

HIV LIFE ASSURANCE

By Morten Eiersted, editor VI&HIV



PLHIV face challenges when it comes down to insurance. Many are unaware about their coverage, they can face issues of underwriting or cancellation of insurance policies due to the HIV diagnosis.

Chris Morgan is the founder of Unusual Risk, an insurance broker that advises PLHIV in the UK on life insurance coverage, mortgages and other insurance related issues. VI&HIV has called Chris Morgan to learn about the insurance market for PLHIV in the UK.

How is the overall situation for PLHIV in the UK who want to obtain life insurance?

– Since 2009 PLHIV can get what we call HIV Life Assurance in the UK. Currently about 2/3 of the insurance companies offer some sort of life assurance for PLHIV. It is predominantly fixed term insurance products that are offered, but PLHIV can have these types of insurance products if they want.

– This is important if you for example want to take up a mortgage for a house, often the lender will ask for some sort of security against the loan that coincides with the terms of the loan.

What made it possible to include PLHIV in these insurance packages?

– The move to get coverage for PLHIV has a longer pretext, if you like. I started around 1999. Back then I became aware that gay men were being excluded from insurance products simply because they were gay. This made no sense. Looking at different application forms I found that insurance companies were asking all kinds of different questions with the intend not to offer gay men any insurance products.

– The overall industry guidelines were to underwrite this particular group of people, offering poorer insurance coverage, higher premiums or no insurance at all. If they found out that the

person was a gay man, they would then also automatically demand an HIV test. In that sense they tried all kind of different moves to exclude gay men from insurance products.

– I was working as a financial advisor myself around that time, so I started a small business called the Compass that offered counseling to gay men on how to avoid answering any of these trick questions that would lead to a rejection.

Could you give an example of a trick question?

– Well, if you for example was a man taking up a mortgage you had to provide additional personal information. The insurance companies would ask who was the co-signer on the property. If they found out, that this person was also male, they would automatically demand an HIV-test from you.

– In the occupation section, it was commonly the practice that if you as a male wrote hairdresser, ballet dancer or e.g. cabin crew as occupation you would also automatically be asked for an HIV-test as well.

So you helped people around these types of questions?

– Yes I started advising people to help them avoid these types of questions that could result in lower coverage, or being rejected coverage altogether. It could also result, as I told you, in companies asking higher premiums, being charged more simply because you were listed as gay. This made no sense at all.

How were you able to change this?

– Around 2004, 2005 we had been campaigning for 4 and 5 years then, we were invited to a formal consultation with the British Association of Insurers. Through this consultation I became familiarized with the UK HIV-statistics by the Health Protection Agency, our HIV surveillance data collected from our clinics and hospitals. From this data it did not add up that the insurance companies were discriminating gay men.

Can you explain more in detail?

– If you look at the HIV data, gay men are not the only group affected by

HIV. I simply made this point clear to the representatives in these consultations that their risk assessments were skewed against their own interest. So the result was that they undertook new work to reassess their premiums. They understood that it was not possible to exclude HIV in this process.

What did that result in?

– The positive thing was that HIV no longer was a single reason to become excluded from the different insurance products. The negative was that all premiums were raised to account for this flaw from the previous calculations. So in general, it was not a popular move back then in 2005 when we got HIV included into the population risk assessment.

Was it enough to look at the national surveillance data on HIV?

– Apart from the importance of assessing longevity from our surveillance data, we also looked into how the insurance markets were set up for HIV in the Netherlands and South Africa. In the Netherlands you have a social insurance system, where the different insurance companies are financially responsible against each other. The risk is pooled between larger groups of insurers and it becomes possible in that sense to cover more people. In South Africa the percentage of PLHIV in the population is much larger and necessitates that the insurance market takes this into account.

– In the UK we also looked at some data that came out from Bristol University on the safety profiles of different ARV drugs. Their work has been really important because it has complemented the knowledge we collected from the surveillance data.

– These different efforts resulted in the insurance companies in 2009 started offering HIV Life Assurance for a 10 year period. Today, after more consultations, we now have products with up to 25 year coverage for PLHIV.

Is that different from people not living with HIV?

– It coincides very closely with the length of a standard mortgage in the UK. People not having HIV typically



take up 25 to 30 years Life Assurance products, so we are coming up quite close now, which is great of course. However the premiums for PLHIV are a bit higher.

So PLHIV can get an HIV Life Assurance now?

– The HIV Life Assurance is an insurance product that was introduced in 2009. What in reality happens is that PLHIV go through exactly the same application process as anyone else that is asking for an insurance product.

– The insurance plan is the same as anyone else and it doesn't say HIV Life Assurance Plan on the policy documentation. In fact there is only really a difference in premiums, not in the coverage. But this would be the same for all applicants with a preexisting condition, where insurance companies deliver coverage at an elevated premium: Conditions like HCV (hepatitis C), certain grades of cancer, diabetes, depression, hypertension, other cardiovascular diseases, and elevated cholesterol. These groups of people will be asked a higher premium in their insurance plans.

