

## **THE LIFE APPLICATION & MEDICAL EXAMINATION PROCESS**

*A medical examination is often required when applying for life insurance. The specific elements included in the insurance examination, and the credentials of the individual who performs the examination are generally dictated by the age of the applicant and the amount of insurance applied for. Some examinations are performed by allied health professionals with basic medical knowledge, while others are performed by Medical Doctors, depending on the specific guidelines set forth by the insurance company. Components of medical examinations for life insurance can include:*

- Obtaining overall health history based on applicant disclosures.
- Measurement of blood pressure, pulse, respirations, and height and weight. Measurement of chest circumference is often performed, but reserved for male applicants.
- Obtaining a urine specimen
- Obtaining a blood specimen
- Obtaining a swab of the inside of the mouth (possibly in lieu of a blood specimen)
- Obtaining a Resting EKG
- Treadmill stress testing (generally for older ages and/or large amounts of insurance)
- General physical examination performed by a licensed Medical Doctor from a company-approved examination service.
- Chest X-ray (based on age, face amount, and/or smoking status)
- Neuro-Cognitive evaluations (generally reserved for the 70+ age group). These often consist of mental exercises such as word recall and drawing a clock face accurately to represent a specific time of day, as instructed by the examiner.

*Most insurance examinations are conducted by staff from approved “paramedical” services that specialize in examinations for insurability determinations. The service will generally contact the client directly and set-up an appointment for the examination with attention to applicant convenience and availability. At the time of exam scheduling, applicants should be fully oriented as to what their examination will specifically involve and advise the applicant of any necessary instructions.*

*Because it is critical for the examination results to accurately reflect an applicant's current health status, applicants should follow the general instructions/guidelines outlined below:*

*Make every effort to get an appropriate amount of sleep, especially in the 48 to 72 hour period prior to the examination. Try to relax prior to the exam. It is nothing you can study for. Being fully aware of all the elements your exam will involve will assist you in getting mentally prepared for the experience. If you have any questions DO NOT hesitate to get them answered BEFORE the examination.*

*Applicants should fast for 8 hours prior to the exam UNLESS OTHERWISE INSTRUCTED BY THEIR PERSONAL PHYSICIAN. This will help ensure exam elements such as blood and urine specimen analysis return accurate results.*

*Avoid strenuous exercise for at least 12 hours prior to the exam. This will help minimize false elevations of blood pressure, or inaccurate results of certain laboratory tests.*

*Abstain from the use of stimulants at least 12 hours prior to the examination (smoking, coffee, tea, soft drinks, diet aids, anything containing caffeine, etc.). Avoiding these will help ensure accurate blood pressure and pulse measurements.*

*Alcoholic beverages should not be consumed within 12-24 hours prior to the exam.*

*Prepare a list of your doctors' names, addresses, dates seen and reasons consulted dating back 5 years. Make every effort to ensure the information is accurate and legible. You might consider offering a copy of the list you compile to the examiner for submission with the examination forms.*

*Prepare a list of ALL current medications by name (prescription and non-prescription drugs, herbal aids, vitamins and nutritional supplements). Include dosages, and frequency of use for each medication. The names, addresses, and phone numbers of physicians that manage your prescription medications should be included on the list.*

*Be prepared to show a photo ID (valid driver's license, passport, etc for ID purposes).*

*There is no cost to applicants for the examination and use of the information obtained will generally be limited to medical underwriting of the applicant.*

*Examiners generally do not highlight or disclose to applicants whether a given result is "normal" or "abnormal", except in cases involving discovery of a potentially serious or immediately life threatening condition. Applicants should be aware that if a formal application has been submitted, any abnormal findings will be coded under a uniform system and submitted to the Medical Information Bureau.*

*This is standard industry practice. Part of your application will include authorization for disclosure of information to MIB and the input/inclusion of this information in the MIB database\*\*\*\*\*.*

*Blood and urine specimens are forwarded to a remote laboratory, generally via an overnight courier service. In the event you would like a copy of your lab results, you will be required to draft and sign a short note addressed to the life insurance company to which you have applied, clearly indicating you would like a copy of your lab results sent to you and/or a personal physician. The agent should assist applicants in forwarding the request to appropriate personnel at the life insurance company. Be sure to include the name and address of a personal physician that you would find acceptable to receive your lab results, as it is the policy of some insurance companies to only release the results to an applicant's physician.*

