

Canadian Life and Critical Illness Underwriting Guide

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Foresters 
Financial

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Introduction

You are an important part of the underwriting process and as a participant in the sale, onboarding, underwriting and issue of our insurance certificates/ policies, we want you to be familiar with our underwriting philosophy and practices. Attention to these guidelines will help to expedite certificate and policy issue, as well as explain underwriting decisions when these are placed.

The most important step in the underwriting process is accurate detailed answers to all questions on the application. It is imperative that the application include thorough health history for all proposed insureds in order to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious complications at time of claim.

This comprehensive underwriting guide contains key information that you require in order to submit a case to Foresters Financial, speed up the underwriting process and ensure that your clients receive the best possible offer. The information contained will also help you to prepare your clients for the underwriting process and manage their expectations, resulting in a better sales experience for your clients.

Field Underwriting

Good field underwriting is crucial to the success of Insurance Operations and consists of more than just careful questioning of the proposed insured.

The following suggestions should help you and your prospective clients in obtaining insurance coverage as quickly as possible and in the most unbiased way:

- Provide complete information regarding medical history, including the date of initial diagnosis, type of treatment, dates and physician contact information
- If there is medical history, please identify the disease or condition for which treatment was obtained
- Complete all underwriting questionnaires, as appropriate

Do not underestimate the proposed insured's knowledge of the diagnosed disease or condition, or the reason for the surgery or treatment.

- The advisor is never authorized to disregard a proposed insured's answers, or to impose his or her judgement as to what is or is not important to record. The advisor is never authorized to approve or alter an application for the proposed insured.
- Only the Underwriting Team can make the final decision; therefore, never suggest or promise a client that their insurance coverage will be issued or put in-force.

What types of insurance are available?

Term Life insurance

provides coverage for a specified period of time—usually 10, 20 or 30 years. Term insurance only provides a death benefit if the insured dies during that specific period of time. Term insurance does not accumulate cash value.

Whole Life insurance

is intended to provide protection for the life of the insured and typically offers a cash value component. Whole life insurance can be participating, where policyholders may receive dividends, or non-participating (Non-Par Whole Life insurance), where policyholders do not receive dividends, but premiums are generally lower.

Critical Illness insurance

provides coverage in the event of a serious illness such as a heart attack, stroke, paralysis or life-threatening cancer. This allows the insured to protect their family's finances and lifestyle, even if they are unable to earn an income.

Preferred Term Life Insurance and Underwriting Criteria

When collecting a premium at the time of application to meet Temporary Insurance coverage pre-conditions, the applicable Standard Smoker or Standard Non-Smoker premium must be submitted. Once Foresters has determined the class applicable to your client, we will refund any excess annual premium. If the premium is paid monthly, excess premium will be applied to future premiums.

Preferred underwriting rates apply for amounts of \$500,001 or more. For amounts of less than \$500,001, we offer very affordable Standard Smoker and Non-Smoker premium rates. Standard classes will also apply to clients who do not qualify for our Preferred or Preferred Plus classes. Substandard ratings may only be applied to standard classes.

The criteria to meet Preferred Plus and/or Preferred rates are as follows:

(please note; these criteria are subject to underwriting approval)

	Preferred Plus Non-Smoker				Preferred Non-Smoker / Preferred Smoker			
Blood pressure	Age	≤44	45-60	61+	Age	≤44	45-60	61+
	BP	130/80	135/85	140/90	BP	135/85	140/85	150/90
	No treatment or medication for blood pressure				No treatment or medication for blood pressure			
Cholesterol and HDL	Age	≤44	45-60	61+	Age	≤44	45-60	61+
	Chol	210	220	225	Chol	220	230	245
	Chol/HDL	4.5	5.0	5.5	Chol/HDL	5.0	5.5	6.0
	No treatment or medication for cholesterol				If applicant is taking only ONE medication for cholesterol, must meet Preferred Plus Non-Smoker cholesterol criteria.			
Family History	No diagnosis or death from cardiovascular or heart disease, stroke, cancer or kidney disease of a parent or sibling before age 65.				No diagnosis or death from cardiovascular or heart disease, stroke, cancer or kidney disease of a parent or sibling before age 60.			
Personal History	No history of alcohol or drug abuse in last 10 years.				No history of alcohol or drug abuse in last 5 years.			
	<ul style="list-style-type: none"> ▪ No history of cancer, cardiovascular or heart disease. ▪ No ratable or excludable sports or avocations. ▪ No aviation except as a commercial pilot on regularly scheduled airlines. ▪ No ratable occupations. ▪ No ratable or excludable foreign travel or residence 							
Driving History	<ul style="list-style-type: none"> ▪ No history of driving while impaired, or reckless or careless driving in the last 10 years. ▪ No more than 1 moving violation in last 3 years. 				<ul style="list-style-type: none"> ▪ No history of driving while impaired, or reckless or careless driving in the last 5 years. ▪ No more than 2 moving violation in last 3 years. 			

Life and Critical Illness Smoker definitions

Tobacco and surrogates

A strong emphasis is placed on the use of tobacco and surrogates in assessing an insurance applicant’s health. If the applicant has used tobacco or tobacco surrogates in the 12 months prior to applying for coverage smoker rates will apply.

Tobacco surrogates include: e-cigarette, vaping, nicotine gum, transdermal nicotine patch, Zyban, Champix, or other smoking cessation products, betel nuts, betel leaves, supari, paan, gutka, and shisha.

Exceptions:

Clients who use marijuana in any form without tobacco may still qualify for Non-Smoker rates.

- Up to three times a week may be considered under our Standard Non-Smoker rates if there is no tobacco use.
- Usage up to seven times a week may be considered Non-Smokers but will be subject to a minimum rating of 150% (+50).
- More than seven times a week will not be eligible for insurance coverage.

