

# **Call for Input: Access to insurance**

June 2017

We are asking for comments on this Call for Input by 15/09/2017

You can send them to:

Access to Insurance: Call for Input  
Strategy and Competition Division  
Consumer Insight Department  
Financial Conduct Authority  
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Canary Wharf  
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# 1 Executive summary

- 1.1** In May 2016, we published an Occasional Paper (OP) exploring issues around 'Access to Financial Services in the UK'<sup>1</sup>. The paper did not seek to identify every type of access issue but aimed to explore them across a range of financial services. We analysed the issues we identified through the lens of five major social and technological trends. One of these trends was the increasingly segmented markets in insurance.
- 1.2** Our paper discussed problems some consumers can face when trying to find insurance that meets their needs – whether they can find insurance at all, or at a price they can afford. The paper also recognised how some consumers who had good access to insurance products in the past can find they have become marginalised. For example, those who have previously been, or currently are, suffering from an illness may find they can no longer access insurance products with the ease they used to.
- 1.3** Many insurance markets are becoming more segmented with the use of 'big data' and other underwriting advances. This is a nuanced picture and can create issues for those consumers who represent a higher risk to insurers. Those who were likely to have benefitted from lower premiums in the past, as a result of larger risk pools, could now find there are less options open to them and that they have to navigate an increasingly complex and confusing market to find insurers willing to cover them. Equally, highly segmented approaches could offer the prospects of higher risk categories not being treated with a 'blanket' approach therefore resulting in their premiums being more representative of the risk they pose.
- 1.4** We have seen evidence from our work with stakeholders that these issues are present and significant in the travel insurance market for those with pre-existing medical conditions. These issues are particularly apparent for those with, or recovering from, cancer.
- 1.5** We have worked with a number of key stakeholders such as Macmillan who have reported that the level of demand for information and guidance about obtaining travel insurance in particular, after a cancer diagnosis, may indicate that access is a significant problem requiring more focus by both the industry and the FCA. This paper can therefore be seen as the next step in focussing our efforts to address access issues highlighted in our OP.
- 1.6** We believe there is a broad read across from access issues experienced by those who have, or have had cancer and other pre-existing medical conditions in both travel insurance and other protection products. Therefore, our findings should translate to other pre-existing medical conditions and protection products, and will inform future work.

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1 Occasional Paper No. 17 Access to Financial Services (May 2016) [www.fca.org.uk/publication/occasional-papers/occasional-paper-17.pdf](http://www.fca.org.uk/publication/occasional-papers/occasional-paper-17.pdf)



- 1.7** We are seeking your input to help us better understand the key issues; in particular:
- What are the current challenges in providing travel insurance for consumers who have, or have had, cancer?
  - What are the challenges consumers who have, or have had, cancer face in accessing the travel insurance market and in finding suitable travel insurance?
  - What innovative practices are we currently seeing?
  - What are the barriers to dealing with existing challenges or to innovation?
  - What more can be done to improve the ability of consumers that have, or have had, cancer to obtain suitable insurance?
- 1.8** We hope that this Call for Input will provide a balanced view of the challenges for firms and consumers in this area, and identify what further action may be needed. We hope to encourage conversation around the topics discussed.

## Background

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- 1.9** Having access to financial services is critical for people in the UK to participate fully in society today. Therefore, how firms take into account the need to treat customers fairly when they take business decisions that will affect access is extremely important. For example, firms may make changes to after-sales services or stop services to some groups of consumers, like those who have, or have had, cancer, reducing their ability to take out insurance<sup>2</sup>.
- 1.10** In the UK at least 15 million people are currently living with at least one long-term health condition. This number is predicted to rise to 18 million over the next decade<sup>3</sup>. Long-term medical conditions can have a large impact on people's finances and the way consumers are viewed by insurers in terms of risk.
- 1.11** Consumers with particular characteristics, such as a disability or long-term illness, may find themselves classified as 'non-standard risk' for the purposes of insurance. The number of consumers who may find themselves in such categories is potentially large, including for example the 3 million people with disabilities who have been turned down or charged extra for insurance<sup>4</sup> and the 2.5 million people living with or after cancer – a number that is forecast to rise to 4 million by 2030<sup>5</sup>.
- 1.12** Our OP and accompanying qualitative research on access to financial services highlighted issues that consumers can face in accessing insurance. For example, some consumers may find that insurers will not cover them at all, or will charge significantly more to do so because of their being classified as a non-standard risk.

