



# HIV and Life Insurance

A Special Report by [LifeInsure.co.uk](http://LifeInsure.co.uk)

## Introduction

Currently there are over 100,000 HIV positive people living in the UK of whom roughly a quarter are unaware of their condition. However, despite the fact that this is a relatively large group of people there exist at present only two insurance companies willing to provide coverage for those who are HIV positive.

With recent advances in treatment and care for HIV positive individuals the death rate amongst them is roughly 1% a year – equivalent to that of the UK population as a whole. The problem, however, is that HIV-positive individuals continue to die at a markedly younger age than the national average. It is perhaps for this reason that insurance companies continue to see them as high risk individuals.

Nevertheless, it is fair to say that insurance companies have by and large failed to catch up with the improvements in HIV/AIDS treatment and there remain many individuals who would find it impossible to obtain coverage in the UK. Of the two companies who do offer coverage, only a small minority of applicants are approved and those are generally subject to rigorous testing, lengthy delays and highly expensive premiums.

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The main concern among HIV sufferers is that in the event of their death their remaining spouse or family may be unable to cover mortgage repayments and so will be made homeless. Nevertheless, one of the two HIV-positive insurance providers does not at present provide coverage that could be considered comprehensive enough to solve this problem.

The controversial link between homosexuality and HIV has also had an affect on the insurance industry in the past. It was not until 2008 that an official code of practice was published encouraging insurers not to ask questions about sexual orientation on application forms. In the past, many insurers had been openly prejudiced against homosexual males when considering applications for life insurance, even in spite of the fact that the most common transmission route for HIV is heterosexual sex.

Thankfully, there is now a full and detailed code of practice in force which guarantees that you will not be prejudiced against on account of your sexuality and that your confidentiality will be respected with regard all HIV-related issues. (See sections: What do insurers want to know?, Insurance and HIV testing) Although there are still only a couple of providers, this code of practice in itself opens the way for more companies to begin to offer this service in the next few years. What this means is that over the next decade we can not only expect the lifespan of HIV-positive people to increase but for life insurance to become more widely available to a demographic which has in the past largely been ignored.

For more statistics see: <http://www.avert.org/uk-statistics.htm> | <http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-Statistics.aspx>

## What is a pre-existing condition and what difference does it make?

When taking out life insurance one of the main factors affecting how much your premiums will cost is whether or not you have a pre-existing condition. In other words, if you take out life insurance and subsequently fall ill the insurer will possibly give you a payout but if you fall ill and then take out life insurance it will generally cost you more.

HIV, for the purposes of life insurance, is one of many pre-existing conditions that can make a massive difference to the cost of your premiums. However, unfortunately, it commonly does far more than that. At the moment, only two insurers in the UK will provide cover for those declaring HIV as a pre-existing condition. The rest will refuse all applicants, regardless of what treatment they are on or how stable their disease.

This is unfortunate but the end of the world for a HIV-positive person who is looking for life insurance. There are still a couple of options for those meet certain very restrictive criteria and are willing to pay high premiums. These options are detailed below in the section entitled: What providers exist and how much does it cost?

## What do insurers want to know?

In the past there has been much controversy over the issues of HIV, homosexuality and insurance. For many years, not only were HIV positive individuals routinely denied cover but homosexual men were often sent for HIV testing and, in many cases, given higher premiums even when they tested negative. As a result of these controversial policies the Association of British Insurers published a new best practice guideline in 2008. This report necessarily forms the basis of much of the information in this guide and can be found on their official website at the following URL: [www.abi.org.uk/information/40470.pdf](http://www.abi.org.uk/information/40470.pdf)

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In it they reaffirm the right of an insurer to assess you for HIV risk and to test you for HIV whilst committing themselves to no longer ask any questions about sexuality. This is a welcome U-turn for the industry and if you find an insurer is still asking these sorts of questions after 2008 it will be best to talk to the ABI about them. They may find themselves expelled from their main industry association. Insurers are also bound by the Civil Partnership Act 2004 and if they ask you a question about civil partnerships may be in contravention of the law.

The document states that you will no longer be asked any questions about civil partnerships, sexuality, or sexually transmitted diseases. The one HIV related question that you can expect to find in insurance forms nowadays is: "Within the last five years have you been exposed to the risk of HIV infection?"

To clarify, the purpose of this question is to find out whether you have engaged in unsafe sex or intravenous drug use. Moreover, those who have had surgery or blood transfusions outside the EU should also answer "Yes" to this question. Most companies will clarify this in the questionnaire although some will choose to leave it vague. However, if you cannot answer "yes" to any of the things listed above then it is best to answer "no" to the question.

