

GUIDE TO INDIVIDUAL UNDERWRITING

FOR ADVISOR USE ONLY



life & health

ABOUT EQUITABLE LIFE OF CANADA®



Equitable Life® is proud to be one of Canada’s largest mutual life insurance companies. We are owned by our participating policyholders, not shareholders. This allows us to focus on management strategies that foster prudent long-term growth, continuity and stability.

We are dedicated to meeting our commitments to our customers – to provide good value and meet their needs for insurance protection and wealth accumulation – now and in the future. That’s why Canadians have turned to Equitable Life since 1920 to protect what matters most.

Equitable Life is a focused, stable and strong company. We have sufficient earnings and capital to meet our future growth targets, and we continue to grow steadily. Our growth in sales has been driven by our ability to implement our strategic plan, placing a priority on products, service and execution. Our financial success reflects our continued commitment to profitable growth and our ability to navigate a changing regulatory and economic environment.

Our mutual structure is a key element of our value proposition, along with our diversified product portfolio and superior service. As an organization we’re progressive, competitive and firmly committed to serving the best interests of our policyholders, through longer-term strategies that foster ongoing stability, growth and profitability.

ABOUT THIS GUIDE

This guide provides you with an overview of how common medical and non-medical conditions impact the underwriting on Equitable Life individual insurance products, through four categories of information:

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<ul style="list-style-type: none"> Provides a basic background on each condition. 	<ul style="list-style-type: none"> Details key elements affecting the underwriting decision. 	<ul style="list-style-type: none"> Provides an indication of the likely underwriting decision for a specific condition and does not guarantee that an offer can be made. Actual decisions will be based on assessment of all sources of information as required for each applicant and his or her individual condition(s). 	<ul style="list-style-type: none"> Details the information that may be obtained for medical conditions, such as an Attending Physician’s Statement (APS), and provided by the applicant for non-medical conditions. If this information is not provided or is incomplete, subsequent reports may be required and may delay the underwriting decision.

Further to the information on medical and non-medical conditions, the guide also includes the [Evidence of insurability schedule](#), [Financial underwriting guidelines](#), [Recent immigrant and temporary resident guidelines](#), [Preferred underwriting classifications](#), Smoking status information for each product, and information about Equitable Life’s Stop Smoking Incentive Program.



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HELPFUL INFORMATION TO GATHER FOR ALL MEDICAL CONDITIONS

1. Date of diagnosis
2. Age of applicant at date of diagnosis
3. Medications, dosages and related treatments prescribed
4. Any time off work
5. Any hospitalizations
6. Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment
7. Date and results of last medical follow-up and/or medical tests
8. Any pending tests or investigations
9. Current smoking status
10. Date and details of the last occurrence of symptoms/episodes/flare-ups

Importance of complete information

Providing complete information on your client's medical and non-medical conditions helps ensure an accurate assessment as quickly and efficiently as possible. Where questionnaires are required, they must be completed in full and signed by the applicant. Available questionnaires include:

- Drinking Habits
- Respiratory
- Climbing
- Scuba Diving
- Drug Use
- Aviation
- Foreign Travel
- Parachuting
- Nervous Disorders
- Motor Sports
- Financial

TRIAL APPLICATIONS

Trial applications may be submitted on a preliminary basis to determine eligibility before arranging the underwriting of medical evidence. When submitting a trial application, note "trial application" in the Special Instructions section of the application, and provide full contact information including name, address and telephone number for the attending physician.

UNDERWRITING DECISIONS

Underwriting will either accept, decline or postpone a decision. If your client's application is:

- **ACCEPTED**, an offer of insurance is being made at either a standard or substandard risk classification. Sub-standard risk (sometimes referred to as a "special class" risk) can result in a rating that will increase the premiums by a multiple ranging from 150% to 350%.
- **DECLINED**, the applicant has been deemed uninsurable and no offer of insurance is being made.
- **POSTPONED**, an offer of insurance may be considered for the applicant at a future date.

QUESTIONS?

For more information, contact your Equitable Life Regional Sales Manager.

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Alcohol Use/Abuse</p> <p>Alcohol consumption considered as history of or present alcohol abuse, dependence, at risk and heavy use.</p>	<ul style="list-style-type: none"> • Current age • Amount of alcohol declared • Any diagnosis of abuse or dependence • How long abstinent or moderate consumption • Any relapses • Member of alcohol self-help group • Treatment with medication 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age • Time since last use • Co-morbid factors <p>Following five years of recovery:</p> <ul style="list-style-type: none"> • Standard or substandard rates considered <p>Recovery of less than five years:</p> <ul style="list-style-type: none"> • Considered on an individual basis <p>Note:</p> <ul style="list-style-type: none"> • Alcohol use in combination with a diagnosis of alcoholism or alcohol dependence is declined. 	<p>Required:</p> <ul style="list-style-type: none"> • Drinking Habits Questionnaire • APS • MVR • Blood profile <p>Helpful:</p> <ul style="list-style-type: none"> • Details of any favourable aspects such as continued employment; attendance at self-help group; total abstinence; no relapses • Details of related treatment in a hospital or rehabilitation facility • Results of any testing related to liver function or cardiac disease • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed • Date and results of last medical follow-up
<p>Alzheimer's Disease</p> <p>Alzheimer's-type dementia is a disease of older people and prevalence increases with age. This disease has a severe loss of intellectual function. The dementia is severe and progressive. The earliest symptoms are a failure of memory, especially for recent events, and decreasing efficiency at work or home.</p>		<p>Present or suspected cases:</p> <ul style="list-style-type: none"> • Decline 	
<p>Anaemia</p> <p>Iron deficiency anaemia is the most common type and is defined as a reduction in the red blood cells (RBCs) in the blood.</p> <p>Anaemia is sometimes due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of cells.</p>	<ul style="list-style-type: none"> • Type of Anaemia • Cause of the Anaemia, if known • Details of all testing done and any referrals to specialists (to include dates, names of tests and names of specialists seen) • Blood test results • Current and past treatment • Type of medication previously and currently taking • Any coexisting impairment 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Type <p>Range:</p> <ul style="list-style-type: none"> • Preferred, Preferred Plus; standard to decline <p>Iron Deficiency Anaemia, fully investigated and no underlying conditions:</p> <ul style="list-style-type: none"> • Usually standard <p>Anaplastic Anaemia:</p> <ul style="list-style-type: none"> • Usually decline <p>Hemolytic Anaemia:</p> <ul style="list-style-type: none"> • Standard to 200% 	<p>Helpful:</p> <ul style="list-style-type: none"> • Type and cause of Anaemia • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed • Details of ongoing surveillance of the condition, e.g. blood tests • Date and results of last medical follow-up

