



# INSURING HIV APPLICANTS: WHAT YOU NEED TO KNOW

In keeping with John Hancock’s awareness of medical advancements, progressive approach to impaired risks and continued commitment to customers, we are pleased to now offer term and permanent life insurance coverage to applicants living with human immunodeficiency virus (HIV) if they meet certain criteria.

## Who’s eligible?

So what does a qualified client look like? In general, we’re now considering HIV-positive applicants ages 30 to 65 with favorable and stable clinical courses for face amounts to a maximum of \$2,000,000. There are a number of underwriting criteria for clients to receive coverage. Use the following list as a guide to help determine if your client will qualify:

- Ages 30-65 with favorable and stable clinical courses
- Face amounts to a maximum of \$2,000,000
- Self-disclosed diagnosis
- Compliant with antiretroviral therapy (ART) for at least five consecutive years
- Well-followed by an HIV specialist
- Viral load undetectable for the last 2 years and current CD4 count  $\geq 350$  cells/mm<sup>3</sup>
- No history of IV drug use or other substance abuse
- Current negative hepatitis B & C testing and no history of hepatitis
- No viral resistance to treatment
- No history of coronary artery disease, diabetes, cancer or protein in the urine
- No significant psychiatric history
- Not underweight or losing weight, normal protein levels
- No AIDS-defining illness

For additional details, ask for a copy of our flyer, *Underwriting Applicants with Human Immunodeficiency Virus*.



## SUBMISSION TIPS

Start your case by submitting an informal inquiry, including the Attending Physician Statement (APS) along with the medical records from the HIV-treating specialist. Our underwriters will determine any additional underwriting requirements that are needed once the APS is reviewed.

# Underwriting Focus

The following case studies will give you an idea of the factors your John Hancock underwriter considers when assessing an HIV-positive client.



## CASE STUDY 1:

### 58-Year-Old Male, \$2,000,000

<b>EXAM FINDINGS</b>	<ul style="list-style-type: none"><li>• 5'8", 189 lbs., BP 144/86</li><li>• LOV 5/2016 annual physical</li><li>• To have routine colonoscopy</li><li>• 2011 stress test to evaluate arrhythmia, Echo, all results normal</li><li>• HIV(+), diagnosed 2003, meds Viramune/Nevirapine (NVP), Truvada</li></ul>
<b>EKG FINDINGS</b>	<ul style="list-style-type: none"><li>• NSR, LAD, non-specific ST changes</li></ul>
<b>INSURANCE LABS (NON-FASTING)</b>	<ul style="list-style-type: none"><li>• Glucose 118</li><li>• BUN 17, creatinine 1.6</li><li>• AST nl – ALT 49 (0-45) – GGT 139 (2-65)</li><li>• Cholesterol 194, ratio 4.38</li><li>• HIV reactive</li></ul>
<b>INSURANCE URINE FINDINGS</b>	<ul style="list-style-type: none"><li>• Glucose 0.3 g/dL</li><li>• Protein 49 mg/dL</li><li>• P/C ratio 0.41 g/creatinine</li><li>• Nicotine negative</li></ul>
<b>APS INFO</b>	<ul style="list-style-type: none"><li>• 3/2016 labs with serum creatinine 1.47 mg/dL</li><li>• Normal LFTs</li><li>• HIV-1 RNA by PCR &lt;20 copies/mL (stable findings since 2011)</li><li>• Absolute CD4 helper 988 (stable findings since 2011)</li></ul>

## UNDERWRITING DECISION:

### 300% PLUS \$2 PER MILLION

The underwriter noted the current age of this client, along with the age of diagnosis, documented favorable and stable clinical course, strict adherence and response to antiretroviral therapy (ART). (We look for a minimum of five years of favorable treatment.) The underwriter also noted the absence of significant immunosuppression or co-morbid conditions (e.g., diabetes or CAD). We base the rating on the age, sex and smoking status of a client — keeping in mind that ratings will be higher for smokers and younger ages (who also have a \$2 flat extra).



## CASE STUDY 2:

### 43-Year-Old Female, \$2,000,000

<b>EXAM FINDINGS</b>	<ul style="list-style-type: none"><li>• 5'2", 99 lbs., BP 104/66</li><li>• LOV 12/2015 annual physical</li><li>• Prefers not to provide examiner with details of her health history, all information is with her PMD</li></ul>
<b>INSURANCE LABS (NON-FASTING)</b>	<ul style="list-style-type: none"><li>• Serum albumin 3.4 g/dL (3-6 to 4.9)</li><li>• HIV reactive</li></ul>
<b>APS INFO</b>	<ul style="list-style-type: none"><li>• Diagnosed with HIV 2010, treated with AZT, Danunavir/DRV</li><li>• Anxiety increase with diagnosis, lost 30 pounds at time of initial diagnosis, difficult time to put some weight back on, prolonged diarrhea, build has been stable at 100–105 pounds since 2014</li><li>• CD4 counts:<ul style="list-style-type: none"><li>8/2015 300 cells/mm<sup>3</sup></li><li>12/2015 310 cells/mm<sup>3</sup></li><li>2/2016 350 cells/mm<sup>3</sup></li><li>5/2016 300 cells/mm<sup>3</sup></li></ul></li><li>• HIV viral load undetectable</li></ul>

#### UNDERWRITING DECISION:

##### DECLINE

The underwriter was not able to make an offer to this client due to the client's build (25% underweight), low serum albumin, and unstable CD4 counts (<350 cells/mm<sup>3</sup>).

We (as Manulife) were one of the first insurers to underwrite people with diabetes and we are continuing that tradition by making life insurance a possibility for many of those who are living healthfully with HIV. It is a continuation of our ongoing focus on meeting customers' life insurance needs. Now, advancements in HIV-treatment have made it possible for us to make this key financial solution available to even more people.

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