The second and final question on the topic of HIV will be: "Have you ever tested positive for HIV, Hepatitis B or C, or are you awaiting the results of such a test? If the result is negative, the fact of having an HIV test will not, of itself, have any effect on your acceptance terms for insurance."

The purpose of this question is solely to determine whether or not you have HIV or Hepatitis B or C and, unfortunately, an answer in the affirmative will usually mean that you are turned down for cover unless you have applied to a specialist HIV insurer. If this is the case you will then likely be sent for testing and/or asked further questions about the treatment you have received, your blood CD4 levels and virtual load.

*".. CD4 is a chemical that can be found on one particular kind of white blood cell.."*

A CD4 is a chemical that can be found on one particular kind of white blood cell. HIV typically infects these cells forcing the body to produce them again and again in order to keep the immune system going. Eventually your CD4 count will drop if you have HIV and so this is a good measure of how far your HIV has progressed and how effective your HIV treatment is.

As such, insurance companies will want to know your CD4 count before granting you coverage as well as getting continued updates so that they know how stable your condition is. For instance, one of the main providers of insurance to HIV positive persons demands a pre-HAART CD4 count of more than 250 and that the count be maintained at or above this level over the course of the treatment in order to maintain coverage.

Other information that a company is likely to demand will include whether or not you are Hepatitis B or C positive, what treatment you have taken and when you began it, the extent of seroconversion that has occurred, and what your viral load is (the amount of the virus in your blood).

## Insurance and HIV testing

### When will they ask you to be tested?

You will be asked to take an HIV test if your answers to any of their questions imply that you have engaged in unprotected sex, injected non-prescription drugs, had an operation or blood transfusion outside of the EU, been diagnosed with a sexually transmitted disease with long-term health implications or resided in or travelled to countries with high HIV prevalence.

It is standard practice among insurers to keep a list of regions of the world that they class as having high HIV prevalence. If you are asked to take an HIV test on this basis you should be allowed to see this list on request. Generally, a country or region is deemed to have a “high” prevalence if 1% or more of its population have contracted the disease.

*".. a company may or may not choose to legitimately administer an HIV test.."*

One other possibility is that if you have indicated that there is a chance your mother has HIV then you may be asked to be tested. Mother-to-baby-transmission is recognised by general consensus in the medical world as a means by which HIV can be transmitted. This, however, will apply to a relatively small number of applicants for life insurance.

Some insurance companies will also ask applicants to undertake a full medical examination before accepting them for coverage. Over the course of this examination, a company may or may not choose to legitimately administer an HIV test as part of their overall risk assessment.

### The Test Procedure

When being asked to take the test your insurance company should make you fully aware of the reason why they have chosen to ask you to do it. You will be sent a letter explaining their reasons and asked to sign a consent form. If you refuse to consent to the test you will likely be denied cover.

Before taking the test you will also be asked to name a contact in the medical profession who should be informed if you test positive. Many people will name their GP or an HIV counselling service. If you can't name anyone then the test centre will usually be able to provide its own GP for these purposes.

There are three basic types of HIV test involving a sample of either blood, saliva or OMT (oral mucosal transudate) taken by means of a mouth swab. All insurance providers have a choice to make over which laboratory to use. The criteria they may have in mind will include the

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accuracy of the tests administered and the standard of customer service and care in each lab.

The saliva test is often considered to be less accurate and when undertaken it is usually for reasons of cost. In fact, research has shown that oral testing in general (whether it examines saliva or OMT) is prone to high percentages of both false positives and false negatives. This means that you should research the type of testing used by your insurance company and get yourself retested properly if you feel that the result may be inaccurate.

### Receiving Your Results

According to the official code of practice the insurer is bound to attempt to ensure that you are given your results as quickly as possible in order to avoid the stress of waiting. Positive results are typically rare and when they occur the testing centre will generally help organise counselling and HIV care for you, even if you are declined insurance coverage.

Most of the time, the insurance salesperson will not be informed that you are taking an HIV test. Either way, they will never be informed of the results of the test unless you choose to tell them voluntarily. A negative test result will have no effect on your insurance rating. A positive test result may, however, result in your application being declined or your premiums increased.

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The order of operations in the event of a positive result is as follows: the head underwriter at the insurance firm receives the result from the testers, they forward this to the insurer's Chief Medical Officer, the CMO contacts the medical professional that you have nominated and this person will organise a counselling meeting for you. Only once this has taken place will the CMO be informed will the insurer send you a letter detailing their decision on whether or not you will be allowed coverage.