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<p>Aneurysm</p> <p>Disorders of the aorta include bulges (aneurysms) in weak areas of its walls and separation of the layers of its wall (dissection). These disorders can be immediately fatal, but they usually take years to develop. Aneurysms may also develop in other arteries.</p>	<ul style="list-style-type: none"> Type and location of aneurysm Date occurred Cause of the aneurysm Size and stability of the aneurysm Present condition Blood pressure control Any history of smoking Any current treatment 	<p>Six months after surgery:</p> <ul style="list-style-type: none"> Considered on an individual basis <p>Small Abdominal Aneurysm with no surgery; size of five cm or less has been maintained for last three years or since diagnosis (if shorter period); stable with regular follow-up:</p> <ul style="list-style-type: none"> 150 – 200% <p>Large Abdominal Aneurysm with no surgery, five cm or more:</p> <ul style="list-style-type: none"> Decline <p>Abdominal Aneurysm with surgery, minimum of six months post:</p> <ul style="list-style-type: none"> 150 – 250% <p>Small Cerebral Aneurysm with no surgery, size of one cm, minimum of six months post diagnosis:</p> <ul style="list-style-type: none"> Rating determined based on history of aneurysm <p>Large Cerebral Aneurysm, no surgery, size of 1.9 cm or more:</p> <ul style="list-style-type: none"> Decline <p>Cerebral Aneurysm with surgery (six months to two years post):</p> <ul style="list-style-type: none"> Typically substandard rating, if no complications may be considered standard <p>Thoracic Aneurysm</p> <ul style="list-style-type: none"> Typically declined 	<p>Required:</p> <ul style="list-style-type: none"> APS Paramedical <p>Helpful:</p> <ul style="list-style-type: none"> Type, cause and size of the Aneurysm Date of diagnosis Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and related treatments prescribed Details of ongoing surveillance tests Details of lifestyle modifications Details on past and present smoking habits Details of lipid and blood pressure control Date and results of last medical follow-up
<p>Angina Pectoris</p> <p>Angina, also called Angina Pectoris, is temporary chest pain or a sensation of pressure that occurs while the heart muscle is not receiving enough oxygen.</p>	<ul style="list-style-type: none"> Refer to Coronary Artery Disease (CAD) 	<p>Postpone until six months after initial treatment; then submit trial application.</p>	

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<p>Anxiety</p> <p>Anxiety disorders involve a state of distressing, chronic but fluctuating nervousness that is inappropriately severe for the person's circumstances.</p>	<ul style="list-style-type: none"> • Current severity of the condition • Current treatment • Medications and dosage prescribed • Diagnosis of an acute or chronic case of Anxiety • Number of episodes • Any coexisting psychiatric or medical conditions (Depression, Stress, etc.) • Any history of substance abuse 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Severity • Frequency <p>Mild:</p> <ul style="list-style-type: none"> • Standard (one episode), to 150% (more than one episode) <p>Moderate:</p> <ul style="list-style-type: none"> • Standard to 150% (one episode), 150% to 200% (more than one episode) <p>Severe:</p> <ul style="list-style-type: none"> • 150% and up (one episode) to 200% and up (more than one episode) 	<p>Requirements:</p> <ul style="list-style-type: none"> • Nervous Disorder Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed, and compliance • Impact of Anxiety on lifestyle and daily activities • Frequency of symptoms • Details of time off work due to this condition • Past psychiatric history, including admissions to hospitals/clinics for any psychiatric condition • Details of any counselling including dates and duration • Details of coexisting medical factors • Date and results of last medical follow-up
<p>Apnea/Sleep Apnea/Obstructive Sleep Apnea (OSA)</p> <p>Sleep Apnea is a serious disorder in which breathing repeatedly stops long enough to disrupt sleep and temporarily decrease the amount of oxygen and increase the amount of carbon dioxide in the blood.</p>	<ul style="list-style-type: none"> • Age of applicant • Type of Apnea (obstructive, mixed or central) • Current severity of the condition • Treatment prescribed • Compliance with the prescribed treatment • Date of the last sleep study • Height and weight of the applicant • Any coexisting medical condition (Hypertension, Arrhythmia, etc.) • Any history of smoking 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Severity • Treatment • Age <p>Mild, no present complications:</p> <ul style="list-style-type: none"> • Standard <p>Moderate, no present complications, ongoing treatment:</p> <ul style="list-style-type: none"> • 150 to 175% <p>No ongoing treatment:</p> <ul style="list-style-type: none"> • Age 64 and younger: 175% to decline • Age 65 and older: 150% to decline <p>Severe, ongoing treatment:</p> <ul style="list-style-type: none"> • 150% to decline <p>Severe, no ongoing treatment:</p> <ul style="list-style-type: none"> • Decline 	<p>Requirements:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Dates and results of all sleep studies • Type and severity of the Apnea • Medications, dosages and related treatments prescribed, and compliance • Lifestyle modifications prescribed (current and previous) • Details of time off work due to this condition • Smoking status, past and present • Date and results of last medical follow-up
<p>Arteriosclerosis</p> <p>Arteriosclerosis is a condition in which patchy deposits of fatty material develop in the walls of medium-sized and large arteries, leading to reduced or blocked blood flow.</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Coronary Artery Disease (CAD) • Stroke • Transient Ischemic Attack (TIA) 	<p>Postpone until six months after initial treatment; then submit trial application.</p>	

