

Long term care insurance Field underwriting guide



Life's brighter under the sun

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.
© Sun Life Assurance Company of Canada, 2015.
810-4348-Digital-05-15



Table of contents

Factors taken into consideration in the underwriting process	3
Factors affecting the LTCI placement rate	4
Functional capacity	5
Activities of daily living (ADLs)	5
Instrumental activities of daily living (IADLs)	5
Pre-screening	6
Cognitive deficits.....	6
ADL deficits	6
IADL deficits	6
Medical appliance use (Therapeutic Medical Equipment)	6
Currently using care services (Home Health, Nursing Home, Adult Day Care)	6
Currently collecting Workers compensation or disability payments.	6
Receiving Canada Pension Plan (CPP), disability benefits or other types of disability benefits and not working	6
What is a stability period?	7
Underwriting requirements.....	8
The health interview.....	9
Non-residents	11
Permanent residents of Canada	11
Non-landed immigrants.....	11
Temporary work visa	11
Other Temporary residents	11
Financial underwriting.....	13
Bankruptcy (Personal/business bankruptcy, current not yet discharged)	13
Medications	15
Medications that do not require a stability period	15
Medications typically uninsurable for LTCI	15
Medications that would require further investigation.....	15
Narcotic analgesia	15
Medications that would render a person ineligible for LTCI coverage.....	16
Height and weight guide	18
Medical impairments and minimum stability periods	19

Factors taken into consideration in the underwriting process

Long-term care insurance underwriting differs greatly from life and critical illness insurance underwriting.

Life insurance underwriting assesses the risk of premature death; critical illness insurance underwriting assesses the risk of developing a defined illness.

Long-term care insurance underwriting assesses the risk of becoming dependent on someone else for care.

Here are some factors considered in underwriting for long-term care insurance:

- Medical histories which may indicate a need for future care (e.g., osteoporosis, falls and fractures).
- Multiple medical problems in combination are more significant than each problem alone (e.g., diabetes and kidney disease or osteoporosis with multiple fractures).
- Multiple prescription medications have additional concerns when 3 medications or more are used for one condition.
- Cognitive status
- Functional capacity
 - The ability to perform the Activities of daily living and the Instrumental activities of daily living (e.g., shopping, meal preparation, laundry and managing finances).
- Current physiotherapy
- Chronic illnesses
- Chronological age versus physiological age
 - There may be significant differences between the proposed insured's chronological age and their physiological age (e.g., the applicant may appear younger or older than the stated age).
- Frailty
 - Serious disabilities can result from relatively minor accidents and illnesses.
- Factors that play an important role in maintaining a proposed insured's personal independence are considered.

Examples:

- working full or part-time
- living arrangements
- social activity
- the ability to drive, and
- the ability to travel and visit independently.

Factors affecting the LTCI placement rate

The LTCI placement rate will depend on:

- your using the pre-screening tools available to you. The pre-screening tools are:
 - the pre-screening checklist
 - the Long-Term Care Insurance Field Underwriting Guide, and
 - contacting an underwriter for an opinion.

- the characteristics of your client base. These characteristics are:
 - the age of the client
 - their medical history, and
 - their current state of health including cognitive and functional status.

- the quality of the information provided in the application. You should:
 - ensure all questions are answered completely and accurately, providing all facts relevant to the question being asked.
 - record all answers exactly as given since information that seems insignificant may be significant to the underwriter.
 - type a medical condition the way it sounds if you don't know how it is spelt
 - ask each proposed insured to show you all of their medications (both prescribed and over-the-counter)
 - write down the full name of each medication, the dosage and the usage instructions.
 - obtain full details about all medical conditions, and
 - ask additional questions on any positive answers. Providing detailed information may allow an underwriter to make a more favorable decision than would otherwise be possible.

Functional capacity

The two types of functioning are:

- the ability to perform Activities of daily living (ADLs), and
- the ability to perform Instrumental activities of daily living (IADLs).

Activities of daily living (ADLs)

The Index of Independence in Activities of daily living (Index of ADL) was developed more than 25 years ago as a measure of function that could be used in objective evaluations of chronically ill and aging populations.

The Index of ADL has a long history of extensive use by clinicians as the best measure for functional disability and is an accepted standard in the field of geriatrics and functional assessment.

The six ADLs that make up the well-known Katz Index of ADL are:

1. bathing
2. dressing
3. toileting
4. transferring
5. continence, and
6. feeding.

The ADLs are listed in the order in which people tend to lose their ability to perform them.

If a person has two ADL dependencies, they are most likely to be for bathing and dressing. These ADLs are defined in our contract.

Instrumental activities of daily living (IADLs)

Instrumental activities of daily living (IADLs) refer to social survival skills that must be performed either on a household or individual basis.

Commonly measured IADLs include the ability to:

- use the telephone
- manage finances
- use transportation
- do shopping
- do laundry
- do housework
- manage medications, and
- prepare meals/cooking.

IADL functions tend to be complex, requiring a combination of physical and cognitive capacities. For example, shopping requires mobility and a relatively intact cognition to handle the financial transactions involved. Losses of IADLs are in some ways a precursor to future loss of ADLs.

Caution: The performance of certain IADLs may be gender-related, in that some of the activities have been traditionally performed by women, while others have been more commonly performed by men. What matters is not only whether a person currently performs an activity, but whether they could perform the activity in its entirety if the person who usually does it were unavailable.

Pre-screening

Individuals with any of the following are not eligible for long-term care insurance. Please do not submit an application.

Cognitive deficits

Disorientation, confusion, loss of memory or concentration difficulties.

ADL deficits

Anyone who requires assistance or supervision of another person to perform any one of the following Activities of daily living:

- bathing
- dressing
- toileting
- transferring
- continence, and
- feeding.

IADL deficits

Anyone who requires assistance or supervision of another person to perform two or more of the following Instrumental activities of daily living:

- using the telephone
- managing finances
- taking transportation
- shopping
- laundry
- housework
- taking all medications
- preparing meals/cooking

Medical appliance use (Therapeutic Medical Equipment)

- Walker
- Hospital bed
- Stair-lift
- Wheelchair
- Chronic nebulizer (mask) usage
- Multi-pronged cane
- Oxygen equipment
- Motorized cart
- Hoyer lift
- Feeding tube
- Respirator
- Dialysis

Currently using care services (Home Health, Nursing Home, Adult Day Care).

Currently collecting Workers compensation or disability payments.

Receiving Canada Pension Plan (CPP), disability benefits or other types of disability benefits and not working.

We will give individual underwriting consideration to proposed insured's who are able to continue on in other full-time employment and who have no limitations of their functional abilities. Full benefits may not be available.

If you believe an exception to the disability payments guidelines is warranted, please contact underwriting to pre-qualify the individual before completing an application.

What is a stability period?

Stability periods are a component of LTCI underwriting. The stability period is the minimum period of time that the proposed insured must wait after diagnosis or treatment or both for a medical or physical condition before qualifying to apply for LTCI.

More specifically, a stability period refers to the length of time a condition has been well-controlled:

- without any change in the condition or symptoms, and
- without any further treatment or therapy.

For chronic conditions, it's the length of time since the condition was diagnosed, treated and well-controlled.

For resolved conditions, it's the length of time since the proposed insured has completely recovered and has been treatment free.

The following cases are examples of when a stability period would start:

- The client has been diagnosed with diabetes. The stability period starts once the condition is under control and stabilized, as evidenced by lab results, as long as the client continues with regular follow-ups with the doctor and test results have remained within acceptable limits.
- The client has had surgery and/or physiotherapy due to injury. The stability period starts after the client has completely recovered from surgery, all treatments have been completed and the client is back to usual day-to-day activities. This may be several weeks/months after the surgery was performed or treatment has ended.

Underwriting requirements

Age	Requirements
21 - 49	Application
50 - 69	Application Phone interview
70 - 80	Application Face-to face interview Medical records

Please note that additional requirements may be necessary depending on the medical history of your client.

We require that proposed insured's age 65 or older have a physical examination (including any tests such as lab work and EKG as determined appropriate by their physician) prior to the application if they have not had one within the last three years. Any expense associated with meeting this requirement is the responsibility of the proposed insured.

Any proposed insured, who is currently awaiting any tests, or the results of any tests already completed, must wait until the test results are known, and any applicable stability period has been met before an application can be submitted. The length of the stability period will depend on the underlying medical condition.

If the proposed insured has a life insurance or critical illness insurance application pending with our company, we will not make an underwriting decision on the LTCI application until all underwriting requirements have been received for every application pending.

The health interview

This fact sheet is available on the website or to order to leave with the proposed insured.
This interview is required if you are applying for Sun Long Term Care Insurance

What is a health interview?

As part of the underwriting process for Sun Long Term Care Insurance, a health professional may interview you either by telephone or in person. Health interviews are used to gather additional information about your medical history and perform memory exercises, such as word recall tests.

Who performs the interview?

A health professional from our contracted service providers, Watermark Insurance Services & BW Underwriting Services, will complete the interview.

How is the interview scheduled?

A representative will call you to schedule an appointment at your convenience. When the representative calls, it may be displayed as a toll-free number. The representative will leave a message if you don't answer, with instructions to call their number to set up an interview. Please call back to schedule your appointment to complete the interview.

If you have any questions about the scheduling of your interview, please contact the applicable service provider below.

For a Telephone interview, please contact BW Underwriting Services toll free at 1-877-601-8111.
Hours of operation are 8 am – 5 pm EST Monday through Friday.

For a Face to Face interview:

English: Please contact Watermark Underwriting Services toll free at 1-877-421-5419.
Hours of operation are 8 am – 6:30 pm EST Monday through Friday.

French: Please contact Watermark Underwriting Services toll free at 1-866-665-9915.
Hours of operation are 9 am – 5 pm EST Monday through Friday.

How the interview works

A representative will call you. They will start off by stating that they are calling on behalf of Sun Life Financial and will ask if it's a convenient time. They will ask you a few questions to verify that they're speaking with the correct person and inform you that the call is being recorded. After receiving confirmation, the representative will ask you a number of questions about your lifestyle and personal health history.

Preparing for the interview

Due to the personal nature of the interview, please ensure that you can be in a location where you will be uninterrupted and comfortable answering these questions. You can help speed up the interview and ensure it goes smoothly by being prepared. You may want to make a note of the following information that will be requested:

- Name, address and phone number of your medical advisor/clinic and the date of your last checkup
- Name and dosage of any medications
- Lifestyle questions such as employment, driving, and recreational activities
- Personal health history questions and your ability to perform everyday activities

While certain questions may have already been answered on the application, a health professional will be confirming the answers and obtaining additional details when necessary.

You will be asked to complete a memory exercise. It's important that you follow the interviewer's instructions carefully to avoid having a follow-up face-to-face interview.

Telephone interviews

Telephone interviews are intended for individuals age 50 and over, but may also be required for younger individuals, depending on information provided in the application. The telephone interview should take approximately 30 minutes to complete but can vary in length depending on the amount of information we need to gather from you. Based on the information developed during this interview, a face-to-face interview may be required.

Face-to-face interviews

Face-to-face interviews are intended for individuals age 70 and over. We may also conduct them for younger individuals depending on the answers given on the application or on the phone. The interview will take approximately 45 minutes to complete. It can be shorter or longer depending on the information we need. At the end of the interview, you will be asked to review, sign and date the face-to-face interview form.

The memory exercise

This memory exercise is required if you apply for Sun Long Term Care Insurance OR Sun Retirement Health Assist

What is a memory exercise?

A memory is an underwriting requirement requested for individuals age 50 and over who apply for Sun Long Term Care Insurance, and those ages 60 and over whom apply for Sun Retirement Health Assist.

