



select 

The logo for 'select' features the word in a white, lowercase, sans-serif font. To its right is a stylized graphic element consisting of several teal-colored lines that form a shape resembling the number '74' or a stylized 'A'.

## **50 Years of Progress:**

**How Offices, Medicine, and Underwriting Have Transformed—and Where AI is (Likely) Taking Us**

26th March 2026

50 years of progress

# Phil Cleverley

Who is he???

**1977: Joined United Friendly Ins.**

initially in a premium recording department

**1982: Underwriting career began**

**1986: Joined Victory Re.**

**1986 – 2006: Different ownership and numerous changes to company name**

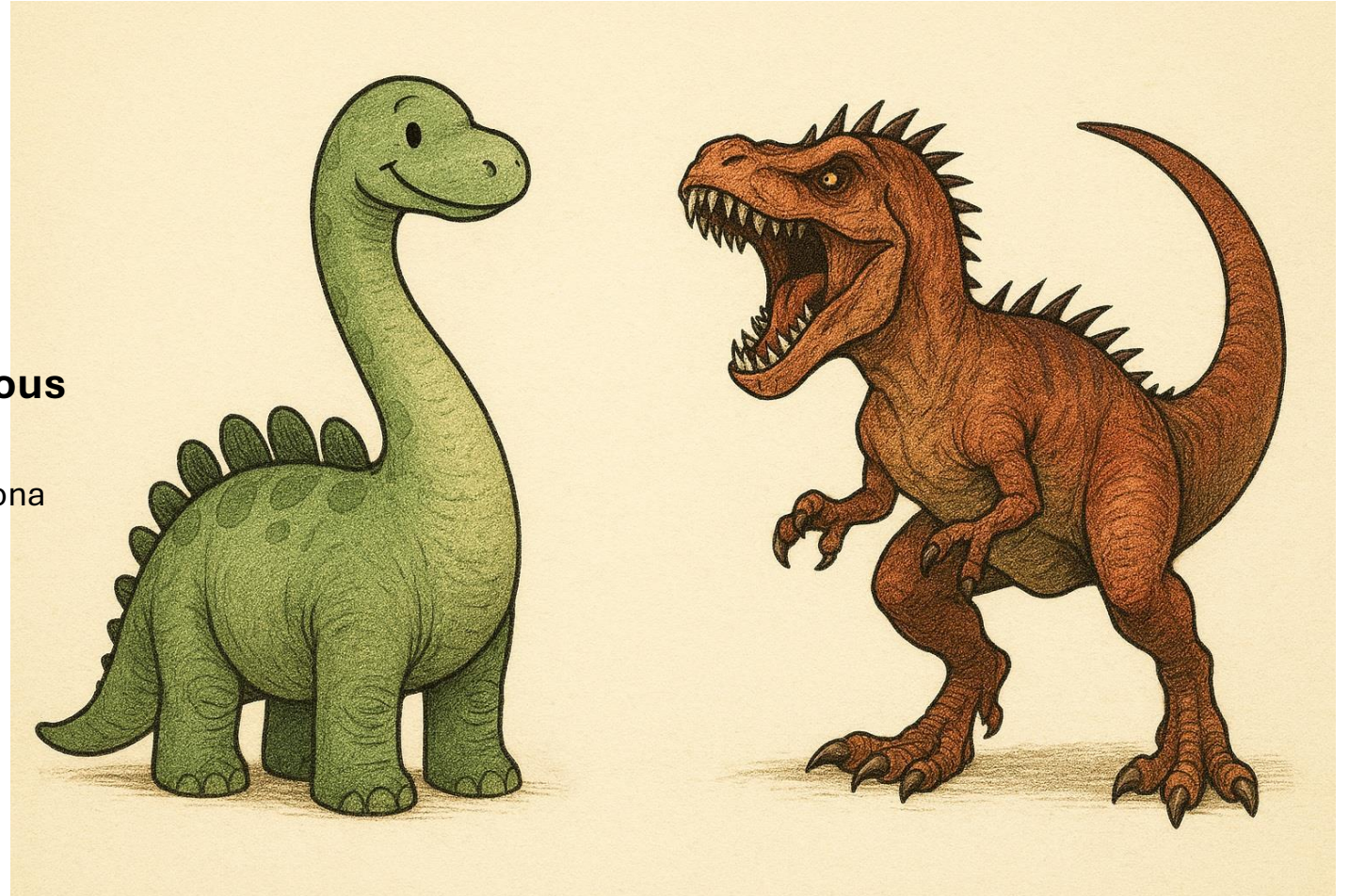
NRG Victory, Employers Re., ERC Frankona, GE Frankona Re., GE Insurance Solutions

