

UNDERWRITING RULES

The following points, in general, in respect of medical cases are to be carefully considered.

1. Normal Chest expansion for male and female lives – 5 cms. If the chest expansion is less than 3.5 cms, a recheck up of Chest measurement should be called for. Cases where the chest expansion confirmed by the examiner to be 3 cms or less should be referred to ZUS.
2. Normal Abdominal Girth is less than that of chest.
3. Recorded weight should be within $\pm 10\%$ of Std. Weight.
4. Estimated weight should be calculated in the following manner :- Est. Wt. = Std. Wt. + $\frac{1}{2}$ (Total of actual abd & chest girths – total of std. Adb & chest girths)
5. When difference in Est. Wt and Actual Wt. Is beyond $\pm 10\%$ of standard recorded. Recheck up of Measurement is a must. In case of under weight, debit/credit for chest expansion is also to be calculated. In case of overweight, excess of abdominal girth over expanded chest is to be found out. Some credit points are available for short term endowments. For all these, charts are given in the underwriting manual. If in a period of one year, there is fluctuation in weight especially in advanced age, the presence of Blood Sugar is possible, For loss of weight, postponement is advisable. More than 37% over Wt. Or 33% under Wt. May determine maturity age or premium paying period other than what the party has asked for.
6. Loss of teeth upto 10- No extra, if more than 10, No Denture is worn then – Rs 2%o is to be charged.
7. Eyesight : upto (-7) & upto (+4) – No extra [+4 as per DMR guidelines]
Upto power of (-) 7 & (+) 4 may be ignored by underwriter and accordingly no ophthalmic questionnaire in necessary, to avoid reference of such cases to DMR. However, if the power exceeds (-) 7 & (+) 4 in either eye the case should be referred to DMR with ophthalmic questionnaire.
(If the same exceeds – 7 & + 4 normally an extra of Rs 2%o is chargeable for endowment Plans.)
8. Blood Pressure: Systolic B.P. should be below 140 and Diastolic should be below 90. Normal B.P. is generally as:-
Systolic = $115 + 2/5^{\text{th}}$ of age.
Diastolic = $75 + 1/5^{\text{th}}$ of age.
When B.P. is in border line, ME is required to take the second reading in supine position after 10 minutes rest, if the B.P. falls Beyond the above stated range, the case should be referred to the D.O.

9. Systolic B.P. upto 139 & Diastolic upto 88mm is considered as normal. All other cases need reference to D.O.
10. Pulse Rate: if it is below 55 and above 96 p.m. Spl. Report should be called for as per Underwriting Manual of special report chart.
11. Medical Report is valid for six months. Addl. Proposal upto Rs. 1,00,000 within medical examiner's limit can be allowed during this period without further examination, provided previous proposal was accepted at O.R.,
12. Medical Examination of female life is to be done by an authorised lady medical examiner or a male gynaecologist, if not available than by a Govt. Lady Doctor. Medical examination by a male doctor may be permitted if the lady proponent given in writing than she has no objection to be examined by a male doctor for her Pervaginal examination without the aid of a nurse or midwife.
13. If there is wide discrepancy of measurements (in comparison with the previous policy) recheck-up of measurements by a different M.E. is to be obtained for which no fee is to be paid. If possible recheck-up may be conducted at office by the B.M./A.B.M. (s) Similarly a letter is to be issued to the proposer asking his/ her observation for such wide discrepancy of measurements within a short span of period

Further points: -

A male as well as a female life proposed will be considered as under weight. Over weight for the purpose of determining whether any special report is required if his/ her weight equals or falls below/ exceeds the following limits.

For intermediate heights, the limits may be obtained by interpolation.

Height in cms.	Range of wt in kgs.	Height	Range of wt in kgs.
140	32-56	165	44-74
145	34-59	170	47-79
150	37-62	175	50-83
155	39-66	180	54-88
160	42-70	185	57-94

Underweight: In this case, the proposal cannot be underwritten at Branch level and has to be forwarded to Divisional office. The Manager (NB), in consultation with DMR, can call for any additional Special Report, if considered necessary. The proposal can then be underwritten at Divisional level if on the basis of the additional reports called for, nothing adverse is noticed by DMR. Otherwise the proposal has to be referred to Zonal office.

Overweight: In case of overweight, the Branch can underwrite the proposal provided the extra mortality rate (EMR) is found to be class I, II or III. If the EMR is found to be class IV, the proposal has to be forwarded to Divisional office for underwriting decision. The manager (NB) in consultation with DMR, can call

for any additional Special Report considered necessary. If the special Reports called for are found to be normal by DMR, proposal can be underwritten at divisional office level, otherwise the proposal has to be referred to Zonal office. In addition, the case, of B.P. falling under EMR class, I, II & III should be referred to DMR and there after those cases have to be underwritten by the Divisional office.

Diabetic Questionnaire and physicians report – (Part –I & II) should be called for from the proponent in case, the proponent is found to be Overweight to the extent of 50% or over.

If the proponent gives history of regular medial check-up, last such medial check-up report should be called for.

In case of Hernia, Gall Bladder disease, ulcers or any other diseases (With or without operations) the related special questionnaire/ operating Surgeon's report should be submitted in all such case. In case of deformity, deformity questionnaire as per C.O. Circular ref. 1445/4 dt. 28.08.89 must be submitted.

The above requirements are minimum necessity before registration of proposals and shall not be waived, Additional special reports, If felt necessary, may be called for by underwriter depending on merits of individual proposals. Again the proposals falling under EMR class IV and above should be referred to DMR before underwriting decision is taken.

