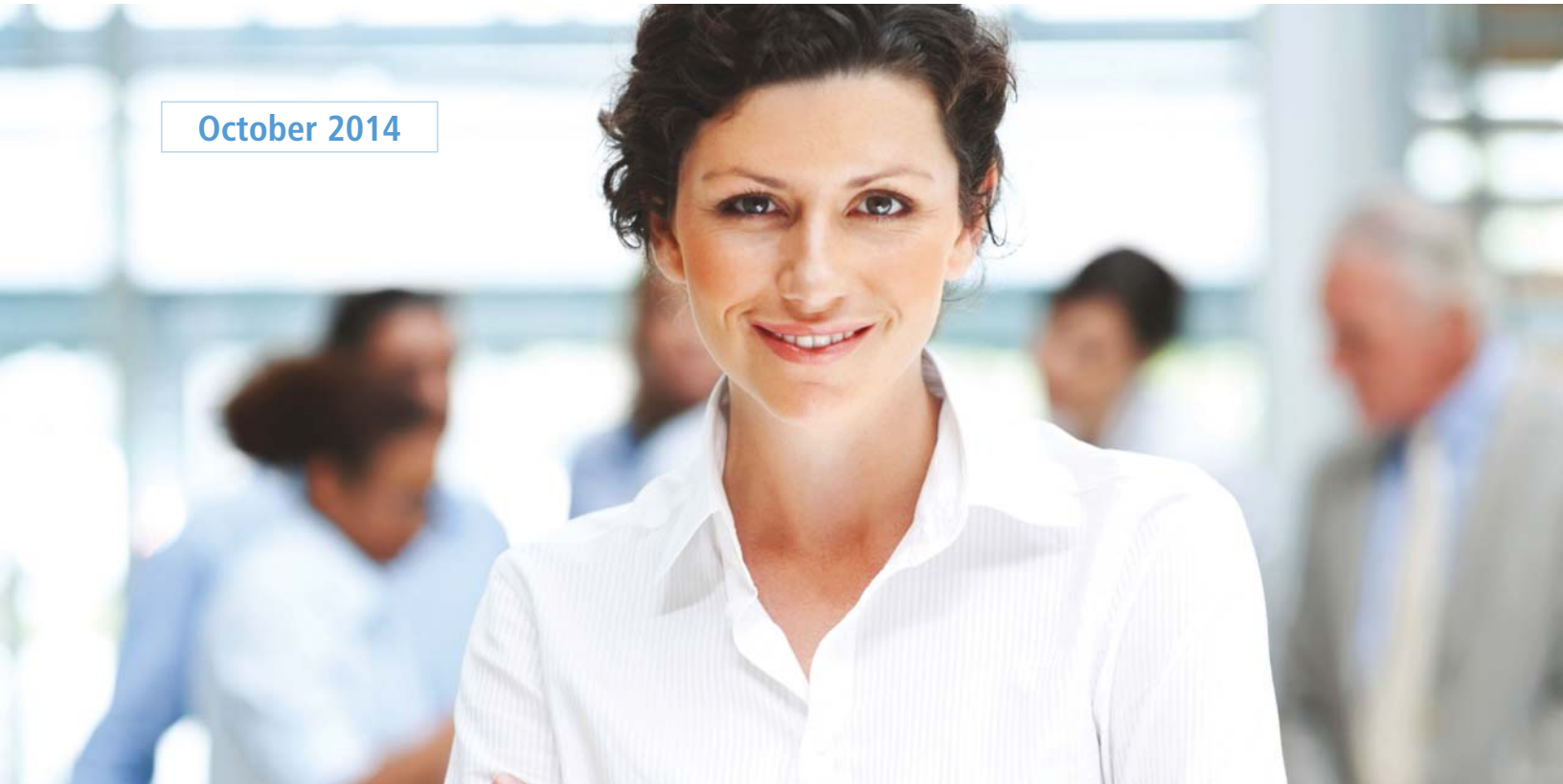


LIFE INSURANCE AND
CRITICAL ILLNESS

Field underwriting Guide for representatives

October 2014



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A practical, time-saving tool

When you fill out a life insurance application with your client, it's important to identify their profile. This guide enables you to summarily assess underwriting for various risks.

The guide features a brief description of illnesses or situations, a list of elements to consider and probable requirements, and it gives you an idea of the underwriting. This lets you advise your client of possible requirements and the potential application of an extra premium.

The information in the guide will also help you speed up the processing of your client's life insurance application. By referring to the guide, you'll know exactly what information the underwriter needs to study the file and you'll be able to provide it. The underwriter will have everything required to make the best possible decision.

Happy reading and good luck!

Note: The underwriting data in this guide are estimates of extra premiums that will be proposed to clients. As each situation is different, each file will be studied according to all available information. This guide is also subject to change without notice. You are therefore responsible for using the most recent version.



Aviation

In some cases an aviation exclusion may be offered instead of an extra premium. However, the exclusion is not available if flying for pay.

Private aviation

Flying for pleasure and/or personal business, private or commercial pilot's license, including helicopter pilots, student pilots, Canadian recreational pilot permit

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Number of solo hours › Average number of hours flown annually › Instrument Flight Rating (IFR) › Driving record › Any other risks, such as flights over mountainous terrain and medical impairments 	<p>"Aviation" section of Q1A questionnaire or "Aviation" section of paramedical exam or phone interview</p>	<p>Life</p> <p>Best case scenario</p> <ul style="list-style-type: none"> › Pilot age 27 or older who has more than 100 solo hours and flies fewer than 200 hours annually: Standard <p>Otherwise</p> <ul style="list-style-type: none"> › Standard to \$2.50 to \$5.00 per \$1,000/year <p>Student pilot</p> <ul style="list-style-type: none"> › Usually \$3.50 per \$1,000/year unless meets criteria for best case scenario above. <p>Canadian recreational permit</p> <ul style="list-style-type: none"> › \$2.50 to \$3.50 per \$1,000/year <p>Critical illness</p> <p>All cases, including student pilots</p> <ul style="list-style-type: none"> › Flying over mountainous terrain: +25% › Otherwise: Standard



Aviation-related sports

Ultralight air sports, hang-gliding, aerobatics, air racing, ballooning

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Type of sport/activity › Type of craft › Type of license › If craft is home or factory built › Craft motorized or not › Altitude 	<p>“Aviation” section of Q1A questionnaire or “Aviation” section of paramedical exam or phone interview</p> <p>and/or</p> <p>“Hazardous sports” section of Q1A questionnaire or “Hazardous sports” section of paramedical exam or phone interview</p>	<p>Life</p> <p>Standard to \$7.50 per \$1,000/year</p> <p>Exclusion may be used in some circumstances.</p> <p>Critical illness</p> <p>+25% to +50%</p> <p>Exclusion may be used in some circumstances.</p>

Flying for pay

Air ambulance, airline pilots, bush pilots, charter service, crop dusting, helicopter pilots, traffic helicopter, other paid aviation activities

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Nature of flying › Experience › ATR certification › IFR certification › Type and size of craft › Scheduled or unscheduled flights › Any other risks, such as flights over mountainous terrain and medical impairments 	<p>“Aviation” section of Q1A questionnaire or “Aviation” section of paramedical exam or phone interview</p>	<p>Life</p> <p>Airline pilots on regular flights</p> <ul style="list-style-type: none"> › Standard if at least one base in Canada or the U.S. Otherwise \$3.50 per \$1,000/year <p>Charters</p> <ul style="list-style-type: none"> › Standard if large (30+ passengers); otherwise \$2.50 to \$5.00 per \$1,000/year <p>Other piloting occupations</p> <ul style="list-style-type: none"> › Majority require extra premium of \$2.50 to \$7.50 per \$1,000/year <p>Critical illness</p> <p>Airline pilots on regular flights</p> <ul style="list-style-type: none"> › Standard if at least one base in Canada or the U.S. Otherwise +25% <p>Charters</p> <ul style="list-style-type: none"> › +25% <p>Other piloting occupations</p> <ul style="list-style-type: none"> › Standard to +50%

Asthma

Asthma is a respiratory disease characterized by three airway disorders: obstruction, inflammation and hyperreactivity.

