

# Consumer Insurance Contracts Act 2019

# Consumer Insurance Contracts Act (CICA)

## Key Changes – 1 September 2021

The key CICA changes are as follows:



### Pre-Contractual:

The introduction of a statutory duty to answer all questions posed by the insurer 'honestly and with reasonable care' in place of the (up to now) contractual duty of 'utmost good faith', a significantly lower standard.



### Claims Stage:

Proportionate remedies for misrepresentation by the customer, depending on whether the misrepresentation was innocent, negligent or fraudulent. Regulation sets out the action that needs to be taken under each of the three categories.

# CICA Requirements

## Requirements



**Removal** of  
'utmost good faith'



Customers must now  
answer questions  
**'honestly and with  
reasonable care'**



Customers confined  
to providing answers  
**to the  
questions asked**



Insurer duty to ask  
**specific**  
questions (no  
general questions)



Language must be  
**plain and  
intelligible**



If there is any  
**ambiguity or doubt**  
...most favourable to the customer



Warnings and  
declarations to be **clear**



**Proportionate remedies** for misrepresentation  
(i.e. innocent, negligent or fraudulent) – impact is set out if  
the customer doesn't do what's specifically asked for

## Practical Changes – 1 September 2021

To comply with the regulatory changes the following changes are being made from a process and documentation perspective.



Magnum has been updated to ensure that medical questions are more specific and are clear



Protection booklets, T&C's and supplementary forms will be updated to comply with changes



Systems and application process will be updated, including EPOS / Declarations and Consents, and DocuSign



Relevant updated documentation will be available on SharePoint

The changes for 1 September are largely confined to protection. Over the coming months there may be some changes to booklets, T&C's and applications for other product lines. Any changes will be communicated as appropriate.

## Non-Protection Changes



While CICA legislation applies to all product lines, we have prioritised changes to our Protection suite of products for 1 September.

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The impact on non-protection business is limited & a lower priority/risk than for protection business.

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A review of all of our documentation is underway and over the coming months there may be some changes to booklets, T&C's and applications for other product lines.

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We will communicate any changes as they happen.

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# Questions



# Underwriting Engine Questions upgrade

# Underwriting Engine Questions Upgrade

Build and Height

What is your weight?

**Tobacco**

It is our practice to carry out occasional tests to confirm smoker status.

Are you a life long non-smoker?

**Alcohol**

How many alcoholic drinks do you consume in a week? One alcoholic drink is a pint of beer, a glass of wine or one measure of spirits.

Have you ever had treatment or advice from a doctor, counsellor or health care professional to stop or reduce alcohol?

**Drugs**

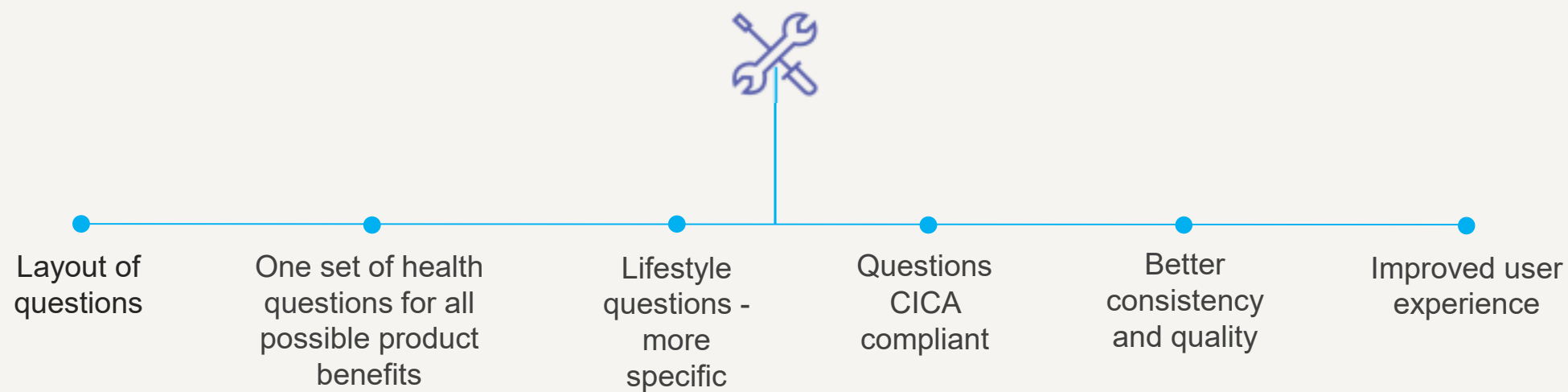
In the last 10 years, have you used any recreational drugs? (including but not limited to Cannabis, Cocaine, Ecstasy, Heroin)