Adverse Personal History: The cases which are not required to be referred to DMR on account of adverse personal history as given in the underwriting manual can be underwritten at the branch level Otherwise, the case should be referred to Divisional office and the Manager (NB) in consultation with DMR can call for any additional special medical report, if considered necessary.

Adverse Family History: All proposal with age at maturity 60 yrs. & having adverse Family history as mentioned in Sec. "Ratings for family History of chapter of Medical Under writing." Should be referred to Divi. Office (c.o. circular ref./1736/4 dt. 09/12/2000)

**Height Beyond:
The Build Chart** The standard weight and deviations for heights beyond the build chart may be arrived at by extrapolation. However, to facilitate the underwriting work, the weights for various heights between 136-145 cms have been incorporated in the manual in Annexure II.
Procedure to find out the Standard weight of a female is the same as given in the Build table.

UNDERWRITING OF UNDERWEIGHTS

- i. Underweight is a define impairment especially at younger ages where tuberculosis is frequently found to be associated. Underweight are more prone to debilitating conditions like anaemia, lack of resistance to acute infections. It is clear, therefore, that where poverty and under-nourishment are widely prevalent and tropical diseases

take a large toll of lives, and underweight must receive much greater significance, Statistics reveal that among underweights, about half the deaths are due to T.B. and respiratory diseases.

At times doubts arise as to whether the cases of extreme underweight falling under substandard Class III and IV should be postponed or such cases can be considered immediately with suitable extra premium. In this connection it may be noted that is difficult to lay down rules on such cases because they are highly substandard lives and the consideration of substandard cases varies from one case to the other, as the same will depend upon many factors other than weight. In view of this, the following factors may be considered under such circumstances:

- a. Life to be assured is not an illiterate or semi-literate but has enough basic education which will enable him to understand the implication of certain major illness/ sickness.
 - b. He has adequate means and facilities for availing medical treatment in the event of sickness.
 - c. Place of employment means and areas of residence are not unduly polluted with gas, smoke, etc. which will affect the health very adversely and the areas are not known for any contagious or infectious diseases.
 - d. Chest expansion is at least 5 cms
 - e. The recorded weight should be at least 37 kgs irrespective of percentage of underweight.
 - f. The estimated weight should be higher than the actual weight.
- While underwriting cases of underweight all the above factors should be considered in addition to the percentage of underweight and the case is to be reviewed as a whole. Where any of the above factors is not favourable, it is advisable to refer such case to manager (NB)/ DMR for underwriting decisions.

In other cases where the life to be assured has applied for insurance first time and the percentage of underweight is more than 17.5% x-ray of chest alongwith Haemogram may be obtained and the case may be referred to Manager (NB) / DMR for decision.

ii. Mortality ratings for underweights : See build Table.

Further, in the case of lives with a Mortality Rating of +35 or over for underweight (including Debit for chest expansion) the maturity age under Endowment Assurance plans should not exceed 70 years, for other Endowment type plans 65 years and the maximum premium ceasing age under Whole Life Limited Payment plans should not exceed 60 years.

iii. Chest expansion:

Where underweight is 10% or more (as per build chart) debits and credits for chest expansion are as under:

- a. Mortality ratings for underweight will be increased by debits shown in table II, if the chest expansion is less than 5cms.
- b. Mortality ratings for underweight will be reduced by credits shown in table II if chest expansion is over 8 cms if the chest expansion is less than 3.5 cms a recheck up of chest measurements should be called for.

Generally, a chest expansion less than 3.5 cms should make one suspicious that the measurement have not been accurately taken by the examiner or that the examinee does not know as to how to expand his/her chest fully. Cases where the chest expansion is confirmed by the examiner to be less than 3cms should be referred to ZUS.

UNDERWRITING OF OVERWEIGHT

Medico-Actuarial studies reveal the main characteristics of the extra risk associated with overweight. Overweight to a moderate degree at younger ages is not a serious impairment. As a matter of fact, moderate overweight have advantage up to age 40. It appears that overweight is a real antidote to tuberculosis. Extra Mortality due to overweight increases with increase in weight over the average, more particularly at later ages. The chief hazards of overweight are the degenerative disease of heart, blood vessels and kidneys.

In the case of overweight postponement does not help much when the percentage is less than 65 percent. It is true that young overweights are likely to put on more weight and the percentage of overweight may increase during the currency of the policy. However, it is normally expected that many of the degenerative and cardiovascular diseases set in after the age of 40 years. Therefore, in the case of first insurance if the percentage of overweight is not more than 40 and the maturity age is not beyond 65 years, such cases may be processed immediately after making sure that the measurements are correct and provided no special report is required as manual requirement.

In the cases other than those mentioned above, immediate consideration may be given after obtaining such special reports as may be needed in addition to reliable check-up of weight and other measurements. It may be noted that in overweight, the actual weight should be more than the estimated weight. Care has to be exercised in case of other borderline findings, such as B.P. reading 139/89 or so, In such an event a checkup by a reliable senior post-graduate physician has to be obtained.

Mortality Ratings for overweight: See Build Table

Debits and credits for abdominal girth (In cases where overweight is 23% or more)

- a. The mortality ratings for overweight will be increased by the debits shown in Table III, if the abdominal girth is equal to or exceeds the girth of expanded chest.
- b. The mortality ratings will be reduced by the credits shown in Table III, if the abdominal girth is small as compared with the expanded chest.

Credits for short term Endowment Assurance:

In the case of overweight lives, credits will be allowed for short term Endowment maturing under age 60 years as shown in table IV for lives ages 39 years or less. The same credits should be allowed under Marriage Endowment and Educational Annuity Policies also. The credits will not be applicable to other plans of assurance.