

## Evidence of insurability schedule – Underwriting requirements (Temporary)

Use this chart for all Life products.

Note: Term only available for ages 18 and above. Preferred underwriting for Term and Term riders will now begin at \$1,000,001 instead of \$500,000

Amount		Age							
From	To	0-17	18-40	41-45	46-50	51-55	56-60	61-65	66+ (see Note #6)
\$ -	\$ 99,999	NM	NM	NM	NM	NM	NM	PM	PM
\$ 100,000	\$ 249,999	NM	NM	NM	NM	NM	PM U	PM U	PM U ECG
\$ 250,000	\$ 300,000	NM	NM	NM	NM	NM	PM U	PM BP	PM BP ECG
\$ 300,001	\$ 499,999	NM	NM	NM	NM	PM U	PM U	PM BP	PM BP ECG
\$ 500,000	\$ 1,000,000	NM APS	NM	NM	NM	PM BP	PM BP	PM BP	PM BP ECG
\$ 1,000,001	\$ 2,999,999	NM APS	PM BP	PM BP	PM BP	PM BP	PM BP	PM BP ECG	PM BP ECG
\$ 3,000,000	\$ 3,999,999	NM APS	PM BP	PM BP	PM BP	PM BP	PM BP ECG	PM BP ECG	PM BP ECG TMT*
\$ 4,000,000	\$ 4,999,999	NM APS	PM BP	PM BP	PM BP	PM BP	PM BP ECG	PM BP ECG TMT*	PM BP ECG TMT*
\$ 5,000,000	\$ 9,999,999	NM APS	PM BP APS MVR	PM BP ECG APS	PM BP ECG APS	PM BP ECG APS	PM BP ECG APS	PM BP ECG TMT* APS MVR	PM BP ECG TMT* APS MVR
\$ 10,000,000	and up	NM APS	PM BP APS MVR	PM BP ECG APS MVR	PM BP ECG APS MVR	PM BP ECG TMT* APS MVR	PM BP ECG TMT* APS MVR	PM BP ECG TMT* APS MVR	PM BP ECG TMT* APS MVR

\*TMT - Treadmill Electrocardiogram is required for smokers and/or diabetics only.

Use this chart for EquiLiving® critical illness plans and riders

Amount		Age							
From	To	0-17	18-40	41-45	46-50	51-55	56-60	61-65	66+
\$ -	\$ 100,000	NM	NM	NM	NM	PM BP PSA	PM BP PSA	PM BP PSA ECG	N/A
\$ 100,001	\$ 249,999	NM	NM	NM U	PM U	PM BP PSA	PM BP PSA	PM BP PSA ECG	N/A
\$ 250,000	\$ 250,000	NM	NM	NM U	PM BP	PM BP PSA	PM BP PSA	PM BP PSA ECG	N/A
\$ 250,001	\$ 500,000	N/A	NM BP	PM BP	PM BP	PM BP PSA ECG	PM BP PSA ECG	PM BP PSA ECG	N/A
\$ 500,001	\$ 999,999	N/A	PM BP	PM BP ECG	PM BP ECG	PM BP PSA ECG	PM BP PSA ECG	PM BP PSA ECG	N/A
\$ 1,000,000	\$ 2,000,000	N/A	PM BP ECG	PM BP ECG IR	PM BP ECG IR	PM BP PSA ECG IR	PM BP PSA TMT IR APS	PM BP PSA TMT IR APS	N/A
\$ 2,000,001	and up	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### Notes

1. When referring to the table, add the term riders to the basic amount for determining the evidence requirements.
2. The amounts shown in the table refer to the total amount of insurance currently in force with Equitable Life and issued within the past 6 months, plus the amount of insurance currently being applied for.
3. Clients may be referred to any medical examiner actively engaged in his or her own office or clinic, other than an examiner related to the applicant, life insured, or to the advisor; or the client's regular attending physician.  
  
The Company will pay for each medical examination according to the fees acceptable in the area in which the medical was done. Any excess fees or unnecessary evidence will be charged to the advisor.
4. The Company reserves the right to request any additional evidence of insurability which it judges necessary to appraise the risk.
5. Recent evidence (within the past 12 months) may be considered. Please contact head office for any additional requirements.
6. APS guidelines:
  - Ages 70 and up: Equitable Life will order the APSs for the advisor/MGA.
  - Ages 0 - 17: Equitable Life will order the APSs for the advisor/MGA for face amounts \$500,000 and over on universal life and whole life plans.

### Combination critical illness and life insurance or life insurance and preferred term riders

When applying for any combination of critical illness and life insurance, or life insurance with a term rider that qualifies for preferred underwriting, use the higher combination requirements.

For example: • A Blood Profile replaces a Urine test • A Paramedical replaces a Non-Medical.

When a PSA is required, order it as part of the Blood Profile (for males only).

To understand the abbreviations used for the underwriting requirements in the above tables, look at the legend below

Short form	Full name of requirement
NM	Non-Medical
PM	Paramedical
U	Urine
BP	Blood Profile & Urine
ECG	Electrocardiogram
TMT	Treadmill Electrocardiogram
IR	Inspection Report
PSA	Prostate Specific Antigen (request with Blood Profile requirement)
MVR	Motor Vehicle Report
APS	Attending Physician Statement