



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
1071 United Nations Avenue
Manila



CIRCULAR LETTER (CL) NO. :	2017-11
DATE :	14 February 2017

CIRCULAR LETTER

TO : ALL LIFE INSURANCE COMPANIES AUTHORIZED TO TRANSACT BUSINESS IN THE PHILIPPINES

SUBJECT : GUIDELINES IN THE LIFE UNDERWRITING OF APPLICANTS WITH ACTUAL, PERCEIVED OR SUSPECTED TO BE WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Pursuant to the powers vested in the Insurance Commissioner by Section 437 of the Insurance Code, as amended by Republic Act No. 10607, the following guidelines which were formulated after due consultation with the industry, shall be observed in the assessment of risks of persons with actual, perceived or suspected to be with HIV so as to determine the parameters to be considered for life insurance risk classification and other underwriting purposes:

1. **Voluntary HIV Testing.** The insurer may require applicants to undergo HIV testing based on parameters such as but not limited to age, total amount at risk, occupation/lifestyle, provided that the applicant/proposed insured voluntarily consented to such testing pursuant to Article III of R.A. 8504, *Philippine AIDS Prevention and Control Act of 1998*, performed by health facilities recognized by the Department of Health (DOH) and equipped in providing services on HIV testing and counselling.
2. **Report to the Medical Information Database.** The insurer shall report to the Medical Information Database (MID) any HIV test with positive results, provided the information was voluntarily submitted by the applicant/proposed insured and subject to compliance by the insurer with the provisions of R.A. No. 10173 or the *Data Privacy Act of 2012*, and provided further, that the report to the MID is done with the knowledge of the applicant/proposed insured.
3. **Evaluation of Compliance with Treatment.** The insurer may postpone the acceptance of newly discovered HIV (+) positive individuals for a period of not more than one (1) year from the start of continuous Anti-Retro Viral Treatment (ART) in order to evaluate compliance and efficacy of treatment.

4. **Grant of Insurance Coverage.** The insurer may provide insurance coverage to a person with HIV or an individual diagnosed to be infected with HIV, if (a) the person is undergoing proper medical treatment, (b) the person has a favorable risk profile and (c) the results of the medical examinations required by the insurer are within normal limits. The requirements may include the following:

- 4.1. Routine requirements based on the age and total amount at risk;
- 4.2. HIV Medical Questionnaire filled out by the attending physician;
- 4.3. Three (3) consecutive tests for CD4 cell count not older than 6 months (submission of copies of results is required);
- 4.4. Current Viral Load count (Plasma HIV-1 RNA) not older than 6 months (submission of copy of result is required);
- 4.5. Treatment or therapy course, must be undergoing Anti-Retro Viral Treatment (ART);
- 4.6. Hepatitis B profile;
- 4.7. Hepatitis C profile;
- 4.8. Regular blood chemistry profile including liver & kidney function tests;
- 4.9. Non-smoker;
- 4.10. Chest x-ray must be normal results, without pulmonary tuberculosis (PTB) or other pulmonary infections;
- 4.11. No early signs of other co-morbidities such as renal disease and/or Coronary Artery Disease (CAD);
- 4.12. No signs of opportunistic infections

The insurer shall have the right to require all original or certified photocopies of the above medical requirements.

5. **Additional Underwriting Requirements.** The insurer may request for additional documents or evidence of insurability, whether medical or financial, which may be necessary for the proper underwriting of the application.
6. **Cost of Special Underwriting Requirements.** The insurer may require applicants to defray the cost of special underwriting requirements related to the application for insurance coverage, if necessary.
7. **Imposition of Additional Mortality Charges.** The insurer may, upon prior approval of this Commission, impose extra mortality charges to persons accepted for coverage under Item 4 of this Guidelines. The coverage may provide supplemental benefits or riders.

8. **Modification of Plan Benefits and Terms.** The insurer may, upon prior approval of this Commission, set limits of acceptance for persons with HIV as to plan of insurance, maturity term, payment term, age, and policy amount.
9. **When Application may be Denied.** The insurer may postpone or decline the application of persons with HIV when presented with co-morbidities, medical conditions or other risk factors, not on the basis of their being positive for HIV but on the basis of such co-morbidity, medical condition or other risk factor which by itself alone (i.e. even without being HIV positive) would lead to the same underwriting decision based on the insurer's underwriting guidelines. Such risk profiles, but not limited to, are as follows:
- 9.1. With co-morbidities (kidney, liver, or cardiovascular diseases);
 - 9.2. With Hepatitis B or C;
 - 9.3. With PTB;
 - 9.4. With signs of opportunistic infections;
 - 9.5. Smoker (present or history);
 - 9.6. Injecting drug (illegal) users (present or history);
 - 9.7. Other declinable medical conditions (e.g. Chronic Kidney Failure, uncontrolled Diabetes and/or Hypertension, Cancer under Stage 4 or with presence of metastases);
 - 9.8. Declinable occupational risk;
 - 9.9. Declinable geographical/territorial risk;
 - 9.10. Declinable avocation (dangerous hobbies) risk;
 - 9.11. Declinable financial profile risk.

This Circular shall take effect immediately.

For strict compliance.



DENNIS B. FUNA
Insurance Commissioner