Cigar use is acceptable for standard non-smoker rates under the following conditions:

- For non-medical policies, the use is admitted upfront and limited to a **maximum of 4 cigars per year**.
- For fully underwritten policies, the use is admitted upfront, limited to 1 cigar per month up to a **maximum of 12 cigars per year** and urinalysis is negative for cotinine.

Preferred classes smoker definitions

Preferred Plus Non-Smoker	The applicant has not used tobacco or tobacco surrogates for at least five years
Preferred Non-Smoker	The applicant has not used tobacco or tobacco surrogates for at least two years
Preferred Smoker	The applicant has used tobacco surrogates or tobacco products in the past year, but meets the Preferred Non-Smoker criteria in every other respect.

Standard to +50 Program

This program is available for non-medical applications, ages 18-45, for Life products only. Where the applicant has been assessed at a rating of up to +50 (Table 2 or 150%), we will approve at Standard rates. This program does **not** apply to fully underwritten applications or applications where additional information is required in order to assess (ex. APS, MVR, blood, urine vitals etc.); with the exception of Foresters' questionnaires.

Examples:

1. 45 year old male, Term 10 product with non-medical declaration of a build of 5'7" 250lbs.

Assessed rating: +50 for build, with no other ratable impairments.

→ we can allow Standard rates to apply.

2. 44 year old female, applying for Life insurance, with non-medical declarations of Type 2 Diabetes diagnosed 3 years ago, taking Metformin, last HbA1c at 7.0. Underwriting ordered a Diabetes questionnaire and based on the clear details provided, no further evidence was required to assess and there were no other ratable impairments.

Assessed rating: +50 for Diabetes.

→ we can allow Standard rates to apply.

Program Limitations

- **Review of past ratings**
This program is **not** eligible to remove +50 ratings on existing policies.
- **Replacements**
We can replace existing coverage rated +50 with a Standard Non-Medical policy **only** if there have been no changes to the insured's insurability and/or no medical evidence is required to assess.
- **Additional coverage**
While applying for new coverage, if a client has existing coverage with a rating of +50, we may be able to assess under the Standard to +50 Program, provided no new evidence is required.
** **Note** the age and amount requirements are based on the total amounts applied for with Foresters within 6 months.
- **Previous +50 offer not taken, in the past 12 months**
if medical requirements were ordered for the previous policy, the client is not eligible for the Standard +50 Program.
- **Conversions**
Not eligible for the Standard +50 Program.

Underwriting Covid-19 (Coronavirus)

In response to the current Covid-19 (Coronavirus) health crisis, Foresters Financial™ does not require additional information with the application. We remind advisors to be clear and transparent with answers on the application or MIB related to Covid-19 and any variants may require additional information.

Life Insurance Build Table

Height (ft/ins)	Weight (lbs)			
	Preferred Plus	Preferred	Standard	
			Max	Min
4'9"	132	140	173	79
4'10"	134	142	179	82
4'11"	139	148	185	84
5'0"	142	155	191	87
5'1"	146	160	198	90
5'2"	151	165	204	93
5'3"	157	171	211	96
5'4"	162	176	216	99
5'5"	166	181	224	102
5'6"	171	187	231	106
5'7"	176	192	239	109
5'8"	181	198	246	112
5'9"	187	204	243	115
5'10"	191	208	261	119
5'11"	197	215	268	122
6'0"	202	221	276	125
6'1"	209	228	284	129
6'2"	214	234	291	133
6'3"	221	241	299	136
6'4"	227	247	307	140
6'5"	232	253	315	143
6'6"	239	260	324	147
6'7"	245	268	332	151
6'8"	251	273	340	155

[Build calculator](#)

Underwriting Questionnaires

All the questionnaires used in Underwriting are available on BlueSky (under **both** the **Application and Forms** and the **Advantage Plus Forms** tabs)

- Activities of Daily Living Questionnaire
- Aerial Sports Questionnaire
- Aviation Questionnaire
- Alcohol Usage Questionnaire
- Arthritis Questionnaire
- Asthma and Bronchitis (Respiratory) Questionnaire
- Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD) Questionnaire
- Back Injury or Disorder Questionnaire
- Business Financial Questionnaire
- Chest Pain Questionnaire
- Climbing and Mountaineering Questionnaire
- COVID Questionnaire (NF2F & Paper app)
- Diabetes Questionnaire
- Digestive Disorders Questionnaire
- Driving Questionnaire
- Drug Usage Questionnaire
- Epilepsy/Seizure Questionnaire
- Financial Questionnaire
- Foreign Travel Questionnaire
- Growth, Cysts, Lumps and Tumors Questionnaire
- Hazardous Sports Questionnaire
- High Blood Pressure Questionnaire
- Immigration Questionnaire
- Kidney and Urinary Disorders Questionnaire
- Living Facilities Questionnaire
- Medical Declaration
- Medical Declaration and Examination Report
- Mental Health Questionnaire
- Military Questionnaire
- Motor Sports Questionnaire
- Politically Exposed Foreign Persons Questionnaire
- Scuba and Skin-Diving Questionnaire
- Third Party Determination Questionnaire
- Tobacco Questionnaire