**2006: Swiss Re acquired GEIS**

Worked in the Gherkin 3 years

**2009: Joined: SCOR**

**21<sup>st</sup> May 2026: Retirement**





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# Office environment

Underwriting – constantly changing for the better



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# Smoking in the office!

## Attitudes to smoking have changed a bit

- Smoking was commonplace in offices until 2000's
- Risks of passive smoking had been known for years before then
- Not just cigarettes – cigars and pipes
- Banned completely in enclosed workspaces in 2007
- Many businesses introduced smoking bans before then – trains 2005; London Underground 1987 - even Wetherspoons in 2006!
- Smoking in NHS and Government buildings introduced ban in 2006 – some Hospital Trusts chose to implement before then



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# Changes to the Life insurance Industry

In 1977 to now - there were many more companies

## ▪ AVIVA

- Norwich Union
- Commercial Union
- General Accident
- Friends Life
- Axa Life
- Friends Provident
- BUPA Life
- London & Manchester
- London and Edinburgh
- UK Provident
- Sun Life
- Equity and Law
- Laurentian/Imperial Life
- Provident Mutual
- Fortis/Ageas/AIG
- Colonial Mutual/Provident Life/Winterthur Life

## ▪ Royal London

- Scottish Provident
- Bright Grey
- United Friendly Insurance
- ACUMA
- Refuge Assurance
- Scottish Mutual
- Abbey National Life
- Royal Liver
- London and Edinburgh
- Co-operative Insurance
- Police Mutual
- Forces Mutual

## ▪ Vitality

- Prudential/PruProtect

## ▪ LV (Liverpool Victoria)

- Permanent
- UIA
- Teachers Provident

## ▪ L&G

- Nationwide Life
- Metropolitan Life

## ▪ Scottish Widows

- Black Horse Life
- Halifax Life
- Bank of Scotland
- Clerical, Medical & General
- TSB Life

## ▪ Zurich Life

- Allied Dunbar
- Eagle Star
- Municipal Mutual

## ▪ Wesleyan

## ▪ Shepherds Friendly

## ▪ The Exeter/Pioneer

## ▪ Guardian 1821

## ▪ Beagle Street

## ▪ Others (Closed)

- Abbey Life
- Aegon/Scottish Equitable
- Barclays Life
- Guardian Royal Exchange
- Canada Life (Ind)
- Cannon Lincoln
- Consolidated Life
- Confederation Life
- Cornhill
- HSBC Life
- Manufacturers Life
- Nat West Life
- NFU
- Pearl
- Premium Life
- Royal & Sun Alliance
- Scottish Amicable
- Skandia Life/OMW
- Standard Life
- Sun Life Financial of Canada
- TWEFS
- & More