The exercise evaluates memory through two different word recall exercises. During the memory exercise:

- you will be instructed not to write down the words
- the interviewer will give you a list of 10 words to memorize
- a few minutes later you'll be asked to repeat as many of the 10 words as possible
- the interviewer will then read you animal names in groups of three and ask you to choose which of the animals is most different
- a few minutes later you'll be asked to recall the names of the animals

A health professional will contact you by telephone to perform the memory exercise. For a successful memory exercise it's important to follow the instructions of the interviewer. Please ensure you can be in a location where you'll be uninterrupted and comfortable answering the memory exercise.

How the interview works

A representative will call you. They will start off by stating that they are calling on behalf of Sun Life Financial and will ask if this is a convenient time. They will ask you a few questions to verify that they're speaking with the correct person and inform you that the call is being recorded. After receiving confirmation, the representative will begin the memory exercise. The stand-alone memory exercise should take approximately 15 minutes to complete.

Guidelines for non-residents and permanent/non-permanent status

Non-residents

For the purpose of the LTCI product, we consider residents of Canada those individuals who reside in Canada for 6 months or more per year.

Keep in mind that Sun Life Financial products are priced for individuals living in Canada.

We do not accept applications for those individuals who do not reside in Canada.

Permanent residents of Canada

If the individual has permanent residence status, they can be considered. However, if residing in Canada less than 12 months, we will require a paramedical and blood profile.

Non-landed immigrants

Generally speaking non-landed immigrants are not eligible to apply for long term care insurance. However, exceptions may be made for doctors, professionals, investors, entrepreneurs and other individuals approved under a provincial nominee program (with the exception of refugees)

In these cases we will require a copy of employment contract and work VISA or provincial nominee acceptance letter.

If there is medical history requiring treatment or follow-up we would expect the client to have an MD in Canada before we could consider.

Maximum LTCI coverage of \$1000 per week would be considered.

If residing in Canada less than 12 months we will require a paramedical and blood profile.

Temporary work visa

LTCI is generally not available.

Exception: Must be a resident of Canada for a minimum of one year before application. They must provide a copy of the employment contract, the work VISA, and confirm they intend to apply for their permanent residence status when eligible.

If there is medical history requiring treatment or follow-up, we would expect the client to have an MD in Canada before we could consider.

Maximum LTCI coverage of \$750 per week would be considered.

Other Temporary residents (including those on a student VISA) - LTCI is not available.

Foreign travel

We continually monitor global events to remain current on political, economic, socioeconomic, criminal, healthcare and transportation issues around the world. As events occur, we may update our foreign travel guidelines.

The Canadian government categorizes the risk of travel to foreign countries as follows:

- Exercise normal security precautions
- Exercise high degree of caution
- Avoid non-essential travel
- Avoid all travel

Source: <http://travel.gc.ca/>

Generally, individuals who travel to countries with the first two risk levels are insurable. Individuals who travel to countries/regions with the risk level of "Avoid non-essential travel" (moderate or high risk) may be insurable, depending on details of travel and the reason for the risk level. Individuals who travel to countries/regions with the risk level of "Avoid all travel" are generally uninsurable. If travel is to multiple countries, the most conservative country assessment will apply.

Sun Life Financial has classified countries as either "A", "B" or "C":

- For travel to "**A**" countries (**normal or low risk**), we'll offer coverage at standard rates as long as travel is less than six months per year. We classify over 130 countries as "A" countries.
- For travel to "**B**" countries (**moderate or high risk**), we'll offer coverage at standard rates if travel is less than three months per year. If three months or longer would be a decline
- For travel to "**C**" countries (**avoid all travel, uninsurable risk**), we will not be able to offer any coverage.

Please find a list of the "**C**" countries below

Afghanistan
Burundi
Central African Republic
Chad
Congo, Democratic Republic
Guinea
Haiti
Iran
Iraq
Ivory Coast
Korea, North
Libya
Myanmar (Burma)
Niger
Nigeria
Palestine
Russia (Chechnya)
Somalia
Sudan
Sudan, Republic of South
Syria
Western Sahara
Yemen

Financial underwriting

The total amount of LTCI must be reasonable compared to the client's current standard of living.

To determine if the amount is reasonable, we'll look to ensure the premium is not a financial hardship and that the client isn't better off financially than they were before becoming physically dependent. We expect that the majority of the time the amount applied for fits with the client's financial circumstances.

Our pricing assumes the insured person is motivated to recover from physical dependency, if their condition permits recovery. If a person is better off financially while on claim, there may be little motivation to recover.

When completing an application you will be asked for the total annual income for the proposed insured and their spouse/partner (if applicable). Making sure the amount applied for is aligned with the client's financial situation will help you submit quality business and maintain your referral relationships.

Bankruptcy (Personal/business bankruptcy, current not yet discharged)

In this situation, the following factors are taken into account when considering eligibility:

- stable employment
- minimum gross annual salary of \$30,000
- if self-employed use "net income less business expenses"
- if applications received on both spouses, one with bankruptcy not yet discharged and other not working minimum gross annual salary of \$60,000
- maximum weekly benefit amount of \$500 for all applicants
unlimited benefits, if all favorable. Otherwise, we may consider reduced benefit amount.

Criminal records

A history of criminal record activity is underwritten on a case by case basis with only the best cases are considered for long term care insurance. Some criminals have affiliations with gangs or organized crime groups and have alcohol and/or drug abuse issues. A person with a recent criminal record is at risk of becoming a repeat offender and being incarcerated. Stability periods start from the date of conviction or release from incarceration.

The following are important considerations:

Favorable factors

- Immediate and complete disclosure
- Single offence
- Stable employment and financial stability
- No alcohol or drug criticism

Unfavorable factors

- Non-disclosure or incomplete disclosure
- Extensive criminality, repeat offenders
- History of incarceration
- Currently on parole or under house arrest
- Affiliation with organized crime or group
- Alcohol or drug criticism
- Personality or psychological problems
- Use of violence or weapons

Minor:

Assault, burglary, counterfeiting, sale of stolen goods, illegal gambling, minor drug possession -36 month stability period

Moderate:

Manslaughter, aggravated assault, loan sharking, robbery -60 month stability period

Major:

Murder, armed robbery, extortion, fraud, drug trafficking, rape, crimes against children, kidnapping- 10 year stability period

Uninsurable:

Charges or trial pending, on probation, on parole, on suspended sentence, associated with organized crime, criminal or terrorism group

Medications

Any medication (prescribed or non-prescribed over-the-counter) taken by a proposed insured is significant and must be reported on the application.

Stability periods will then be applied according to the medical condition for which the medication is taken.

Medications that do not require a stability period

- cholesterol lowering drugs
- hormone replacement therapy for menopause
- gastro-esophageal reflux disease (GERD) drugs
- hypothyroidism drugs

Medications typically uninsurable for LTCI

All medications used to treat the following conditions will make a person ineligible to apply for LTCI coverage:

- Parkinson's disease
- memory/cognitive impairment
- multiple sclerosis
- psychosis/schizophrenia
- cancer (with a few exceptions such as Arimidex, Femara, Tamoxifen, Lupron)

Medications that would require further investigation

- Anastrozol – breast cancer
- Arimidex – breast cancer
- Bumex – edema
- Coreg – cardiovascular conditions
- Cortisone injections
- Epidural (spinal) nerve blocks
- Fareston - breast cancer
- Femara - breast cancer
- Furosemide - <80mg/day –edema, high blood pressure
- Lasix - <80mg/day-edema, high blood pressure
- Letrozole - breast cancer
- Lupron – prostate cancer
- Methotrexate - <15mg/wk – arthritis
- Nitroglycerine/Nitro patch – angina
- NSAIDS (non-steroidal anti-inflammatory drugs)
- Plaquenil – arthritis
- Prednisone – <=6mg/day
- Tamoxifen - breast cancer
- Xenical – anti-obesity

Narcotic analgesia

The use of narcotic analgesics may render the proposed insured uninsurable, depending on the frequency of use and the underlying medical condition.

If the medication was used to treat an acute condition, the condition should be resolved, the medication discontinued, and the applicable stability period met before an application is taken. See the guidelines for the appropriate stability period depending on the condition.

If the condition is ongoing, we are able to consider each situation individually if the narcotic analgesic is required less than 1 time weekly. Use of a narcotic analgesic more than 1 time weekly will render the individual ineligible for long-term care insurance.

These medications include the following, although there are others you may encounter:

Codeine, Darvocet, Darvon, Demerol, Edocet, Hydrocodone, Oycocet, Oxycodan, Oxycodone, Percocet, Percodan, Propacet, Talwin, Tylox, Tylenol 2,3,4, Ultracet, Ultram/Tramadol, Vicodin.

Medications that would render a person ineligible for LTCI coverage

- Abilify – schizophrenia
- Adriamycin – cancer
- Agrylin – cancer
- Akineton – Parkinson’s
- Aldesleukin – cancer
- Alkeran – cancer
- Amantadine – Parkinson’s
- Anabolic steroids – performance enhancement
- Anandron – cancer
- Antabuse – alcoholism
- Apo-Zidovudine – HIV, AIDS
- Aricept – cognitive impairment
- Aromasin – cancer
- Artane – Parkinson’s
- Asparaginase – leukemia
- Azipiprazole – schizophrenia
- A.Z.T. – HIV, AIDS
- Baclofen – multiple sclerosis
- Baradude – hepatitis
- Benztropine – Parkinson’s
- Bethanechol – neurogenic bladder
- BiCNU – cancer
- Biperiden – Parkinson’s
- Blenoxane – cancer
- Bondronat – cancer
- Bromocriptine – Parkinson’s
- Busulfan – leukemia
- Caelyx – cancer
- Campath – cancer
- Carbex – Parkinson’s
- Carbidopa – Parkinson’s
- Casodex – cancer
- CeeNU – Hodgkin lymphoma
- Cerubidine – leukemia
- Chlopromanyl – anti-psychotic
- Clozaril – anti-psychotic
- Cogentin – Parkinson’s
- Cognex – memory loss
- Comtan – Parkinson’s
- Cuprimine – rheumatoid arthritis
- Cyloserine – Alzheimer’s
- Cytosar-U – leukemia
- Cytosan – cancer
- Dacarbazine – cancer
- Dantrium – multiple sclerosis
- Deprenyl – Parkinson’s
- DES – cancer
- Diethylstilbestrol – cancer
- Docetaxel - cancer
- Donepezil – Alzheimer’s
- Dopar – Parkinson’s
- Doxil – cancer
- Doxorubicin – cancer
- E2020 – Alzheimer’s
- Edrophonium – myasthenia gravis
- Eldepryl – Parkinson’s
- Emcyt - cancer
- Enbrel – rheumatoid arthritis
- Endantadine – Parkinson’s
- Entacapone – Parkinson’s
- Entecavir – hepatitis
- Ergamisol - cancer
- Ergoloid Mesylate – memory loss
- Etoposide – testicular cancer
- Euflex - cancer
- Eulexin - cancer
- Exelon – Alzheimer’s
- Fentanyl patch – narcotic pain relief
- Floxuridine - cancer
- Fluaxol – anti-psychotic
- Fluphenazine – anti-psychotic
- Foscavir – HIV, AIDS
- FUDR - cancer
- Furosemide - >80 mg/day – edema, HTN, CHF
- Galantamine – dementia
- Ganite - cancer
- Geodon – anti-psychotic
- Gerimal – memory loss
- Gleevac - cancer
- Gold therapy – arthritis
- Haldol – anti-psychotic
- Haloperidol - anti-psychotic
- Herceptin – cancer
- Humira
- Hydergine – memory loss
- Hydrea Ibandronate - cancer
- Idalycin – leukemia
- Ifex - cancer
- Infliximab – Crohn’s disease
- Interferon - cancer
- Intron – cancer
- Kemadrin – Parkinson’s
- L - Dopa – Parkinson’s
- Lanvis - leukemia
- Laradopa – Parkinson’s
- Largactil - anti-psychotic
- Lasix - >80 mg/day – edema, HTN, CHF
- Leukeran – cancer
- Leukine - cancer
- Leuprolide implant – cancer
- Levodopa – Parkinson’s
- Lioresal - multiple sclerosis
- Loxitane - anti-psychotic
- Lysodren - cancer
- Matulane - Hodgkin lymphoma
- Megace – cancer
- Mellaril - anti-psychotic
- Memantine – dementia
- Mercaptopurine – cancer, Crohn’s disease
- Mesoridizine - anti-psychotic
- Mestinon - myasthenia gravis
- Methadone – narcotic analgesia
- Methotrexate - >15 mg/week – arthritis