Recent Immigrants and Temporary Residents Guidelines

Status	Available Plans and Benefits	Requirements
Permanent Residents	All plans available upon arrival in Canada	<p>Proof of Residency:</p> <ul style="list-style-type: none"> None required <p>Medical Requirements:</p> <ul style="list-style-type: none"> Clients aged 16 and older who have been in Canada for less than 12 months must complete a paramedical, blood profile (including hepatitis screening) and a urinalysis If there is any medical history that requires treatment or follow up, the client must have a regular doctor in Canada
Caregiver Program	<p>Can be considered for the following plans and benefits upon arrival in Canada:</p> <ul style="list-style-type: none"> Life: up to \$250,000 in-force and applied for with all companies in Canada Critical Illness: up to \$100,000 in-force and applied for with all companies in Canada Benefits: Child Term Rider, Waiver of Premium Benefit 	<p>Proof of Residency:</p> <ul style="list-style-type: none"> Copy of current immigration document (work permit) <p>Medical Requirements:</p> <ul style="list-style-type: none"> Caregivers who have been in Canada for less than 12 months must complete a paramedical, blood profile (including hepatitis screening) and a urinalysis If there is any medical history that requires treatment or follow up, the client must have a regular doctor in Canada
Temporary Resident Status: With a work permit and no residency restrictions	<p>Can be considered for the following plans and benefits upon arrival in Canada:</p> <ul style="list-style-type: none"> Life: up to \$1,000,000 in-force and applied for with all companies in Canada for skilled professionals Life: up to \$500,000 for other professionals and unskilled labour Critical Illness: None available Benefits: None available 	<p>Proof of Residency:</p> <ul style="list-style-type: none"> Copy of valid work permit Written statement indicating intention to reside in Canada Subject to financial underwriting <p>Medical Requirements:</p> <ul style="list-style-type: none"> Clients 16 and older who have been in Canada for less than 12 months must complete a paramedical, blood profile (including hepatitis screening) and a urinalysis If there is any medical history that requires treatment or follow up, the client must have a regular doctor in Canada

Status	Available Plans and Benefits	Requirements
<p>Temporary Resident Status: Approved as convention refugees</p>	<p>Can be considered for the following plans and benefits with a minimum 3-month residency in Canada:</p> <ul style="list-style-type: none"> ▪ Life: up to \$250,000 in-force and applied for with all companies in Canada ▪ Critical Illness: None available ▪ Benefits: None available 	<p>Proof of Residency:</p> <ul style="list-style-type: none"> ▪ Copy of a valid work permit or confirmation of convention refugee status <p>Medical Requirements:</p> <ul style="list-style-type: none"> ▪ Clients 16 and older who have been in Canada for less than 12 months must complete a Paramedical, blood profile (including Hepatitis screening) and a urinalysis ▪ If there is any medical history that requires treatment or follow up, the client must have a regular doctor in Canada
<p>Temporary Resident Status: Foreign Students with no residency restrictions</p>	<p>Can be considered for the following plans and benefits upon arrival in Canada:</p> <ul style="list-style-type: none"> ▪ Life: up to \$500,000 in-force and applied for with all companies in Canada for post-graduate professional studies ▪ Life: up to \$250,000 in-force and applied for with all companies in Canada for undergrade and juvenile high school ▪ Critical Illness: Not available ▪ Benefits: None available 	<p>Proof of Residency:</p> <ul style="list-style-type: none"> ▪ Copy of a student visa <p>Medical Requirements:</p> <ul style="list-style-type: none"> ▪ Clients 16 and older who have been in Canada for less than 12 months must complete a Paramedical, blood profile (including Hepatitis screening) and a Urinalysis ▪ If there is any medical history that requires treatment or follow up, the client must have a regular doctor in Canada <p>** Foreign Students must provide a written statement confirming their intent to reside in Canada after graduation and letter from school, college or university confirming enrollment on a full-time basis.</p>
<p>Temporary Resident Status: Skilled workers and professionals with no residency restrictions</p>	<p>Individual Consideration for all Life coverage and Benefits. Critical Illness: not available</p>	<p>Proof of Residency:</p> <ul style="list-style-type: none"> ▪ Copy of a valid work permit <p>Medical Requirements:</p> <ul style="list-style-type: none"> ▪ For clients who have been in Canada for less than 12 months, please contact the inquiry email address at: underwritinginquiries@foresters.com for requirements and eligibility. ▪ If there is any medical history that requires treatment or follow up, the client must have a regular doctor in Canada
<p>Refugee claimants, seasonal workers or all other temporary residents who do not qualify under above categories</p>	<p>None available</p>	

Work Permit Guidelines

***All reinsurers require financial underwriting for face amount.**

***Maximum face amounts include total line of all insurance in force.**

- Term and Advantage Plus
 - Skilled professions (doctors, nurses, lawyers, engineers) maximum face amount of \$1,000,000 with the following requirements:
 - Copy of a Valid Open Work Permit (unrestricted).
 - Medical doctor in Canada if the customer requires regular treatment for an ailment.
 - Clients who have been in Canada for less than 12 months must complete a paramedical, blood profile with hepatitis screen and urinalysis.
 - A written statement indicating intention to reside in Canada.
 - Subject to financial underwriting
 - Other professions not listed above/unskilled laborers maximum face amount of \$500,000 with the following requirements:
 - Copy of Valid Open Work Permit (unrestricted).
 - Medical doctor in Canada if the customer requires regular treatment for an ailment.
 - Clients 16 and older who have been in Canada for less than 12 months must complete a paramedical, blood profile with hepatitis screen and urinalysis.
 - A written statement indicating intention to reside in Canada.
 - Subject to financial underwriting.
- Non-Par Whole Life
 - Skilled professions (doctors, nurses, lawyers, engineers) considered for face amounts up to \$1,000,000 subject to work visa type, financial justification, statement indicating intent to apply for permanent residency.
 - Other professions/unskilled laborers that are not indicated above considered for face amounts up to \$500,000 subject to work visa type, financial justification, statement indicating intent to apply for permanent residency.

