

# THE NHS HEALTH CHECK AND INSURANCE FREQUENTLY ASKED QUESTIONS

## **Introduction**

The following document has been produced by the Department of Health in partnership with the Association of British Insurers, which has seen and agreed the responses to the frequently asked questions.<sup>1</sup>

The document is intended to inform individuals who are planning to attend, or have attended, their NHS Health Check and who may have questions about the impact of the check on their insurance policies – including life insurance and travel insurance. It also aims to advise on the types of information – if any – that individuals need to disclose to their insurers. Equally, this document may be helpful to any one who is involved in delivering NHS Health Checks, so that they may be able to answer questions raised on insurance by those attending their check.

The document is based on a theoretical case study that we hope will reflect the circumstances and potential concerns of a wide range of people.

## **Case study**

### **John**

John Jones is a 50-year old lorry driver. John is married with three young sons but spends a lot of time working as a lorry driver. He smokes, and does not take regular exercise. He enjoys his full English breakfasts at roadside cafes each morning and snacks on crisps and sandwiches throughout the rest of the day.

John already has Life insurance. He is planning a family holiday to Crete and will need to take out new Travel insurance.

## **Results of his NHS Health Check**

Age	50
Gender	Male
Smoker	Yes, 20 cigarettes a day for 30 years
Physical activity	Inactive
Family history	No
Blood pressure	135/85
Ethnicity	White British
Body Mass Index	30.5 kg/m <sup>2</sup> / obese
Total cholesterol :HDL cholesterol	5
Risk score	Medium
Diabetes / non-diabetic hyperglycaemia	No

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<sup>1</sup> This document is subject to change depending on medical advances.

John would be considered as being at medium risk of having a heart attack or stroke, and developing diabetes and kidney disease in the next 10 years. As his BMI is above 30, John had a blood glucose test, which showed he does not have diabetes or non-diabetic hyperglycaemia. (The Department of Health's NHS Health Check: Vascular Risk Assessment and Management Best Practice Guidance contain best practice advice for health workers on how to identify and test those at high risk of diabetes. It states that where the individual's BMI is in the obese range (27.5 or over in individuals from Indian, Pakistani, Bangladeshi, Other Asian and Chinese categories; or 30 or over in other ethnicity categories), a blood glucose test is required)).

### **What advice would be offered to John as part of his NHS Health Check?**

John would receive advice on healthy eating and physical activity based on a number of factors, including any barriers to lifestyle change that exist for him and his overall readiness to commit to making lifestyle changes. Any advice on physical activity would include agreeing goals and providing written information on the benefits of activity and local opportunities to be active. As John is a smoker he would be advised of the health benefits of giving up smoking and, if he wanted to quit, would be offered the support of a local NHS Stop Smoking service. Although John is not diabetic he would however be advised that he has a higher risk of developing diabetes because of his weight and offered appropriate lifestyle advice.

### **Will the results of John's NHS Health Check impact on his insurance policies?**

When John takes out insurance related to his health, he may be asked questions about his health and medical history or be advised of the need to declare any pre-existing medical conditions. John must answer any question he is asked as fully and as accurately as he can, to the best of his knowledge and belief. If John doesn't, his insurer may refuse to pay his claim and could cancel his policy.

Cover for pre-existing conditions could be denied. If health problems are identified as a result of the NHS Health Check these may impact on insurance John seeks to take out subsequently. This impact may be a decrease in cover offered or an increase in the premiums John pays. This is because insurance companies need to assess the risk prospective policy holders represent and it would be unfair to take on customers who knew they were at increased risk without considering the impact of this risk.

John should check with his insurer to avoid invalidating the cover if he is not sure if something should be disclosed. This includes if his circumstances have changed between the time he applied for insurance and the time his policy started or he got the results of a test.

To help clarify this, examples are presented below by way of questions and answers.

***Q1. Would John's existing Life insurance policy be affected by his NHS Health Check results?***

**A1.** No. Existing life insurance policies would be unaffected by an individual attending an NHS Health Check – regardless of what the results are. With an existing life insurance policy it would not be necessary for John to inform his insurer that he has attended the NHS Health Check or the results of the check, even if he was found to have a previously undiagnosed condition such as diabetes, heart disease or kidney disease.

***Q2. What specific information would John need to provide when taking out his new Travel insurance or Private Medical Insurance policy?***

**A2.** John must answer any question he is asked about his health or medical history, and/or declare any pre-existing medical conditions as required by the insurer.

If John were waiting for the results of any tests such as his blood sugar test, these would need to be disclosed to the insurer. Some insurers might make a decision not to cover him for this or associated claims until the results of the test(s) are known.

Any diagnosis of diabetes, chronic kidney disease, heart disease, hypertension, and non-diabetic hyperglycaemia that resulted from the NHS Health Check would need to be disclosed.

John would need to answer all the insurer's questions including about his smoking, weight and cholesterol along with any medications or treatment he is on, including preventative treatments e.g. statins.

***Q3. If John were prescribed preventive treatments such as statins and anti hypertensive drugs would this increase his premiums or mean that he is not insured for certain conditions under his Travel insurance or Private Medical insurance?***

**A3.** If John takes preventative medication or treatment insurers may limit cover or increase the premium, even if treatment was started as a result of the NHS Health Check or for preventative reasons. John may choose moratorium underwriting and the implications of the screening may vary from product to product.

For Travel insurance, if John takes preventative drugs or treatment for a condition then there could be complications that insurers would take into account. Depending on the answers John gives about the conditions, insurers may decide that no additional premium is necessary.