<sup>2</sup> Our future Mission (October 2016) [www.fca.org.uk/publication/corporate/our-future-mission.pdf](http://www.fca.org.uk/publication/corporate/our-future-mission.pdf)

<sup>3</sup> House of Commons Health Committee: Managing the Care of People with Long Term Health Conditions (2014-15) [www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/401/401.pdf](http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/401/401.pdf)

<sup>4</sup> Extra Costs Commission (2015)

<sup>5</sup> Maddams J, Utley M, Møller H. Projections of cancer prevalence in the United Kingdom, 2010-2040. Br J Cancer 2012; 107: 1195-1202. (Projections scenario 1). <https://researchonline.lshtm.ac.uk/618604/1/bjc2012366a.pdf>

- 1.13** Our earlier 'Insurers' management of claims- household and retail travel' Thematic Review<sup>6</sup> also found issues around consumer understanding. Consumers may, for example, try to reduce the cost of cover by looking for policies with lower premiums, not realising that these policies often exclude their pre-existing medical condition. In particular, we found evidence of confusion among consumers about which medical problems would not be covered if they made a claim on the grounds that the problem was indirectly caused by a pre-existing medical condition.
- 1.14** Consumers affected by cancer are vulnerable and often at a loss to understand why they are still charged high insurance premiums many years after successful treatment or why they are denied travel insurance when their doctor has declared them fit to travel.
- 1.15** Cancer is classed as a disability under the Equality Act 2010<sup>7</sup>. This act imposes various obligations on service providers which are aimed at preventing discrimination against persons with a disability. These obligations include the requirement for any difference in the terms of products to be based on a relevant and reliable source of information, and for that difference in treatment to be reasonable based on the information<sup>8</sup>.
- 1.16** We are aware that some firms use widely-available medical risk rating tools for measuring the underwriting risks associated with cancer. But it is not clear at this stage how firms are using these tools and what additional factors firms may be taking into account in their underwriting practices/pricing decisions to ensure that they comply with their obligations under the Act.
- 1.17** In the following chapter we set out the background to this Call for Input. In Section 3 we give an overview of the market and the current situation for consumers. Section 4 goes into the consumer journey in more detail and Section 5 discusses the innovation and good practice we are already seeing. Our next steps are outlined in Section 6.

### **What would we like respondents to do?**

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- 1.18** We are seeking views, supported by examples and evidence where possible, of the challenges firms face in providing travel insurance for consumers who have, or have had, cancer, and the reasoning for pricing differentiations in quoted premiums.
- 1.19** We want to understand how consumer outcomes can be improved in this area, whether by traditional methods or innovation. We are also seeking views on whether our regulatory framework affects innovation and how we can support industry in ensuring consumers' current and future needs are met appropriately.
- 1.20** At the end of each section of this document, we highlight areas where we particularly welcome stakeholders' views and intelligence. For ease of reference, they are listed in full in Annex 1: Overview of feedback questions.

6 TR14/8 Insurers' management of claims, household and retail travel thematic review (May 2014) [www.fca.org.uk/publication/thematic-reviews/tr14-08.pdf](http://www.fca.org.uk/publication/thematic-reviews/tr14-08.pdf)

