



For advisor use only

Disability Insurance Underwriting Guide

RBC Insurance





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General Information

RBC Insurance® disability insurance policies are designed to provide monthly benefits to help protect your income in case of a disability or illness. The nature of disability insurance requires that many physical conditions and impairments be given substantial consideration. Typically, more attention is required than when underwriting life or critical illness insurance. These physical conditions and impairments may result in the decision to issue a modified policy because of the probability of disability.

Underwriters are accessible to help you to better qualify a potential applicant. There are three ways to access underwriting support at RBC®:

Underwriting support

1.888.246.0099

indnbservices@rbc.com

Monday to Friday, 8 a.m. to 6 p.m. ET

Sales support

1.866.235.4332

Monday to Friday, 9 a.m. to 5 p.m. ET

Introduction

Establishing reasonable expectations with your clients is essential when it comes to successfully selling individual disability insurance. Applicants may perceive the underwriting process as complicated and confusing. The purpose of this guide is to provide you with clear, concise and useful information to help you explain our underwriting process and ultimately help you place more business.

This guide is an important tool to help you identify whether your client is eligible for disability insurance and, if so, on what basis.

How this guide will help you, the advisor:

- It will help you manage your clients' expectations
- It will help you place more business, faster
- It will help you explain the need for diligence during the application process so that you and your clients will have fewer surprises and concerns

How this guide will help your client:

- They will be better informed about the type of information that is required
- They will understand the potential underwriting outcomes at the time of application

This guide provides a general framework for potential underwriting outcomes. It provides a provisional assessment based on the general health condition. It is not a guarantee of the decision. Common medical conditions are discussed in the Medical Conditions section of this guide. **As it is impractical to include every conceivable condition in this guide, please contact your sales support representative or Underwriting for further assistance.**

The final decision on any application depends on the findings of a fully completed and reviewed file and is the decision of the RBC Insurance underwriter.

Successful Selling

Knowledge of possible underwriting outcomes at the time of application is important to the success of each sale.

The Medical Conditions section of this guide highlights possible modifications that could be necessary to issue coverage to individuals with significant health impairments. Prior knowledge of this is important in order to prepare the client, but the advisor may also be able to avoid adverse action by proposing a longer elimination period or by selling a reduced benefit period. For example:

- An extended elimination period (without a first day of hospitalization benefit) often negates the need for many exclusion endorsements.
- A shorter benefit period may lower the percentage of extra premium required.

This guide will also identify applicants who may not be eligible for coverage due to certain physical conditions or impairments.

Establishing Expectations

Advising clients of potential outcomes and collecting as much information at the time of application increases the likelihood of placing a case that may take longer in underwriting or be issued on a modified basis.

Some guiding principles:

- Underwriting disability insurance is often a longer process than underwriting life or critical illness insurance.
- The amount of disability insurance purchased depends on the income. As such, the application process typically requires the applicant to provide financial documentation. Collecting and reviewing this information with your client is important to ensure they are applying for the appropriate coverage.
- The applicant can help make the process quicker by providing complete and accurate information on a timely basis.

Life vs. Disability Underwriting

As most people are more familiar with life insurance, the ability to highlight differences between the underwriting of life and disability insurance can help mitigate potential frustration. Disability insurance and life insurance have different risks. As such, the following factors are of high importance for disability insurance but may be of less concern for life insurance.

Income: Disability insurance typically requires financial documentation at the time of application or time of claim. Financial documentation is not typically required for life insurance as income is a significant factor only for large amounts of insurance.

Occupation: Identifying the occupation and associated duties is critical in determining the proper premium rate or even eligibility for disability insurance. Occupation, unless hazardous, is typically not a concern in life insurance underwriting.

Alternate Offers

Unfortunately, for a small number of cases, it is not possible for RBC Insurance to issue a fully underwritten policy due to a physical condition or impairment. In these instances, the underwriting team will contact you to discuss whether providing coverage through The Fundamental Series® product would be appropriate. If amenable, an offer will be made that requires no further underwriting action for the client.

Medical Underwriting

Medical underwriting refers to the use of medical or health information in the evaluation of an applicant for coverage. It is important that the applicant understand their obligation to answer the questions accurately and completely. An admitted existing condition, illness or injury shown on the application and not specifically excluded will be covered from the date of issue of the policy. However, failure to inform RBC Insurance of such pre-existing condition could result in denial of the claim or termination of the contract. In a situation where there is doubt as to the insurability of a potential applicant, contact your sales support representative or underwriting case coordinator.