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<p>Arthritis, Rheumatoid</p> <p>Rheumatoid arthritis is an inflammatory arthritis in which joints, usually including those of the hands and feet, are inflamed, resulting in swelling, pain, and often destruction of joints.</p>	<ul style="list-style-type: none"> • Current severity, duration and joints affected • Current treatment, medication or any surgery • Any hospital visits or time off from work • Age at onset • Any current complications • Any coexisting conditions • Level of functioning, including activities of daily living, mobility • Current job duties 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Severity • Treatment <p>Mild to moderate:</p> <ul style="list-style-type: none"> • Standard to 175% <p>Severe:</p> <ul style="list-style-type: none"> • 200% and up <p>Rapidly progressive or highly disabling:</p> <ul style="list-style-type: none"> • Decline 	<p>Helpful:</p> <ul style="list-style-type: none"> • Date of diagnosis • Symptoms experienced • Since diagnosis have the symptoms become more or less severe, or stayed the same? • Dates, reason and results of related hospitalizations or emergency room visits • Dates of related time off work • Medications, dosages and related treatments prescribed • Compliance with the above • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Date and results of last medical follow-up
<p>Asthma</p> <p>Asthma is a condition in which the airways narrow – usually reversibly – in response to certain stimuli.</p>	<ul style="list-style-type: none"> • Current age • Date Asthma was diagnosed • Severity of Asthma symptoms • Frequency of symptoms and times they occur • Details of medications and dosages prescribed • Hospital visits due to this condition • Compliance with prescribed treatment and medication • Limitations to activities of daily living • History of smoking • Coexisting impairments, such as COPD, Psychiatric diseases, Alcohol Use/Abuse, Coronary Artery Disease, etc. 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age • Severity • Frequency • Smoking status <p>Age 6 - 75, mild or intermittent:</p> <ul style="list-style-type: none"> • Standard to 150% <p>Age 6 - 75, moderate:</p> <ul style="list-style-type: none"> • 150% to 200% <p>Age 6 - 75, severe:</p> <ul style="list-style-type: none"> • 200 to 250% <p>Over age 75, mild intermittent or mild persistent:</p> <ul style="list-style-type: none"> • Usually standard <p>Over age 75, moderate:</p> <ul style="list-style-type: none"> • Usually decline <p>Note:</p> <ul style="list-style-type: none"> • Smoking with Asthma may increase ratings. 	<p>Required:</p> <ul style="list-style-type: none"> • Respiratory Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> • Date of diagnosis • Symptoms • Increasing frequency or severity of symptoms since diagnosis • Dates, reason and results of related hospitalizations or emergency room visits • Dates of related time off work • Medications, dosages and related treatments prescribed • Compliance with the above • Lifestyle modifications requirements or recommendations (e.g. smoking cessation) • Results of all Pulmonary Function Tests • Description of current activity level • Family history of severe respiratory disease • Smoking status • Date and results of last medical follow-up

MEDICAL RISKS

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<p>Atherosclerosis</p> <p>Atherosclerosis is a specific type of arteriosclerosis, but the terms are often used interchangeably. Atherosclerosis refers to the buildup of fats in and on the artery walls (plaques), which can restrict blood flow. These plaques can also burst, causing a blood clot.</p>	<ul style="list-style-type: none"> Refer to Coronary Artery Disease (CAD) 	<p>Postpone until six months after initial treatment; then submit trial application.</p>	
<p>Atrial Fibrillation/ Atrial Flutter</p> <p>Atrial Fibrillation and Atrial Flutter are very fast electrical discharge patterns that make the atria contract very rapidly, with some of the electrical impulses reaching the ventricles and causing them to contract faster and less efficiently than normal.</p>	<ul style="list-style-type: none"> Current Age Date Atrial Fibrillation/Flutter was diagnosed, and the age of client when condition first began Number of times this occurs Type of investigations/treatment Any coexisting conditions/heart disease Chronic or paroxysmal 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Age Severity Frequency <p>Condition recently found:</p> <ul style="list-style-type: none"> Postpone or decline <p>Good control – less than four attacks per year, no underlying conditions, age 60 and under:</p> <ul style="list-style-type: none"> Standard to 150% <p>Good control – less than four attacks per year, no underlying conditions, over age 60:</p> <ul style="list-style-type: none"> 150 – 175% <p>Chronic condition requiring treatment, age 60 and under:</p> <ul style="list-style-type: none"> 150 – 200% <p>Chronic condition requiring treatment, over age 60:</p> <ul style="list-style-type: none"> 200 – 250% 	<p>Requirements:</p> <ul style="list-style-type: none"> APS <p>Helpful:</p> <ul style="list-style-type: none"> Age at diagnosis Symptoms experienced Frequency and severity of symptoms Tests conducted Family history of Coronary Artery Disease, valvular disease, or stroke Medications, dosages and related treatments prescribed Compliance with the above Modifications to lifestyle or daily activities Date and results of last medical follow-up

MEDICAL RISKS

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<p>Bariatric Surgery</p> <p>Bariatric surgery alters the stomach, intestine, or both to produce weight loss. Bariatric Surgery is sometimes referred to as Stomach Stapling.</p>	<ul style="list-style-type: none"> Weight before surgery Reason for surgery (restrictive or malabsorptive) Any other conditions (such as diabetes, hypertension, heart disease) Any complication during or after the surgery Weight loss after surgery 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Type of surgery Severity Treatment Weight pre and post treatment <p>Restrictive Surgery up to three years post:</p> <ul style="list-style-type: none"> 150% - 175% <p>Malabsorptive surgery less than one year post:</p> <ul style="list-style-type: none"> Postpone <p>One to five years post:</p> <ul style="list-style-type: none"> 200% <p>More than five years post:</p> <ul style="list-style-type: none"> Standard to 150% <p>Either surgery, more than 10 years post, stable weight, no complications:</p> <ul style="list-style-type: none"> Standard 	<p>Required:</p> <ul style="list-style-type: none"> APS Paramedical <p>Helpful:</p> <ul style="list-style-type: none"> Type of surgery Date of surgery Complications during or after surgery Weight before surgery and present weight Date and results of last medical follow-up
<p>Barrett's Esophagus</p> <p>Barrett's esophagus is a metaplastic change of the mucosal cells lining the lower esophagus due to injury, often caused by chronic reflux of stomach acid into the esophagus.</p>	<ul style="list-style-type: none"> Current age Testing completed (endoscopy, biopsy) Current condition 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Severity Treatment 	<p>Required:</p> <ul style="list-style-type: none"> APS <p>Helpful:</p> <ul style="list-style-type: none"> Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Date and results of last medical follow-up or tests
<p>Blood Pressure</p>	<ul style="list-style-type: none"> Refer to Hypertension 		
<p>Bypass Surgery</p>	<ul style="list-style-type: none"> Refer to Coronary Artery Disease (CAD) 	<p>Postpone until six months after initial treatment.</p>	
<p>Cancer: Basal Cell Carcinoma</p> <p>Basal cell carcinoma is a cancer that originates in cells of the outer layer of skin (epidermis). It very rarely spreads.</p>	<ul style="list-style-type: none"> Age at diagnosis and current age Type of cancer and staging Type of treatment and date completed Any recurrence or secondary cancer Any serious complications from treatment 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Number of occurrences Severity <p>Initial occurrence:</p> <ul style="list-style-type: none"> Typically standard provided it was excised completely and without recurrence <p>Recurrences:</p> <ul style="list-style-type: none"> Dependent on severity 	<p>Helpful:</p> <ul style="list-style-type: none"> Date of diagnosis Date of removal or treatment History of other skin lesions Date and results of last medical follow-up

