated but stable, not undergoing any treatment age greater than 60	Standard rates	Standard rates with exclusions	Standard rates	Standard rates


## MELANOMA WARNING SIGNS




- 

**A** **ASYMMETRY**  
ONE HALF OF A MOLE DOES NOT MATCH THE OTHER.
- 

**B** **BORDER**  
THE EDGES ARE IRREGULAR, RAGGED, NOTCHED OR BLURRED.
- 

**C** **COLOUR**  
THE MOLE IS NOT EVENLY COLOURED. IT MAY INCLUDE SHADES OF BROWN OR BLACK, OR PATCHES OR RED OR PINK.
- 

**D** **DIAMETER**  
THE SPOT IS LARGER THAN 6 MILLIMETERS ACROSS..
- 

**E** **EVOLVING**  
THE MOLE IS CHANGING IN SIZE, SHAPE OR COLOUR.

# BMI (body mass index)

## What is BMI?

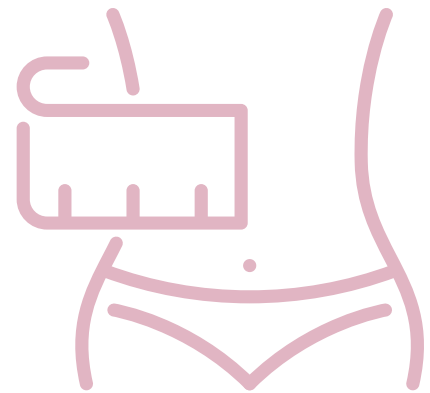
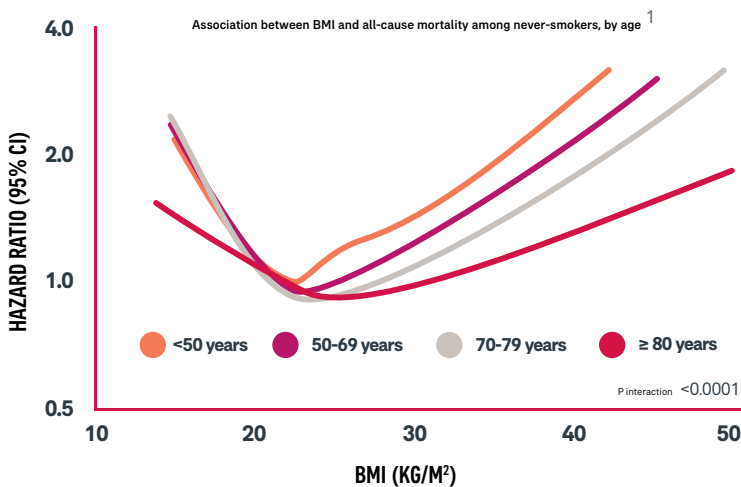
This reading has been used extensively by the medical and insurance industry to calculate obesity and body fatness. It is calculated by measuring the weight (in kilograms) of an individual and dividing this by the height (in centimetres) squared.

While there are other measures of body fatness, much of the mortality and morbidity data used in medical underwriting has BMI as its base. Central obesity is a known health risk. A female should not have a waist measurement of greater than 90 centimetres and a male should not have a waist measurement of greater than 100 centimetres. Readings greater than this are indicative of likely future cardiometabolic and other health issues.

Increased BMI is a health risk factor associated with heart disease, cancer, lung disease, diabetes, and degenerative joint disease; to name but a few conditions.

Someone with a BMI of greater than 30 is considered to be in the obese category. However, at AIA we don't apply any additional loading on policies until the level is >35/36 (where obesity is a single risk factor). Given the high prevalence of obesity in New Zealand, some of this additional risk is captured in the base risk premiums. However, when we are doing a metabolic profile other factors need to be considered including lipid levels, blood pressure and distribution of weight. This needs to be considered alongside family history and the applicant's personal medical history.

Low BMI can be also a health risk factor. Low BMI can be associated with food malabsorption states and eating disorders, and in older people occult disease and malignancy.



### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>BMI</b>	Less than 18.5	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
	18.5 to 35.5	Standard rates	Standard rates	Standard rates	Standard rates
	35.6 to 37.9	0% to +75%	0% to +75%	0% to +75%	0% to +75%
	Greater than 38.0	+75% or above	+75% or above	+75% or above	+75% or above

1. Association of BMI with overall and cause-specific mortality: a population-based cohort study of 3-6 million adults in the UK, <https://www.thelancet.com>



Generally, in the underwriting process, applicants with acute serious injuries will have their policy deferred until the injury resolves and we can get a clearer picture of the future risk.

Minor injuries are not normally likely to alter the underwriting process except possibly for health products. However, a full history of injuries is needed in the underwriting process as some injuries can have delayed or long-term effects. For example, injuries like shoulder dislocation and knee surgery, may predispose the applicant to later health issues. A shoulder dislocation has a 70% or greater risk of recurrence and ACL surgery and/or injury at 20 years has an 80% chance of osteoarthritis. This can also be said of lumbar and cervical spine injuries which have a very high chance of recurrence.

In assessing these cases, particularly for income protection and TPD, occupation and occupational duties will be a significant factor in determining the underwriting.



**What information do we need to make an assessment?**

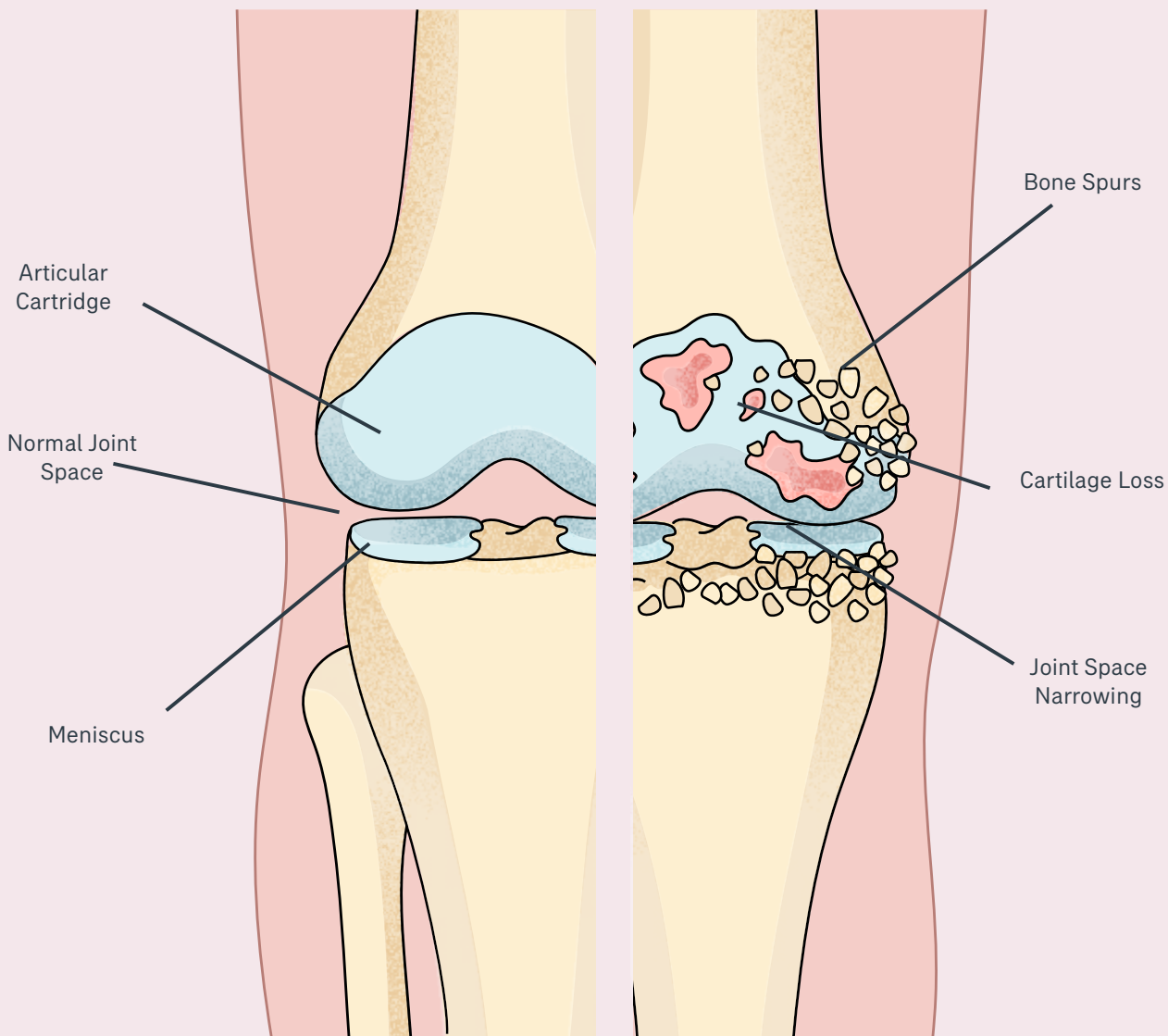
- ✓ Nature of injury
- ✓ When did it occur?
- ✓ What type of treatment did the applicant have?
- ✓ What was the duration of symptoms?
- ✓ Have there been multiple episodes or recurrences?
- ✓ Has there been any ongoing issues such as limitation in work or daily activities?

