

## **6. Underwriting Chronic Diseases in DI**

J. Bronsema

*Swiss Europe SA, Amstelveen, The Netherlands*

Underwriting disability is a challenge. The underwriting process is closely linked to the traditional medical causal model matching the ICD (International Classifications of Diseases) or the ICIDH (International Classification of Impairments, Disability and Handicaps) framework. At claim stage the claimant will act in a way that more closely matches the ICF (International Classification of Functioning, Disability and Health) a medical-social model, since environmental and personal factors, in addition to the medical data, do affect functioning and participation, and therefore claim behaviour. The establishment of criteria for underwriting DI in general is complicated. Policy terms and conditions are numerous. Literature about predictors is scarce due to the complexity of this research area and lack of accessibility of usable sets of data. Legal, cultural, social and personal backgrounds of populations are different.

Establishing criteria for chronic diseases is even more complicated. The main reason to become disabled after all is still age. Life-style factors, (congenital) shortcomings and numerous social factors (environmental and personal) and societal attitudes contribute to “disability” in the ICF-model. This leaves us with the question defining disability. No single definition of disability will likely ever suffice to meet multiple societal needs, but a definition in line with the ICF probably offers perspectives for the future. Classical medical thinking will not persist over time. Here lies the fundamental problem for health insurers in case we stick to the medical model. The causal link between (chronic) diseases and disability is limited, if existing at all.

Underwriting disability fits a more holistic approach, covering all relevant risk factors. Depending of the product underwriting disability should have its focus more on predisposing risk factors and the maintaining risk factors influencing the duration of claims, instead of just causal risk factors. An unequivocal risk assessment tool, covering all risk factors is not available. The presentation aims to discuss underwriting principles, the scale and trends in chronic diseases and its consequences for underwriting, linked to existing frame of references and compared with data from adjacent insurances. Including the ICF the focus will shift from medical factors towards socio-economic and life-style factors ending up in social inequalities in health as an overall concept, including possible biomedical mechanisms in the individual applicant. Comparative data from EU-member states will be included.