While most applicants will qualify for standard disability insurance, some applicants will not because of their medical history. For applicants who do not qualify for standard insurance, we will attempt to issue a modified policy that provides coverage at a reasonable cost.

Do's and Don'ts

	DO	DON'T
Underwriting Decision	Inform the applicant that they should not assume the coverage is in force until the underwriter has made a decision.	Advise the client that they are insurable for disability insurance based on the life underwriting approval.
Occupational Classes	Refer to the occupational class guide for specific job titles. Review specific duties and the percentage of time spent on each duty.	
Replacements	Provide the date when the in-force coverage is to be paid, and submit the replacement form if required.	Recommend that the applicant cancel any existing coverage until new coverage is approved and in force.
Exclusions	Discuss with an applicant the potential for an exclusion rider when there is significant medical impairment. See the Medical Conditions section for a list of common impairments and potential outcomes.	
Rating Discussions	Discuss with an applicant the potential for an extra premium rating due to medical or non-medical factors.	

Substandard Underwriting

For disability insurance, substandard underwriting refers to a modification of coverage due to medical findings and history, physical impairments or some non-medical situation that exists or has existed.

Typical Underwriting Decisions and Their Meanings

There are six main types of decisions that RBC Insurance underwriters can make:

- Standard Rates – When the premium rates are set it is assumed that we will experience a certain level of morbidity (claims). The underwriter will therefore allow normal premium terms if the risk falls within the level of risk assumed in setting those base premium rates.
- Benefit Reduction – Extend the waiting period, reduce the benefit period or reduce the benefit amount.
- Rating – An extra premium is charged where there is an identified extra risk over and above what has been assumed in base premium rates. Ratings are applied to the base rate.
- Exclusion – Exclusions are applied where the risk is felt to be too great to apply a rating, but the risk is not that great that the policy will be declined. In essence the risk is acceptable but it is greater than can be accepted with a premium increase alone and so cannot be priced. In these circumstances an exclusion of a particular medical condition or a sport or pastime is offered.
- Alternate Offer – Where an alternative to the traditional fully underwritten product is offered.
- Decline – Decline decisions are made where the risk and likelihood of claim is felt to be too great and the risk cannot be reasonably priced or covered.

There could be a combination of an exclusion(s) and a rating(s), depending on the client's medical history.

Mandatory Decline Conditions for Disability Insurance

Occasionally, it is better not to have a client apply in light of significant conditions. Taking an application from an applicant who is certain to be declined not only will upset the applicant, but is also a misuse of your time and impedes the underwriter's ability to process other cases. Do not submit an application for a client who is affected by any of the conditions listed below:

- History of alcoholism, currently drinking
- Recovering alcoholic — decline for the first 5 years after recovery
- Current illicit drug use other than marijuana
- Lupus
- Cirrhosis
- Any hepatitis C or chronic hepatitis C — decline in both cases for the first 5 years after diagnosis
- Cushing's disease
- Optic neuritis — decline for the first 10 years after diagnosis
- Currently pregnant and in the third trimester
- Currently pregnant with current complications
- Polycystic kidney disease or a positive family history
- HIV positive or diagnosed with AIDS
- Chronic fatigue, present symptoms
- Muscular dystrophy
- Polymyositis or dermatomyositis
- Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease
- Charcot-Marie-Tooth (CMT) disease
- Huntington's disease
- Multiple sclerosis (MS)
- Myasthenia gravis
- Parkinson's disease
- Schizophrenia
- Cystic fibrosis
- Alzheimer's disease or dementia
- Emphysema

Financial Underwriting

The purpose of financial underwriting is to make sure that the applied coverage amount is appropriate for the financial situation. As it is important to provide financial incentive for the insured to return to work as soon as they are physically able, it is necessary to limit the total amount of disability income coverage available. RBC Insurance has published Issue and Participation Limits based on income that can be found later in this guide.

Reviewing and validating financial information is one of the primary reasons for delaying the issue of the policy or declining an application. Reviewing financial information with the client in advance of submitting their application may help in this regard. Evidence of income supplied with the application may help make the process more efficient.