*Applicants often ask if their examination can be performed by their personal physician. Permission to do so is at the discretion of the insurance company, generally as an exception in unusual circumstances. An applicant's personal physician will need to complete unfamiliar specific paperwork and submit specimens obtained to the insurance company's designated laboratory. For this reason, an applicant's private physician is generally not the preferred resource for insurance examinations due to the significant chance of error in completion or submission of forms, issues related to improper chain of custody of laboratory specimens, etc.*

*ADDITIONALLY, applicants should be aware that the blood and urine specimens obtained during their insurance examination will be tested in a uniform manner for a number of elements not routinely ordered by personal physicians or performed by local laboratories on a routine basis.*

*In addition to the "usual" blood chemistry evaluations, blood specimens obtained in connection with insurance examinations must be tested for the presence of antibodies to the HIV (or "AIDS" virus), certain liver enzymes, specifically GGT (or GGTP), measurements of long-term blood sugar control, such as Hemoglobin A1c and/or Fructosamine levels, antibodies to viruses associated with hepatitis infections, and sometimes "CDT" testing. CDT is a laboratory test specific for long term, heavy alcohol consumption. Many insurance companies are increasingly testing blood specimens for "Pro-BNP", C-reactive protein, and Homocystine levels, all of which assist in determining long term cardiovascular disease risk.*

*Urine specimens are also subjected to additional analysis generally not requested or required by a personal physician. These tests include evaluation of the urine for the presence of cotinine (a by-product of tobacco use eliminated in urine), as well as analysis for the presence of certain prescription medications (beta-blockers, diuretics, etc). You should also be aware that urine is tested for evidence of illicit substance use, including but not limited to cocaine, methamphetamine, barbiturates and marijuana.*

*Keep in mind these tests are performed on specimens obtained from ALL applicants, regardless of demographics. The tests are NOT performed based on subjective criteria or any perception as to an individual's lifestyle or moral character.*

***Insurance companies rely on this additional testing and information maintained by the MIB to help mitigate excess financial risk exposure. While at face value some of the testing may seem “intrusive”, it is critical for the applicant to realize that this mitigation of “unseen” risk and the secured, uniform availability of historical application and medical data helps keep life insurance premiums affordable for the general population as a whole, and fosters ongoing competitiveness among life insurance companies for your premium dollar.***

***Again, all of the above evaluations are standard industry practice, consent for all testing and release of information is obtained directly from applicants via signed forms (so read all forms carefully), and the information is safeguarded via limited access to confidential data, accessible ONLY by those with authorization on a “need to know” basis.***

***The testing as outlined above may even have potential benefits. It is not uncommon for an “abnormal” result to emerge on an insurance laboratory profile or examination that alerts an applicant and their physician to early warning signs of medical issues that might otherwise remain “hidden” or undiagnosed until clinical evidence of a more advanced disease process or pathology manifests itself.***

***Applicants should consider themselves ACTIVE participants in the insurance application process from day one, as opposed to powerless victims of circumstance simply “hoping for the best”. DO NOT wait for an adverse decision to arrive in the mail before adopting a proactive stance relative to the application and underwriting process. Applicants CAN influence an insurance carrier’s determinations in a number of ways.***

***If you have ANY questions about the application, medical examination, use of personal information, cost/premiums, benefits of a policy, etc, ASK THEM!...Before completion of the application or undergoing the examination. If there is any information or detail that you feel would help clarify specifics relative to your medical history, financial profile, or any other factor you feel should be considered by the insurance company in determining your eligibility/insurability **SHARE IT!**..If you feel any section of the application documents deny you opportunity or space to fully respond or explain information being elicited from you **PROVIDE IT!**..Via additional written and signed statements on separate sheets of paper.***

***In the event of an adverse underwriting decision, if you are unsatisfied with the insurance company’s explanation as to the reason for their decision, or you feel the their decision may have been based on incorrect or misinterpreted information **SPEAK UP!*****

***Look to your agent **FIRST** for guidance. Your agent can provide you with valuable insight and assistance designed to facilitate meaningful, goal oriented communication between you and the insurance company.***

***\*\*\*\*\*"MIB" is a membership corporation (sometimes described as an "industry trade association") owned by approximately 470 member insurance companies. Once known as the "Medical Information Bureau," MIB has been in continuous operation for over 105 years pursuing its primary mission of detecting and deterring fraud that may occur in the course of obtaining life, health, disability income, critical illness, and long-term care insurance. MIB's fraud detection and deterrence saves its member companies, on an annual basis, an estimated \$1 billion by allowing them to avoid fraudulent insurance applications and early claims. These savings may be passed on to insurance buying consumers in the form of lower premiums (and higher dividends payable by mutual companies), which may allow them to buy more insurance at affordable premiums.***