



LIFE
INSURANCE



CRITICAL ILLNESS
INSURANCE

FIELD UNDERWRITING GUIDE FOR REPRESENTATIVES



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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.

Requirements – Life insurance

ADO: Additional Deposit Option

APS: Attending Physician Statement

CAD: Contribution in the event of Applicant’s Disability

CI: Critical Illness

CID: Contribution in the event of Insured’s Disability

DI: Disability Insurance

FQ: Financial Questionnaire (form Q2A)

FS: Financial Statements

GI: Guaranteed Insurability

IR: Inspection Report

MVR: Motor Vehicle Report

NOA: Notice of Assessment

SI: Supplemental Income

WPDIs: Waiver of Premiums in case of the applicant’s Disability

| Age | 0 \$99,999 | \$100,000 \$300,000 | \$300,001 \$499,999 | \$500,000 | \$500,001 \$2,000,000 | \$2,000,001 \$3,000,000 | \$3,000,001 \$5,000,000 | \$5,000,001 and more |
|--------------------|---|--|--|--|--|--|---|--|
| 0-14 | Declaration of insurability | Declaration of insurability | Declaration of insurability | Declaration of insurability | Declaration of insurability | Phone interview APS | Phone interview APS | Phone interview APS \$ FQ \$\$ IR |
| 15-50 | Declaration of insurability * | Declaration of insurability * | Declaration of insurability * | Declaration of insurability * ■ | Declaration of insurability * ■ | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile APS MVR | Phone interview Vital signs Blood profile APS, MVR \$ FQ \$\$ IR |
| 51-55 | Declaration of insurability * | Declaration of insurability * ■ | Declaration of insurability * ■ | Declaration of insurability * ■ | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile APS MVR | Phone interview Vital signs Blood profile APS, MVR \$ FQ \$\$ IR |
| 56-60 | Declaration of insurability * | Declaration of insurability * ■ | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile APS MVR | Phone interview Vital signs Blood profile APS, MVR \$ FQ \$\$ IR |
| 61-65 | Phone interview | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile APS MVR | Phone interview Vital signs Blood profile APS, MVR \$ FQ \$\$ IR |
| 66-69 | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS MVR | Phone interview Vital signs Blood profile APS, MVR \$ FQ \$\$ IR |
| 70 or older | Declaration of insurability APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS | Phone interview Vital signs Blood profile APS MVR | Phone interview Vital signs Blood profile APS, MVR \$ FQ \$\$ IR |

Immigrants with less than 1 year residency in Canada (LIFE only):

- Ages 0-60 face amounts up to \$100,000 = Declaration of Insurability
- Ages above 60 – OR – face amounts above \$100,000 = Phone Interview, Blood Profile, Vital Signs

Blood Profile: Includes Urine.

Phone Interview and **Vital Signs** can be replaced by Paramedical Exam.

APS, MVR, and **IR** are ordered by the underwriter.

Underwriting Requirements are based on the TOTAL AMOUNT of all life insurance pending and in force with iA and any other company within the last 12 months. This total includes the basic amount + term rider amount + GI amount + ADO amount.

iA reserves the right to request any test or report deemed necessary to underwrite your client regardless of plan type, coverage amount or age.

LIFE + CI Combo

CI requirements take precedence over LIFE requirements for:

- Ages 15-40 when CI amounts > \$250,000
- Ages 41-50 when CI amounts > \$200,000
- Ages 51-60 for any CI amounts

* **Disability (DI):** for disability credit rider or total disability benefit (credit rider, supplementary income) if the benefit to be paid is over \$2,000/month, or for WPDIs, CID/CAD if the premium to be waived is over \$2,000/month; a telephone interview is required.

■ **Predictive Analytics** is performed by iA and additional requirements may be needed depending on results. Most cases only require a Declaration of Insurability.

\$ FQ: for amounts between \$5,000,001 and \$10,000,000, 2 years of NOA (personal) – OR – 2 years of FS (business) may also be required at the discretion of the underwriter.

\$\$ IR: for amounts above \$10,000,000, an IR can be replaced by a Cover Letter + FQ + 3rd party asset verification and either 2 years of NOA (personal) – OR – 2 years of FS (business).

Requirements – Critical Illness Insurance

| Age | 0 \$99,999 | \$100,000 \$200,000 | \$200,001 \$250,000 | \$250,001 \$500,000 | \$500,001 \$3,000,000 |
|--------------|----------------------------------|---|---|---|---|
| 0-14 | Declaration of insurability | Declaration of insurability | Declaration of insurability | Declaration of insurability | |
| 15-17 | Declaration of insurability | Declaration of insurability | Declaration of insurability | Phone interview Vital signs Blood profile | |
| 18-40 | Declaration of insurability * | Declaration of insurability * | Declaration of insurability | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile |
| 41-50 | Declaration of insurability * | Declaration of insurability * | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile |
| 51-65 | Phone interview | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile | Phone interview Vital signs Blood profile |

Immigrants with less than 1 year residency in Canada: Phone Interview, Blood Profile and Vital Signs.

Increased Benefit Rider: Increase the Critical Illness amount by 50% to determine the requirements.

Blood Profile: Includes Urine.

Phone Interview and **Vital Signs** can be replaced by Paramedical Exam.

***Disability (DI):** WPDIs

When the WPDIs benefit is greater than \$2,000/month, a phone interview is required.

LIFE + CI Combo

CI requirements take precedence over LIFE requirements for:

- Ages 15-40 when CI amounts > \$250,000
- Ages 41-50 when CI amounts > \$200,000
- Ages 51-60 for any CI amounts

iA reserves the right: to request any test or report deemed necessary to underwrite your client regardless of plan type, coverage amount or age.

Predictive Analytics

Historically, risk analysis was linked to a grid of predetermined requirements that routinely required medical tests, blood profiles and vital signs above a certain age and face amount.

With Predictive Analytics, which uses data and statistical techniques to identify the likelihood of certain events or risks, we can limit the need for invasive medical tests and increase the point of sales approvals.

Stacking

As a result of the industry's move towards accelerated underwriting and the liberalization of medical requirements at higher amounts and at the reinsurers request, iA has introduced the concept of "stacking" life insurance amounts.

This concept applies to clients between the ages of 15 and 50 and is based on the TOTAL of all life insurance amounts pending and in force, with ALL companies in the last 12 months. For cases where the cumulative total of life insurance exceeds \$2,000,000, a blood profile (including a urine test) and vital signs are now required.

Children

Adopted children

Requirements

- Consent of the biological father or mother or legal guardian is mandatory if the legal adoption is not yet official
- Adoption application if available

Underwriting action - LIFE AND CRITICAL ILLNESS

- Can be insured from birth. The declaration of insurability must be signed by the biological father or mother and by the person having custody of the child at the time the application is signed.

International adoption

(in Canada for less than 3 years)

Requirements

- Adoption application
- Permanent SIN or Permanent Resident Card
- If in Canada for less than 1 year, an APS will be required

Underwriting action - LIFE AND CRITICAL ILLNESS

- Depending on the information obtained, standard rates may be available.
- If an APS is not available in Canada AND amount requested > \$50,000: case will be postponed. Reconsideration is available after a full medical examination has been completed by a Canadian pediatrician.

Foster family

Requirements

- In the foster family for at least 3 years
- The application must be signed by the child's biological father/mother or legal guardian.
- Maximum amount is \$50,000

Underwriting action - LIFE AND CRITICAL ILLNESS

- Depending on the information obtained, standard rates may be available.
- The number of children in the foster family and the amount of life insurance coverage for each child must be the same for all the children fostered by the family.
- The foster family's biological children must be insured for an amount at least equal to the amount requested on foster children.

Financial underwriting guidelines – Life coverage

Personal insurance

- A Financial Questionnaire is required for face amounts between \$5,000,001 and \$10,000,000.
- An Inspection Report is required for total face amounts over \$10,000,000.
- A Cover Letter* justifying the total insurance in-force and pending must be enclosed with any new request over \$10,000,000.
- A Cover Letter* and/or 2 years Notice of Assessment may be required when it is difficult to justify the face amount requested.
- The in-force insurance is included in the assessment of the maximum total face amount.

| Conditions | | Requirements | Guidelines | | | |
|------------------------------|--|--|---|---|----------|---------------------------|
| Adults WITH income | | — Answers to the financial questions in the application | Age | Canadian Annual Income Multiplication Factor (salary, bonuses, commissions) | + | Canadian Net Worth |
| | | | 18-30 | 30 | | Canadian Net Worth Amount |
| | | | 31-40 | 25 | | |
| | | | 41-50 | 20 | | |
| | | | 51-60 | 15 | | |
| | | | 61-65 | 10 | | |
| | | | 66-70 | 5 | | |
| > 70 | Maximum of \$200,000 (see Elderly people section) | | | | | |
| Adults WITHOUT income | | — Answers to the financial questions in the application — The eligible insurance amount will be assessed with the Personal Net Worth | Age | Amount (the highest amount) | | |
| | | | < 50 years | \$500,000 or 50% of the amount for which the spouse qualifies | | |
| | | | 51 to 70 years | \$250,000 or 50% of the amount for which the spouse qualifies | | |
| Elderly people | | — Answers to the financial questions in the application | <ul style="list-style-type: none"> — > 70 years: maximum of \$200,000 — Additional amount possible based on Canadian Net Worth and Foreign Net Worth — On a case-by-case basis for higher amounts with a Cover Letter* justifying the amount of insurance requested and the purpose of insurance | | | |
| Students | | — Answers to the financial questions in the application — More than \$500,000: Cover Letter* | <ul style="list-style-type: none"> — In general, a maximum of \$500,000 — On a case-by-case basis for higher amounts with a Cover letter* | | | |
| Children/ Teenagers | | — Answers to the financial questions in the application — More than \$500,000 and/or if the grandparents are taking out the insurance: Cover Letter* | <ul style="list-style-type: none"> — In general, a maximum of \$500,000 — On a case-by-case basis for higher amounts with a Cover Letter* | | | |
| Charitable donation | | — Answers to the financial questions in the application — A Cover Letter* | <ul style="list-style-type: none"> — On a case-by-case basis for higher amounts with a Cover Letter* | | | |
| Foreign Net Worth | | <ul style="list-style-type: none"> — Answers to the financial questions in the application — Verification of information with official documents from an international institution, in French or in English, dated within 6 months of the application date: <ul style="list-style-type: none"> • Bank accounts • Investments holdings • Copy of the Canadian Tax Return (T1 and T1135) | <ul style="list-style-type: none"> — Can justify for <ul style="list-style-type: none"> • Up to 50% of the total face amount and • Up to a maximum of \$5,000,000 — Calculation of the Foreign Net Worth amount that can be applied: <ul style="list-style-type: none"> • 25% of NONVERIFIED Foreign Assets (WITHOUT official documents) AND • 50% of VERIFIED Foreign Assets (WITH official documents) | | | |

* Cover Letter: see Cover Letter chart on pages 10 and 11.