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Injury</b>	Minor injuries of short self-limiting nature, full recovery, no impact on work/daily activities	Standard rates	Standard rates	Standard rates	Standard rates
	More significant injuries, full time duties resumed, ongoing treatment showing improvement	Standard rates	Standard rates	Exclusions	Exclusions
	Injury significant, not currently working, or normal duties not fully resumed	Likely standard rates	Likely standard rates	Defer	Defer

### HEALTHY KNEE

### OSTEOARTHRITIS KNEE



# Bowel disease

This is common in New Zealand and the most significant problems we see are inflammatory bowel disease, irritable bowel syndrome and bowel cancer.

Inflammatory bowel disease causes inflammation of the gastrointestinal tract or system. The two most common forms of inflammatory bowel disease are Crohn's disease and ulcerative colitis. These are usually diagnosed by history and an examination, with additional information coming from endoscopy and biopsies. Bowel cancer is usually diagnosed following colonoscopy and appropriate biopsies.

The successful treatment of these conditions is dependent on the accurate diagnosis appropriate medication and or surgery.

Irritable bowel syndrome, or spastic bowel, is the most common condition seen by gastroenterologists. This is a diagnosis of exclusion where x-rays and colonoscopies plus blood tests are normal. This is normally treated by a combination of increasing the bulk in the diet (increase in fibre) and sensible use of antispasmodic drugs. This is the most prevalent condition and has a benign prognosis. There is a link with irritable bowel, anxiety states and stress-related headaches or migraines.

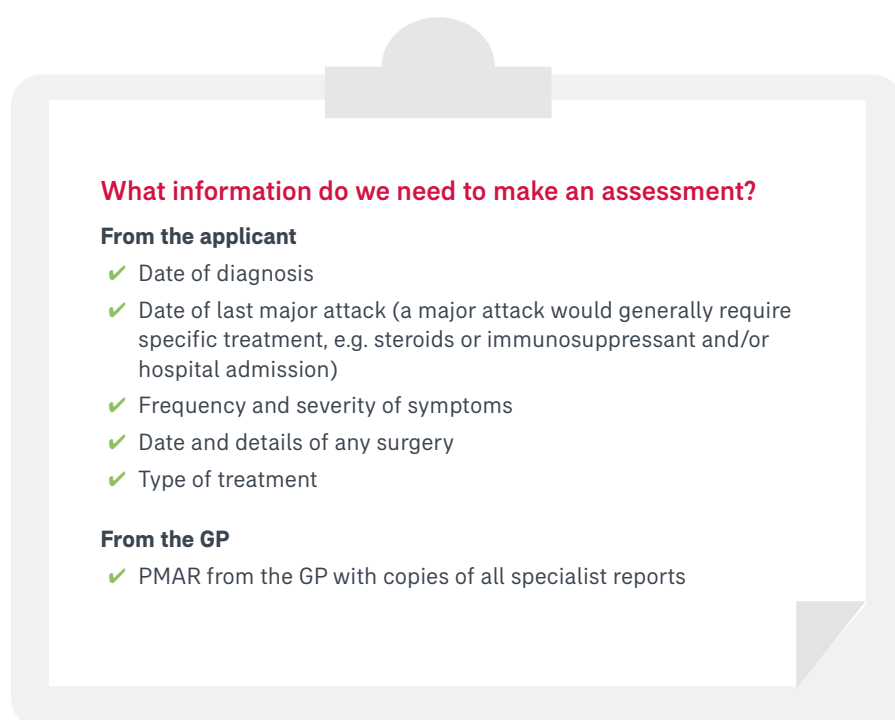


## Crohn's disease

### What is the condition?

Crohn's disease is a type of inflammatory bowel disease which causes inflammation of the gastrointestinal tract or system. It is a chronic (long-term) condition, although with the correct medication there can be long periods of remission.

During periods when the bowel is inflamed, the body's ability to digest food, absorb nutrients and eliminate waste is severely affected. Crohn's disease can sometimes cause problems outside the gastrointestinal tract. Some sufferers, for example, will develop conditions affecting the joints, eyes, or skin. It is a chronic condition that a GP, specialist, or patient will seek to control rather than cure.



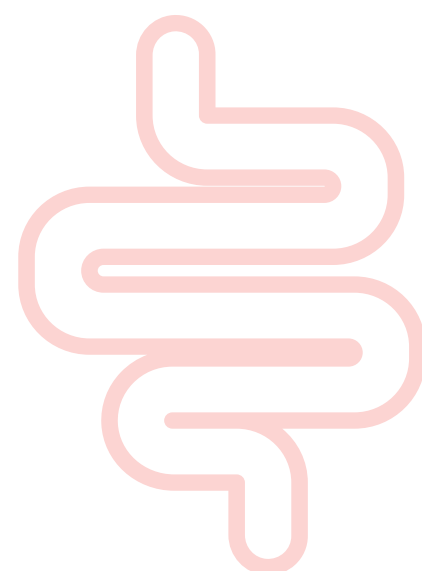
**What information do we need to make an assessment?**

**From the applicant**

- ✓ Date of diagnosis
- ✓ Date of last major attack (a major attack would generally require specific treatment, e.g. steroids or immunosuppressant and/or hospital admission)
- ✓ Frequency and severity of symptoms
- ✓ Date and details of any surgery
- ✓ Type of treatment

**From the GP**

- ✓ PMAR from the GP with copies of all specialist reports



### Making our decision

- Crohn's disease is a named condition under our trauma benefits, so we will remove the Crohn's provision from trauma benefits. When loadings are also applied, they reflect the impact of the condition on other systems in the body.
- Good control is key to minimising the effects on the body with this condition. Typically, the longer the symptoms have been in remission the lower the loading.

## Ulcerative colitis

### What is the condition?

Ulcerative colitis is a type of inflammatory bowel disease which causes inflammation and ulceration of the lining of the rectum and colon (large intestine). It is a chronic (long-term) condition, and therefore the goal of treatment is for the individual to go into remission rather than cure the condition.

Ulcerative colitis can cause complications outside the digestive system, such as joints, eyes, and skin. It can also be a risk factor for colon cancer.

### What information do we need to make an assessment?

#### From the applicant

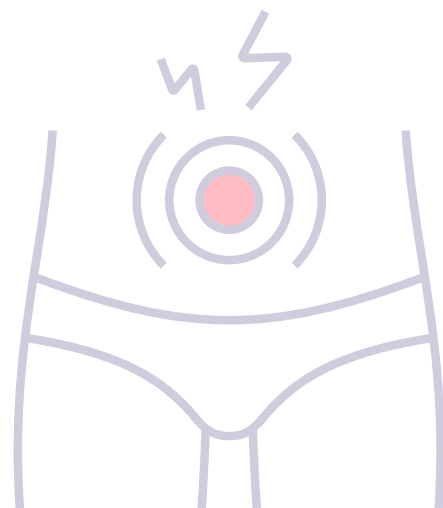
- ✓ Date of diagnosis
- ✓ Frequency and severity of symptoms including date of last symptoms, details of any periods of remission
- ✓ Date and details of any surgery or hospital admissions
- ✓ Treatment
- ✓ Associated problems e.g. joint/skin/eye problems related to ulcerative colitis (if so, trauma benefits are likely to be declined)