The upgrade of our underwriting questions engine is to give an improved Customer and Advisor experience, while at the same time gathering better underwriting information to get to a final decision quicker.

The upgrade also sets Irish Life on a 'stairway to improvements' by giving us the agility to make improvements more quickly and adapt to meet future protection innovations



## Quick look at some improvements





# Health Questions

## The health questions order has changed you will be taken through them as follows:

1



**Lifestyle, Travel,  
Special Terms &  
Hazardous Sports  
Questions**

2



**"Have you ever"  
Questions**

3



**"In the last Five  
Years"  
Questions**

4



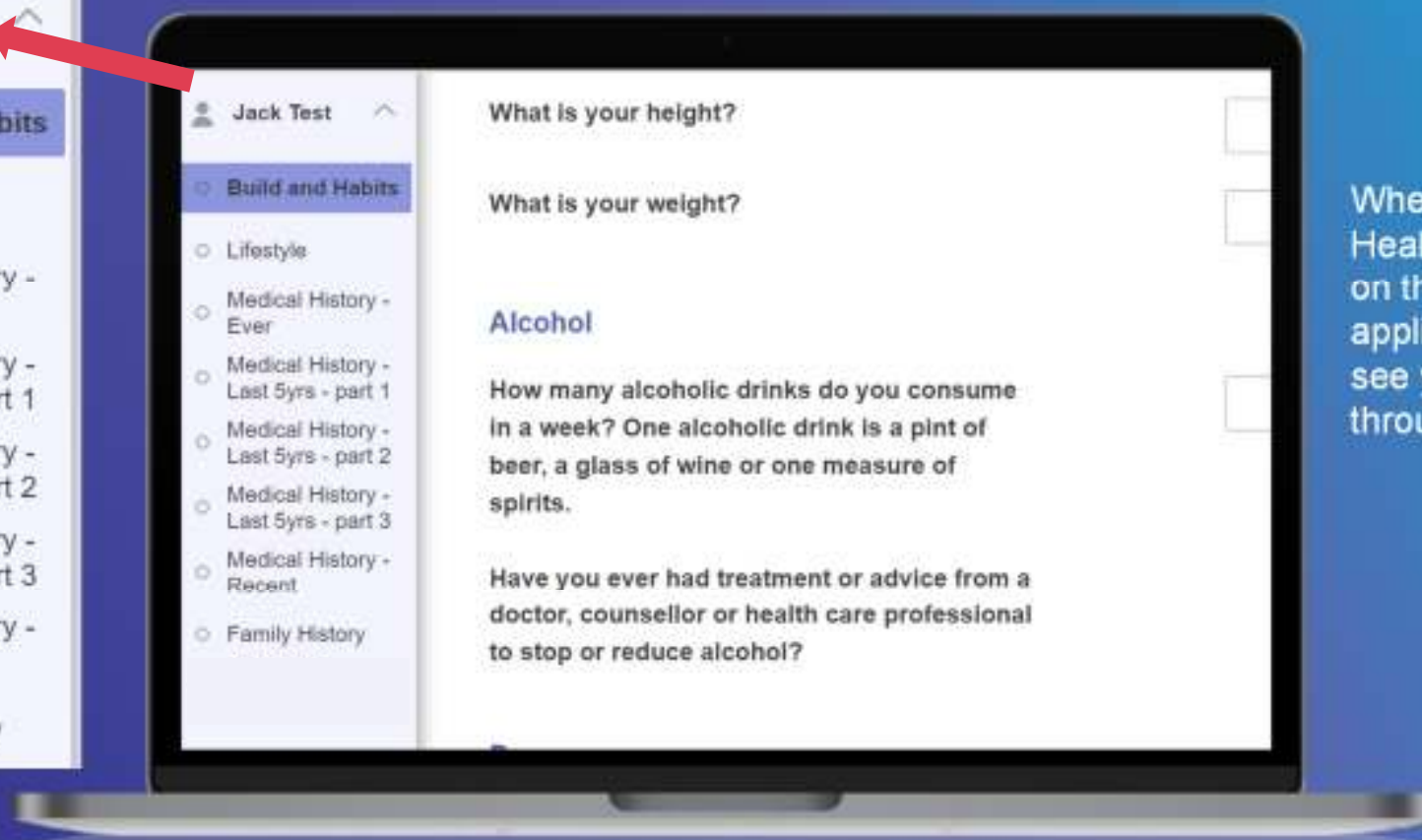
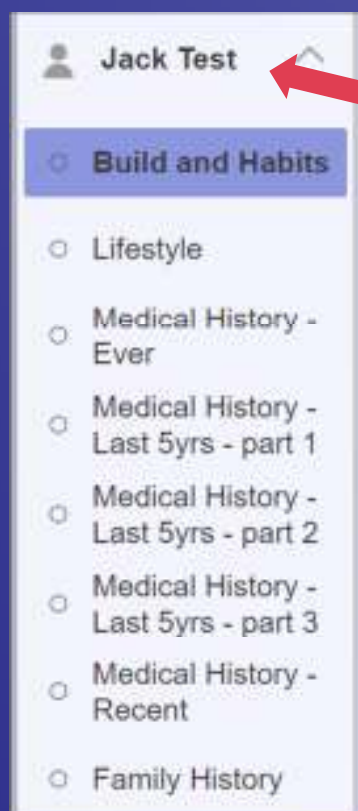
**"More Recent  
Health"  
Questions**