Medications Continued:

- Mirapex – Parkinson's
- Mitoxantrone – cancer
- Moban - anti-psychotic
- Moditen - anti-psychotic
- Molindone - anti-psychotic
- Morphine – narcotic pain relief
- Mutamycin - cancer
- Myleran - cancer
- Myochrysine - arthritis
- Natrecor – congestive heart failure
- Natulan - cancer
- Navane - anti-psychotic
- Nefiracetan – Alzheimer's disease
- Neosar – cancer
- Neostigmine - myasthenia gravis
- Neupogen – cancer
- Nilandron – cancer
- Niloric – memory loss
- Nilutamide – cancer
- Nipent – leukemia
- Novantrone - leukemia
- Novo-AZT – HIV, AIDS
- Olanzapine - anti-psychotic
- Oncovin – cancer
- Parlodel – Parkinson's
- Parsitan – Parkinson's
- Penicillamine - rheumatoid arthritis
- Peridol - anti-psychotic
- Permitil - anti-psychotic
- Perphenazine – severe anxiety disorders
- Phenothiazine - anti-psychotic
- Platinol - cancer
- Pramipexole – Parkinson's
- Prednisone - >6 mg/day ongoing use
- Priftin – tuberculosis
- Primazine - anti-psychotic
- Procyclidine – Parkinson's
- Procytox – cancer
- Prokine – cancer
- Proleukin – cancer
- Prolixin - anti-psychotic
- Promazine - anti-psychotic
- Propoxyphene – narcotic analgesic
- Prostigmin - myasthenia gravis
- Purinethol – cancer, Crohn's disease
- Pyridostigmane - myasthenia gravis
- Quetiapine - anti-psychotic
- Rebetol – liver disease
- Rebetron – hepatitis C
- Regonol - myasthenia gravis
- Remicade
- Reminyl – dementia
- Requip – Parkinson's
- Resperidone - anti-psychotic
- Retrovir – HIV, AIDS
- Ribavarin - liver disease
- Ridaura – arthritis
- Rifapentine – tuberculosis
- Rilutek – amyotrophic lateral sclerosis (ALS)
- Riluzole - amyotrophic lateral sclerosis
- Risperdal - anti-psychotic
- Rituxan – non-hodgkin lymphoma, rheumatoid arthritis
- Rivastigmine - Alzheimer's disease
- Roferon – cancer
- Rubex – cancer
- Sandostatin – CancerSativex – cannabis-based pain relief
- SD-Deprenyl – Parkinson's
- Selegiline – Parkinson's
- Serentil - anti-psychotic
- Seroquel - anti-psychotic
- Sinemet – Parkinson's
- Sparine - anti-psychotic
- Stelazine - anti-psychotic
- Symadine - multiple sclerosis
- Symmetrel – Parkinson's
- Tace – estrogen
- Tacrine - memory loss
- Tasmar – Parkinson's
- Taxotere - cancer
- Tensilon - myasthenia gravis
- Teslac - cancer
- Thioplex - cancer
- Thiordazine - anti-psychotic
- Thiothixene - anti-psychotic
- Thorazine - anti-psychotic
- Tolcapone – Parkinson's
- Trastuzumab - cancer
- Trelstar - cancer
- Trifluoperazine - anti-psychotic
- Trihexane – Parkinson's
- Trihexyphenidyl – Parkinson's
- Trilafon – schizophrenia
- Triporelin – cancer
- Valcyte – AIDS, HIV
- Velban - cancer
- Velbe - cancer
- VePesid - cancer
- Viadur - cancer
- Videx – HIV, AIDS
- Wellcovorin - cancer
- Xeloda - cancer
- Zanosar - cancer
- ZDV – HIV, AIDS
- Zidovudine – HIV, AIDS
- Ziprasidone - anti-psychotic
- Zofran - cancer
- Zoladex - cancer
- Zydys - anti-psychotic
- Zyprexa – anti-psychotic

Height and weight guide

This height and weight table applies to both men and women.

Obesity on its own is a high risk factor for long-term care dependence. Additionally, it can exacerbate other illnesses such as arthritis, diabetes, and heart disease.

Frailty particularly in older ages may cause serious disabilities from relatively minor accidents and illnesses.

Weight loss within past 12 months (other than due to pregnancy); add 1/2 of weight loss back onto current weight to determine if build qualifies based on Height and Weight guide.

Height	Weight	
	Minimum	Maximum
4'8" / 142 cm	73 lb / 33 kg	170 lb / 77 kg
4'9" / 145 cm	76 lb / 34 kg	176 lb / 80 kg
4'10" / 147 cm	79 lb / 36kg	182 lb / 82 kg
4'11" / 150 cm	82 lb / 37 kg	188 lb / 85 kg
5'0" / 152 cm	85 lb / 38 kg	195 lb / 88 kg
5'1" / 155 cm	88 lb / 40kg	201 lb / 91 kg
5'2" / 157 cm	90 lb / 41 kg	208 lb / 94 kg
5'3" / 160 cm	92 lb / 42 kg	215 lb / 97 kg
5'4" / 163 cm	96 lb / 43 kg	222 lb / 101 kg
5'5" / 165 cm	99 lb / 45 kg	229 lb / 104 kg
5'6" / 168 cm	102 lb / 46 kg	236 lb / 107 kg
5'7" / 170 cm	105 lb / 48 kg	243 lb / 110 kg
5'8" / 173 cm	108 lb / 49 kg	250 lb / 113 kg
5'9" / 175 cm	111 lb / 50 kg	258 lb / 117 kg
5'10" / 178 cm	114 lb / 51 kg	265 lb / 120 kg
5'11" / 180 cm	117 lb / 53 kg	272 lb / 123 kg
6'0" / 183 cm	120 lb / 54 kg	280 lb / 127 kg
6'1" / 185 cm	124 lb / 56 kg	288 lb / 131 kg
6'2" / 188 cm	128 lb / 58 kg	295 lb / 134 kg
6'3" / 191 cm	131 lb / 59 kg	303 lb / 137kg
6'4" / 193 cm	135 lb / 61 kg	310 lb / 141 kg
6'5" / 196 cm	139 lb / 63 kg	315 lb / 143 kg
6'6" / 198 cm	142 lb / 64 kg	322 lb / 146 kg
6'7" / 201 cm	146 lb / 66 kg	330 lb / 150 kg
6'8" / 203cm	149 lb / 68 kg	335 lb / 152 kg
6'9" / 206 cm	152 lb / 69 kg	343 lb / 156 kg
6'10" / 208 cm	157 lb / 71 kg	350 lb / 159 kg
6'11" / 211 cm	161 lb / 73 kg	355 lb / 161 kg
7'0" / 213 cm	164 lb / 74 kg	360 lb / 163 kg

Medical impairments and minimum stability periods

Condition	Minimum stability period (months)
A	
Acoustic Neuroma	
• Post-surgical or radiation treatment, now resolved	6
• Removed, facial paresis secondary to treatment	12
• Present	Decline
Acquired Immune Deficiency Syndrome (AIDS), or HIV Positive or Aids Related Complex (ARC)	Decline
Activities of Daily Living (ADL) Deficits	
Anyone who requires the assistance or supervision of another person, to perform any one of the following Activities of daily living: Bathing, dressing, toileting, transferring, continence, and feeding.	Decline
Acupuncture	
• Stability period will depend on the underlying condition	Refer to condition
Addison's disease	
• Oral medication only, weight stable, allow Hydrocortisone or oral Prednisone >6mg	12
• Any injectable medication or weight not stable	Decline
Acromegaly	Decline
Alcoholism	
• Treated with medication or in rehabilitation program (exclude mandatory course required to obtain license back after DUI), current abstinence and normal liver function tests	36
• Current use	Decline
Alpha-1-Antitrypsin Deficiency	Decline
Alzheimer's disease	Decline
Amputation	
• Due to trauma, single limb, independent in ADLs, IADLs Note: Face-to-face interview will be required.	3
• Due to trauma – multiple limbs or due to disease	Decline
Amyotrophic Lateral Sclerosis (ALS)	Decline

Condition	Minimum stability period (months)
A cont'd	
Anemia	
• B12 deficiency, no shots	0
• Iron deficiency, corrected	6
• Pernicious, with B12 injections, no neurological impairment, no peripheral neuropathy	6
• Hemolytic - cause unknown, no splenectomy	12
• Hemolytic - treated with splenectomy; lab work normal	60
• Sickle cell anemia	Decline
• Thalassemia Major	Decline
• Cause unknown	Decline
Aneurysm	
• Abdominal, thoracic, aortic - operated, complete recovery	3
• Abdominal, thoracic, aortic – unoperated, less than 4cm in size, stable in size for minimum 12 months	12
• Cerebral – operated, complete recovery	12
• Abdominal, thoracic, aortic – unoperated, size unknown	Decline
• Cerebral – unoperated	Decline
• Any tobacco (including chewing tobacco) or marijuana use within the last 12 months	Decline
Anorexia Nervosa, Bulimia	
• Successfully treated, condition resolved, weight stable for 24 months	24
• Co-morbid conditions	Individual consideration
• Recurrent episodes within 5 years	Decline
Anxiety/Attention Deficit Disorder	
• Mild	0
• controlled with no more than one anti-anxiety or antidepressant medication, no hospitalization	
• Panic attacks - no limitation of activities, no hospitalizations within 12 months	
• Newly diagnosed	3
• Moderate	3
• controlled with more than one anti-anxiety or antidepressant medication, no hospitalization	
• Severe	Decline
• Use of anti-psychotic medications	

Condition	Minimum stability period (months)
A cont'd	
Arrhythmia	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> PAC's, PVC's (less than 10BPM), atrial tachycardia, benign, stable with or without medication, no history of syncope 	3
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> Atrial fibrillation/flutter, single episode, chronic atrial fibrillation/flutter (must be on anti-coagulant medication), and ventricular arrhythmia, controlled with medication, cardioversion or ablation, no history of stroke, transient ischemic attack (TIA) or syncope within 12 months 	12
<ul style="list-style-type: none"> Severe <ul style="list-style-type: none"> Any implanted defibrillator Any history of stroke or transient ischemic attack (TIA) 	Decline
Arteritis (temporal, giant cell)	
<ul style="list-style-type: none"> Asymptomatic, no limitation of activities, no active disease 	24
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within last 24 months 	Decline
Arthritis	
What should I ask?	
Do you know what kind of arthritis you have?	
What medications do you take for your arthritis?	
Does your arthritis ever limit your ability to do things?	
Have you had, or are you going to have, joint replacement surgery?	
Have you had, or are you going to have, cortisone injections?	
Are any assistive devices (e.g., canes, crutches) used?	
Do you go for, or have you been treated with acupuncture, chiropractic, massage or physiotherapy?	
<ul style="list-style-type: none"> Mild osteoarthritis or degenerative arthritis <ul style="list-style-type: none"> treatment limited to non-steroidal anti-inflammatory medications (NSAIDs), no limitation of activities, no joint deformities, no joint replacement <p>Note: if the arthritis is in the back/spine, use the guidelines for Degenerative disc disease instead</p>	0
<ul style="list-style-type: none"> Moderate osteoarthritis, mild to moderate rheumatoid arthritis, mild to moderate psoriatic arthritis, mild to moderate ankylosing spondylitis <ul style="list-style-type: none"> no limitation of activities, no joint deformities, symptoms controlled with < 4 medications, history of cortisone injections, steroid use \leq 6mg/day, Methotrexate use \leq 15mg/week One or more joint replacement/s due to OA only <ul style="list-style-type: none"> stable, no limitation of activities, active, independent and no aids 	6
<ul style="list-style-type: none"> Severe osteoarthritis, rheumatoid arthritis, or psoriatic arthritis or ankylosing spondylitis <ul style="list-style-type: none"> requires 4 or more medications to treat, requires therapeutic medical equipment, limitations to activities, steroid use > 6 mg/day, Methotrexate use of > 15mg/week, Gold therapy, use of anti TNF medications such as Remicade, Enbrel, diagnostic tests (such as x-rays, CT scans) showing condition is severe, marked and/or advanced, surgery recommended or more than one joint replacement due to inflammatory arthritis 	Decline