#### From the GP

- ✓ PMAR from the customer's GP

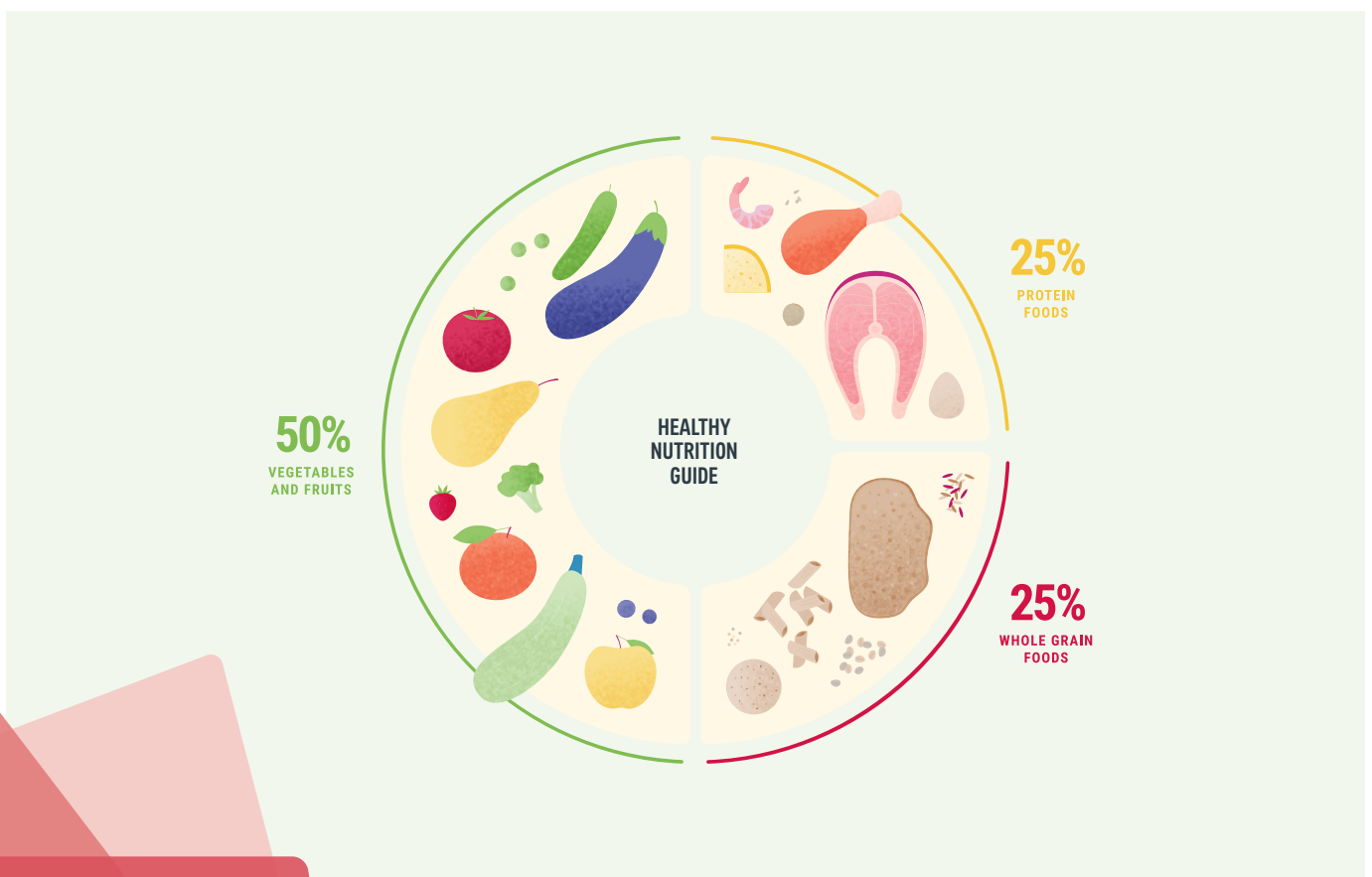
### Making our decision

- The loading reflects the effect this condition has on the body as well as the effective long-term use of the medication used to treat this condition.



### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Crohn's disease</b>	In remission or intermittent minor symptoms (loading could be closer to +50% for periods of >3 years in remission)	+50% - +150%	Exclusions	Refer to Underwriter	Refer to Underwriter
	More frequent symptoms, steroids or similar, hospital admissions	+100% or above	Exclusions and +50% or above	Refer to Underwriter	Refer to Underwriter
	Frequent / continuous symptoms, hospital admissions, poor response to treatment	+200% or above	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
<b>Ulcerative colitis</b>	Occasional attacks, good response to treatment, limited disease, no history of surgery and none planned	Likely standard rates	Likely standard rates	Likely standard rates	Likely standard rates
	More frequent attacks, use of oral steroids or similar, more extensive disease	+0% to +100%	Exclusions	+75% with Exclusions	+75% with Exclusions
	Frequent major attacks requiring hospital admissions and/or frequent or continuous use of oral steroids	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter



# Stroke/cerebrovascular disease

## What is the condition?

This is a condition where there is permanent damage to the brain by a lack of blood flow to the affected area. This causes cerebral infarction or cell death.

The three common causes of stroke are haemorrhage or bleed, thrombosis, or clot embolus (a clot from a different site which has moved and blocked the artery). The treatment of stroke has changed dramatically in the last 10 years. Patients after suffering a stroke need to be hospitalised promptly and scanned to understand the mechanism of stroke. In some cases, there may be operative treatments undertaken to minimise brain damage.

The risk factors for stroke are like those for heart disease. These include smoking, hypertension, abnormal cholesterol profile, obesity, and family history.

Another condition like stroke is a transient ischemic attack more commonly called TIAs. In this situation, the symptoms and signs are those of a stroke, but resolve in 24 hours. These patients still deserve hospital admission to assist their underlying risks. There is a higher chance of stroke in the future for those who have suffered a TIA.

The clinical severity of a stroke depends on the size and area of the brain affected by the stroke. Recovery from stroke is variable depending on many factors including size and location of cerebral infarction and treatment of allied comorbidities. The current treatment of stroke is very aggressive and includes acute clot removal which is comparable to coronary angioplasty.

Stroke is aggressively treated to minimise cell death, facilitate recovery, and prevent recurrence.



## What information do we need to make an assessment?

### From the applicant

- ✓ Date of diagnosis
- ✓ Nature of treatment
- ✓ Details of any residual effects
- ✓ Time off work
- ✓ Name and address of the GP who has full the medical records

### From the GP

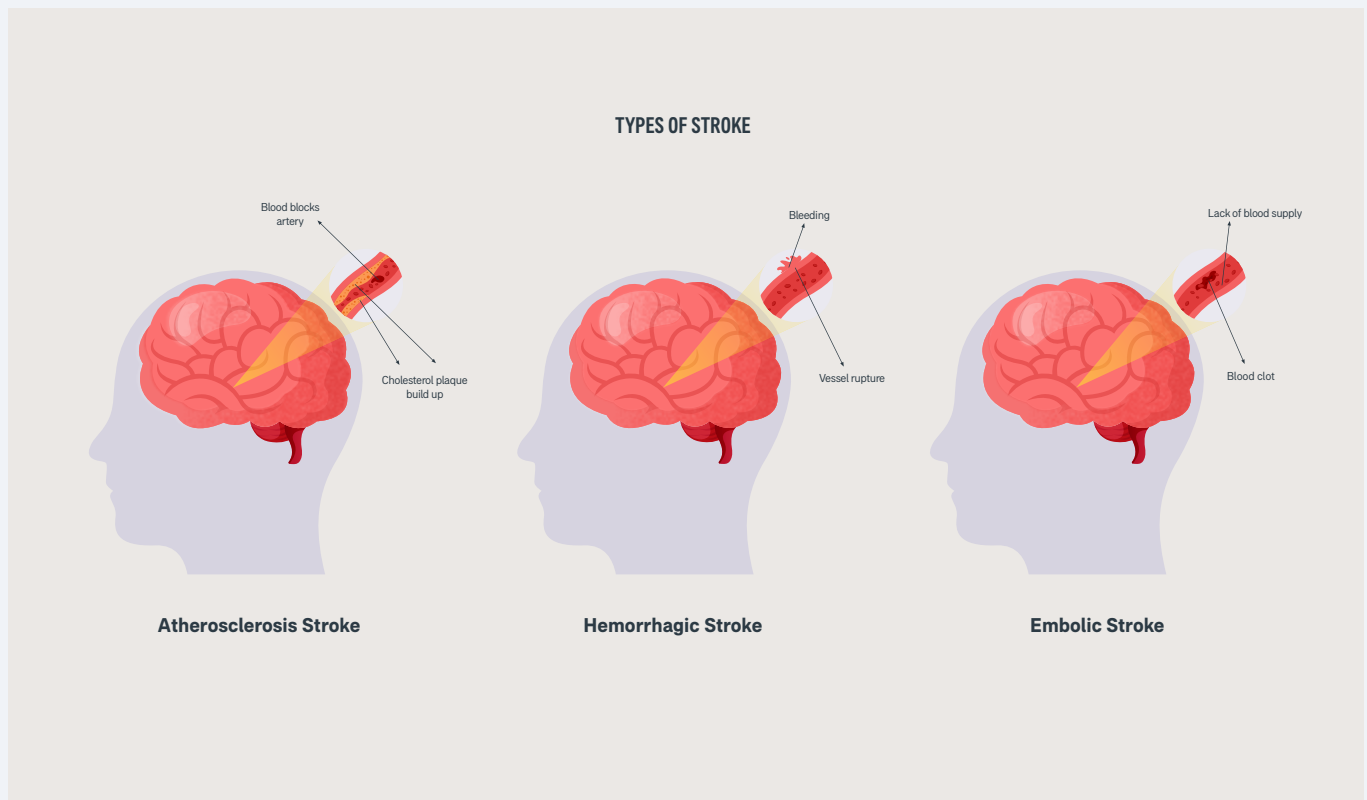
- ✓ PMAR from the applicant's GP including copies of all specialist reports, recent reviews

### Making our decision

- Our decision will depend on the customer’s age, type and severity of the stroke, any residual symptoms, and the presence of any other cardiovascular risk factors (height/weight, family history, raised blood pressure/cholesterol, smoking).
- If the stroke was within the last six months, we’ll postpone the application until the customer has had a chance to fully recover and stabilise their condition on treatment.
- Terms are unlikely if the customer has had a stroke and has diabetes.

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Stroke</b>	Single episode, full recovery (no residual symptoms)	+150% to +300%	+100% with exclusion	Refer to Underwriter	Refer to Underwriter
	Single episode, some residual symptoms	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
	More than one episode and/or significant ongoing symptoms	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter





# Multiple sclerosis

## What is the condition?

Multiple sclerosis (MS) is an inflammatory disorder that affects the brain and spinal cord (the central nervous system).

Sclerosis means scarring and the term 'multiple sclerosis' refers to multiple tiny scars which occur throughout the central nervous system and affect the body's function in a variety of ways.<sup>2</sup>

**What information do we need to make an assessment?**

**From the applicant**

- ✓ Date of diagnosis
- ✓ Nature of treatment
- ✓ Date of first and last symptoms
- ✓ Length of time in remission (if applicable)
- ✓ Name and address of the GP who has full medical records

**From the GP**

- ✓ PMAR from the customer's GP including all investigations, results, and copies of specialist reports

## Making our decision

- Our decision will depend on the type of MS, frequency and severity of symptoms and the degree of disability.
- Terms are available for customers with a family history of MS. Please contact your underwriter for further details.