5



**Family History  
Questions**

In this section we will take a quick look at the new layout of the questions



When you start the Health Questions, on the left side of the application, you will see your progress through the questions

# 1. Lifestyle, Travel, Special Terms & Hazardous Sports

## Start with Lifestyle

Jack Test

- Build and Habits
- Lifestyle
- Medical History - Ever
- Medical History - Last 5yrs - part 1
- Medical History - Last 5yrs - part 2
- Medical History - Last 5yrs - part 3
- Medical History - Recent
- Family History

Joan Test

What is your height?

What is your weight?

**Alcohol**

How many alcoholic drinks do you consume in a week? One alcoholic drink is a pint of beer, a glass of wine or one measure of spirits.

Have you ever had treatment or advice from a doctor, counsellor or health care professional to stop or reduce alcohol?

**Drugs**

In the last 10 years, have you used any recreational drugs? (including but not limited to Cannabis, Cocaine, Ecstasy, Heroin, amphetamines, non-prescription sedatives, tranquilisers, or anabolic steroids)

Back Continue

## Then Special Terms, Travel & Sports

Jack Test

- Build and Habits
- Lifestyle
- Medical History - Ever
- Medical History - Last 5yrs - part 1
- Medical History - Last 5yrs - part 2
- Medical History - Last 5yrs - part 3
- Medical History - Recent
- Family History

Joan Test

**Previous Terms**

In the last 10 years, has any insurer, including Irish Life, offered you special terms - cover at an increased cost or with an exclusion or have you been postponed or declined for life, specified illness or income protection cover or have you made a claim for income protection or specified illness cover?

Yes No

**Travel**

In the last 5 years, have you spent more than 3 months outside of the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, New Zealand or Australia?

Yes No

In the next 2 years, apart from holidays of less than 3 weeks duration, do you intend to travel, live or work outside of the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, New Zealand or Australia?

Yes No

**Sports**

The ability to take part in exciting sporting activities has become more popular. Please indicate any/all of the following you participate in:

☐ Winter sports (Skiing, gliding, parachuting)
 ☐ Climbing / mountaineering

☐ Diving
 ☐ Water sports

☐ Motor sports (car, bike, boat)
 ☐ Other extreme sports

☐ Martial arts or combat sports
 ☐ None of these

## 2. Have You Ever Questions

Jack Test

Build and Habits

Lifestyle

Medical History - Ever

Medical History - Last 5yrs - part 1

Medical History - Last 5yrs - part 2

Medical History - Last 5yrs - part 3

Medical History - Recent

Family History

Joan Test

### Have you ever had:

- any disease or disorder of the heart (including heart valves) or circulatory system
- heart attack, angina, cardiomyopathy, heart murmur
- heart surgery or any disease of the arteries
- or peripheral vascular disease including poor circulation in the legs?