Condition	Minimum stability period (months)
A cont'd	
Asthma	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> Controlled with inhalers or non-steroidal oral medications, no limitation to activities, no hospitalization 	3
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> Controlled with inhalers or non-steroidal oral medications, no limitation to activities, steroids (e.g., prednisone) use ≤ 3 times per year, no more than 1 hospital admission in the last year, stable weight; use of nebulizer mask 3 or less times per year; no oxygen use 	9
<ul style="list-style-type: none"> Severe <ul style="list-style-type: none"> Chronic steroid use > 3 times a year, home oxygen use, nebulizer (mask) use more than 3 times a week, more than 1 hospital admission in the last year 	Decline
<ul style="list-style-type: none"> Any tobacco (except chewing tobacco) or marijuana use with the past 12 months Note: If no asthma attacks or treatment in the last 24 months contact underwriting for opinion. 	Decline
Ataxia (unstable gait)	Decline
Autonomic Neuropathy	Decline
Avascular Necrosis	
<ul style="list-style-type: none"> No limitation to activities, no pending surgery, no chronic pain 	6
B	
Bell's Palsy	
<ul style="list-style-type: none"> Asymptomatic, no limitation of activities, no ongoing treatment 	0
Benign Prostatic Hypertrophy (BPH)	
<ul style="list-style-type: none"> Unoperated, asymptomatic, normal PSA 	0
<ul style="list-style-type: none"> History of surgical repair (TUR/TURP, prostatectomy), no urinary catheter 	3
<ul style="list-style-type: none"> Unoperated, asymptomatic, if PSA is elevated up to 10, with negative biopsy 	12
Blastomycosis	Decline
Blindness	
<ul style="list-style-type: none"> Successful adaptation to visual loss Note: A face-to-face interview will be required 	12
<ul style="list-style-type: none"> Due to diabetes 	Decline
<ul style="list-style-type: none"> Any ADL limitations 	Decline

Condition	Minimum stability period (months)
B cont'd	
Blood Disorders (Coagulopathy)	
• Hemophilia	12
• Von Willebrand's, mild, no history of internal bleeding or joint bleeding, treated with DAVP as needed	0
• All others	Decline
• Idiopathic Thrombocytopenia (low platelets)	
• Consider with platelet counts 130 or greater	12
• Splenectomy with normal laboratory values	24
• History of arterial clot, stroke, transient ischemic attack (TIA) or cerebrovascular accident (CVA)	Decline
• Treated with medication	Decline
• Thrombotic Thrombocytopenic Purpura, Thrombocytopenia (elevated platelets)	
• Return to normal laboratory values	12
• History of arterial clot, stroke, transient ischemic attack (TIA) or cerebrovascular accident (CVA)	Decline
• Treated with medication	Decline
• Tobacco use in last 12 months	Decline
• Leiden Factor Positive, Protein S, Protein C, AntiThrombin III (AT) Deficiency	
• If heterozygous for Leiden factor alone	0
• If homozygous for Leiden factor alone, with no history deep vein thrombosis (DVT)/ pulmonary embolism (PE) on anticoagulants	0
• All others, no history of deep vein thrombosis (DVT)/ pulmonary embolism (PE) on anticoagulants	0
• History of deep vein thrombosis (DVT)/ pulmonary embolism (PE), on anticoagulants (with or without birth control medication or hormone replacement therapy)	24
• History of arterial clot, stroke, transient ischemic attack (TIA) or cerebrovascular accident (CVA)	Decline
• Birth control medication or hormone replacement therapy without anticoagulants	Decline
• Tobacco use in the last 12 months	Decline
Bowel Incontinence	Decline
Buerger's Disease	Decline
Bursitis/Tendonitis	
• Acute (one site and one episode)	
• Past history of treatment or therapy (physio, chiro, etc.) and/or treated with one NSAID medication only, fully recovered, no further treatment, no symptoms, no limitations with range of motion	3
• One steroid injection into the joint or treated with surgery; fully recovered, no symptoms, no limitations with range of motion	6

Condition	Minimum stability period (months)
B- Bursitis/Tendonitis cont'd	
<ul style="list-style-type: none"> Chronic (multiple sites and/or multiple episodes) <ul style="list-style-type: none"> Treated with one NSAID only, or one steroid injection into the joint, or treated with surgery; fully recovered, minimal symptoms non-limiting, no limitations with range of motion <p>Note: Individual consideration for benefit amount only if area involved is the shoulder</p>	6
<ul style="list-style-type: none"> Treated with more than one NSAID, or more than one steroid injection into the joint in a 12 month period; fully recovered, minimal symptoms non-limiting, no limitations with range of movement <p>Note: Individual consideration for benefit amount only if area involved is the shoulder</p>	12
C	
Cancer	
Brain, Pituitary or Spinal Cord Cancer * Pituitary adenoma – refer to Tumours, Benign section	
<ul style="list-style-type: none"> Completely excised, no positive/malignant lymph nodes at diagnosis, no metastasis or recurrence, no neurological complications, all ADL/IADL's intact 	60
<ul style="list-style-type: none"> Positive/malignant lymph nodes at diagnosis 	Decline
Breast, Cervical, Colon, Prostate, Thyroid and all other cancers (e.g., lung, mouth, throat) Treatment completed and cancer free	
<ul style="list-style-type: none"> Dysplasia and in situ including ductal carcinoma in situ (DCIS) 	6
<ul style="list-style-type: none"> No positive/malignant lymph nodes at diagnosis, no metastasis or recurrence, treatment completed, disease free 	12
<ul style="list-style-type: none"> With positive lymph nodes at diagnosis, treatment completed, disease free 	36
<ul style="list-style-type: none"> With metastasis (spread from original site), treatment complete, disease free 	60
<ul style="list-style-type: none"> Recurrent cancer (e.g., same type or site), excluding skin, treatment completed and disease free 	60
<ul style="list-style-type: none"> Tobacco use within the last 12 months (including chewing tobacco) or marijuana use in combination with history of lung, throat, or mouth cancer 	Decline
<ul style="list-style-type: none"> Any continuing therapy (excluding Arimidex, Femara, Lupron, Tamoxifen) 	Decline
<ul style="list-style-type: none"> More than 2 cancers different sites 	Decline
Kaposi's Sarcoma	
	Decline
Leukemia	
<ul style="list-style-type: none"> Chronic lymphocytic, stable, treatment completed and cancer free; stable laboratory values 	36
<ul style="list-style-type: none"> All others 	Decline
Lymphoma, Non-Hodgkin's- Asymptomatic, compliant with treatment and follow up, cancer free and normal laboratory value	
<ul style="list-style-type: none"> Stage 1 	60
<ul style="list-style-type: none"> All Others 	Decline

Condition	Minimum stability period (months)
C- Cancer cont'd	
Lymphoma Hodgkin's - Asymptomatic, compliant with treatment and follow up, cancer free and normal laboratory values	
• Stage 1-2	24
• Stage 3	60
• Stage 4 Note: Also see the following related condition if applicable: stem cell transplant, refer to Transplant Organ section	Decline
Melanoma - treatment completed and cancer free	
• Melanoma of Skin, In situ (no recurrence)	0
• Melanoma of Skin, In situ (with recurrence)	6
• Melanoma of skin (invasive) No positive/malignant lymph nodes at diagnosis, no metastasis or recurrence	6
• Melanoma of skin (invasive) Recurrent, treatment completed and disease free	60
• Melanoma of any organ other than skin No positive/malignant lymph nodes at diagnosis, no metastasis, no recurrence	60
• Positive/malignant lymph nodes at diagnosis	Decline
Skin (basal, squamous cell)	0
Cardiomyopathy	
• Asymptomatic, no limitation of activities, no history of congestive heart failure (CHF)	12
• Symptomatic or progressive	Decline
• With history of coronary artery disease (CAD), peripheral vascular disease (PVD), congestive heart failure (CHF) or diabetes	Decline
• Tobacco use within 12 months	Decline
Carotid Artery Disease	
• Operated, endarterectomy	3
• Unoperated, no stroke, transient ischemic attack (TIA), coronary artery disease (CAD), deep vein thrombosis (DVT), peripheral vascular disease (PVD), diabetes, no syncope within 24 months	12
• With history of stroke, transient ischemic attack (TIA), deep vein thrombosis (DVT), peripheral vascular disease (PVD), diabetes, or syncope within 24 months	Decline
• Any tobacco use within 12 months	Decline

Condition	Minimum stability period (months)
C cont'd	
Carpal Tunnel Syndrome	
<ul style="list-style-type: none"> Unilateral - no treatment, or treated with splints only, symptoms stable with no limitation of activity, no surgery recommended 	0
<ul style="list-style-type: none"> Unilateral - treatment with cortisone injections, stable with no limitations of activity, no surgery recommended 	3
<ul style="list-style-type: none"> Bilateral - no treatment, or treated with splints only, symptoms stable with no limitation of activity, no surgery recommended, if surgery recommended refer to section on surgery 	3
Cataract	
<ul style="list-style-type: none"> Present, surgery not planned/scheduled, no visual limitations 	0
Celiac Disease	
<ul style="list-style-type: none"> Stable, no treatment, stable weight 	12
<ul style="list-style-type: none"> History of GI bleed, ascites, pancreatitis, acute or recurrent malabsorption disease, more than 20% weight loss in the last 12 months 	Decline
Cerebral Palsy	
<ul style="list-style-type: none"> No limitation of activities, no use of canes, crutches or wheelchair 	12
Chagas' Disease, Active (steatorrhea)	Decline
Charcot-Marie-Tooth Disease (CMT)	Decline
Chiropractic Treatment - Stability period will depend on reason for treatment	Refer to condition
Chromosomal Abnormalities (Including, but not limited to, Down Syndrome, Fragile X) Also see the following related condition if applicable: Developmentally Challenged	Decline
Cirrhosis of the Liver	Decline
Colitis (including Crohn's disease and ulcerative colitis)	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> stable, no surgery, no use of steroids or immunosuppressants 	3
<ul style="list-style-type: none"> Newly diagnosed 	6
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> stable on medication including immunosuppressants, no surgery, no chronic use of steroids 	6
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> stable on medication including immunosuppressants, with history of one surgery, ≤ 6 mg steroids daily 	12
<ul style="list-style-type: none"> Severe <ul style="list-style-type: none"> multiple surgeries, multiple hospitalizations, more than 3 attacks per year, steroid use >6 mg daily, use of anti TNF medications such as Remicade, Enbrel 	Decline
<ul style="list-style-type: none"> Colostomy or ileostomy (independent in management) 	Refer to condition