7 Equality Act 2010 - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

8 ABI – Equality Act 2010: An ABI Good Practice Guide for Insurers (2012).



## 2 Vulnerability and access

### Consumers' changing needs

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- 2.1** The FCA has published a considerable amount of work on vulnerable consumers and access to financial services. More recently, 'Our Mission 2017: How we regulate financial services'<sup>9</sup> highlighted vulnerability and access as an important part of our agenda and signalled our intention to continue to work with firms to make sure they treat customers fairly when they take business decisions that will affect consumers' access to financial services.
- 2.2** An earlier paper on consumer vulnerability identified complexities surrounding vulnerability<sup>10</sup>. In it we noted that much consumer protection legislation is underpinned by the notion of the average or typical consumer and what that typical consumer might expect, understand or how they might behave. However, consumers in vulnerable circumstances may be significantly less able to represent their own interests, and more likely to suffer harm than the average consumer.
- 2.3** Technology can create new choices and ways of accessing financial services, and these developments can deliver substantial benefits to society. But the research we published in our OP on accessing financial services highlighted how some consumers may be excluded from these benefits.
- 2.4** Financial services need to be able to adapt to the changing circumstances that life throws at people, rather than being designed for the perfect consumer who never experiences difficulty. Vulnerability and access is particularly challenging in the context of financial services because of the complexity of products and information.
- 2.5** While we recognise that consumers may fall outside a firm's risk tolerance and they are not obligated to provide cover at a specific price, in the context of insurance it is important the market can adapt its offerings to meet consumers' changing needs<sup>11</sup>.
- 2.6** Vulnerable consumers can face difficulty navigating complex financial markets, and often struggle to access specific products. Cancer sufferers in particular face a broad set of challenges when attempting to navigate the travel insurance market, such as being rejected or quoted what consumers view as prohibitively high premiums, being offered complex exclusions, or difficulties in finding specialist insurers who are unlikely to be on price comparison websites.
- 2.7** This paper aims to start the discussion around how the market is working for those who have, or have had, cancer. We will set out a summary of the issues described to us by key stakeholders as a means of prompting further discussion and broadening out this debate to a wider group of stakeholders and discover possible future action.

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9 Our Mission 2017: How we regulate financial services (April 2017) [www.fca.org.uk/publication/corporate/our-mission-2017.pdf](http://www.fca.org.uk/publication/corporate/our-mission-2017.pdf)

10 Occasional Paper No. 8 Consumer vulnerability (February 2015)  
[www.fca.org.uk/publication/occasional-papers/occasional-paper-8.pdf](http://www.fca.org.uk/publication/occasional-papers/occasional-paper-8.pdf)

11 FCA Business Plan 2017/18 (April 2017) [www.fca.org.uk/publication/business-plans/business-plan-2017-18.pdf](http://www.fca.org.uk/publication/business-plans/business-plan-2017-18.pdf)

## 3 Current market overview

### Market size

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- 3.1** The travel insurance market in the UK is estimated at £730m per annum in gross written premiums. A recent survey of 2000 internet users revealed that 35% of UK adults currently suffer from a medical condition, and 23% of this group have reported experiencing difficulty getting cover for a pre-existing medical condition within the past 3 years, 15% of consumers with a medical condition said that they do not always disclose it to a travel insurer<sup>12</sup>.
- 3.2** The market is complex. In large part this is because of the number of ways in which the product is distributed and a consumer can obtain it. A recent report<sup>13</sup> by Mintel identified eight methods of distribution: price comparison websites; direct from an insurer; brokers; banks and building societies; from airlines when booking flights; through a tour operator or travel agent; through supermarkets and retailers; and others which probably includes affinity groups and charities. Travel insurance can also be offered as part of an employee benefits scheme. Of those who bought travel insurance in 2016, 46.6% visited a price comparison website to compare policies<sup>14</sup>.
- 3.3** A further complexity is that travel insurance can be bought for a single trip or as annual cover. Consumers can purchase single trip insurance only a few hours before departure, which can leave them with little time to consider and evaluate their medical conditions. Equally, single trip insurance can be arranged face-to-face with a travel agent or specialist broker, and tailored to suit a consumer's needs at the given point in time, depending on the type of travel and individual circumstances. By contrast, the distributor/product provider of annual cover which has been renewed for a number of years is likely to have a record of the policyholder's medical history and any changes to that.

### The underwriting process

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- 3.4** Insurance firms have always tried to predict and assess risk using information that is available to them. In recent years they have been able to draw on increasingly sophisticated datasets and techniques for predicting risk.

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12 Travel Insurance February 2017. Mintel Group Ltd (2017) [http://reports.mintel.com/display/792383/?\\_cc=1#](http://reports.mintel.com/display/792383/?_cc=1#)

