

Underwriting guide

Supporting you with our underwriting process



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Underwriting guide

This underwriting guide helps you understand our underwriting process and highlights the minimum medical and financial evidence that we require to underwrite a customer's application.

How to use this guide

This guide is interactive so that you can easily find the information you need.

Simply click on the content section you need information on and you will be taken straight to the relevant page. Use the home button in the bottom right hand corner of each page to return to the contents page at any time.

You can also scroll through the pages of this document or search for key words as required.



1 Introduction

Our underwriting philosophy is to provide acceptance terms wherever we can, at the correct price. We accept the majority of customers at normal premium rates and only apply premium ratings (special terms), or exclusions, where it is necessary and reasonable to do so. We assess customers on an individual basis and charge the appropriate premium for the level of risk they pose.

We are aware of our customers right to privacy and treat all medical information as highly confidential. Sometimes we may have to refer evidence to our Chief Medical Officer or reinsurance companies but we ensure that customers confidentiality is maintained at all times.

Business acceptance policy

Zurich International Life's business acceptance policy details the acceptability of applications dependent upon the residence of the life insured, the country of negotiation and the conditions agreed in your (Bank/IFA) terms of business. In the Middle East we provide flexibility on the business acceptance policy for applicants residing in Saudi Arabia, Kuwait and Oman. Residents of these countries can apply however they must be present in UAE, Bahrain or Qatar at the time of applying.

2 How we assess the risk

2.1 Introduction

The main source of underwriting evidence is the application form and the health and lifestyle questionnaire, so it is important that the life insured fully answers all questions. We may need additional evidence from the life insured, their doctor or other health professionals, or from non-medical sources. The two triggers for deciding what medical evidence we require are:

- **Non-medical limits:** based on the age of the life insured and the amount of cover being applied for, the non-medical limit is an amount above which medical evidence is automatically required.
- **Disclosures:** where the life insured discloses information on the application about a pre-existing medical condition/medical history, e.g. a history of raised blood pressure, diabetes, asthma, etc.

2.2 Types of medical evidence we may request

The following is a brief guide to some of the additional evidence we may require.

2.2.1 Health and lifestyle questionnaire

This is part of the application form. The life insured is required to answer questions relating to their current health, medical history, lifestyle, family history, hobbies and travel intentions, and should accurately disclose as much information as possible. Please ensure full disclosure on all questions when you are with the customer as any **non-disclosure** may have an impact on a future claim. All alterations/changes on the health and lifestyle questionnaire should be countersigned and dated by the life insured.

2.2.2 Medical examination report (MER) by nurse

This is a report completed by a nurse as part of our **Office and Home medical service (OHMS)**, which involves questions relating to the medical and family history. The examination also includes measurement of height and weight, blood pressure, and pulse. On average it will last 30 minutes. The OHMS service is currently available in Bahrain and in the following cities of the United Arab Emirates – Abu Dhabi, Dubai and Sharjah.

2.2.3 Medical examination report (MER) by doctor

This is a report completed by a doctor from our **panel**, which involves a physical examination together with questions relating to the medical and family history. The examination also includes measurement of height and weight, blood pressure, and pulse. On average it will last 30 minutes. The MER from doctor is required when the life insured is required to undergo any cardiological test (like ECG or echocardiogram) or when the life insured is located in a city where we do not have **OHMS** facility, or where it has been specially requested by our underwriters.

How we assess the risk (continued)

2.2.4 Urine Cotinine test

Cotinine is a product formed after the chemical nicotine enters the human body. Nicotine is a chemical found in tobacco products, including cigarettes, e-cigarettes, shisha and chewing tobacco. Measuring cotinine in the life insured's urine is a reliable way to determine whether the life insured uses tobacco/nicotine products or not. The test result will either come back positive or negative. The threshold for this test is set high enough to exclude passive smokers.

If the cotinine test result is positive then “**smoker**” rates will be applied to the premium.

2.2.5 Microscopic urinalysis (MSU)

This test involves laboratory examination of the life insured's urine sample.

For a female life insured the test should not be done during menstruation.

2.2.6 Blood tests

The blood sample is collected from the life insured by trained medical technicians from our **panel**. The life insured does not need to fast.

2.2.7 Personal medical attendant's report (PMAR)

We may request this report from any doctor who has treated a life insured in the past or treating them currently for particular conditions/ailments. This helps us assess a life insured who has conditions such as high blood pressure, diabetes or heart disease, and enables us to ask specific questions about the medical history, treatment and current health of the life insured.

PMAR is also asked to assess large cases and life insured above certain age (even if they have not declared any health impairment).

2.2.8 Customer disclosure questionnaires

We require questionnaires to be completed by the life insured when they:

- a) have a pre-existing medical condition (e.g. diabetes, hypertension etc.)
- b) travel to or intend to travel to Iran, Iraq, Yemen, Afghanistan, Pakistan, Syria, any country of the former Soviet Union or any country in Africa.
- c) are involved in hazardous pursuits (e.g. sky-diving, motorsports, etc.)
- d) work in an occupation that includes activities that may be considered hazardous (e.g. working at oil-rigs, at heights, underground or with explosives, etc.).

All questionnaires are available on advisersuite.zurich.com (please see **section 11**).

2.2.9 Resting and effort electrocardiogram (ECG)

An ECG is a tracing on moving graph paper, representing the electrical events associated with the contractions of the heart.

For an exercise (effort) ECG the life insured walks on a treadmill. The speed and incline of the treadmill is increased in stages and the electrical activity of the heart is monitored continuously. Sometimes referred to as a stress test, treadmill test or a Bruce protocol ECG, the test will normally be carried out by a cardiologist from our **panel**.

For the exercise ECG the life insured is required to wear comfortable clothing and footwear to enable them to walk briskly on the treadmill.

2.2.10 Echocardiogram

Echo or echocardiogram is a scan of the heart. The test provides information on the structure and function of the heart.

2.2.11 HIV test

This blood test is for screening purposes and not confirmatory for HIV/AIDS.

