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THE ADVISER VOICE

What The Protection Industry Needs to Hear....

Research findings from a cross section of protection advisers regarding service, underwriting, technology and the future of income protection advice.

IPTF I 2026

Foreword

The Income Protection Task Force (IPTF) exists to close the protection gap and advisers are central to that ambition. Without confident, well-supported advisers, Income Protection remains undersold, undervalued, and misunderstood.

This report captures the direct, unfiltered views of 15 practising protection advisers from different backgrounds. We asked them 6 key questions spanning service delivery, underwriting, provider behaviour, industry challenges, AI, and what single change would make the biggest difference. This report will be shared with the FCA as part of the IPTF response to the Pure Protection Review Study.

What emerges is a consistent, clear picture: advisers want predictability, responsiveness, and genuine partnership from providers. They are not asking for the impossible. They are asking to be treated as professionals whose time, expertise and client relationships deserve respect.

The findings in this report are directly relevant to providers, reinsurers, technology platforms, and industry bodies alike. We hope they serve as a practical call to action.

At a Glance

15
Advisers Surveyed
practising protection specialists

#1
Top Priority
underwriting quality & speed

73%
AI Adoption
already using AI in their practice

Five themes emerged with striking consistency across all respondents:

- BDM quality and accessibility is a decisive differentiator
- Underwriting predictability matters more than product features
- Generic and glossy marketing is unwelcome
- AI is being embraced, but advisers want providers to lead on AI-assisted underwriting
- Service failures, particularly slow turnarounds, are eroding trust

Section 1: What Advisers Value Most

Asked what a provider can offer that matters most, advisers seemed to agree on three key themes: accessible human support, predictable underwriting, and frictionless systems. The order of priority varied by individual, but all three appeared in nearly every response.

1.1 Human Support: The BDM as Business Partner

The quality of Business Development Manager (BDM) support was cited more frequently than any other single factor. Advisers are not simply looking for a friendly contact, they want a BDM who takes ownership, has the knowledge to answer technical questions, and will advocate on their behalf for complex cases. This can be a field or phone BDM

> *"Support - a point of contact to ask quick product-specific questions and someone to help with difficult cases. Some BDMs are happy to take ownership to support you; some will just forward your email and wash their hands of it."*

> *"Excellent BDM support. All the providers have systems and procedures for the run of the mill cases, but where something goes wrong or we need something rationally looked at rather than a 'computer says no' approach, it's really important we have a BDM in our corner."*

The message is unambiguous: BDMs who act as genuine partners win business. Those who act as message-relayers do not.

1.2 Underwriting: Clarity Before Commitment

Pre-sale underwriting tools enable advisers to identify likely outcomes before formally placing a case. These tools were described as essential rather than desirable.

> *"Pre-underwriting tools are the most important thing to me. When making recommendations, knowing the likely outcome is really important."*

Beyond tools, advisers want consistency. The same medical history should not produce materially different outcomes on different occasions or from different underwriters at the same provider. Predictability enables advisers to set realistic client expectations and that, in turn, builds the client's trust in the recommendation.

> *"What is important to me is - clear, consistent, and practical underwriting decisions that align with real-world client scenarios. Not generic guidance, not vague 'refer' messages. Transparent rules, predictable outcomes, and upfront clarity on mental health, musculoskeletal issues, dual occupations, and financial evidence."*

1.3 Speed: Time is a Competitive Weapon

Underwriting turnaround times were raised by the majority of respondents, with several calling for providers to publish their expected application turnaround times as mortgage lenders already do. One adviser noted that a 15-working-day assessment period, if published clearly, would allow advisers to plan; without that transparency, they simply chase in the dark.

> *"Publish their timescales on their adviser pages. Mortgage lenders do; insurance providers could."*

Advisers who cannot set client expectations will disengage from providers who cannot deliver. Quicker, clearer turnarounds are not just a service improvement, they are a retention strategy.

Section 2: What Advisers Don't Need

Asked what providers currently do that doesn't add value, advisers were very honest. Several themes emerged around noise, complexity, and misplaced investment.

2.1 Claims Statistics That Miss the Point

Detailed claims statistics, particularly those focus on payout percentages to the decimal point were described as disconnected from the adviser-client conversation. Advisers do not use the difference between a 96.2% and a 96.8% claims rate to make a recommendation. Clients are unmoved by abstract figures.

> *"It makes no difference to them or me if it's a 96.2% or 96.8% claims rate. More effort should be put into paying more claims more quickly."*

Advisers want human-level storytelling: real families, real outcomes, tangible impact. They don't want claims statistics formatted for a competition between providers that just serve providers, not advisers and certainly not clients.

2.2 Glossy Campaigns Without Operational Follow-Through

Marketing investment was welcomed in principle, but only when matched by investment in systems, people and processes. Multiple advisers expressed frustration at providers spending on visible 'glossy' marketing while leaving service, portals and BDM resource underinvested.

