



Medical Underwriting

A Guide for Financial Advisers

Protect the things you care about

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Introduction

This guide is designed to help you through the underwriting process and to give some indication of the type of decision you might expect given a client's medical history. Each application is, however, taken on its merits which may mean, for example due to a combination of conditions, the illustrative terms quoted in this document will not apply.

Types of Evidence

The Society regularly uses / requests the following forms of evidence to assess an application for membership

- Application form
- GP report
- Tele interview
- Mini screening examination
- Written questionnaire
- Blood or other tests.

We have a number of medical questionnaires on our website

www.cirencester-friendly.co.uk/Sales-Tools

If an applicant has a specific medical condition, completing and forwarding the appropriate questionnaire will often speed the underwriting process up.

Medical Conditions

Most of the common conditions likely to be encountered are detailed within this guide.

However, we are not able to cover all conditions. Those the Society is unable to accept include:

- Multiple Sclerosis and other neurological conditions such as Motor Neurone Disease, Parkinson's disease and Huntington's Chorea.
- ME, Chronic Fatigue Syndrome.
- Fibromyalgia.
- HIV.
- Recently diagnosed cancers, cancers which have spread.

If you wish to enquire about a medical condition not listed in this guide please contact the Society. This can either be done via our Online Chat tool on our website

www.cirencester-friendly.co.uk/financial-advisers or
by speaking to our Underwriters direct on **01285 652492 ext 8300**.

Decision Types

The following decisions may be given at the time of application are as follows:

Standard: no additional 'non standard' exclusions, no premium loading.

Exclusion: Exclusion applied which prevents a claim relating to the condition.

Exclusion reviewable: An exclusion will be applied but will be reviewed after a set number of years or a stated event. If the condition and / or its treatment cease then the exclusion will be removed.

Loading: An extra premium is charged due to the additional risk.

Postpone: It is not possible to offer terms of any sort at present, however, after a number of years a reapplication can be made and terms might be possible.

Decline: Unfortunately the application cannot be considered

Please be aware that any standard exclusion quoted may be amended on an individual basis.

Exclusions

Where exclusions are applied to a contract this will mean that the contract holder is not able to make a claim if their incapacity is due to an excluded condition or its associated conditions. Associated conditions are those that are linked to the excluded condition (e.g. that cause or are caused by the excluded condition). If it is unclear whether the claim is linked to the excluded condition, the Society will generally correspond with the practitioner treating the contract holder to determine whether it is associated or not. It is not the Society's intention to use exclusions to avoid genuine claims, which are totally unrelated to the excluded condition.

Where contract holders are unfortunate enough to be involved in an accident e.g. a road traffic/ industrial accident and sustain an injury relating to an excluded condition then a claim would be considered. If the injury suffered was entirely due to the accident then a claim would be paid subject to meeting all other claims criteria. In situations where an accidental injury is minor making a pre-existing problem worse, any such injury would be given consideration by the Claims Review Panel.

Guidance To The Abbreviations Used In the Tables

Dec	Decline the application
D 1	Day 1 applications
Ex	Exclusion
Ex rv	Exclusion reviewable at some point within the following 5 years
IC	Individual consideration i.e. the decision will depend on individual details
Post	Postpone
S	Standard
W	Weeks deferred e.g. 4 W = 4 week deferred applications

Anxiety (including panic attacks, stress and phobias)

Anxiety is a normal reaction to stress. Panic and anxiety disorders are characterised by excessive and persistent feelings of anxiety which may become extremely disabling.