How we assess the risk (continued)

2.2.12 Tips for attending medical tests

For any type of medical test, the customer should:

- reach the hospital/clinic at least 15 minutes before the test.
- carry a valid government issued identity card for verification.
- not smoke or use nicotine products before the test.
- avoid coffee, tea, or other caffeinated drinks like cola prior to the test.

For ECG (rest and effort):

- stress test will take a minimum of 30 minutes.
- wear a pair of comfortable walking/running shoes.
- wear comfortable loose fitting sports clothing if possible.
- avoid eating a large meal before the test.

Family history

Family medical history can indicate a life insured's susceptibility to disease. We ask questions relating to blood relatives (parents, brothers and sisters) in the health and lifestyle questionnaire. If the life insured has a family history of heart disease, cancer, multiple sclerosis or diabetes before the age of 60 or any familial/hereditary disorder then please ask them to confirm the name of the condition, relative affected and the age at onset. If the life insured mentions cancer, it is important for them to disclose the type (e.g. throat, breast, etc.) and if possible the approximate age at which the cancer was diagnosed.

Smoker definition

A smoker is considered to be anyone who has used tobacco or nicotine products in any form in the last 12 months.

This includes:

- Cigarettes
- Cigars
- Pipes
- Shisha
- Chewing tobacco/snuff
- Nicotine substitutes, including patches and gum
- Electronic (smokeless) cigarettes or vaping.

Non-smoker rates apply where the life insured confirms they have not used any tobacco/nicotine products in the last 12 months and they do not intend to do so in the future.

How we assess the risk (continued)

Applying during pregnancy

We accept applications at any time during the pregnancy, however we may require further information in the following conditions:

- a) If the expectant mother is aged under 40 and there are complications, or if there is a history of complications like gestational diabetes, preeclampsia, etc., during pregnancy, we will require an obstetrician's report.
- b) If the expectant mother is aged over 40, it is mandatory to provide a medical report from their obstetrician to confirm that the pregnancy is proceeding normally.

Final acceptance of the application is subject to underwriting decision.

Non-disclosure

The information a life insured discloses during the application process is fundamental to the underwriting assessment and forms the basis of the insurance contract.

Disclosure of all relevant medical and other facts during the application stage assists us to process and pay claims quickly and ensures we are not put in a position to deny a claim.

To avoid delays in underwriting and problems at the claims stage there are a number of actions you can take:

- Ensure that the life insured fully understands their duty of disclosure.
- Take care to ask the questions as they appear in the application form.
- Ensure that the life insured's responses are accurately recorded in full.
- Inform the life insured that they must tell Zurich of any change in their health or other circumstances between the completion of their application and the commencement date of their cover.
- Give the life insured the opportunity to add any further information by reminding them that failure to disclose important information now could result in a problem if they need to make a claim.

You should ask the life insured for complete information in answering questions on the health and lifestyle questionnaire and to disclose fully; if in doubt, it is better to tell us the information.

3 Calculating the amount of cover

Insurable interest

We apply the principle of insurable interest to our assessments. This means that there must be a quantifiable financial loss to the policy owner in the event of the life insured's death or disability.

A person has an unlimited interest in their own life and that of their spouse (subject to financial justification of the figures required). Beyond this, a financial loss must be proven between parties for an insurable interest to exist.

This means that there must be quantifiable financial loss to the policy owner/beneficiary.

Examples

Key persons: A company is insuring its Managing Director because he is personally responsible for bringing in new business to the organisation and the company would suffer a loss in the event that he were to die or become incapacitated.

Business partner: Partners in a business wish to ensure that they have the money to buy out the others' share in the event of their demise or where a loan has been made between two parties who wish to ensure that it would automatically be repaid on death or disability.

Note: No insurable interest automatically exists between parents and children or brothers and sisters.

The following table outlines insurable interest and third party relationships:

Insured	Policy owner	Insurable interest
Husband/Wife	Wife/Husband	Yes
Adult child aged 18 and over	Parent	No. In special circumstances where the owner (father/mother) can prove that he/she stands to lose financially on the untimely death of the life insured (son/daughter) then we can make exceptions and allow such applications. For example a retired individual who is residing with his son and is dependent on him for living expenses will have an insurable interest (on his son's life) and in such circumstances can take a plan out with his son being the life insured.
Brother/Sister	Sister/Brother	No
Grandfather/grandmother	Grandchild	No
Key person	Employer	Yes – refer to Financial evidence
Business partner	Business partner	Yes – refer to Financial evidence

Calculating the amount of cover (continued)

What is income?

In setting the levels of sum insured, we often relate this to the life insured's income. There are a few principles relating to income i.e.

- The income must be 'earned' income, i.e. it is a direct reward from the life insured's employment or business activity.
- It must be income that will cease if the life insured dies or becomes disabled.
- For employees, this is usually their direct salary and bonus; for self-employed it is usually the net profit generated by their business, adjusted to take into account salary or dividends paid to the life insured, or 'administration fees' paid to them.
- It does not include investment income (e.g. income from interest, dividends or rents that will continue after death or disablement).
- It must be income that is verifiable e.g. through bank statements, financial statements, etc.

In the financial underwriting process, we look for stability of income. When income has varied considerably over the past few years we will usually take an average income over these years.

Non-earners such as housepersons or students

For a houseperson, we can consider life cover benefit (which includes sum of life cover, accidental death benefit, fixed term income and family income benefit) of up to the lesser of five times the income of the houseperson's spouse or USD1.5 million provided that a similar amount of cover exists on the spouse's life.

Please refer to the below table for the maximum level of cover allowed for housepersons and students.

Benefit	Housepersons		Students
Death benefit (for housepersons include sum of life cover, accidental death benefit, fixed term income and family income benefit)	Age 18-60	USD1,500,000	USD500,000
	61-69	USD500,000	
	70+	USD250,000	
Critical illness/ Cancer Cover	USD750,000*		USD500,000
Permanent and total disability	USD750,000*		USD350,000
Dismemberment benefit	USD750,000*		USD350,000
Hospitalisation	USD750 per week		USD350 per week
Waiver of premium	Allowed		Allowed

* This amount should not exceed the life cover

Also, Life cover up to \$500,000 and Critical Illness cover up to \$250,000 can be offered to a houseperson without requesting for the employed spouse's life insurance details.