Condition	Minimum stability period (months)
C cont'd	
Concussion	
<ul style="list-style-type: none"> Single concussion, no hospital admissions of more than 24 hours (for observation), no limitation of activities, no cognitive impairment 	6
<ul style="list-style-type: none"> 2 or more concussions 	Individual consideration
Congestive Heart Failure (CHF)	
<ul style="list-style-type: none"> Single episode, controlled on diuretics, no limitation of activities 	12
<ul style="list-style-type: none"> Multiple or chronic episodes 	Decline
<ul style="list-style-type: none"> In conjunction with emphysema, chronic bronchitis or chronic obstructive pulmonary disease (COPD) 	Decline
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within last 12 months 	Decline
Chronic Obstructive Pulmonary Disease (COPD) - including chronic bronchitis, emphysema	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> 2 or less inhalers - regular use, less than 3 flare-ups per year not requiring oral steroid use, no limitation of activities, no hospitalization 	3
<ul style="list-style-type: none"> Newly Diagnosed 	6
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> 2 or less inhalers - regular use, oral steroids < 6 mg per day, 2 - 3 flare-ups per year requiring steroid tapers, no limitations of activities, no hospitalizations 	12
<ul style="list-style-type: none"> Severe <ul style="list-style-type: none"> More than 2 inhalers - regular use, oral steroids \geq 6 mg per day, weight loss, home oxygen, with congestive heart failure (CHF) and/or limitation of activities 	Decline
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within the last 12 months 	Decline
Coronary Artery Disease (CAD)/Arteriosclerotic Heart Disease (ASHD)	
<ul style="list-style-type: none"> Angina 	
<ul style="list-style-type: none"> Asymptomatic with medications, no heart attack 	3
<ul style="list-style-type: none"> Newly diagnosed 	6
<ul style="list-style-type: none"> Symptomatic, occasional use of nitro (less than 5 x per year), no hospitalizations or ER visits in the last 12 months 	6
<ul style="list-style-type: none"> Heart Attack (myocardial infarction) 	
<ul style="list-style-type: none"> Asymptomatic with medications, no limitation of activities 	6
<ul style="list-style-type: none"> Symptomatic, occasional use of nitro (less than 5 x per year), no hospitalizations or ER visits in the last 12 months 	12
<ul style="list-style-type: none"> Any coronary artery disease (CAD) or arteriosclerotic heart disease (ASHD) under investigation 	Decline
<ul style="list-style-type: none"> With congestive heart failure, diabetes, peripheral vascular disease (PVD), stroke/transient ischemic attack (TIA)/cerebrovascular accident (CVA) or atrial fibrillation 	Decline
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within last 12 months 	Decline
<ul style="list-style-type: none"> With history of coronary artery bypass graft (CABG) or Angioplasty - see Surgery section. 	

Condition	Minimum stability period (months)
C cont'd	
Cortisone Injections	Refer to condition
Cystic Fibrosis	Decline
D	
Decubitus Ulcers	Decline
Deep Vein Thrombosis (DVT)	
<ul style="list-style-type: none"> 1 episode, resolved with no ongoing treatment and no limitation of activities 	6
<ul style="list-style-type: none"> Recurrent/chronic DVT, if on anticoagulant 	6
<ul style="list-style-type: none"> Recurrent/chronic DVT, if on no anticoagulant 	6
<ul style="list-style-type: none"> If coagulopathy disorder 	Refer to condition
<ul style="list-style-type: none"> If recurrent episodes and not fully investigated 	Postpone
<ul style="list-style-type: none"> History of arterial clot, stroke, transient ischemic attack (TIA) or cerebrovascular accident (CVA) 	Decline
<ul style="list-style-type: none"> Birth control medication or hormone replacement therapy without anticoagulants 	Decline
<ul style="list-style-type: none"> Tobacco use in the last 12 months 	Decline
Degenerative Disc Disease, Sciatica, Herniated Intervertebral Disc, Spinal Stenosis <i>Note: Severity will be determined on the basis of actual clinical findings, treatment and symptomatology.</i>	
<ul style="list-style-type: none"> Mild Degenerative Disc Disease, Sciatica mild or newly diagnosed <ul style="list-style-type: none"> Minor symptoms only that do not limit activities Maintenance treatment 1x/month or less (e.g.chiropractic, massage, acupuncture, physiotherapy, or any other treatment) or treated with one NSAID medication only 	3
<ul style="list-style-type: none"> Operated Herniated Intervertebral Disc <ul style="list-style-type: none"> fully recovered with no ongoing symptoms or limitations 	6
<ul style="list-style-type: none"> Moderate Degenerative Disc Disease, Sciatica or Unoperated Herniated Intervertebral Disc <ul style="list-style-type: none"> Minor symptoms only that do no limit activities Treated with more than one medication (no narcotics) History of surgery History of cortisone injections History of chiropractic treatment, massage, acupuncture, physiotherapy, or any other treatment No epidural (spinal) injections, steroid medication, narcotic or centrally acting analgesia within 12 months Single herniated disc, unoperated, minor symptoms, treated with NSAID, or physiotherapy/chiropractor or massage maintenance 1x /month or less 	6

Condition	Minimum stability period (months)
D-Degenerative Disc Disease cont'd	
<ul style="list-style-type: none"> Mild Spinal Stenosis 	<p align="center">12 Individual consideration for benefit amount</p>
<ul style="list-style-type: none"> Severe Degenerative Disc Disease, Sciatica, Herniated Intervertebral Disc, Spinal Stenosis <ul style="list-style-type: none"> Surgery recommended and not yet completed Continued symptoms that limit activities Moderate to severe spinal stenosis Spinal cord involvement Herniated discs, bulging or protrusions in multiple areas of the spine 	<p align="center">Decline</p>
Dejerine - Sottas Disease	<p align="center">Decline</p>
Dementia	<p align="center">Decline</p>
Demyelinating Disease	<p align="center">Decline</p>
Depression (including manic depression and nervous breakdown)	
What should I ask?	
When did the depression start?	
Was there a significant life event that triggered the depression?	
Have you ever been hospitalized or seen in emergency for this? If so, when?	
Do you take anti-psychotic medication?	
Have you experienced any disorientation, confusion, memory loss or forgetfulness due to your depression?	
Have you ever attempted suicide, or thought about attempting suicide?	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> No limitation of activities, treated and controlled with 2 or less antidepressant or anti-anxiety medications, no time off work for depression or anxiety, no hospitalization 	<p align="center">0</p>
<ul style="list-style-type: none"> Newly diagnosed <ul style="list-style-type: none"> Treated with 2 or less antidepressant or anti-anxiety medications, with a follow up visit confirming control 	<p align="center">3</p>
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> No limitation of activities, treated with 3 or less antidepressant or anti-anxiety medications, history of time off work for depression or anxiety, back to previous work schedule <p align="center">Note: Stability will not start until back to previous work schedule.</p> 	<p align="center">12</p>
<ul style="list-style-type: none"> Manic Depression/Bipolar Disorder <ul style="list-style-type: none"> No limitation of activities, no psychiatric hospitalizations in 2 years, no anti-psychotic medications, controlled with 3 or less medications 	<p align="center">12</p>
<ul style="list-style-type: none"> Suicide attempt 	
<ul style="list-style-type: none"> One attempt only, stable on non anti-psychotic medication, no limitation of activities, no hospitalization in 3 years 	<p align="center">36</p>

Condition	Minimum stability period (months)
D- Depression cont'd <ul style="list-style-type: none"> • Severe <ul style="list-style-type: none"> • Multiple suicide attempts • Requiring anti-psychotic medication • More than 3 medications • Current psychosis 	Decline
Developmentally Challenged	
<ul style="list-style-type: none"> • Living independently, employed, able to perform all ADLs and IADLs independently Note: A face-to-face interview will be required 	0
<ul style="list-style-type: none"> • All others Note: Also see the following related conditions if applicable: Chromosomal Abnormalities 	Decline
Diabetes Mellitus	
<i>What should I ask?</i>	
When were you diagnosed with diabetes?	
Do you monitor your blood sugars regularly? What are your blood sugar readings normally?	
Do you take insulin?	
Do you experience any numbness or tingling in your legs or feet?	
Have you ever had a stroke, transient ischemic attack (TIA) or cerebrovascular accident (CVA)?	
Have you ever been told your kidneys, eyes, or nerves were affected because of your diabetes?	
Have you ever been told there is protein in your urine, or any other abnormalities with your urine?	
Have you ever had eye surgery because of your diabetes? If so, when?	
Have you had any skin complications like ulcers or open wounds?	
<ul style="list-style-type: none"> • Gestational diabetes, pregnancy completed, require one follow-up blood test that confirms blood sugars have returned to normal 	0
<ul style="list-style-type: none"> • Type 2, Glucose Intolerance and Hyperglycemia; controlled* with diet or oral medications and no complications • *Fasting blood sugar <10 or HgbA1C <8% 	6
<ul style="list-style-type: none"> • Type 1 controlled* with < 40 units of insulin per day and no complications • *Fasting blood sugar <10 or HgbA1C <8% 	12
<ul style="list-style-type: none"> • Gestational diabetes, currently pregnant and gestational diabetes in current or previous pregnancy 	Postpone
<ul style="list-style-type: none"> • Current steroid use 	Decline
<ul style="list-style-type: none"> • Any tobacco (including chewing tobacco) or marijuana use within the last 12 months 	Decline
<ul style="list-style-type: none"> • With any history of the following: neuropathy, kidney disease, proteinuria, circulatory disease including peripheral vascular disease (PVD) and leg ulcers, coronary artery disease (CAD), cardiomyopathy, cerebrovascular accident (CVA)/stroke/transient ischemic attack (TIA) or blindness caused by diabetes 	Decline
<ul style="list-style-type: none"> • Diabetes in conjunction with hemochromatosis 	Decline
<ul style="list-style-type: none"> • Insulin-Dependent Diabetes (Type 1) 40 units or more per day 	Decline
<ul style="list-style-type: none"> • Unoperated proliferative retinopathy *All others see Retinopathy section 	Decline

Condition	Minimum stability period (months)
D cont'd	
Dialysis – Hemodialysis or Peritoneal	Decline
Dizziness/Vertigo	
What should I ask?	
What is the cause of your dizziness?	
What tests have you had done and what were the results?	
Are any further investigations or tests planned?	
How often do you have dizziness? When did you last feel dizzy?	
Have you fallen because of dizziness? If so, when?	
<ul style="list-style-type: none"> One episode of dizziness- less than age 60, not investigated, no neurological impairment, no recurrence in the last 6 months 	0
<ul style="list-style-type: none"> Acute viral labyrinthitis, benign positional vertigo 	3
<ul style="list-style-type: none"> Meniere's disease, controlled with medication 	6
<ul style="list-style-type: none"> Meniere's disease, severe would be defined as incapacitation or limitation to activities or inability to control symptoms with medication. Asymptomatic, no loss of work, back to normal activities. 	6
<ul style="list-style-type: none"> Dizziness-less than age 60, not investigated, no neurological impairment with recurrence 	6
<ul style="list-style-type: none"> Syncope spell, single episode 	6
<ul style="list-style-type: none"> Multiple syncope spells, if fully investigated i.e. cardiac/neuro negative, treated, stable, no ongoing symptoms and under age 65 (could be due to constipation, urination, anemia etc.) 	12
<ul style="list-style-type: none"> Multiple syncope spells age 65 or older or uninvestigated 	Decline
<ul style="list-style-type: none"> Ongoing problem, falls 	Decline
Driving Offences	
<ul style="list-style-type: none"> 1 alcohol related driving offence, no evidence of alcohol abuse <ul style="list-style-type: none"> Within 3 years After 3 years 	0
<ul style="list-style-type: none"> 2 or more alcohol related driving offences, no evidence of alcohol abuse <ul style="list-style-type: none"> Most recent offence more than 7 years ago Most recent offence between 5 – 7 years 	0
<ul style="list-style-type: none"> Most recent offence within 5 years 	0
<ul style="list-style-type: none"> If 2 or more in the past 5 years 	Individual consideration for benefit amount
Any other driving offence	Decline
	0