Potential Decision:

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Mild Anxiety (responsive to treatment, < 3 weeks pa off work)					
Current / within last 2 years	Ex	Ex	Ex	Ex rev	Ex rev
Treatment / symptoms ceased 2 – 5 years ago	Ex rv	Ex rv	Ex rv	Ex rv	Ex rv to S
Treatment / symptoms ceased over 5 years ago	Ex rv to S	Ex rv to S	S	S	S
Moderate Anxiety (single period off work < 2 months or occasional episodes totalling < 5 weeks off work pa, usually treated by antidepressant)					
Current / within last 2 years	Post to Ex	Post to Ex	Post to Ex	Post to Ex	Post to Ex
Treatment / symptoms ceased 2 – 5 years ago	Ex	Ex	Ex	Ex	Ex
Treatment / symptoms ceased over 5 years ago	Ex	Ex	Ex	Ex to S	Ex* to S

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Severe Anxiety (single period off work of over 2 months or recurrent episodes totalling more than 5 weeks time off work pa)					
Current / within last 2 years	Dec	Post	Post	Post	Post
Treatment / symptoms ceased 2 – 5 years ago	Dec	Post	Post	Post	Post to Ex
Treatment / symptoms ceased over 5 years ago	Dec to Ex	Dec to Ex	Dec to EX	Dec to Ex	Dec to Ex
Adverse features that may lead to a declinature	Symptoms greatly related to work, hospital admissions, ECT treatment, substance, drug or alcohol misuse				

Type of evidence:

A tele interview will be preferred or a completed mental health questionnaire. We can write to the GP for a report if necessary.

Standard Exclusion Wording:

Due to the overlap between anxiety related conditions and other mental health conditions we use our standard mental health exclusion which is worded as follows; ‘ Depression/ anxiety/ stress/ fatigue, ME, insomnia, anger management, its treatment/ side effects, investigations, complications and all related or associated conditions’.

Arthritis

Arthritis can range from a mild condition with no deformities having little impact on daily life through to major deformities requiring constant treatment which causing a significant impact on day to day activities. There are different types of arthritis, most commonly osteoarthritis but also, for example, rheumatoid, juvenile or psoriatic.

Potential Decision for Osteoarthritis:

Any underwriting decision on an application where there is a history of osteoarthritis will need to take into account the severity of the condition, the applicant's occupation and the selected deferred period. The table below however provides some general guidelines. For other types of arthritis please contact the Underwriting Team.

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Acute					
In history (no deformities, no continuous treatment)					
0 to 3 years (from last symptoms)	Ex	Ex	Ex	Ex	Ex
3 – 5 years	Ex rv	Ex rv	Ex rv	Ex rv	S
5 – 10 years	S	S		S	S
In history (mild deformities, no continuous treatment)					
0 to 3 years from last symptoms)	Ex	Ex	Ex	Ex	Ex
3 – 10 years	Ex	Ex	IC	IC	IC
Over 10 years	IC	IC	IC	Ex to S	Ex to S
Multiple Episodes					
No or mild deformities, not on continuous treatment.					
0 to 3 years (from last symptoms)	Ex	Ex	Ex	Ex	Ex
3 – 5 years	Ex	Ex	Ex	Ex	IC
5 – 10 years	Ex	Ex	Ex to S	IC	IC
Over 10 years	IC	IC	Ex to S	S	S

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Continuous Symptoms / Treatment					
No or mild deformity, no time off work in past 2 years	IC	IC	IC	Ex	Ex
No or mild deformity, time off work in past 2 years	Post / Dec	Post / Dec	Post / Dec	Post / Dec	Post / Dec
Moderate deformity, no time off work in last 5 years	IC	IC	IC	IC	IC
Moderate deformity, time off work in last 5 years	Dec	Dec	Dec	Dec	Dec
Severe deformity	Dec	Dec	Dec	Dec	Dec

Type of evidence required:

A tele interview will usually be the preferred form of evidence although a GP report and copies of specialist letters may be more helpful for some applicants particularly if their condition is more severe.

Standard Exclusion Wording:

'Arthritis of any joint, its underlying cause, treatment/ side effects, complications, investigations and associated conditions.'

Asthma

Asthma is a common condition of the airways which can cause wheeziness, cough, chest tightness and shortness of breath. It is most common in childhood and is 'grown out' of by many individuals. Those who continue in adulthood with the condition usually experience it in its mild form but for some it can be a disabling and life threatening condition.