Student Visa Guidelines

***All reinsurers require financial underwriting for face amount subject to the field of study, the type of educational institution and any income.**

***Maximum face amounts include total line of all insurance in force.**

- Term and Advantage Plus
 - Juvenile/High School/Undergraduate: maximum face amount of \$250,000.
 - Postgraduate/professional (for example, medical, legal, engineering) program with work permit and statement with intent to apply for permanent residency: maximum face amount of \$500,000.
 - Undergrad and Graduate requirements:
 - Copy of Student Visa.
 - Medical doctor in Canada if the customer requires regular treatment for an ailment.

- Statement confirming intent to reside in Canada after graduation.
 - Letter from school, college or university confirming enrollment at that institution on a full-time basis.
- Non-Par Whole Life
 - Undergraduate/Postgraduate in professional program only with reputable university institution on a full-time basis (college educations are not eligible for this face amount band) with a copy of the student visa, and statement of intent to stay in Canada: maximum face amount of \$500,000-\$1,000,000 (maximum face amount determined by field of study, potential income, and ultimate degree, for example, doctorate vs masters).
 - Undergraduate in nonprofessional program with a reputable university institution on a full-time basis with a copy of the student visa, and statement of intent to stay in Canada: maximum face amount of \$250,000.

Convention Refugees:

Refugee claimants are people who enter Canada, whether by boat, airplane or on foot, and declare themselves to be refugees. They must make their claims to the Immigration and Refugee Board (IRB) in order to stay in Canada. They are able to apply for welfare or seek work but are **not** considered permanent residents.

Claimants must apply to become "Convention Refugees" in order to become a permanent resident of Canada. A Convention Refugee must be a resident of Canada for a minimum of 3 months prior to applying for Life insurance coverage.

A Permanent Resident can:

- become a Canadian citizen after living in Canada for three years
- live, work, own a business, purchase and sell properties anywhere in Canada
- visit most of the countries of the world without any visa requirement
- receive medical care and schooling, and other benefits such as children's allowance etc.

Foreign Travel Guidelines

Foreign travel guidelines are subject to change, based on constantly evolving world events. Due to frequent changes, we are unable to provide you with a list of restricted countries and/or regions.

Please contact your Case Manager for any information.

The following websites are useful:

- Foreign Affairs Canada: www.voyage.gc.ca/countries_pays/menu-eng.asp
- CND Government Travel Advisory: www.travel.gc.ca/travelling/advisories
- CDC Health Information for International Travel: www.cdc.gov/travel

Attending Physician Statement (APS) Guidelines

Foresters Financial reserves the right to request an Attending Physician's Statement (APS) at any time including:

- at any time for cause (ie. a possible ratable impairment or condition)
- when there has been a medical consultation, within a certain period of time, other than for a routine cause
- when there has been any recent medical visit to the emergency room or a hospital

You can expect that an APS will be required for the following:

- Abnormal cardiac test or other test
- Alcohol or drug treatment
- Aneurysm's
- Barrett's Esophagus
- Cancers and tumours (polyps)
- Cardiac failure
- Cardiomyopathies
- Coagulation disorders
- Congenital heart disease
- Coronary or other similar artery disease
- Dementia
- Diabetes
- Eating Disorders
- Hemorrhage from gastrointestinal tract
- Liver disorders
- Lymph node disorder
- Multiple Sclerosis
- Muscular dystrophy
- Pancreatic disorders
- Parkinson's Disease
- PSA (Prostate Specific Antigen) abnormalities
- Rheumatoid Arthritis
- Seizures
- Significant Arrhythmias
- Significant endocrine disorders
- Significant heart murmurs
- Significant hypertension
- Significant kidney disorders
- Significant psychiatric illness
- Significant respiratory disorders
- Sleep apnea
- Stroke & other similar disorders
- Suicide attempts
- Syncope
- Ulcerative colitis and similar disorders

Financial Underwriting Guidelines

Personal Life Insurance

Income replacement and estate protection are two important factors in determining the total amount of insurance (applied for and in-force) the applicant is eligible for.

Income Replacement

An income factor may be used to determine the total amount of insurance an applicant is eligible for:

AGE	MULTIPLIER OF EARNED INCOME
18 – 30	30
31 – 40	25
41 – 50	20
51 – 60	15
61 – 65	10
66 and up	5

* Earned Income includes: income from salary, commissions and bonuses.
It does NOT include: investment, pending, interest, retirement or rental income.

Estate Protection

This is generally meant to preserve the proposed insured’s net worth by covering any estate or inheritance taxes. This is determined on a case by case basis.

Factors used to determine the amount of coverage include:

- the value of the estate and the anticipated future value of the estate
- the province/territory of residence and the anticipated estate taxes taking into consideration the federal exemption and current federal and, if applicable, provincial law.

Non-income Earning Spouse

For non-income earning spouses the Earned Income Multiplier (in the table above) must be applied against the age of the non-income earner to a maximum of \$500,000, whichever is less.

Higher amounts may be considered, at the underwriter’s discretion.

Financial Underwriting Guidelines

Business Life Insurance

Life insurance provides financial security to help protect the applicant's company, business and their partners.

Some important factors to keep in mind for this type of insurance are:

Key Person Insurance

- 5x annual income to 10x annual income (Salary and Regular Bonus + Employer Benefits)

Buy / Sell Agreement

Partnership Agreement with Active shareholder:

- % of ownership x Fair Market Value increased by 20% + Annual income + Employer benefits

Partnership Agreement with Non-Active shareholder:

- % of ownership x Fair Market Value increased by 20%

Determination of Fair Market Value

- Assets – Liabilities + (7 x net profit), or
- Net profit divided by .07, or
- Publicized Market Value

Loan Protection

- For loan amounts of \$1,000,000 and above, a copy of the loan agreement from a Canadian Bank or Financial Institution is required.
- For loan amounts of \$2,000,000 and above, a copy of the Buy/Sell agreement is required.
- For total amounts of \$5,000,001 and up, an Inspection Report is required
- Provide financial statements for the past 2 years for amounts of \$2,000,000
- Business financial questionnaire for amounts of \$2,000,000

** The underwriter reserves the right to request additional financial information as necessary.

Advantage Plus product and fraternal business

Business insurance is available for the Advantage plus but only if the benefits flow back to the proposed insured family. When submitting application, all family relation must be disclosed and how the coverage will benefit the family, how will the money flow back to the insured's family?