Calculating the amount of cover (continued)

Personal and family protection

Family protection is the primary reason why customers take out life insurance on their own life. This is to provide financial protection to their family in case of their own untimely death, illness or disability. In order for the underwriter to assess the amount of cover for personal/family protection, we have to relate the earned income of the life insured to the period of time this level of income would normally be earned.

As a general rule we will use the following multiples of the life insured's current annual income to calculate the level of cover they may be eligible for.

Age next birthday	Multiples of earned income (guideline only)	
	Life cover	Critical illness cover
18-40	30	10
41-50	20	10
51-60	10	8
61-65	5	5
65+	5 or based on individual consideration	Not available

There may be family circumstances when cover in excess of the multiples can be allowed e.g. need to care for a dependent child for many years or in cases of a second marriage where children are born later in life, cover for applicant's primary residential mortgage or cover for a potential inheritance tax liability.

When the multiples are being exceeded you should explain the reasons by making a note on the application or an email to us.

Maximum levels of cover

The maximum level of cover available is USD69 million across all existing policies with Zurich. The maximum level of cover may be lower for customers who are medically rated or travel frequently to high risk countries.

The maximum life cover allowed would depend on applicant's age, earned income and purpose of cover.

For Critical Illness, the maximum cover allowed would be USD2 million subject to life insured's earned income and the plan type opted.

For Hospitalisation benefit, the maximum amount of cover allowed would be the lower of USD4,000 a week or 75% of the weekly salary of the life insured.

The maximum level of cover can be limited during unprecedented circumstances of Pandemic, War, etc.

Calculating the amount of cover (continued)

Business Protection

Key person protection

This cover is for life insurance purchased by a business on the life of a person whose continued participation in the business is necessary to the firm's success and whose death or disability would cause financial loss to the company.

The loss or reduction in the key person's input could have the following results for a company:

- A reduction in profits
- The costs of recruiting or training a replacement
- The cost of unfinished projects.
- Often the key person is the major proprietor of the business and the main beneficiary of cover will be his family. These cases are akin to personal protection cover and can be considered in a similar way.

See [Zurich Business Protection guide](#) or visit advisersuite.zurich.com



Partnership/co-shareholder protection

If the partner/co-shareholder of a business dies or becomes seriously ill, share purchase protection gives the remaining partners/shareholders in the business the option of buying their shares and therefore keeping control of the business.

The need for the cover is minimal if the company is large and there are a large amount of small shareholders. However if the shares are divided among a few and in high percentages the situation on death could be a problem.

Partners/Shareholders will take out policies on each other's lives. On the death of one of the shareholders the survivors will have sufficient capital to purchase the shares back from the estate of the deceased.

Loan/mortgage cover

Most people at some time in their lives will obtain a loan where the lender may insist on the borrower effecting life assurance cover which may be assigned to the lender in order to repay the loan in the event of death.

Sums assured for loan cover should be equal to the amount of the loan. Other loans may be taken for commercial purposes e.g. lines of credit. Most loans are taken against the security of an asset or against business assets.

4 Establishing the sum at risk and requirements for a life insured

For underwriting purposes, we consider the age next birthday of the life insured, the benefits that have been selected and the cover amount of each benefit. We then calculate an 'aggregate' sum assured, which is used to ascertain the requirements from the **underwriting requirement tables**.

We have two separate requirements tables – one for life cover and standalone Cancer Cover/Disability benefits (including waiver of premium on investment/savings products), and another for critical illness. When a life insured has applied for both life cover and critical illness/cancer cover benefit, we will request all the requirements that are required for the aggregate sum assured of each benefit and age next birthday of the life insured.

The benefit amounts considered when arriving at the underwriting requirements are as follows:

- Life cover – full amount applied for.
- Family income benefit (FIB) and Fixed Term Income (FTI) – the sum at risk of these benefits are added to the life cover amount.
- Critical illness benefit or Cancer Cover – full amount applied for.
- Waiver of premium (WOP) – when taken as an additional benefit on savings and investment policies.
- Permanent Total Disability (PTD) or Cancer cover when added to an existing policy.

Other additional benefits are not considered while calculating the sum at risk and requirements.

The requirements for a life insured will be automatically listed when you generate a personalized Zurich illustration. However, for life insureds who have existing cover with Zurich, the requirements shown on Zurich illustration may not be complete. You will need to calculate the total sum at risk and refer to the underwriting requirement tables for the list of medical and financial requirements.

Important:

- For medical evidence, we consider all life cover, family income benefit, fixed term income, critical illness, cancer cover or standalone waiver of premium or permanent total disability covers issued (and active within the last 24 months).
- For financial evidence, the sum at risk includes, life cover, critical illness or Cancer Cover, family income benefit and fixed term income on all existing active policies, irrespective of when the policy started.
- Under family income benefit, the sum at risk is calculated by multiplying one half of the annual FIB by the term of the FIB.
- Under fixed term income, the sum at risk is calculated by multiplying the annual FTI by the term.

Currency exchange rates to use

Currency	Rate (USD 1.00)
USD	1.00
AED	3.67
BHD	0.377
QAR	3.65
GBP	0.67
EUR	0.75
SGD	1.50
HKD	7.75
AUD	1.00
CHF	1.00
JPY	100

Establishing the sum at risk and requirements for a life insured (continued)

Examples of calculating the sum at risk

New applicant:

Life insured age: 33 years 4 months, age next birthday = 34 years

Life cover benefit: USD 1,000,000

Family income benefit: New application USD 100,000 yearly for 30 years FIB sum at risk = USD 100,000 ÷ 2 x 30 = USD 1,500,000

Critical Illness benefit: New application USD 500,000

Total sum at risk: (Life cover + FIB) and CI or (1,000,000 + 1,500,000) = Life cover USD 2,500,000 and critical illness benefit USD 500,000

When referring to the **UW requirement table**, you will consider the combined medical requirements for age 34 years under life cover benefit for USD 2,500,000 and CI for USD 500,000, which are ABDIN+3 and ABCN, so the tests required are ABDIN+3.