It causes wheezing, coughing and shortness of breath.

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Restriction in daily activities › Nature and effectiveness of treatment › Medical adherence › Frequency of hospitalizations or ER visits › Daytime or nighttime symptoms › Tobacco use › Presence of another condition, such as coronary heart disease*, psychiatric illness, chronic obstructive pulmonary disease (COPD)* 	<p>Attending Physician’s Statement (APS) if:</p> <ul style="list-style-type: none"> › Amount requested > \$1,000,000 › Insured is < 2 years old › Insured is a smoker over 50 AND under daily medication › Insured was hospitalized in the past year › 1 ER visit in the past year <p>Otherwise:</p> <ul style="list-style-type: none"> › “Respiratory disorders” section of Q5A questionnaire or shortened “Respiratory disorders” phone interview if information available is incomplete or insufficient to establish severity 	<p>Life</p> <p>Best case scenario: Possibility of standard rate for non-smokers</p> <p>Otherwise: +50% to decline depending on severity and tobacco use</p> <p>Critical illness</p> <p>Light to moderate: Standard to +100% depending on severity and tobacco use</p> <p>Otherwise: Decline</p>

Cancer

The prognosis is highly variable depending on the type of cancer, the extent of invasion of the tumor into normal tissues (stage) and the degree of malignancy (grade).

Recovery is measured in years since the completion of all treatment (surgery, radiotherapy, chemotherapy, adjuvant chemotherapy or any other form of treatment).

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<p>For all cases</p> <ul style="list-style-type: none"> › Details on medical follow-up (dates and exams performed) › Pathology report and any result of any other exams performed during hospitalization › Attending Physician’s Statement (APS) providing follow-up › Results of all follow-up exams 	<p>For all cases</p> <ul style="list-style-type: none"> › Rating varies according to the type of cancer and time elapsed since recovery. Tumor must have been completely excised. › The waiting period before an offer can be made varies according to the type, stage and grade of the tumor. The maximum waiting period may extend from 1 to 5 years. › Temporary extra premium period decreases according to the time elapsed since recovery. › Metastatic tumors cannot be considered.

*See glossary on page 23.

Breast cancer

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<p>The Attending Physician's Statement (APS) should include a mammography performed within 6 months.</p>	<p>Life</p> <p>Carcinoma in situ: No offer in the first year after recovery</p> <p>Thereafter: \$7.50/per \$1,000/4 years; according to the type of treatment, a permanent extra premium of +50% may be added to the temporary extra premium</p> <p>Invasive carcinoma and sarcoma: No offer during the first 2 years after recovery</p> <p>Thereafter: \$10.00/per \$1,000/4 years to \$15.00/per \$1,000/5 years; according to the type of tumor, a permanent extra premium of +50% to +100% may be added to the temporary extra premium.</p> <p>Critical illness</p> <p>Decline</p>

Cervical cancer

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<p>The Attending Physician's Statement (APS) should include a recent Pap smear performed within 6 months</p>	<p>Life</p> <p>Carcinoma in situ: standard subject to normal follow-up after treatment (conization, hysterectomy, diathermic loop, cryotherapy or laser therapy).</p> <p>Otherwise: \$5.00/per \$1,000/3 years to \$15.00/per \$1,000/5 years</p> <p>Critical illness</p> <p>Carcinoma in situ: Standard after 2 years</p> <p>Others: Diagnosis before age 40: Decline</p> <p>Otherwise: More than 10 years since treatment, minimal invasion, normal follow-up: Cervical cancer exclusion</p>

Colon cancer

Exclusive of familial adenomatous polyposis (FAP), hereditary non polyposis colorectal cancer syndrome (HNPCC) and malignant polyps

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<p>The Attending Physician's Statement (APS) should include a colonoscopy performed within 12 months.</p>	<p>Life</p> <p>No offer in the first year after recovery</p> <p>Thereafter: \$7.50/per \$1,000/4 years to \$15.00/per \$1,000/5 years</p> <p>Critical illness</p> <p>Decline</p>

Prostate cancer

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Stage of tumor › Gleason score (degree of malignancy) › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<p>The Attending Physician's Statement (APS) should include a prostate specific antigen (PSA) performed within 6 months.</p>	<p>Life</p> <p>To age 75</p> <p>Hormonal therapy only or no treatment: Decline</p> <p>Treated with radiation or surgery: according to Gleason score, the extra premium will vary from \$5.00/per \$1,000/3 years to \$15.00/per \$1,000/5 years</p> <p>Age 76 up: individual consideration</p> <p>Critical illness</p> <p>Diagnosis before age 40: Decline</p> <p>Otherwise: More than 10 years since complete prostatectomy, stage T1b or less: Prostate cancer exclusion</p>

Skin cancer – basal cell carcinoma

Underwriting focus	Requirements particulières	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Type of cancer › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<ul style="list-style-type: none"> › Details on medical follow-up (dates and exams undergone) › Pathology report › Attending Physician's Statement (APS) › Results of all follow-up exams and tests 	<p>Life</p> <p>Best cases: less than 2.5 cm, diagnosed after age 50, thin lesion, no recurrence: Standard</p> <p>Otherwise: +50% to decline</p> <p>Critical illness</p> <p>1 occurrence: Standard</p> <p>> 1 occurrence: Skin cancer exclusion</p>

Skin cancer – malignant melanoma

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Type of cancer › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<ul style="list-style-type: none"> › Details on medical follow-up (dates and exams undergone) › Pathology report › Attending Physician’s Statement (APS) › Results of all follow-up exams and tests 	<p>Life</p> <p>Melanoma in-situ: Standard</p> <p>Otherwise: The rating depends on the thickness of the lesion, its location and whether the lesion is ulcerated. A waiting period may be necessary before an offer can be made. The extra premium MAY vary from \$5.00/per \$1,000/3 years to \$15.00/per \$1,000/5 years.</p> <p>If a family history of melanoma is present, expect an additional extra premium of +100%.</p> <p>Critical illness</p> <p>Diagnosis before age 40: Decline</p> <p>Otherwise: Skin cancer and melanoma exclusion to decline, according to time elapsed since diagnosis, stage and number of occurrences</p>

Skin cancer – squamous cell carcinoma

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Date of diagnosis › Type of cancer › Stage of tumor › Grade of tumor › Kind of treatment › Recurrence or spread of the disease › Time elapsed since completion of all treatment › Complications linked to treatment 	<ul style="list-style-type: none"> › Details on medical follow-up (dates and exams undergone) › Pathology report › Attending Physician’s Statement (APS) › Results of all follow-up exams and tests 	<p>Life</p> <p>Best cases: Less than 1.5 cm, diagnosed after age 50, thin lesion, no recurrence: Standard</p> <p>Otherwise: \$7.50/per \$1,000/4 years to \$10.00/per \$1,000/5 years</p> <p>Critical illness</p> <p>1 occurrence: Standard</p> <p>> 1 occurrence: Skin cancer exclusion</p>



Concussion and skull fracture

A concussion is a clinical syndrome characterized by transient impairment of cerebral function, such as loss of consciousness, balance problems or disturbed vision. A concussion does not generally result in structural damage to the brain.

Underwriting focus

- › Age of insured
 - › Loss of consciousness at time of event
 - › Date of event
 - › Complications¹
 - ¹ Possible complications: Neurological deficit*, epilepsy, postconcussion syndrome*
- Anyone over age 70 at the time of the event is not insurable.

Requirements

- Attending Physician's Statement (APS) if:
- › Insured is < 6 years old
 - › Incident occurred < 2 years ago AND required > 24 hours of hospitalization
 - › Restricted daily activities
 - › Postconcussion syndrome still present
 - › Residual epilepsy or other neurological damage
 - › More than 1 event
- Otherwise
- › "Concussion, convulsions, dizziness epilepsy, loss of consciousness" section of the Q5A questionnaire if information available is incomplete or insufficient for risk analysis

Underwriting action

Life

Best case: Possibility of standard rate if loss of consciousness is short term AND there is no skull fracture or postconcussion syndrome

Otherwise: Postpone 6 months to 1 year. Thereafter, an extra premium may be required for insureds who still have complications

Critical illness

Usually standard

*See glossary on page 23.