Issue and Participation Limits

Special Issue and Participation Limits are available for those 4A occupation class applicants that are over the age of 55 and apply under either a Wage Loss Replacement Plan or the Established Professionals Program. Please contact your Sales Consultant for details.

Fully Underwritten Individual Disability Income

Class 4A	Age Limit	Issue Limit ¹	Combo Limit	Participation Limit
Non-Taxable	18 – 55	\$25,000 ²	\$35,000	\$35,000
	56 – 60	\$10,000 non-combo \$15,000 combo	\$25,000	\$10,000 non-combo \$25,000 combo (any amount above \$15,000 must be group insurance)
	61 – 63	\$8,000	\$10,000	\$8,000 non-combo \$10,000 combo (any amount above \$8,000 must be group insurance)
Taxable	18 – 55	\$25,000 ²	\$35,000 \$50,000 ³	\$50,000
	56 – 60	\$10,000 non-combo \$15,000 combo	\$25,000	\$10,000 non-combo \$25,000 combo (any amount above \$15,000 must be group insurance)
	61 – 63	\$8,000	\$10,000	\$8,000 non-combo \$10,000 combo (any amount above \$8,000 must be group insurance)

¹ Maximum amount of individual disability insurance that RBC Life Insurance Company will issue.

² Individual consideration will be given to requests to issue up to and including \$35,000 per month for otherwise standard cases subject to an established need based on a full review of all financial documentation for the last two complete tax years, including a full evaluation of unearned income and net worth. In these cases, the maximum Participation Limit will continue to be \$35,000 non-taxable or \$50,000 taxable, as per the above chart.

³ Total coverage available through RBC Life for multi-life cases associated with Advanced Underwriting only, otherwise Participation Limit only.

Class 3A to B	Age Limit	Issue and Participation Limits
3A	18 – 55	\$15,000
	56 – 60	\$6,000
	61 – 63	\$6,000
2A	18 – 55	\$7,000
	56 – 60	\$3,000
	61 – 63	\$3,000
A	18 – 55	\$5,000
	56 – 60	\$2,500
	61 – 63	\$2,500 (Foundation or Bridge contract only)
B	18 – 55	\$3,500
	56 – 60	\$1,500
	61 – 63	\$1,500 (Foundation or Bridge contract only)

The Fundamental Series

	Classes 1 and 2	Classes 3, 4, 5 and 6
Minimum Issue Limit	\$500	\$500
Maximum Issue Limit	\$6,000	\$5,000
Participation Limit	\$20,000	\$8,000

Financial Requirements

Individual Disability Coverage

Business/Employment Status	Applied for and in Force for Less Than \$11,000 (\$400,000 Lump Sum)	Applied for and in Force for \$11,000 or More (Lump Sum of \$400,001 or More)
Employee, no ownership share of the business	T4 or T1*	T4 + T1*
Employee with business expense deductions or commissioned employee with expense deductions	T1*	T4 + T1*
Owner/shareholder of incorporated business	T4 or T1* + Income Statement of business (farmers: T1* + Income Statement)	T4 + T1* + complete Business Financial Statements**
Owner/shareholder of incorporated business with expense deductions on personal tax return	T1* + Income Statement of business	T1* + complete Business Financial Statements**
Unincorporated professional, business owner or partner (see note 6)	T1* + Income Statement	T1* + complete Business Financial Statements**
Unincorporated farmer (see note 10)	T1*	T1*

* **T1** means all pages up to and including line 260 of the most recent T1 General federal tax return.

** **The Business Financial Statement** includes the Income Statement (profit & loss statement), balance sheet and notes for the last complete fiscal year.

Exception for 4A Executives (Who Are Part of a Multi-Life Sale)

4A Executive — Part of a Multi-Life Sale of 3 or More Individuals	All Amounts
Employee, no ownership share of the business	Census or letter on company letterhead, signed by the appropriate company official, with their title. Document must include clear breakdown of all applicants' salary, bonus and any other compensation for the last two years. If original document is not available or not submitted, census can be submitted as an email from the appropriate company official, not from the producer or applicant.
Corporate owner/shareholder — share of profit of business is not required to justify the indemnity requested	Same as above plus the census or letter must also state that for corporate income tax purposes, the business has not shown a net pre-tax loss for the last two fiscal years.
Corporate owner/shareholder — share of profit of business is required to justify the indemnity requested	Same as "Employee, no ownership share of business" plus the Income Statement of the business for the last complete fiscal year.