This section details the evidence we require irrespective of the life insured's health disclosures.

This table is also valid when only Permanent and total disability (PTD) benefit is being added to an existing policy. For financial underwriting requirements, please refer to the **financial evidence**.

Life / PTD / Cancer cover (Age Next Birthday) table

Sum Assured in USD	Age next birthday				
	Up to 40	41 – 45	46 – 55	56 – 65	66+
1-100,000	A	A	A	A	*AJS+1*
100,001-350,000	A	A	A	ABDKN	*AJS+1*
350,001-500,000	A	A	A	ABDKN	*AJS+1*
500,001-750,000	A	A	ABCN	ABDKN	*AJS+1*
750,001-1,000,000	ABCN	ABCN	ABCN	ABDKN	*AJS+1*
1,000,001-2,000,000	ABCN+2	ABCN+2	ABCN+2	ABDGKJN+2	*AJS+1*
2,000,001-5,000,000	ABDIN+3	ABDIN+3	ABDGIN+3	ABDGHKOJN+3	*AJS+3*
>5,000,000	*AM+3	*AM+3*	*AM+3*	*AM+3*	*AM+3*

Critical Illness table

CI Sum Assured in USD	Age next birthday			
	Up to 40	41 – 45	46 – 55	56+
1-100,000	A	A	A	ABDNK
100,001-250,000	A	A	ABCN	ABDKPN
250,001-350,000	A	ABCN	ABDKPN	ABDKOGJN
350,001-500,000	ABCN	ABCNK	ABDKPN	ABDKOGJN
500,001-750,000	ABDHKN	ABDGHNK	ABDGHJNK	ABDKOGHJLN
750,001-1,000,000	ABDHGKN	ABDGHNK	ABDGHJNK	ABDKOGHJLN
1,000,001-1,250,000	ABDHGKN+3	ABDGHNK+3	ABDGHJNK+3	ABDKOGHJLN+3
>1,250,000	*AM+3*	*AM+3*	*AM+3*	*AM+3*

KEY

- A – Health and Lifestyle Questionnaire
- B – Medical exam
- C – Lab Test 1 – Total cholesterol (with reflexes if TC>250mg/dl or <125mg/dl) & HbA1c
- D – Lab Test 2 – Lipid profile & HbA1c
- E – Echocardiogram
- F – Resting ECG
- G – Exercise ECG – Bruce Protocol
- Lab Test 3 – Complete Blood Count, Gamma GT, Creatinine, AST & ALT
- I – HIV 1 & 2 & HBSAg
- J – Personal Medical Attendant's Report
- K – Microscopic Urinalysis
- L – Copies of most recent Mammogram (for female lives only)
- M – Medical requirements will be advised following review of the application and financial evidence
- N – Cotinine test (for non-smokers only)
- O – Prostate Specific Antigen (PSA) – (for male lives only)
- P – Exercise ECG – Bruce Protocol (for male lives only)
- S – Medical tests will be advised following review of the application
- T – Drug Screening
- U – HBsAg
- 1 – Financial questionnaire from client or copy of the offer if loan related
- 2 – For Business covers only – Business questionnaire completed by life insured and loan offer letter if business loan related
- 3 – Evidence of Income (Example – salary certificate, bank statement showing salary transfer, copy of company accounts for last 3 years showing share of profit, loan offer letter if loan related). For business covers, please also provide business cover questionnaire

ABDIN+3

Existing customer applying for a new policy:

- Life insured age:** 40 years 10 months, age next birthday = 41 years
- Life cover benefit:** New application USD 1,000,000
Existing policy USD 500,000 (issued within two years)
- Family income benefit:** New application – USD 100,000 yearly for 30 years FIB sum at risk = USD 100,000 ÷ 2 x 30 = USD 1,500,000
- Critical Illness benefit:** New application – USD 500,000
Existing policy – USD 250,000, Total CI = USD 750,000
- Total sum at risk:** (Life cover + FIB) and CI or (1,000,000 + 500,000) + 1,500,000 = Life cover USD 3,000,000 and critical illness benefit USD 750,000

Note: Any existing policy issued over two years will not be considered while calculating total sum at risk for medical requirements.

When referring to the **UW requirement table**, you will consider the combined medical requirements for age 41 years under life cover benefit for USD 3,000,000 and CI for USD 750,000, which are ABDIN+3 and ABDGHNK, so the tests required are ABDGHINK+3.

Life / PTD / Cancer cover (Age Next Birthday) table

Sum Assured in USD	Age next birthday				
	Up to 40	41 – 45	46 – 55	56 – 65	66+
1-100,000	A	A	A	A	*AJS+1*
100,001-350,000	A	A	A	ABDKN	*AJS+1*
350,001-500,000	A	A	A	ABDKN	*AJS+1*
500,001-750,000	A	A	ABCN	ABDKN	*AJS+1*
750,001-1,000,000	ABCN	ABCN	ABCN	ABDKN	*AJS+1*
1,000,001-2,000,000	ABCN+2	ABCN+2	ABCN+2	ABDGKJN+2	*AJS+1*
2,000,001-5,000,000	ABDIN+3	ABDIN+3	ABDGIN+3	ABDGHKOJN+3	*AJS+3*
>5,000,000	*AM+3	*AM+3*	*AM+3*	*AM+3*	*AM+3*

Critical Illness table

CI Sum Assured in USD	Age next birthday			
	Up to 40	41 – 45	46 – 55	56+
1-100,000	A	A	A	ABDNK
100,001-250,000	A	A	ABCN	ABDKPN
250,001-350,000	A	ABCN	ABDKPN	ABDKOGJN
350,001-500,000	ABCN	ABCNK	ABDKPN	ABDKOGJN
500,001-750,000	ABDHKN	ABDGHNK	ABDGHJNK	ABDKOGHJLN
750,001-1,000,000	ABDHGKN	ABDGHNK	ABDGHJNK	ABDKOGHJLN
1,000,001-1,250,000	ABDHGKN+3	ABDGHNK+3	ABDGHJNK+3	ABDKOGHJLN+3
>1,250,000	*AM+3*	*AM+3*	*AM+3*	*AM+3*

ABDGHINK+3

5 Medical requirement tables (UAE, Bahrain and Qatar)

This section details the evidence we require irrespective of the life insured's health disclosures.