Coronary heart disease (CHD)

Clinical manifestations

Silent myocardial ischemia (SMI):

Insufficient blood flow to heart muscle, no chest pain or other symptoms, often detected during ambulatory EKG (Holter) or by means of a treadmill stress EKG, as threatening as angina pectoris

Clinical manifestations

Angina pectoris:

Insufficient blood flow to heart muscle, sensation of discomfort in the chest (squeezing, pressure, burning or shortness of breath)

Clinical manifestations

Myocardial infarction (MI):

Necrosis (death of tissue) of a portion of the myocardium resulting from insufficient blood flow to heart muscle; also known as a heart attack

Underwriting focus

- › Age at diagnosis
- › Cerebrovascular disease (stroke)*
- › Compliance with treatment
- › Current age
- › Diabetes
- › Family history
- › High blood pressure
- › Hypercholesterolemia
- › Overweight
- › Peripheral vascular disease*
- › Progression of the disease
- › Sedentary lifestyle
- › Severity (number of vessels affected, percentage obstruction, ejection fraction)
- › Tobacco use

Complications:

Cardiac arrhythmia*, cardiac hypertrophy*, atrial fibrillation*, heart failure

Treatment:

- › Improvement in modifiable risk factors
- › Pharmacological treatment
- › Surgery:
 - Angioplasty (balloon): balloon attached to a catheter inserted into an artery
 - Angioplasty (stent): vessel kept open with a framework (stent)
 - Coronary artery bypass grafts (CABG): splicing of a segment of vein to an area in the coronary artery beyond the obstruction

Requirements

Attending Physician's Statement (APS) from cardiologist and/or family physician

The attending physician's statement should include results of all exams performed (catheterization reports, EKG, lab tests, perfusion study) and follow-up consultations.

A recent follow-up is required.

Underwriting action

Life

No consideration within 6 months of the event (diagnosis or surgery)

Diagnosis before age 40: Decline

Progression of the disease: Generally decline

Obstruction of 3 vessels: Generally decline

More than one myocardial infarction: Decline

Tobacco use since diagnosis: +200% to decline

Otherwise: +100% to decline (according to age at diagnosis, severity, control of risk factors and progression of the disease)

Critical illness

Decline

*See glossary on page 23.

Diabetes – Type 1 diabetes (IDDM)

Also known as Insulin Dependent Diabetes Melitus, often diagnosed before age 20, insufficient production of insulin leading to elevated blood sugar level, requires insulin injections

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age at diagnosis › Duration of diabetes › Type of diabetes › Degree of control › Height and weight › Blood pressure › Regular medical care › Complications <p>Possible complications: Retinopathy*, nephropathy*, neuropathy*, coronary heart disease*, cerebral vascular disease* or peripheral vascular disease*</p> <p>The presence of complications may increase ratings or lead to a decline.</p>	<ul style="list-style-type: none"> › Attending Physician’s Statement (APS)¹ is mandatory. <p>¹ Recent urinalysis (including microalbuminuria) and blood profile (including HbA1c) are required if there are no recent results in the APS.</p>	<p>Life</p> <p>Depending on the age at diagnosis and the duration and degree of control: +100% to decline</p> <p>Age 0-15: Decline</p> <p>Critical illness</p> <p>Decline</p>

Diabetes – Type 2 diabetes (NIDDM)

Also known as Non Insulin Dependent Diabetes Melitus; often diagnosed after the age of 40, but can occur in younger people due to overweight; insulin production is sufficient, but not efficient due to the body developing insulin resistance; treated with diet or medication, but rarely with insulin.

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age at diagnosis › Duration of diabetes › Type of diabetes › Degree of control › Height and weight › Blood pressure › Regular medical care › Complications <p>Possible complications: Retinopathy*, nephropathy*, neuropathy*, coronary heart disease*, cerebral vascular disease* or peripheral vascular disease*</p> <p>The presence of complications may increase ratings or lead to a decline.</p>	<p>Attending Physician’s Statement (APS)¹ if:</p> <ul style="list-style-type: none"> › Amount request is > \$1,000,000 › Insured is < 40 years old › Diagnosed > 10 years ago › Rateable overweight or blood pressure in paramedical exam › Insulin treatment <p>¹ Recent urinalysis (including microalbuminuria) and blood profile (including HbA1c) are required if there are no recent results in the APS.</p> <p>Otherwise</p> <ul style="list-style-type: none"> › Recent urinalysis (including microalbuminuria) and blood profile (including HbA1c) 	<p>Life</p> <p>Best case: Possibility of standard rate for someone age 50 to 69 who receives regular medical follow-up, is treated with oral medications or follows a diet and has no complications</p> <p>Otherwise: +75% to decline, according to degree of control and complications</p> <p>Age 0 to 15: Decline</p> <p>Critical illness</p> <p>Under age 40: Decline</p> <p>Otherwise: +50% to decline, depending on age and duration of diabetes</p>

*See glossary on page 23.

Diabetes – Gestational (pregnancy) diabetes

Glucose intolerance first diagnosed during pregnancy in a woman with no history of diabetes; increased risk of developing Type 2 diabetes

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Current pregnancy or past pregnancy › Post-partum follow-up › Current weight 	<p>If currently pregnant (> 24 weeks) with no history of gestational diabetes:</p> <ul style="list-style-type: none"> › Attending Physician’s Statement (APS), including blood glucose, HbA1c and urine results <p>If currently not pregnant with history of gestational diabetes:</p> <p>≥ \$500,000</p> <ul style="list-style-type: none"> › Diabetes follow-up: Attending Physician’s Statement (APS) › If no follow-up: Blood profile, including HbA1c <p>< \$500,000</p> <ul style="list-style-type: none"> › Depending on current condition and family history, possibility of Attending Physician’s Statement (APS) or blood profile, including HbA1c 	<p>Life</p> <p>Current: +75% to decline, according to the degree of control and complications</p> <p>History: Standard if normal blood glucose level after pregnancy</p> <p>Critical illness</p> <p>Current: Postponed until 3 months after birth</p> <p>History and currently pregnant: Possible offer after 24 weeks pregnant subject to confirmation of no diabetes</p> <p>History only and not currently pregnant: Standard if normal blood glucose level after pregnancy</p>

Epilepsy

A condition characterized by brief episodes of uncontrollable brain function resulting from abnormal electrical stimulation in the brain. Episodes may include: convulsions (violent shaking), absence seizures (“blinking out”), automatism (unusual repetitive behaviours), paresthesia (numbness or tingling), and loss of consciousness.

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Insured’s age › Time since initial occurrence › Type of epilepsy (partial seizures or generalized seizures (grand mal/petit mal)) › Degree of control over and frequency of seizures › Idiopathic or secondary generalized epilepsy › Dangerous hobbies or activities › Driving record › Complications¹ <p>¹ Possible complications: intellectual or neurological issues, altered mental state</p>	<p>Attending Physician’s Statement (APS) if:</p> <ul style="list-style-type: none"> › Coverage requested > \$500,000 › More than 1 seizure in the last year › EEG, CT scan, or MRI (magnetic resonance imaging) performed in the last year › More than 1 consultation for this condition in the last year › Post-traumatic epilepsy or complications › Changes in medication in the last year (other than a reduced dosage) <p>Otherwise:</p> <ul style="list-style-type: none"> › Questionnaire Q5A, “Concussions, convulsions, epilepsy, dizziness, loss of consciousness” section if the information available is incomplete or insufficient to evaluate the risk 	<p>Life</p> <p>Febrile convulsions (available as of 4 years of age):</p> <ul style="list-style-type: none"> › Generally accepted at regular rate 2 years after the event <p>Epilepsy (available as of 16 years of age):</p> <p>Primary generalized epilepsy not including petit mal seizures:</p> <ul style="list-style-type: none"> › Initial episode more than 2 years ago: Regular to decline based on the insured’s age and frequency of seizures › Initial episode less than 2 years ago: + 75% to decline based on the insured’s age and frequency of seizures <p>Partial epilepsy and petit mal seizures:</p> <ul style="list-style-type: none"> › Initial episode more than 1 year ago: Regular to decline based on the frequency of seizures › Initial episode less than 1 year ago: Postponed <p>Critical illness</p> <p>Best case: 0 to 75% based on the type of seizure and the degree of control</p> <p>Uncontrolled condition: decline</p>

Height and weight

Underweight:

Pronounced underweight can be a sign of generally poor health; it can be attributed to cancer, cardiovascular disease, alcohol abuse or drug addiction, chronic obstructive pulmonary disorder (COPD)* or significant infections.