Business Overhead Expense Coverage[†]

Business Structure	Requirement at \$0
Unincorporated professional, business owner or partner	T1* and Income Statement of business
Owner/shareholder of an incorporated business	T1* and Income Statement of business

[†] Provided this documentation is not required for any other type of coverage applied for concurrently, there are no routine financial requirements for Business Overhead Expense applications except:

- where the in-force and applied for coverage exceeds \$3,000 per month. Proof of earnings and expenses is required at claim time;
- for select 4A professionals except where the in-force and applied for coverage exceeds \$10,000 per month. Select 4A professionals are accountants (CA, CMA, CGA only), actuaries, architects, chiropodists, professional engineers, lawyers, notaries (Quebec), optometrists, osteopaths, pharmacists, physicians and surgeons, podiatrists, orthodontists and psychologists (with a PhD only). Proof of earnings and expenses is required at claim time.

* T1 means all pages up to and including line 260 of the most recent T1 General federal tax return.

Disability Buy Sell Coverage

Business Structure	Amount Applied for Is \$500,000 or Less	Amount Applied for Is Over \$500,000
Unincorporated professional, business owner or partner (see note 6)	T1* and complete Business Financial Statements** for the past two years	T1* and complete Business Financial Statements** for the past two years
Owner/shareholder of an incorporated business	T1* or T4 and complete Business Financial Statements** for the past two years	T1* or T4 and complete Business Financial Statements** for the past two years

* T1 means all pages up to and including line 260 of the most recent T1 General federal tax return.

** The Business Financial Statement includes the Income Statement (profit & loss statement), balance sheet and notes for the last complete fiscal year.

Perk Allowance

Self-employed and commissioned salespeople experience a greater loss of income when disability strikes than other applicants. For this reason, a Perk Allowance is added to the insurable income of these individuals. This allowance is 20% of the net earned self-employed income or the net commission income, to a maximum of \$40,000 annually. If a salesperson receives both salary and commission, the Perk Allowance is calculated based on only the portion of insurable income derived from the net commission income. The Perk Allowance should not be included in the income figures provided on the application. Only actual income figures should be indicated on the application; the Perk Allowance will be calculated by the underwriter to determine the eligible coverage amounts.

Group/Association Offset

The insured has the choice to top up group or association benefits or apply for a larger benefit with a Group/Association Offset Amendment. The group offset rider is important for those who are topping up an existing group insurance policy. It causes the private plan to treat the group plan as a first payor and then it builds on top of and around the group plan, extending the private plan's definitions and strengths to supplement the group plan's benefits.

The insured may top up group or association benefits provided the combination of the group and association benefits and individual coverage does not exceed the maximum benefit that the insured's income allows in our current Issue Limits. In the event that this combination exceeds our current Issue Limits, this amendment will be applied to only the excess portion as specified in the policy. A 10% premium discount is applied to the policy if the excess portion of coverage is at least \$1,000 of the monthly benefit or the full amount of the policy, whichever is less. If the insured's policy has a 10% discount, the onus is on the insured to inform us when their group or association coverage has been terminated. If we do not receive notification and benefits become payable, the benefit will be reduced by 10%.



Cover Letter Guidelines

A cover letter is a communication to the underwriter and is your opportunity to highlight additional information for the underwriter. The cover letter can be used to provide additional details on the applicant's occupational duties, medical conditions or financial situation.

When to Provide a Cover Letter

A cover letter is not required for every application. It can be helpful to provide the underwriter with a broader understanding of the applicant if the applicant:

- has existing and significant medical issues, or
- has negative health behaviours such as drug or alcohol abuse, or
- has criminal charges or driving suspensions, or
- travels extensively, or
- is applying for income replacement with large premiums.

What Information to Include in a Cover Letter

A cover letter should include, but not be limited to, general information on the sale:

- The length of time you have known the applicant
- The purpose of the insurance
- Specifics related to any of the circumstances noted above
- Details of existing insurance coverage and any intention to replace existing coverage
- The involvement of other professionals in the sale (lawyers, accountants, etc.)

The cover letter may include additional details depending on the situation of the specific applicant. As a general rule, the disclosure of more information streamlines the process.