This table is also valid when:

- only Permanent Total Disability (PTD) and/or Waiver of Premium (WOP) is added on an existing policy
- only Cancer cover is added on an existing Futura policy (whenever applicable)
- waiver of premium (WOP) – when taken as an additional benefit on savings and investment policies

Life/Disability Benefit (PTD or WOP)/Cancer cover (Age Next Birthday) table

Sum Assured in USD	Age next birthday				
	Up to 40	41 – 45	46 – 55	56 – 65	66+
1-100,000	A	A	A	A	*AJS+1*
100,001-350,000	A	A	A	ABDKN	*AJS+1*
350,001-500,000	A	A	A	ABDKN	*AJS+1*
500,001-750,000	A	A	ABCN	ABDKN	*AJS+1*
750,001-1,000,000	ABCN	ABCN	ABCN	ABDKN	*AJS+1*
1,000,001-2,000,000	ABCN+2	ABCN+2	ABCN+2	ABDGKJN+2	*AJS+1*
2,000,001-5,000,000	ABDIN+3	ABDIN+3	ABDGIN+3	ABDGHKOJN+3	*AJS+3*
>5,000,000	*AM+3	*AM+3*	*AM+3*	*AM+3*	*AM+3*

Critical Illness table

CI Sum Assured in USD	Up to 40	41 – 45	46 – 55	56+
1-100,000	A	A	A	ABDNK
100,001-250,000	A	A	ABCN	ABDKPN
250,001-350,000	A	ABCN	ABDKPN	ABDKOGJN
350,001-500,000	ABCN	ABCNK	ABDKPN	ABDKOGJN
500,001-750,000	ABDHKN	ABDGHNK	ABDGHJNK	ABDKOGHJLN
750,001-1,000,000	ABDHGKN	ABDGHNK	ABDGHJNK	ABDKOGHJLN
1,000,001-1,250,000	ABDHGKN+3	ABDGHNK+3	ABDGHJNK+3	ABDKOGHJLN+3
>1,250,000	*AM+3*	*AM+3*	*AM+3*	*AM+3*

KEY

- A – Health and Lifestyle Questionnaire
- B – Medical exam
- C – Lab Test 1 – Total cholesterol (with reflexes if TC>250mg/dl or <125mg/dl) & HbA1c
- D – Lab Test 2 – Lipid profile & HbA1c
- E – Echocardiogram
- F – Resting ECG
- G – Exercise ECG – Bruce Protocol
- Lab Test 3 – Complete Blood Count, Gamma GT, Creatinine, AST & ALT
- I – HIV 1 & 2 & HBsAg
- J – Personal Medical Attendant's Report
- K – Microscopic Urinalysis
- L – Copies of most recent Mammogram (for female lives only)
- M – Medical requirements will be advised following review of the application and financial evidence
- N – Cotinine test (for non-smokers only)
- O – Prostate Specific Antigen (PSA) – (for male lives only)
- P – Exercise ECG – Bruce Protocol (for male lives only)
- S – Medical tests will be advised following review of the PMAR
- T – Drug Screening
- U – HBsAg
- 1 – Financial questionnaire from client or copy of the offer if loan related
- 2 – For Business covers only – Business questionnaire completed by life insured and loan offer letter if business loan related
- 3 – Evidence of Income (Example – salary certificate, bank statement showing salary transfer, copy of company accounts for last 3 years showing share of profit, loan offer letter if loan related). For business covers, please also provide business cover questionnaire

6 Ordering medical evidence

Once you have identified the medical tests required from the illustration or requirement tables, you have to setup an appointment for your customer at a clinic or hospital if:

- an Echo or ECG is required, or
- the customer lives or works outside of Dubai, Abu Dhabi or Sharjah or lives in Qatar.

For all other customers, we will arrange the Office or Home Medical Service (OHMS). We will review the application and contact the customer directly to set up an appointment for the required tests.

For UAE, you can also **contact our OHMS team** to arrange the required medical tests.

Top tip: If the customer has a pre-existing condition like a history of heart attack or if you are unsure about the cover levels of any existing policy, then please submit the application form, and we will advise you the correct medical requirements through the new business pipeline.

Setting up an appointment at a Clinic or hospital

Brokers and banks who have terms of business with Zurich are authorised to set-up appointments for medical examinations for their customers. Tests can only be arranged with medical clinics and hospitals within the **Zurich Panel**.

To book an appointment for the customer:

- Complete the '**Medical request form**' and email it to the preferred clinic.
- Clinic will confirm the appointment requested
- Inform your customer to prepare for the tests.



- The customer must carry an identification document (valid government issued ID card, or driver's license) to the medical appointment.

The results of medical tests done at a clinic/hospital can take between 1-2 working days to reach Zurich.

Top tip: Mention the name and location of the clinic, the date and time the medical appointment is scheduled on the application health and lifestyle questionnaire so that our underwriting team can follow up for the test reports.

Office or Home Medical Service (OHMS)

OHMS is a nurse screening service, available for customers living or working in Bahrain, Dubai, Sharjah and Abu Dhabi. This service gives your customer a choice to have the medical examination done either at home or at work depending on their preference.

- Within UAE, you can call or WhatsApp our OHMS team to arrange the required medical tests.



+971 50 880 4587

- Appointments can be scheduled anytime between 7am and 7pm, Saturday to Thursday and between 7am and 3pm on Fridays.

