JOURNAL OF INSURANCE MEDICINE: INSTRUCTIONS TO AUTHORS

The *Journal of Insurance Medicine* (JIM) is a peer-reviewed journal published under the auspices of the American Academy of Insurance Medicine (AAIM). Its goal is the scientific study of the morbidity and mortality of conditions and diseases and accepts articles on health and medicine that may aid the disability and life industry in offering policies despite pre-existing conditions or illnesses. JIM is an open-access journal with no fees for editing, peer-review, or publication. Abstracts are indexed in *MEDLINE*/PubMed, the principal online bibliographic citation database of the *National Institutes of Health/National Library of Medicine's MEDLAR's* system.

Queries about potential submissions may be directed to:

- Rodney C Richie, MD, FACP, FCCP, DBIM
- Editor-in-Chief, *Journal of Insurance Medicine*
- Email: *journal.ins.med@gmail.com*

The Journal may be accessed on any web browser by typing 'Journal of Insurance Medicine KGL'. The front page of the Journal offers the tab '**Submit an article**' and on the following page, click on '**Register Now**' to be assigned a username and a link to enter your own password for the system. Once that is done, authors then return to the page (after 'submit an article') and click on the '**Author login**'. The system will they take the author through a list of questions about the nature of the article culminating in submission of the author's MS Word document (and figures and/or graphs separately). The system then changes the Word document to a PDF document: it is important to wait for this to occur (it may take many minutes) and then carefully read through and approve the generated PDF. The submission will then appear in ELSIEVERS PeerTrack system for further review, approval, and assignment of peer reviewers if necessary.

Submissions must be in Microsoft Word in a 12-point font such as Times Roman and follow the *American Medical Association Manual of Style and Citations* guidelines. Original electronic files for charts and graphs should be submitted when possible (e.g., Microsoft Excel). Copies of charts and graphs must be submitted in '.tif' electronic graphics file format at a resolution of 1200 dpi. The manuscript should be arranged as follows: 1) title page with author information, 2) abstract, 3) key words, 4) text, 5) acknowledgments (if applicable), 6) references (including DOI and PMID numbers if available), 7) figure captions, and 8) tables.

EXCLUSIVE SUBMISSION/ PUBLICATION POLICY

Manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data, results, and conclusions presented have not been previously published.

CONFLICT OF INTEREST

The Editors expect authors to disclose any commercial associations that might pose a conflict of interest in connection with the

submitted article. All sources of funding for the work should be acknowledged, as should all institutional affiliations of the authors (including corporate appointments).

Review Articles

The Editors will consider Review Articles, both invited and uninvited.

Graphics

The Editors will consider images (photographs, micrographs, charts, graphs, electrocardiograms, et cetera) that illustrate key concepts in the theory and practice of medicine. These images should be accompanied by a brief review (generally 500 words or less) explaining the image, and the medical concept that is being illustrated.

Case Reports

The Editors will consider case reports that use a succinct case synopsis to highlight an important topic in insurance medicine and/or illustrate an approach to underwriting or claims handling.

Editorials and Editorial Reviews

Succinct opinion pieces will be considered.

Letters to the Editor

A limited number of letters will be published. They should not exceed 500 words and should focus on a specific article appearing in a prior issue of the *Journal of Insurance Medicine*. Provide a brief title and sign the letter with name and institutional affiliation. The Editor will generally solicit replies.

FORMATTING THE TEXT

Title page is to include the title, author names (including full first name and middle initial), author degrees, and a short title of no more than 45 characters. The departments and institutions with which the authors are affiliated are listed and indicate the specific affiliations if the work is generated from more than one institution. Also provide information on grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds, and institutions involved in the work in the acknowledgments section.

Under the heading 'Address for Correspondence' give the full name and complete digital address (along with cell numbers) of the author to whom communications and printer's proofs should be sent.

Structured Abstract

A structured abstract of no more than 250 words presenting the essential data should be used. Use the following headings: **Objectives, Background, Methods, Results**, and **Conclusions**. Do not use abbreviations other than for units of measure. All data in the abstract must also appear in the manuscript text, tables, or figures. For general information on preparing structured abstracts, consult *AMA Manual of Style* and *Ann Intern Med*. 1990;113:69.

Key Words

Provide an alphabetized list of key words (usually no more than six) that can be used for indexing and electronic search. Terms that qualify as main headings in the National Library of Medicine's Medical Subject Headings (MeSH) system are preferred. Authors can search for main heading by using the MeSH browser, which can be accessed at: http://www.nlm.nih.gov/mesh/MBrowser.html.

Text

Define all abbreviations except standard SI units of measure. Consult the *AMA Manual of Style* for appropriate uses of units of measure and acceptable forms of abbreviations. Every reference, figure and table should be cited in the text numerically according to the order of mention.

Statistics

All manuscripts will be reviewed for appropriateness and accuracy of statistical methods and interpretation of results. Provide in 'Methods' a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any), and the level of significance used for hypothesis testing, including an explanation if nonstandard significance levels have been applied. When using more sophisticated statistical methods (beyond *t* test, chi-square test, or simple linear regression), specify the statistical package, version number, and nondefault options used.

References

Identify references in the text by superscripted numerals. The reference list should appear at the end of the electronic document. References should be endnotes and should not be created using MS Word's endnote utility. References must be numbered consecutively in the order in which they are mentioned in the text. If you wish to cite a particular page, do not create a new reference but instead indicate the page number parenthetically after the citation: Smith *et al*.[3(p12)] as per *AMA Manual of Style*. Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references—these may be cited in the text in parentheses (L.H. Smith, unpublished data, 2025). Do not cite abstracts older than 2 years. Identify abstracts by the notation [abstract] after its title.

Use *Index Medicus* (National Library of Medicine) abbreviations for journal titles. To format references, follow the styles illustrated in the *AMA Manual of Style*. For all references, list all authors if six or fewer; otherwise, list the first 3 and then *et al.* Do not use periods after the author's initials. Provide inclusive page numbers.

Periodical

1. Altrock PM, Ferlic J, Galla T, Tomasson MH, Michor F. Computational Model of Progression to Multiple Myeloma Identifies Optimum Screening Strategies. *JCO Clin Cancer Inform*. 2018;2:1–22. doi:10.1200/CCI.17.00131. PMID:30652561.

Chapter in a Book

2. Mehta AV, Caster A, Wolff GS. Supraventricular tachycardia. IN: Roberts ND, Gelband H, eds. *Cardiac Arrhythmias in the Neonate, Infant, and Child*. Norwalk, Conn: Appleton-Century-Crofts; 1983:105–146.

Book

3. Carithers RL. *Alcoholic Hepatitis and Cirrhosis in Liver and Biliary Diseases*. Baltimore, MD. Williams & Wilkins; 1992.

Figure Captions

Figure captions should be included on separate files from the text; figure numbers must correspond with the order they are mentioned in the text. All figures and tables should be called out in the text. All abbreviations used in the figure should be identified in a key that is part of the figure itself or identified in a figure caption. All symbols used, such as arrows and circles, must be explained in a key that is part of the figure, not part of the figure caption. If previously published figures are used, the author must acknowledge the source. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size after reduction is 8 points. Symbols should be of a similar size.

Tables

A table should be included as a separate file, with the table number and title centered above the table and explanatory notes below the table. Tables should be numbered in the order they are cited in the text. Follow the guidelines for structuring tables outlined in the *AMA Manual of Style,* section 2.13.