**For further information on Fraternal business, please consult "The Frequently asked questions of Fraternal Benefit Societies" on BlueSky

Advisor Cover Letter

The cover letter provided by an advisor can add invaluable dimension to the applicant's request for coverage and should include the following explanations:

- What the applicant(s) is (are) trying to achieve;
- The relationship between the advisor and the applicant(s);
- Where the deposit/premiums are coming from; and
- Any other information that will affect the outcome of the application.

Please provide information and/or an explanation for the following in your financial needs analysis:

- Calculation of the current net worth
- What is/are the applicant(s) trying to achieve? (Does it make sense?)
- Where are the deposits/premiums coming from?
- What is the concept? (Estate planning, Insured Annuity, Investment purpose, etc.)

Juvenile Underwriting

Most children and students do not need a significant amount of insurance since they do not have estates, pay taxes or have income to replace. When submitting applications on children or students, the following information will be required:

- Provide the amount of insurance each sibling, if any, has.
- An explanation will be required if the amount of insurance varies between siblings
- Amount of insurance in-force on the parents or guardians. Generally, a parent or guardians must have double the amount of insurance in-force than applied for on the child

In addition, when submitting applications for students or recent graduates, provide the following information:

- Area of study and expected graduation date
- Anticipated future earnings
- Family net worth

Some of the cases may not fit into the parameters above but we are willing to work with you to understand the special circumstances surrounding each case. For complicated financial cases or when you cannot use the information above to justify the amount of insurance applied for, or in-force, a Financial Needs Analysis along with a cover letter describing the financial need for your client would be beneficial.

Underwriting Decisions

Modified Coverage

It may be necessary, in certain cases, to issue insurance coverage with an extra premium or exclude or deny coverage to an applicant due to medical health or other history. Final disposition regarding an application is the decision of the Underwriter. It is possible that two applicants with similar impairments and/or conditions could result in a significantly different final decision, based on multiple factors.

File Incomplete or Declined

Incomplete cases occur when the required age and amount requirements or other underwriting requirements deemed necessary in order to properly assess the risk are not received in a timely manner. However, once received, and in good order, the file may be considered for re-opening and a certificate/policy issued if the applicant is insurable.

Declined cases occur in high-risk situations where it is not possible to offer any insurance coverage to an applicant due to medical health or other history.

Reconsideration of Underwriting Action

Certain impairments that resulted in a substandard premium or a modified decision may be reconsidered when there has been a favourable change in the applicant's insurability. A reconsideration of the decision may be considered upon completion of an Application for Change and the review of any underwriting requirements deemed necessary in order to properly assess the risk. As well, in some instances, a reconsideration date may be offered at the time of the initial underwriting.

Diabetes Worksheet for Non-Medical Business

Some clients who have been diagnosed with Type 2 diabetes may be eligible for non-medical life insurance. Please complete steps 1 and 2 to determine their eligibility.

Step 1 - Rating for diabetes duration

Determine the customer's current age and the length of time they have had diabetes and note the number that corresponds to the cell.

Duration of Diabetes		
Age at application	<5 years	>5 years
Male		
<35	Fully underwritten	Fully underwritten
36 - 40	2	Fully underwritten
41 - 45	1	Fully underwritten
>45	Fully underwritten	Fully underwritten
Female		
<35	Fully underwritten	Fully underwritten
36 - 40	Fully underwritten	Fully underwritten
41 - 45	2	Fully underwritten
>45	Fully underwritten	Fully underwritten

Duration Rating

Type 2 - controlled with diet or oral medication

Diabetics under the age of 35 or those taking insulin MUST be fully underwritten

Control Comment:

If the client's glycated hemoglobin (HbA1c) is greater than 8%, or if they have any vision, nerve pain or kidney complications, they must be fully underwritten.

Step 2 - Rating for current build

Determine the customer's current height and weight and note the rating number at the top of the chart.

Current Height (ft)	Current Weight (lbs)		
	0	1	2
4ft 8in	76 - 160	161 - 167	168 - 172
4ft 9in	79 - 166	167 - 173	174 - 179
4ft 10in	82 - 172	173 - 179	180 - 185
4ft 11in	84 - 178	179 - 185	186 - 191
5ft	87 - 184	185 - 191	192 - 198
5ft 1in	90 - 190	191 - 198	199 - 205
5ft 2in	93 - 197	198 - 204	205 - 211
5ft 3in	96 - 203	204 - 211	212 - 218
5ft 4in	99 - 210	211 - 218	219 - 225
5ft 5in	102 - 216	217 - 225	226 - 232
5ft 6in	106 - 223	224 - 232	233 - 240
5ft 7in	109 - 230	231 - 239	240 - 247
5ft 8in	112 - 237	238 - 246	247 - 254
5ft 9in	115 - 244	245 - 253	254 - 262
5ft 10in	119 - 251	252 - 261	262 - 270
5ft 11in	122 - 258	259 - 268	269 - 277
6ft	125 - 265	266 - 276	277 - 285
6ft 1in	129 - 273	274 - 284	285 - 293
6ft 2in	133 - 280	281 - 292	293 - 301
6ft 3in	136 - 288	289 - 300	301 - 310
6ft 4in	140 - 296	297 - 308	309 - 318
6ft 5in	143 - 304	305 - 315	316 - 326
6ft 6in	147 - 311	312 - 324	325 - 335
6ft 7in	151 - 320	321 - 324	325 - 335
6ft 8in	155 - 328	329 - 340	341 - 352
6ft 9in	159 - 336	337 - 349	350 - 361

Any weight outside of those listed under column 2 must be fully underwritten

Build Rating

Step 3 - Total Rating for Diabetes and Build

Rating from Step 1

Rating from Step 2

Total Rating

If the total is 2 or less from steps 1 and 2, the diabetes rating qualifies for non-medical coverage subject to review of MIB, the application and any additional information we may ask for.