Potential decision:

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
'Childhood asthma' – no treatment or symptoms for at least 2 years	S	S	S	S	S
Mild (short duration, lungs clear between attacks, no time off work, FEV1 > 80% of predicted) – non smoker	Ex	S	S	S	S
Mild–smoker	Ex	Ex	Ex	Ex	Ex
Moderate (longer duration, symptoms occurring daily during waking hours and more than once a week during the night, inhaled corticoids or oral steroids required, FEV1 60-80% of predicted) – non smoker	Ex	Ex	Ex	Ex	Ex
Moderate – smoker	Dec	Dec	Ex	Ex	Ex
Severe (Continuous symptoms during waking hours and frequent symptoms at night, high dose inhaled corticosteroids and/or oral steroids, hospitalisation, FEV1 60% or less of predicted, or respiratory insufficiency)	Dec	Dec	Dec	Dec	Dec

Type of evidence required:

Where we still require further information when the application form is received, a tele interview will usually be the preferred form of **evidence**.

Standard asthma exclusion wording:

'Asthma (including bronchitis, nasal allergy, sinusitis or rhinitis), its treatment/ side effects, investigations, complications and associated conditions'

Back and Neck

Back and / or neck pain is a major cause of disability and long term sickness. Chronic conditions can leave individuals unable to work and prone to depression. The cause of back / neck pain can range from short term muscular strains through to sciatica, disc damage, arthritis of the spine and conditions such as ankylosing spondylitis and spondylosis.

Potential Decision:

Any underwriting decision on an application where there is a history of back and or neck pain will need to take into account not only the medical details but also the applicant's occupation and the selected deferred period.

The table below however provides some general guidelines for the most common back / neck complaints.

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Back / Neck muscle sprain and strain					
1 episode only lasting 7 days or less with full recovery					
< 2 years elapsed	Ex rv	Ex rv	Ex rv	Ex rv	Ex rv
2 – 3years	Ex rv to S	S	S	S	S
3 years plus	S	S	S	S	S
1 episode duration 8 days plus or up to 2 recurrences of short duration					
0 to 2 years since last episode	Ex rv	Ex rv	Ex rv	Ex rv	Ex rv
2- 5 years	Ex *	Ex*	Ex rv	Ex rv	Ex rv to S
More than 5 years	IC	IC	S	S	S
Degenerative Disc Disease / Prolapse / Sciatica					
Present	Post to Ex	Post to Ex	Post to Ex	Post to Ex	Post to Ex
In history (no surgery) Single episode with complete recovery					
0 to 2 years	Ex	Ex	EX rv	Ex rv	Ex rv
After 2 years	Ex*	Ex*	Ex*	Ex*	Ex*

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Recurrent episodes and / or incomplete recovery	IC	IC	IC	IC	IC
In history (with surgery) Full recovery with no permanent damage					
0 to 5 years	Ex	Ex	Ex *	Ex *	Ex *
After 5 years	Ex*	Ex*	IC to S	IC to S	IC to S
Incomplete recovery / ongoing symptoms	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec

**Possibly reviewable depending on individual circumstances*

Type of evidence required:

A tele interview or a completed back/ neck questionnaire will often be the preferred form of evidence. A GP report is not always helpful as many people choose to attend a physiotherapist, chiropractor or osteopath for treatment.

Standard Back Exclusion Wording:

Any condition or disorder of, or any injury to the back /spine, its intervertebral discs, nerve roots or supporting musculature and ligaments, its underlying cause, treatment / side effects, investigations, complications and associated conditions.

Standard Neck Exclusion Wording:

Any condition or disorder of, or any injury to the neck /cervical spine, its intervertebral discs, nerve roots or supporting musculature and ligaments, its underlying cause, treatment / side effects, investigations, complications and associated conditions.

Blood Pressure / Cholesterol

Raised blood pressure (also known as hypertension) occurs when the pressure of blood in the arteries is higher than it should be and increases the risk of heart disease, stroke and kidney damage.

