

### How to choose the right life cover

Because a potential policyholder has lived, made decisions and done things, all of which has changed their risk profile, by the time they consult a financial planner to apply for a life cover policy they have a certain risk profile and certain risk factors and thus have inadvertently already chosen a certain kind of life cover.

Because of this risk profile and risk factors it is only possible for the potential policyholder to choose the most suited life cover at that time. Life cover can therefore be considered as a process that lasts as long as the policyholder makes decisions and lives because those decisions will change their risk profile and mitigate or exacerbate risk factors in their life.

These risk factors include the extent of debt they have, the other expenses in their life, their family circumstances, their family history of illnesses, risk factors related to their employment or job (like working night shift) and past and present behaviour patterns.

The health risk factors could include uncontrolled high blood pressure, high cholesterol, blood clotting problems and an abnormal heart rhythm that pose a higher risk for strokes, as does anything that causes a narrowing, stiffening and weakening of blood vessels. Uncontrolled high blood pressure is the greatest risk factor for strokes. The risk of a stroke could be managed by following a healthy diet, exercising regularly, limiting the intake of alcohol, maintaining a healthy weight, not smoking or vaping and managing anxiety and stress well. Any activity that would stop blockages of the arteries in and supplying the brain with blood (which is what a stroke is) would lessen the risk of a stroke. As would any and all activities keeping the network of blood vessels healthy.

Genetic factors, age, family history and gender could all also pose a health risk and the potential policyholder cannot change this.

The absence of a family history of, for example, cancer does not mean that there is no risk that the policyholder will get cancer.

Disturbed sleep patterns, which would occur if the policyholder is a night shift worker, also pose a greater risk factor for cancer.

The symptoms of heart attacks in women are also increasingly being reported as being different from the symptoms in men because the cardiovascular systems of women respond differently to that of men to stress, hormones, too much saturated fats and toxins like tobacco. Very often the symptoms of heart attacks in women are misdiagnosed as depression or digestive problems and they are not brought to a casualty department of a hospital or treated with anticoagulant medicine in a timely manner.

Repeated negative thoughts could lead to a greater discharge of dangerous proteins (specifically the beta-amyloid and tau proteins) in the brain and increase the risk for dementia and Alzheimer's disease (a specific type of dementia that comprises 60% of documented dementia cases) in the potential policyholder.

Noise pollution is a contributing factor to most cardiovascular illnesses, according to the European Society of Cardiology.

Women who drank heavily (four or more units of alcohol more than once a month) or binge drank for a time when they were 16 years old could have a higher risk of developing type 2 diabetes once they're older because of a sustained increased concentration of glucose in the blood caused by the binge drinking.

Thus, even behavior that a potential policyholder no longer exhibits can affect their health risk factors and would influence the calculations that actuaries and other insurance professionals make when calculating the premiums a policyholder is set to pay.