Business insurance

- A Financial Questionnaire is required for a face amount between \$5,000,001 and \$10,000,000.
- An Inspection Report, a Cover Letter, Third-Party verification of assets and 2 years of financial statements are required for a total face amount of \$10,000,000 and above.
- Additional financial information may be required when it is difficult to justify the face amount requested.
- Underwriting requirements are based on the total amount of all life insurance pending and inforce with iA and any other company within the last 12 months.

| Conditions | Requirements | Guidelines | |
|--|--|--|---|
| Creditor/ Loan concept | <ul style="list-style-type: none"> — Answers to the financial questions in the application — Copy of the loan granted — Financial Questionnaire / Cover Letter* | <ul style="list-style-type: none"> — 100% of the loan number X % of shares in the company | |
| Buy/Sell Agreement | <ul style="list-style-type: none"> — Answers to the financial questions in the application — Verified Financial Statements for the last 2 years — Financial Questionnaire / Cover Letter* | Role in the company | Assessment |
| | | <ul style="list-style-type: none"> — Active shareholders | <ul style="list-style-type: none"> — Fair Market Value of the company X % of share ownership + Annual income X 5 |
| | | <ul style="list-style-type: none"> — Inactive shareholders | <ul style="list-style-type: none"> — Fair Market Value of the company X % of share ownership |
| <ul style="list-style-type: none"> — Sole owner | <ul style="list-style-type: none"> — Consider as personal insurance | | |
| Key Person concept | <ul style="list-style-type: none"> — Answers to the financial questions in the application — Cover Letter* | <ul style="list-style-type: none"> — Annual income increased by 50% X 5 | |
| Farming Business | <ul style="list-style-type: none"> — Answers to the financial questions in the application — Cover Letter* | <ul style="list-style-type: none"> — Estate freeze / asset freeze or a mixture of personal insurance, loan insurance or buy / sell agreement — Otherwise calculation should be based on loans granted, financial statements and value of quotas, land, buildings and machinery | |
| Start-up Business | <ul style="list-style-type: none"> — Answers to the financial questions in the application — Cover Letter* | <ul style="list-style-type: none"> — On a case-by-case basis depending on the type of business, amount and type of loan and pro forma financial statements | |

* Cover Letter: see Cover Letter chart on pages 10 and 11.

Financial underwriting guidelines – Critical illness coverage

Personal insurance

- A Cover Letter and/or a Financial Questionnaire and/or additional financial information may be requested when it is difficult to justify the face amount requested.
- The in-force insurance amount is included in the assessment of the maximum total face amount.

| Conditions | Requirements | Guidelines | |
|------------------------------|---|---|--|
| Adults WITH income | <ul style="list-style-type: none"> – Answers to the financial questions in the application | Age 18-55 56-60 61-65 | Multiplication factor (X annual income) 10 5 3 (multiplication factor decreasing annually) |
| | | <ul style="list-style-type: none"> – Earned Annual Income = salary, bonuses, commissions – Unearned Annual Income = investment and rental incomes and retirement pension are not to be included – A higher amount could be considered with Personal Net Worth – A Cover Letter can be required to justify the total amount of insurance (in-force and pending amount) | |
| Adults WITHOUT income | <ul style="list-style-type: none"> – Answers to the financial questions in the application | Non-working spouses | \$250,000, OR 4x the working spouse's income, OR the amount of critical illness insurance in force on the working spouse |
| | | Adults | \$250,000 |
| Children | <ul style="list-style-type: none"> – Answers to the financial questions in the application | <ul style="list-style-type: none"> – \$250,000 to \$500,000 AND all siblings must be insured for the same amount | |

Business insurance

- A Cover Letter and/or a Financial Questionnaire and/or additional financial information may be requested when it is difficult to justify the face amount requested.
- The in-force business insurance amount is included in the assessment of the maximum total face amount.

| Conditions | Requirements | Guidelines |
|---------------------------------------|--|--|
| Creditor/Business loan concept | <ul style="list-style-type: none"> – Answers to the financial questions in the application – Cover Letter* | <ul style="list-style-type: none"> – Available to company shareholders according to % shares – All active shareholders must be insured in proportion to shares held in the company – A Cover Letter may be required to justify the total amount of insurance (in force and pending) |
| Buy-Sell concept | <ul style="list-style-type: none"> – Answers to the financial questions in the application – Verified Financial Statements for the last 2 years – Cover Letter* – For some higher amounts, an inspection report and business beneficiary reports can be required | <ul style="list-style-type: none"> – Face amount must be justified according to the % of the shares held – The insured must be active in the company and hold a minimum of 10% shares |
| Key Person concept | <ul style="list-style-type: none"> – Answers to the financial questions in the application – Cover Letter* | <ul style="list-style-type: none"> – On case-by-case basis, the multiplication factor varies depending on the details obtained and client's age |

* Cover Letter: see Cover Letter chart on pages 10 and 11.

Cover letter

The purpose of the Cover Letter is to provide the Underwriter with additional information to better understand your client's specific insurance need. By providing the total amount of insurance that will be in force, the reason for the amount requested, an explanation of how the amount was calculated, any knowledge you have on the client, their business, their lifestyle/habits, etc... you will help the underwriter understand the client and the motivation behind the sale.

| Insurance purpose | Information to include |
|---|--|
| Personal insurance | |
| Students | <ul style="list-style-type: none"> — Purpose of Insurance — Field of study and academic level — Parents' Net Worth |
| Children/Teenagers | <ul style="list-style-type: none"> — Purpose of Insurance — Net Worth of Parents or Net Worth of Grandparents, if they are purchasing the insurance — Amount of Insurance in-force on the lives of parents and siblings', specify reason if no coverage |
| Charitable donation <i>Purpose of information: To justify the amount based on the donor's past and present</i> | <ul style="list-style-type: none"> — Donor motivations — Involvement and role within the organization — Knowledge of the organization — Past donations — Reasons linking the donor to this organization |



Cover letter

The purpose of the Cover Letter is to provide the Underwriter with additional information to better understand your client's specific insurance need. By providing the total amount of insurance that will be in force, the reason for the amount requested, an explanation of how the amount was calculated, any knowledge you have on the client, their business, their lifestyle/habits, etc... you will help the underwriter understand the client and the motivation behind the sale.

| Insurance purpose | Information to include |
|------------------------------|--|
| Business insurance | |
| Buy/Sell Agreement | <ul style="list-style-type: none"> — Company shareholders: <ul style="list-style-type: none"> • Names, Title, percentage of shares • Insurance in-force and pending for each shareholder • Reason if the amounts are not proportional to partnership involvement — Company value <ul style="list-style-type: none"> • Assets and Liabilities — All information needed to justify the total amount of insurance in-force |
| Creditor/Loan concept | <ul style="list-style-type: none"> — Loan amount and reason for borrowing — Company shareholders: <ul style="list-style-type: none"> • Names, Title, percentage of shares • Amount of insurance requested for each shareholder • Reason if the amounts are not proportional to partnership involvement |
| Key Person concept | <ul style="list-style-type: none"> — Key persons in the company: <ul style="list-style-type: none"> • Purpose of insurance • Names of key people and amount of insurance in-force and pending • What sets them apart from other employees (employee expertise and influence that contribute to the company's growth) |
| Farming Business | <ul style="list-style-type: none"> — Farm shareholders: <ul style="list-style-type: none"> • Names, Title, percentage of shares • Amount of insurance requested for each shareholder • Reason if the amounts are not proportional to partnership involvement — Provide all the information concerning the farm <ul style="list-style-type: none"> • Type of livestock, number of animals, quotas (kg/day) and details of livestock value (milk quotas, value of cattle, etc.) • Arable land: type of crop, number of hectares, land rental income • Value of machinery and buildings |
| Start-up Business | <ul style="list-style-type: none"> — Company shareholders: <ul style="list-style-type: none"> • Names, Title, percentage of shares • Amount of insurance requested for each shareholder in respect of the loan • Reason if the amounts are not proportional to partnership involvement — Type of company financing (personal loan, business loan and loan amount) — Amount of contracts already signed — <i>Pro forma</i> financial statements |

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 mountains terrain, medical impairments or non-medical risks — If craft is home or factory built | <p>Questions applicable to the "Sports and Travel" section and "Non-medical general questionnaire" of the application or Questions applicable to the "Aviation" section and/or "Hazardous sports" section of the 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 \$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>Best case scenario</p> <ul style="list-style-type: none"> — Other than over mountainous OR remote areas: Standard <p>Otherwise</p> <ul style="list-style-type: none"> — +25% / Exclusion |

Commercial aviation

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 mountains terrain, medical impairments or non-medical risks — Average of flying hours per year | <p>Questions applicable to the “Sports and Travel” and “Non-medical general questionnaire” section of the application or the “Aviation” section of the paramedical exam or phone interview</p> | <p>Life</p> <p>Airline pilots or 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>Standard to +25 % depending on the company the client works for</p> |

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 — Craft motorized or not — Altitude — Average of flying hours per year — Home-built or industrial aircraft — Any non-medical risk | <p>Questions applicable to the “Sports and Travel” section and “Non-medical general questionnaire” of the application</p> <p>and/or</p> <p>Questions applicable to the “Aviation” section and/or “Hazardous sports” section of the 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>Standard or exclusion for Aviation or for the specific flying Hazardous Sports</p> |

Anemia

Autoimmune hemolytic anemias

Anemia characterized by the premature destruction of red blood cells

| Underwriting focus | Requirements | Underwriting action |
|---|---|--|
| <ul style="list-style-type: none"> — Normalized serial blood profiles since resolution — Treatment — Time since the episode — Only one episode — Splenectomy | <p>Attending Physician's Statement <i>*a blood profile may be required if recent results are not available</i></p> | <p>Life</p> <ul style="list-style-type: none"> — Present or splenectomy < 1 year: Postponed — Recovered or splenectomy > 1 year: rating based on the specific type of anemia or causative impairment <p>Critical illness</p> <p>Best cases</p> <ul style="list-style-type: none"> — Disorder secondary to medication, full recovery, without splenectomy or continuous treatment: Standard <p>Otherwise</p> <ul style="list-style-type: none"> — Decline |

