



## **HFANZ Policy on Genetic Testing**

1. A genetic test is defined as “the analysis of genetic material such as DNA, RNA, genes, and chromosomes, for the purpose of determining individual or familial predisposition to a particular disease or group of diseases”.
2. Health insurers will not ask applicants to undergo genetic tests.
3. Health insurers may request that the results of existing genetic tests are made available at the time of application.
4. Health insurers will not use genetic tests as the basis of preferred risk underwriting, (ie offering individuals insurance at lower than standard premium rates.)
5. Health insurers will not use genetic test information obtained from one person to assess another person’s risk. For example, the genetic test information obtained from a mother should not be used to assess an insurance application on her son, even though the information may provide some indication of the risk.
6. Health insurers, when assessing the overall risk, may take into account the benefits of any special medical surveillance that may be beneficial, early medical treatment, and the likelihood of successful medical treatment.
7. Genetic test results will only be available to the insurer’s risk assessors. The results will only be given to other parties with the written authorisation of the insured or in the normal course of discovery during legal proceedings.