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Cancer: Breast</p> <p>Breast cancer is the second most common cancer among women after skin cancer and, of cancers, is the second most common cause of death among women after lung cancer.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Type of cancer and staging • Type of treatment and date completed • Any recurrence or secondary cancer • Any serious complications from treatment 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age at diagnosis • Staging of the disease • Prescribed treatment <p>Trial applications suggested.</p> <p>Carcinoma in situ (non invasive) has lower ratings and can be considered after treatment is complete.</p> <p>All other types and staging:</p> <ul style="list-style-type: none"> • Postpone for two years or more 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Date of diagnosis • Type and stage of breast cancer • Any node involvement? • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed, with start and end dates • Date and results of last medical follow-up
<p>Cancer: Leukemia</p> <p>Leukemias are malignant cancers of blood cells which can be chronic or acute.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Type of leukemia and staging • Type of treatment and date completed • Any recurrence or secondary cancer • Any serious complications from treatment 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Type • Staging <p>A preliminary inquiry may be warranted to determine if we can accept an application.</p>	<p>Requirements:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Date of diagnosis • Type and stage of leukemia • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed, with start and end dates • Date and results of last medical follow-up
<p>Cancer: Lung</p> <p>Lung cancer is the leading cause of cancer death in both men and women. It occurs most commonly between the ages of 45 and 70. There is a strong association between lung cancer and smoking.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Type and stage of lung cancer • Type of treatment • Any recurrence or spread to other organs • Any serious complications from treatment 	<p>Applications considered if:</p> <ul style="list-style-type: none"> • All treatment is completed • Applicant does not smoke • No recurrence <p>Trial applications suggested.</p> <p>Low-grade cancers with:</p> <ul style="list-style-type: none"> • Negative nodes are considered following postponement of three months • Positive nodes are considered following postponement of five years <p>Any form of metastasis:</p> <ul style="list-style-type: none"> • Decline 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Date of diagnosis • Type, stage and pathology of the cancer • Medications, dosages and related treatments prescribed, with start and end dates • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Smoking status, past and present • Date and results of last medical follow-up

MEDICAL RISKS

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<p>Cancer: Prostate</p> <p>Prostate cancer is the most common cancer found in males and one of the most common causes of cancer death.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Pathology including stage and Gleason grade • Type of treatment • Any recurrence or metastasis • Any serious complications from treatment 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Type • Staging • Gleason score <p>Low Grade Prostatic Intraepithelial Neoplasia (PIN):</p> <ul style="list-style-type: none"> • Standard <p>Applicants under age 50:</p> <ul style="list-style-type: none"> • Decline <p>Applicants within one year of diagnosis:</p> <ul style="list-style-type: none"> • Postpone 	<p>Required:</p> <ul style="list-style-type: none"> • APS • PSA Test <p>Helpful:</p> <ul style="list-style-type: none"> • Date of diagnosis • Type, stage and pathology of the cancer • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed, with start and end dates • Date and results of last medical follow-up
<p>Cancer: Skin, Borderline Malignancy</p> <p>This includes basal cell carcinoma, dysplastic nevus, lentigo maligna.</p>	<ul style="list-style-type: none"> • Number and type of lesions • No invasion into other tissue • Type and date of treatment • Any recurrence • Any ongoing risk factors • Family history of skin cancer 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age • Number of lesions • Type • Prescribed treatment <p>Range:</p> <ul style="list-style-type: none"> • Standard (fewer than 10 lesions) to decline (more than 10 lesions) 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Type of skin lesions • Recovery status • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed, with start and end dates • Details of any complications • Date and results of last medical follow-up
<p>Cancer: Skin, Malignant</p> <p>The most serious of all skin cancers is malignant melanoma. Older and fair skinned people are the most at risk.</p>	<ul style="list-style-type: none"> • Type of skin cancer • Pathology including depth and thickness of the tumour • Type and date treatment was completed • Any recurrence • Any ongoing risk factors 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Type • Depth and thickness of tumour • Treatment • Date of treatment • Pathology report (required for tentative ratings) <p>Within one year of diagnosis or treatment:</p> <ul style="list-style-type: none"> • Postpone 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Specific diagnosis • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and related treatments prescribed, with start and end dates • Details of any complications • Date and results of last medical follow-up

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Cancer: Thyroid</p> <p>Cancer of the thyroid is common among women and is treatable with a good success rate.</p>	<ul style="list-style-type: none"> Type of thyroid cancer (papillary, follicular etc.) Pathology Type of treatment Age of applicant Response to treatment or any complications 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Age at diagnosis Type Staging <p>Within five years of treatment:</p> <ul style="list-style-type: none"> Standard to decline <p>Five years post treatment:</p> <ul style="list-style-type: none"> Standard in most cases 	<p>Required:</p> <ul style="list-style-type: none"> APS <p>Helpful:</p> <ul style="list-style-type: none"> Pathology report Type and stage of the cancer Recovery status Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and related treatments prescribed, with start and end dates Details of any complications Date and results of last medical follow-up
<p>Congenital Heart Disease</p> <p>A number of varieties of malformations of the heart. All vary significantly in severity and treatment.</p>	<p>Based on the number of congenital heart problems to be considered. An email inquiry to indnewbus@equitable.ca with details of the heart disease and any related treatments or surgery is recommended.</p>		<p>Helpful:</p> <ul style="list-style-type: none"> Type of congenital disorder Details of any surgery, treatment or medications
<p>Chronic Obstructive Pulmonary Disease (COPD)</p> <p>Chronic obstructive pulmonary disease is persistent obstruction of the airways occurring with emphysema, chronic bronchitis, or both disorders. It can be progressive and deteriorating.</p>	<ul style="list-style-type: none"> Age at diagnosis and current age Smoking history and current smoking status Severity of symptoms Treatment 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Severity Age Smoking status (current and within the last year) Additional health risks including CAD, Bronchitis, Emphysema <p>Range:</p> <ul style="list-style-type: none"> Standard to decline <p>Mild:</p> <ul style="list-style-type: none"> Standard to 150% <p>Moderate:</p> <ul style="list-style-type: none"> 175% to 250% <p>Severe:</p> <ul style="list-style-type: none"> Decline 	<p>Required:</p> <ul style="list-style-type: none"> APS <p>Helpful:</p> <ul style="list-style-type: none"> Respiratory Questionnaire Date of diagnosis Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and related treatments prescribed, with start and end dates Details of hospitalizations or emergency room treatment Date and results of last pulmonary function testing Smoking status, past and present Date and results of last medical follow-up