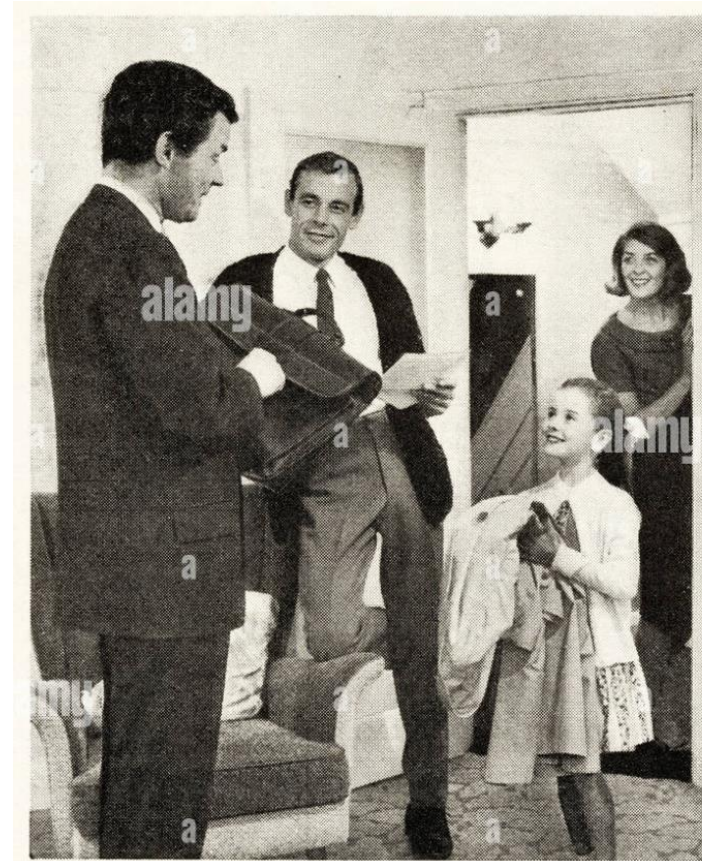
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# Distribution

## Has undergone profound transformation

- **1970s-1980s: Agents to Independence**
  - Many sales relied on company agents (home service). The Financial Services Act 1986 – changed this prompting the rise of Independent Financial Advisers providing impartial advice
- **1990s-2000: Bancassurance and Direct**
  - Banks became more involved – DTC companies started initially through telephone sales
- **2000s-Present: Digital Transformation and Aggregators through the Internet**
  - Aggregators (price-comparison websites)
  - Direct to consumer digital channels
  - RDR = further transparency and focus away from commission-driven advice to fee-based advice
- **Modern Distribution:**
  - Fintech integration – “super apps” and AI driven platforms connected to customers



## ‘We are so glad you came’

A friendly talk is over—and yet another family’s future is made secure. They asked the Man from the Prudential to drop in, and now they can happily look forward to a substantial sum of money in later life. And if father dies before the children are grown up, the family will still have a good income.

Our booklet, ‘Assurance for Living’, outlines various plans for family security, and the Man from the Prudential can explain how these can be adapted to your personal requirements. If you would like us to send you a copy of this booklet, fill in this coupon. Or, if you prefer, you can get in touch with your local Prudential office—the address is in the telephone directory.

Ask the Man who brings security  
—the Man from the

# PRUDENTIAL

TO THE PRUDENTIAL ASSURANCE CO. LTD  
HOLBORN BARS, LONDON, E.C.1

Please send me, free and without obligation, a copy of the booklet “Assurance for Living”



Name \_\_\_\_\_ (Mr., Mrs., Miss)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ P.908 22/4/64