Hereditary spherocytosis, elliptocytosis and stomatocytosis

Anemia presenting different forms of gravity

| Underwriting focus | Requirements | Underwriting action |
|--|---|---|
| <ul style="list-style-type: none"> — Blood profile results — Severity of anemia — Current age — Complications — Frequency and nature of symptoms — Splenectomy | <p>Attending Physician's Statement <i>*a blood profile may be required if recent results are not available</i></p> | <p>Life</p> <p>Without splenectomy:</p> <ul style="list-style-type: none"> — To age 18: decline — 18 up: <ul style="list-style-type: none"> Best cases: mild disease, no more than mild anemia and no history of hypoplastic or hemolytic crisis: +50% to +100% Otherwise: +50% AND \$5.00 per \$1,000/year to decline 1 year after the last crisis <p>With splenectomy: Possible offer after 1 year at +75%</p> <p>Critical illness</p> <p>Without splenectomy Current : Postponed Full recovery : Standard</p> <p>With splenectomy Full recovery : individual consideration Otherwise : Decline</p> |

Iron deficiency anemia

Most common anemia. Insufficient dietary intake or inadequate absorption of iron is responsible in most cases.

| Underwriting focus | Requirements | Underwriting action |
|---|---|---|
| <ul style="list-style-type: none"> — Blood profile results — Severity of anemia — Current age — Results of investigations to include cause and source of bleeding | <p>Female: Attending Physician's Statement, if required for the cause of anemia</p> <p>Male: Attending Physician's Statement</p> <p><i>*a blood profile may be required if recent results are not available</i></p> | <p>Life</p> <ul style="list-style-type: none"> — Cause known : standard to postpone based to the severity of anemia — Cause unknown AND complete investigated : +50% to decline based to the severity of anemia <p>Critical illness</p> <p>Complete investigation and underlying cause identified</p> <ul style="list-style-type: none"> — Possibility of standard if the anemia is corrected <p>Otherwise</p> <ul style="list-style-type: none"> — +25% to postponed based to the severity of anemia |

Megaloblastic anemia/Pernicious anemia

Anemia usually caused by vitamin B12 deficiency or folic acid deficiency

| Underwriting focus | Requirements | Underwriting action |
|---|---|---|
| <ul style="list-style-type: none"> — Blood profile results — Severity of anemia — Complications — Treatment — Underlying cause | <p>Attending Physician's Statement</p> <p><i>*a blood profile may be required if recent results are not available</i></p> | <p>Life</p> <p>Recovered without residual anemia and adequate treatment: possibility of standard rates</p> <p>Critical illness</p> <p>Best case</p> <p>Recovery without residual anemia and adequate treatment: Standard to +50%</p> <p>Otherwise</p> <p>Postponed to decline</p> |

Minor Alpha-thalassemia, Beta-thalassemia TRAIT (or Minor Beta-thalassemia) and Sickle cell TRAIT

Mild anemia that usually has no effect on health status

| Underwriting focus | Requirements | Underwriting action |
|--|----------------------|--|
| <ul style="list-style-type: none"> — Blood profile results — Complications — Frequency and nature of symptoms — Type of hemoglobin abnormality — No history of any treatment for anemia | <p>Usually, none</p> | <p>Life Standard</p> <p>Critical illness Standard in majority of cases</p> |

Sickle cell anemias (sickle cell disease, hemoglobin S disease)

Most common chronic and hereditary anemia. It is characterized by multiple thromboses responsible for coronary and cerebrovascular accidents and severe pain

| Underwriting focus | Requirements | Underwriting action |
|--|--|---|
| <ul style="list-style-type: none"> — Blood profile results — Severity of anemia — Current age — Complications — Frequency and nature of symptoms — Type of hemoglobin abnormality — Time since last episode | <p>Attending Physician's Statement <i>*a blood profile may be required if recent results are not available</i></p> | <p>Life To age 30: decline Thereafter: best cases, +200% to decline</p> <p>Critical illness Decline</p> |

Sideroblastic anemia

Group of blood disorders characterized by an impaired ability of the bone marrow to produce normal red blood cells.

| Underwriting focus | Requirements | Underwriting action |
|---|--|---|
| <ul style="list-style-type: none"> — Blood profile results — Severity — Current age — Type of anemia – inherited or acquired — Treatment — Underlying cause | <p>Attending Physician's Statement <i>*a blood profile may be required if recent results are not available</i></p> | <p>Life Best cases, no organ damage, no transfusion: +100% to decline</p> <p>Critical illness Current or idiopathic : Decline Full recovery : possibility of standard rate</p> |

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

- Age
- Restriction in daily activities
- Nature and effectiveness of treatment
- Medical compliance
- 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)*

Requirements

- Questions applicable to the “Asthma” section of the application or “Respiratory disorders” section of the paramedical exam or phone interview
- Attending Physician’s Statement (APS) if one of these criteria is met:
- Amount requested > \$1,000,000
 - Insured is a smoker over 50 AND under daily medication
 - Insured was hospitalized in the last year
 - 1 ER visit in the last year

Underwriting action

Life

Best cases: Possibility of standard rate for non-smokers

Otherwise: +50% to decline depending on severity and tobacco use

Critical illness

Mild: Standard to +25% depending on smoking status

Moderate: +75% to +100% depending on smoking status

Severe: Decline



Cancer

The prognosis is highly variable depending on the type of cancer, the extent of invasion of the tumor in 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 — Tumor stage — Degree of tumor — Type of treatment — Completion date of all treatment — Treatment-related complications — Recurrence or spread of the disease | <p>In 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>In 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 degree 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 |

Breast cancer

| Underwriting focus | Requirements | Underwriting action |
|--|--|---|
| <ul style="list-style-type: none"> — Date of diagnosis — Tumor stage — Degree of tumor — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <p>The Attending Physician's Statement (APS) should include a recent mammogram performed within 6 months and the pathology report.</p> | <p>Life</p> <p>Carcinoma in situ: No offer in the first year following recovery Thereafter: \$7.50 per \$1,000/4 years; depending on 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 following recovery Thereafter: \$10.00 per \$1,000/4 years to \$15.00 per \$1,000/5 years. Depending on the type of tumor, a permanent extra premium of +50% to +100% may be added to the temporary extra premium.</p> <p>Critical illness Decline</p> |

Cervical cancer

| Underwriting focus | Requirements | Underwriting action |
|--|--|---|
| <ul style="list-style-type: none"> — Date of diagnosis — Tumor stage — Degree of tumor — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <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 following 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:</p> <p>Standard subject to a normal follow-up 6 months following treatment (complete excision performed and confirmation of the absence of invasion)</p> <p>Invasive carcinoma:</p> <p>Stage 0 or 1</p> <p>Diagnosis < 40 years: decline</p> <p>Diagnosis ≥ 40 years:</p> <ul style="list-style-type: none"> — 0-10 years from treatment: postpone — > 10 years of treatment: exclusion <p>Stage > 1</p> <p>Decline</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 — Tumor stage — Degree of tumor — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <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 following 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 — Tumor stage — Gleason score (tumor aggressiveness) — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <p>The Attending Physician's Statement (APS) should include a recent prostate specific antigen (PSA) performed within 6 months</p> <p>Blood profile could be required in order to obtain current results</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</p> <p>Individual consideration</p> <p>Critical illness</p> <p>Stage T1a or T1b</p> <p>Diagnosis < 40 years: decline</p> <p>Diagnosis ≥ 40 years:</p> <ul style="list-style-type: none"> — 0-10 years from complete prostatectomy treatment: postponed — > 10 years from complete prostatectomy treatment: exclusion <p>Stage > T1b</p> <p>Decline</p> |

Skin cancer – basal cell carcinoma

| Underwriting focus | Requirements | Underwriting action |
|--|---|---|
| <ul style="list-style-type: none"> — Date of diagnosis — Type of cancer — Tumor stage — Degree of tumor — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <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 case: excised lesion, 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>Best case: Stage < 4; < 5 tumors; no lymph node involvement: Standard</p> <p>Otherwise: Decline</p> |

Skin cancer – malignant melanoma

| Underwriting focus | Requirements | Underwriting action |
|--|---|--|
| <ul style="list-style-type: none"> — Date of diagnosis — Type of cancer — Tumor stage — Degree of tumor — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <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: rating depends on the thickness of the lesion, its location and whether the lesion is ulcerated or not. 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>In the presence of family history of melanoma, expect an additional extra premium of +100%. Depending on the type of the tumor, possibility of an additional permanent extra premium between +25% to +75%</p> <p>Critical illness</p> <p>Best case</p> <p>Stage 0 or 1A, excision > 2 years, regular follow-up in dermatology, no recurrence: exclusion</p> <p>Otherwise</p> <p>Decline</p> |

Skin cancer – squamous cell carcinoma

| Underwriting focus | Requirements | Underwriting action |
|--|---|--|
| <ul style="list-style-type: none"> — Date of diagnosis — Type of cancer — Tumor stage — Degree of tumor — Type of treatment — Recurrence or spread of the disease — Completion date of all treatment — Treatment-related complications | <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 case: excised lesion, 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>In situ (Bowen’s disease)</p> <p>Treated: Standard</p> <p>Untreated: Decline</p> <p>Otherwise (gras)</p> <p>Decline to exclude according to stage and time elapsed since treatment</p> |

Concussion and skull fracture

A concussion is a clinical syndrome characterized by transient impairment or 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 | Requirements | Underwriting action |
|---|--|--|
| <ul style="list-style-type: none"> — Hospitalization — Number of events — Skull fracture — Disability — Present condition — Date of event — Complications¹ <p>¹ Possible complications; Neurological deficit*, epilepsy, post concussion syndrome*</p> <p>Anyone over age 70 at the time of the event is not insurable</p> | <p>Attending Physician's Statement (APS) if:</p> <ul style="list-style-type: none"> — Insured is < 6 years old — Incident occurred < 2 years ago AND required > 24 hours of hospitalization — Restricted daily activities — Post concussion syndrome still present — Residual epilepsy or other neurological damage — More than 1 event | <p>Life</p> <p>Best case: possibility of standard rate for insured > 6 years old, only 1 event, recovered without skull fracture or post concussion syndrome</p> <p>Otherwise: Postponed 6 months to 1 year. Thereafter, an extra premium may be required for insured who still have complications</p> <p>Critical illness</p> <p>Postponed 3 months to 1 year depending on the severity</p> <p>Thereafter, possibility of standard rates if there are no complications</p> |

* See glossary on page 45.