13 Travel Insurance February 2016. Mintel Group Ltd (2016) <http://reports.mintel.com/display/750600/#>

14 UK Travel Insurance: Distribution and Marketing 2016, McCourtie, T. Verdict Financial.



- 3.5** Risk segmentation has always been a key part of the insurance business. As mentioned in our Feedback Statement on Big Data<sup>15</sup>, for many consumers outcomes from better prediction and segmentation can be positive in terms of service and price. However, taken to the other extreme, it could lead to some consumers facing difficulties in obtaining affordable insurance and we are concerned that some categories of consumers may be no longer able to obtain or afford insurance for the risk they represent.
- 3.6** In practice, insurance pricing is complex and brings together a wide range of information to determine the premium. More sophisticated risk pricing will cause increased premiums for some and could result in consumers being priced out of the market completely or even deemed uninsurable.
- 3.7** From an industry perspective, the high premiums for some consumers might be justified by the higher risk involved, the expected higher value of claims and/or a more costly and lengthy underwriting process. From a consumer perspective, consumers who are unaware of how insurers measure risk and determine premiums may feel aggrieved that their individual circumstances are not taken into account. On the other hand, consumer organisations question whether insurers are really basing their decisions on sufficiently relevant statistics.
- 3.8** Medical screening questions used by mainstream providers, for example, through price comparison websites, appear to be more suitable for those with more straightforward conditions. As a result, mass market offering might not serve those with more complex conditions, who would benefit from access to specialist providers.
- 3.9** Specialists exist that can produce better outcomes for non-standard risks. These specialists will have better knowledge of the risks in a particular market, and as a result, their medical screening approach will better take into account individual circumstances. The problem often arises when consumers struggle to navigate the market in search of specialist providers.
- 3.10** The result of the underwriting and medical screening process may be that exclusions, including in relation to long-term medical conditions, are applied to a consumer's policy. Our earlier thematic review of travel insurance claims provides some indication that consumers do not always understand exclusions, with the result that claims they make are declined. However, it may be that industry practices have changed following the publication of our findings in that review.

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15 FS16/5 Call for Inputs on Big Data in retail general insurance (September 2016)  
[www.fca.org.uk/publications/feedback-statements/fs16-5-call-inputs-big-data-retail-general-insurance](http://www.fca.org.uk/publications/feedback-statements/fs16-5-call-inputs-big-data-retail-general-insurance)

## Feedback request

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- Q1:** Do you use any third party tools (e.g. medical screening tools), or external data sources? If so, please list each and describe how you use them.
- Q2:** What benefits do you find with the third party tools you use for providing travel insurance to consumers who have, or have had, cancer?
- Q3:** What drawbacks do you find with the third party tools you use for providing travel insurance to consumers who have, or have had, cancer?
- Q4:** What information does your third party tool provide on a consumer's pre-existing medical condition? Please list/ provide examples.
- Q5:** What rating factors do you apply to consumers who have, or have had, cancer?
- Q6:** Please describe how your systems and practices relating to the pricing of travel insurance (or decision not to offer it) to persons affected by cancer comply with your obligations under the Equality Act (2010).
- Q7:** Have you identified any barriers in providing information to consumers about their policy and are any of these barriers caused by regulation?
- Q8:** Have you identified any issues with consumers who have, or have had, cancer understanding exclusions applied to their policy? If yes, please describe them.
- Q9:** Does more need to be done to help consumers who have, or have had, cancer understand exclusions? If yes, please describe how this could be done?



## 4 The consumer journey

### A taxonomy of issues

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- 4.1** Consumer organisations have long flagged the issues consumers face in gaining affordable access to insurance. Patients in every socio-demographic group can be vulnerable to experiencing financial difficulties as a result of a cancer diagnosis<sup>16</sup>. Macmillan's research<sup>17</sup> shows that four in five people are affected and find themselves, on average, £570 per month worse off.
- 4.2** Macmillan's report, No Small Change<sup>18</sup>, provides an insight into the severity of the financial impact of cancer, including the importance of accessing travel insurance. Macmillan describes the process of shopping for travel insurance after a cancer diagnosis as confusing and distressing, with some consumers setting aside a few days to search for cover or asking someone else to do it on their behalf because it is such an exhausting process.
- 4.3** During the course of our work and engagement with consumer organisations, we have heard about consumers with risk factors that are harder to assess who have found that they are refused cover or quoted what consumers view as prohibitively high premiums when they search on comparison websites because their circumstances are outside the parameters of the automated algorithm.
- 4.4** We heard about the difficulties that one consumer had faced from Macmillan. This consumer had been diagnosed with advanced breast cancer, but on being declared fit to travel she was looking to find cover for her trip to Dubai. Despite being a nurse and therefore knowledgeable about the medical terminology used in the screening processes, she still found searching for cover difficult and time consuming. After this difficult and distressing search, the cheapest quote she was offered was £2800. She was considering travelling without cover until a friend recommended a specialist who offered cover at £800<sup>19</sup>.
- 4.5** The difficulties of accessing insurance are not just limited to high or low premiums. Sometimes it may be that the risk of insuring a consumer is such that the premium quoted will be something that the consumer considers high, but in relation to the particular risk, it might be reasonable. Barriers can also arise when consumers do not know how to access providers who can offer them the right cover for their needs. How consumers access the market, whether through the mass market or a specialist route, can result in vast differences in quotes provided.

