



Life Underwriting in 2025

A Cheeseheaded Forecast

Hank George, FALU

In the year twenty twenty-five, is underwriting still alive?

You Betcha!

...but, since 2017, it will have changed more than during any 8-year interval in our history!

In 2025, there will be 25% fewer life underwriters and their numbers will continue to decline thereafter...at an accelerating pace.

Those who remain will be more highly compensated because they will see only cases that cannot be processed without human intervention.



Nearly all underwriters will work from home.

On what basis will they be affiliated with insurers?

“...more than half of respondent organizations said they plan to grow their freelance workforce...by anywhere from 25% to 100%...”

2017 LIMRA Predictions Report
LOMA Resource
June 2017:8

Will most underwriters have the *privilege* of being independent contractors without the *burdens* of salaries and benefits?

Physicians assistants and nurse practitioners will be widely employed as medical directors.

Cases that **genuinely** require M.D. expertise will be sent to independent medical director consultants, whose numbers will increase substantially.

Increases in actual-to-expected mortality will **nuke** prevailing misguided constraints on APS review time.

Will the use of APS summaries decline?

The importance of quality (vs. productivity) will become evident to naysayers, leading to increased mentoring and more continuing education for life underwriters.

Virtually all life business at ages 18-40 will be underwritten on a super-simplified basis.

Accelerated underwriting will flourish...but there will be a clear dichotomy in terms of % eligible somewhere around age 50-55 (> 60% vs. < 15%).


Attempts to extend accelerated past age 65 will crash and burn.

The Impact of Smoker's Amnesia Will Finally Hit Home!

Cotinine screening based on home testing with real time video verification will have a major impact.

MIB's Smoke Detector and similar algorithms will effectively pinpoint applicants with a high probability of using cigarettes, all of whom will be cotinine tested on some basis.

Cigar smokers and oral tobacco users will no longer be charged the same rates as cigarette smokers....and those "Goofy Gus" occasional cigar use rules will finally disappear.



Marijuana users will no longer be unfairly subjected to cigarette smoker premium rates.

Legitimate owners of firms marketing marijuana who are free of criminal and dodgy business histories will be deemed insurable on the same basis as other business executives.

Growth differentiation factor 15 (GDF-15) will finally be FDA-approved

A quartet consisting of hemoglobin, GDF-15, NT-proBNP and cystatin C will be the dominant medical underwriting screening resource at ages 55 and older

ECGs, cognitive tests and physical frailty tests will no longer be used in life underwriting...to the delight of customers and producers

Use of pharmacy records, including post-issue surveillance, will become universal.

Nonadherence to taking medication as prescribed will be recognized as a significant insurability issue.

QuestCheck will emerge as a key component of simplified and accelerated underwriting at ages 45 and older.

DCT-Mediated Antiselection Will Surge!

“...one of the first direct-to-consumer whole genome sequencing services was priced at \$350,000 in 2007. Today’s price is approximately \$2500 and likely less than \$100 by 2020.”

Rodger Seccombe, PhD
Cofounder and CEO
HealthTab Inc.
Vancouver B.C.
Clinical Chemistry
63(2017):635

EHRs will play a key role in life underwriting, notwithstanding these significant issues

- Massive redundancy from cutting and pasting, made worse because it cause underwriters to miss key information
- Reporting of tests never done and other shoddy practices to increase provider revenue
- Patient capacity to influence EHR content (thanks in part to MDs who think they're Robin Hoods!)
- Worthlessness of ICD codes from an underwriting perspective

Thanks to the New York probe, etc., this detritus will end up on Underwriting Boot Hill


- Personal purchase records
- “Selfies” for facial age imaging
- Use of medical expense debt in credit histories
- And anything else that constitutes **UNFAIR DISCRIMINATION** based on race, ethnicity, sexual orientation, religious affiliation, marital status and geography (redlining)

Insurers will finally wake up and realize that what millennial customers **REALLY WANT** is the **BEST PRICE!**

If full underwriting means lower life insurance cost, they won't even blink at having paramedicals and lab tests.

The AHOU will **FINALLY** realize that its real job is to promote and defend the interests of the underwriting profession!

The Academy of Life Underwriting (ALU) will once again have a formal connection with the AHOU and CIU.



To the delight of Big Pharma...with the publication of DSM-6, every human being will satisfy the criteria for diagnoses of 2 mental illnesses!

We will **FINALLY** will have single payer
health insurance for all...

...like every other Western country!



Thank you for your kind attention!

**The floor is open for questions and
comments regarding the entire seminar.**