Obesity:

Obesity results from a progressive accumulation of body fat or adipose tissue under the skin and around the organs. This excess of body fat may lead to both short and long term health problems.

Overweight:

Overweight is also an excess of body fat, but less significant than obesity.

Underwriting focus

- › Age
- › Diabetes
- › Eating disorders
- › Coronary heart disease*
- › Chronic obstructive pulmonary disorder (COPD)*
- › Hypertension
- › Recent and unexplained major change in weight

A recent and unexplained major change in weight may be a sign of serious illness.

Gradual and intentional weight loss in an overweight person is generally associated with a reduction in mortality risk if the weight loss is maintained.

Requirements

Attending Physician's Statement (APS) or vital signs and a urine sample may be required.

Underwriting action

Underweight Life

Depending on the degree, it may be necessary to postpone those who are underweight until an underlying problem can be ruled out.

Critical illness

Depending on the degree, an extra premium or postponement may be required.

Obesity and overweight Life and critical illness

Depending on the degree, a rated offer with an extra premium or decline may be applied.

See Life Build Table on next page and Critical Illness Build Table on page 28.

*See glossary on page 23.

Height and weight (build table) – Life

Weights below the lower limits indicated in the table: Standard if no other problems. Otherwise, extra premium possible for weights approaching the lower limits

Weights inside the limits indicated in the table: Extra premium

Weights above the limits indicated in the table: Decline



Life male and female/ages 15 to 69			
Height	Weight (lb.)	Height (cm)	Weight (kg)
4'8"	190 – 224	142	86 – 101
4'9"	197 – 231	145	89 – 105
4'10"	204 – 239	147	92 – 108
4'11"	211 – 248	150	96 – 112
5'0"	219 – 258	152	99 – 117
5'1"	226 – 266	155	107 – 125
5'2"	235 – 275	158	110 – 129
5'3"	243 – 285	160	113 – 133
5'4"	249 – 293	163	116 – 137
5'5"	256 – 301	165	120 – 141
5'6"	265 – 310	168	127 – 149
5'7"	272 – 318	170	131 – 153
5'8"	280 – 329	173	134 – 157
5'9"	288 – 338	175	138 – 161
5'10"	296 – 346	178	142 – 165
5'11"	304 – 355	180	146 – 169
6'0"	313 – 364	183	153 – 177
6'1"	321 – 373	185	157 – 181
6'2"	330 – 381	188	160 – 184
6'3"	338 – 390	191	165 – 188
6'4"	346 – 398	193	168 – 192
6'5"	352 – 405	196	171 – 195
6'6"	363 – 414	198	174 – 198
6'7"	370 – 423	200	177 – 201

Hepatitis A

Infectious disease caused by the hepatitis A virus (HAV), usually a benign disease

Underwriting focus

- › Age at infection
- › Results of lab tests (liver function, AST/SGOT, ALT/ SGPT)
- › Results of follow-up exams
- › Treatment
- › Alcohol consumption
- › Extent of inflammation and/or fibrosis
- › Time elapsed since complete recovery

Requirements

Depending on the number of attacks, an Attending Physician’s Statement (APS) may be required.

Underwriting action

Life

Currently infected: Decline
 After full recovery: Standard to \$5.00/per \$1,000/2 years (depending on number of attacks and severity)

Critical illness

Currently infected: Decline
 After full recovery: Standard

Hepatitis B

Infectious disease caused by the hepatitis B virus (HBV)

Hepatitis B carriers:

People who have been exposed to the hepatitis B virus but have not successfully eliminated it. Most have no symptoms and are unaware of their status as hepatitis B carriers. They can infect others without knowing it.

Hepatitis screening tests

HBsAg - Hepatitis B surface antigen: Indicates acute or chronic infection

Anti-HBs - Hepatitis B surface antibody: Associated with recovery or vaccination

HBeAg - Hepatitis B e antigen: Marker of acute infectivity

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age at infection › Results of lab tests (liver function, AST/SGOT, ALT/ SGPT) › Results of follow-up exams › Treatment › Alcohol consumption › Extent of inflammation and/or fibrosis › Time elapsed since complete recovery 	<p>Attending Physician’s Statement (APS)</p> <p>A blood profile may be required if no liver function test completed in the last 6 months is included in the Attending Physician’s Statement.</p>	<p>Life</p> <p>Positive HBsAg</p> <ul style="list-style-type: none"> › Acute infection (less than 6 months since diagnosis): Postpone <p>Chronic infection/hepatitis B carrier:</p> <ul style="list-style-type: none"> › Normal liver function test and other follow-up tests: Standard › Otherwise: Standard to decline <p>Negative HBsAg</p> <ul style="list-style-type: none"> › Normal liver function test and other follow-up tests: Standard › Otherwise: Standard to decline <p>Critical illness</p> <p>Positive HBsAg</p> <ul style="list-style-type: none"> › Acute infection (less than 6 months since diagnosis): Postpone <p>Chronic infection/hepatitis B carrier:</p> <ul style="list-style-type: none"> › Normal liver function test and other follow-up tests: +50% to +75% › Otherwise: Decline <p>Negative HBsAg</p> <ul style="list-style-type: none"> › Normal liver function tests and other follow-up tests: Standard › Otherwise: Standard to decline

Hepatitis C

Infectious disease caused by the hepatitis C virus (HCV)

Often asymptomatic infection that may become chronic and progress to fibrosis or cirrhosis, which generally appear after many years

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age at infection › Results of lab tests (liver function, AST/SGOT, ALT/ SGPT) › Results of follow-up exams › Treatment › Alcohol consumption › Extent of inflammation and/or fibrosis › Time elapsed since complete recovery 	<p>Attending Physician’s Statement (APS)</p> <p>A blood profile may be required if no liver function test completed in the last 6 months is included in the Attending Physician’s Statement.</p>	<p>Life</p> <p>Generally decline. Offer possible in cases that are treated, followed up regularly by a gastroenterologist or hepatologist and confirmed to be cured with tests showing recovery and no complications</p> <p>Critical illness</p> <p>Decline</p>

All other types of hepatitis

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Results of lab tests (liver function, AST/SGOT, ALT/ SGPT) › Results of follow-up exams › Treatment › Alcohol consumption › Extent of inflammation and/or fibrosis › Time elapsed since complete recovery 	<p>Attending Physician’s Statement (APS)</p>	<p>Life and critical illness</p> <p>Generally decline</p>

Hypertension (high blood pressure)

Essential or primary hypertension:

Diagnosed when the fundamental cause of the blood pressure elevation is unknown. Among the factors associated with the development of essential hypertension, we may cite family history of hypertension, a diet high in salt, obesity, certain types of psychological stress, tobacco use and significant alcohol intake.

Secondary hypertension:

Hypertension where the cause is known. Narrowing of one or more large renal arteries, endocrine tumors, cardiac malformation and use of oral contraceptives are all possible causes of this type of hypertension.