16 National Cancer Registry Ireland - The financial impact of a cancer diagnosis (2010)  
<http://www.ncr.ie/sites/ncr/files/pubs/FinancialImpactofaCancerDiagnosis%28FullReport%29.pdf>

17 Macmillan- Cancer's Hidden Price Tag (2013)  
[http://www.macmillan.org.uk/\\_images/Cancers-Hidden-Price-Tag-report-England\\_tcm9-270862.pdf](http://www.macmillan.org.uk/_images/Cancers-Hidden-Price-Tag-report-England_tcm9-270862.pdf)

18 Macmillan- No small change: time to act on the financial impact of cancer (2012)  
<http://www.macmillan.org.uk/documents/policy/money-and-cancer-policy-report.pdf>

19 Case study provided by Macmillan, April 2017.

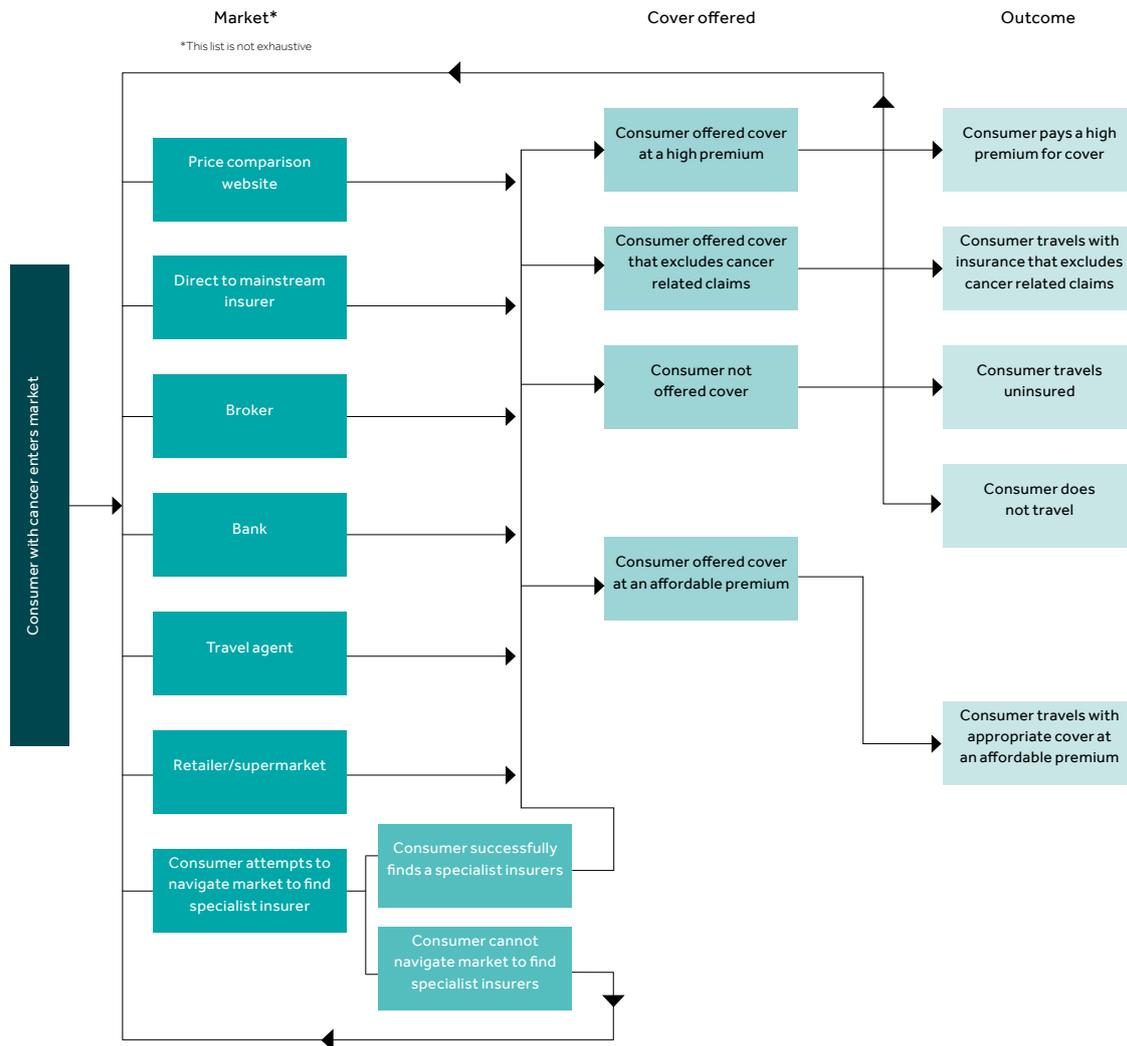
- 4.6** Another consumer we heard about from Macmillan had particular trouble in accessing the market because he didn't have access to the internet. He had to phone a number of providers that he found in a newspaper. Because of this, he was only able to access a small section of the market and he struggled to find what he deemed an affordable quote and as a result cancelled his holiday<sup>20</sup>.
- 4.7** Successfully navigating the market will often require understanding of how the financial services market works and personal resilience. The consumer journey varies significantly depending on the type and severity of their cancer. Consumers with cancers that have multiple morbidities<sup>21</sup>, for example, will experience more challenging journeys.
- 4.8** Key issues for consumers include:
- **Difficulty navigating the market.** Some consumers living with cancer describe shopping for travel insurance after a cancer diagnosis as difficult and exhausting. Specialist providers tend to be less well known and often do not appear on mainstream price comparison websites. This means that consumers will have to show significant capability and resilience to find them.
  - **Cost of insurance.** Consumers often feel that they are quoted high premiums by mainstream providers or via mainstream price comparison websites. In some cases, the quotations that consumers are given have exceeded the cost of their trip. They later find that the same level of cover may be available through specialist providers at a fraction of the cost.
  - **Transparency of pricing.** A perceived lack of transparency from the industry about how premiums are calculated makes it difficult for consumers to understand whether a quote they are given is accurate and provides them with adequate cover. Without some explanation of how insurance firms assess risk, consumers are asked to trust that pricing is fair and their claims will be met.
  - **Being declined cover.** Some consumers simply give up and travel uninsured, or make the difficult decision not to travel at all, while others take out policies which exclude cancer-related claims.