> *"Overly glossy marketing campaigns that don't translate into real-world adviser support. Product features that sound clever but add no practical value. Endless webinars that repeat the same content without offering new insight."*

2.3 Unsolicited Calls and Email Overload

Reactive outreach being called after every case submission, or receiving high volumes of generic email communications was specifically flagged as unwelcome. Advisers prefer to reach out when they need support, rather than managing unsolicited contact.

> *"I don't like random calls asking if they can support me. I understand why it's done but I prefer just reaching out when needed."*

> *"Too many generic 'overly produced' emails - unfortunately, it's just too much."*

2.4 Telephone Medical Interviews

Telephone medical interviews were singled out as a friction point that damages client momentum. Clients often fail to complete them, either because they are too busy or simply do not answer, leaving cases stalled.

> *"Telephone medical interviews need to go. Find them a waste of time and the client rarely gets them completed."*

Section 3: Beyond Product and Price - The Real Differentiators

When product and price are stripped away, what makes advisers choose one provider over another? The answer: trust, ease, and reputation.

3.1 The Underwriting Experience

Speed, clarity and fairness in underwriting were the most-cited differentiators. Advisers are building informal mental models of each provider based on how underwriting cases have been handled in the past. Providers who have built a reputation for pragmatic, timely decisions attract more cases.

> *"Ease of doing business with a provider based on prior experience and underwriting expectations is more important that product and price"*

3.2 Claims Handling Reputation

Actual claims experience, rather than statistics matters enormously. Advisers who have seen a provider handle a claim well will remember it and recommend the provider again.

> *"Claims stats, customer service is THE most important thing"*

3.3 Value Added Services (VAS)

Where Value Added Services are genuinely valued by clients and clearly communicated, they are a meaningful differentiator. However, advisers were clear that Value Added Services needs to be substantive and services clients will actually use rather than a checklist of additions.

> *"Strong Value Added Services that clients value and will use. Good technology and digital processes."*

> *"Being able to highlight key product features and differentiators can help demonstrate to clients the value of advice. Uniformity of presentation would help."*

3.4 Fracture Cover and Practical Add-ons

Specific product features with clear, practical utility were cited as genuine sales. Fracture cover as standard on Income Protection was explicitly mentioned as a business-winner.

> *"Additional situations covered that may be useful for the client - for example, fracture cover included as standard on IP wins a lot of business."*

Section 4: The Biggest Challenges Advisers Face Today

Advisers were asked to identify the most significant issues they face in today's market. The responses show that they face pressure from multiple directions simultaneously.

4.1 Underwriting as the Central Friction Point

Underwriting - specifically its inconsistency, inflexibility and slowness was the most widely cited challenge. Mental health decisions were flagged as particularly inconsistent, with advisers noting that clients who have proactively sought help are often penalised more heavily than those who have not engaged with the healthcare system at all.

> *"Clients deemed completely uninsurable through mainstream products due to well managed or historic conditions. The EU has a 10-year 'ignore' rule for cancer. We've lost our outliers through fear of anti-selection."*

> *"The biggest friction point in IP: mental health underwriting inconsistency."*

GP report delays were specifically identified as a pressure point that damages client momentum and results in cases lapsing. Several advisers noted that outstanding medical referrals, particularly for ADHD assessments given NHS waiting times are causing cases to stall or be declined.

4.2 Affordability in a High-Cost Environment

The cost-of-living squeeze is making the protection conversation harder. Advisers working with remortgaging clients face the challenge of asking for additional monthly outgoings at precisely the moment those clients are experiencing payment shock.

> *"It's always a harder conversation asking for even more money per month when their mortgage has just increased £100–200 per month."*

4.3 Client Attitudes and Engagement

Younger clients expect digital speed. Delays in the underwriting process are resulting in drop-off, with clients going online to purchase cover directly, often without understanding the limitations of what they are buying.

> *"Any delays in the application and underwriting process are likely to result in the client walking away and getting cover themselves online."*

Workplace benefit assumptions are a separate but related challenge. Clients who believe their employer's group income protection is sufficient are resistant to taking out additional cover.

4.4 Regulatory Burden

Consumer Duty and associated compliance requirements were cited as an increasing source of administrative pressure. Advisers feel that the burden of documentation and evidence is taking out time for actual advice delivery.

> *"Wearing multiple hats - compliance, administration, marketing. As over-regulation continues to grow, it feels harder to do what is best for the client."*

Section 5: AI - Adoption, Attitudes and Expectations

Of the advisers surveyed, the majority are already using AI in some capacity. Adoption is primarily focused on administrative tasks and communications, but expectations for AI's role in underwriting and client education are growing.

5.1 Current Use Cases

The most common current applications are summarising meeting notes and calls, drafting and editing client communications, compliance documentation support, and marketing content creation.

> *"I use it for my outreach, involve it in my research and compliance notes, and also use it as a training tool after client interactions."*

> *"AI helps with administrative tasks and speeding up repetitive processes."*

5.2 Where Advisers Want Providers to Lead

Advisers expect AI to become integrated into provider platforms, particularly for underwriting guidance and claims triage. The vision most frequently articulated is a system that can review a client's medical history and indicate likely underwriting outcomes across multiple providers simultaneously.