Condition	Minimum stability period (months)
D cont'd	
Drug/Chemical abuse	
• Marijuana/hashish only, no more than 8 times a month	0
• All other drugs or past history of abuse or indication of stay in rehabilitation centre/program, treated, current abstinence and normal liver function tests	36
• Marijuana/hashish, more than 8 times a month	Decline
• Current use with history of abuse	Decline
E	
Edema (Swelling)	Refer to condition
Ehlers-Danlos Syndrome	Decline
Encephalitis	
• No cognitive impairment, no limitation of activities	12
Endocarditis, Infectious	
• Single episode, resolved, stable, antibiotic prophylaxis	6
• More than one episode	Decline
*With residual valvular disease refer to Heart Valve Disease section	
Epilepsy/Seizure Disorder	
• Controlled with medication, no seizure activity, no limitation of activities, no cognitive impairment	12
• Uncontrolled or unknown reason or abnormal MRI	Decline
Esophageal Stricture	
• Cause known, no symptoms/limitations, 2 or less dilatations	0
• 3 or more dilatations	3
• Ongoing difficulty swallowing	Decline
Esophageal Varices	Decline
Esophagitis	
• Treated with oral medications, asymptomatic	0
• Barrett's esophagitis	Individual consideration

Condition	Minimum stability period (months)
F	
Falls	
<p>Why are falls important?</p> <ul style="list-style-type: none"> Falls are one of the most significant causes of loss of independence in people over age 65. They are a major threat to health, safety, independence, and well-being in older adults. Even one fall can have a significant impact on a person's quality of life. Most falls occur in the home, usually the kitchen, on the stairs, and in the bathroom. Falls can mark the beginning of a serious decrease in function, or be the first symptom of a significant medical condition. Falls usually occur because of a combination of factors. As we age, we may lose bone mass, have diminished physical ability, decreased strength, poor balance, and increased body sway, all factors which could make us more vulnerable to falls and fall-related injuries. 	Refer to condition
Family History (family includes biological parents, brothers and sisters, whether living or dead)	
<ul style="list-style-type: none"> Huntington's disease – genetic testing completed and negative 	0
<ul style="list-style-type: none"> Huntington's disease – genetic testing completed and positive, or not done 	Decline
<ul style="list-style-type: none"> Alzheimer's (early onset – age 50 or less) 	Decline
<ul style="list-style-type: none"> Cerebral autosomal dominant arteriopathy with sub-cortical infarcts and leukoencephalopathy (CADASIL) 	Decline
<ul style="list-style-type: none"> Hereditary ataxia 	Decline
<ul style="list-style-type: none"> Motor neuron disease 	Decline
<ul style="list-style-type: none"> Myotonic dystrophy 	Decline
<ul style="list-style-type: none"> Neurofibromatosis 	Decline
<ul style="list-style-type: none"> Polycystic kidney disease 	
<ul style="list-style-type: none"> Applicant age > 50 or completely investigated 	Individual consideration
<ul style="list-style-type: none"> Applicant age 50 or less with negative genetic testing 	0
<ul style="list-style-type: none"> All others 	Decline
<ul style="list-style-type: none"> Retinitis pigmentosa-proposed insured less than age 50 	0 Maximum lifetime benefit amount of \$100,000
<ul style="list-style-type: none"> Retinitis pigmentosa- proposed insured age 50 or older, has not developed the disease 	0
Fatty Liver	
<ul style="list-style-type: none"> Cause known, liver function tests all within normal limits 	0
<ul style="list-style-type: none"> Liver function tests abnormal 	Individual consideration

Condition	Minimum stability period (months)
F cont'd	
Fibromyalgia/Chronic Fatigue Syndrome/Chronic Pain Syndrome	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> Stable, minimal medication, no limitation of activities, history of time off work, back to previous work schedule Note: Stability period will not start until back to previous work schedule 	6
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> Requiring more than 2 medications for treatment - treatment may include antidepressants or anti-anxiety medications 	12 Maximum lifetime benefit amount of \$50,000
<ul style="list-style-type: none"> Severe <ul style="list-style-type: none"> Fatigue that limits daily function and/or use of narcotics 	Decline
Fractures	
<ul style="list-style-type: none"> Arms, fully recovered, no limitation of activities 	3
<ul style="list-style-type: none"> Legs, fully recovered, no limitation of activities 	3
<ul style="list-style-type: none"> Skull, fully recovered, no limitation of activities, no cognitive impairment Also refer to Head/Brain Injury (coma) section if applicable 	12
<ul style="list-style-type: none"> Vertebral and pelvic, due to accident, fully recovered, no limitation of activities 	6
<ul style="list-style-type: none"> Vertebral due to osteoporosis or Paget's disease 	Refer to condition
Friedreich's Ataxia	Decline
G	
Gastric Balloon	Decline
Gastro-Esophageal Reflux Disease (GERD)	
<ul style="list-style-type: none"> No stability period required for new medication 	0
Gaucher's Disease	Decline
Gilbert's Disease	0
Glaucoma	
<ul style="list-style-type: none"> Stable vision with treatment or successful adaptation to previous visual loss 	6
Gout	
<ul style="list-style-type: none"> Asymptomatic, no limitation of activities, no joint deformities 	3

Condition	Minimum stability period (months)
G cont'd	
Guillain-Barre/Chronic demyelinating polyneuropathy (CIDP)	
• Single episode, no limitations of activities, no residual neurological impairment	6
• Chronic or recurrent or with limitations of activities or residual neurological impairment	Decline
H	
Head/Brain Injury (coma)	
• With hospitalization for 24 hours or more, full recovery, no limitation of activities, no cognitive impairment	24
• With residual impairment	Decline
Headaches, severe (including migraines, cluster headaches)	
• Chronic, no limitation of activities, no narcotic analgesic use	0
• Recent onset, fully investigated	3
• Chronic, treated with narcotic analgesic	Individual consideration
Hearing Loss	
• Successful adaptation to hearing loss Note: A face-to-face interview will be required for individuals who would normally require a phone interview but are unable to complete one because of their hearing loss.	0
Heart Valve Disease	
• Mild	0
• Aortic, mitral, pulmonary or tricuspid insufficiency, unoperated, no congestive heart failure (CHF) or angina, no limitation of activities	
• Moderate	6
• Aortic, mitral, pulmonary or tricuspid stenosis or moderate insufficiencies, unoperated, no congestive heart failure (CHF) or angina, no limitation of activities	
• Heart valve replacement (single or double valve replacement), no congestive heart failure (CHF), coronary artery disease (CAD), stroke or transient ischemic attack (TIA)	12
• Severe	Decline
• With congestive heart failure (CHF), coronary artery disease (CAD), stroke or transient ischemic attack (TIA)	
• Severe stenosis or insufficiencies any valve	
• Any type of valve surgery regardless of type and under age 25	
Hemochromatosis	
• Asymptomatic, phlebotomy (once every 6 weeks or less often), normal laboratory values (ferritin)	12
• Phlebotomy more often than every 6 weeks	Decline
• Abnormal laboratory values	Decline
• Internal organ involvement or diabetes	Decline

Condition	Minimum stability period (months)
H cont'd	
Hepatitis	
Acute, Type A, B <ul style="list-style-type: none"> Resolved, no alcohol or drug abuse 	6
Chronic, Type B (carrier), or C <ul style="list-style-type: none"> Normal liver function laboratory values, no alcohol or drug abuse, no history of medication 	6
Chronic, Type B (carrier), or C <ul style="list-style-type: none"> Previous medication to treat, must be stable and off all medications, normal liver function laboratory values, no alcohol or drug abuse 	12
<ul style="list-style-type: none"> Currently on medication for any type of Hepatitis 	Postpone
<ul style="list-style-type: none"> All others including Autoimmune Hepatitis 	Decline
High Blood Pressure (BP) /Hypertension	
<i>What should I ask?</i>	
When did you last have your blood pressure checked?	
What was the reading?	
Has your medication or the amount of medication taken been changed? If so, when?	
Are any changes in your medication being planned?	
<ul style="list-style-type: none"> Regular followup shows control under current treatment regime with average BP readings as follows: systolic of 174 or less or diastolic of 90 or less or both 	0
<ul style="list-style-type: none"> Newly diagnosed, requiring one medication only will consider with one follow up confirming control 	0
<ul style="list-style-type: none"> Newly diagnosed, more than one medication will require two follow up visits confirming control 	0
<ul style="list-style-type: none"> Uncontrolled readings systolic of >174 and/or diastolic of >90 	Decline
HIV Positive	Decline
Hospitalization (currently in hospital or anticipated admission)	Decline
Hunter's Syndrome	Decline
Huntington's Disease (also see Family History if applicable)	Decline
Hurler's Syndrome	Decline
Hydrocephalus	Decline
Hypercholesterolemia	
<ul style="list-style-type: none"> No stability period required for new medication 	0
Hyperthyroidism	6
Hypothyroidism	
<ul style="list-style-type: none"> No stability period required for new medication 	0

Condition	Minimum stability period (months)
I	
Instrumental Activities of Daily Living (IADL) Deficits	
<p>Anyone who requires the assistance or supervision of another person, to perform two or more of the following Instrumental activities of daily living:</p> <ul style="list-style-type: none"> • Using the telephone • Managing finances • Taking transportation • Shopping • Laundry • Housework • Taking all medications • Preparing meals/cooking. 	Decline
Interstitial Cystitis	
<ul style="list-style-type: none"> • Stable on medication, no complications 	6
<ul style="list-style-type: none"> • Requires multiple medications (2 or more), infusions or with complications including but not limited to incontinence, urinary retention, chronic or ongoing urinary tract infections 	Decline
Irritable Bowel Syndrome	
<ul style="list-style-type: none"> • Newly diagnosed 	6
K	
Kidney Stones (nephrolithiasis/urolithiasis/renal calculus)	
<ul style="list-style-type: none"> • Post lithotripsy, with hospitalization or surgery 	3
Knee (Meniscal) Disorders	
<ul style="list-style-type: none"> • Acute (one site and one episode) 	
<ul style="list-style-type: none"> • Post arthroscopy, no further surgery recommended, no limitations of activities, fully recovered, no symptoms and no limitations with range of motion, no medical equipment or braces, treated with one anti-inflammatory medication only, no ongoing physiotherapy and no further treatment 	3
<ul style="list-style-type: none"> • No limitations of activities, fully recovered, no further symptoms and no limitations with range of motion, no medical equipment or braces, treated with more than one anti-inflammatory medication only, no ongoing physiotherapy, no surgery, no surgery recommended 	6
<ul style="list-style-type: none"> • Chronic (both knees and/or multiple episodes) 	
<ul style="list-style-type: none"> • Post arthroscopy, no further surgery recommended, no limitations of activities, fully recovered, minimal ongoing symptoms and no limitations with range of motion, no medical equipment or braces, treated with one anti-inflammatory only, no ongoing physiotherapy 	3
<ul style="list-style-type: none"> • Treated with NSAID, no limitations of activities, no limitations with range of motion, no medical equipment or braces, no ongoing physiotherapy, no surgery, no surgery recommended, intermittent symptoms 	6

Condition	Minimum stability period (months)
L	
Lupus	
• Discoid, inactive	12
• Systemic lupus erythematosus (SLE)	Decline
Lyme Disease	
• Resolved	3
• Residuals or complications	Refer to condition
Lymphoid Interstitial Pneumonia	Decline
Lymphoma, Hodgkin's and Non-Hodgkin's – refer to Cancer section	
M	
Macular Degeneration	
• No limitation to activities, no progression in vision loss, successful adaptation to existing vision loss	12
Marfan's Syndrome	Decline
Massage	
• Stability period will depend on reason for treatment (Refer to the applicable guidelines and if unsure, contact underwriting to pre-qualify)	Refer to condition
Memory Loss	Decline
Mitral Valve Prolapse	0
Mixed Connective Tissue Disease	Decline
Mobility limitations with limitation to activities	Decline
Monoclonal Gammopathy of Unknown Significance (MGUS)	Decline
Motor Neuron Disease	Decline
Multiple Myeloma	Decline
Multiple Sclerosis	Decline
Muscular Dystrophy	Decline