Medical Impairments Underwriting Catalogue

The following Medical Conditions Underwriting Catalogue is a guide that provides a basic overview of the most common medical impairments we see on a regular basis. We hope that by using this guide, it will help you to obtain the necessary information we require in order to properly assess your client, as well as provide an idea of what you may expect from the underwriting process.

Important information

Genetic information

On May 2017, the Canadian Government issued Bill S-201 which prohibits the use of any genetic test information in underwriting applications for insurance policies. Therefore, please be sure to NOT include any genetic testing information on your client's application, in a cover letter, or any other documentation.

** genetic test means a test that analyzes DNA, RNA or chromosomes for the purposes of detection, screening, monitoring, diagnosis or prognosis.

Medical Impairments

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
ANEMIA	Type, Duration, Treatment, Causes and associated impairments	Mild-moderate → likely Standard Severe → Substandard or Decline	Mild → likely Standard Moderate → Substandard Severe or cause unknown → Decline or Postpone
ALCOHOL ABUSE	Duration of abstinence, treatment, any drug history, motor vehicle history ▪ Alcohol use Questionnaire	Within 5yrs → Decline >5yrs without relapse → likely Substandard	If >5yrs since episode with no other concerns → possible Standard Otherwise → Substandard or Decline
ALZHEIMER'S	LIFE and CI → Decline		
ANEURYSM / TIA / STROKE / CEREBROVASCULAR DISEASE	Type, details of occurrence, treatments, age of client, associated impairments	Dependant on severity and/or comorbid risk factors → possible Substandard	Decline
ANKYLOSING SPONDYLITIS	Duration since diagnosis, treatments, functional or disabled, time off work, any mental health conditions or organ involvement	Inactive-mild → Standard Moderate-severe → Substandard or Decline	Mild, no residual symptoms → Standard Symptoms and/or residuals → Substandard
ANXIETY (stress, burnout, panic attack)	Duration since diagnosed, number of occurrences, treatment, hospitalisation, any time off work, any other related mental health conditions ▪ Mental Health Questionnaire	Mild-moderate → likely Standard Moderate-severe → Substandard Severe, comorbid risks → Decline	Mild and functional → Standard On continuous therapy, comorbid concerns, time off work → Substandard or Decline
ARTHRITIS (Osteoarthritis, Rheumatoid Arthritis)	Type, severity, type of treatment, ability to ambulate and performing daily activities ▪ Arthritis Questionnaire	Mild-moderate → likely Standard Severe → Substandard or decline	Mild-moderate, controlled on minimal treatment → possible Substandard Severe, not well controlled → Decline
ASTHMA	Severity, type of treatment, smoker history ▪ Respiratory Questionnaire	Mild-moderate → likely Standard Moderate-severe → Substandard Severe with hospitalisation → Decline	Mild, nonsmoker → Standard Moderate → Substandard or Postpone Severe, hospitalization in ICU → Decline

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
ADD / ADHD (Attention Deficit Disorder)/ (Attention Deficit Hyperactivity Disorder)	Age at diagnosis, treatments, investigations with a specialist, time off work, stability of occupation, mental health conditions, lifestyle risks and avocations <ul style="list-style-type: none"> ADD & ADHD Questionnaire 	Mild-moderate → likely standard Severe and/or with mental health concerns: <ul style="list-style-type: none"> if <16yo → Postpone if >16yo → Substandard 	If client <18yo: <ul style="list-style-type: none"> mild, no developmental concerns → Standard Mod-severe, not in school with peers → Postpone until 18yo If client >18yo → likely Standard
BLOOD/ COAGULATION DISORDERS (hemophilia, Factor V Leiden, Von Willebrand, antiphospholid syndrome)	Type, treatments, number of episodes, complications	<20yrs old → Postpone >20yrs old: <ul style="list-style-type: none"> if mild-moderate → Substandard if Severe → Decline 	Mild – Standard or Substandard Moderate → Substandard Severe → Decline
BREAST DISORDERS (fibrocystic, benign lumps/nodules, abscess)	Types, treatments, investigations, family history	If fully investigated, definitive diagnosis, no pending tests or treatments and confirmed benign, with no recurrence → likely Standard	If biopsied/removed, no abnormality found on pathology: <ul style="list-style-type: none"> Follow-up normal, stable → Standard Follow-up not normal or stable → Postpone Recommended follow-ups not completed → Exclusion for breast and ovarian cancers If NOT biopsied/removed: <ul style="list-style-type: none"> Definitive diagnosis, with test results benign findings, no further follow ups recommended → Standard Further testing, investigation or follow-up recommended → Postpone If found to be increasing in size → Decline
CANNABIS (Marijuana, THC, CBD, Haschish)	Frequency and quantity of use, any respiratory conditions	LIFE and CI	
		≤19yrs old → Decline >20yrs old: <ul style="list-style-type: none"> if occasional, moderate use → Standard to Substandard if daily use, not prescribed → Substandard to Decline If medically prescribed → assessment will depend on the condition(s) for which it was prescribed 	