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# Products have changed

## Greater complexity for underwriting

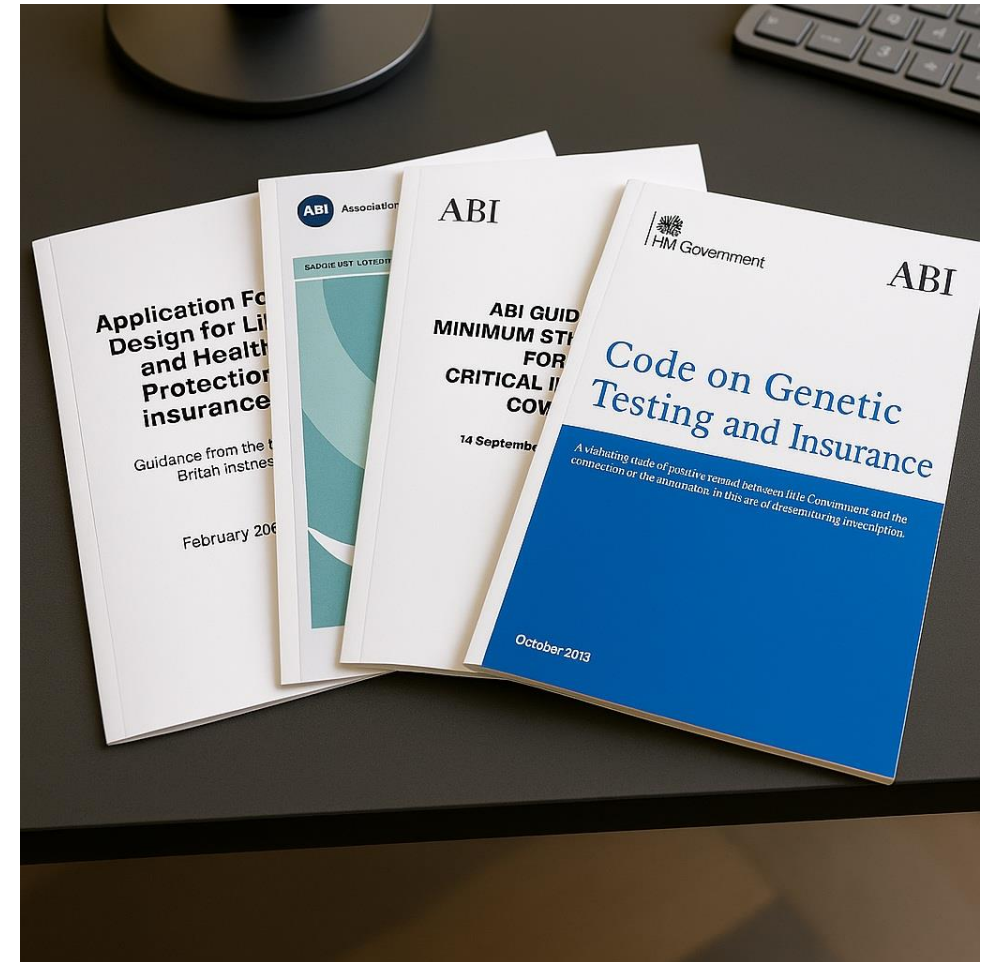
- Decline of Endowments & Rise of Term Assurance
  - Until 1980s endowments very widely sold - Particularly for mortgage repayment – discontinued due to poor performance of with profits funds
  - Concept of Financial underwriting began
- Introduction and Evolution of Critical Illness (CI)
  - 1985 onwards – took off very quickly
  - Underwriting of this products – understanding the differences – also included TPD benefits
  - Increasing complexity with more conditions added to cover
- Specialisation of Income Protection (IP)
  - Product advancements from 1990s
  - More sophisticated underwriting – movement away from excluding everything to include extra morbidity ratings
  - Occupational guidelines – more accurate classifications
- Rise of non-underwritten WoL over 50s –
  - Replacing the “funeral cover” previously offered by Industrial branch products



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# Legislative and Regulatory Changes Including ABI Statements and Guidelines

- The Data Protection Act (DPA) 1984
  - Superseded DPA 1998, 2018 and UK GDPR
- The Access to Medical Records Act (AMRA) 1988
- ABI Statement of Best Practice for HIV 1994 – revisions 1997, 2004, 2008 and 2016
- ABI Statement of Best Practice/Minimum Standards for Critical Illness 1999 + reviews to date
- The Genetic Codes of Practice – Concordat and Moratorium on Genetics 2001 Onwards
- The Disability Discrimination Act (DDA) 1995 – ABI Guidance 2003
  - Now incorporated into Equality Act 2010
- ABI Application Form Design Guidance 2006



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# Automation

## From manual processes to sophisticated systems

- Processing - all paper – underwriting summaries were handwritten
- Underwriting papers including all paper medical records kept in hanging files – completed cases microfiched after a certain period
- No email. Royal mail was used for reinsurance referrals and later facsimile up until late 1980s
- Mid 1990s things started to change and early 2000s is when underwriting summaries began to be digital and interactive systems were implemented
- Underwriting manuals consisted of huge paper folders and were getting bigger to cover more conditions, different manuals for occupations/sports, residential and financial risk and covering a wider range of products
- First computerised underwriting manuals circa 1990



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**Asthma**

**Description:** Generalised partial airways obstruction, usually reversible, which causes difficulty in breathing out. It is due to a spasm of the muscle surrounding the small branches of the air tubes of the lungs. This causes wheezing, chest tightness and breathlessness. The cause of asthma may be allergy, infection, stress or exercise starting commonly in children and teenagers.