## Decision guide

Condition	Severity	Life	Trauma	IP	TPD
Multiple sclerosis	All cases	Referral to underwriting	Referral to underwriting	Referral to underwriting	Referral to underwriting

Roughly **1 in 1,000** New Zealanders have MS<sup>2</sup>



Women are **3 times** more likely to contract MS than men



Symptoms most commonly appear in your **30's**

2. <https://neurological.org.nz/conditions/brain-disorders-and-support/multiple-sclerosis/>

## What is the condition?

Medically arthritis means joint inflammation. The joints can be swollen and painful. The condition is chronic and can be debilitating. It can affect people of all ages. The most common cause of arthritis in New Zealand is osteoarthritis. This is often a wear and tear process coupled with a genetic predisposition.

Arthritis is usually divided into inflammatory and non-inflammatory categories. The inflammatory categories include rheumatoid arthritis, systemic lupus erythematosus, and ankylosing spondylitis. In inflammatory arthritis the key is reducing the inflammation to control the condition.

The treatment of the inflammatory arthritis is usually with drugs which suppress the inflammation and are called DMARDS (Disease-modifying antirheumatic drugs).

The treatment of the other forms of osteoarthritis usually includes anti-inflammatory drugs and analgesia. If the disease is progressive, joint replacement surgery may be necessary. The most common joints replaced are hips and knees. However, we are seeing a trend for shoulder and thumb joint replacement surgery. Joint replacement surgery is expensive and there's a long waiting list in the public hospital system for this type of surgery. In private, a hip or knee replacement will cost more than \$30,000.



## What information do we need to make an assessment?

### From the applicant

- ✓ Type of arthritis and joints involved
- ✓ Date of diagnosis
- ✓ Frequency and severity of symptoms
- ✓ Time off work/impact on daily activities
- ✓ Description of treatment

### From the GP

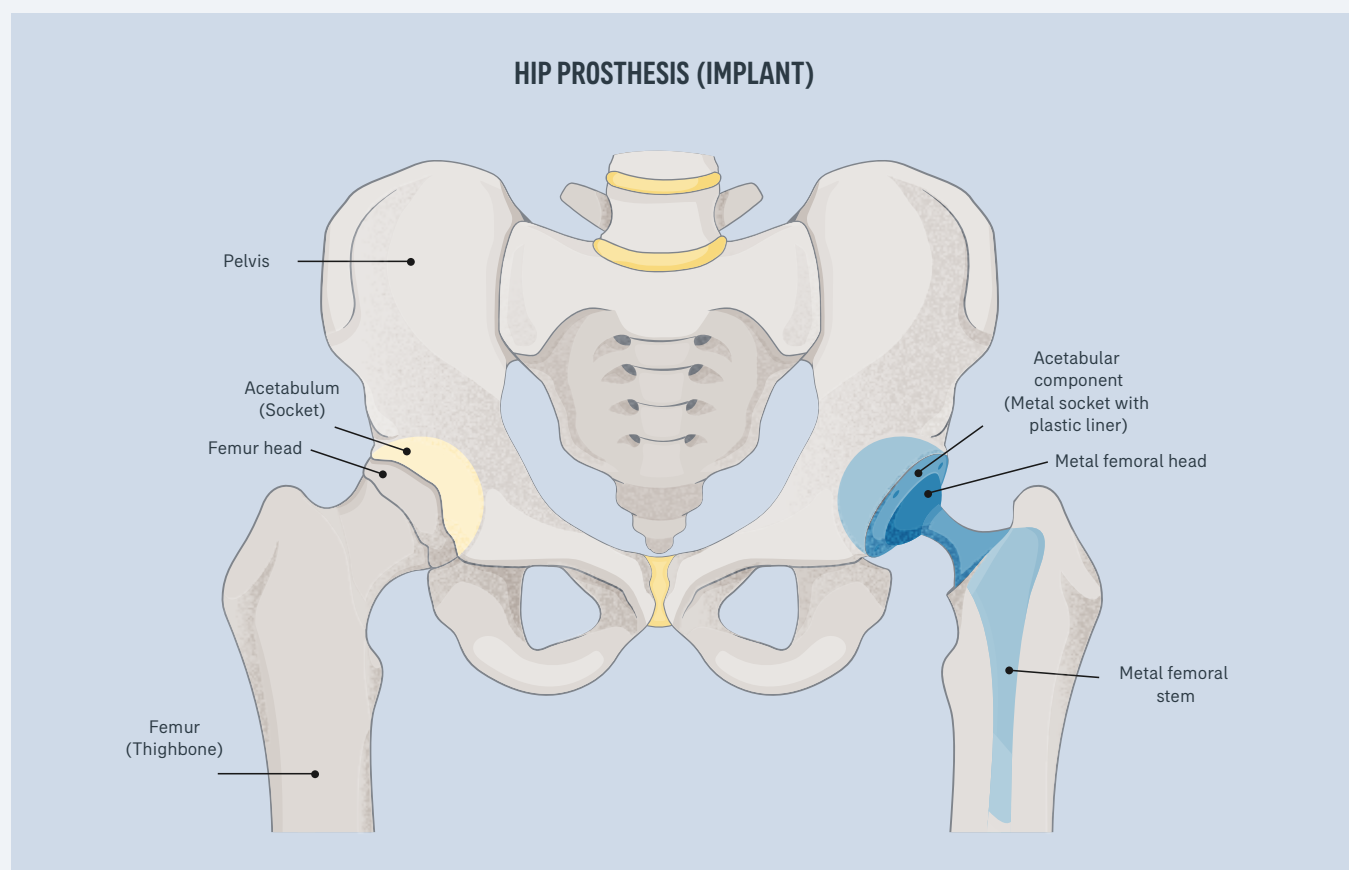
- ✓ PMAR with copies of specialist reports including results of investigations and any blood test

## Making our decision

- Our decision will depend on the customer's age, frequency and severity of symptoms, the extent of the joints or body systems that have been involved, the presence of any other risk factors including compliance with prescribed treatment and follow up appointments.

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Osteoarthritis</b>	Minimal pain/swelling. Occasional treatment	Standard rates	Standard rates	Class 1/2 – standard rates Class 3/4 - exclusion	Class 1/2 – standard rates Class 3/4 - Exclusions
	Symptoms persistent/ongoing, medication required and/or minor restriction in daily activities	Standard rates	Standard rates	Exclusions	Exclusions
	Ongoing pain, limited range of movement, significant restriction of daily activities.	Standard rates	Standard rates	Terms Unlikely	Terms Unlikely
<b>Rheumatoid arthritis</b>	Minimal pain/swelling. Occasional treatment	Standard rates	Standard rates	Exclusions	Exclusions
	Symptoms persistent/ongoing, medication required and/or minor restriction in daily activities	Standard rates	Standard rates	Exclusions	Exclusions
	Ongoing pain, limited range of movement, significant restriction of daily activities.	+50%	+50% and exclusions	Terms Unlikely	Terms Unlikely



## What is the condition?

Diabetes is a condition where the sufferer has abnormally high blood sugar levels due to the body's inability to process sufficient insulin or to respond to the excess glucose it produces. There are two broad categories of diabetes:

- **Type 1** diabetes where the body produces minimal or no insulin and must be supplemented by insulin injections; and
- **Type 2** diabetes which is by far the most common and is a metabolic condition where there's insufficient insulin and a degree of insulin resistance. This is often associated with obesity and a general poor metabolic profile. Treatment is initially concerned with weight reduction, exercise, diet modification and oral medication. Occasionally, people with Type 2 diabetes may also need insulin injections where there is extremely poor control.

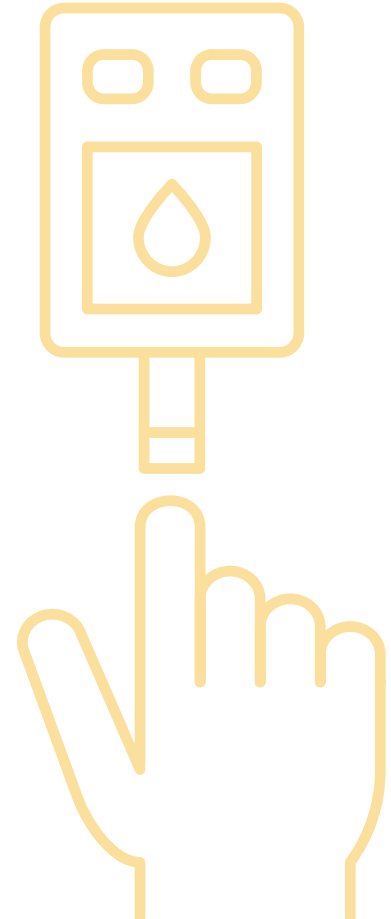
There is a Type 2 diabetes epidemic in New Zealand, and it is a major health concern for the country. It is the most common cause of renal (kidney) failure needing renal dialysis and it is also the leading cause of lower limb amputation. It also has an adverse effect on the neurological system, eyes, and peripheral vascular system. Fortunately, there are new drugs available which may minimise and help treat this chronic condition.

Diabetes is normally diagnosed through an elevated fasting blood glucose and elevated HbA1C (glycated haemoglobin). This is an integrated result of average glucose levels over the preceding 3-4 weeks. Oral glucose tolerance tests are rarely used nowadays except perhaps with pregnant woman.