***Q4. Would John have to disclose tests and/or results of tests during the policy year to the Travel insurer e.g. if John had chosen an annual multi-trip policy?***

**A4.** Some Travel insurers would require John to disclose any changes in health e.g. a new diagnosis, symptoms, treatment, status of existing condition, that arose during the period of insurance, including any medication e.g. statins (cholesterol lowering medicine) or anti-hypertensive drugs (medicine that helps lower your blood pressure), that may have been recommended following or as part of his NHS Health Check.

***Q5. What information would John need to provide if he takes out Critical Illness cover?***

**A5.** John would need to answer all the insurer's questions, including those about his smoking, weight and cholesterol, along with any medicine he is taking e.g. those that help lower cholesterol levels (statins) and blood pressure (anti-hypertensives). Any diagnosis or treatment which resulted from the NHS Health Check would need to be disclosed.

In John's case, he may be charged a higher premium due to his smoking and BMI. This would apply whether or not he had attended his NHS Health Check.

If John was waiting for the results of any test, such as his blood sugar test, this would need to be disclosed to the insurer. Some insurers might make a decision not to cover him until the result(s) are known.

***Q6. Would John's medium risk score affect the premium he was charged for Critical Illness cover, Life insurance or Travel insurance? If so, how would these differ if he was given a low or high risk score?***

**A6.** Insurers will make their own assessment of the risk in relation to the type of insurance being applied for based on the answers provided on John's application for insurance, his previous medical history, details of any conditions he is currently suffering from and the results of any tests or investigations, whether those are from his NHS Health Check or have been done at another occasion.

***Q7. John has applied for life insurance and then is asked to attend for an NHS Health Check before his policy has started. Will he need to let the insurer know about his NHS Health Check?***

**A7.** Most insurers would require John to disclose any new information about his health or tests being carried out, up to the point the policy starts. This means that he may need to tell them about his NHS Health Check. However some insurers would not expect John to disclose this if it was solely a routine screening examination that was a routine part of the NHS Health Check.

John would need to tell the insurer if there was any new diagnosis, symptoms, treatment, or change in status of an existing condition, that arose before his policy started whether or not this was as a result of his NHS Health Check.

After the NHS Health Check John would need to tell the insurer if the results did show a new condition, if he was subsequently put on prescription medication e.g. statins (cholesterol lowering medicine) or anti-hypertensive drugs (medicine that helps lower your blood pressure) or if he was referred for additional tests or investigations, before his policy started.

The insurer will then decide whether John can continue with his application, or whether they will wait for the results of any outstanding investigations before making a decision.

***Q8. If John is waiting for his NHS Health Check, which includes a blood test for cholesterol (affecting 3 million people a year at full roll out), would John be regarded as waiting for an investigation by his insurer? In these circumstances does John need to declare that he is waiting for a check-up or investigation?***

***A8. If the insurer specifically asked John during the application process about having or awaiting any tests or if John knew he had previously raised cholesterol levels, or the other results of the NHS Health Check showed a condition and/or required more investigation then John would need to declare that he was waiting for the results of a blood test.***

Some insurers would not expect John to disclose this if it was part of a routine screening examination.

***Q9 If John attended his NHS Health Check, and was waiting for the results of the standard cholesterol test (3 million people each year at full roll out), does he need to declare that he is waiting for the results of a blood test?***

***A9.*** Some insurers would ask John a question about tests for which he is awaiting the results. Other insurers would not expect John to disclose this if it was solely the result of a routine screening examination. If something had been discovered at this examination and further blood tests had been ordered by the doctor then John should tell the insurer. John should also tell the insurer if any results indicate a condition, potential condition or the need for preventative medication.

***Q10 John attended a NHS Health Check aged 42 years and was diagnosed with a disease e.g. diabetes. How would this affect John if he wanted to get life insurance, travel insurance and critical illness cover?***

**A10.** For Life insurance, John will probably be insurable with an increased premium, although if the diagnosis is very recent the insurer might want to wait a little while to see how effective the treatment is in John's case.

For Critical Illness insurance the exact impact would depend on John's individual case. He might choose to use a specialist insurer.

For Travel insurance most insurers would expect John to disclose the diabetes, along with any other medical conditions John might have (if pre-existing conditions need to be declared) and, as a result, an additional premium may apply.

For Private Medical Insurance John should tell the insurer about his diabetes if he is asked to declare his medical history. Having diabetes will decrease the extent of his cover and/or increase his premium. If John takes out a policy based on a moratorium, his diabetes will limit the extent of his cover.

***Q11. Would insurers want to know if John was found to have non-diabetic hyperglycaemia?***

A11. Life insurance and Critical Illness insurers would want to be told that John has non-diabetic hyperglycaemia and he would be expected to give the details in answer to the questions during the application process regarding what conditions he suffered from and the results of any tests and investigations.

An additional premium may be charged depending on the level of blood glucose and any other factors e.g. BMI, smoking etc

Travel and Private Medical insurers would want to be told about any condition that fell within the definition of a pre-existing medical condition. This definition will vary by insurer but is likely to be something along the lines of:

- Any illnesses John is currently suffering from or has already had. This includes any symptoms or any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up that has been required or received.

So, if John were diagnosed with non-diabetic hyperglycaemia then it would need to be declared. Depending on the insurer an additional premium may or may not be charged.

***Q12. Will the prescribing of preventative drugs and / or treatments such as statins and anti hypertensive drugs increase the premiums or mean that John is not insured for certain conditions?***

**A.** The prescription of preventative drugs or use of other treatments will not automatically result in increased premiums. Insurers will make an

assessment of the risk in relation to the type of insurance being applied for based on; what condition has been diagnosed, the severity of the condition and treatment required, the prognosis, the results of any related tests or investigations, and any other medical conditions John may have.