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Coronary Artery Disease (CAD)</p> <p>Coronary artery disease is a condition in which the blood supply to the heart muscle is partially or completely blocked.</p>	<ul style="list-style-type: none"> Age at diagnosis and current age Severity, number of vessels involved Any residual problems, current status Treatment, surgery, medications Smoking Status Co-morbid factors, e.g. Hypertension, Diabetes 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Age (higher ratings for younger applicants) Severity of disease <p>Within six months of diagnosis:</p> <ul style="list-style-type: none"> Not considered <p>Under age 40:</p> <ul style="list-style-type: none"> Likely decline <p>Range:</p> <ul style="list-style-type: none"> 200% to decline 	<p>Required:</p> <ul style="list-style-type: none"> APS <p>Helpful:</p> <ul style="list-style-type: none"> Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and related treatments prescribed, with start and end dates Impact on activities and lifestyle Date and results of last cardiac consultation
<p>Crohn's Disease</p> <p>A chronic inflammatory disease that can affect any part of the GI tract. It can include ulceration and/or malabsorption problems.</p>	<ul style="list-style-type: none"> Age at diagnosis and current age Severity of the last episode Any hospitalizations or surgery 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Age (higher ratings for younger applicants) Severity of disease <p>Diagnosed under one year ago:</p> <ul style="list-style-type: none"> Postpone <p>Range:</p> <ul style="list-style-type: none"> Standard (for remission over five years), to decline 	<p>Required:</p> <ul style="list-style-type: none"> APS <p>Helpful:</p> <ul style="list-style-type: none"> Weight stability Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and related treatments prescribed, with start and end dates Details and results of related surgeries Date of and results of last colonoscopy and/or medical follow-up
<p>Depression</p> <p>Depression is a feeling of sadness intense enough to interfere with functioning. It may follow a recent loss or other sad event but is out of proportion to that event and lasts beyond an appropriate length of time.</p>	<ul style="list-style-type: none"> Age at diagnosis and current age Severity Any hospital treatment, or treatment in any other medical facility Any suicide attempt or suicidal thoughts Type of treatment including number and type of medication(s) Any loss of work Illegal drug use 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Age Current status and severity of the depression Cause of the depression e.g. situational Lifestyle Support system Loss of work <p>Range:</p> <ul style="list-style-type: none"> Standard (for good control of symptoms) to decline <p>Favourable factors:</p> <ul style="list-style-type: none"> No missed work or hospitalizations within the last five years No social drug use No suicide attempts or thoughts Good follow-up with medical professionals Good response to treatment 	<p>Required:</p> <ul style="list-style-type: none"> Nervous Disorder Questionnaire APS <p>Helpful:</p> <ul style="list-style-type: none"> Type and cause of the Depression Date of diagnosis Frequency of episodes Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and other treatments prescribed, with start and end dates Impact on activities and lifestyle Personal assessment of current control of symptoms, with or without medication Date and results of last follow-up

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Diabetes</p> <p>Diabetes is a metabolic disorder caused by inadequate production or use of Insulin.</p> <p>Type 1 Diabetes (IDMM) requires insulin and is generally diagnosed at a young age.</p> <p>Type 2 Diabetes (NIDDM) is generally diagnosed later in life and is also referred to as Adult onset diabetes. Treatment is either oral medication or it can be controlled by diet and exercise.</p> <p>Gestational diabetes occurs during pregnancy.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Type of Diabetes • Degree of control • Any other health risks e.g. Hypertension, build, smoking status 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Current age • Age at diagnosis • Type of Diabetes • Degree of control • Any other health risks e.g. Hypertension, build, smoking status <p>Range:</p> <ul style="list-style-type: none"> • 150% to decline 	<p>Required:</p> <ul style="list-style-type: none"> • APS • Blood profile with HgBA1C testing • Urine with microalbumin testing <p>Helpful:</p> <ul style="list-style-type: none"> • Details on sugar monitoring system • Date and results of last medical follow-up • Contact information including full name, address and telephone number for medical professionals involved in diagnosis and treatment <p>Head Office will order the APS if required.</p>
<p>Emphysema</p>	<ul style="list-style-type: none"> • Refer to Chronic Obstructive Pulmonary Disease (COPD) 		
<p>Epilepsy/Seizures</p> <p>Epilepsy is a broad term for a number of types of seizure disorders. Partial (Focal) Seizures, Generalized Epilepsy, generalized seizures.</p>	<ul style="list-style-type: none"> • Cause and type of seizures • Degree of control with or without medication • Current age • Age at diagnosis • Frequency of seizures • Date of last seizure • Compliance with prescribed medications, dosages and related treatments 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Current age • Age at diagnosis • Type and frequency of seizures <p>Range:</p> <ul style="list-style-type: none"> • Standard to decline <p>No seizures for seven years:</p> <ul style="list-style-type: none"> • Considered for standard rates 	<p>Required:</p> <ul style="list-style-type: none"> • Possible APS <p>Helpful:</p> <ul style="list-style-type: none"> • Precise diagnosis e.g. absence seizure (petit mal), atonic seizures (drop attacks), myoclonic seizures, tonic-clonic seizures (grand mal), simple partial seizures, complex partial seizures (psychomotor) • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and other treatments prescribed, with start and end dates • Time off from work due this condition • Impact on activities and lifestyle • Date and results of last medical follow-up
<p>Family History</p> <p>Any family history of Polycystic Kidney Disease, Huntington’s Disease, Motor Neuron Disease, colon and breast cancer in first degree relatives (including children) can be recognized as a concern for underwriting purposes.</p>	<ul style="list-style-type: none"> • Type of disease • Age at onset of family members • Multiple family members with this disease 	<p>Family history relating to breast cancer, colon cancer, Huntington’s disease, Motor Neuron Disease, or Polycystic Disease are of concern and further evidence may be required.</p>	<p>Required:</p> <ul style="list-style-type: none"> • Completion of entire Family History section of the application, including type of disease, relation to applicant and age at onset • Results of any screening for colon or breast cancer