### What information do we need to make an assessment?

#### From the applicant

- ✓ Date of diagnosis
- ✓ Nature of treatment
- ✓ Frequency of monitoring with GP including date and result of last blood test
- ✓ Detail of any complications including latest screening results
- ✓ HbA1c results, any investigations or screening (e.g. for diabetic retinopathy (eyes))

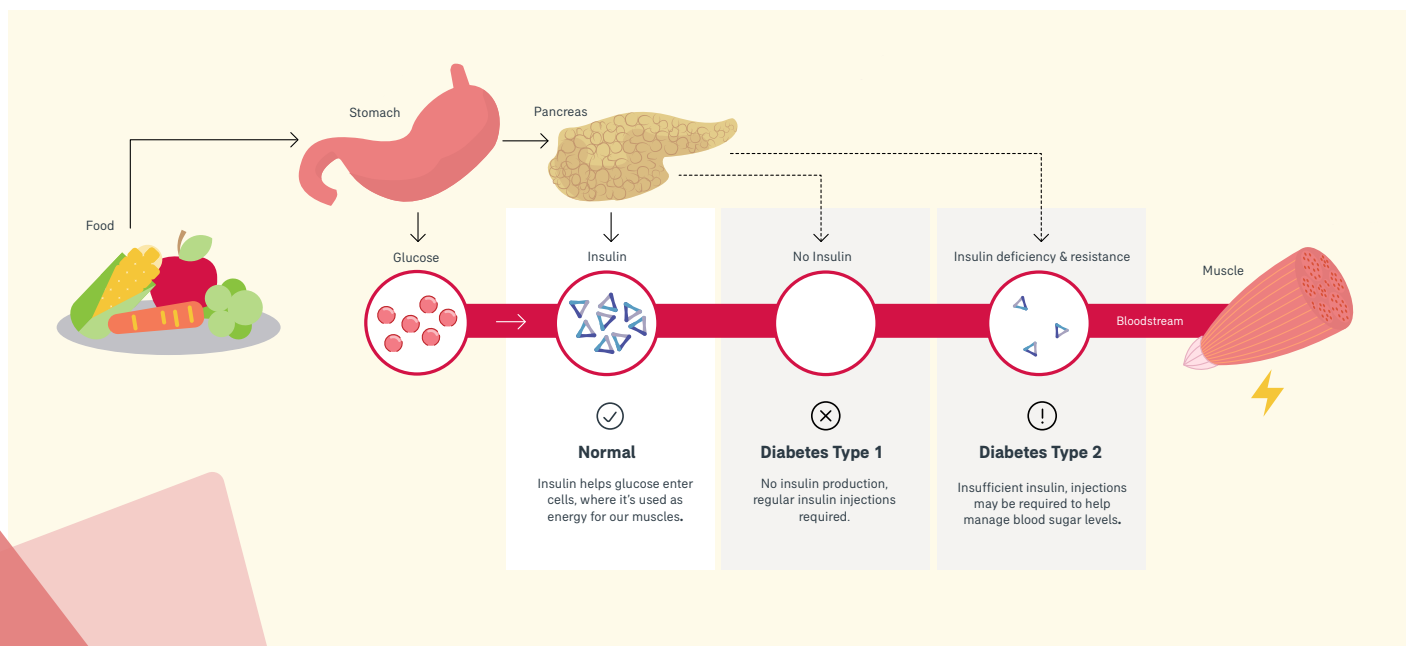


### Making our decision

- Terms will depend on several factors including: age at diagnosis, duration since diagnosis, stability of control, presence of any complications, adherence to treatment, presence of any other risk factors such as smoker, high cholesterol, high BMI, high blood pressure.
- The younger the customer is at the time of diagnosis and the presence of one or more additional risk factors, will mean that terms for trauma benefits, income protection, and related benefits are unlikely.

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Diabetes</b>	Type I - Excellent control	+75% and above depending on a range of other factors including age and length of time since diagnosis	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
	Type I - Marginal or poor control	Defer	Defer	Defer	Defer
	Type II - Excellent control	+50% and above depending on a range of other factors including age and length of time since diagnosis	+75% and above	+125% and above	+125% and above



This condition is a very common complaint. Most cases of lower back pain resolve spontaneously with minimal or no treatment, so the aim is to identify cases where medical intervention is needed.

These are usually because of trauma, disc prolapse, or overuse injuries. In most cases of lower back pain, x-rays and scans are normal, hence it is rarely necessary to image the patient. Most lower back pain resolves in 3-4 weeks with minimal treatment. There is minimal evidence to support the use of chiropractic, osteopathy or physiotherapy to improve outcomes.

However, there is a small proportion of lower back pain which needs further medical investigations. This includes persistent sciatica, interference with bowel or bladder function and severe traumatic injuries. Despite this, most cases of sciatica with lumbar disc prolapse settle spontaneously between four and six weeks; surgery may be indicated for those that don't settle.

In general, spinal surgery is best restricted to people with unstable spinal injuries or persistent neurological symptoms in the lower or upper limbs. Emergency surgery may be indicated when there is bladder or bowel symptoms involved. For non-specific lower back pain, surgery is seldom indicated.

## What information do we need to make an assessment?

### From the applicant

- ✓ Cause (if any)
- ✓ Frequency and severity of symptoms
- ✓ Date and duration of last episode
- ✓ Impact on daily activities and time off work
- ✓ Treatment and details of any surgery
- ✓ Occupation
- ✓ Complications (e.g. neurological symptoms, bowel/bladder impairment which may occur because of spinal nerve root compression)

### From the GP

- ✓ We may request a PMAR for income protection related benefits

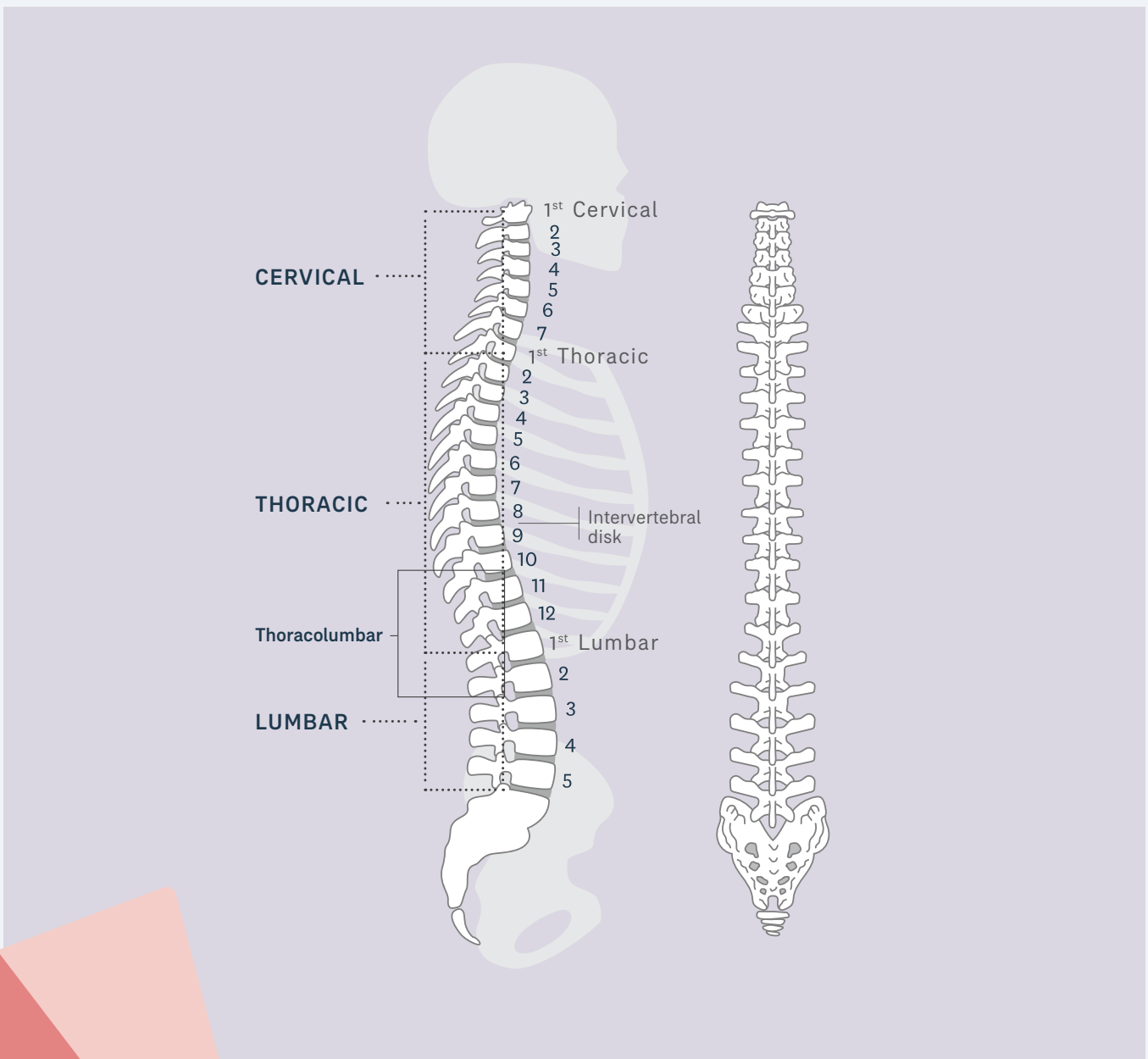


## Making our decision

- If possible, we will offer an exclusion for the affected area of the spine.
- Usually if there has been more than one area of the spine affected, a full spine exclusion will apply.
- Frequent episodes of back pain, or a customer's occupational duties increasing the chance of episodes, will likely result in altered terms being offered on income protection benefits.