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
CANCER (all types/ sites)	Date diagnosed, type, site(organ), treatments, family history, pathology	Within 10yrs since treatment → possible Substandard, suggest submit TRIAL app* >10yrs since treatment with no recurrence → Standard to Substandard	Decline EXCEPTIONS are some low grade cancers with several years of no recurrence, such as; prostate, Thyroid, Testicular → possible Substandard and/or Exclusion *suggest submit TRIAL app
CEREBRAL PALSY	Type, severity, treatment and age of client, cognitive deficits	<16yrs old → Decline >16yrs old: if mild-moderate → Substandard If severe → Decline	Minimal physical impairment, minimal impact on daily functioning, no mental impairment → possible Standard and exclusion for Paralysis & LOIE Otherwise → Decline
CIRRHOSIS	▪ See LIVER		
CONCUSSION	Cause of injury, duration since diagnosis, any other injuries, investigations, treatment, residual concerns	Mild → Standard Concussion syndrome: <6mths → postpone >6mths, mild-mod → possible Standard Severe and/or with neurological residual → Decline ▪ If history of seizure → see SEIZURES	Mild, no symptoms → Standard Mod-severe, ongoing residual symptoms → Substandard or Decline ▪ If history of seizure → see SEIZURES
CONGESTIVE HEART FAILURE (CHF)	LIFE and CI → Decline		
COPD (chronic obstructive pulmonary disease)/ CHRONIC BRONCHITIS/ EMPHYSEMA	Severity, treatment, smoker history	Mild-moderate → likely Substandard Severe → likely Decline	Early-intermediate stage → Substandard Severe → Decline
CROHN'S DISEASE	Type, severity, treatments, surgery, frequency of flares since diagnosis, regular follow-ups ▪ Digestive Disorders Questionnaire	Mild → possible Standard Moderate → Substandard Severe → Decline	Mild/moderate: ▪ Within 1 st year of diagnosis → Postpone ▪ Within 2 nd & 3 rd year → likely Substandard Severe → Decline
CYSTIC FIBROSIS	LIFE and CI → Decline		

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
DEPRESSION (minor / major)	Duration since diagnosis, severity, hospitalisation, compliance with treatment, any time off work, stability, any other mental health conditions <ul style="list-style-type: none"> Mental Health Questionnaire 	Mild-moderate → Standard to Substandard Severe or with history of suicide attempt → likely Decline	Mild, rare symptoms → possible Standard Moderate-severe: <ul style="list-style-type: none"> within 1yr of diagnosis or episode → Postpone >1yr, no symptoms → Standard or Substandard With suicide attempt <ul style="list-style-type: none"> 1 attempt, >2yrs → Substandard >1 attempt and/or with family history of suicide → likely Decline
DIABETES (Type 1, Type 2, Gestational)	Age diagnosis, treatment, stability, build, smoker history, regular check-ups with physician, any complications or associated conditions <ul style="list-style-type: none"> Diabetes Questionnaire 	Type 1: If well controlled → Substandard Type 2: if well controlled → Standard or Substandard	Type 1: Decline Type 2: <40yo → Decline >40yo → Substandard or Decline
DRUG USE (other than cannabis)	Type of drug, frequency and quantity of use, any polydrug use, any criminal history <ul style="list-style-type: none"> Drug usage Questionnaire 	<3yrs abstinence without relapse → Decline >3yrs abstinence without relapse → Substandard >6yrs abstinence without relapse → Standard	Within 5yrs → decline 5-7yrs since last use, no other criticisms → Substandard
FIBROMYALGIA	Definitive diagnosis, working full time, no time off, severity, treatment, any mental health conditions	Mild-moderate → likely Standard Severe → Substandard	Mild- moderate, well followed → standard or substandard with possible exclusion for LOIE Severe and/or not well followed, comorbid factors → Decline
GASTRIC / BARIATRIC BYPASS SURGERY	Type of surgery, duration since completed, any complications, total of weight lost, current build	<6mths since surgery → Postpone >6mths since surgery, no complications → likely Standard to Substandard	Within 1 yr → Postpone 1-5yrs since surgery, well followed, no complications → possible Substandard >5yrs since surgery, no complications → standard or substandard
HEART DISEASE AND / OR ANY CARDIO- VASCULAR CONDITIONS (involving or related to the heart)	Age of client, severity of occurrence, duration since diagnosed, treatments	Dependant on severity, treatments and combordid risk factors → possible Substandard to Decline	Decline

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
HEART MURMUR	Innocent/functional, no symptoms, no treatments	Likely Standard	If functional, investigated, no cardiovascular disease found → Standard Otherwise → Substandard or Decline
HEPATITIS	Type, duration since diagnosed, carrier, treatments, stability, any associated liver conditions	Hepatitis A → Standard Hepatitis B: ▪ If no symptoms → Standard to Substandard ▪ If symptoms → Decline Hepatitis C → Substandard or Decline	Hepatitis A: ▪ if present → Decline ▪ if recovered → Standard Hepatitis B: ▪ if active or diagnosis within 6mths → decline ▪ Otherwise → substandard or decline Hepatitis C → Exclusion or Decline
HODGKIN'S/ NON-HODGKIN'S LYMPHOMA	Type, stage, treatment, duration since completion of treatment, complications, recurrence	Hodgkin's → Substandard to Decline Non-Hodgkin's → Substandard to Decline	Benign tumours only → Substandard Any malignancy → Decline
HYPERTENSION	Duration since diagnosis, treatment, smoker history, any cardiac history	LIFE and CI well controlled → Standard	
INTERSTITIAL CYSTITIS	Severity, treatment, last occurrence	If uncomplicated → Standard If chronic, disabling, pending further investigations → Decline or Postpone	If uncomplicated → Standard If chronic, disabling, pending further investigations → Decline
KIDNEY STONES	Number of occurrences, treatments, complications	Likely Standard	If currently present → Substandard If resolved, in the past → possible Standard
KIDNEY DISEASE OR URINARY DISORDERS	Type, severity, treatments, functioning capacity, complications ▪ Kidney and Urinary Disorders Questionnaire	Standard to Substandard	Mild/moderate → standard to substandard Severe → decline
LEUKEMIA	Type, age at diagnosis, treatments, duration since last treatment, recurrence, compliant with follow-ups, complications	<15yrs old at diagnosis → Decline >15yrs old at diagnosis → Substandard or Postpone	Likely Decline