Yes

No

- a stroke, transient ischaemic attack (TIA)
- brain haemorrhage, brain injury, aneurysm
- or surgery to the blood vessels in your brain or neck?

Yes

No

- any form of cancer, tumour or malignant condition
- leukaemia, Hodgkin's disease, lymphoma, melanoma
- cancer-in-situ, benign brain tumour
- or any brain or spinal growth or cyst?

Yes

No

Moves on to 'Have you ever had' questions

Reduced the amount of 'Have you ever' questions.

Now begins with more serious conditions listed by priority



### 3. In the last five years Questions

Jack Test

Build and Habits

Lifestyle

Medical History - Ever

Medical History - Last 5yrs - part 1

Medical History - Last 5yrs - part 2

Medical History - Last 5yrs - part 3

Medical History - Recent

Family History

Joan Test

**In the last 5 years have you:**

- had high blood pressure, high cholesterol
- chest pains, atrial fibrillation, shortness of breath
- palpitations or an irregular heart beat?

**had diabetes (Type 1, Type 2, pregnancy related)**

- impaired glucose tolerance, sugar in the urine
- thyroid problems or goitre?

**Noticed or had advice or treatment for**

- any cyst, lump or growth
- or any mole or freckle which has become painful, changed colour or appearance
- or increased in size or bled, whether seen by a doctor or not?

Yes No

Yes No

Yes No

The Medical questions then moves into 'in the last 5 years'

Three Sections to complete here



## 4. More Recent Questions

The screenshot shows a web-based questionnaire for 'Jack Test'. The left sidebar contains a navigation menu with categories: Build and Health, Lifestyle, Medical History - Ever, Medical History - Last 3 yrs - part 1, Medical History - Last 3 yrs - part 2, Medical History - Last 3 yrs - part 3, Medical History - Recent (highlighted), and Family History. The main content area displays three questions with 'Yes' and 'No' buttons.

**Question 1:** In the last 3 years have you been unable to work for more than four consecutive weeks at a time? ☐ Yes ☐ No

**Question 2:** In the last 3 months have you had any symptoms of ill health for which you have not sought medical advice such as

- » unexplained bleeding, weight loss, change of bowel habit
- » unexplained lump or growth
- » breathing problems or shortness of breath
- » or a cough that's lasted for 4 weeks or more?

☐ Yes ☐ No

**Question 3:** In the last 3 months have you

- » tested positive for coronavirus/COVID-19?
- » been advised to have a test for coronavirus/COVID-19?
- » or are you waiting on a coronavirus/COVID-19 test result?

☐ Yes ☐ No

**Question 4:** In the last 30 days have you

- » experienced symptoms of a new or unexplained continuous cough, a high temperature or fever or breathing difficulties?
- » been advised by a doctor or public health staff to self-isolate due to coronavirus/COVID-19 (excluding mandatory government orders to remain at home)?

☐ Yes ☐ No

Then application moves to more recent medical history

Looking at in 'last 3 years'

Covid question reduced to in the last 3 months

& In last 30 days symptoms of ill health



## 5. Family History Questions

Jack Test

- Build and Habits
- Lifestyle
- Medical History - Ever
- Medical History - Last 5yrs - part 1
- Medical History - Last 5yrs - part 2
- Medical History - Last 5yrs - part 3
- Medical History - Recent
- Family History**

Have any of your parents, brothers or sisters, had any of the following conditions before age 50:

Yes No

- Heart disease (angina, heart attack, bypass surgery)
- Stroke
- Cardiomyopathy
- Diabetes Type 2
- Cancer (bowel, prostate or other site)
- Familial polyposis of the colon
- Polycystic kidneys
- Multiple sclerosis
- Motor neurone disease
- Parkinson's disease
- Dementia / Alzheimer's disease
- Muscular dystrophy
- Huntington's disease
- Haemochromatosis