Coronary heart disease (CHD)

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

Angina pectoris

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

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 of 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: 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 45.

Crohn/Ulcerative colitis

Crohn's disease

Chronic inflammatory disease attacking all the lining of the intestinal wall.

| Underwriting focus | Requirements | Underwriting action |
|--|--|---|
| <ul style="list-style-type: none"> — Age at diagnosis — Colonoscopy done in the last 2 years — Weight loss in the last year — Surgery — Treatment — Frequency of attacks | <p>Attending Physician's Statement</p> | <p>Life < age 20: postponed ≥ 20:</p> <p>Treatment by drugs only:</p> <ul style="list-style-type: none"> — Mild to moderate: waiting period from 6 months to 1 year following the diagnosis; +0 to +150%, depending on the severity — Severe: decline <p>Treatment by surgery:</p> <ul style="list-style-type: none"> — Mild to moderate: waiting period of 1 year; +0 to +200% — Severe or 3 surgeries or more: decline <p>Critical illness Waiting period of 6 months following the diagnosis Mild symptoms, limited extent, favorable recent colonoscopy, no symptoms in the past 5 years: possible standard More severe symptoms, more extensive disease: +25 to +75% and exclusions, up to a decline</p> |

Ulcerative colitis

Chronic inflammatory disease attacking the innermost lining of the intestinal wall.

| Underwriting focus | Requirements | Underwriting action |
|--|--|--|
| <ul style="list-style-type: none"> — Age at diagnosis — Colonoscopy done in the last 2 years — Weight loss in the last year — Surgery — Treatment — Frequency of attacks | <p>Attending Physician's Statement</p> | <p>Life < age 20: postponed</p> <p>Otherwise +0 to decline, depending on the severity, complications and time elapsed since the diagnosis</p> <p>Critical illness Waiting period of at least 6 months after the diagnosis Pending surgery or primary sclerosing cholangitis: decline</p> <p>Medically treated Rating of +25% to +75% and exclusions, depending on the condition's extent, severity of symptoms and availability of a recent colonoscopy</p> <p>Treated with surgery Waiting period of at least 1 year after a surgery Thereafter, minimum +25% and exclusions to postponed, depending on complications.</p> |

Diabetes

Type 1 diabetes (IDDM)

Also known as Insulin Dependent Diabetes Mellitus, 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 — 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 of the insured, the duration and degree of control: +50% to decline Age 0-15: Decline</p> <p>Critical illness</p> <p>Decline</p> |

* See glossary on page 45.



Type 2 diabetes (NIDDM)

Also known as Non Insulin Dependent Diabetes Mellitus; 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 — 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 requested 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 age of the insured, time elapsed since the diagnosis, degree of control and complications</p> <p>Age 0-15: Decline</p> <p>Critical illness</p> <p>Insured ≥ 40 years and time elapsed since diagnosis ≤ 15 years, excellent control, no complications: +50% to +150%</p> <p>Otherwise, decline</p> |

* See glossary on page 45.

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 — Family history of diabetes | <p>If currently pregnant (> 24 weeks) with gestational diabetes or history of gestational diabetes:</p> <ul style="list-style-type: none"> — Blood profile including HbA1c and urine including microalbuminuria <p>If currently not pregnant with history of gestational diabetes:</p> <ul style="list-style-type: none"> — Followed for diabetes or under oral hypoglycemic agents: see requirements for Type 2 diabetes — Otherwise, depending on the current condition and the family history: blood profile including HbA1c can be required | <p>Life</p> <p>Current: +75% to decline, according to the age of the insured, 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 after delivery and postpartum control results</p> <p>Thereafter: standard rates with a normal blood profile</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), absences seizures (“blinking out”), automatisms (unusual repetitive behaviours), paresthesia (numbness or tingling), and loss of consciousness.

Underwriting focus

- 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

¹ Possible complications: intellectual or neurological issues, altered mental state

Requirements

- Attending Physician’s Statement (APS) if:
- 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)

Underwriting action

Life

Febrile convulsions:

(available as of 4 years of age):

- Generally accepted at regular rate 2 years after the event

Epilepsy:

Primary generalized epilepsy: atonic, myoclonic, nocturnal, Grand mal (tonico-clonic).

- Ages 0 to 11: possible offer 2 years after first manifestations and depending on the degree of control: standard to +250%
 - Ages 12 to 35: possible offer 1 year after first manifestations and depending on the degree of control: standard to +250%
 - Ages 36 and over: possible offer 1 year after first manifestations and depending on the degree of control: standard to +100%
 - Poor degree of control: decline
- Partial seizures and Petit mal:
- Ages 0 to 11: possible offer 2 years after first manifestations: standard to +100%
 - Ages 12 and over: possible offer 1 year after first manifestations: standard to +100%
 - Poor degree of control: decline

Critical illness

Febrile seizures: usually accepted standard

Epilepsy:

Primary generalized epilepsy:

- standard to +75% depending on the number of seizures per year, a waiting period of 6 months after the diagnosis is required
- Poor degree of control: postponed

Partial seizures and Petit mal:

- standard to +25% depending on the number of seizures per year, a waiting period of 6 months after the diagnosis is required
- Poor degree of control: postponed

Fibromyalgia

Disorder characterized by generalized musculoskeletal aching, pain, and stiffness, localized areas of tenderness called “tender points”, joint aching, fatigue, headaches, insomnia, depression and anxiety

| Underwriting focus | Requirements | Underwriting action |
|--|--|--|
| <ul style="list-style-type: none"> — Duration since diagnosis — Severity — Treatment — Disability periods — Other associated disorder | <p>Attending Physician’s Statement</p> | <p>Life</p> <p>Best case: Mild to moderate without disruption of activities: standard</p> <p>Otherwise: +50% to decline</p> <p>Critical illness</p> <p>Under treatment: +50%</p> <p>Treatment ceased > 1 year: standard</p> |

Gastric bypass surgery

Surgical procedure altering the digestive process used for the treatment of obesity. Several types of surgery exist: laparoscopic adjustable gastric band, laparoscopic sleeve gastrectomy, vertical banded gastroplasty, Roux-en-Y gastric bypass, biliopancreatic diversion, ileal (jejunoileal) bypass surgery, etc.

| Underwriting focus | Requirements | Underwriting action |
|--|---|--|
| <ul style="list-style-type: none"> — Time elapsed since surgery — Type of surgery — Complications¹ <p><i>¹ulcers, hernias, diarrhea, nutritional deficiencies, liver cirrhosis or fibrosis, malabsorption, etc.</i></p> | <p>Attending Physician’s Statement from 6 months to 2 years after the surgery</p> <p><i>* A blood profile could be requested to complete the file</i></p> | <p>Life</p> <p>Waiting period of 6 months after the surgery</p> <p>Without complication: standard to +150% depending on the type of surgery and time elapsed since the surgery, add the build rating</p> <p>With complication: additional rating from +100% to decline according to the severity</p> <p>Critical illness</p> <p>Waiting period of 6 months after the intervention</p> <p>Rating based on current weight and time elapsed since surgery</p> |

* See glossary on page 45.

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 et Critical illness

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

See Life Build Table below and Critical Illness Build Table on page 51

* See glossary on page 45.

Height and Weight Table - LIFE

Underweight:

Possible standard or rating, depending on assessment. Weight under the lower range: decline

Standard:

Standard without other problems.

Standard to substandard:

Possible standard with the rating reduction program with no other problems.

Substandard:

Increasing extra premium with no other problems. Weight over the upper range: decline.

Life - Male and Female ages 15 and over

| Height | | Underweight | | Standard | | Standard to substandard | | Substandard | |
|--------|--------|--------------|-------------|--------------|-------------|-------------------------|-------------|--------------|-------------|
| Feet | Meters | Weight (lbs) | Weight (kg) | Weight (lbs) | Weight (kg) | Weight (lbs) | Weight (kg) | Weight (lbs) | Weight (kg) |
| 4' 8" | 1.42 | 67 - 76 | 30 - 34 | 77 - 164 | 35 - 75 | 165 - 182 | 76 - 82 | 166 - 212 | 83 - 96 |
| 4' 9" | 1.45 | 70 - 79 | 31 - 35 | 80 - 171 | 36 - 78 | 172 - 190 | 79 - 86 | 173 - 221 | 87 - 100 |
| 4' 10" | 1.47 | 71 - 81 | 32 - 36 | 82 - 176 | 37 - 80 | 177 - 195 | 81 - 88 | 178 - 228 | 89 - 103 |
| 4' 11" | 1.50 | 74 - 84 | 33 - 38 | 85 - 183 | 39 - 83 | 184 - 203 | 84 - 92 | 185 - 237 | 93 - 107 |
| 5' | 1.52 | 76 - 87 | 34 - 39 | 88 - 188 | 40 - 85 | 189 - 209 | 86 - 94 | 190 - 243 | 95 - 110 |
| 5' 1" | 1.55 | 79 - 90 | 36 - 40 | 91 - 196 | 41 - 89 | 197 - 217 | 90 - 98 | 198 - 253 | 99 - 114 |
| 5' 2" | 1.58 | 83 - 94 | 37 - 42 | 94 - 204 | 43 - 92 | 204 - 226 | 93 - 102 | 205 - 263 | 103 - 119 |
| 5' 3" | 1.60 | 85 - 96 | 38 - 43 | 97 - 209 | 44 - 95 | 210 - 231 | 96 - 104 | 211 - 270 | 105 - 122 |
| 5' 4" | 1.63 | 88 - 100 | 39 - 45 | 100 - 217 | 46 - 98 | 218 - 240 | 99 - 108 | 219 - 280 | 109 - 127 |
| 5' 5" | 1.65 | 90 - 102 | 40 - 46 | 103 - 222 | 47 - 101 | 223 - 246 | 102 - 111 | 224 - 288 | 112 - 130 |
| 5' 6" | 1.68 | 93 - 106 | 42 - 47 | 107 - 230 | 48 - 104 | 231 - 255 | 105 - 115 | 232 - 298 | 116 - 134 |
| 5' 7" | 1.70 | 96 - 108 | 43 - 49 | 109 - 238 | 50 - 108 | 239 - 261 | 109 - 118 | 240 - 305 | 119 - 138 |
| 5' 8" | 1.73 | 99 - 112 | 44 - 50 | 113 - 244 | 51 - 111 | 245 - 270 | 112 - 122 | 246 - 316 | 123 - 143 |
| 5' 9" | 1.75 | 101 - 115 | 45 - 52 | 116 - 250 | 53 - 113 | 251 - 277 | 114 - 125 | 252 - 323 | 126 - 146 |
| 5' 10" | 1.78 | 105 - 119 | 47 - 53 | 120 - 258 | 54 - 117 | 259 - 286 | 118 - 129 | 260 - 334 | 130 - 151 |
| 5' 11" | 1.80 | 107 - 121 | 48 - 55 | 123 - 264 | 56 - 120 | 265 - 293 | 121 - 132 | 266 - 342 | 133 - 155 |
| 6' | 1.83 | 111 - 125 | 50 - 56 | 126 - 273 | 57 - 124 | 274 - 303 | 125 - 137 | 275 - 353 | 138 - 160 |
| 6' 1" | 1.85 | 113 - 128 | 51 - 58 | 129 - 279 | 59 - 127 | 280 - 309 | 128 - 140 | 281 - 361 | 141 - 163 |
| 6' 2" | 1.88 | 117 - 132 | 53 - 60 | 133 - 288 | 61 - 131 | 289 - 319 | 131 - 144 | 290 - 373 | 145 - 169 |
| 6' 3" | 1.91 | 121 - 137 | 54 - 62 | 138 - 297 | 63 - 135 | 298 - 330 | 136 - 149 | 299 - 385 | 150 - 174 |
| 6' 4" | 1.93 | 123 - 140 | 55 - 63 | 141 - 304 | 64 - 138 | 305 - 337 | 139 - 152 | 306 - 393 | 153 - 178 |
| 6' 5" | 1.96 | 127 - 144 | 57 - 65 | 145 - 313 | 66 - 142 | 314 - 347 | 143 - 157 | 315 - 405 | 158 - 183 |
| 6' 6" | 1.98 | 130 - 147 | 58 - 66 | 148 - 320 | 67 - 145 | 321 - 354 | 146 - 160 | 322 - 414 | 161 - 187 |
| 6' 7" | 2.00 | 132 - 150 | 60 - 68 | 151 - 326 | 69 - 148 | 327 - 361 | 149 - 164 | 328 - 422 | 165 - 192 |