**Decision guide**

Condition	Severity	Life	Trauma	IP	TPD
<b>Back pain</b>	No underlying medical condition - single episode, symptoms have resolved and no treatment in last twelve months	Standard rates	Standard rates	Likely standard rates (depending on occupation)	Likely standard rates (depending on occupation)
	More than 1 episode, symptoms have resolved and no treatment in last twelve months	Standard rates	Standard rates	Likely standard rates with exclusions	Likely standard rates with exclusions
	Ongoing symptoms, not able to perform current duties and/or prior history of surgery	Standard rates	Likely standard rates	Defer	Defer



# Substance use

The most common drugs used in New Zealand are alcohol, tobacco and, more recently vaping.

Smoking and alcohol cause considerable medical harm in the community. Unfortunately, it is often difficult to get a good history about an applicant's alcohol intake. There is considerable data now to show that anyone drinking more than two to three standard alcoholic drinks per day will have adverse health consequences. The level is likely lower in women.

Smoking rates in New Zealand are declining but long-term consequences including heart disease, lung disease and peripheral vascular disease are well recognised.

In the last 20 years, we have seen a proliferation of so-called recreational drugs - cocaine, methamphetamine, and cannabis - all of which appear to have significant long-term effects. Medical marijuana is now available in New Zealand and is prescribed by some doctors. This product has very low levels of THC (Tetrahydrocannabinol). It is MedSafe-approved but not Pharmac funded. There is still minimal medical evidence to suggest they have any significant therapeutic effect.

## Cocaine

Cocaine is an addictive stimulant made from leaves of the coca plant. It can be used by rubbing on the gums, snorted into the nose, smoked, or injected. It acts on the central nervous system as a stimulant for its euphoriant effects and a sense of well-being.

## Marijuana

Marijuana is widely available and cultivated in New Zealand. Its medicinal effects are debatable. It is used as a relaxant, and euphoriant and a way to get 'high'. Long term side effects are of increasing concern, with 10% of chronic users become addicted.

## Hallucinogens

Hallucinogens are a large and diverse class of drugs that produce altered states of consciousness with major alterations in mood, thought and perception. These include drugs like LSD, PCP, ecstasy (MDMA) and ketamine.

## Prescription drugs

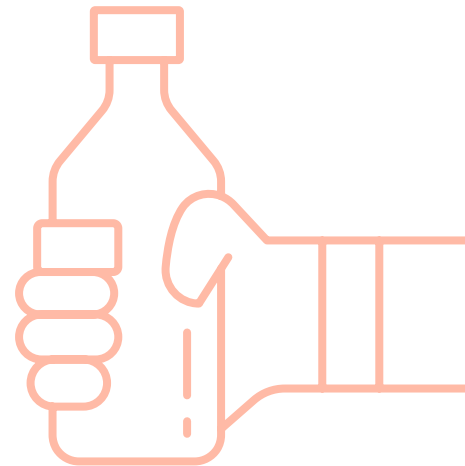
Prescription drugs, especially opioid analgesics and hypnotosedatives, are often legitimately prescribed, but can also be found on the black-market. These are causing major health issues in New Zealand. Benzodiazepines like Valium, and painkillers like tramadol, are increasingly being used for non-therapeutic reasons.

## Opioids

Opioids - both prescribed and illicit - are problematic for abuse. Heroin and fentanyl are available in New Zealand and cause severe addiction and overdose issues including death. They can be taken orally, inhaled or intravenously.

## Methamphetamine

Methamphetamine is a highly addictive synthetic drug from the amphetamine family. It is a stimulant that speeds up brain and body functions. It can be ingested orally, smoked, or taken by intravenous injection. Overdose can be fatal, and addiction is a severe problem. It is widely available in New Zealand and cheaper than cocaine.



**In the underwriting process we need to be aware of all drug use, both prescribed and non-prescribed.**



### What information do we need to make an assessment?

#### From the applicant

- ✓ What drugs have been used?
- ✓ When did drug use first start?
- ✓ On how many occasions did the applicant use drugs?
- ✓ When was the last time the applicant used drugs?
- ✓ Has there been any associated counselling or other treatment?
- ✓ Has there been any impact on employment?
- ✓ Have there been any associated mental health issues?

#### From the GP

- ✓ Details of any treatment programmes
- ✓ Details of any associated health issues (e.g. mental health issues)
- ✓ Copies of any specialist reports

### Decision guide

Condition	Severity	Life	Trauma	IP	TPD
<b>Cannabis</b>	Current Use - Intermittent, recreational, <2 days per week, no impact on employment or social functioning, age started >20	Standard rates	Standard rates	Standard rates	Standard rates
	As above but 3 to 4 days per week	Standard rates	Standard rates	Standard rates	Standard rates
	As above >4 days per week	+50%	Standard rates	+75%	+75%
	All other cases	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
	Medicinal use	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
<b>Amphetamines</b>	Past history of short duration use (>6 years ago) with no ongoing usage, or associated health problems or medical treatment.	Standard rates	Standard rates	+100%	+100%
	All other cases	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
<b>Hallucinogens</b>	Past history of short duration use (>6 years ago) with no ongoing usage, or associated health problems or medical treatment.	Standard rates	Standard rates	Standard rates	Standard rates
	All other cases	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
<b>Opioids</b>	Past history of short duration use (>6 years ago) with no ongoing usage, or associated health problems or medical treatment.	Standard rates	+100%	Refer to Underwriter	Refer to Underwriter
	All other cases	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
<b>Cocaine</b>	Past history of short duration use (>6 years ago) with no ongoing usage, or associated health problems or medical treatment.	Standard rates	+50%	Refer to Underwriter	Refer to Underwriter
	All other cases	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter

## What is the condition?

The most common respiratory disorder in New Zealand is bronchial asthma. This probably affects between 10 -15% of the population. In most cases, this is a mild disorder well controlled by inhalers. However, there is a small subgroup of asthma sufferers who are relatively resistant to treatment and often need frequent hospitalisations for the management.

In the last few years, the number of asthmatic deaths has dramatically decreased due to the advent of better and improved medications. Now, asthma should be well treated and have minimal impact on morbidity or mortality of patients.

The other category of lung disease that we see in New Zealand is chronic obstructive pulmonary disease (COPD) often called emphysema or chronic bronchitis. This is not common in non-smokers or people who had not suffered lung injury as a child. The treatments here are improving and assessment of severity is based on lung function tests including spirometry.

Due to New Zealand immigration from countries where TB (Tuberculosis) is endemic, we are still seeing sporadic cases in immigrants to New Zealand. Fortunately, nowadays tuberculosis can be well treated.

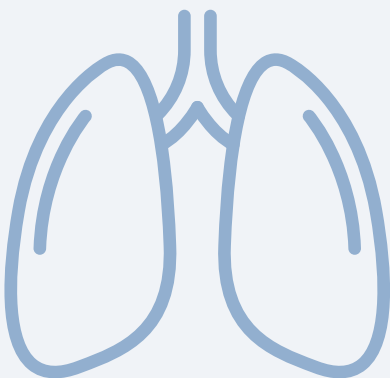
## What information do we need to make an assessment?

### From the applicant

- ✓ Date of diagnosis, frequency and severity of symptoms, current peak flow
- ✓ Dates of any GP treatments or hospital admissions
- ✓ Time off work/impact on daily activities
- ✓ Treatment including the prescription of steroid tablets (if so, how often and the latest date)

### From the GP

- ✓ If we don't get enough information from the proposal, we may request a HealthScreen medical. Severe cases may require a PMAR