Medical Conditions

This section lists the medical conditions often seen on the application for disability insurance. This list indicates a *typical* underwriting outcome — it does not guarantee what the decision will be. This will help you prepare your client or identify situations where an offer is unlikely, eliminating a potentially unpleasant surprise. **These are the potential outcomes for each individual condition. If more than one condition is present, the potential outcome may differ.** Completing and providing any listed questionnaires or statements along with the application may shorten the process.



Alcohol Abuse

Alcoholism is a chronic illness marked by the consumption of alcohol at a level that interferes with physical or mental health or with social, family or occupational responsibilities. The complications of alcohol dependence or abuse are many and pervasive. Individuals who suffer from alcohol abuse and dependence often have associated anxiety, depression and/or antisocial behavioural disorders.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Treatment (medication, admission to treatment facility, participation in a self-help group such as AA) ▪ Stability factors (financial, employment) ▪ Presence of medical or psychological consequences ▪ Occurrence of DUI, DWI or OUI (dates) ▪ Current use ▪ Any loss of time from work 	<ul style="list-style-type: none"> ▪ Alcohol Usage Questionnaire ▪ Attending Physician’s Statement (from personal physician and treatment facility if appropriate and available) ▪ Full blood profile ▪ Motor Vehicle Record if appropriate 	<ul style="list-style-type: none"> ▪ Contingent on the amount of consumption, history of DUI, DWI or OUI, and stability factors (no physical damage from abuse present) ▪ Up to 2 drinks per day: standard ▪ 2 or 3 drinks per day: possibly standard with a minimum 90-day elimination period ▪ 4 drinks or more per day: ranges from substandard to declined

Anxiety (Generalized Anxiety Disorders)

Anxiety is a feeling of apprehension or fear that lingers and can be situational or chronic. A generalized anxiety disorder is a relatively common (about 5%) lifetime incidence. It is a potentially chronic or recurrent condition with symptoms of excessive worry or anxiety of at least six months duration. There may be associated symptoms such as restlessness, fatigue, poor concentration, sleep disturbance, etc. The symptoms are such that a disturbance of social, occupational or other areas of function may occur.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset, diagnosis and duration ▪ Severity of symptoms ▪ Frequency of episodes ▪ Number of episodes requiring treatment ▪ Cause (if known) ▪ Ongoing symptoms (if any) ▪ Treatment (medication and dosage) ▪ Hospitalization or emergency room visits ▪ Any loss of time from work 	<ul style="list-style-type: none"> ▪ Nervous Disorder Questionnaire ▪ Attending Physician’s Statement 	<ul style="list-style-type: none"> ▪ Contingent on whether the occurrence is situational or chronic (severity) and on current treatment ▪ If fully recovered for five years, may be standard ▪ Otherwise, ranges from substandard to declined ▪ 30- and 60-day elimination periods are generally not available

Arthritis (Osteoarthritis or Degenerative Joint Disease – Excludes Rheumatoid Arthritis)

Arthritis is a chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joints. The large joints of the legs (hips, ankles and knees) tend to be the most severely affected. The process slowly develops and may become symptomatic years after injury. Diagnosis before middle age is uncommon and implies a more severe problem. Excess weight or certain occupations tend to increase stress on the joints and can accelerate or worsen the osteoarthritis.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Type of arthritis ▪ Severity of symptoms ▪ Prior severe trauma or surgery to joint ▪ Treatment (medication and dosage) ▪ Limitations of activities (if any) ▪ Full details of occupational duties ▪ Any loss of time from work 	<ul style="list-style-type: none"> ▪ Supplemental Health Statement ▪ Attending Physician's Statement 	<ul style="list-style-type: none"> ▪ Contingent on severity of symptoms, occupation, any limitations and treatment ▪ Mild (minimal symptoms, occasional anti-inflammatory medication): standard ▪ Moderate (daily medication, periodic cortisone injection): arthritis exclusion ▪ Severe (long history of prednisone use, multiple joints): declined ▪ Traumatic arthritis (single joint other than hip, knee or back): joint exclusion

Asthma

Asthma is characterized by recurrent attacks of shortness of breath and wheezing due to a reversible narrowing of the smaller bronchi and bronchioles. Most asthma represents an allergic response to pollens, house dust, foods, medications, infections or unknown factors, and it occurs more commonly in children and young adults.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Severity of symptoms ▪ Frequency of attacks ▪ Treatment (medication and dosage) ▪ Underlying respiratory medical conditions ▪ Hospitalization or emergency room visits ▪ Smoking status 	<ul style="list-style-type: none"> ▪ Respiratory Disorder Questionnaire 	<ul style="list-style-type: none"> ▪ Contingent on frequency of episodes, level of control and any underlying medical conditions ▪ More favourable situations (infrequent and well controlled): standard ▪ Less favourable situations (frequent or daily preventative medication): issued with a rider ▪ Severe case: ranges from a rider with limited benefits to declined