**Risk Factors:** Associated bronchitis or emphysema.  
Smoking.  
Status asthmaticus (a severe or prolonged attack, lasting for 24 hours or more, complicated by the blockage of the air tubes by dried mucus. It is a dangerous condition usually requiring hospitalisation).  
Atelectasis (incomplete expansion of the lung).  
Pneumonia.  
Pneumothorax.  
Thoracic deformity.  
Cardiac disease.  
Reduced growth.  
Steroid treatment.

**Treatment:** Usually with bronchodilating drugs and/or steroids. Late onset asthma seems to be more chronic and often requires continuous steroid treatment.

**Medical Evidence:** PMAR in all cases with special reference to:—  
1) Severity of asthma.  
2) Frequency of attacks.  
3) Date of last attack.  
4) Smoking habits.  
5) Details of any hospitalisation  
6) Current treatment including any steroid dosage.  
7) Any associated bronchitis, emphysema or cardiac complications.  
8) Result of latest chest x-ray and pulmonary function tests.

MER if history within 5 years.

**Asthma**

*Note: These ratings are inclusive of steroid therapy.*

**Mild:** Including most cases of childhood onset asthma, intermittent asthma, easily controlled disease, little or no residual incapacity.

**Moderate:** Requiring continuous non-steroid therapy, attacks intermittent, occasional steroids or hospitalisation, some restriction of activities.

**Severe:** Including most cases of adult onset asthma, continuous attacks, prolonged steroid therapy, significant interference with every day activities. Cases with associated bronchitis and emphysema.

Last Attack	LIFE RATINGS		
	Mild	Moderate	Severe
Within 1 year	+50	+75/+100	+100/+150
1 - 2 years	OR/+50	+50/+75	+75/+100
2 - 3 years	OR	+50	+50/+75
3 - 4 years	OR	OR/+50	+50
4 - 5 years	OR	OR	OR/+50
Thereafter	OR	OR	OR

Evidence of cardio-respiratory disease Refer to CMO

*Note: Use higher ratings for policies expiring after age 65, with lower ratings for shorter term policies.*

**Current cigarette smoking:** 10 - 30 per day = add +25.

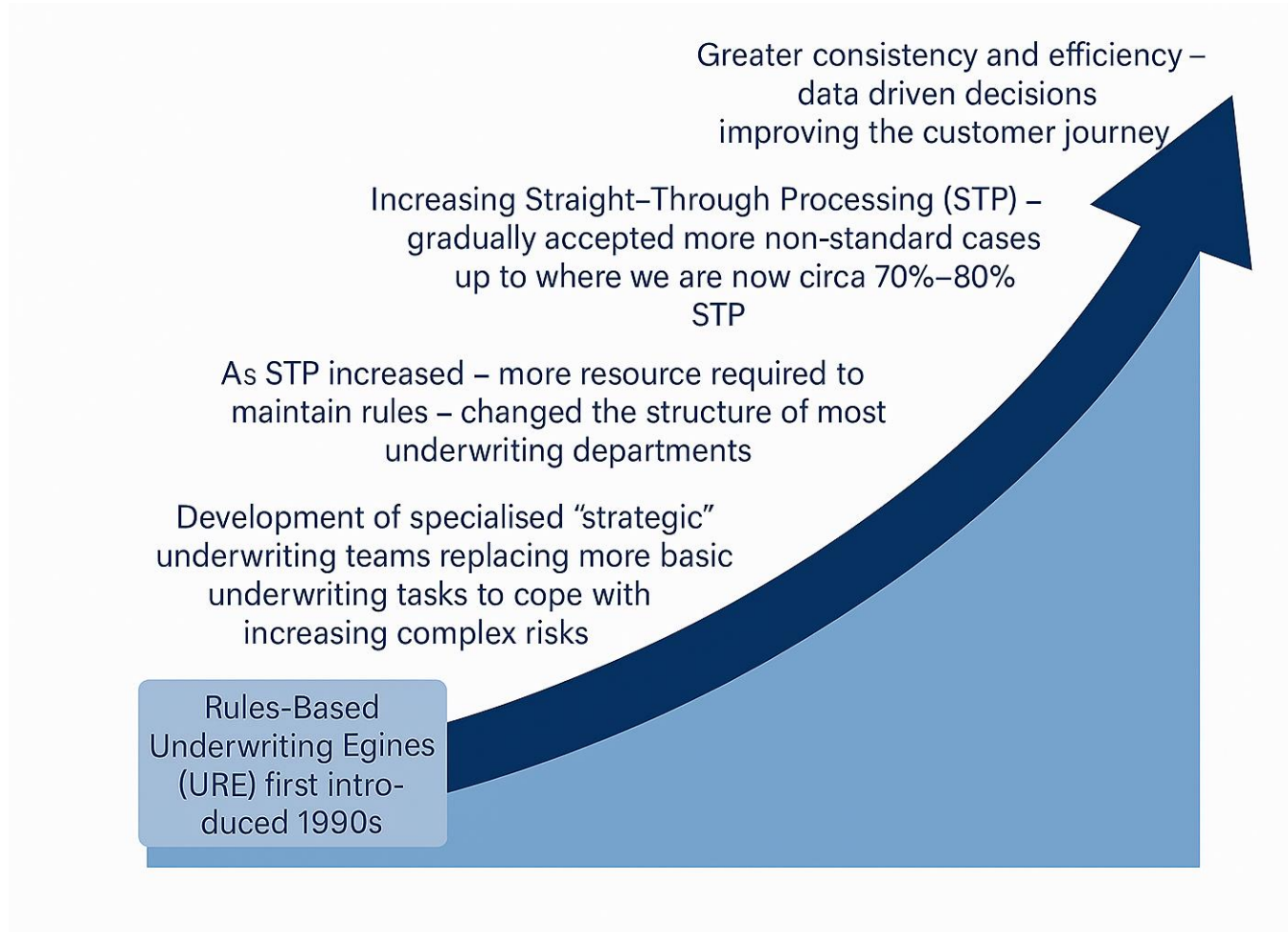
40 or more per day = add +50 up.