Cholesterol is a fatty substance in the blood. If there is raised cholesterol (also known as hyperlipidaemia) this may lead to heart disease or strokes in the future.

Potential Decision:

Applicant	Approach
Not on any treatment- blood pressure and / or cholesterol raised	Load or postpone until on treatment and acceptable readings achieved and maintained for a period of time.
On treatment < 6 months	Load the premium based on pre treatment levels or postpone if pre treatment levels are unacceptable
On treatment > 6 months	Standard rates if reading(s) now at a normal level or load on current level or if poor control - decline
Adverse features that may lead to a declination	Smoking more than 20 cigarettes per day, in combination with high BMI

Type of evidence required:

Where we still require further information when the application form is received, a tele interview will usually be the preferred form of evidence. Where applicants are unsure of readings then we may write to their GP for evidence or can arrange for readings to be carried out on our behalf by a qualified nurse.

Cancer

Due to the huge variations in different types of cancers it is impossible to provide specific guidelines. Our Underwriters will be pleased to provide guidance on an individual basis. In general we are more likely to be able to offer terms where:

- A long time has elapsed since treatment was last required
- Diagnosis was over 5 years ago
- The cancer has not spread
- The applicant has been discharged from treatment and follow up

If an application is being submitted it is very helpful to enclose a copy of the most recent specialist report.

Cancer Exclusion:

The wording of the exclusion will depend on the cancer type and circumstances.

Depression

Depression can range from a minor situational reaction through to seriously disabling conditions such as schizophrenia and bi-polar depression.

Potential Decision:

	Day 1 + 1 w	4 w	8 w	13 w	26 & 52 w
Bi-polar or Manic Depression	Dec	Dec	Dec	Dec	Dec
Schizophrenia					
Obsessive Compulsive Disorder	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec
Mild Depression** (minor / reactive, short term bereavement reaction, seasonal affective disorder)					
Single episode, no time off work, currently on treatment	Ex	Ex	Ex	Ex	Ex
Single episode, no time off work, no longer on treatment but treatment within last 5 years.	IC	IC	IC	Ex to S	Ex to S

	Day 1 + 1 w	4 w	8 w	13 w	26 & 52 w
Single episode, no time off work, no longer on treatment had treatment over 5 years ago	S	S	S	S	S
Single episode, time off work within last 5 years	Ex	Ex	Ex	Ex	Ex to S
Single episode, time off work > 5 years ago	IC	IC	IC	IC	IC (usually S)
Multiple episodes with or without time off work	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec
Moderate Depression (cyclothymic disorder)					
Episode(s) within the last 5 years	Dec	Dec	Dec	Dec to Post	Dec to Post
Episode(s) within the last 5 – 10 years	Dec	Dec	Dec	IC	IC
Severe Depression (e.g. psychotic depression)					
All Cases	Dec	Dec	Dec	Dec	Dec
Adverse features that may lead to a declinature	Symptoms greatly related to work, hospital admissions, ECT treatment, substance, drug or alcohol misuse				

** To include Post natal depression / Depressive neurosis / Nervous depression / Neurotic depression / Endogenous depression / Cyclothymic depression / Depressive state / Reactive depression / Masked depression / Depressive syndrome

Type of evidence:

A tele interview will be preferred or a completed mental health questionnaire. We can write to the GP for a report if necessary.

Standard Exclusion Wording:

Due to the overlap between depression and other mental health conditions the Society uses its standard mental health exclusion which is worded as follows; 'Depression/ anxiety/ stress/ fatigue, ME, insomnia, anger management, its treatment/ side effects, investigations, complications and all related or associated conditions'.

Diabetes Mellitus

Diabetes is caused by lack of / decreased effectiveness of insulin in the body leading to raised blood sugar levels. It is a chronic condition which unfortunately can involve a number of long term complications. There are two types of Diabetes; Type 1 and Type 2.

Type 1 Diabetes tends to occur at an earlier age and is where the body's immune system attacks and destroys the cells that produce insulin. The only way it can be treated is through the injection of insulin into the blood stream.