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Hepatitis</p> <p>Hepatitis is an inflammation of the liver, occurs as both acute and chronic hepatitis. Acute hepatitis is a result of viral infection, including hepatitis A, B, C and E, or damage by drugs or toxins such as alcohol.</p>	<ul style="list-style-type: none"> Type of Hepatitis and date of diagnosis Current status including any recent or ongoing infection Any damage to liver or other organs Current treatment and history of treatment/ liver biopsy History of any intravenous drug use 	<p>History of Hepatitis A:</p> <ul style="list-style-type: none"> Standard <p>Hepatitis B carrier status with no current infection and normal blood profile:</p> <ul style="list-style-type: none"> Rated 175%. Unable to consider infants and children. <p>Current infection:</p> <ul style="list-style-type: none"> Postpone to decline <p>Hepatitis C:</p> <ul style="list-style-type: none"> Considered if asymptomatic and current health is excellent. <p>Hepatitis B and C co-infection:</p> <ul style="list-style-type: none"> Decline <p>Evidence of liver damage:</p> <ul style="list-style-type: none"> Likely decline 	<p>Required:</p> <ul style="list-style-type: none"> Blood profile with current Hepatitis screening, except for a history of Hepatitis A Possible APS <p>Helpful:</p> <ul style="list-style-type: none"> Type of Hepatitis and if carrier status only How it was contracted Any liver testing including ultrasound, CT scan, liver biopsy, with dates and results Date and results of last medical follow-up
<p>Hypertension</p> <p>Hypertension is considered a sustained elevation in blood pressure (BP) above the level considered acceptable for the individual's age and gender.</p>	<ul style="list-style-type: none"> Current age and age at onset Type of treatment Any other cardiac risk factors Current blood pressure readings Family history of cardiac disease Build Smoking status 	<p>Generally standard for blood pressure readings with values in the normal range and no co-morbid factors.</p>	<p>Required:</p> <ul style="list-style-type: none"> Paramedical <p>Helpful:</p> <ul style="list-style-type: none"> Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment Medications, dosages and other treatments prescribed, with start and end dates Compliance with the above Date and results of last cardiac consult if applicable, or last medical follow-up
<p>Illegal Drugs and Marijuana</p> <p>Including any current or past history of Cocaine, Heroin, Ecstasy, Amphetamines or Barbiturates and any addiction to Percocet, Oxycontin or Oxycocet.</p>	<ul style="list-style-type: none"> Type and amount of current drug use History of drug use with date of last use Occupation Family history of drug use History of depression History of criminal behaviour Age Motor Vehicle Report (MVR) 	<p>Current use of drugs other than occasional use of Marijuana:</p> <ul style="list-style-type: none"> Decline <p>Prior use of Ecstasy or Cocaine and occasional use of Marijuana:</p> <ul style="list-style-type: none"> Decline <p>Daily use of Marijuana:</p> <ul style="list-style-type: none"> Individual consideration <p>Occasional use of Marijuana:</p> <ul style="list-style-type: none"> May be considered for Standard Non-Smoker rates <p>Marijuana use up to two times weekly:</p> <ul style="list-style-type: none"> May be considered for Standard Non-Smoker rates <p>Five to seven years past last use of Cocaine:</p> <ul style="list-style-type: none"> May be considered for Standard rates on an individual basis 	<p>Required:</p> <ul style="list-style-type: none"> Drug Use Questionnaire APS <p>Helpful:</p> <ul style="list-style-type: none"> Details of current and past drug use and treatments with dates Details of drug-related hospitalizations or emergency room visits Details of drug related charges History of depression, suicidal thoughts or attempts Date and results of last medical follow-up

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Myocardial Infarction/MI/Heart Attack/Coronary Thrombosis</p> <p>Permanent damage of a portion of the heart muscle due to inadequate oxygen supply and coronary blood flow.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Severity of the attack/disease and how many vessels involved • Type of treatment • Medications and dosages prescribed • Smoking status • Extent of any residual effects or permanent damage • Any additional health risks 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age at onset • Cause • Severity <p>Trial application suggested.</p> <p>Within six months of episode/attack including date of treatment:</p> <ul style="list-style-type: none"> • Not considered <p>Unfavourable factors:</p> <ul style="list-style-type: none"> • Smoking status • Co-morbid factors • Recent episodes • Younger applicants (age 40 and under, likely decline) 	<p>Required:</p> <ul style="list-style-type: none"> • APS with full cardiac history <p>Helpful:</p> <ul style="list-style-type: none"> • Dates and number of attacks, and number of vessels involved • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and other treatments prescribed, with start and end dates • Details of related hospitalizations or emergency room visits • Date and results of last cardiac consultation
<p>Older Age Applicants</p> <p>Applicants age 65 and older may require some additional underwriting specific to their age.</p>	<ul style="list-style-type: none"> • Current age • Employment status • Smoking status with regard to any health risks • Family support • History of falls/accidents • Use and type medication(s) • Regularity of medical check-ups 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Applicant's health and lifestyle • Any adverse health risks 	<p>Required:</p> <ul style="list-style-type: none"> • Age and amount requirements as per plan and face amount • Possible APS <p>Helpful:</p> <ul style="list-style-type: none"> • Frequency of activity • Frequency of medical check-ups • Date and results of last medical check-up
<p>Seizures</p>	<ul style="list-style-type: none"> • Refer to Epilepsy/Seizures 		
<p>Stroke</p> <p>A stroke is an interruption of the blood supply to any part of the brain causing permanent damage. It can be caused by a haemorrhage, vascular event, or thrombosis.</p>	<ul style="list-style-type: none"> • Current age and age at onset • Number of events/episodes • Type of treatment/medication • Smoking status • Extent of any residual affect or neurological deficit • Any additional health risks 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age at onset • Cause • Type <p>Within one year of episode of stroke:</p> <ul style="list-style-type: none"> • Postpone <p>Unfavourable factors:</p> <ul style="list-style-type: none"> • Younger applicants • Recent episodes • Smoking status • Other health risks e.g. Diabetes, Hypertension 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Dates and cause of each episode • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and other treatments prescribed, with dates • Details of related hospitalizations or emergency room visits • Time off from work related to this condition • Impact on activities and lifestyle • Date and results of last medical follow-up

MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Transient Ischemic Attack (TIA)</p> <p>A TIA is an episode of neurological dysfunction that lasts no more than 24 hours and has no residual or permanent damage.</p>	<ul style="list-style-type: none"> • Age at diagnosis and current age • Type of treatment • Medications and dosages prescribed • Number of episodes • Smoking status 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Age • Date of attack(s) • Smoking status <p>Within six months of attack:</p> <ul style="list-style-type: none"> • Postpone <p>Unfavourable factors:</p> <ul style="list-style-type: none"> • Other health risks e.g. Diabetes, Hypertension 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Date and number of attacks • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and other treatments prescribed, with start and end dates • Details of related hospitalizations or emergency room visits • Time off from work related to this condition • Impact on activities and lifestyle • Date and results of last medical follow-up
<p>Ulcerative Colitis</p> <p>Ulcerative colitis is a chronic disease in which the large intestine becomes inflamed and ulcerated.</p>	<ul style="list-style-type: none"> • Current age • Severity of symptoms and disease • Date of last flare-up • Medications and dosages prescribed • Hospitalizations or emergency room visits • Weight stability or weight loss • Medical complications or other health risks 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Current age • Age at diagnosis • Severity of disease <p>Range:</p> <ul style="list-style-type: none"> • 150% to decline <p>Unfavourable factors:</p> <ul style="list-style-type: none"> • Younger applicants will have higher ratings <p>Within six months of surgery, flare-up or diagnosis:</p> <ul style="list-style-type: none"> • Postpone 	<p>Required:</p> <ul style="list-style-type: none"> • APS <p>Helpful:</p> <ul style="list-style-type: none"> • Colonoscopy screening results with dates • Contact information including full name, address and telephone numbers for medical professionals involved in diagnosis and treatment • Medications, dosages and other treatments prescribed, with start and end dates • Compliance with the above • Date of last episode or flare-up • Date and results of last medical follow-up

BUILD CHART - ADULTS

This chart provides guidelines for ratings based on build. It applies to all adults regardless of their age or gender. Minor variations may apply.