> *"A streamlined system where you just mention what's wrong with the client and it checks against provider criteria"*

> *"All providers contribute to a central database with all their underwriting decisions. We could then input an application onto this database and see the likely underwriting outcomes."*

5.3 Caution and Balance

Not all advisers are enthusiastic adopters. A minority expressed a preference for human interaction and scepticism about AI's limitations in complex, nuanced scenarios. One adviser noted the concern that clients may increasingly use AI to second-guess professional advice.

> *"AI is over my head, but I can see how it could benefit advisers, but also potential clients thinking they don't need advice and can do this on their own."*

The consensus view is summarised succinctly: advisers who use AI will outperform those who do not, but they believe AI will not replace the adviser relationship.

> *"AI won't replace advisers, but advisers who use AI will outperform those who don't."*

Section 6: The Single Change That Would Matter Most

Asked for the one thing all providers could start doing to support them, advisers named a range of specific improvements.

6.1 Underwriting Transparency and Consistency

The strongest cluster of responses called for clearer, faster, more consistent underwriting, with particular emphasis on mental health, NHS waiting list scenarios, and variable income. Multiple advisers expressed the view that providers should offer cover with appropriate exclusions rather than declining cases outright.

> *"Better acceptance of mental health. People choosing to go to counselling voluntarily, or having had low-level mental health conditions, always results in an exclusion, even with no time off work. That needs to change."*

> *"Being more pragmatic about offering cover for someone on a waiting list for minor conditions. Even just offer terms with an exclusion. People are buying insurance because they're worried about cancer - a 10-year ADHD waiting list should not mean they can't get that cover."*

6.2 Technology and Process Modernisation

Several advisers focused on specific process improvements: universal adoption of digital signature tools (DocuSign was cited several times), broader integration with comparison

platforms, and the ability for clients to complete application questions via a secure link sent by the adviser without requiring the adviser to be present for data entry.

> *"Allowing clients to fill out applications in their own time. Either acknowledging software like HealthHub or providing a service that allows the client to fill out the application questions via a link from the adviser.*

> *"Use DocuSign for TOA letters and trust forms"*

6.3 A Shared Underwriting Database

One of the most distinctive ideas to emerge from the research was a proposal for a shared, cross-provider underwriting database allowing advisers to enter a client profile and receive indicative outcomes from multiple providers simultaneously. This would reduce duplication, improve transparency, and put competitive pressure on underwriting quality.

> *"I believe this would push for better underwriting decisions when there are direct comparisons. It also just saves time, rather than going to each individual provider, or as a lot of advisers do, just apply and see and then try another. This must add a lot of cost and resource to providers"*

6.4 Product Gaps Worth Noting

Two specific product gaps were flagged: the near absence of Executive Income Protection (only two providers named), and the lack of deferred period options. Online trust arrangements were also raised as a missing standard, with one adviser stating they will not work with providers who still require paper trusts.

> *"Executive Income Protection - only two providers in the market currently do this product. Also, online trusts."*

> *"Why are there not flexible deferred periods? Surely we can match customer needs – some will need 7 days deferred, others will need 730 days and others will need every number in between"*

Recommendations for Providers

The IPTF draws the following 7 practical recommendations from this research which reflect specific, actionable requests made directly by practising advisers.

1. Invest in BDM quality and accountability

BDMs should be empowered to take ownership of complex cases, not simply relay messages.

2. Publish underwriting timescales

Follow the mortgage market example. Publish expected timescales for standard and referred cases on adviser-facing pages. Update them when they change.

3. Modernise pre-sale underwriting tools

Invest in digital pre-sale underwriting tools that give indicative outcomes before formal application. Make the output portable and shareable with clients.

4. Recalibrate mental health underwriting

Review the treatment of clients who have proactively sought mental health support. Exclusions should be proportionate to risk; routine counselling should not be treated the same as severe, long-term conditions.

5. Adopt digital process standards

Commit to digital trust applications and electronic signatures as standard. Remove paper from the process wherever possible.

6. Offer cover with exclusions rather than declining

For clients on NHS waiting lists for non-life-limiting conditions, consider terms with a specific exclusion rather than an outright decline. Advisers and clients will accept proportionate exclusions.

7. Redesign claims communications for clients, not competitors

Replace headline percentage statistics with human stories. Real-life outcomes resonate; abstract figures do not.

About the Income Protection Task Force

The Income Protection Task Force (IPTF) is a not-for-profit industry body established in 2005 to raise awareness and increase sales of Income Protection insurance. Our membership includes insurers, reinsurers, adviser firms, networks and technology providers.

We work across the industry to develop tools, research, and education that support advisers and consumers alike. Our annual campaign, Income Protection Awareness Week (IPAW), is one of the most significant awareness-raising initiatives in the UK protection market.