Hepatitis

Hepatitis A and E

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

| 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>Depending on the number of attacks, an Attending Physician's Statement (APS) may be required.</p> | <p>Life</p> <p>Currently infected: Decline</p> <p>After full recovery: Standard to \$5.00 per \$1,000/2 years (depending on number of attacks, time elapsed since last attack and severity)</p> <p>Critical illness</p> <p>Currently infected: Decline</p> <p>Recovery > 3 months: Standard</p> |



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): Postponed after recovery <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 |

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 and Critical illness</p> <p>Generally decline. Possible offer 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> |

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>A blood profile can be required depending on the age of the insured, face amount, medical follow-up</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: no medication changes in the last year, regular follow-up and good control: no requirement

Otherwise: vital signs in the absence of a paramedical exam or phone interview or Attending Physician's Statement if a consultation has been done with a specialist for this condition or face amount > \$1,000,000

Underwriting action

Life and Critical illness

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

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

* See glossary on page 45.

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 | Requirements | Underwriting action |
|--|---|--|
| <ul style="list-style-type: none"> — Age — Improvement in the condition or recent worsening of symptoms — Concomitant anxiety and/or depression — Drug and/or alcohol consumption — Duration — Treatment — Number of events | <ul style="list-style-type: none"> — Attending Physician’s Statement (APS) possible, depending on the date of onset, duration, treatment and face amount of the application — Questions applicable to the “Neurological and Mental Health” section at the application or “Nervous disorders” section of the paramedical exam or phone interview | <p>Off work at time of application Life and Critical illness Postponed until 1 month after return to work full time</p> <p>Working at time of application Life Mild: standard rates Moderate: standard to +50% Severe: standard to +100% Recurrent episodes: standard to +150% after a waiting period of 6 months</p> <p>Critical illness Absence of symptoms and return to work full time: standard rate</p> |



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 — Improvement in the condition or recent worsening of symptoms — Drug and/or alcohol consumption — Duration of stability (no interference with daily activities) — Medication — Severity — Hospitalization — Number of events | <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 — Questions applicable to the “Neurological and Mental Health” section at the application or “Nervous disorders” section of the paramedical exam or phone interview | <p>Off work at time of application Life and Critical illness Postponed until 6 months after return to work full time</p> <p>Working at time of application Life Under age 20: Postponed 2 years Ages 20 – 69:</p> <ul style="list-style-type: none"> — Mild: standard rates — Moderate: Postponed 6 months. Thereafter, possibility of standard rates if condition is stable — Severe: Postponed 1 year. Thereafter, standard to +100% depending on duration of stability and severity <p>Ages 70 and over**:</p> <p>Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness Best case No time off work beyond initial diagnosis and no other diagnosis of nervous disorder: Standard</p> <p>Otherwise Postponed</p> |

* See glossary on page 45.

* 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.

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 — Improvement in the condition or recent worsening of symptoms — Drug and/or alcohol consumption — Duration of stability (no interference with daily activities) — Medication and/or hospitalizations — Number of occurrences — 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 — Questions applicable to the “Neurological and Mental Health” section at the application or “Nervous disorders” section of the paramedical exam or phone interview | <p>Off work at time of application Life and Critical illness Postponed until 6 months after return to work full time</p> <p>Working at time of application Life Under age 20: Postponed 2 years Ages 20 – 69:</p> <ul style="list-style-type: none"> — Mild: +50% to +150%, possibility of standard rates after 3 years — Moderate: Postponed 1 year Thereafter + 50% to +150% depending on duration of stability; possibility of standard rates after 5 years — Severe: Postponed 1 year Thereafter +50% to +200% depending on duration of stability <p>Ages 70 and over^{**}: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness Symptoms present: Postponed Absence of symptoms and return to work full time 1 episode: Standard ≥ 2 episodes: Postponed 1 year after last episode. Thereafter, possibility of standard rate at +25 % depending on treatment</p> |

* See glossary on page 45.

** 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.

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 — Improvement in the condition or recent worsening of symptoms — Drug and/or alcohol consumption — Duration of stability (no interference with daily activities) — Medication and/or hospitalizations — Number of occurrences — 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 — Questions applicable to the “Neurological and Mental Health” section at the application or “Nervous disorders” section of the paramedical exam or phone interview | <p>Off work at time of application Life and Critical illness</p> <p>Postponed until 6 months after return to work full time</p> <p>Working at time of application Life</p> <p>Under age 20: Postponed 2 years Ages 20 – 69:</p> <ul style="list-style-type: none"> — Mild: +50% to +150%, possibility of standard rates after 3 years — Moderate: Postponed 1 year Thereafter + 50% to +150% depending on duration of stability; possibility of standard rates after 5 years — Severe: Postponed 1 year Thereafter +50% to +200% depending on duration of stability <p>Ages 70 and over^{**}: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness</p> <p>Currently treated</p> <p>Symptoms present: Postponed Absence of symptoms and return to work full time</p> <p>1 episode: Standard</p> <p>≥ 2 episodes: Postponed 1 year after last episode. Thereafter, possibility of standard rate</p> |

* See glossary on page 45.

** 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.

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 — Improvement in the condition or recent worsening of symptoms — Drug and/or alcohol consumption — Duration of stability (no interference with daily activities) — Medication and/or hospitalizations — Number of occurrences — 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 — Questions applicable to the “Neurological and Mental Health” section at the application or “Nervous disorders” section of the paramedical exam or phone interview | <p>Off work at time of application Life and Critical illness Postponed until 6 months after return to work full time</p> <p>Working at time of application Life Under age 20: Postponed 2 years Ages 20 – 69: <ul style="list-style-type: none"> — Mild: +50%, standard rates after 1 year — Moderate: +50% to +150%, standard rates after 2 years — Severe: +50% to +175% depending on duration of stability (minimum 1 year); standard rates after 5 years Ages 70 and over**: Acceptable under same conditions as those under 70 in the absence of any other condition</p> <p>Critical illness Symptoms present: Postponed Absence of symptoms and return to work full time 1 episode: Standard ≥ 2 episodes: Postponed 1 year after last episode. Thereafter, possibility of standard rate</p> |

* See glossary on page 45.

** 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 application or of the paramedical exam or phone interview — 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"> — Attending Physician’s Statement (APS) if the information provided in the “Sleep Apnea” section of the application, paramedical exam or 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 Good response to treatment/good compliance</p> <ul style="list-style-type: none"> — Light to moderate: Standard to +50% — Severe: +100% <p>Poor response to treatment or poor compliance</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 or obstructive apnea: Without complications or other conditions:</p> <ul style="list-style-type: none"> – Mild: standard – Moderate: Standard to +75% – Severe: Standard to decline according to compliance with treatment |

* See glossary on page 45.