– But having access to a plan does not necessarily mean that people use it. That is why some of our work at Unusual Risk is to create awareness about this issue as well. We have put something in motion, you could say, but we still have a long way ahead of us.

– It is kind of interesting that most of our current clients now are PLHIV. It has changed from primarily being a service for gay men to include migrant populations, e.g. heterosexual couples with kids asking for advice.

So you are branching out to new groups?

– Well that is way to describe it I usually portray it like we are slowly reaching out into the community from being a service for gay men to include everyone from all populations.

– We are collaborating with some highly esteemed partners like aidsmap.com, Baseline Magazine, and the different outpatient clinics, so we are trying to help as many PLHIV as possible find a way.

– Our latest survey back in 2013 among PLHIV informed us that three

quarters cancel their insurance after their HIV diagnosis believing they are no longer eligible for coverage. Only one out of five were aware that they could get an insurance. So that indicated that we need to create awareness.

– Currently, we are in the process of issuing a new survey to get an updated picture for 2015, and in discussions with the industry about the new guidelines on coverage. It is going to be interesting as the products are going to be expanded to look almost like insurance products for non-HIV people

In Denmark, PLHIV are declined some of these products, e.g. the Life Assurance. What would be your recommendation for us?

– Well, we are only operating in the UK, so I have no knowledge about the Danish insurance market. So we cannot set up a service in e.g. Denmark.

– You have to understand, on the one hand, that it is a much more commercialized market in the UK, e.g. very different from the Dutch social insurance model that I briefly referenced, but I don't know enough about the different European insurance markets.

– on the other hand I can imagine that size matters. In the UK around 100.000 people live with HIV, so as you have told me in a previous conversation prior to this interview, having a population of only around 5.500 to 6.000 PLHIV it could be very difficult to set up a product. The insurance companies are not sure that enough Danish PLHIV will want to take up insurance, so they have difficulties calculating an insurance product.

What about collaborating with other groups of chronics to push this agenda on coverage? Could we increase the size of the insurance pool by making an insurance product for preexisting conditions for well managed groups of patients?

– Insurers are simply not going to pool HIV with other medical conditions initially. I cannot see that happening.

– With the limitations in your system set up and your population size maybe you should look into the possibility of collaborating with other European countries to push for a product in Denmark.

DANSK:

VI&HIV har interviewet Chris Morgan fra firmaet Unusual Risk, som rådgiver hiv-smittede om forsikring i Storbritannien.

Siden 2009 har det været muligt for hiv-smittede i Storbritannien at tegne en livsforsikring. Det kan f.eks. være nødvendigt ved et huslån, hvor pengeinstituttet ønsker en form for sikkerhed mod lånet. I Danmark er denne type forsikring desværre ikke mulig.

Chris Morgan påpeger, at der forud for 2009 lå et mangeårigt rettighedsarbejde for homoseksuelle mænd, som var mere eller mindre afskåret fra forsikring. De oplevede at få tilbudt dårligere produkter eller at få afslag, blot fordi de var homoseksuelle. En del af dette var kædet sammen med hiv.

Efter at have arbejdet i en årrække for at ændre forholdene, blev Chris Morgan inviteret med til en række konsultationer i forsikringsbranchen. Her fandt man ud af, at de gældende antagelser inden for forsikringsmedicin om hiv var behæftet med mange fejl. Det førte til udarbejdelse af helt nye standarder og generelt dyrere præmier, nu hvor man ikke længere kunne udelade hiv.

Det engelske forsikringsmarked er et af de mere kommercielle i Europa. D.v.s. der er en længere tradition og et mere udviklet marked for forsikring. Derudover skønnes mere end 100.000 briter at være hiv-smittede, hvilket betyder, at der er tale om et betydeligt større marked end i Danmark.

De faktorer er måske medvirkende til, at der i snart 6 år har eksisteret muligheden for forsikring for hiv-smittede.

Selv om 2 ud af 3 forsikringselskaber i dag kan tilbyde produkter til hiv-smittede med en lidt højere præmie til næsten samme løbetid, så er der ikke mange hiv-smittede, der ved dette. Undersøgelser viser, at en stor del af hiv-smittede faktisk opsiges deres forsikringer, efter de er diagnosticeret.

Så der er stadig brug for en indsats i Storbritannien for at sikre, at hiv-smittede kender til deres muligheder for forsikring. – I Danmark er man nok nødt til at alliere sig med andre hiv-smittede rundt om i Europa for at løfte rettighedsarbejdet for at modvirke, at hiv-smittede fortsat diskrimineres i forhold til adgangen til forsikring.

Visit www.unusualrisk.co.uk and learn more about insurance for PLHIV in the UK