All examinations are carried out in the strictest confidence by a fully trained and qualified nurse and the results are sent directly to us. Once the application is received by Zurich and provided that OHMS has not been prearranged, we will contact the customer directly and confirm the medical appointment based on their convenience.

If a customer requires an Echo or ECG test, the medical test will have to be arranged at a clinic.

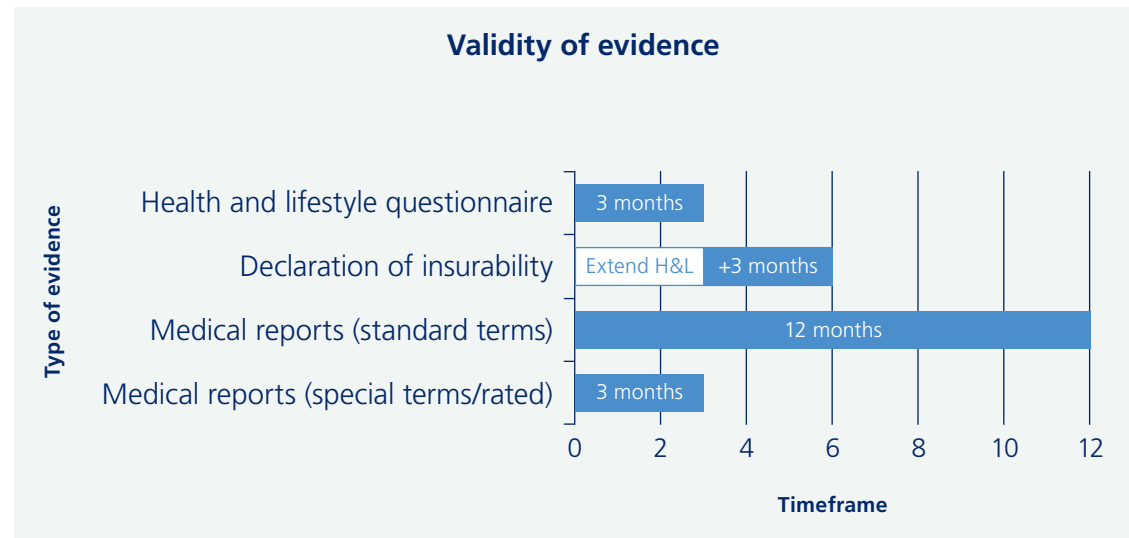
7 Validity of medical evidence/reports

An application is valid for three months. After this time a declaration of insurability (DOI) will be required to proceed with the application.

A DOI is a short form on which the customer updates the declarations made on the health and lifestyle questionnaire. A DOI will further extend the H&L for 3 more months.

If the application has not been accepted within six months, a new health and lifestyle questionnaire will be required.

The maximum period of validity of medical tests is 12 months providing the life insured is a standard medical risk. If the life insured is not a standard medical risk the medical tests are valid for three months.



8 Financial evidence guide

Introduction

The amount of life cover and additional insurance benefits is reasonable (and not excessive) when compared to the purpose of insurance, life insured's income and financial liabilities, age and individual circumstances (like number of family members etc).

The purpose of financial underwriting is to ensure that

1. **Insurable interest** exists between the life insured and plan owner/beneficiaries. Having an insurable interest means that the plan owner/beneficiaries would experience financial loss should the life insured die unexpectedly.
2. **Earned annual income** – The level of cover a life insured is eligible for is related to their earned income.

The income must be considered as a direct earnings (including bonus) from the applicant's employment or business activity.

Investment income will not be included while calculating the level of cover. The income must be verifiable if necessary, through bank statements or any other financial statements.

3. The policy owner can afford the premium.

Evidence needed for various levels of sum insured/ total sum insured on the life

When we financially underwrite applications for insurance we consider all existing insurance covers that the life insured holds with Zurich and with other insurance companies. The table below provides a guide to the requirements that are required for cumulative amount of life cover or PTD benefits.

Financial evidence requirement table

Life Cover (Including FIB) and PTD benefit	Critical illness/ Cancer cover	Purpose of cover		
		Family protection	Individual mortgage	Keyperson/ corporate loan/ Shareholder protection
Up to USD 2,000,000		Application only		
USD 2,000,001 to USD 5 million	Up to USD 1,000,000	<ul style="list-style-type: none"> • Application only (UW discretion) 	<ul style="list-style-type: none"> • Copy of Loan offer 	
Over USD 5 million (see large sum assured section)	Over USD 1,000,000	<ul style="list-style-type: none"> • Evidence of Income 	<ul style="list-style-type: none"> • Copy of Loan offer • Evidence of Income 	<ul style="list-style-type: none"> • BCFAQ • Evidence of income

Financial evidence (continued)

Financial evidence requirement table

Document/requirement type	Definition
BCFQ	Business covers financial questionnaire completed by life insured
Evidence of income	<p>Documentary evidence that proves customer's income. These could be:</p> <ul style="list-style-type: none">Bank statements showing salary credits for 6 monthsRecent salary certificate from employer (not applicable when the life insured or their family owns full or part of the business)Audited financial statements of the business for the last two years showing share of profit.Accountant's or solicitor's letter confirming the value of the estate on which IHT (Inheritance Tax) liability has been calculated. <p>Note: When a business is just starting, copies of the business plan for the first three years of business operation can be helpful.</p>

Financial evidence (continued)

Large sum assured (over USD 5 Million)

For large amounts (greater than USD 5 Million) of life cover we may, depending of the application, request additional requirements. These could be