Back Impairments

Back impairments can and do recur frequently. Back impairments may involve the vertebrae, discs, nerve roots, facet joints, muscles or ligaments. Relapses are common, often precipitated by stressful activity. Many months, even years, may pass without symptoms, and remission may occur spontaneously with time. Back impairments are diagnosed often through history and physical examination.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Severity of symptoms ▪ Frequency/dates of previous episodes ▪ Limitations of activities (if any) ▪ Hospitalization or emergency room visits ▪ Occupational duties ▪ Any loss of time from work ▪ Full details of treatment (referrals, chiropractic or alternate therapies) 	<ul style="list-style-type: none"> ▪ Back Pain Questionnaire ▪ Attending Physician's Statement, contingent on history 	<ul style="list-style-type: none"> ▪ Contingent on underlying cause, occupational duties, frequency of occurrence and level of severity ▪ Underwriting decision will vary from standard to declined

Cancer

Cancer, or malignant neoplasm, is a broad group of diseases involving unregulated cell growth. In cancer, cells divide and grow uncontrollably, forming malignant tumours and invading nearby parts of the body. The cancer may also spread to more distant parts of the body through the lymphatic system or bloodstream. There are over 200 different known cancers that affect humans. The causes of cancer are diverse, complex and only partially understood.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Date of diagnosis ▪ Type of cancer ▪ Full details of treatment ▪ Frequency of followups or any planned followup ▪ Recurrence or metastasis (spreading) ▪ Hospitalization or emergency room visits ▪ Limitations of activities (if any) ▪ Any loss of time from work 	<ul style="list-style-type: none"> ▪ Attending Physician's Statement (to include initial pathology reports, staging/extent of disease and treatment, interim history and current status) 	<ul style="list-style-type: none"> ▪ Contingent on stage at initial diagnosis, severity and treatment results ▪ Underwriting decision will vary from standard to declined

Crohn's and Colitis

Crohn's disease is a chronic inflammatory disease usually affecting the terminal ileum (ileitis, enteritis) and/or colon (colitis). Inflammatory bowel disease (IBD) is a phrase meaning chronic intestinal inflammation of unknown cause that is commonly applied to Crohn's disease and ulcerative colitis.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Severity of symptoms ▪ Frequency and dates of previous episodes ▪ Treatment (medication and dosage) ▪ Weight change (if any) 	<ul style="list-style-type: none"> ▪ Supplemental Health Statement ▪ Attending Physician's Statement with all clinical notes, test results and referral reports 	<ul style="list-style-type: none"> ▪ Contingent on severity of symptoms, treatment and additional complications ▪ Underwriting decision will vary from an exclusion to declined

Depression (Major Depression)

Depression is an emotional state characterized by feelings of persistent sadness, worthlessness, rejection, loss of hope and loss of interest in usual activities. Depression can be broken down into two categories – single episode or recurrent. The critical feature of a major depressive episode is either a dysphoric mood, usually depression, or a loss of interest or pleasure in all or almost all usual activities and pastimes.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Frequency and dates of previous episodes ▪ Treatment (medication and dosage) ▪ Hospitalization or emergency room visits ▪ Suicidal thoughts or suicide attempts ▪ Full details of doctors providing treatment and any referrals ▪ Any loss of time from work 	<ul style="list-style-type: none"> ▪ Nervous Disorder Questionnaire ▪ Attending Physician's Statement (attending physician and specialist) 	<ul style="list-style-type: none"> ▪ Contingent on the number of episodes, contributing factors and current treatment ▪ 30- and 60-day elimination periods are generally not available ▪ Possible range from a high rating with a nervous disorder exclusion and limited benefit period to declined

Diabetes (History of Elevated Blood Sugar)