Underwriting focus

- › Age at diagnosis
- › Current age
- › Treatment
- › Control
- › Blood pressure readings: current and from the past 12 months
- › Compliance with treatment
- › Presence of another condition, such as coronary heart disease*, cerebrovascular disease*, diabetes, chronic obstructive pulmonary disease (COPD)*

Complications:

The principal complications of chronic hypertension are hypertensive encephalopathy*, retinopathy*, kidney disorders and cardiac hypertrophy

Requirements

Under treatment: Vital signs if no paramedical exam or Attending Physician's Statement (APS), if more than two consultations per year for this problem

Otherwise: Vital signs if no paramedical exam

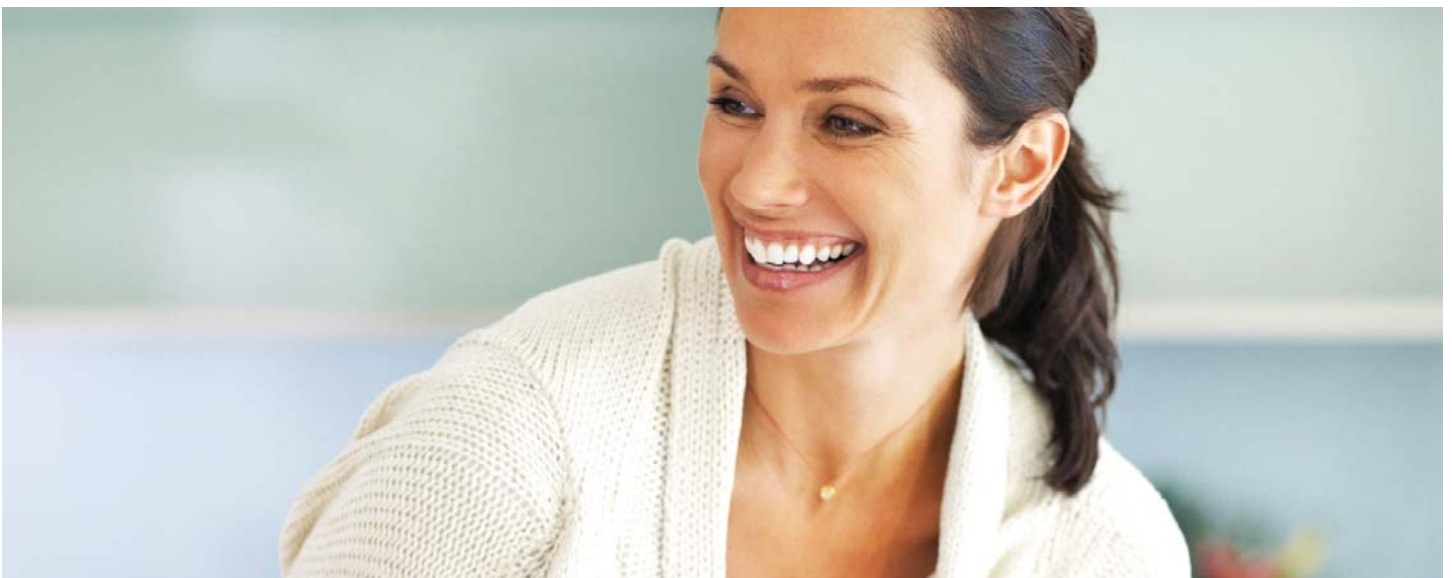
Underwriting action

Life and critical illness

Underwriting of hypertension depends on the degree of blood pressure control.

In the absence of complications, a standard offer is possible if blood pressure is controlled.

*See glossary on page 23.



Nervous disorders

Adjustment disorder (situational depression)

Poorly adapted response to events and situations that are socially and psychologically stressful (death, divorce, loss of employment, illness, natural disaster); a return to normal after 3 to 6 months following the trigger event; relapse possible in those with personality disorders

Underwriting focus

- › Age
- › Concomitant anxiety and/or depression
- › Drug and/or alcohol consumption
- › Duration
- › Improvement in the condition or recent worsening of symptoms

Requirements

- › Attending Physician's Statement (APS possible, depending on the date of onset, duration, treatment and face amount of the application)
- › "Nervous disorders" section of the Q5A questionnaire recommended
- › Shortened "Nervous disorders" phone interview for cases not requiring an APS and for cases where the "Nervous disorders" section of the Q5A questionnaire was not completed or not fully completed

Underwriting action

Off work at time of application Life and critical illness

Postpone until 1 month after return to work full time

Working at time of application Life and critical illness

Stable, fully functional for at least 1 month with no underlying depression: Standard

Otherwise: Underwritten based on the anxiety or depression component

*See glossary on page 23.



Nervous disorders

Anxiety/stress

Excessive fear and worry leading to avoidance of triggering events; disturbances in interpersonal relationships, professional life and social activities. Anxiety disorders may include panic disorder, phobias, post-traumatic stress and obsessive compulsive disorder.

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Drug and/or alcohol consumption › Duration of stability (no interference with daily activities) › Improvement in the condition or recent worsening of symptoms › Medication › Severity 	<ul style="list-style-type: none"> › Attending Physician’s Statement (APS) is possible, depending on date of onset, duration, treatment and face amount of the application › “Nervous disorders” section of the Q5A questionnaire recommended › Shortened “Nervous disorders” phone interview for cases not requiring an APS and for cases where the “Nervous disorders” section of the Q5A questionnaire was not completed or not fully completed 	<p>Off work at time of application Life and critical illness</p> <p>Postpone until 6 months after return to work full time</p> <p>Working at time of application Life</p> <p>Under 20 years old: Postpone 2 years</p> <p>Age 20–69:</p> <ul style="list-style-type: none"> › Mild: Standard › Moderate: Postpone 6 months. Thereafter, possibility of standard if condition is stable › Severe: Postpone 1 year. Thereafter, standard to +100% depending on duration of stability <p>70+^{**}: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness</p> <p>Usually standard</p>

*See glossary on page 23.

**70+: Psychiatric disorders among those aged 70+ often go unnoticed and are therefore not adequately treated. An increased incidence of falls, fractures and cardiovascular disease has been noted among this group. Cardiac insufficiency, chronic obstructive pulmonary disorder (COPD)* or conditions associated with severe pain increase the risk of suicide, particularly if these are concomitant.

Nervous disorders

Bipolar disorder (manic depression)

Episodes of mania and major depression interspersed with periods of stable mood; characterized by episodes of mania (hyperactivity) and depression

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Drug and/or alcohol consumption › Duration of stability (no interference with daily activities) › Medication and/or hospitalizations › Number of occurrences › Improvement in the condition or recent worsening of symptoms › Severity › Suicide attempt 	<ul style="list-style-type: none"> › Attending Physician’s Statement (APS) is possible, depending on date of onset, duration, treatment and face amount of the application › “Nervous disorders” section of the Q5A questionnaire recommended › Shortened “Nervous disorders” phone interview for cases not requiring an APS and for cases where the “Nervous disorders” section of the Q5A questionnaire was not completed or not fully completed 	<p>Off work at time of application Life and critical illness</p> <p>Postpone until 6 months after return to work full time</p> <p>Working at time of application Life</p> <p>Under 20 years old: Postpone 5 years</p> <p>Age 20–69:</p> <ul style="list-style-type: none"> › Mild: Postpone 1 year. Thereafter +50% to +100% depending on duration of stability (minimum 1 year) › Moderate: Postpone 1 year. Thereafter + 75% to +150% depending on duration of stability (minimum 1 year) › Severe: Postpone 2 years. Thereafter +100% to +150% <p>70+ **: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness</p> <p>0–1 year: Postpone</p> <p>> 1 year: +25% and up</p>

*See glossary on page 23.

**70+: Psychiatric disorders among those aged 70+ often go unnoticed and are therefore not adequately treated. An increased incidence of falls, fractures and cardiovascular disease has been noted among this group. Cardiac insufficiency, chronic obstructive pulmonary disorder (COPD)* or conditions associated with severe pain increase the risk of suicide, particularly if these are concomitant.