Systemic autoimmune disease

CREST syndrome

Localized scleroderma associated with calcinosis, Raynaud's phenomenon, esophageal movement abnormalities, sclerodactyly and telangiectasia of the skin

| Underwriting focus | Requirements | Underwriting action |
|--------------------|--------------|---|
| — Diagnosis | None | <p>Life Decline</p> <p>Critical illness Decline</p> |

Discoid lupus

Chronic skin disease with lesions usually limited to the face, neck, arms and scalp

| Underwriting focus | Requirements | Underwriting action |
|---|---------------------------------|--|
| <ul style="list-style-type: none"> — Duration since diagnosis — Treatment — Results of investigations to exclude SLE | Attending Physician's Statement | <p>Life Best case: standard if SLE is excluded</p> <p>Critical illness Standard to +50% depending on the treatment</p> |

Drug-induced SLE

Systemic Lupus Erythematosus due to various drugs. Once the drug is interrupted, the patient recovers in a few months.

| Underwriting focus | Requirements | Underwriting action |
|---------------------------|---------------------------------|---|
| — Duration since recovery | Attending Physician's Statement | <p>Life Postponed for 1 year Thereafter standard</p> <p>Critical illness Possible offer 1 year after recovery</p> |

Eosinophilic fasciitis

Localized scleroderma with cutaneous or subcutaneous tissue involvement: fascial or deep subcutaneous fibrosis

| Underwriting focus | Requirements | Underwriting action |
|---|--|--|
| <ul style="list-style-type: none"> — Duration since diagnosis — Complications — Results of investigations to exclude generalized scleroderma | <p>Attending Physician's Statement</p> | <p>Life Possible offer at +50% 3 years after the diagnosis</p> <p>Critical illness Decline</p> |

Generalized scleroderma

Disease characterized by diffuse fibrosis of the skin and several other organs or tissues

| Underwriting focus | Requirements | Underwriting action |
|--|--|---|
| <ul style="list-style-type: none"> — Duration since diagnosis — Complications — Multiple organ impairment | <p>Attending Physician's Statement</p> | <p>Life Case by case, 3 years after the diagnosis</p> <p>Critical illness Decline</p> |

Localized scleroderma (Morphea)

Localized scleroderma with cutaneous or subcutaneous tissue involvement: single or multiple plates of cutaneous fibrosis

| Underwriting focus | Requirements | Underwriting action |
|---|--|---|
| <ul style="list-style-type: none"> — Duration since diagnosis — Complications — Results of investigations to exclude generalized scleroderma | <p>Attending Physician's Statement</p> | <p>Life Possible offer at +100% 3 years after diagnosis</p> <p>Critical illness Standard to decline</p> |

Multiple Sclerosis

Nervous system disease that can cause vision troubles, numbness, weakness and difficulties with bowel and/or bladder functions. The disease evolves more or less quickly and can lead to confinement to a wheelchair or bed.

| Underwriting focus | Requirements | Underwriting action |
|--|--|---|
| <ul style="list-style-type: none"> — Age — Expanded Disability Status Scale-EDSS — Time since last episode of exacerbations — Frequency of crisis — Duration of remission — Medication | <p>Attending Physician's Statement</p> | <p>Life</p> <p>+0 to decline depending on the number of episodes of active disease, degree of impairment and duration of remission</p> <p>Critical illness</p> <p>Decline</p> |

Polymyalgia rheumatica

Systemic inflammatory disease of unknown cause that primarily involves the joints

| Underwriting focus | Requirements | Underwriting action |
|---|--|---|
| <ul style="list-style-type: none"> — Severity: interference with normal daily activities and physical activities — Type and duration of treatment — Time elapsed since complete recovery — Symptoms — Complications — Visual impairment | <p>Attending Physician's Statement</p> | <p>Life</p> <p>+0 to decline depending on the severity of the interferences</p> <p>Critical illness</p> <p>Present: Postponed</p> <p>Recovery:</p> <p>Without blindness or other sequels</p> <ul style="list-style-type: none"> — 0-3 years: Postponed — > 3 years: Standard <p>With sequels</p> <ul style="list-style-type: none"> — Decline |

Systemic Lupus Erythematosus (SLE)

Chronic inflammatory autoimmune disease affecting many organs

Underwriting focus

- Current age
- Duration since diagnosis
- Duration since recovery
- Symptoms
- Activity of disease
- Treatment and response to therapy
- Renal or cerebral involvement
- Presence of cardiovascular risk factors or respiratory impairment

Requirements

Attending Physician's Statement

Underwriting action

Life

To age 19: possible offer at +300% 5 years after the diagnosis

Ages 20 up: possible offer from +50% to +300% 1 year after the diagnosis

Critical illness

Best case, recovered and treatment ceased > 5 years

Otherwise: decline



Glossary

| A | |
|---|---|
| Alcohol abuse | Alcohol consumption considered as abusive and/or dependency. The insured has been advised to stop or reduce his consumption. |
| Alcoholic hepatitis | Inflammation of the liver caused by a chronic alcohol intoxication. |
| Alzheimer's disease | Chronic degenerative neurological disease affecting the memory and behavior. |
| Amiotrophic lateral sclerosis (ALS, Lou Gehrig's disease) | Chronic degenerative neurological disease affecting the spinal cord. ALS is characterized by a progressive paralysis and atrophy of muscles. |
| Aneurysm | Localized abnormal dilation of the wall of an artery. Usually located in the brain, abdomen, lower limbs, thorax and spleen. |
| Angina | Chest pain resulting from a lack of oxygen in the heart caused by a coronary heart disease. |
| Angioplasty | Coronary surgery requiring an hospitalization consisting of dilating a narrowed or obstructed coronary artery. |
| Anticoagulants | A drug to prevent or delay blood clotting by allowing to thin or prevent blood clots. The most commonly prescribed anticoagulants are Coumadin, Plavix, Warfarin and Clopidogrel. Note that we do not consider Aspirin as an anticoagulant. |
| Ataxia | Neuromuscular pathology (chronic degenerative disease) consisting in a lack of fine motor coordination of the voluntary movements. There are many types of ataxia. |
| Atrial fibrillation | Cardiac arrhythmia where the atria beats chaotically and irregularly and where the ventricular rhythm is totally irregular. |
| Autism/Autism Spectrum Disorder (ASD) | Severe neurological disorder characterized by difficulty for the child in communicating and forming relationships. Includes restrained and repetitive behaviors. It includes but is not limited to autism, Asperger syndrome and RETT syndrome. |
| B | |
| Basal cell carcinoma | The most common kind of skin cancer caused by regular sun exposition. This form of cancer grows slowly and tends to not cause any metastasis. |
| Bipolar disorder | Mental health condition that causes extreme mood swings that include emotional highs and lows. |
| Blood pressure | Chronic disease where the pressure of the blood flowing in the arteries is high enough to require treatment. |
| Bone marrow transplant | Medical procedure performed to replace bone marrow that has been damaged or destroyed by disease, infection or chemotherapy. |
| C | |
| Cancer/malignant tumor | Abnormal cell growth in the body. There are many types of malignant tumors or cancers. |
| Cardiac arrhythmia | Also known as cardiac dysrhythmia or irregular heartbeat, this a group of conditions in which the heartbeat is irregular, too fast or too slow. |
| Cardiac bypass | Surgery consisting to divert the blood flow over the partially or completely obstructed coronary artery. |
| Cardiac hypertrophy | Increase of the heart muscle mass. |
| Cardiomyopathy | Group of diseases affecting the cardiac muscle. People affected by a cardiomyopathy risk heart failure and sudden death. |
| Cerebral palsy | Permanent disorders of development of movement and posture that appear in early childhood. |
| Cerebrovascular disease | Any abnormality of the brain or spinal cord that results from a disorder related to a blood vessel (artery or vein). Cerebrovascular disease includes stroke, carotid stenosis, vertebral stenosis and intracranial stenosis, aneurysms and vascular malformations. |
| Chest pain | Intercostal and thoracic pains not always related to a cardiac disorder. |
| Chronic hepatitis | All types of hepatitis; active inflammation of the liver for more than 6 months. Note that the healthy carriers are not always concerned by this condition. |
| Chronic kidney disease | Chronic disorders where kidneys can no longer perform their functions to full capacity. Severe cases can lead to kidney failure and dialysis. |
| Chronic liver disease | Disorders and diseases causing a permanent dysfunction of the liver such as cirrhosis and fibrosis. Liver steatosis (fatty liver) is excluded. |
| Chronic Obstructive Pulmonary Disease (COPD) | Chronic Obstructive Pulmonary Disease term (COPD) is used to describe various diseases causing frequent or chronic obstruction of the airway. The most common forms of COPD are chronic bronchitis and emphysema. |
| Chronic respiratory disease | Respiratory tract disease including asthma, chronic bronchitis, emphysema and other forms of chronic obstructive pulmonary disease. |
| Cirrhosis | Chronic and irreversible disease characterized by a liver disorganization. |
| Congenital cardiopathy | Heart malformation occurring during development such as interatrial or ventricular septal defect and heart valves diseases. |

| C (cont.) | |
|--|---|
| Coronarography | Medical imaging technique used to check the condition of the coronary arteries and if there is any obstruction. Invasive exam. |
| Coronary disease | The coronary disease, or cardiac disease, is a narrowing of the arteries of the heart caused by atherosclerosis. This narrowing can cause angina due to a decrease in blood and oxygen intake to the heart muscle. A complete obstruction of the artery can cause a myocardial infarction (heart attack). |
| Crohn's disease/ ulcerative colitis | Chronic inflammatory diseases of the intestines. |
| Cystic fibrosis | Genetic disease that causes an increase in the viscosity of mucus and its accumulation in the airway and digestive tracts. |
| D | |
| Dementia/senility | Cerebral diseases affecting cognitive functions. Often associated to Alzheimer's disease. |
| Depression | Mental or nervous disorder generally characterized by mood disorders such as sadness, lack and loss of interest. |
| Diabetes – all types | Chronic disease characterized by a high level of sugar in the blood. |
| Dialysis | Process of removing waste products and excess fluid from the body when the kidneys are not able to adequately filter blood (chronic kidney disease). |
| Drug abuse | Compulsive use of drugs including marijuana and hard drugs. |
| E | |
| Echocardiography | Diagnostic test that utilizes ultrasonic impulses (high frequency waves) to visualize the structure and function of the heart and great vessels and to assess other cardiac disorders notably congenital heart disease. |
| Electrocardiogram (ECG) | Graphical representation of the electrical activity of the heart. It is a simple, non-invasive procedure, without any dangers. It can bring out various heart abnormalities. |
| Emphysema | Kind of chronic, progressive and irreversible pulmonary disease. |
| Epilepsy / convulsions | Neurological disorder generating epilepsy seizures, absences or repeated convulsions. |
| H | |
| Hemochromatosis | Hereditary disease which causes the body to absorb too much iron from the intake food. Too much iron can lead to life-threatening conditions, such as liver disease, heart problems and diabetes. |
| Heart attack (myocardial infarction) | Occurs when a cardiac muscle zone is permanently damaged due to a lack of oxygen supply to the heart. |
| Heart failure (congestive) | Severe abnormality of the cardiac function characterized by an incapacity of the heart to pump enough blood in the body. |
| Heart rhythm disorder | All cardiac rhythm disorders including but not limited to atrial or ventricular tachycardia, fibrillation or flutter. |
| Heart valve disease | Dysfunction of one or more heart valves. |
| Hepatitis C | Inflammation of the liver caused by the Hepatitis C virus. |
| Hodgkin's disease | A type of lymphoma attacking mostly young and elderly people. |
| Hospitalization | Condition requiring an hospitalization of at least 18 hours for a treatment, observation and/or surgery. |
| Huntington's chorea/ Huntington's disease | Chronic degenerative genetic disease affecting muscular coordination and causing a mental deterioration and behavioral symptoms. |
| Hypertensive encephalopathy | Syndrome where a severe hypertension is associated to symptoms such as confusion, vision disorders, drowsiness, headaches and nausea. |
| L | |
| Leukemia | Growth of abnormal white blood cells. It is a type of cancer. |
| Liver fibrosis | Inflammation of the liver that can lead to significant complications such as cirrhosis. |
| Lupus | Chronic inflammatory disorder appearing when the immune system attacks by mistake healthy tissues or organs. Symptoms can be mild or severe. |
| Lymphoma | Lymphatic system cancer. The two main categories are Hodgkin and non-Hodgkin lymphoma. |
| M | |
| Melanoma | Aggressive skin cancer associated with high probability of metastasis. |
| Mental health disorder | Mental, psychological, psychiatric or behavioral health disorder causing a decrease of capacities to accomplish activities of daily living. Including depression, bipolar disorder, manic depressive disorder, anxiety, schizophrenia, borderline personality, etc. |
| Multiple sclerosis | Potentially disabling disease of the brain and spinal cord (central nervous system). MS is an autoimmune disease that attacks the protective sheath (myelin) that covers nerve fibers and causes communication problems between your brain and the rest of your body. Eventually, the disease can cause the nerves themselves to deteriorate or become permanently damaged. |
| Muscular dystrophy/ Myotonic dystrophy | Disorders characterized by a progressive muscular weakness and loss of muscle tissues. |