In the event that the lab results are unclear the test is declared inconclusive and another test is usually arranged. You should expect to be informed of the reasons why this test is inconclusive if so. The cost of HIV testing, however, means that some insurers will waive a further test which may mean providing coverage to someone who may possibly have HIV. The main risk with this approach, however, is that you might assume you have been given the all clear. This is not the case and on these occasions it is best that you arrange a re-test on your own in order to be absolutely certain.

## Confidentiality

In order to write to your GP on the issue of HIV testing an insurance company will need your written permission. They are banned from either directly stating or indirectly implying information about your sexuality to any party. A GP will inform your insurers if you are HIV positive, awaiting the result of testing, or if you have any other STD's with long term consequences.

In the event that your life insurance was organised on your behalf by someone else insurers will ensure that they do not communicate any HIV-related information to anyone but you. When you are making a joint application, every step should be taken to make sure that your confidentiality is maintained.

## Which providers exist and how much does it cost?

In the past, coverage was denied to anyone who tested positive for HIV as a matter of course. This made it impossible for anyone with HIV to get any sort of life insurance. However, as recently as the past few years two providers willing to insure HIV positive people have emerged in the UK, namely PruProtect and Pulse Insurance.

To read more about these companies and their policies for HIV positive individuals on their websites go to: [https://www.pruprotect.co.uk/adviser/life\\_cover](https://www.pruprotect.co.uk/adviser/life_cover) | <http://www.pulse-insurance.co.uk>

With both of these, however, there are some pretty stringent criteria. The only policy offered by PruProtect is for a maximum fixed sum of £250,000 and a maximum term of 10 years. After 10 years it is possible to reapply but your risk level will be reassessed each time you do this. The minimum age for their applicants is 25 and the maximum 60.

Furthermore, they are quite careful to ensure that you did not contract HIV in a way that implies you are at risk from other factors and that your illness is very much under control. For instance, those whose method of transmission was through the use of intravenous drugs and anyone with Hepatitis B or C is ruled out. The applicant must have been using HAART treatment in the UK for more than six months and have a CD4 cell count and viral load that are near undetectable.

Crucially, no-one who tests positive for AIDs or any illnesses which might imply that they have AIDS will be able to get life insurance coverage in the UK, or elsewhere. These illnesses typically include TB, pneumonia, wasting disease and several others. On top of this, PruProtect estimate that only 7% of people who have been diagnosed

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with HIV will be eligible to receive their insurance. The figures are no much better for their competitor, Pulse Insurance. Even if you do get insured the cost is, of course, much higher than the life insurance premiums for most healthy people. You will likely find yourself paying around £125 a month for the policy described above.

As mentioned above, Pulse Insurance offer a similar service but with a few crucial differences. There are a wider range of people who can get some sort of insurance with Pulse and they offer life coverage of £10,000 for premiums that are as low as £15 for those aged between 18 to 24 year olds. On top of this, applicants are not required to be on HAART. For a demographic that would otherwise receive no coverage whatsoever this amount may be small but better than nothing. On the other hand, none of Pulse's policies do not provide anywhere near as much coverage as PruProtect.

However, perhaps the main benefit of Pulse is that they do not ask for any medical reports or exams in order to provide coverage. What this means is that a far higher number of people, perhaps with a greater likelihood of falling ill, are likely to receive insurance coverage. However, they do still ask for information on CD4 count and viral load. Also, the downside of not having a medical means that the majority of people will be paying premiums that are higher than their condition would merit.

Another downside of agreeing insurance policies when HIV positive is that they take forever. An average wait is three to six months from applying to agreeing coverage. Compare this to the average time period of six weeks. When added to the fact that you are already likely to be paying three times more than the average person the whole process begins to seem quite unfair.

However, as we have pointed out in the introduction, the number of companies who are offering coverage to HIV positive individuals is slowly increasing and is only expected to continue to increase over the next few years.

If you are struggling to find coverage it is worth calling up companies and asking them why they do not cover you and when they are likely to consider doing so. If you are involved in any charities related to HIV/AIDs then there are worse things you could campaign on than this issue. Writing to an MP is also a possibility that has not been adequately explored as of yet. While the situation may not be adequate as of yet it is worth remembering that things have recently changed and will continue to change as consumers put pressure on the powers that be to do something about it.

#### The Author



[Robert Prime](#) has been involved in the life insurance industry since 2006 and is the co-owner of [lifeinsure.co.uk](#). Having worked within an authorised environment and joint managed several brokerages he has gained a lot of experience in this sector which he is keen to share with the public.