Nervous disorders

Major depression

Characterized by a depressed mood, lack of interest and inability to experience pleasure in daily activities, feeling of despair or futility, disturbances in sleep or appetite, insomnia, excessive drowsiness, susceptibility to fatigue and difficulties in concentration and frequently accompanied by weight gain or loss and a decrease in motivation

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Drug and/or alcohol consumption › Duration of stability (no interference with daily activities) › Medication and/or hospitalizations › Number of occurrences › Improvement in the condition or recent worsening of symptoms › Severity › Suicide attempt 	<ul style="list-style-type: none"> › Attending Physician’s Statement (APS) is possible, depending on the date of onset, duration, treatment and face amount of the application › “Nervous disorders” section of the Q5A questionnaire recommended › Shortened “Nervous disorders” phone interview for cases not requiring an APS and for cases where the “Nervous disorders” section of the Q5A questionnaire was not completed or not fully completed 	<p>Off work at time of application Life and critical illness</p> <p>Postpone until 6 months after return to work full time</p> <p>Working at time of application Life</p> <p>Under 20 years old: Postpone 2 years</p> <p>Age 20–69:</p> <ul style="list-style-type: none"> › Mild: +50% to +150%. Possible standard rate after 3 years › Moderate: Postpone 1 year. Thereafter +50% to +150% depending on duration of stability. Standard rate after 5 years › Severe: Postpone 1 year. Thereafter +50% to +200% depending on duration of stability <p>70+^{**}: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness</p> <p>0–1 year: Postpone</p> <p>> 1 year: Usually standard</p>

*See glossary on page 23.

**70+: Psychiatric disorders among those aged 70+ often go unnoticed and are therefore not adequately treated. An increased incidence of falls, fractures and cardiovascular disease has been noted among this group. Cardiac insufficiency, chronic obstructive pulmonary disorder (COPD)* or conditions associated with severe pain increase the risk of suicide, particularly if these are concomitant.

Nervous disorders

Minor depression

Symptoms of minor depression are similar to those of major depression but less intense. Characterized by a depressed mood, lack of interest and inability to experience pleasure in daily activities, feeling of despair or futility, disturbances in sleep and appetite, insomnia, excessive drowsiness, susceptibility to fatigue and difficulties in concentration and frequently accompanied by weight gain or loss and a decrease in motivation

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Drug and/or alcohol consumption › Duration of stability (no interference with daily activities) › Medication and/or hospitalizations › Number of occurrences › Improvement in the condition or recent worsening of symptoms › Severity › Suicide attempt 	<ul style="list-style-type: none"> › Attending Physician’s Statement (APS) is possible, depending on the date of onset, duration, treatment and face amount of the application › “Nervous disorders” section of the Q5A questionnaire recommended › Shortened “Nervous disorders” phone interview for cases not requiring an APS and for cases where the “Nervous disorders” section of the Q5A questionnaire was not completed or not fully completed 	<p>Off work at time of application Life and critical illness</p> <p>Postpone until 6 months after return to work full time</p> <p>Working at time of application Life</p> <p>Under 20 years old: Postpone 2 years</p> <p>Age 20–69:</p> <ul style="list-style-type: none"> › Mild: +50%, standard after 1 year › Moderate: +50% to +150%, standard after 2 years › Severe: +50% to +175% depending on duration of stability (minimum 1 year), standard after 5 years <p>70+ **: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness</p> <p>0–1 year: Postpone</p> <p>> 1 year: Usually standard</p>

*See glossary on page 23.

**70+: Psychiatric disorders among those aged 70+ often go unnoticed and are therefore not adequately treated. An increased incidence of falls, fractures and cardiovascular disease has been noted among this group. Cardiac insufficiency, chronic obstructive pulmonary disorder (COPD)* or conditions associated with severe pain increase the risk of suicide, particularly if these are concomitant.

Sleep apnea

Periodic pauses in breathing during sleep. These pauses can be complete (apneas) or incomplete (hypopneas).

Underwriting focus	Requirements	Underwriting action
<ul style="list-style-type: none"> › Age › Type of sleep apnea (central, obstructive or mixed)* › Severity is determined based on the results of a polysomnography* (if available) or information obtained in the "Sleep apnea" section of the Q5A questionnaire (in the absence of the Attending Physician's Statement [APS]) › Nature and effectiveness of treatment › Compliance with treatment › Overweight › Presence of another condition, such as coronary heart disease*, cardiac arrhythmia*, cerebrovascular disease*, chronic obstructive pulmonary disease (COPD)* › Complications <p>The presence of one or more of the following conditions during or after treatment indicates a poor treatment result: excessive daytime drowsiness, interference with daily activities, hypertension, memory problems, depression.</p>	<p>≤ \$1,000,000</p> <ul style="list-style-type: none"> › Shortened "Sleep apnea" phone interview › Attending Physician's Statement (APS) if the information provided in the shortened "Sleep apnea" phone interview is incomplete or insufficient to establish severity <p>> \$1,000,000</p> <ul style="list-style-type: none"> › Attending Physician's Statement (APS) 	<p>Life</p> <p>Central apnea: Decline</p> <p>Mixed or obstructive apnea</p> <p>Good response to treatment/good compliance with treatment:</p> <ul style="list-style-type: none"> › Light to moderate: Standard to +50% › Severe: +100% <p>Moderate response to treatment or poor compliance with treatment:</p> <ul style="list-style-type: none"> › Light to moderate: Standard to +100% › Severe: Decline <p>Critical illness</p> <p>Central apnea: Decline</p> <p>Mixed apnea: +50% to decline</p> <p>Obstructive apnea with good response to treatment and no complications: Standard to +100%</p> <p>Otherwise: Decline</p>

*See glossary on page 23.



Glossary



Atrial fibrillation

Type of cardiac arrhythmia where the atrium contracts chaotically and the ventricular rhythm is totally irregular

Cardiac arrhythmia

Disruption in cardiac rhythm

Cardiac hypertrophy

Increase in the muscle mass of the heart

Cerebrovascular disease (stroke)

Refers to any impairment of the brain or spinal cord that occurs as a result of a blood vessel disorder

Chronic obstructive pulmonary disease (COPD)

Term used to describe various illnesses that cause chronic or frequent airway obstruction. The two most common forms of COPD are chronic bronchitis and emphysema

Coronary heart disease

Also called heart disease. Refers to the narrowing of the arteries of the heart due to atherosclerosis. The narrowing of the arteries can lead to angina due to a restriction in the amount of blood and oxygen reaching the heart muscle. Complete obstruction of an artery leads to myocardial infarction (heart attack)

Hypertensive encephalopathy

Syndrome where severe hypertension is associated with symptoms such as confusion, vision problems, drowsiness, headaches and nausea

Nephropathy

Kidney disorder where the first clinical manifestation (in the case of diabetes) is the presence of excess protein in the urine. It can lead to kidney insufficiency and ultimately, kidney failure

Neurological deficit

Difficulty walking, loss of autonomy, difficulty expressing oneself or understanding language

Neuropathy

Possible complication of diabetes affecting the peripheral nerves, cranial nerves or the autonomic nervous system that controls automatic organ functions

Peripheral vascular disease

A circulatory disease that, due to the narrowing of the arteries, often affects the legs but may also affect many other parts of the body. It results from atherosclerosis of the peripheral arteries, which supply blood to the arms and legs

Polysomnography

Reference test used to qualify and quantify sleep disturbances

Postconcussion syndrome

Persistence of symptoms such as headaches, dizziness, insomnia, irritability, agitation, inability to concentrate and depression. Symptoms may be present for a few weeks to a few months and may lead to a decrease or cessation of activities

Retinopathy

Characterized by damage to the blood vessels in the retina. In a more advanced stage, this disorder can lead to blindness

Sleep apnea

Central: Pauses in breathing during sleep resulting from a neurological failure to continue breathing during sleep

Obstructive: Pauses in breathing during sleep resulting from an obstruction to airflow through the pharynx or laryngopharynx

Mixed: Combination of neurological and obstructive apnea

PREFERRED UNDERWRITING



Eligibility criteria for preferred underwriting

What is preferred underwriting?

We understand the importance of considering various factors that influence the health and lifestyles of Canadians. In the past, pricing was based on three main factors: age, sex and tobacco use. With preferred underwriting, we consider more specific factors that influence a person's health, such as height and weight, blood pressure, cholesterol level, medical history, family history and lifestyle. By factoring these criteria into the cost of insurance, we have established six risk classes and premium rates tailored to the individual profile of each client.