- Statement from the life insured confirming their assets (at market value) and their liabilities.
- A letter from the broker/bank, ideally setting out the following as appropriate depending on the reason for the insurance:
 - How long he/she has known the life insured.
 - The beneficiary, insurable interest and purpose of the cover.
 - How the sum insured was calculated.
 - If it is business insurance, details of the business and what it is producing or marketing, the number of employees, its' places of business operation and its major assets (at market value or the value for which it is insured).
 - Major liabilities of the life insured and/or their business.
 - If the application is to cover lines of credit or mortgage, details of the lender, the term of the loan and any requirement for collateral insurance cover, personal guarantees given etc.
- For businesses, a structure chart from the life insured showing all companies and entities in the group and the major shareholders, partners or owners in each (particularly including the life insured's shareholdings).
- Business plans especially if these are audited.
- Asset valuation certificates or documents, especially from registered valuers or in the case of business valuation, from chartered accountants. Note that these documents are highly valued in financial underwriting even if they are a few years old and should be provided whenever available.
- For key person coverages when the life insured is not a direct owner or has only a small shareholding in the business, a Board resolution signed by the company secretary setting out the following is appreciated:
 - The nature of the project the key person is working on
 - The special skills or knowledge he or she bring to the role
 - Salary paid to the key person
 - The costs of replacement of the life insured and the availability of replacements
 - Financial effect of the delay in the project caused by the death or disablement of the key person.
- Any newspaper, press or internet articles concerning the life insured and/or his company or business.

All financial information is kept confidential by both Zurich and our reinsurers.

9 Reinstatement requirements

Summary of product rules

Product	Reinstatement from lapse
Futura/Lifelong issued before 1 July 2014	Within 36 months from the date of lapse*
Futura/Lifelong issued after 1 July 2014	Within 12 months from the date of lapse
International Term Assurance	Within 12 months from the date first unpaid premium*
International Decreasing Term Assurance	Within 12 months from the date first unpaid premium*
All other products	Refer to relevant policy terms and conditions

* more than one reinstatement only allowed at the discretion of Zurich

Underwriting requirements for reinstatement

Underwriting requirements for reinstating plans with insurance benefits			
Status	Plan Without WoP	Plan with WoP, and annual premium less than or equal to USD60,000pa	Plan with WoP (and annual premium more than USD 60,000pa)
Lapsed	Require RHLQ ^{1*}		
Paid-up/suspended within 6 months	No underwriting required		Require RHLQ ¹
Paid-up/suspended more than 6 months	No underwriting required	Require RHLQ ¹	

* RHLQ – Reinstatement Health and Lifestyle questionnaire

¹ We reserve the right to request additional medical and financial requirements after reviewing the individual policy (including amount of cover and duration for which the plan has been lapsed/unpaid).

10 Conversion from smoker to non-smoker rates

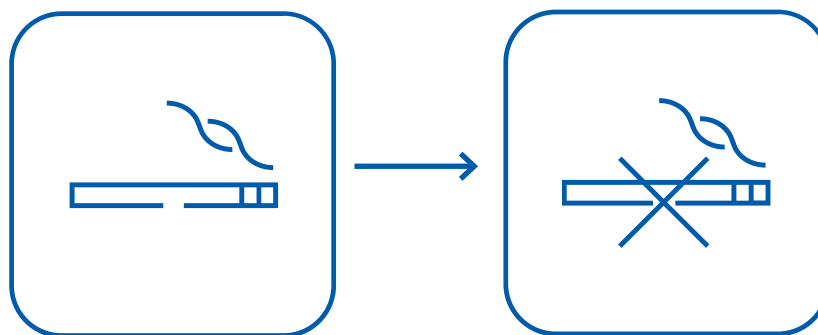
A review and change from smoker to non-smoker rates can be made only if the life insured meets the following criteria:

- a. The insured has abstained from smoking or using tobacco/nicotine products for a period of at least 12 months and has no intention to doing so in the future.
- b. The insured has not developed a medical condition as a result of using tobacco like heart disease, lung cancer, oral cancer etc.

To apply for this change, the insured is required to fill the **'Application to change status of nicotine/tobacco use'**.

Our underwriters may request additional information for such applications.

For term assurance policies (level and decreasing), upon our acceptance to offer non tobacco/nicotine user rates, the customer can choose to re-apply for a new policy as a non-smoker if it is in their favour to do so. The premium applicable will be as per the new illustration based on the current age of the life insured.



11 Underwriting supplementary questionnaires

Completing 'supplementary questionnaires, in addition to the standard health and lifestyle questionnaire, gives the underwriter more detailed information which may negate the need for further tests/requirements.

Please see below the list of supplementary questionnaires which can be downloaded as required.

MSP13126 Arthritis questionnaire – Arthritis, osteoarthritis, rheumatoid arthritis or gout

MSP13128 Back disorder questionnaire – Spinal (back or neck) disorders, muscular or joint disorders

MSP11608 Financial questionnaire – Personal covers – Life to be insured – For financial underwriting to assess the life insured's eligibility for the level of cover requested

MSP13129 Business covers – Keyman, partnership and loan cover

MSP11602 Declaration of insurability – To confirm information disclosed in the health and lifestyle questionnaire has not changed since initial application; including medical, occupation, travel, hobbies, etc.

MSP13130 Diabetes questionnaire – Diabetes or impaired fasting glucose

MSP12647 Digestive system questionnaire – Digestive disorders, Crohn's Disease, ulcerative colitis, gastric reflux, ulcers or hernia

MSP11596 Diving questionnaire – Diving for professional or recreational purposes

MSP11611 Epilepsy questionnaire – Epilepsy, fits, multiple sclerosis or other neurological complaints

MSP13144 Genito-urinary disorder questionnaire – Urinary or kidney disorders, stones, pyelonephritis, blood or protein in urine

MSP11609 Growths, cysts, tumours & lumps questionnaire – Growths, lumps, tumours, cysts, abnormal moles or skin lesions

MSP12676 Health and lifestyle questionnaire – Health, lifestyle, work, family history, medical history, country of residence

MSP11610 Hypertension questionnaire – High blood pressure

MSP12648 Mental health questionnaire – Mental health issues such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorder

MSP11597 Motorsport questionnaire – Amateur and professional motorsports

MSP11594 Mountaineering questionnaire – Outdoor climbing

Underwriting supplementary questionnaires (continued)

MSP11605 Occupational questionnaire – Lifting or moving heavy goods; working underground, at heights, or with specialised equipment; handling dangerous materials such as explosives, chemicals, radioactive matter; or subjection to adverse environmental conditions.

