

Underwriting Case Study 1

- Female aged 23
- Applying for Life cover & Critical illness cover £500,000 40-year term

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Application disclosure

Chest pain in 2012 had some investigations. Told nothing to worry about.

In answer to the following question:

Before the age of 60 have any of your parents, brothers or sisters had:

- Heart Attack, Angina, Cardiomyopathy or stroke
- Breast, Ovarian or Colon Cancer
- Multiple Sclerosis, Huntington's Chorea or Motor Neurone Disease
- Alzheimer's or Parkinson's disease

Yes – Sister Age 20 diagnosed Multiple Sclerosis

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On a tele interview with the client (to provide more information regarding the chest pain, which was musculoskeletal) she disclosed that her sister did not have MS but has Radiologically Isolated Syndrome. This apparently detected following a hearing test done through work, which showed slight hearing loss in one ear, and then went on to have a MRI, which picked up changes.

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The client has sent in the following letter:

Supporting information from applicant regarding her Sister's family history

Consultant Neurologist Reports

2016

I saw this lady in clinic today. As you know, she has been seen by my colleague, Dr [REDACTED] and had been given a diagnosis of Radiologically Isolated Syndrome. She has got lesions on her MRI scan which fit Barkhof criteria of dissemination in time and space. She has got symptoms of urinary frequency and constipation likely to be due to neurological dysfunction, however, are not corroborated by any objective clinical findings. The only objective clinical findings are that of Weber's sign lateralising to the right ear implying sensorineural impairment in the left. This latter corresponds with a cluster of lesions around the insertion of the left vestibulocochlear nerve. Going through things step by step, the combination of the examination in time and space on the MRI along with objective clinical evidence of one lesion would give her a McDonald criteria diagnosis of MS, provided you are sure that the bladder and bowel dysfunction are related to neurological dysfunction. She does report an episode of scotoma lasting for a few hours; however, this does not fit the International Panel on Diagnosis of MS criteria for an inflammatory event, so at the present time by the two best validated criteria for diagnosing MS - Poser and revised McDonald 2010 [REDACTED] does not have MS, although this could be changed if she had delayed VEPs in one eye.

At the present time, we would not be giving [REDACTED] disease modifying treatment, so I do not see what advantage there is to her to be given a formal diagnosis of MS. All that being said, I do think the chances of her developing MS in the next few years are pretty high, so in terms of the implications for her life for applications for a short-term insurance such as car insurance and travel insurance, I would advise her to not declare an extant diagnosis of MS; however, when it comes to applying for life insurance, critical illness and illness insurance etc., it will be important to make sure this is was all being done correctly and it may be necessary to go through everything again in detail possibly getting second opinion to make sure.

In practical terms from a medical point of view, there is nothing that needs doing at the moment and I will discharge [REDACTED] to Dr [REDACTED] care. I think if the bladder and bowel symptoms are giving her trouble then she could let me know and I will refer her to Mr [REDACTED] or the Continence Services either here or [REDACTED] and obviously if there are new

neurological symptoms and it proves difficult get in touch with Dr [REDACTED] or the MS Services locally, then let me know and I will try and speed things up.

Yours sincerely

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- **How would you assess this?**
 - **What would your decision be for Life cover?**
 - **What would your decision be for Critical illness cover?**