| N | |
|---|--|
| Nephropathy | Kidney disease where the first clinical sign is the presence of protein in urine and can cause renal failure and, ultimately, a chronic renal failure. |
| Neurological deficit | Difficulty walking, decreased autonomy, difficulty speaking and understanding language. |
| Neuropathy | Most common complication associated with diabetes; it can affect peripheral nerves, cranial nerves or involuntary nervous system which manages the automatic function of internal organs. |
| Nursing home / centre | Residence for people who need continuous nursing care and who have difficulties accomplishing the activities of daily living. |
| O | |
| Organ transplant | Organ graft that comes from a donor to replace a damaged or absent organ for the recipient. |
| P | |
| Parkinson's disease | Cerebral disorder characterized by tremors, movements weakness and abnormal postural reflexes. |
| Peripheral vascular disease | Peripheral vascular disease is a circulatory disease that, because of narrowing of the arteries, affects more often the legs but can also affects other parts of the body. It results from atherosclerosis of the peripheral arteries that are the arteries feeding the arms and legs. |
| Polysomnography | Polysomnography is a sleep study. This test records certain body functions as you sleep, or try to sleep. Polysomnography is used to diagnose sleep disorders. |
| Post concussion syndrome (post-traumatic) | Persistence of symptoms such as headaches, dizziness, insomnia, irritability, agitating, the inability to concentrate and depression. Symptoms can be present for few weeks to few months and can cause a decrease or a stop of activities. |
| R | |
| Retinopathy | Characterized by damage to blood vessels of the retina. At a more advanced stage, the impairment can cause blindness. |
| S | |
| Schizophrenia | Severe and chronic psychiatric disorder which can result in delusional ideas, hallucinations and incoherent behaviors. |
| Sleep apnea | Central: Central sleep apnea occurs because the brain doesn't send proper signals to the muscles that control breathing. Obstructive: Breathing pauses resulting from an obstruction of the airway through the pharynx or the laryngopharynx. Mixed: Combination of sleep apnea of neurological origin and sleep apnea of obstructive origin. |
| Splenectomy | Partial or total removal of the spleen. |
| Stroke | Interruption of the blood supply to a part of the brain or a bleeding from the brain . |
| Superficial phlebitis | Inflammation of a superficial vein, generally observed at the level of the lower limbs. |
| T | |
| Transient cerebral ischemia (TCI) | Temporary interruption of the blood flow to a brain part. |
| Treatment | Surgery or medication prescribed for a health condition. |
| Trisomy 21 (Down's syndrome) | Genetic disorder often associated with physical growth delays and mild to moderate intellectual disability. |
| V | |
| Varicose veins | Permanent and sinuous expansions of the subcutaneous veins. |



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 traditional life only with a face amount of more than \$2,000,000. 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 greater than \$2,000,000 per plan (for example, will not apply for \$1,700,000 Universal Permanent Life Insurance and \$350,000 Term insurance).

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!

| Band | Face amount (\$) | Non-preferred rate | Preferred rate | |
|------|------------------------|--|---|---|
| | | (Smoker / Non smoker) | Preferred (Smoker/Non-smoker) | Elite (Smoker/Non-smoker) |
| 5 | More than 2,000,000 | 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 | 1,000,000 to 2,000,000 | | | |
| 3 | 500,000 to 999,999 | | | |
| 2 | 100,000 to 499,999 | | N/A | N/A |
| 1 | 0 to 99,999 | | | |

Integrating preferred underwriting into your sales presentation

The Preferred underwriting 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

On the following page, you will find a table that allows you to quickly identify the risk class that best reflects your client's profile. 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 criteria table 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.

* 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

| | | 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 | | | |
| 2 | Height and weight The insured's weight must be lower than or equal to the maximum weight for his/her height. | Height | | Max. weight  | | Max. weight  | | | |
| | | Feet | Metres | Pounds | Kilos | Pounds | Kilos | Pounds | Kilos |
| | | 4' 8" | 1.42 | 133 | 60 | 132 | 60 | 121 | 55 |
| | | 4' 9" | 1.45 | 138 | 63 | 137 | 62 | 125 | 57 |
| | | 4' 10" | 1.47 | 143 | 65 | 142 | 64 | 128 | 59 |
| | | 4' 11" | 1.50 | 149 | 68 | 145 | 66 | 130 | 61 |
| | | 5' | 1.52 | 155 | 70 | 149 | 68 | 135 | 64 |
| | | 5' 1" | 1.55 | 161 | 73 | 152 | 69 | 141 | 66 |
| | | 5' 2" | 1.58 | 167 | 76 | 156 | 71 | 146 | 69 |
| | | 5' 3" | 1.60 | 173 | 78 | 160 | 73 | 152 | 71 |
| | | 5' 4" | 1.63 | 178 | 81 | 163 | 74 | 157 | 73 |
| | | 5' 5" | 1.65 | 184 | 83 | 167 | 76 | 162 | 76 |
| | | 5' 6" | 1.68 | 189 | 86 | 171 | 78 | 167 | 78 |
| | | 5' 7" | 1.70 | 195 | 88 | 174 | 79 | 172 | 80 |
| | | 5' 8" | 1.73 | 200 | 91 | 179 | 81 | 182 | 83 |
| | | 5' 9" | 1.75 | 206 | 93 | 184 | 83 | 187 | 85 |
| | | 5' 10" | 1.78 | 211 | 96 | 189 | 86 | 191 | 87 |
| | | 5' 11" | 1.80 | 217 | 98 | 194 | 88 | 197 | 89 |
| | | 6' | 1.83 | 223 | 101 | 198 | 90 | 202 | 92 |
| | | 6' 1" | 1.85 | 229 | 104 | 203 | 92 | 208 | 94 |
| 6' 2" | 1.88 | 235 | 107 | 208 | 94 | 213 | 97 | | |
| 6' 3" | 1.91 | 241 | 109 | 212 | 96 | 219 | 99 | | |
| 6' 4" | 1.93 | 247 | 112 | 219 | 99 | 224 | 102 | | |
| 6' 5" | 1.96 | 253 | 115 | 225 | 102 | 230 | 104 | | |
| 6' 6" | 1.98 | 260 | 118 | 230 | 104 | 237 | 108 | | |
| 3 | Blood pressure The insured's blood pressure must be lower than or equal to the levels listed in the table without taking or having taken any blood pressure control medication. | Age | | Max. BP | | Max. BP | | | |
| | | 15-34 | | 130/80 | | 125/75 | | | |
| | | 35-44 | | 135/80 | | 125/75 | | | |
| | | 45-54 | | 140/85 | | 130/80 | | | |
| | | 55-64 | | 145/85 | | 135/80 | | | |
| | | 65-80 | | 150/85 | | 140/80 | | | |
| 4 | Cholesterol level The insured's cholesterol level must be lower than or equal to the levels listed in the table without taking or having taken any cholesterol level control medication. | MAXIMUM TOTAL CHOLESTEROL | | | | MAXIMUM TOTAL CHOLESTEROL | | | |
| | | Age | Conventional Units | Metric Units | | Conventional Units | Metric Units | | |
| | | 15-44 | 210 | 5.4 | | 200 | 5.1 | | |
| | | 45-80 | 230 | 5.9 | | 220 | 5.7 | | |
| | | TOTAL CHOLESTEROL/HDL RATIO | | | | TOTAL CHOLESTEROL/HDL RATIO | | | |
| | | 15-44 | | | 5.0 | | | | 4.5 |
| 45-80 | | | 5.5 | | | | 5.0 | | |
| 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 in the past ten years 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 in the past ten years 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 five years and no more than five 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 travel 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

Information guidelines for critical illness underwriting

Build table: Ages 18+

| Height ft/in | Weight lb | | | | |
|-----------------|-----------|---------|---------|---------|-------|
| | DEC | SS | STD | SS | DEC |
| 4'8 | < 71 | 71-82 | 83-151 | 152-187 | > 187 |
| 4'9 | < 73 | 73-85 | 86-156 | 157-194 | > 194 |
| 4'10 | < 76 | 76-88 | 89-162 | 163-201 | > 201 |
| 4'11 | < 79 | 79-91 | 92-167 | 168-208 | > 208 |
| 5'0 | < 81 | 81-94 | 95-173 | 174-215 | > 215 |
| 5'1 | < 84 | 84-97 | 98-179 | 180-222 | > 222 |
| 5'2 | < 87 | 87-100 | 101-185 | 186-230 | > 230 |
| 5'3 | < 90 | 90-103 | 104-191 | 192-237 | > 237 |
| 5'4 | < 93 | 93-107 | 108-197 | 198-245 | > 245 |
| 5'5 | < 96 | 96-110 | 111-203 | 204-252 | > 252 |
| 5'6 | < 99 | 99-114 | 115-210 | 211-260 | > 260 |
| 5'7 | < 102 | 102-117 | 118-216 | 217-268 | > 268 |
| 5'8 | < 105 | 105-121 | 122-223 | 224-276 | > 276 |
| 5'9 | < 108 | 108-125 | 126-229 | 230-284 | > 284 |
| 5'10 | < 111 | 111-128 | 129-236 | 237-293 | > 293 |
| 5'11 | < 114 | 114-132 | 133-243 | 244-301 | > 301 |
| 6'0 | < 117 | 117-135 | 136-250 | 251-310 | > 310 |
| 6'1 | < 121 | 121-140 | 141-257 | 258-318 | > 318 |
| 6'2 | < 124 | 124-143 | 144-264 | 265-327 | > 327 |
| 6'3 | < 127 | 127-147 | 148-271 | 272-336 | > 336 |
| 6'4 | < 131 | 131-151 | 152-278 | 279-345 | > 345 |
| 6'5 | < 134 | 134-155 | 156-286 | 287-354 | > 354 |
| 6'6 | < 138 | 138-159 | 160-293 | 294-363 | > 363 |
| 6'7 | < 141 | 141-163 | 164-301 | 302-373 | > 373 |