Have you undergone or been advised to have any tests or investigations for any disorder which runs in your family? (You should not tell us about any genetic test which you may have had)

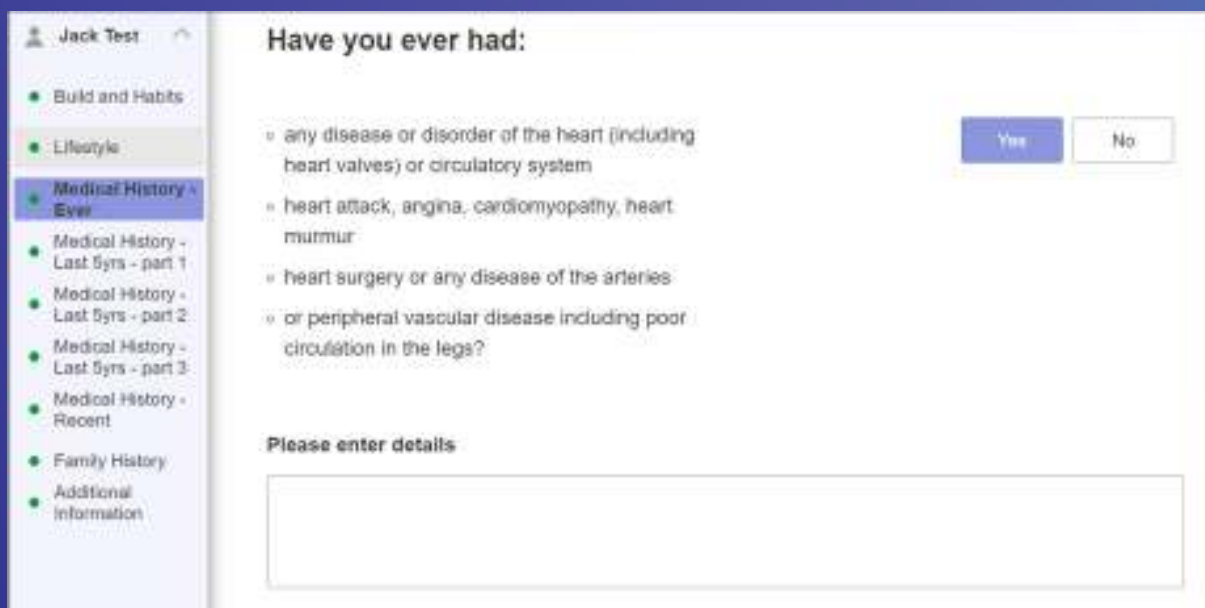
Yes No

Back Continue

Last section asks about 'Family History'

New Question added here regarding testing / investigations of disorders that run in family

# Improved Experience - Inputting Disclosures



The screenshot shows a web interface for a user named Jack Test. On the left is a sidebar menu with categories: Build and Habits, Lifestyle, Medical History (selected), Medical History - Last 5yrs - part 1, Medical History - Last 5yrs - part 2, Medical History - Last 5yrs - part 3, Medical History - Recent, Family History, and Additional Information. The main content area is titled 'Have you ever had:' and contains a list of medical conditions with checkboxes: 'any disease or disorder of the heart (including heart valves) or circulatory system', 'heart attack, angina, cardiomyopathy, heart murmur', 'heart surgery or any disease of the arteries', and 'or peripheral vascular disease including poor circulation in the legs?'. To the right of the list are 'Yes' and 'No' buttons. Below the list is a section titled 'Please enter details' with a large text input box.

Jack Test

- Build and Habits
- Lifestyle
- Medical History**
- Medical History - Last 5yrs - part 1
- Medical History - Last 5yrs - part 2
- Medical History - Last 5yrs - part 3
- Medical History - Recent
- Family History
- Additional Information

**Have you ever had:**

- ☐ any disease or disorder of the heart (including heart valves) or circulatory system
- ☐ heart attack, angina, cardiomyopathy, heart murmur
- ☐ heart surgery or any disease of the arteries
- ☐ or peripheral vascular disease including poor circulation in the legs?