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20 Case study provided by Macmillan, April 2017

21 'Multiple morbidities' is a term which means co-occurring diseases.

**Figure 1. The consumer journey**



**4.9** The wider insurance sector provides an example of how firms may look to consumer groups to provide solutions. The British Insurance Brokers Association (BIBA) has called for consumer organisations to contribute to 'total signposting' so that consumers turned down by one firm are directed to others or to brokers.

**4.10** In some cases, consumer bodies themselves become providers or intermediaries for products that are adapted to the needs of particular consumer groups. However, these approaches are not without problems. Macmillan explains that it no longer signposts people who have, or have had, cancer to travel insurers or brokers because 'feedback on companies varied substantially' and they 'received many queries and complaints... about pricing, issues with getting cover and the level of customer service'<sup>22</sup>.

22 Macmillan – Getting travel insurance (2014) <https://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC4056GettingtravelinsuranceE820142912.pdf>

## Feedback request

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- Q10:** What do you believe are the main barriers for consumers trying to access the travel insurance market?
- Q11:** Have you identified any additional barriers for consumers who have, or have had, cancer trying to access the travel insurance market?
- Q12:** Please provide details of what your understanding is of the role consumer organisations/charities play when consumers who have, or have had, cancer are accessing the travel insurance market.
- Q13:** Are you a member of any signposting services, for example, the BIBA 'find a broker' service? If yes, have you identified any advantages or drawbacks with these schemes? Please describe them.
- Q14:** What percentage of your customers declare a pre-existing medical condition? And of these pre-existing medical conditions, how many are related to cancer? If you cannot provide this information, please explain the barriers you experience.