Conversion: Height: 1 foot = 0.3048 meters; 1 inch = 0.0254 metres. Weight: 1 lb = 0.454 kg

STD: Standard SS: substandard DEC: Decline

Cholesterol table: traditional units (mg/dL)

| Cholesterol table | | | | | | |
|-------------------|-------------------|-----------------------------|-------|---------|--------|------|
| Age | Total cholesterol | Total cholesterol/HDL ratio | | | | |
| | | < 1 | 1-6.5 | 6.6-9.0 | 9.1-10 | > 10 |
| < 45 | < 120 | PP | PP | PP | PP | PP |
| | 120-129 | PP | STD | SS | SS | PP |
| | 130-299 | PP | STD | SS | SS | PP |
| | 300-325 | PP | SS | SS | SS | PP |
| 45 to 64 | >325 | PP | PP | PP | PP | PP |
| | < 120 | PP | PP | PP | PP | PP |
| | 120-129 | PP | STD | SS | SS | PP |
| | 130-299 | PP | STD | STD | SS | PP |
| | 300-325 | PP | STD | SS | SS | PP |
| 65 | >325 | PP | PP | PP | PP | PP |
| | < 120 | PP | PP | PP | PP | PP |
| | 120-129 | PP | STD | STD | SS | PP |
| | 130-299 | PP | STD | STD | STD | PP |
| | 300-325 | PP | STD | STD | SS | 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 DEC: Decline

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 blood pressure/diastolic blood pressure)

| | | Diastolic blood pressure | | | | | | |
|-------------------------|-----------|--------------------------|---------|---------|---------|----------|-----------|-------|
| Systolic blood pressure | Ages ≤ 44 | < 60 | 60 - 87 | 88 - 92 | 93 - 97 | 98 - 102 | 103 - 107 | > 107 |
| | ≤ 140 | See MD | STD | STD | SS | SS | PP | DEC |
| | 141 - 145 | See MD | STD | STD | SS | SS | PP | DEC |
| | 146 - 150 | See MD | STD | SS | SS | SS | PP | DEC |
| | 151 - 155 | See MD | SS | SS | SS | PP | PP | DEC |
| | 156 - 160 | See MD | SS | SS | SS | PP | PP | DEC |
| | 161 - 165 | See MD | SS | SS | SS | PP | PP | DEC |
| | 166 - 170 | See MD | SS | SS | PP | PP | PP | DEC |
| | 171 - 175 | See MD | SS | PP | PP | PP | DEC | DEC |
| | 176 - 180 | See MD | SS | PP | PP | PP | DEC | DEC |
| | 181 - 185 | See MD | PP | PP | PP | DEC | DEC | DEC |
| 186 - 190 | See MD | PP | PP | PP | DEC | DEC | DEC | |

| | | Diastolic blood pressure | | | | | | |
|-------------------------|--------------|--------------------------|---------|---------|---------|----------|-----------|-------|
| Systolic blood pressure | Ages 45 - 64 | < 60 | 60 - 87 | 88 - 92 | 93 - 97 | 98 - 102 | 103 - 107 | > 107 |
| | ≤140 | See MD | STD | STD | STD | SS | SS | DEC |
| | 141 - 145 | See MD | STD | STD | STD | SS | PP | DEC |
| | 146 - 150 | See MD | STD | STD | SS | SS | PP | DEC |
| | 151 - 155 | See MD | STD | STD | SS | SS | PP | DEC |
| | 156 - 160 | See MD | STD | SS | SS | PP | PP | DEC |
| | 161 - 165 | See MD | SS | SS | SS | PP | PP | DEC |
| | 166 - 170 | See MD | SS | SS | SS | PP | PP | DEC |
| | 171 - 175 | See MD | SS | SS | PP | PP | PP | DEC |
| | 176 - 180 | See MD | SS | PP | PP | PP | DEC | DEC |
| | 181 - 185 | See MD | PP | PP | PP | PP | DEC | DEC |
| 186 - 190 | See MD | PP | PP | PP | PP | DEC | DEC | |

| | | Diastolic blood pressure | | | | | | |
|-------------------------|-----------|--------------------------|---------|---------|---------|----------|---------|-------|
| Systolic blood pressure | Age 65 | < 60 | 60 - 87 | 88 - 92 | 93 - 97 | 98 - 102 | 103-107 | > 107 |
| | ≤ 140 | See MD | STD | STD | STD | SS | SS | DEC |
| | 141 - 145 | See MD | STD | STD | STD | SS | PP | DEC |
| | 146 - 150 | See MD | STD | STD | STD | SS | PP | DEC |
| | 151 - 155 | See MD | STD | STD | STD | SS | PP | DEC |
| | 156 - 160 | See MD | STD | STD | SS | PP | PP | DEC |
| | 161 - 165 | See MD | STD | STD | SS | PP | PP | DEC |
| | 166 - 170 | See MD | SS | SS | SS | PP | PP | DEC |
| | 171 - 175 | See MD | SS | SS | PP | PP | PP | DEC |
| | 176 - 180 | See MD | SS | PP | PP | PP | PP | DEC |
| | 181 - 185 | See MD | PP | PP | PP | PP | DEC | DEC |
| 186 - 190 | See MD | PP | PP | PP | PP | DEC | DEC | |

STD: Standard SS: Substandard PP: Postpone until investigated and under control for a minimum of six months
 See MD: see the medical director, decline or postpone is expected

Family history table

| Cancer | | | | | | | |
|------------------------------|---|----------------|---------------|-----------------------|-------------------------------------|------------------------|------------------------------|
| | Number of first-degree relatives and age at diagnosis | | | | | | |
| | 1 | | | 2 | | | ≥ 3 |
| Age or sex of the insured | Relative < 50 | Relative 50-59 | Relative ≥ 60 | Relatives < 60 | 1 Relative < 60 and 1 Relative ≥ 60 | Relatives ≥ 60 | Relatives all ages |
| Breast and/or ovarian | | | | | | | |
| Female* | EXCL | SS | STD | EXCL | By age of relative < 60 | STD | EXCL |
| Male | STD | STD | STD | STD | STD | STD | STD |
| Prostate | | | | | | | |
| Female | STD | STD | STD | STD | STD | STD | STD |
| Male | SS | SS | STD | EXCL | EXCL | EXCL | EXCL |
| Colorectal | | | | | | | |
| | Permanente EXCL | SS + EXCL** | STD** | Permanente EXCL | By age of relative < 60** | STD** | Permanente EXCL |
| Other | | | | | | | |
| All ages | STD | STD | STD | Same cancer: EXCL | Same cancer: STD | Same cancer: STD | Same cancer: EXCL |
| | | | | Different cancers: SS | Different cancers: STD | Different cancers: STD | Different cancers: < 60 : SS |

*Assuming screening every 2 years and regular gynecological exam if there's a family history

**Depending on client's personal history, recommended screening

| Diabetes | | |
|--|--|-----|
| | Number of first-degree relatives diagnosed prior to age 60 | |
| Age of the insured | 1 | ≥ 2 |
| Diabetes type I | | |
| < 18 | SS | SS |
| 18 to 24 | STD | SS |
| ≥ 25 | STD | STD |
| Diabetes type II | | |
| All ages | STD | SS |
| Diabetes type I and II in combination | | |
| < 18 | | PP |
| 18 to 24 | | SS |
| ≥ 25 | | SS |

STD: Standard SS: Substandard PP: Postponed EXCL: Exclusion

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.

Family history table

Alzheimer's disease

| | Number of first-degree relatives AND Age of first-degree relative(s) at diagnosis | | | | | |
|--------------------|---|-------|------|------|-------|------|
| | 1 | | | ≥ 2 | | |
| Age of the insured | < 60 | 60-70 | > 70 | < 60 | 60-70 | > 70 |
| All ages | EXCL | SS | STD | EXCL | EXCL | STD |

Huntington's disease

| Age of the insured | Number of first-degree relatives | |
|--------------------|----------------------------------|-----|
| | 1 | ≥ 2 |
| < 50 | PP | PP |
| 50 à 60 | SS | SS |
| > 60 | STD | STD |

Parkinson's disease

| Age of the insured | Age of first-degree relative(s) at diagnosis | |
|--------------------|--|------|
| | < 60 | ≥ 60 |
| All ages | EXCL | STD |

Amyotrophic lateral sclerosis (ALS)

| Age of the insured | Number of first-degree relatives | |
|--------------------|----------------------------------|-----|
| | 1 | ≥ 2 |
| All ages | SS | DEC |

Cardiovascular and cerebrovascular disease

| Age of the relative at time of diagnosis | Number of first-degree relatives | |
|--|----------------------------------|-----|
| | 1-2 | ≥ 3 |
| <60 | SS | DEC |
| ≥60 | STD | STD |

STD: Standard SS: Substandard PP: Postponed EXCL: Exclusion

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. 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.

8. 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.

9. 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.

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

No.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. 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 help in following up with the paramedical organization

20. Sometimes there is no requirement asked by EVO application but later in the process, some requirements are requested. Why?

Some situations may occur for which the file is referred to the underwriter who must then analyze and order or not the right requirements. Since it would be incomplete to issue to the representative the various options of requirements, we prefer to specify that, for the moment, no requirement is pending.

21. I asked a critical illness insurance, 4 illnesses and there are less questions than in a critical illness insurance, 25 illnesses. Is it normal ?

This new product has been created to cover 4 pre-established illnesses, so the questions have been adjusted to cover this risk.



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