Condition	Minimum stability period (months)
M cont'd	
Myasthenia Gravis	
• Post surgery (thymectomy) with full recovery and rehabilitation complete	36
• Limited to ocular form only	36
• Without symptoms or complications, receiving no ongoing treatment or medication	60
• Disease process unresponsive to treatment	Decline
• Any ongoing medication (e.g., Mestinon) use for control	Decline
Myelofibrosis	
• Asymptomatic	12
• Recent onset or hospitalization	24
• With enlarged spleen	Decline
N	
Narcolepsy	
• Asymptomatic	12
• Recent onset or hospitalization	24
• With sleep apnea	Decline
Nephrectomy, Unilateral (loss of one kidney)	
• Traumatic, normal renal function	12
• Due to disease	Refer to condition
• Nephritis/Glomerulonephritis - fully recovered, normal renal function	12
Neurofibromatosis	Decline
Neurogenic Bladder	Decline
Neuropathy	
• Due to B12 or folic acid deficiency anemia, responding to treatment, with normal laboratory values	6
• Cause unknown, fully investigated, non-progressive, treatment free	12
• Any tobacco (including chewing tobacco) or marijuana use with last 12 months	Decline
• With history of diabetes	Decline
• All others	Decline
Neutropenia (Chronic)	
• Fully investigated, stable and no recurrent infections (do not apply guideline if single elevation only)	0
• Uninvestigated and recurrent	Postpone

Condition	Minimum stability period (months)
O	
Obesity	
<ul style="list-style-type: none"> Weight outside acceptable guidelines 	Decline
<ul style="list-style-type: none"> Current use of weight reduction agents (e.g., Xenical, Meridia), weight within acceptable guidelines 	Individual consideration
Obsessive Compulsive Disorder	
<ul style="list-style-type: none"> No hospitalization in 5 years, controlled with medication, no limitation of activities 	24
Occupational Therapy (current treatment)	Decline
Organic Brain Syndrome	Decline
Osler - Weber - Rendu Disease (telangiectasis)	Decline
Osteomyelitis (bone infection)	
<ul style="list-style-type: none"> Resolved 	12
<ul style="list-style-type: none"> Chronic, active 	Decline
Osteoporosis/Osteopenia	
<i>What should I ask?</i>	
Have you had any fractures? If so, when and how did they happen?	
Have you had your bone density tested? If so when, and what was the score?	
Have you had any falls? If so, when?	
Do you use any assistive devices (e.g., cane, crutches)?	
Do you go for, or have you been treated with, acupuncture, chiropractic, massage or physiotherapy?	
<ul style="list-style-type: none"> No history of fractures, bone density test T-score -3.0 or better 	0
<ul style="list-style-type: none"> If on prescription treatment, stable, smoker- one should have follow up BMD within 12 months of initiation of prescription treatment to ensure stability and improvement 	12
<ul style="list-style-type: none"> 1 fracture related to osteoporosis/osteopenia, no limitation of activities 	24
<ul style="list-style-type: none"> Bone density test between -3.1 to -3.5, on prescription medication (vs. calcium) 	24
	Maxium benefit duration of 250 weeks
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within the last 12 months 	Decline
<ul style="list-style-type: none"> Bone density test T-score worse than -3.5 	Decline
<ul style="list-style-type: none"> Any history of 2 or more fractures related to osteoporosis 	Decline
<ul style="list-style-type: none"> History of multiple falls (2 or more within the last 24 months) 	Decline
<ul style="list-style-type: none"> Steroid use within 24 months 	Decline

Condition	Minimum stability period (months)
O cont'd	
Oxygen Use	Decline
P	
Pacemaker (atrioventricular (A-V) heart block)	
<ul style="list-style-type: none"> Asymptomatic, no limitations to activities 	3
Paget's Disease (osteitis deformans)	
<ul style="list-style-type: none"> Mild disease <ul style="list-style-type: none"> Asymptomatic 	6
<ul style="list-style-type: none"> Moderate disease <ul style="list-style-type: none"> No limitation of activities, no involvement of skull, history of one fracture only 	24
<ul style="list-style-type: none"> Severe disease <ul style="list-style-type: none"> Involvement of skull and/or history of more than one fracture 	Decline
Pancreatitis	
<ul style="list-style-type: none"> Acute, resolved, normal laboratory values, no alcohol abuse in the last 36 months 	6
<ul style="list-style-type: none"> Chronic 	Decline
Paralysis/Paresis	
<ul style="list-style-type: none"> No limitation of activities 	Refer to condition
<ul style="list-style-type: none"> Hemiplegia, paraplegia, quadriplegia 	Decline
Parkinson's Disease	Decline
Pericarditis	
<ul style="list-style-type: none"> Resolved 	6
Peripheral Vascular Disease/Claudication	
<ul style="list-style-type: none"> Mild <ul style="list-style-type: none"> No limitation of activities, no skin breakdown or leg ulcers within 24 months 	6
<ul style="list-style-type: none"> Moderate <ul style="list-style-type: none"> Able to walk without leg pain, no limitation of activities, no skin breakdown or leg ulcers, no vascular surgery within 6 months 	12
<ul style="list-style-type: none"> Severe <ul style="list-style-type: none"> Walking limited due to leg pain and/or presence of skin breakdown or leg ulcers 	Decline
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within the last 12 months 	Decline
<ul style="list-style-type: none"> History of stroke, transient ischemic attack (TIA), coronary artery disease (CAD), diabetes or glucose intolerance 	Decline

Condition	Minimum stability period (months)
P cont'd	
Phobias, Psychoneurosis	
• Mild, no treatment required, no limitations	0
• Treatment required, no anti-psychotic medication	3
• Newly diagnosed	6
• All others	Decline
Physiotherapy	
• Stability period will depend on reason for treatment refer to applicable guideline (Refer to the applicable guidelines and if unsure, contact underwriting to pre-qualify)	
• If currently receiving physiotherapy	Decline
Note: Physiotherapy 1X month or less for maintenance, contact underwriting for opinion	
Pneumocystic Pneumonia	Decline
Polio (including post-paralytic syndrome)	
• No history of paralysis	0
• History of paralysis, no limitation of activities, no 4-prong cane, crutches, walker or wheelchair usage, no fatigue or change in muscle strength	24
• Any equipment usage or limitation of activities	Decline
• Symptomatic (post-polio syndrome)	Decline
• Post-Polio Syndrome	Decline
Polyarteritis Nodosa	Decline
Polycystic Kidney Disease	
• Asymptomatic, normal laboratory values, no medications for hypertension/renal disease, normal blood pressure	60
• Transplant	60
• Hospitalization(s) for acute renal failure or surgery	Decline
• Dialysis or surgery anticipated or abnormal laboratory values	Decline
Polycythemia Vera	Decline
Polymyalgia Rheumatica	
• Resolved, no steroid or narcotic use	6
• Unresolved or steroid or narcotic use	Decline

Condition	Minimum stability period (months)
P cont'd	
Polymyositis	
<ul style="list-style-type: none"> No medication required, stable, no limitation of activities 	36
<ul style="list-style-type: none"> Currently on medication 	Decline
Polyps	
<ul style="list-style-type: none"> Benign 	0
Portal Hypertension	Decline
Postero – Lateral Sclerosis	Decline
Postpartum Depression – refer to Depression section	
Pregnancy	
<ul style="list-style-type: none"> Currently pregnant with no complications and no history of complications 	0
<ul style="list-style-type: none"> With diabetes (any type) 	Postpone
Progressive Muscular Atrophy	Decline
Progressive Systemic Sclerosis	Decline
Pulmonary Embolism	
<ul style="list-style-type: none"> Single episode, cause known and treated, no breathing difficulty, no limitation of activities 	6
<ul style="list-style-type: none"> Single episode, cause unknown, no breathing difficulty, no limitation of activities 	12
<ul style="list-style-type: none"> Multiple episodes, cause unknown 	Decline
Note: If underlying cause is coagulation disorder refer to applicable guideline	
Pulmonary Fibrosis	
<ul style="list-style-type: none"> Asymptomatic, no treatment, incidentally found by chest x-ray, no chronic obstructive pulmonary disease (COPD), emphysema, asthma or other lung disease, no steroid medications 	24
<ul style="list-style-type: none"> Symptomatic or treatment within 24 months 	Decline
<ul style="list-style-type: none"> Any tobacco (except chewing tobacco) or marijuana use in the last 12 months 	Decline

Condition	Minimum stability period (months)
R	
Raynaud's	
• Identified as "phenomenon"	6
• Identified as "disease", no underlying connective tissue disorder	6
• With connective tissue disorder	Refer to condition
Renal/Kidney Disease	
• Mild renal insufficiency, stable, no limitations	6
• End stage disease, dialysis within last 2 years, prednisone, leukeran or cytoxan within last 2 years, treated with > 80 mg of lasix per day, or in combination with diabetes	Decline
Restless Leg Syndrome	
• No treatment	0
• Treated with benzodiazepine, anti-parkinsonian medication (e.g., sinemet, mirapex, quinine, gabapentin) and neurological workup that excludes Parkinson's disease	3
• No neurological work-up to confirm diagnosis	3
Retinal Artery Occlusion	
• Full recovery, no residuals, no limitation of activities	24
• Any tobacco (including chewing tobacco) or marijuana use within the last 12 months	Decline
Retinal Detachment and/or Hemorrhage	
• Asymptomatic, successfully treated with surgery	6
• Successfully treated with surgery in conjunction with diabetes, no further hemorrhage or vision loss, multiple episodes	12
Retinitis Pigmentosa	
• No progression in vision loss, successful adaptation to existing vision loss	12
Retinopathy	
• Asymptomatic, no underlying condition, stable, with or without surgery	6
• Asymptomatic, with underlying condition, stable, with or without surgery	12
S	
Sarcoidosis	
• Asymptomatic in lung only, no other internal organ involvement, no current steroids use	12
Schizophrenia	Decline

Condition	Minimum stability period (months)
S cont'd	
Scleritis	
<ul style="list-style-type: none"> Stable, no ADL or IADL limitations, stable medical treatment plan with symptoms controlled, no progressive vision loss, successful adaptation to previous vision loss 	6
<ul style="list-style-type: none"> Ongoing symptoms 	Postpone
<ul style="list-style-type: none"> Underlying cause not identified 	Postpone
<ul style="list-style-type: none"> Underlying cause unknown 	Refer to condition
<ul style="list-style-type: none"> Continued decrease in vision 	Decline
Sclerosing Cholangitis	
Decline	
Scleroderma	
<ul style="list-style-type: none"> Skin only (e.g., morphea) 	6
<ul style="list-style-type: none"> Skin only (e.g., morphea) with oral or injectable medication, stable 	24
<ul style="list-style-type: none"> All others, including CREST syndrome 	Decline
Scoliosis	
<ul style="list-style-type: none"> Mild, no limitation of activities, normal range of motion, no current treatment or therapy taken 	0
Note: All others refer to Degenerative Disc Disease section.	
Senility	
Decline	
Shingles (Herpes Zoster)	
<ul style="list-style-type: none"> Fully recovered, no limitations to activities, no pain or neuralgia 	1
<ul style="list-style-type: none"> Ongoing pain or neuralgia, or requiring neurological work-up 	Decline
Sleep Apnea	
<ul style="list-style-type: none"> Mild 	0
<ul style="list-style-type: none"> If on or off treatment 	
<ul style="list-style-type: none"> Moderate 	3
<ul style="list-style-type: none"> If on CPAP 	
<ul style="list-style-type: none"> Severe 	Decline
<ul style="list-style-type: none"> If moderate or severe and not treated or if CPAP prescribed and non compliant 	
<ul style="list-style-type: none"> CPAP machine with bottled oxygen 	
<ul style="list-style-type: none"> With narcolepsy 	
<ul style="list-style-type: none"> Any tobacco (except chewing tobacco) or marijuana use within the last 12 months with any severity of sleep apnea 	
<ul style="list-style-type: none"> History of tracheotomy 	