RATING									
	150%	175%	200%	225%	250%	275%	300%	325%	350%
Height (ft/in)	Weight (lbs)								
4'10"	179	185	192	199	207	214	220	224	229
4'11"	186	193	200	208	215	222	229	233	239
5'0"	191	199	205	213	221	228	235	240	245
5'1"	199	206	214	222	230	237	244	249	255
5'2"	204	211	219	227	236	244	250	256	261
5'3"	212	219	228	236	245	253	260	266	271
5'4"	220	227	236	245	254	263	270	277	282
5'5"	226	233	242	251	260	269	277	283	289
5'6"	234	242	251	260	270	279	287	293	299
5'7"	239	247	257	266	276	286	294	300	306
5'8"	248	256	266	276	286	296	304	311	317
5'9"	254	262	272	282	292	303	311	318	325
5'10"	262	271	282	292	303	313	322	329	336
5'11"	268	277	288	299	309	320	329	336	343
6'0"	277	287	298	309	320	331	340	347	355
6'1"	283	293	304	315	327	338	348	355	363
6'2"	293	302	314	326	337	349	359	367	374
6'3"	302	312	324	336	348	360	370	378	387
6'4"	308	319	331	343	356	368	378	386	395
6'5"	318	329	341	354	367	379	390	399	407
6'6"	325	334	348	361	374	387	398	407	415

Example:
If you are 5'6" tall and weigh 250 pounds you would be rated 200% for build.

BUILD CHART - ADULTS

This chart provides guidelines for ratings based on build. It applies to all adults regardless of their age or gender. Minor variations may apply.

RATING									
	150%	175%	200%	225%	250%	275%	300%	325%	350%
Height (cm)	Weight (kgs)								
147	81	84	87	91	94	97	100	102	104
150	85	88	91	94	98	101	104	106	108
152	87	90	93	97	100	104	107	109	111
155	91	94	97	101	104	108	111	113	116
157	93	96	100	103	107	111	114	116	119
160	96	100	104	107	111	115	118	121	123
163	100	103	107	111	115	119	123	126	128
165	103	106	110	114	118	122	126	128	131
168	106	110	114	118	123	127	130	133	136
170	109	112	117	121	125	130	133	136	139
173	113	116	121	125	130	134	138	141	144
175	115	119	124	128	133	138	141	144	147
178	119	123	128	133	138	142	146	149	153
180	122	126	131	136	141	145	150	153	156
183	126	130	135	140	145	150	154	158	161
185	129	133	138	143	149	154	158	161	165
188	133	137	143	148	153	159	163	167	170
191	137	142	147	153	158	164	168	172	176
193	140	145	150	156	162	167	172	175	179
195	144	149	154	160	166	172	177	181	184
198	147	152	158	164	170	176	181	185	183

Example:
If you are 168 cm tall and weigh 114 kgs, you would be rated 200% for build.

NON-MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Aviation, Commercial</p> <p>These pilots include those participating or working in passenger and freight carriers within North America, crop dusting, bush pilots, charters, photography, flight instructors etc.</p>	<ul style="list-style-type: none"> Type of flying and hours in-flight Total hours as a pilot with special flying accreditations Type of aircraft flown and destinations Expected flight hours in next 12 - 24 months 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Type of specialized flying Experience as a pilot including hours per year in flight <p>Range:</p> <ul style="list-style-type: none"> Standard rates up to \$10.00 extra per thousand <p>Unfavourable factors:</p> <ul style="list-style-type: none"> Any health risks <p>Note:</p> <ul style="list-style-type: none"> Special exclusion clauses generally not available 	<p>Required:</p> <ul style="list-style-type: none"> Aviation Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> Aviation license(s) held Type and frequency of specialized flying Total experience as pilot in logged hours per year Any accidents?
<p>Aviation, Private</p> <p>These are non-professional pilots who generally fly for business and/or pleasure.</p>	<ul style="list-style-type: none"> Type of flying and hours in-flight Total hours as a pilot with special flying accreditations Type of aircraft flown and destinations Expected flight hours in next 12 - 24 months 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Age Flying experience (in hours) <p>Less than 100 hours logged or under age 26 or student pilots:</p> <ul style="list-style-type: none"> \$3.50 x five years (in most cases) <p>Over age 26, in excess of 100 hours logged, expected flying time in next 12 months under 200 hours:</p> <ul style="list-style-type: none"> Considered at Standard rates <p>Note:</p> <ul style="list-style-type: none"> Special exclusion clause may be available 	<p>Required:</p> <ul style="list-style-type: none"> Aviation Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> Aviation license(s) held Type and frequency of specialized flying Total experience as pilot in logged hours per year Any accidents?
<p>Aviation, Sport</p> <p>This includes recreational flying/sports such as hang gliding, parasailing, ultralights, parachuting etc.</p>	<ul style="list-style-type: none"> Current age Type of flying Flying destinations Amateur or professional status Medical and lifestyle history 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> Type of activity Frequency Destination <p>Email inquiry suggested.</p> <p>Notes:</p> <ul style="list-style-type: none"> Special exclusion clause may be available Ratings may vary according to participation 	<p>Required:</p> <ul style="list-style-type: none"> Aviation or Parachuting Questionnaire as applicable <p>Helpful:</p> <ul style="list-style-type: none"> Aviation license(s) held Type and frequency of aviation sport Total experience as a pilot in logged hours per year Member of a specialized flying club? Any accidents? Type of aircraft including if home built

