

## **Sample Underwriting Manual**

### **Life & Health Insurance Underwriting Using Apple HealthKit Data**

**Disclaimer:** This is a *sample / illustrative* underwriting manual for conceptual, internal design, or pilot purposes only. It is **not** actuarial advice, medical advice, or a regulatory-approved underwriting framework. Any real-world use requires actuarial validation, medical governance, legal review, privacy consent, and regulatory approval.

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#### **1. Purpose & Scope**

This manual defines how Apple HealthKit data can be used to:

- Supplement traditional life and health insurance underwriting
- Assign **Underwriting Risk Scores (URS)**
- Map scores to **Risk Classes and Rating Actions**

Covered products:

- Term Life
- Permanent Life (simplified)
- Individual Health & Critical Illness

Excluded:

- Guaranteed Issue products
  - Group underwriting
  - Disability income (future phase)
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#### **2. Underwriting Philosophy**

1. **Behavior matters:** Sustained healthy behavior reduces mortality and morbidity risk.
2. **Longitudinal > point-in-time:** Trends over 90–365 days are preferred over snapshots.
3. **Data is additive, not punitive:** HealthKit data can improve or maintain a rating but does not automatically decline applicants.

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4. **Explainability first:** All automated decisions must be interpretable.

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### 3. Applicant Consent & Data Governance

#### 3.1 Consent Requirements

Applicants must explicitly consent to:

- HealthKit data access
- Defined lookback period (default: 12 months)
- Ongoing refresh (optional for dynamic pricing)

#### 3.2 Privacy & Security

- Read-only access to HealthKit
- No raw data stored beyond underwriting window
- Aggregated metrics retained, raw signals discarded
- Fully compliant with HIPAA / PHIPA / GDPR equivalents

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### 4. HealthKit Data Categories Used

Category	HealthKit Data Type	Use in Underwriting
Activity	Steps, Active Energy	Cardiovascular health proxy
Fitness	VO <sub>2</sub> Max	Mortality risk indicator
Vitals	Resting HR, HRV	Cardiac & stress health
Sleep	Duration, consistency	Chronic disease risk
Body Metrics	Weight, BMI trend	Metabolic risk
Mobility	Walking speed, steadiness	Aging & frailty risk
Exercise	Workout frequency/intensity	Lifestyle consistency

Excluded:

- Reproductive health

- Mental health notes
  - GPS/location data
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## 5. Lookback Periods & Data Quality Rules

### Metric    Minimum Data Coverage Lookback

Steps	≥120 days	12 months
Sleep	≥90 days	6 months
VO <sub>2</sub> Max	≥3 readings	12 months
HR / HRV	≥60 days	6 months

### Data Quality Score (DQS)

- High (≥80% completeness)
  - Medium (50–79%)
  - Low (<50%) → Manual review
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## 6. Core Underwriting Metrics & Scoring

Each applicant receives a **HealthKit Risk Score (HKRS)** from 0–100.

In addition, an **Age Adjustment Factor (AAF)** is applied to normalize HealthKit-derived metrics for expected physiological changes across age cohorts.

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### 6.0 Age Adjustment Factor (AAF)

Age is treated as a **normalization and weighting factor**, not a direct penalty. Metrics such as VO<sub>2</sub> Max, resting heart rate, HRV, walking speed, and recovery are evaluated **relative to age-adjusted expectations**.

#### Age Band AAF Multiplier Underwriting Interpretation

18–34	1.00	Peak physiological baseline
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### **Age Band AAF Multiplier Underwriting Interpretation**

35–44	0.98	Mild age normalization
45–54	0.95	Expected fitness decline accounted for
55–64	0.92	Aging-adjusted scoring
65+	0.88	Senior normalization + mobility emphasis

#### **Application Rule:**

- AAF adjusts the *raw HealthKit sub-scores*, not traditional underwriting results
  - Prevents penalizing healthy older applicants relative to younger cohorts
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### **6.1 Activity Score (Weight: 25%)**

