

# The Case of the Persistent Underwriter - Uncovering the Truth

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# Risk Classification Process

**Smoking Status**

**Occupation**

**Medical History**

**Coverage  
Purpose**

**Insurable  
Interest**

**Drug Use**

**Financial  
Information**

# What are the Key Challenges in Risk Assessment?

- **Complex medical history**
- **Complex finances**
- **Difficult agent**
- **Unadmitted history**
- **Long time to get an APS or lack of records**

# Case #1

- **\$25MM Term — 56 YOM, NS, agent knows well x15 years**
- **Admits to asthma only**
- **APS: palpitations tx Propranolol, mild MR, MVP, elevated CAC, untreated mild OSA, pmx of bronchiectasis, ongoing mild DOE yet able to play tennis**
- **Chest CT recommended in 2019 & 2021 — not done**
- **Case issued at substandard rating — not taken**
- **A new app for \$10MM survivorship 2 months later**

# Case #1 What were the Challenges?

- **Undisclosed history of palpitations, MVP, MR, elevated CAC, OSA, restrictive lung disease, lack of follow up**
- **APS was difficult to obtain**
- **Client is top executive with limited time (and patience)**
- **Agent expected Preferred — case rated substandard**
- **Change of products and amounts**

# Case #1

- **Survivorship issued but prior to delivery — 4 days' hospitalization for COVID, no mechanical ventilation**
- **Seen by PCP a week after, spirometry report: FEV1 59-60%, best FVC 57%, moderately severe restriction (<60%) but no office notes**
- **PI states he was given “a clean bill of health”, resumed usual activities including tennis, all COVID symptoms resolved**
- **Would you make an offer?**

# Case #2


- **3 related individuals with high NW for \$20-40MM joint life coverage**
- **Global citizens with medical care in the U.S. and Europe**
- **2 months prior to year end**
- **All with known history of Hepatitis B – inactive carriers, prior coverage issued 4-6 years ago at Standard**
- **Agent is expecting Standard on all**

# Case #2

- **\$20MM Survivorship**
- **56 yof, NS, APS obtained from disclosed physicians**
- **2014 abd US neg, 2018 abd US – 1cm liver cyst**
- **No viral loads or AFP since 2007**
- **APS with no visits or follow up since 2018**
- **Would you make an offer?**



# Case #2

- Applicant remembered evaluation done in France 3 months earlier
- 06/2021 abd US – mild fatty liver & 1.3cm liver cyst BUT no labs
- She was willing to get updated labs. 12/2021: AFP 5.2, PCR 1007 IU, AST 17, ALT 18 
- Would you make an offer now?

# Case #2-What were the Challenges?

- **Global citizens, high face amount**
- **Lack of candor**
- **Limited APS, need for translation**
- **Time constraints & pressure from a difficult agent**
- **All 3 cases had to be issued together**



# How did the Underwriter Handle the Case?

- **Kept agent & general office up to date throughout the review**
- **Consulted MD**
- **Advised what testing would be needed to consider for an offer and why it's needed**
- **Worked with vendor management to expedite APS retrieval**

# Case #3

- **\$10MM Term — 44 yom, NS, IBS secondary to stress — no RX**
- **2019 colonoscopy & EGD: mild diverticulitis, gastritis, duodenitis, terminal ileum mucosal ulcer — recommended PPI**
- **4/2022 abd discomfort >2 months, worse than usual, PCP considered colitis that is chronic and autoimmune; strongly encouraged to see GI doctor**
- **05/2022 LOV — has not been taking Nexium as it was ineffective**
- **Agent confirmed that PI has not seen GI doctor — scheduling problems**
- **Would you make an offer?**

# Case #3

- **Case issued at Standard; possible reconsideration with GI evaluation**
- **The agent and client were not happy with the offer; they soon provided additional records:**
  - ✓ **4/2022 abd CT — moderate amount of stool throughout the colon**
  - ✓ **Copies of the emails between the client and PCP who stated that the abd pain might be caused by significant constipation, which resolved with Miralax**  
- **Approved at a better rating**

# How Do You Handle the Challenges?

- **Stressful situation with a pushy agent**
- **Fragmented medical story**
- **Unreasonable expectations about the rating**
- **Home Office sale goals and timetables**

# Communication is Important!



**Try to set aside judgment – be open-minded — did we miss something? Listen to hear if there is more to the story**



**Be specific but concise with requests for additional information**  
**Avoid technical, long medical explanations**



**Inform all interested stakeholders on the status of the case**

# Communication is Important!

**Establish an “easy” relationship with a “difficult” agent:**



**Make a follow up** call on a case that went extremely well



**Ask if there are any cases in the works that you should be aware of**



**Set expectations in the beginning**



**Put yourself** in agent's shoes



**Earn respect** – explain reasons **for your decision but show that you care**



# Communication is Important!

- **Keep** stress in check **when under pressure**
- **Consider** a phone call vs an email
- **Take a** second look at the case **evidence**
- **Get a** second opinion — **consult MD or peer**
- **Think ahead** — is reconsideration possible? **Will additional information affect the decision?**

# Best Practices on Appeals



**New information** is generally easiest way to have offer reconsidered



**Why better offer is warranted?**



**If appeal is denied** – say “company underwriting rules” and avoid “I”

# Other Considerations on Appeals



- **A mistake was made**
- **Difference of underwriting opinion**
- **Courting the agent**
- **Buying the business**