Yes No

**Please enter details**

Click Yes and below the question will be the free text box that you can fill in the disclosure

# Inputting Disclosures

**Irish Life**

**PROTECTION APPLICATION DETAILS**

Before you give us your personal information please read the Irish Life Data Privacy Notice. This application will require your consent to provide your personal information to us.

**Financial Adviser**

**Product Selection**

**Profile Number**

**Not a Personal Detail**

**Medical Details - Other Medical Evidence**

Do you have any other medical conditions or symptoms that you would like to disclose to us in relation to the specific health condition above?

**Medical History - Ever**

**Medical History - Last 5yrs - part 1**

**Medical History - Last 5yrs - part 2**

**Medical History - Last 5yrs - part 3**

**Medical History - Recent**

**Family History**

**Additional**

**Please enter details**

**Irish Life**

**Jack Test**

**Build and Habits**

**Lifestyle**

**Medical History - Ever**

**Medical History - Last 5yrs - part 1**

**Medical History - Last 5yrs - part 2**

**Medical History - Last 5yrs - part 3**

**Medical History - Recent**

**Family History**

**Additional**

**Have you ever had:**

- any disease or disorder of the heart (including heart valves) or circulatory system
- heart attack, angina, cardiomyopathy, heart murmur
- heart surgery or any disease of the arteries
- or peripheral vascular disease including poor circulation in the legs?

**Please enter details**

Copy and paste from editable application into ePos



## Some Notable Changes



## **We've taken out the need to disclose historic non-relevant risks**

For example replacing 'have you ever used recreational drugs' to:

### **Drugs**

In the last 10 years, have you used any recreational drugs? (including but not limited to Cannabis, Cocaine, Ecstasy, Heroin, amphetamines, non-prescription sedatives, tranquilisers, or anabolic steroids)



**‘Country Of Birth’ question replaced by past ‘Travel’ question and reduced to ‘In the last 5 years’**

This should result in less residency screenings & will no longer trigger extra underwriting around things like HIV & HEP B

ePOS will still ask the ‘Country of birth’ but it is not used for underwriting

**Travel**

In the last 5 years, have you spent more than 3 months outside of the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, New Zealand or Australia?

In the next 2 years, apart from holidays of less than 8 weeks duration, do you intend to travel, live or work outside of the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, New Zealand or Australia?



### Information on some questions:

hover over the 'i' to reveal the helptext

If you're expecting a baby, please  
give weight before pregnancy.

What is your weight? 

# Family History Question

## When answering yes to this question:

Box below the question will appear asking the family members relation to the customer

Have any of your parents, brothers or sisters, had any of the following conditions before age 60:

- Heart disease (angina, heart attack, bypass surgery)
- Stroke
- Cardiomyopathy
- Diabetes Type 2
- Cancer (bowel, breast, ovarian or other site)
- Familial polyposis of the colon
- Polycystic kidneys
- Multiple sclerosis
- Motor neurone disease
- Parkinson's disease
- Dementia / Alzheimer's disease
- Muscular dystrophy
- Huntington's disease
- Haemochromatosis

Family member's relationship to you



# Family History Question

Select the family member

- Muscular dystrophy
- Huntington's disease
- Haemochromatosis

Father

Mother

Brother

Sister

Family member's relationship to you

When the family member is selected you will be asked the condition and the age it started

Family member's relationship to you

Father

## Relation Condition

Name of condition:

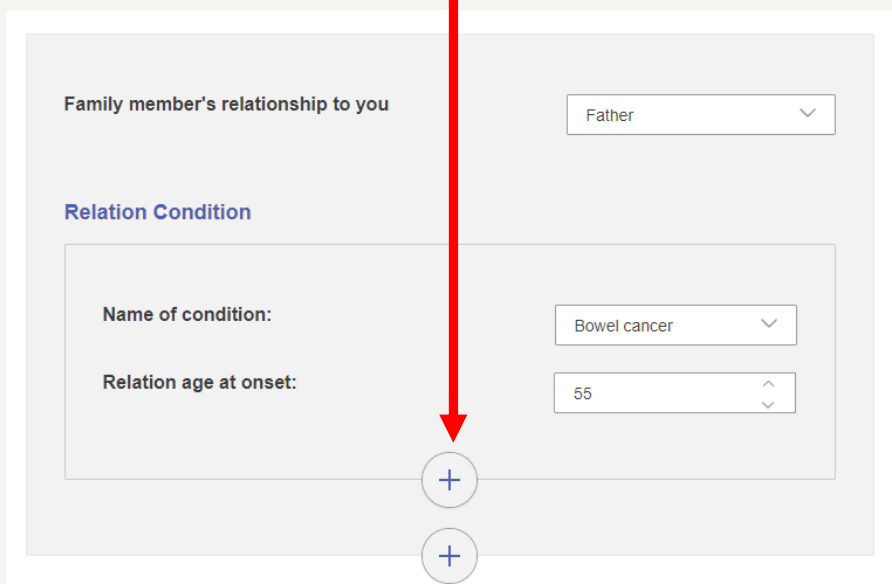
Bowel cancer

Relation age at onset:

55

# Family History Question

If you need another condition for the same family member  
Click the plus button below the first disclosure



The screenshot shows a form titled "Family member's relationship to you" with a dropdown menu set to "Father". Below this is a section titled "Relation Condition". Inside this section, there is a form with two fields: "Name of condition:" with a dropdown menu set to "Bowel cancer", and "Relation age at onset:" with a dropdown menu set to "55". Below the "Relation Condition" section, there are two plus buttons. A red arrow points to the top plus button.

Family member's relationship to you

Father

## Relation Condition

Name of condition:

Bowel cancer

Relation age at onset:

55

Name of condition:

Relation age at onset:

This will give you the same options  
to add in another condition

Repeat this again if more conditions  
need to be added

# Family History Question

Family member's relationship to you: Father

**Relation Condition**

Name of condition: Bowel cancer

Relation age at onset: 55

+

+

To add a different family member

Click the second plus button at the bottom of previous family member

Family member's relationship to you: Father

**Relation Condition**

Name of condition: Bowel cancer

Relation age at onset: 55

+

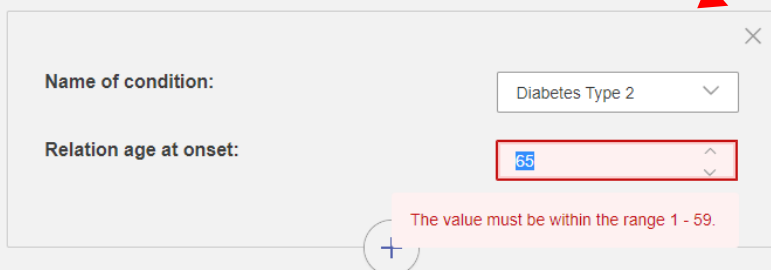
Family member's relationship to you: Mother, Brother, Sister

This will allow you to add in another family member if need and input conditions for them

# Family History Question

## Tips on inputting family history

To remove a condition, click the x

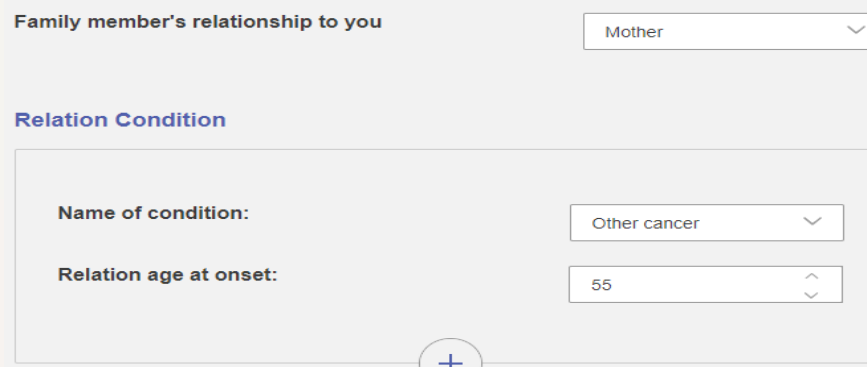


A screenshot of a form for adding a family condition. It has two fields: 'Name of condition:' with a dropdown menu showing 'Diabetes Type 2', and 'Relation age at onset:' with a numeric input field showing '65'. A red border highlights the '65' in the input field. A red arrow points from the text 'To remove a condition, click the x' to a close button (an 'x' icon) in the top right corner of the form. Below the form, a red error message box says 'The value must be within the range 1 - 59.' A plus sign icon is at the bottom left of the form.