Equivalent rating for WP and ADB	LIFE	WP	ADB
	+50	1%	OR
	+75	1%	OR
	+100	2	1%
	+150	D	2

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# Rules based systems

Slowly gained popularity from 1990s



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# Underwriting standards

## Massively improved – introduction of auditing

- Early 2000s: Reinsurers introduced more restrictive treaty conditions for underwriting errors
  - Treaties often transferring high levels of risk to reinsurers
  - Underwriting errors often seen in claims experience
  - Older treaty wordings offered little protection for reinsurers
- Reinsurers audits on underwriting quality began
  - Insurers then began increased underwriting activity
  - Introduction of robust auditing was implemented by insurers in the UK and has become BAU
  - Better reinsurance terms driven by better results
- The result has been significantly improved underwriting standards
  - This is clearly shown in audit results since their introduction



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# Changing medical conditions

## then vs now

### More common 1977

- Smoking related illnesses
  - 45% of adult population were smokers (2026 = 10.6%)
- Respiratory diseases
  - smoking, industry (work) and environmental factors
- Coronary artery disease
  - Reduction from 1969 to 2019: Mortality dropped from 1045 to 255 deaths per 100k  $\approx$  75% reduction overall
- Peptic ulceration
  - 1980s–1990s, identification of *H. pylori* responsible for ~90% of duodenal ulcers – triple therapy
- Specific cancers
  - Lung, stomach