## 5 Innovation

- 5.1** In our 2017/18 Business Plan<sup>23</sup> we set out innovation as one of our cross-sector priorities. We outlined our intention to support technological innovation more widely to deliver consumer benefits.
- 5.2** In line with this, we view this Call for Input as an opportunity to invite feedback from our stakeholders about how the FCA can support innovation to improve access to financial services more generally, and in particular improve the ability of consumers with cancer to find suitable travel insurance.
- 5.3** In addition to the work of the FCA's Innovation Hub, we held an InsurTech event in March 2017<sup>24</sup> to discuss and learn about developments in the InsurTech market. As part of this event, we held a panel session on Access to Insurance, bringing together industry and innovators for a discussion focusing on consumers with pre-existing medical conditions.
- 5.4** The consumer challenges raised at the InsurTech event in relation to travel insurance mirrored those raised in our previous work on vulnerable consumers. We have highlighted access issues within the insurance industry previously. We have also encouraged insurance firms to consider their treatment of vulnerable consumers and measures they could take to improve the journey of these consumers when engaging with specific products or services, such as motor or household insurance.
- 5.5** The discussion at InsurTech highlighted several examples of how firms are innovating in the interests of consumers. Some specialist providers are developing alternative medical screening approaches that focus on more serious or complex conditions and some are making significant changes in product design based on consumer feedback.
- 5.6** However, it was evident that while there are innovative practices occurring in the market, there are also complex barriers that can prevent these innovations from being adopted in a more mainstream way.

### Examples of good practice

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- 5.7** There are some promising initiatives such as better signposting of specialist insurance brokers and providers, and these could possibly be extended to benefit more consumers.

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23 [www.fca.org.uk/publication/business-plans/business-plan-2017-18.pdf](http://www.fca.org.uk/publication/business-plans/business-plan-2017-18.pdf)  
24 [www.fca.org.uk/firms/project-innovate-innovation-hub/events](http://www.fca.org.uk/firms/project-innovate-innovation-hub/events)

- 5.8** In January 2016, the Association of British Insurers (ABI) and BIBA published a voluntary 'Code of Good Practice' for motor and household insurers and brokers to follow when in contact with vulnerable consumers at the point of renewal<sup>25</sup>. It recognised that vulnerability can lead to challenges for consumers in understanding products and navigating the market. In their follow up report in March 2017<sup>26</sup> they suggested that progress had been made since publishing the code and they outlined examples of good practice. Initiatives like this are an example of industry collaboration that can produce better outcomes, but we expect more to be done.
- 5.9** Other industries have been known to innovate and develop tools to better equip them to appropriately categorise medical conditions and assess products on a more individualised basis. For example, in the pensions and retirement income sector, industry participants developed the Common Quotation Form<sup>27</sup>. This industry standard medical questionnaire has helped firms to produce individual personalised underwriting for annuities, based on consumers' health and circumstances.
- 5.10** Bought By Many, a free members-only service, helps consumers find insurance. They aim to take a more consumer-led approach to product design in order to solve these issues. For their recently launched pet insurance product they gathered over 40,000 comments and millions of lines of online search data to identify gaps in cover and understand consumer frustrations. They used data to address issues through innovative product design. They plan to use the same approach to design an innovative travel insurance product for people with medical conditions.
- 5.11** The travel insurance provider, Travel Insurance Facilities Group, provide a tailored medical screening tool that takes into account individual circumstances. They also offer one-to-one screening with a medical underwriter providing advice on specific travel destinations and medical care available in those destinations. Their risk assessment looks at consumers' lifestyles, day-to-day activities and associated conditions to appropriately target premiums.
- 5.12** Building on this work, we are keen to understand the key challenges. We would also like to explore where opportunities may lie to create a more user friendly and protective financial services environment that enables products to adapt to meet the needs of a changing population, giving people access to financial products and services that meet their changing needs.