<b>Metric</b>	<b>Threshold (Age-Adjusted) Points</b>
Avg steps/day >8,000	25
6,000–8,000	18
4,000–5,999	10
<4,000	0

Trend modifier:

- +3 points if 6-month upward trend
  - -3 points if declining
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### **6.2 Cardiorespiratory Fitness (Weight: 20%)**

#### **VO<sub>2</sub> Max (age & sex normalized)**

##### **Percentile Points**

≥75th	20
50–74th	15

### **Percentile Points**

25–49th 8

<25th 0

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### **6.3 Heart Health (Weight: 20%)**

#### **Metric      Preferred Range (Age-Adjusted) Points**

Resting HR 50–70 bpm 10

HRV  $\geq$  age-normalized 60th percentile 10

Partial credit applied if one metric meets criteria.

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### **6.4 Sleep Health (Weight: 15%)**

#### **Metric      Points**

Avg sleep 7–8 hrs 10

Consistency ( $\pm 1$  hr) 5

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### **6.5 Body Composition Trend (Weight: 10%)**

#### **Trend (Age-Normalized)      Points**

Stable or improving BMI / waist trend 10

Mild increase 5

Significant increase 0

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### **6.6 Mobility & Aging Indicators (Weight: 10%)**

Metric	Threshold (Age-Adjusted)	Points
Walking speed > age 60th percentile		5
Steadiness      Normal		5

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## 7. HealthKit Risk Score (HKRS)

**HKRS = (Weighted sum of HealthKit sub-scores) × Age Adjustment Factor (AAF)**

Score bands:

- 85–100: Excellent
- 70–84: Very Good
- 55–69: Standard Plus
- 40–54: Standard
- <40: Substandard / Manual Review

**HKRS = Weighted sum of all category scores**

Score bands:

- 85–100: Excellent
  - 70–84: Very Good
  - 55–69: Standard Plus
  - 40–54: Standard
  - <40: Substandard / Manual Review
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## 8. Integration with Traditional Underwriting

HealthKit data **does not replace**:

- Medical questionnaires
- APS / labs (when required)
- MIB checks

## **Interaction Rules**

- HKRS  $\geq 85 \rightarrow$  Eligible for best class if traditional data aligns
  - HKRS 70–84  $\rightarrow$  Can improve one class (e.g., Standard  $\rightarrow$  Standard Plus)
  - HKRS  $< 55 \rightarrow$  No positive adjustment
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## **9. Risk Class Mapping (Life Insurance)**

### **Traditional Result HKRS Impact Final Class**

Preferred Plus	$\geq 70$	Preferred Plus
Preferred	$\geq 85$	Preferred Plus
Standard	$\geq 70$	Standard Plus
Standard	$< 55$	Standard

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## **10. Health Insurance Use Cases**

### **10.1 Premium Modifiers**

- Up to 10% wellness discount
- Re-rated annually (opt-in)

### **10.2 Deductible Adjustments**

- High HKRS  $\rightarrow$  lower deductible option
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## **11. Automation vs Manual Review**

### **Auto-Underwrite Eligible:**

- HKRS  $\geq 70$
- High data quality
- No red flags in traditional underwriting

### **Manual Review Triggers:**

- Rapid decline in activity or sleep
  - HRV deterioration >20%
  - Inconsistent or sparse data
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## **12. Explainability & Applicant Communication**

Applicants receive:

- Summary scorecard
- Top 3 positive drivers
- Improvement opportunities (non-medical language)

Example:

“Your strong activity level and sleep consistency positively influenced your rating.”

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## **13. Ongoing Monitoring (Optional)**

For participating policyholders:

- Quarterly score refresh
  - Rewards, not penalties
  - Opt-out anytime
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## **14. Model Governance**

- Annual actuarial validation
  - Bias testing by age & gender
  - Medical advisory sign-off
  - Regulatory audit trail
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## **15. Future Enhancements**

- Integration with lab results

- AI-driven trend clustering
  - Personalized underwriting pathways
  - Reinsurance-approved HKRS bands
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