Diabetes is a life-long disease of high blood sugar caused by too little insulin, resistance to insulin or both. The long-term effects of diabetes are cumulative. There are two general categories of long-term effects: large and medium artery damage and arteriole and capillary damage.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Treatment (medication and dosage) ▪ Control factors (diet, exercise) ▪ Type of diabetes ▪ Blood pressure ▪ Smoking status 	<ul style="list-style-type: none"> ▪ Diabetes Questionnaire ▪ Attending Physician’s Statement ▪ Blood Chemistry Profile and Urinalysis 	<ul style="list-style-type: none"> ▪ Contingent on type of diabetes, build and age of onset ▪ Ranges from a rating with limited benefits to declined

Drug and Substance Abuse (Excluding Alcohol)

Drug abuse is the use of any habit-forming drug for purposes other than those for which it is normally intended, or in a manner or taking quantities other than directed. It may include illegal or prescription drugs.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Frequency of use ▪ Treatment (medication, participation in self-help group, admission or referral to treatment program) ▪ Stability factors (financial, employment) ▪ History of relapse ▪ Criminal convictions or charges pending 	<ul style="list-style-type: none"> ▪ Drug Usage Questionnaire ▪ Attending Physician’s Statement ▪ Full blood profile (finger stick or DBS not acceptable) ▪ Motor Vehicle Record if appropriate 	<ul style="list-style-type: none"> ▪ Underwriting of drug abuse is complex; there may be nuances of a given case that require discussion ▪ May be standard based on frequency of abuse and presence of favourable factors; may also include a rating or be declined ▪ Marijuana usage only: may be standard based on frequency of use and job stability ▪ All other: typically declined

Epilepsy (Seizure Disorder)

Epilepsy is a disorder of the central nervous system characterized by seizures. The seizures are due to an excessive discharge of neurons. Usually seizures begin in childhood. If they begin in adulthood, an underlying disease may be present. After careful evaluation, if no cause is found, epilepsy is presumed. If there is an underlying disease (e.g. a brain tumour, degenerative brain disease), that condition itself may be more of an underwriting concern than the resulting seizure.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Severity of symptoms ▪ Frequency and dates of previous seizures ▪ Type of epilepsy ▪ Treatment (medication and dosage) ▪ Hospitalization or emergency room visits 	<ul style="list-style-type: none"> ▪ Supplemental Health Statement ▪ Attending Physician's Statement, contingent on severity 	<ul style="list-style-type: none"> ▪ Contingent on type, frequency and occurrence of last attack ▪ Petit Mal: depending on the number of attacks and the length of time since the last attack, may be standard or rated "modified coverage" ▪ Grand Mal: likely highly substandard, limited coverage (rating and limited benefit period) if not declined

Gastroesophageal Reflux Disease (GERD)

GERD consists of a reflux of acid from the stomach into the oesophagus. The primary symptom is heartburn.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Treatment (medication and dosage) ▪ Severity of symptoms ▪ Frequency and dates of previous episodes ▪ Presence of complications 	<ul style="list-style-type: none"> ▪ Supplemental Health Statement ▪ Attending Physician's Statement, contingent on history 	<ul style="list-style-type: none"> ▪ Contingent on severity of symptoms and treatment ▪ Underwriting decision will vary from standard to declined ▪ Well controlled: standard ▪ Not well controlled: from a rating to declined

Headaches and Migraines

Headaches are a common occurrence and are usually benign in nature. Migraines are a disorder involving repeated or recurrent headaches. Of concern is the underlying cause, intensity, quality, duration and frequency. Headaches may be associated with many possible causes from a simple viral infection to sinusitis, a space-occupying lesion like a tumour, meningitis, depression, toxic exposure (to lead, carbon monoxide) and hypertension.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Dates of onset and diagnosis ▪ Frequency of headaches ▪ Severity of symptoms ▪ Treatment (medication and dosage) ▪ Hospitalization or emergency room visits ▪ Level of controllability ▪ Any loss of time from work 	<ul style="list-style-type: none"> ▪ Supplemental Health Statement ▪ Attending Physician's Statement, contingent on severity 	<ul style="list-style-type: none"> ▪ Contingent on frequency, level of debilitation, association with other conditions and treatment ▪ Headaches and migraines (mild, infrequent and easily controlled): standard ▪ Migraines (frequent and debilitating): ranges from headache and migraine exclusion to declined

High Blood Pressure (Hypertension)