### More common 2026

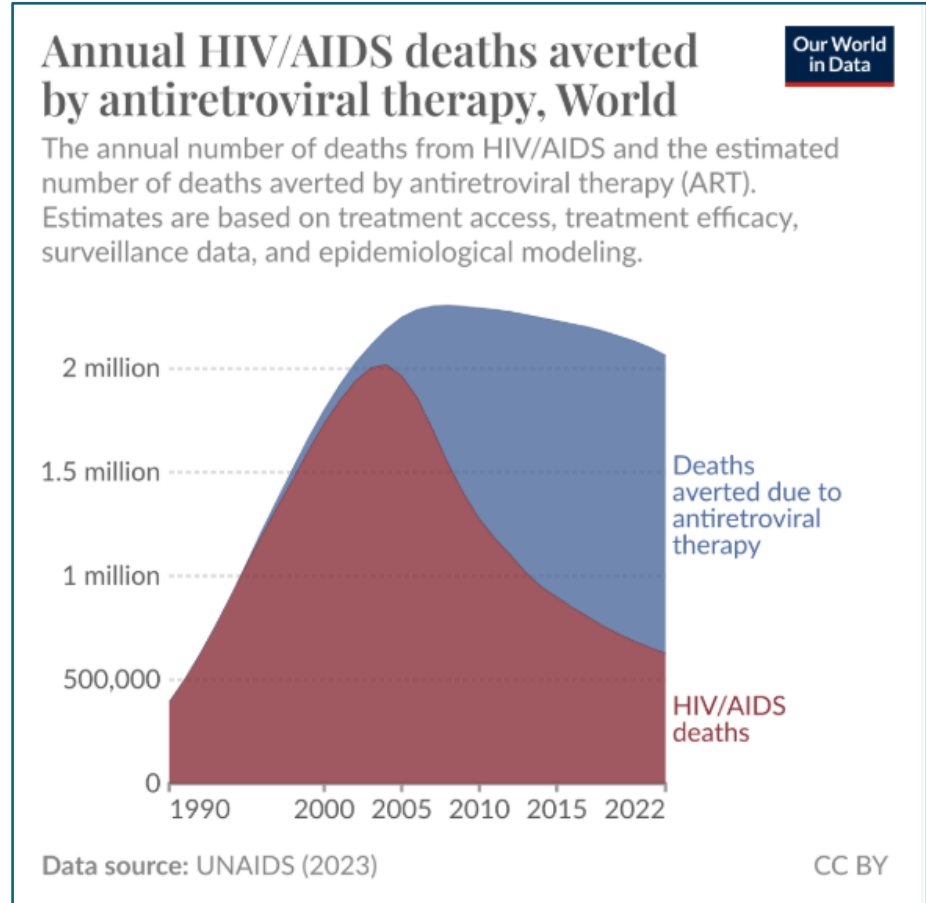
- Obesity
  - fatty liver, hypertension, osteoarthritis
- Type 2 diabetes
- Mental health – depression and anxiety
  - Increase due to multi-factorial, driven by social, economic, cultural, and technological changes
- Specific cancers
  - melanoma, breast cancer, prostate cancer
- Alcoholic liver disease
  - cheap alcohol, home drinking, increased binge-drinking culture, particularly from the 1990s onward
- Rare conditions – genetic and improved diagnostics

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# Significant medical challenges

## HIV/AIDS

- **1984: HIV first identified and the virus**
  - Industry reacted with tough guidelines for those identified as being high-risk groups of acquiring HIV and (often intrusive) lifestyle questionnaires
- **1985: HIV anti-body testing became available**
  - HIV testing became integrated into NMLs and targeted at those identified as being in high-risk groups
- **1994: The First ABI Statement of Best Practice for HIV**
  - Revision of unfair guidelines and ratings solely based upon sexual preferences
  - Fair and reasonable questions on application forms and questionnaires
- **1996: Effective combination therapy (HAART)**
  - transforming HIV from a fatal disease into a manageable chronic condition
  - Life cover offered to HIV+ve for first time
- **2024: Revisions underwriting guidelines for HIV+ve**
  - Significantly reduced ratings for life cover
  - Terms available for disability and critical illness products



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# Once in every 100-year event

## COVID 19 Pandemic

- **30-01-2020: first 2 cases of COVID-19 confirmed in UK**
- **Guidance issued within weeks of COVID-19 reaching the UK**
- **27-03-2020: SCOR guidance issued temporary restrictions**
  - Application form questions changes to those infected with COVID
  - Medical evidence requirements: Initially to postpone where medical evidence was required – then more flexibility for first line evidence with use of GPRs when available
  - Some experimentation with virtual screenings in place of nurse screenings
- **Temporary Underwriting philosophy**
  - Restrictions to extra mortality ratings – varied by applicants with existing co-morbidities with medical conditions identified as having an increased risk of developing COVID and more to suffer more serious complications
  - Rules changes implemented to reflect COVID philosophies
  - Still allowed for estimated 95% of applications to be written
- **Temporary restrictions soon lifted once the pandemic was under control – Industry demonstrating fantastic adaptability**



*Dear client,*

Much has happened over the last few weeks and since the last SCOR underwriting and claims advice, relating to the outbreak of coronavirus/COVID-19.