Applicable products and issue criteria

Preferred underwriting applies to universal life and traditional life only. This pricing approach also applies to riders and additions to policies already in force.

Clients are eligible for a premium reduction under the terms of preferred underwriting if:

- › They are between the ages of 15 and 80 at the time the policy is issued; and
- › The face amount or the additional amount is equal to or greater than \$200,000.



Four risk classes for preferred underwriting

Using the four preferred underwriting risk classes, we can offer your clients a premium reduction depending on their situation. Based on their state of health, physical fitness and lifestyle, clients may be eligible for the **Preferred — Smoker/Non-smoker** class if they present a "preferred" risk, and for the **Elite — Smoker/Non-smoker** class if they present an "ultimate preferred" risk compared to the average insured. Otherwise, clients receive the basic rate (i.e., non-preferred), provided that they meet the usual eligibility criteria.

Preferred rates for smokers and non-smokers are a major benefit for your clients!

Clients with fewer risks receive better rates!

		Non-preferred rate	Preferred rate	
Band	Volume of insurance (\$)	(Smoker/Non-smoker)	Preferred (Smoker/Non-smoker)	Elite (Smoker/Non-smoker)
5	500,000 or more	For insureds who meet the usual eligibility criteria	For insureds who present a "preferred" risk compared to the average insured	For insureds who present an "ultimate preferred" risk compared to the average insured
4	200,000 to 499,999			
3	100,000 to 199,999		N/A	N/A
2	50,000 to 99,999			
1	10,000 to 49,999			

Integrating preferred underwriting into your sales presentation

We have designed a special pre-qualifying questionnaire (Q3A) to help you quickly determine the risk class that best reflects the risk profile of your client. We recommend completing this form before presenting your sales illustrations.

The pre-qualifying questionnaire contains eleven criteria to help you determine a client's eligibility for the **Preferred** or **Elite** classes, which are:

- › Tobacco use
- › Height and weight
- › Blood pressure
- › Cholesterol level
- › Medical history
- › Family history
- › Alcohol use
- › Drug use
- › Driving record
- › Criminal record
- › Lifestyle

This short questionnaire is intended to serve as a guide. Only the results of the medical or paramedical reports will allow the Underwriting Department to make a final decision regarding your client's preferred rate class.

The advantage of presenting more than one scenario

Although the pre-qualifying questionnaire and your experience and judgement can give you a good idea of your client's risk class, it's always best to identify several premium scenarios. If you present at least two scenarios, your client will understand the outcome if a premium change is necessary after reviewing his/her medical file. Remember that a premium reduction is always easier to present than a premium increase once the application has been signed. Our sales support software provides all the flexibility you need to calculate the new preferred rate classes.

By presenting more than one scenario during your sales presentation, you'll be ahead of the game in more ways than one!



The 11 eligibility criteria for preferred underwriting

A variety of factors influence an insured's general health and physical condition. In order to be eligible for the **Preferred** or **Elite** class, your client must meet the specific criteria of the applicable risk class to obtain the rate that corresponds to that class. Non-preferred rates automatically apply to clients who do not meet all the criteria for one of these preferred classes.

	Preferred (Smoker/Non-smoker)	Elite (Smoker/Non-smoker)																																																																																																																																																																																																																																																							
1 Tobacco use (applies to non-smokers* only)	No use of tobacco in any form whatsoever (including nicotine products) for at least 3 years	No use of tobacco in any form whatsoever (including nicotine products) for at least 5 years																																																																																																																																																																																																																																																							
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5 Insured's medical history	No personal history of diabetes, cancer or cardiovascular diseases	No personal history of diabetes, cancer or cardiovascular diseases																																																																																																																																																																																																																																																							
6 Family history	No close family member (father, mother, brother, sister) has died from natural or unknown causes or been diagnosed with cancer**, cardiovascular disease or diabetes or had a stroke before age 60. The client is not eligible for Preferred class coverage if a close family member died due to blood pressure complications before the age of 60	No close family member (father, mother, brother, sister) has died from natural or unknown causes or been diagnosed with cancer**, cardiovascular disease or diabetes or had a stroke before the age of 65. The client is not eligible for Elite class coverage if a close family member died due to blood pressure complications before the age of 65																																																																																																																																																																																																																																																							
7 Alcohol use	No treatment for alcohol use in the past ten years and no history of alcohol abuse resulting in an extra premium	No treatment for alcohol use and no history of alcohol abuse resulting in an extra premium																																																																																																																																																																																																																																																							
8 Drug use	No treatment for drug use in the past ten years and no drug use in the past ten years	No treatment for drug use and no drug use in the past ten years																																																																																																																																																																																																																																																							
9 Driving record	No arrests for impaired driving in the past five years and no more than five moving violations in the last five years	No arrests for impaired driving in the past ten years and no more than three moving violations in the last five years																																																																																																																																																																																																																																																							
10 Criminal record	No criminal offenses in the past ten years	No criminal offenses in the past ten years																																																																																																																																																																																																																																																							
11 Lifestyle	No occupation or aviation- or hazardous sport-related activities or travel abroad requiring an extra premium or exclusion	No occupation or aviation- or hazardous sport-related activities or travelling abroad requiring an extra premium or exclusion																																																																																																																																																																																																																																																							

* Non-smoker: No use of tobacco in any form whatsoever (including nicotine products) for at least 12 months

** Note: Any cancer except breast cancer in cases where the insured is a man and prostate cancer in cases where the insured is a woman

Critical illness – Information guidelines for critical illness underwriting

Build table: Ages 18+

		RATING		
		Substandard	Standard	Substandard
		Weight (lb)		
Height (ft/in)	4' 8"	72-82	83-151	152-187
	4' 9"	74-85	85-156	157-194
	4' 10"	77-88	89-162	163-201
	4' 11"	79-91	92-168	169-208
	5' 0"	82-94	95-173	174-215
	5' 1"	85-97	98-179	180-222
	5' 2"	88-100	101-185	186-229
	5' 3"	91-104	105-191	192-237
	5' 4"	93-107	108-197	198-244
	5' 5"	96-110	111-204	205-252
	5' 6"	99-114	115-210	211-260
	5' 7"	102-117	118-216	217-268
	5' 8"	105-121	122-223	224-276
	5' 9"	109-124	125-229	230-284
	5' 10"	112-128	129-236	237-293
	5' 11"	115-132	132-243	244-301
	6' 0"	118-136	137-250	251-310
	6' 1"	121-139	140-257	258-318
	6' 2"	125-143	144-264	265-327
	6' 3"	128-147	148-271	272-336
6' 4"	132-151	152-278	279-345	
6' 5"	135-155	156-286	287-354	
6' 6"	139-159	160-293	294-363	
6' 7"	142-163	164-301	302-373	
6' 8"	145-167	168-309	310-382	
6' 9"	149-172	173-316	317-392	

Height and weight less than or greater than substandard range results in a decline.
 Conversion: Height: 1 foot = 0.3048 metres; 1 inch = 0.0254 metres. Weight: 1 lb. = 0.454 kg

Cholesterol table: IS – International System of Units (mmol/L)

Ages 18-44		TOTAL CHOLESTEROL						
Ratio	Min	Max	Min	0	3.1	3.4	7.8	8.5+
	1.0	6.5	Max	3.0	3.3	7.7	8.4	PP
6.6	9.0		PP	STD	STD	STD	PP	
9.1	10.0		PP	SS	SS	SS	PP	
10.1+			PP	PP	PP	PP	PP	

Ages 45+		TOTAL CHOLESTEROL						
Ratio	Min	Max	Min	0	3.1	3.4	7.8	8.5+
	1.0	6.5	Max	3.0	3.3	7.7	8.4	PP
6.6	9.0		PP	STD	STD	STD	PP	
9.1	10.0		PP	SS	SS	SS	PP	
10.1+			PP	PP	PP	PP	PP	

Conversion: Traditional units (mg/dl): x 0.02586 = IS units (mmol/L);
 IS units (mmol/L): x 38.67 = Traditional units (mg/dl)
 STD: Standard
 SS: Substandard
 PP: Postpone until investigated and under control for a minimum of six months

These tables represent guidelines at the time of printing and are subject to change. Each table represents an individual risk factor. Combinations of any risk factor may result in a higher rating, postponement or decline. They should be used as a reference tool only.