Type 2 Diabetes tends to occur at an older age and in a situation where the body is not producing enough insulin or the body is unable to effectively use the insulin being produced. This type of diabetes may be controlled through diet / exercise, or tablets but may eventually require insulin to be injected.

Potential Decision (applies to both types):

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
Diagnosis < 1 year	Post	Post	Post	Post	Post
Diagnosis > 1 year					
HBA1c <8 or IFCC <64, no complications, compliant with treatment, non smoker	Ex	Ex	Ex	Ex	Ex
All other cases	Dec	Dec	Dec	Dec	Dec

Type of evidence required:

Where we still require further information when the application form is received, a diabetic questionnaire or a tele interview will usually provide the information required. Occasionally a GP report may be obtained.

Standard exclusion wording:

'Diabetes and any complication related to this condition, including heart disease, kidney disease, neuropathy/ nerve damage, eye problems or circulatory conditions, its underlying cause, treatment/ side effects, investigations , complications and associated conditions.'

Epilepsy

An individual with epilepsy has a tendency to have recurrent seizures/ fits. These are caused by a sudden burst of excess electrical activity in the brain so that messages become disrupted, halted or mixed up. The type of seizure that occurs will depend on the cause of the epilepsy and how widely and rapidly it spreads. Epilepsy can have a number of causes and can range from mild to severe.

Potential Decision:

For applicants with ongoing epilepsy terms can often be offered with an exclusion, however where the diagnosis is fairly recent, there is a sinister cause or the epilepsy is poorly controlled an application may be postponed or declined. Applicants with a history of epilepsy may get standard terms depending how severely affected they were and the time elapsed since the last attack.

The table below however provides some general guidelines.

	D 1 & 1 w	4 w	8 w	13 w	26 & 52 w
CURRENT:-					
Diagnosis or an attack < 1 year	Post	Post	Post	Post	Post
More than 6 attacks per year	Dec	Dec	Dec	Dec	Dec
Simple partial seizures (including petit mal, grand mal, temporal lobe and jacksonian epilepsy), less than 7 attacks per year, diagnosis or an attack >1 year ago, well controlled on medication	Ex	Ex	Ex	Ex	Ex
IN HISTORY:-					
Simple partial seizures (including petit mal, grand mal, temporal lobe and jacksonian epilepsy), less than 5 years since last attack and medication	Ex	Ex	Ex	Ex	Ex
Simple partial seizures (including petit mal, grand mal, temporal lobe and jacksonian epilepsy), more than 5 years since last attack and medication	IC/ S	IC/ S	IC/ S	IC/ S	IC/ S
Status epilepticus	Dec	Dec	Dec	Dec	Dec

Type of evidence required:

a tele interview will usually be the preferred form of evidence although a GP report and copies of specialist letters may be more helpful for some applicants.

Standard exclusion wording:

'Epilepsy, its underlying cause, treatment/ side effects, investigations, complications and associated conditions'

Family History

When considering family medical history we are concerned with natural parents, brothers or sisters. The following family histories may lead to a loading, an exclusion or declinature:

- Alzheimer's
- Huntington's Disease
- Cardiomyopathy
- Multiple Sclerosis
- Cancers (some)
- Polyposis of the Colon
- Diabetes
- Stroke
- Heart Disease

Please contact one of our Underwriters for a more detailed assessment. Factors such as the number of family members with the condition, age(s) at onset and the applicant's age will all help determine whether an exclusion will apply or terms can be offered.

Type of evidence required:

Where we still require further information when the application form is received, a tele interview will usually be the preferred form of evidence.