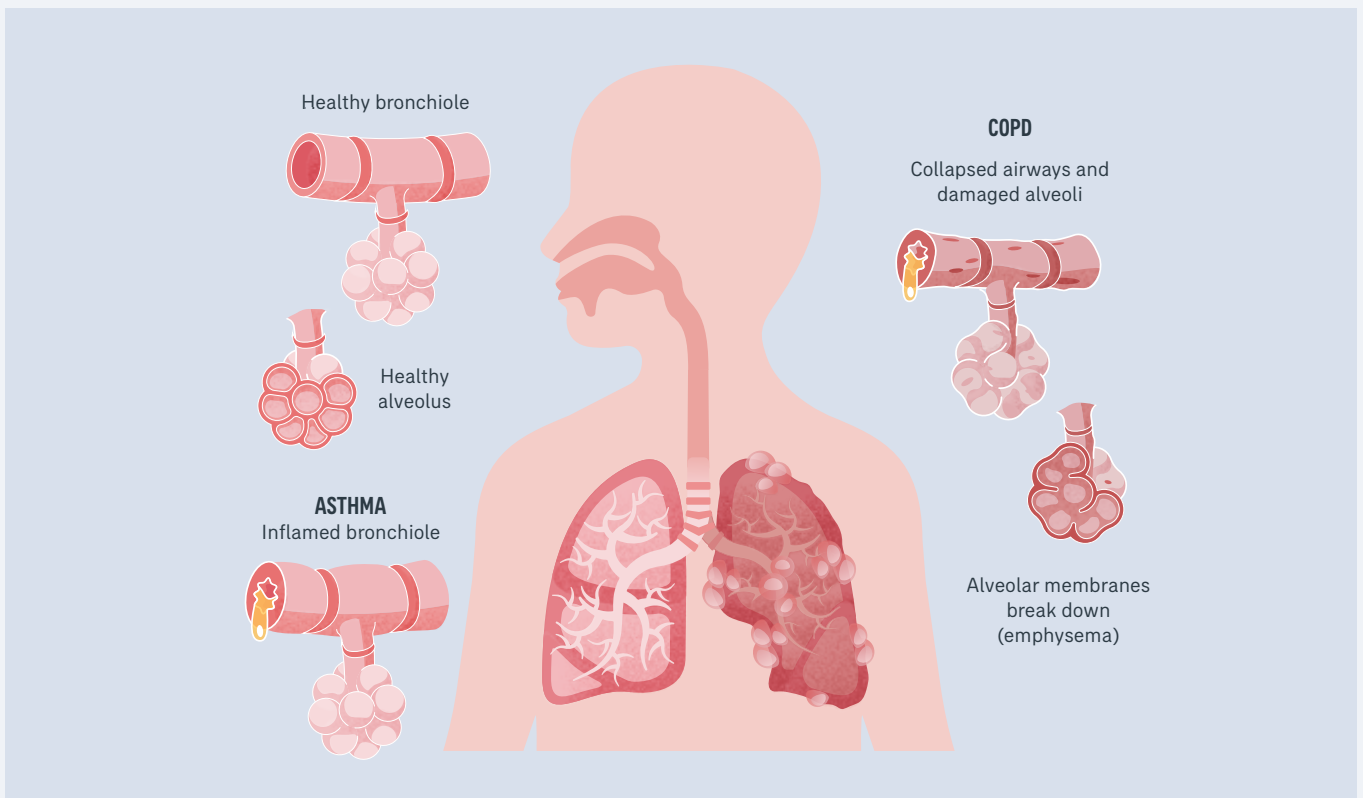


## Making our decision

- Heavy smokers are likely to receive a loading even if their symptoms appear relatively mild.
- These loadings assume there is no diagnosis of another lung condition such as bronchitis, emphysema, or COPD.

**Decision guide**

Condition	Severity	Life	Trauma	IP	TPD
<b>Asthma</b>	Infrequent/minor symptoms/ childhood only fully resolved	Standard rates	Standard rates	Standard rates	Standard rates
	Mild – daily treatment < 2 inhaled steroids, < 4 GP visits per year for nebulisers, no effect on ability to work or daily activities.	Std. to + 50%	Std. to +50%	+50%	+50%
	Moderate – daily treatment > 2 inhaled steroids, use of prednisone, some time off work, > 4 GP visits for nebulisers.	+50% - +100%	+50% - +100%	Refer to Underwriter	Refer to Underwriter
	Severe – daily treatment > 2 steroid and regular use of prednisone, time off work or effect on daily activities	+150%	Individual consideration	Refer to Underwriter	Refer to Underwriter
<b>Chronic Obstructive Pulmonary Disease</b>	Mild - little or no time off work, minimal shortness of breath, near normal FEV1 (the amount of air that you can force out of your lungs in 1 second), non-smoker	+50%	+50%	+50%	+50%
	Moderate - frequent time off work, shortness of breath on exertion, moderate reduction in FEV1, non-smoker	+150%	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter
	Severe - substantial time off work, significant ongoing shortness of breath, severe reduction in FEV1	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter



# Female genital tract

Medical issues affecting the female genital tract are common. These include cancers of the cervix and ovaries, and endometriosis. Screening for cervical cancer has changed with HPV (Human Papillomavirus) screening and the widespread uptake of the HPV vaccination. However, there is still a cohort of women who need regular cervical cytology assessments.

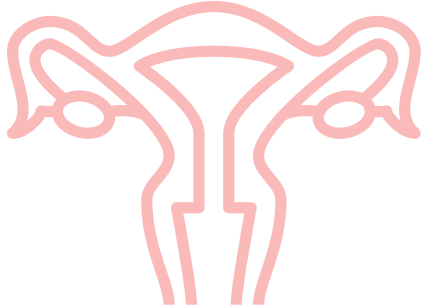
Endometriosis is common with up to 1 in 5 women affected to various degrees. This may influence female fertility. Menstrual irregularities and symptoms are common but usually require a diagnosis which can be treated, and a good outcome achieved.

Menstrual disorders including menorrhagia are common and if conservative measures fail, surgery including hysterectomy may be indicated.

The treatment of menopausal conditions is now appropriately occurring including HRT. Until about 10 years ago, this was not used widely because of inaccurate reports of poor health outcomes for treated women.

**What information do we need to make an assessment?**

- ✓ Type and severity of symptoms
- ✓ Duration of symptoms
- ✓ Any complications of the condition (infertility, ongoing pain)
- ✓ What treatment is planned
- ✓ Time off work



### Decision guide

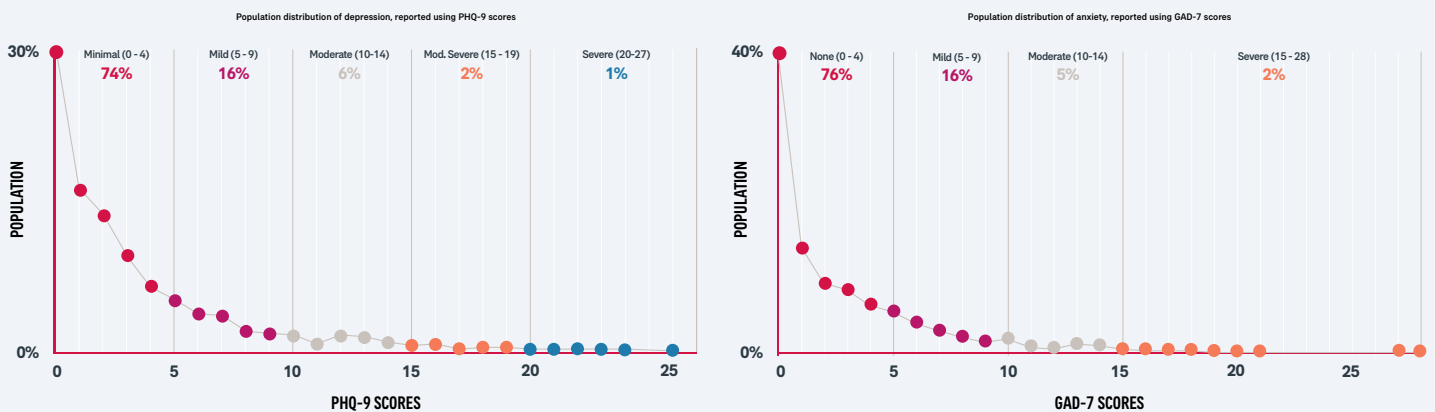
Condition	Severity	Life	Trauma	IP	TPD
<b>Endometriosis</b>	No complications, less than 10 days off work	Standard rates	Standard rates	Standard rates	Standard rates
	With complications or with ongoing time off work	Standard rates	Standard rates	Exclusions	Exclusions
<b>Menorrhagia</b>	No underlying disease present	Standard rates	Standard rates	Standard rates	Standard rates
	Underlying disease present	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter

It is increasingly recognised that our mental health is inextricably linked to our physical health. It has been long recognised that people with depression have worse outcomes post-surgery or heart attack. There is a broad spectrum of mental disorders and the most common problems seen are depression and anxiety.

Unlike other disease, the diagnosis is usually made on history and patient interaction. Organ imaging and laboratory tests are usually only useful to exclude underlying disease. As a result, diagnoses can change over time as there is more clarity of the clinical picture.

According to the Wellbeing and Mental Distress Snapshot<sup>3</sup> 30% of New Zealanders experience some form of mental health issue.

The table below sets out a view of the distribution of depression using a PHQ-9 score (Personal Health Questionnaire) and anxiety using a GAD-7 score (Generalised Anxiety Disorder Assessment). These tools are used by GPs to establish the presence and severity of depression and/or anxiety. The table shows that many of the people suffering from depression/anxiety are at the very mild end of the spectrum with a requirement for monitoring and support only. These cases do not usually have an association with work incapacity, even if on treatment, and these cases do not appear to be prevalent in our claims experience.

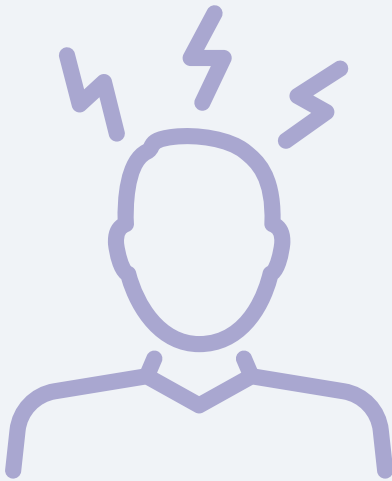


Our underwriting approach tries to take account of this experience. Our view is that we can moderate our approach for mild cases, while continuing to examine data and claims experience for the triggers that drive our mental health experience.