High blood pressure is a condition where a person has higher than normal blood pressure. High blood pressure is generally considered significant when readings are greater than 140 systolic and 90 diastolic.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Date of diagnosis ▪ Treatment (medication and dosage) ▪ Other renal or cardiovascular abnormalities ▪ Limitations of activities (if any) ▪ Family history (if any) 	<ul style="list-style-type: none"> ▪ Vitals, depending on history 	<ul style="list-style-type: none"> ▪ Contingent on average reading, BMI and level of control ▪ Well controlled, with one or two medications: standard ▪ Not well controlled: from a rating to declined

Obesity (Build)

Being overweight or obese is a significant health concern whose prevalence has increased over the past four decades. Defined as having a Body Mass Index (BMI) of 30 – 39.9. The concern with being overweight or obese is that the person has excessive amounts of body fat, and the risk for developing complications increases with greater amounts of excessive body fat.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Treatment (surgery and medications used for weight loss or control) ▪ Recent weight change ▪ Complications of obesity ▪ Limitations of activities (if any) ▪ Full details of occupational duties 	<ul style="list-style-type: none"> ▪ Attending Physician’s Statement, dependent on history ▪ Vitals 	<ul style="list-style-type: none"> ▪ Contingent on level of obesity, other medical conditions and treatment ▪ Possible range from standard to a high rating to declined

Pregnancy

There are many conditions that can be complications of pregnancy including, but not limited to, unusual fatigue, recommended bed rest, hyperemesis gravidarum, planned or past caesarean section, and gestational diabetes. It is critical that the application be written to allow time for the completion of the underwriting prior to the third trimester.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> ▪ Expected date of birth ▪ History of previous pregnancies and any complications ▪ Hospitalization or emergency room visits 	<ul style="list-style-type: none"> ▪ Attending Physician’s Statement 	<ul style="list-style-type: none"> ▪ Coverage considered during first and second trimester only ▪ Contingent on current or past complications and prior or current health problems ▪ Coverage approved will require complications of pregnancy or childbirth exclusion

Sleep Apnea

Sleep Apnea is characterized by the occurrence of apnea (the cessation of breathing for at least 10 seconds) during sleep. Symptoms include cognitive dysfunction, personality change, daytime sleepiness and poor daytime job performance. Conditions that may lead to sleep apnea are obesity and upper airway abnormalities.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none">▪ Dates of onset and diagnosis▪ Severity of symptoms▪ Full details of prior sleep studies (dates and records)▪ Treatment (Continuous Positive Airway Pressure [CPAP], surgery)▪ Hospitalization or emergency room visits▪ Underlying medical conditions (obesity, smoking, etc.)	<ul style="list-style-type: none">▪ Attending Physician's Statement▪ Results of any sleep studies	<ul style="list-style-type: none">▪ Contingent on severity of symptoms▪ Underwriting decision will vary from standard to decline



Non-Medical Conditions

Motor Vehicle Violations

Driving doesn't usually represent a major concern in most disability insurance cases, but there is another aspect of the risk to consider when forming an overall picture of the applicant. As the number of an applicant's motor vehicle violations increases, so does the likelihood of a motor vehicle accident and a resulting disability. If an applicant has a poor driving record, this may not represent a standard risk.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> Driving violations/infractions (dates, number and reason) Alcohol or drug abuse License suspensions or revocations Medications that may impair driving 	<ul style="list-style-type: none"> Motor Vehicle Record 	<ul style="list-style-type: none"> Contingent on the infraction type, number of violations and last occurrence Benefits may be limited Speeding, minor accidents with minimal property damage: from standard to a rating Major moving violation including DWI and reckless driving: from standard to declined

Foreign Travel (Residence)

Some of the traditional risks of foreign travel, including exposure to infectious disease, lower standards of public health, sanitation and general living conditions, are not as significant as they were in the past. Specific medical issues such as lack of quality medical facilities and control over distribution of certain drugs and medications may arise in some countries.

Details to provide with application	Expected requirements	Likely underwriting decisions
<ul style="list-style-type: none"> Duration, destination (rural/metropolitan) and frequency of travel Purpose (business, pleasure) Employer information 	<ul style="list-style-type: none"> Travel Questionnaire 	<ul style="list-style-type: none"> Contingent on location and frequency Holiday travel: standard U.S. travel: standard Travels up to 50% of the time: standard Travels more than 50% of the time: exclusion and/or limited benefits Typically insurable with a travel exclusion Countries with known travel advisories: declined



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