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25 ABI and BIBA Code of Good Practice regarding support for potentially vulnerable motor and household customers at renewal (2016) <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/vulnerable-customers/abi-biba-code-good-practice-support-potentially-vulnerable-motor-household-customers-renewal.pdf>

26 Review of the ABI and BIBA Code of Good Practice regarding support for potentially vulnerable motor and household customers at renewal. <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2017/new-abi-document.pdf>

27 <http://www.annuities-online.com/wp-content/uploads/2013/01/Common-Quotation-Request-Form.pdf>



## Feedback request

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- Q15:** Do you have any practical examples of innovative (not limited to technical) practices that achieve better outcomes for consumers accessing the insurance market?
- Q16:** Do you have any practical examples of innovative (not limited to technical) practices that achieve better outcomes for consumers who have, or have had, cancer accessing the insurance market?
- Q17:** What do you see as the barriers to innovation, particularly in improving access to insurance for those consumers who have, or have had, cancer?
- Q18:** Do any regulatory barriers exist that prevent firms developing their offerings for consumers who have, or have had, cancer?
- Q19:** What more can be done by the FCA to better support innovation in the insurance industry?

## 6 Next steps

- 6.1** This Call for Input represents the first stage in our broader engagement with stakeholders to improve our understanding of the issues facing vulnerable consumers accessing different financial markets. While this paper focuses on travel insurance for people who have, or have had, cancer, the findings will broadly apply to other pre-existing medical conditions, and also to other protection products.
- 6.2** As a part of this, we may also meet (or hold telephone calls) with stakeholders to discuss the questions included in this Call for Input and on the topic of access to insurance more broadly. This will inform any future work. If you are interested in meeting with us please write to the address given on page 2 or email [accesstoinsurancecfi@fca.org.uk](mailto:accesstoinsurancecfi@fca.org.uk).
- 6.3** In late 2017 we expect to publish a Feedback Statement with our findings from this Call for Input and set out our next steps in light of the responses.



# Annex 1

## Overview of feedback questions

- Q1:** Do you use any third party tools (e.g. medical screening tools), or external data sources? If so, please list each and describe how you use them.
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- Q5:** What rating factors do you apply to consumers who have, or have had, cancer?
- Q6:** Please describe how your systems and practices relating to the pricing of travel insurance (or decision not to offer it) to persons affected by cancer comply with your obligations under the Equality Act (2010).
- Q7:** Have you identified any barriers in providing information to consumers about their policy and are any of these barriers caused by regulation?
- Q8:** Have you identified any issues with consumers who have, or have had, cancer understanding exclusions applied to their policy? If yes, please describe them.
- Q9:** Does more need to be done to help consumers who have, or have had, cancer understand exclusions? If yes, please explain how this could be done.
- Q10:** What do you believe are the main barriers for consumers trying to access the travel insurance market?
- Q11:** Have you identified any additional barriers for consumers who have, or have had, cancer trying to access the travel insurance market?
- Q12:** Please provide details of what your understanding is of the role consumer organisations/charities play when consumers who have, or have had, cancer are accessing the travel insurance market.

- Q13:** Are you a member of any signposting services, for example, the BIBA 'find a broker' service? If yes, have you identified any advantages or drawbacks with these schemes? Please describe them.
- Q14:** What percentage of your customers declare a pre-existing medical condition? And of these pre-existing medical conditions, how many are related to cancer? If you cannot provide this information, please explain the barriers you experience.
- Q15:** Do you have any practical examples of innovative (not limited to technical) practices that achieve better outcomes for consumers accessing the insurance market?
- Q16:** Do you have any practical examples of innovative (not limited to technical) practices that achieve better outcomes for consumers who have, or have had, cancer accessing the insurance market?
- Q17:** What do you see as the barriers to innovation, particularly in improving access to insurance for those consumers who have, or have had, cancer?
- Q18:** Do any regulatory barriers exist that prevent firms developing their offerings for consumers who have, or have had, cancer?
- Q19:** What more can be done by the FCA to better support innovation in the insurance industry?



## Annex 2

### Abbreviations used in this paper

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<b>ABI</b>	Association of British Insurers
<b>BIBA</b>	British Insurance Brokers Association
<b>OP</b>	Occasional Paper

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We have carried out this work in the context of the existing UK and EU regulatory framework. The Government has made clear that it will continue to implement and apply EU law until the UK has left the EU. We will keep it under review to assess whether any amendments may be required in the event of changes in the UK regulatory framework in the future.

Despite this, we may be asked to disclose a confidential response under the Freedom of Information Act 2000. We may consult you if we receive such a request. Any decision we make not to disclose the response is reviewable by the Information Commissioner and the Information Rights Tribunal

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