Fractures

Guidelines:

Type of Fracture	Underwriting Decision
Fracture with no surgery or ongoing problems	Can be ignored after a set number of months depending on nature and site of injury e.g. a finger fracture can be ignored after 1 year has elapsed since the injury, a leg fracture would be 5 years
Childhood fracture whether surgery or not, no metal work present, no ongoing problems	Generally standard terms
Fracture, surgery required, no metal work left, no sequelae	Usually standard terms after removal of metalwork. Usually standard rates 5 years after removal of metalwork. Could be earlier for small injuries.
Fracture surgery required and metal work present	Usually exclude the fracture
Conditions / scenarios which will generally lead to an exclusion being applied due to the fracture	Osteogenesis imperfect, osteoporosis, complicated, comminuted, inter-articular, multiple fractures, elbow and some leg fractures

Height and Weight

We use a BMI (Body Mass Index) to calculate whether a premium loading should apply due to height / weight. BMI calculators can be found on various sites on the internet for example the NHS Choices site www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx.

The following premium loadings are based on BMI (Body Mass Index)

BMI	Decision	Notes
<17	Decline	
17.00-18.00	+50%	Where applicants have a BMI of between 17.00 and 18.00 a loading of 50% maybe applied. The Society may write to the GP to see if there is any underlying cause. Women are allowed to exceed the minimum weight by 5%
18.01 – 31.49	Standard rates	
31.5 – 32.49	+25%	
32.5 – 35.00	+50%	
35.01 – 36.5	+75%	
36.51 – 38.00	+100%	
38.01 – 39.00	+125%	
>39	Decline	

Skin Conditions

Skin conditions such as eczema or dermatitis are usually mild and have little or no effect on an individual's ability to carry out their job. However in some cases conditions can be severe or made worse through occupation. Psoriasis may also involve the joints in a condition called psoriatic arthropathy.

Guidelines:

	D1 & 1 w	4 w	8 w	13 w	26 & 52 w
Eczema / Dermatitis					
Mild, non progressive, not exacerbated by occupation	Ex	S	S	S	S
Moderate to severe, recurrent or progressive or exacerbated by occupation	Ex	Ex	Ex	Ex	Ex to S
Exfoliative dermatitis	Dec	Dec	Dec	Dec	Dec
Psoriasis					
Affecting skin only, mild	Ex	Ex to S	Ex to S	S	S
With joint involvement	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec	Ex to Dec

Type of evidence required:

Where we still require further information when the application form is received, a tele interview will usually be the preferred form of evidence.

Standard exclusion wording:

For Eczema or Dermatitis: 'Eczema or dermatitis, its underlying cause, treatment/ side effects, investigations, complications and associated conditions' .

For Psoriasis: 'Psoriasis, its treatment/ side effects, complications (including psoriatic arthritis), investigations and associated conditions'

Stroke (Cerebrovascular Accident) / TIA / Heart Attack (Myocardial Infarction)

A stroke occurs when the blood supply to part of the brain is cut off and brain cells are damaged or die. A stroke may affect physical, cognitive or emotional functions, sometimes permanently.

A TIA (Transient Ischaemic Attack)/or 'mini stroke' is similar to a stroke, but the symptoms do not last as long (under 24 hours).

Heart attacks (myocardial infarction / coronary thrombosis) are usually caused by coronary (ischaemic) heart disease, where a blood clot forms and blocks the coronary artery, starving the heart of blood and oxygen causing permanent damage to the heart muscle.

Guidelines:

Stroke /TIA / Heart Attack	All Deferred Periods
Age at occurrence 40+	Where the criteria stated opposite are met we are usually able to offer with an exclusion.
One episode only	
Returned to work full time 1 year +	Otherwise decline
Non Smoker	
Alcohol intake within government guidelines	
Blood pressure normal or controlled by medication	
Cholesterol normal or controlled by medication	
Loading for BMI no greater than +15%	
No residual impairments	

Type of evidence required:

We may be able to use the information provided at a tele interview or may need to write for a GP report.

Standard exclusion wording:

For Stroke / TIA: Cerebrovascular disease (including Stroke and Transient Ischaemic Attacks), their underlying cause, treatment/ side effects, investigations, complications and associated conditions' .

For Heart Attack: Ischaemic / Coronary Heart Disease (including Heart Attack), its underlying cause, treatment/ side effects, investigations, complications and associated conditions.

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