System will only allow you to input conditions that began before the age of 60

If 'other cancer' is selected, we do not need to know the type of cancer as it is not breast, ovarian, bowel or prostate.

For example a customers mother had 'brain cancer' input this as 'other cancer' and it should be automatically accepted at POS. No need to fill in supplementary info



A screenshot of a form for adding a family condition. It has two fields: 'Family member's relationship to you' with a dropdown menu showing 'Mother', and 'Relation Condition' with a dropdown menu showing 'Other cancer'. Below these, there are two fields: 'Name of condition:' with a dropdown menu showing 'Other cancer', and 'Relation age at onset:' with a numeric input field showing '55'. A plus sign icon is at the bottom left of the form.



# Go live supports

## Go Live Supports from 27<sup>th</sup> August

Go to [www.bline.ie](http://www.bline.ie) to find

- New Applications forms, existing forms will not be valid from COB on 27<sup>th</sup>
- New Protection Brochures and Terms & Conditions will be available on [www.bline.ie](http://www.bline.ie)
- New FastTrack Questionnaires & New Financial Underwriting Questionnaires will be available on [www.bline.ie](http://www.bline.ie)
- Launch slides

Any feedback or questions

- Talk to your Account Manager or Business Development manager



# Interactive Underwriting Additional Improvements

## Interactive Underwriting additional improvements



Improved customer journey- less drill down questions and better prompts

Should not have to rekey same information twice in response to different health questions

Disclosure picklists

Gender specific health questions - where appropriate

Improved interactive experience for advisors/ customer

Increased our straight through processing

**Potential to Increase decisions at point of sale  
from 30% to 70%**



## The aim for the new questions engine is to ask relevant questions to either:



Get accepted at  
Point of Sale

or



Get enough information so an  
underwriter can accept the  
cover at standard or with a  
rating when they first see

or



Gather the minimum info  
needed to establish that  
further medical evidence  
will be needed

## Example Disclosure: High Blood Pressure



Selected yes and picked the disclosure made

In the last 5 years have you:

- had high blood pressure, high cholesterol
- chest pains, atrial fibrillation, shortness of breath
- palpitations or an irregular heart beat?

Yes No

Please select:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol    |
| <input type="checkbox"/> Chest pain                     | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Shortness of breath            | <input type="checkbox"/> Palpitations        |
| <input type="checkbox"/> Irregular heart beat           | <input type="checkbox"/> Other               |

### Hypertension

When was your high blood pressure diagnosed for the first time?

dd / 05 / 2018

Do you take treatment for your blood pressure?

Yes No

In the last 5 years, have you been referred to a hospital or a consultant for investigations for your blood pressure?

Yes No

Followed by the most recent BP reading

### Blood pressure reading

Do you know your most recent blood pressure reading?

Yes No

When was your last blood pressure reading taken?

dd / 07 / 2021

What was the first number (systolic)?

120

What was the second number (diastolic)?

70

Below this you will get the follow up question

We only need to ask a few questions about high blood pressure:

This information is assessed by our underwriting engine.

As this customer had no other risk factors and either knew their reading or that it was normal, it was automatically accepted at POS

## Example Disclosure: High Blood Pressure



Depending on the answers to the questions you will see the form adapt to get as much information to help the underwriters make a decision

**Blood pressure reading**

Do you know your most recent blood pressure reading?

Yes No

When was your last blood pressure reading taken?

dd / mm / yyyy

Answered Yes

Answered No

### Blood pressure reading

Do you know your most recent blood pressure reading?

Yes

No

When was your last blood pressure reading taken?

dd / 07 / 2021

What was the first number (systolic)?

120

What was the second number (diastolic)?

70

### Blood pressure reading

Do you know your most recent blood pressure reading?

Yes

No

When was your last blood pressure reading taken?

dd / 07 / 2021

Was your last blood pressure reading reported as normal by your doctor, nurse or medical professional?

Yes

No

To find out more about how interactive underwriting could work for you



Talk to your account manager