Firstly, it is important to recognise the disclosure and what type of mental health issue the client is/has experienced. In many cases standard rates will be available for income protection based on the following:

- Are likely of a transitory nature e.g. grief/bereavement/other external cause (disaster, victim of crime)
- A history of depressive or anxiety symptoms that do not have the diagnosis of a formal major disorder.
- Have minimal or no impact on daily work/activities.
- Are historical (i.e. full resolution greater than 1 year ago)

3. Wellbeing and Mental Distress in Aotearoa New Zealand: Snapshot 2016, <http://www.hpa.org.nz/research-library/research-publications>



### What information do we need to make an assessment?

#### From the applicant

- ✓ Nature of condition (including whether there is more than one type of mental health issue being experienced by the applicant)
- ✓ Identifiable cause
- ✓ Whether the cause has been removed or managed
- ✓ First and last symptoms
- ✓ Nature of the treatment
- ✓ Description of current treatment status (e.g. has your treatment been ceased with advice from a health professional)
- ✓ Time off work or reduced hours
- ✓ Description of current state / level of functionality (e.g. Treatment has been successful and enabled me to return to my normal social and work activities)
- ✓ Emergency or respite care or in-patient hospitalisation

#### From the GP

- ✓ Copies of any specialist referrals (e.g. psychologist/psychiatrist reports)

### Decision guide

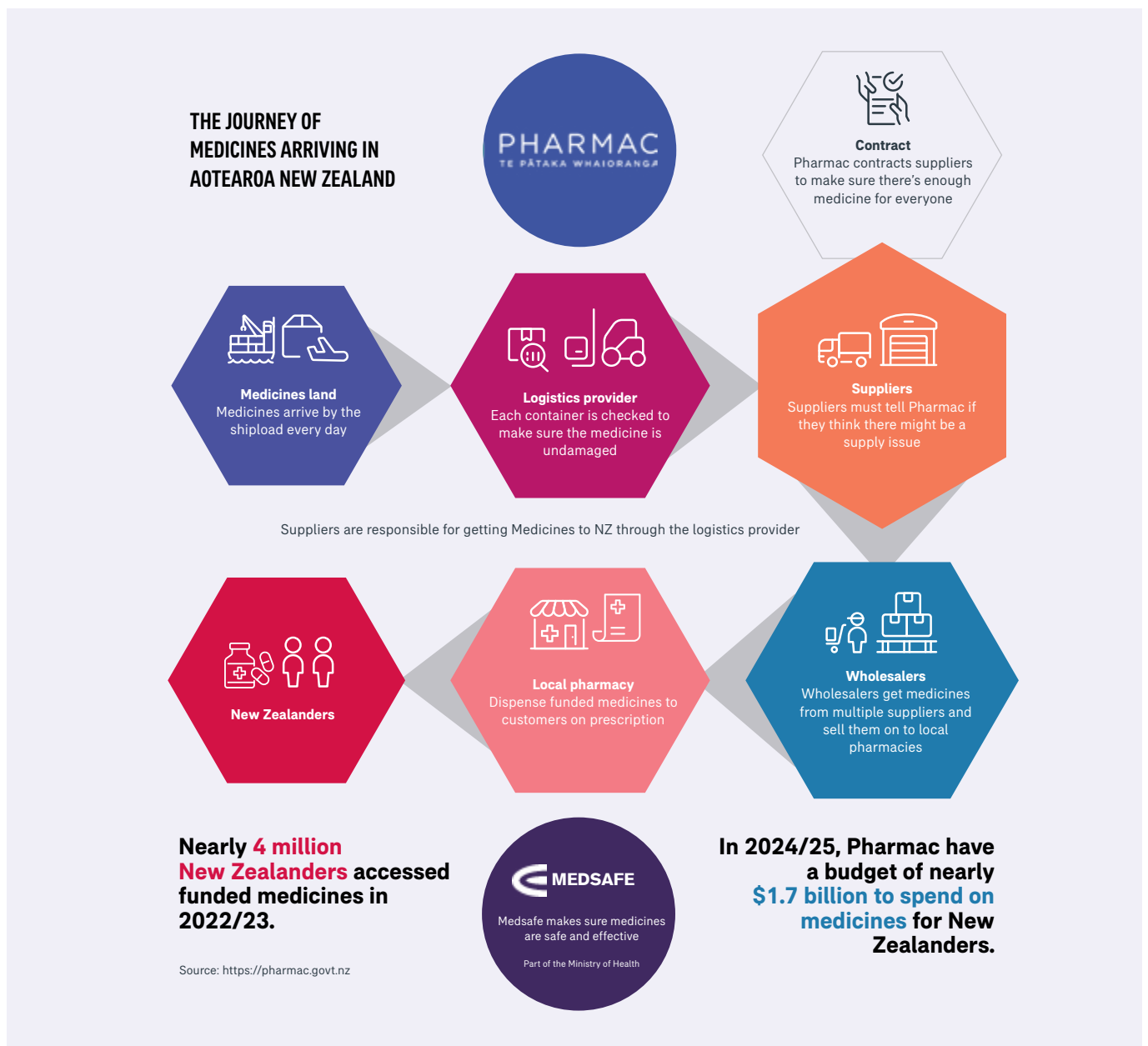
Condition	Severity	Life	Trauma	IP	TPD
<b>Mental health</b> <i>These ratings are for symptoms/conditions where there is not a serious underlying disorder (e.g. Bipolar Disorder, PTSD)</i>	Mild anxiety, stress, or depression, where there is an identifiable short-term cause (e.g. grief, bereavement, marriage breakup)	Standard rates	Standard rates	Standard rates	Standard rates
	Moderate symptoms (where condition is ongoing, no clear underlying cause, or multiple causes, some impact on social or work functioning)	Standard rates to +100%	Standard rates to + 100%	Exclusions	Exclusions
	Significant ongoing symptoms and/ or time off work	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter	Refer to Underwriter

# Medication

Medication history is very important in the underwriting process. A lot of information can be gleaned by knowing what medication a person is taking. In New Zealand there are two main agencies involved with pharmaceutical prescription and delivery of drugs to patients.

## Medsafe and Pharmac

Medsafe is the regulatory body that ensures drugs are safe for the uses intended. Pharmac is the government funding body which subsidises appropriate drugs. Often there will be drugs which will be MedSafe approved, but not Pharmac funded. A common example is in the oncology (cancer) area. Often, a situation arises where medical insurers will pay for non-Pharmac drugs for cancer purposes which are not funded by Pharmac, but which are Medsafe approved.



# Understanding a medical exclusion

## Our claims philosophy

At AIA, we're here to pay claims and we strive to make the process as simple and fast as we can. To make a fair decision on certain claims, it often involves additional reports and assessments which may extend the time frame to reach a decision.

We work closely with the client to:

- Ensure they understand our process and what is happening
- Offer practical solutions that recognise individual situations
- Make a decision as quickly as possible

We know that our claims specialists make the difference at claim time, and we actively provide training and development for our team. We have great people, a market-leading approach, and work together with some of the best medical providers to deliver to our promise to help people when they need it most.

## Why is there a medical exclusion?

With insurance, there are instances where someone with certain risk factors may be considered as having a higher chance of needing to claim. The process of underwriting helps us to identify these risk factors and personalise their insurance contract. It also allows AIA to keep the base rate of insurance premiums at a competitive rate, now and in the future.

During the underwriting of an application, we may note there is a pre-existing medical condition, or signs or symptoms of one, meaning there is a higher chance that the applicant may need to claim. Based on this we apply an exclusion clause to the policy.

## Can a claim ever be submitted if an exclusion is applied to a policy?

If it's believed the claim is unrelated to the pre-existing condition, a claim should be submitted for assessment. If medical evidence acceptable to AIA clearly shows the claim event is completely unrelated to the pre-existing condition, then we will consider the claim.

An example: if you have repeated muscle strains in your lower back and develop cancer of the bone in your spine, a claim may be considered. AIA will always rely on expert medical information to make decisions on whether a condition is accelerated by or related to the pre-existing condition.

In some circumstances, exclusions are applied for a combination of risk factors, family history or an undiagnosed set of symptoms. In these circumstances it could be more difficult to prove that a claim is unrelated to a pre-existing condition, and it is more likely that the exclusion would be upheld.

## Can the exclusion be reviewed?

Yes, your client can apply to have their exclusion clause on their policy reviewed.

To review an exclusion clause, we need:

- A statement from the client with a full history of the condition, including when they first and last had signs or symptoms, and any treatment. We will also need medical information from the practitioners who treated them for the condition that gives evidence of the degree of recovery they have made, and the likelihood of having another episode or requiring treatment in the future.
- It is important to understand that when we review the exclusion it does not mean that we will automatically remove or alter the exclusion. The review will consider all information provided to determine that the risk presented at time of application has resolved or significantly reduced.



# AIA Vitality

AIA Vitality is our personalised, science-backed health and wellbeing programme that supports you every day to make healthier lifestyle choices. It helps you understand your current state of health, provides tools to improve it and offers great incentives to keep you motivated on your journey. The life assured under any eligible AIA policy can take out an AIA Vitality membership.

[aiavitality.co.nz](https://aiavitality.co.nz)



A00123 001A 2501



**0800 768 287**

Monday - Friday, 9am - 5pm



General and claims queries  
[nz.art@aia.com](mailto:nz.art@aia.com)



[aia.co.nz/ART-chat](https://aia.co.nz/ART-chat)

Monday - Friday, 9am - 5pm



[resources.aia.co.nz](https://resources.aia.co.nz)



New business queries  
[nz.nbs@aia.com](mailto:nz.nbs@aia.com)



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**HEALTHIER, LONGER,  
BETTER LIVES**