NON-MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Climbing</p> <p>Including rock, mountain, ice/snow climbing.</p>	<ul style="list-style-type: none"> • Current age • Type of terrain • Location(s) and height • Frequency of climbing • Experience • Medical and lifestyle history 	<p>Indoor rock climbing:</p> <ul style="list-style-type: none"> • Standard <p>Rock/mountain climbing under 13,000 feet:</p> <ul style="list-style-type: none"> • \$2.50 extra per thousand <p>Ice climbing under 13,000 feet:</p> <ul style="list-style-type: none"> • \$3.50 extra per thousand <p>Extreme climbing over 23,000 feet:</p> <ul style="list-style-type: none"> • Decline <p>Notes:</p> <ul style="list-style-type: none"> • Special exclusion clause may be available • Ratings may vary according to participation 	<p>Required:</p> <ul style="list-style-type: none"> • Climbing Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> • Frequency, average height and location of climbing • Solo climber or with a group or instructor? • Climb location
<p>Driving</p>	<ul style="list-style-type: none"> • Number and type of infractions • Severity of the infraction • Current age • Age at time of the infraction • Impaired driving charges • Any driving suspensions? 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Current age • Severity • Number of infractions <p>Within six months of an impaired driving charge or completion of suspension:</p> <ul style="list-style-type: none"> • Not considered <p>Two or more impaired driving charges:</p> <ul style="list-style-type: none"> • Decline younger applicants • Higher ratings 	<p>Required:</p> <ul style="list-style-type: none"> • MVR plus applicable Questionnaires (e.g. Drug Use, Drinking Habits, etc.) <p>Helpful:</p> <ul style="list-style-type: none"> • Type and validity of driver's license • Dates and details of infractions • Dates and details of any charges of driving while impaired • Penalties including fines and suspensions • Any outstanding fines?
<p>Missionary Travel</p> <p>Individuals travelling outside of Canada for missionary, peacekeeping, government diplomacy, journalistic and foreign aid work.</p>		<p>Missionary travel:</p> <ul style="list-style-type: none"> • Not insurable <p>Peacekeeping, government diplomacy, journalistic and foreign aid work:</p> <ul style="list-style-type: none"> • Likely decline 	

NON-MEDICAL RISKS

CONDITION DESCRIPTIONS	IMPORTANT FACTORS	LIKELY DECISION	UNDERWRITING INFORMATION REQUIREMENTS
<p>Motor Vehicle Racing</p> <p>This includes ARCA, Drag Racing, Sprint Cars, Stock Cars, etc.</p>	<ul style="list-style-type: none"> • Current age • Type of vehicle • Type of fuel • Frequency of racing • Speed • Type of course • Medical and lifestyle history 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Type of vehicle • Type of fuel • Speed <p>Stock cars, demolition derby and auto/moto-cross:</p> <ul style="list-style-type: none"> • Standard <p>Range for other types of racing:</p> <ul style="list-style-type: none"> • \$2.50 to \$10.00 extra per thousand 	<p>Required:</p> <ul style="list-style-type: none"> • Motor Sports Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> • Type of vehicle raced • Type of fuel used • Frequency of racing • Amateur/recreational or professional status? • Average and maximum speed achieved while racing
<p>Scuba Diving</p>	<ul style="list-style-type: none"> • Current age • Experience and certification • Depth of dives • Frequency and location(s) • Participation in extra diving activities such as exploration of caves, wrecks etc. • Medical and lifestyle history • Any history of specialized diving • Any history of drug or alcohol use/abuse 	<p>Ratings dependent on:</p> <ul style="list-style-type: none"> • Depth • Dive locations • Type of dive <p>Recreational diving at resorts, open water, lakes with depths under 100 feet:</p> <ul style="list-style-type: none"> • Standard <p>Cave dives, wreck dives, search and rescue dives, depths over 100 feet:</p> <ul style="list-style-type: none"> • \$2.50 extra per thousand and up <p>Note:</p> <ul style="list-style-type: none"> • Special exclusion clause may be available 	<p>Required:</p> <ul style="list-style-type: none"> • Scuba Diving Questionnaire <p>Helpful:</p> <ul style="list-style-type: none"> • Diving certification level • Amateur/recreational or professional status? • Average dive depth • Frequency and location of dives

Exclusions are not available if the avocations are part of occupational duties.

OTHER GUIDES

click on links below to access these other guides.

- [Evidence of insurability schedule](#)
- [Financial underwriting guidelines](#)
- [Recent immigrant and temporary resident underwriting guidelines](#)

SMOKING DEFINITION

<p>Equation Generation® IV, Equimax® and EquiLiving CI</p>	<p>To be considered a non-smoker, the insured must not have used any cigarettes, pipe or chewing tobacco, smoking cessation products, or tobacco substitutes within the past 12 months. Up to one cigar/cigarillo is permitted per month, subject to a negative cotinine level. Clients who use marijuana, whether inhaled or ingested, may qualify for non-smoker rates (Class 3).</p>
<p>Term Plans and Riders</p>	<p>Preferred underwriting is available for face amounts greater than \$1,000,000:</p> <p>Class 1 – Preferred Plus Non-Smoker</p> <ul style="list-style-type: none"> The life insured is a very healthy non-smoker (no smoking or cessation aids within the past 24 months) with an excellent family medical history. <p>Class 2 – Preferred Non-Smoker</p> <ul style="list-style-type: none"> The life insured is in good health, a non-smoker (no smoking or cessation aids within the past 12 months) with good family medical history. <p>Class 3 – Non-Smoker</p> <ul style="list-style-type: none"> The life insured is a healthy non-smoker (no smoking or cessation aids within the last 12 months). Up to one cigar or cigarillo/month is permitted, subject to a negative cotinine test. Clients who use marijuana, whether inhaled or ingested, may qualify for non-smoker rates. <p>Class 4 – Preferred Smoker</p> <ul style="list-style-type: none"> The life insured is in good health and smokes cigarettes or uses nicotine-based products. Evaluated with similar health criteria as Class 2 Preferred Non-Smoker. <p>Class 5 – Smoker</p> <ul style="list-style-type: none"> The life insured is healthy and smokes cigarettes or uses nicotine-based products. <p>(See Preferred Underwriting Classifications #1345 for more details.)</p>

STOP SMOKING INCENTIVE PROGRAM



Equitable Life's Stop Smoking Incentive Program is applicable to:

- Equation Generation IV
- Equimax
- Term Plans and Riders

The program is not available with:

- Equiliving
- Equiliving CI Riders

How it works

Should your client quit smoking for 12 consecutive months within the first two policy years, Equitable Life will refund the difference between what they paid as a smoker and what they would have paid as a non-smoker for a maximum one month period. Eligibility is subject to certain conditions including a negative cotinine level, and evidence of continued insurability.

Term clients may be eligible to move from a Class 4 Preferred Smoker or Class 5 Smoker to a Class 3 Non-Smoker.

QUESTIONS?

For more information, contact your Equitable Life Regional Sales Manager.

While Equitable Life has made every effort to ensure the accuracy of the information presented here, the policy contract governs in all cases.

Works for me.®

Canadians have turned to Equitable Life since 1920 to protect what matters most. We work with you to offer solutions that provide good value, and help you navigate those solutions to meet the needs of your clients.

Equitable Life is not your typical financial services company. We have the knowledge, experience and ability to find solutions that work for you. We're friendly, caring and interested in helping. And we're owned by our participating policyholders, not shareholders, allowing us to focus on your needs and providing you with personalized service, financial protection and peace of mind.