At this stage of the COVID-19 pandemic, there is an opportunity for the underwriting community to implement important measures that will act to minimise the potential risks and to protect the funds of business being written.

The link below provides some guidance on SCOR recommended actions for underwriting and claims procedures in dealing with COVID-19.

Please feel free to circulate this advice to any other members of your organisation as appropriate.



**Phil Cleverley**  
SCOR Global Life UK  
Chief Underwriter

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# The Role of the Underwriter

## Augmented, Not Replaced, by AI

**Focus on Complexity:** Underwriters roles will further reduce move away from any repetitive, data-gathering tasks to concentrate on complex, high-sum assured risks, those that require commercial evaluation to offer flexibility and cases that require intuition, negotiation, and specialised experience

**Underwriting "Copilots":** Underwriters will use "augmented" AI tools—underwriting copilots—to ensure the right inputs are provided to enhance their decision-making, improve accuracy, and manage risk related to individual cases and portfolio experience

**Hybrid Roles:** New roles will emerge, such as data specialists and automation auditors, bridging the gap between traditional underwriting principles and AI technology

**Improved analytics:** AI will further enhance the capabilities of the “strategy” underwriters to analyse and improve underwriting functions and service. Including post-issue sampling, distribution quality, underwriting philosophy, application form design, rules development, medical evidence requirements – and more



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# How AI is changing protection underwriting now

## Summarisation of medical records

### **Generative AI and Natural Language Processing (NLP):**

Enables analysis and summarises lengthy, unstructured Electronic Health Records (EHRs) and GP reports. Can be hundreds of pages and produces concise, actionable summaries, highlighting relevant risk factors while filtering out irrelevant information.

**Drastic Time Reduction:** AI tools can reduce the time underwriters spend reviewing medical reports by approximately 50%, with some processes turning hours of manual reading into minutes

**Targeted Information Extraction:** Generative AI creates a clear informative summary—listing chronic conditions, procedures, medication history, and recent symptoms—allowing underwriters to understand the full context of an applicant's health

**Validation of Disclosures:** AI can automatically compare GP records with the original customer application, flagging inconsistencies and allowing for post-issue triage without needing a manual review

**Handling Unstructured Data:** AI solutions are specialised in converting unstructured data—such as scanned notes, narratives, and digital reports—into a structured format



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# Future developments

## AI powered analytics

**Post-issue sampling:** Summarising EHRs will enable increases to post-issue sampling that has huge benefits in identifying misrepresentation – more claims paid, increased premium income = more competitive premiums for customers

**Using AI to generate underwriting decisions :** APIs can be used to link to Underwriting guidelines with AI formulating an underwriting decision based upon the medical history contained within the EHR

**AI/Human partnership :** Automated AI decisions would need to be reviewed by an underwriter (at least initially) before final sign-off to ensure the philosophy is being accurately applied without any bias with fair and accurate premiums. Also, that legislative and regulatory rules are being applied appropriately

**Access to data changes:** It is possible that in the future there could be rights for applicants to allow insurers to access their medical records without GPs involvement - on the basis it is their right to share their medical data if it provides a benefits – this would result in making access to insurance much easier to transact, reduce the risk of misrepresentation and more affordable through cheaper premiums – whilst also reducing workloads for GPs

**Use of other data sources:** AI could help to develop algorithms to use other data sources – either on their own or combined with traditional factors to enable more accurate and fair pricing



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# Underwriting over 50 years

## A Golden Age of Underwriting

**Office environment:** The change from working 9 to 5 - working from home and in modern office.

**Huge market changes:** The massive consolidation and reduction in the number of insurers, together with significant changes in distribution + legislative and regulatory changes

**Products have changed:** Today's products are more complex, more high value cases

**Medical conditions have changed:** Constant change with medical advancements, some very significant challenges, rare conditions

**Technology driven changes:** More sophisticated Underwriting guides and widespread adoption of rules-based systems

**Predicting the future:** We are at the beginning of the Human/AI partnership – underwriting is once again at the centre





*That's all Folks!*