Condition	Minimum stability period (months)
S cont'd	
Soft Tissue Disorders due to injury (e.g., whiplash, muscle strains and sprains, ligament injuries and pinched nerve), Fasciatis and Plantar fasciatis and Costochondritis	
<ul style="list-style-type: none"> Acute – (one episode, complete recovery and no recurrence) <ul style="list-style-type: none"> Fully recovered with no ongoing pain, no limitations to range of motion, no limitations to activities, treated with one anti-inflammatory medication only, intermittent therapy 1 x/month for maintenance only (e.g., chiropractic, massage, physiotherapy) or recommendation for them, no other underlying cause. Can consider multiple locations such as shoulder and ankle. If multiple location includes back apply chronic soft tissue guideline. 	3
<ul style="list-style-type: none"> Chronic <ul style="list-style-type: none"> No limitations to range of motion, minimal symptoms non-limiting, no use of narcotics, intermittent therapy (e.g., chiropractic, massage, acupuncture, physiotherapy, other treatment, etc.), no other underlying cause. 	6
Speech Therapy - Current treatment	Refer to condition
Spina Bifida Occulta and Cystica	
<ul style="list-style-type: none"> Spina bifida occulta-incidental finding, no symptoms 	0
<ul style="list-style-type: none"> Spina bifida occulta-incidental finding with symptoms 	Rate for symptoms
<ul style="list-style-type: none"> Spina bifida cysitca 	Decline
Spinal Muscle Atrophy	Decline
Stroke, Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA)	
<ul style="list-style-type: none"> Single episode, full recovery, no residuals, no limitation of activities, no syncope within the last 24 months, no congenital heart defect 	24
<ul style="list-style-type: none"> Any tobacco (including chewing tobacco) or marijuana use within the last 12 months 	Decline
<ul style="list-style-type: none"> Any history of diabetes or glucose intolerance, peripheral vascular disease or atrial fibrillation, heart valve disease, coronary artery disease or carotid artery disease 	Decline
<ul style="list-style-type: none"> More than one stroke, cerebrovascular accident (CVA) and/or transient ischemic attack (TIA) 	Decline
Surgery	
Planned surgery of any type unless noted below	
<ul style="list-style-type: none"> ≤ 90 days all surgeries; exceptions will be listed below under type of surgery 	Postpone
Breast Augmentation (enlargement) Surgery	
<ul style="list-style-type: none"> Surgery planned or scheduled 	0
Breast Reduction Surgery	
<ul style="list-style-type: none"> Surgery planned or scheduled > 90 days 	0

Condition	Minimum stability period (months)
S Surgery cont'd	
Cardiac Surgeries (coronary artery bypass grafts (CABG) and/or angioplasty)	
<ul style="list-style-type: none"> • Surgery completed, asymptomatic, well followed, percutaneous transluminal coronary angioplasty (PTCA) or angioplasty only 	3
<ul style="list-style-type: none"> • Surgery completed, asymptomatic, well followed, coronary artery bypass graft (CABG) or valve surgeries only 	6
<ul style="list-style-type: none"> • Planned surgery 	Postpone
<ul style="list-style-type: none"> • If more than 4 vessels bypassed regardless of age 	Decline
<ul style="list-style-type: none"> • Surgery completed, ongoing symptoms 	Decline
<ul style="list-style-type: none"> • Any tobacco (including chewing tobacco) or marijuana use within last 12 months 	Decline
Carpal Tunnel Syndrome Surgery	
<ul style="list-style-type: none"> • Unilateral surgery planned or scheduled 	0
<ul style="list-style-type: none"> • Bilateral or unilateral surgery completed <ul style="list-style-type: none"> • Treatment free, complete recovery, back to normal daily activities 	3
<ul style="list-style-type: none"> • Bilateral surgery planned or scheduled 	Postpone
Cataract Surgery	
<ul style="list-style-type: none"> • Surgery planned or scheduled <ul style="list-style-type: none"> • Surgery on one eye only, no visual limitations in other eye 	0
<ul style="list-style-type: none"> • Surgery planned or scheduled • Surgery on both eyes, no visual limitations 	0
<ul style="list-style-type: none"> • Surgery completed <ul style="list-style-type: none"> • Treatment free, complete recovery, back to normal daily activities 	2 weeks
<ul style="list-style-type: none"> • Surgery planned or scheduled <ul style="list-style-type: none"> • Surgery on one eye, limited vision in other eye 	Postpone
Dental Surgery	
<ul style="list-style-type: none"> • Surgery planned or scheduled-if related to teeth or gums only 	0
Foot Surgery (minor surgeries such as bunion, hallux valgus, hammer toe, Morton's neuroma)	
<ul style="list-style-type: none"> • Unilateral , surgery planned or scheduled 	0
<ul style="list-style-type: none"> • Surgery completed 	0
<ul style="list-style-type: none"> • Treatment free, complete recovery including return to normal footwear, back to normal activities 	
<ul style="list-style-type: none"> • Bilateral, surgery planned or scheduled 	0
Gall Bladder removal (cholecystectomy)	
<ul style="list-style-type: none"> • Surgery planned or scheduled > 90 days 	0
<ul style="list-style-type: none"> • Surgery completed <ul style="list-style-type: none"> • Treatment free, complete recovery, back to normal daily activities 	0

Condition	Minimum stability period (months)
S Surgery cont'd	
Hemorrhoids	
• Surgery planned or scheduled > 90 days	0
• Surgery completed	0
• Treatment free, complete recovery, back to normal activities	
Hernia Repair	
• Inguinal, femoral or umbilical surgery planned or scheduled > 90 days	0
• Inguinal, femoral or umbilical hernia repair, surgery completed	0
• Treatment free, complete recovery, back to normal daily activities	
• Inguinal, femoral or umbilical surgery planned or scheduled ≤ 90 days	Postpone
• Hiatal or ventral hernia repair, surgery completed	0
• Treatment free, complete recovery, back to normal daily activities	
• Hiatal or ventral hernia repair, surgery planned or scheduled	Postpone
Joint Replacement (hip, knee and shoulder) due to trauma or injury, otherwise, see underlying condition	
• One joint only, due to trauma or injury, physical therapy completed and returned to normal daily activities, no other musculoskeletal disease such as arthritis, osteopenia or osteoporosis	6
• Multiple joints, due to trauma or injury, physical therapy completed and returned to normal daily activities, no other musculoskeletal disease such as arthritis, osteopenia or osteoporosis	6
Obesity Reduction Surgery including Gastric Bypass, Stapling, Banding	
• Banding, if build falls within guidelines	0
• Surgery completed, fully recovered, weight stable within acceptable limits	12
• Surgery planned or scheduled	Postpone
Orthopedic Hardware Removal	
• Surgery completed, fully recovered, no limitations in activities	3
• Surgery planned or scheduled	Postpone
Tubal Ligation	
• Surgery planned or scheduled > 90 days	0
• Surgery completed-Treatment free, complete recovery, back to normal daily activities	0
Varicose Veins (legs)	
• Surgery planned or scheduled > 90 days	0
• Surgery completed, fully recovered	2 weeks
Vasectomy	
• Surgery planned or scheduled	0
• Surgery completed-treatment free, complete recovery, back to normal daily activities	0

Condition	Minimum stability period (months)
S Surgery cont'd	
All Other Surgeries	
<ul style="list-style-type: none"> Surgery completed <ul style="list-style-type: none"> Treatment free, complete recovery, back to normal daily activities 	3
<ul style="list-style-type: none"> Planned surgery > 90 days <ul style="list-style-type: none"> Contact underwriting to pre-qualify <p>(You may be able to submit an application depending on the reason for the surgery. Examples of surgeries we can't consider are hip and knee replacements or back surgery.)</p>	0 Benefits may be limited depending on type of surgery
Syphilis (stage IV), Tabes Dorsalis, Lues	Decline
T	
Thrombophlebitis	
<ul style="list-style-type: none"> Superficial, resolved and treatment free 	0
<ul style="list-style-type: none"> Recurrent 	3
Transplant, Organ	
<ul style="list-style-type: none"> Corneal 	3
<ul style="list-style-type: none"> Kidney <ul style="list-style-type: none"> due to primary kidney disease and not a secondary cause like diabetes or systemic lupus erythematosus (SLE), all lab tests normal 	36
<ul style="list-style-type: none"> Bone marrow <ul style="list-style-type: none"> all lab tests normal 	60 Maximum lifetime benefit amount of \$100,000
<ul style="list-style-type: none"> Stem cell <ul style="list-style-type: none"> all lab tests normal 	60 Maximum lifetime benefit amount of \$100,000
<ul style="list-style-type: none"> Change in anti-rejection medication following an organ transplant (assuming original stability period has been met) 	Individual consideration
<ul style="list-style-type: none"> All other organ transplants 	Decline
Transverse Myelitis	
<ul style="list-style-type: none"> Single episode, fully recovered, no limitation of activities 	24
<ul style="list-style-type: none"> Residual or progressive symptoms 	Decline
<ul style="list-style-type: none"> Multiple episodes 	Decline
Tremors	
<ul style="list-style-type: none"> Diagnosis confirmed as benign, essential or familial, no limitation of activities 	6
<ul style="list-style-type: none"> Due to Parkinson's disease 	Decline

Condition	Minimum stability period (months)
T cont'd	
Tuberculosis	
• Positive skin test only, no evidence of disease and normal chest x-ray	0
• Resolved, no ongoing treatment	12
Tumours, Benign (surgically removed, or unoperated and followed regularly with no evidence of progression)	
Skin, breast, uterine and ovarian cysts	0
• Recurrence of benign tumour at same site that may require surgical intervention	0
Brain and spinal cord	24
• No neurological impairment, no limitation of activities, no seizures Also refer to the following related condition if applicable: Acoustic Neuroma section	Maximum lifetime benefit amount of \$100,000
• Recurrence of benign brain or spinal cord tumour	Decline
Other sites, such as kidney, bladder, liver, etc.	6
Pituitary	
• Microadenoma (Prolactinoma)	12
• Macroadenoma	24
U	
Ulcers	
• Duodenal, gastric or peptic ulcer disease (PUD)	
• Resolved	0
• History of gastrointestinal bleed	6
• Skin	
• Resolved, no diabetes, venous stasis, peripheral vascular disease (PVD) or circulatory disorder	6
• Recurrent or chronic	Individual consideration
• Resulting in amputation	Decline
Urinary Incontinence	
• Occasional stress or urge incontinence, independent in care	0
• Complete incontinence, including continuous dribbling	Decline
• Use of catheter, intermittent or indwelling	Decline
V	
Varicose Veins (legs)	
• No ADL or IADL limitations, not associated with peripheral vascular disease, minor treatment/surgery planned (e.g., saline injections, endovenous laser treatment)	0
Von - Hippel – Lindau Disease or Syndrome	Decline
Ventriculoperitoneal (VP) Shunt	Decline

Condition	Minimum stability period (months)
W	
Waldenstrom's Disease	Decline
Walker Use	Decline
Wegener's Granulomatosis	Decline
Wernicke-Korsakoff Syndrome	Decline
Whipple's Disease	Decline
Wilson's Disease	Decline
X	
Xeroderma Pigmentosa	Decline