MSP11606 Oil and natural gas questionnaire – Working underwater, at heights, in the drilling area or with explosives in the oil and gas industry

MSP11443 Reinstatement health & lifestyle questionnaire – To be completed when a plan with insurance benefits has lapsed and there is a request for it to be reinstated

MSP12646 Respiratory supplementary questionnaire – Respiratory conditions such as asthma, chronic bronchitis or obstructive airways disease

MSP13136 Sailing questionnaire – Amateur and professional sailing (lakes, rivers, sea, trans-ocean, round the world)

MSP11591 Subject access request form – For requests by the life insured for medical records to be sent to a medical practitioner

MSP10776 Travel questionnaire – If the life insured has visited or intend to visit Iran, Iraq, Yemen, Afghanistan, Pakistan, Syria, any country of the former Soviet Union or any country in Africa

MSP13857 Substance use questionnaire – To be filled by the life insured when requested by Zurich.

All questionnaires are available on advisersuite.zurich.com

Help us to help you

The main reason we were not able to pay some benefit claims is due to serious non-disclosure of a previous or existing medical condition. Examples of serious non-disclosure are where customers have failed to tell us about their history of: heart attacks; cancers; diabetes, etc. This means we did not receive correct or complete information during the application process and highlights why it is so important to provide information that is true, accurate and complete.

We require customers to fully and accurately disclose information about their health, lifestyle, and medical and family history when applying for a protection policy, so that we can adequately assess the application. This ensures we can deliver on our promise to pay the claim should the unfortunate happen. Below are the most common areas where customers make mistakes or miss out important information when applying for a protection policy. This type of information is requested in the application form and the health and lifestyle questionnaire.



Health history

It is important to tell us everything with regard to the life insured's personal medical details. They should take time to think about their medical history and pay particular attention to health issues that may no longer have any symptoms.



Height and weight

In order to calculate the Body Mass Index (BMI), we need to know the height and weight of the life insured. Weigh the applicant at home, at the gym, or at a clinic to ensure you capture the correct information on the application form.



Family history

If the life insured's parents or siblings have suffered from heart disease, cancer, multiple sclerosis, diabetes, or a familial/hereditary disorder, please disclose this information in the application form.



Alcohol and smoking

The life insured should be open and honest about their smoking/drinking habits. Ask the customer if they drink alcohol occasionally, or is it more frequent? If they like to relax with a shisha or cigar from time to time, or use an e-cigarette? If so, it is important to tell us.

Why Zurich

Award-winning products and services

Our customers have trusted us to protect them for over 30 years in the Middle East, and that's why we have won many industry **awards** over the years, including:



MENA Insurance Review Awards (2015-2020)

- Overall Insurer of the Year
- Life Insurer of the Year (Sixth consecutive year)
- Most Innovative Reinsurer (Third consecutive year)

Insurance Authority Award (2019)

- Most Distinguished Company in Spreading Insurance Awareness in the U.A.E. by the Insurance Authority Headquarters in Abu Dhabi

International Investment Awards (2019)

- Best International Life Group (Non-UK)
- Best International Pension Plan (IPP)

International Adviser Life Awards (2014-2019)

- Best Regular Premium Investment Product
- Best Protection Product (Fourth consecutive year)
- Reader's Choice Award (Fourth consecutive year)

Delivering on our promise

Our claims process is quick, efficient and simple. In the unfortunate event that a claim needs to be made, Zurich will be right by your side – giving you support, and making sure that all valid claims are paid quickly and easily.

Our Middle East claims record is proof of this:
Between Jan 2019 - Dec 2019

USD111 million
paid out in protection benefits in the Middle East.

Largest claim paid in the Middle East

USD10.08 million life cover

USD1 million critical illness cover

Based on **Zurich Middle East Claims Report 2020**.



Percentage of eligible claims paid*

96%
of life cover claims

94%
of critical illness claims

*Eligible claims means claims that met the terms and conditions. Source: Zurich International Life, 2018

Financial stability

Our strong financial ratings mean you can feel confident that we'll be able to meet our financial commitments to you and your family.

Agency	Rating	Outlook
Standard & Poor's	AA-	Positive
Moody's	Aa3	Stable
A.M. Best	A+	Stable



Ratings as of December 2018

How to make a claim

Our main objective is to ensure that all valid claims are paid promptly and efficiently. Please follow these simple steps:

1. Go to zurich.ae and click on 'Make a claim'
2. Complete the claim form
3. Submit the claim form and supporting documents



Who to contact

To make a claim please notify us at benefit.claims@zurich.com in the first instance. We are also available to assist you with any queries over the phone at Zurich HelpPoint. Simply call one of the below numbers:

- 📞 **Bahrain: +973 1756 3321/2** ✉️ **email: helppoint.bh@zurich.com**
- 📞 **Qatar: +974 4428 6322** ✉️ **email: helppoint.qa@zurich.com**
- 📞 **U.A.E.: +971 4 363 4567** ✉️ **email: helppoint.uae@zurich.com**

For Bahrain and Qatar, we're available from Sunday to Thursday, between 8am and 5pm.

In the UAE, we're available from Monday to Friday, between 8am and 5pm.

Important information

Zurich International Life is a business name of Zurich International Life Limited.

Zurich International Life Limited is fully authorised under the Isle of Man Insurance Act 2008 and is regulated by the Isle of Man Financial Services Authority which ensures that the company has sound and professional management and provision has been made to protect plan holders.

For life assurance companies authorised in the Isle of Man, the Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991, ensure that in the event of a life assurance company being unable to meet its liabilities to its plan holders, up to 90% of the liability to the protected plan holders will be met.

The protection only applies to the solvency of Zurich International Life Limited and does not extend to protecting the value of the assets held within any unit-linked funds linked to your plan.

Not for sale to residents or nationals of the United States including any United States federally controlled territory.

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority. Registered in the Isle of Man number 20126C.

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