Blood Pressure Table (Systolic BP/Diastolic BP)

Ages 18-44		SYSTOLIC BP													
DIASTOLIC BP	Min	Max	Min	<135	136	141	146	151	156	161	166	171	176	181	
			Max	135	140	145	150	155	160	165	170	175	180	185+	
	<87	87		STD	STD	STD	STD	SS	SS	SS	SS	SS	SS	SS	PP
	88	92		STD	STD	STD	STD	SS	SS	SS	SS	PP	PP	PP	PP
	93	97		SS	SS	SS	SS	SS	SS	SS	PP	PP	PP	PP	PP
	98	102		SS	SS	SS	SS	PP	PP	PP	PP	PP	PP	PP	PP
103	107+		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	

Ages 45+		SYSTOLIC BP													
DIASTOLIC BP	Min	Max	Min	<135	136	141	146	151	156	161	166	171	176	181	
			Max	135	140	145	150	155	160	165	170	175	180	185+	
	<87	87		STD	STD	STD	STD	STD	STD	SS	SS	SS	SS	SS	PP
	88	92		STD	STD	STD	STD	STD	SS	SS	SS	SS	PP	PP	PP
	93	97		STD	STD	STD	SS	SS	SS	SS	SS	PP	PP	PP	PP
	98	102		SS	SS	SS	SS	SS	PP	PP	PP	PP	PP	PP	PP
103	107+		SS	SS	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	

STD: Standard
 SS: Substandard
 PP: Postpone until investigated and under control for a minimum of six months

Family History

Relative's age at diagnosis	Number of first-degree relatives' diagnosed with:							
	Breast/Ovarian Cancer				Colorectal Cancer		Prostate Cancer	
	1	2	>2	1-2	>2	1-2	>2	
<50	Male Standard Female Substandard	Substandard	Decline	Substandard	Decline	Substandard	Decline	
50-59	Male Standard Female Substandard	Substandard	Decline	STD*/Substandard	Decline	Substandard	Decline	
60+	Standard	Standard	IC	Standard	IC	Substandard	IC ²	

Relative's age at diagnosis	Number of first-degree relatives' diagnosed with:					
	Other Cancers			Cardiovascular, Cerebrovascular or Renal Disease		
	1	2	>2	1	2	>2
<50	Standard	Substandard	Decline	Substandard	Substandard	Decline
50-59	Standard	Substandard	Decline	Standard	Substandard	Decline
60+	Standard	Standard	IC	Standard	Standard	IC

Relative's age at diagnosis	Number of first-degree relatives' diagnosed with:			
	Diabetes Type I		Diabetes Type II	
	1	≥2	1	2
18-24	Standard	Substandard	Standard	Substandard
25+	Standard	Standard	Standard	Substandard

IC – Individual Consideration will be given based on number of affected family members (immediate or extended) and age at diagnosis.

1. First degree relative = parents and natural siblings
2. Usually declined, but exclusion for prostate cancer could be considered

*Possibly STD if age > 50 at time of application

These tables represent guidelines at the time of printing and are subject to change. Each table represents an individual risk factor. Combinations of any risk factor may result in a higher rating, postponement or decline. They should be used as a reference tool only.

Frequently asked questions

1. What is reinsurance?

Reinsurance is a process that allows us to share a risk that is either too high or rated. The number of reinsurers consulted depends on the criteria set with them. A period of up to five working days is required to obtain a reply for a reinsurance request.

2. Why is the surrender form (total replacement F6A/partial replacement F4A) required before the new policy is issued?

Termination of existing coverage has to be effective when the new policy comes into force. This prevents the client from paying for two policies and prevents any litigation in the event of a claim.

3. How long are medical requirements (paramedical exams, lab results, ECGs, etc.) valid?

Medical requirements completed within twelve months (for insureds aged 0 to 69) or six months (for insured aged 70 or more) prior to the approval date are acceptable. After that period, new medical requirements are necessary.

4. How do we know the status of a file?

Consulting the extranet gives access to all pending files and shows all requirements received and outstanding.

5. How can we find out the new premium on a file approved with an extra premium?

A new illustration including the rating provides the policy's revised total premium.

6. What is the "profile pending – additional tests" requirement that appears on the extranet?

Additional tests may be required if there are specific health issues. Results of those tests can be obtained via the laboratory by requesting additional analysis using the blood specimen already collected. No action is required by the agent.

7. Why is pre-approved Critical Illness insurance not offered to all clients approved with preferred rates?

Many conditions must be met in order to qualify for the pre-approved Critical Illness offer, such as age, medical history, occupation, etc. Eligibility for preferred rates is only one of the conditions. However, a life insured who did not receive the pre-approved Critical Illness offer could qualify for a regular Critical Illness product submitted via a new application.

8. How can we speed up completion of an Attending Physician's Statement (APS)?

By providing accurate information about the name, address and phone number of the doctor to contact. Sometimes a call from the client to his/her doctor helps the process.

9. When do we use the F3A form (Addition of coverage)?

The F3A form must always be completed for each additional life insured on joint or multi-life policies. The applicant must be clearly identified on the F1A application form.

10. Why is it important to complete the pre-declaration section of the application?

The completed pre-declaration allows us to accelerate the Attending Physician's Statement (APS) order.

11. Is a person living and working outside of Canada, but with family in Canada, eligible for life insurance?

No.

12. Can the certificate of incorporation/partnership agreement of the company that owns the insurance be obtained on delivery?

Confirmation of identity is required for all universal life policies in accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations. This document must be provided before issuance of the contract.

13. What is the "authorization for transaction" requirement?

A copy of a document confirming the identity of the person authorized to make the transaction is also required. This document can be a letter, a copy of a resolution of the corporation or any other document authorizing the transaction. This document must be provided before issuance of the contract.

14. Why is a critical illness application sometimes declined, while the life insurance application is approved?

The factors considered in evaluating a critical illness application are different than those considered for life insurance. For example, a rating or decline for critical illness based on family history rarely applies to the life insurance risk. Life insurance underwriting assesses mortality, whereas the underwriting of critical illness insurance focuses on the incidence of covered conditions.

15. The requirements have been completed. Why are they still indicated as pending on the extranet?

There is a short delay between completion of a requirement and when it is received by the company. Some are received by mail, while others are transmitted electronically. The delay depends on the method used.

16. Can a positive result for nicotine in the urine be due to second-hand smoke?

No. The thresholds for detection established by our laboratory are considerably higher than the levels that can result from second-hand smoke.

17. My client is waiting for some medical tests to be completed. Should he apply for insurance now or wait until the tests are completed?

The investigation must be completed and it's preferable to wait until a diagnosis is made before submitting an insurance application.

18. My client was declined or accepted with an extra premium, but the doctor's opinion is that everything is fine. Why?

Insurance medicine evaluates the risk submitted in comparison to all risks submitted, whereas clinical medicine is primarily concerned with prevention and healing. Therefore, the assessment of a given medical condition will be different for the two. Once issued, an insurance contract cannot be cancelled unilaterally by the insurer, even if the insured's state of health deteriorates. That's why the insurer's assessment of a medical condition can be different from a doctor's.

19. The information requested by Underwriting is now available. Where do we send the answer?

The answer must be sent by mail to your underwriting team or by email to your underwriting team's general mailbox.

20. Can we make the necessary arrangements to obtain medical requirements before obtaining a signed application?

No. No requirement should be ordered before the client confirms his or her intention to purchase insurance by signing the insurance application. This will help avoid unnecessary costs. In addition, it's preferable that the medical requirements order be accompanied by the application number or policy number to help match requirements to the underwriting file. Also, indicating the order number on the insurance application may aid in following up with the paramedical organization.



The elephant,
a symbol of our 120 years
of strength and solidity.