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
LIVER	Type of condition, severity, treatment, investigated by a specialist	Hemangiomas or simple cysts → likely Standard Cirrhosis → Substandard to decline	Fully investigated, benign findings → possible Standard Otherwise → Postpone or Decline Cirrhosis → Decline
LUPUS	Type, duration since diagnosis, treatments, complications, organ involvement	Discoid → Standard to substandard Systemic → Substandard to decline	Discoid → Standard to Substandard Systemic <ul style="list-style-type: none"> ▪ If diagnosed within 3 yrs → Decline ▪ if diagnosed >3yrs → substandard to decline
MOOD DISORDERS (Bipolar, psychosis, manic depression)	Age of client, duration since diagnosis, severity, hospitalisation, compliance with treatment, independent living, stability, any other mental health conditions <ul style="list-style-type: none"> ▪ Mental Health Questionnaire 	<25yrs old → Decline >25yrs old: <ul style="list-style-type: none"> ▪ if mild-moderate → Substandard ▪ if severe or with history of suicide attempt in last 5yrs → Decline 	Symptoms present, recurrent episodes within 1yr → Postpone No longer any symptoms, well followed → Standard or Substandard With suicide attempt: <ul style="list-style-type: none"> ▪ 1 attempt, >2yrs → Substandard ▪ >1 attempt and/or with family history of suicide → likely Decline
MOTOR NEURON DISEASE (Lou Gehrig's disease, ALS)	LIFE and CI → Decline		
MULTIPLE SCLEROSIS (MS)	Current investigations, definitive diagnosis, investigations, functional or disabled, treatment, organ involvement, mental health condition	One attack: Mild <ul style="list-style-type: none"> ▪ <5yrs since last attack → Substandard or Standard Otherwise Mod-severe → Substandard or Decline Severe with organ involvement or complications → Decline	Decline
MUSCULAR DYSTROPHIES	Age at diagnosis, treatments, progression of symptoms, functional or disabled	Substandard to Decline	Decline

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
PANCREATITIS	Alcohol related or not, acute or chronic, any associated conditions, complications	Acute, recovered: <ul style="list-style-type: none"> <1yr → Postpone 1-3yrs → Substandard >3yrs → Standard With complications → possible Decline Alcohol related → Substandard to Decline	Acute and present → Postpone Otherwise → individual consideration, substandard to decline
PARALYSIS	Cause, type, treatments, functional vs disabled	Monoplegia or Bells' Palsy → Standard Hemiplegia(arms) → Substandard after one year Incomplete paraplegia(legs) → Substandard after one year Complete quadriplegia → Decline	Bell's Palsy → likely Standard All other types of paralysis (hemiplegia, paraplegia, quadriplegia, periodic paralysis) → Decline
PARKINSON'S DISEASE	Age at diagnosis, treatment, severity of symptoms, mental health conditions	<35yo → Decline >35yo → substandard If not well controlled → Decline	Decline
POLYCYSTIC KIDNEY DISEASE (PKD, PCKD)	Age at diagnosis, treatment, severity, fully investigated, family history, level of renal function, any comorbid factors	<20yo → Decline >20yo → Substandard to Decline	Definitive diagnosis → Decline
PROSTATE DISORDER/ BENIGN HYPERTROPHIC PROSTATE (BPH)	Symptoms, fully investigated, age at diagnosis, treatments recommended, symptomatic, family history	LIFE and CI	
		Fully investigated & PSA within normal → likely Standard Not fully investigated, no definitive results → Postpone	
RAYNAUD'S SYNDROME/ RAYNAUD'S PHENOMENON	<u>Raynaud's Syndrome</u> : is peripheral vascular disorder characterised by reaction of extremities to cold or stress. <u>Raynaud's Phenomenon</u> : usually secondary to another disease or disorder	RS : mild-mod no add'l factors → likely Standard RP : will depend on primary disease or disorder	RS → likely Standard RP → if no other associated disease/disorder → possible Standard <ul style="list-style-type: none"> Otherwise will be assessed based on other disease/disorder

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
SARCOIDOSIS	Definitive diagnosis, compliant with follow-up, type, degree of involvement and severity, treatments	<p>Central Nervous System → Decline</p> <p>Cutaneous(skin) → likely Standard</p> <p>Hepatic(liver):</p> <ul style="list-style-type: none"> ▪ <1yr → Decline ▪ >1yr → Substandard <p>Ocular(eyes): Mild-mod → likely Standard</p> <p>Pulmonary:</p> <ul style="list-style-type: none"> ▪ Mild → >3yrs stability, possible Standard ▪ Moderate-severe → Substandard to Decline 	<p>If symptomatic → Postpone</p> <p>Pulmonary:</p> <ul style="list-style-type: none"> ▪ >1yr no symptoms, normal lung function - possible Standard ▪ Otherwise → Substandard or Decline <p>Ocular(eyes): Mild-mod → Standard</p> <p>Other organs involved: → Decline</p>
SCLERODERMA / CREST / PROGRESSIVE SYSTEMIC SCLEROSIS	Type, duration since diagnosis, severity, treatment, functional or disabled, mental health conditions	<p>Morphea:</p> <ul style="list-style-type: none"> ▪ <1yr → Postpone ▪ >1yr → Substandard to Standard <p>Systemic/ CREST/ diffuse involvement → likely Decline</p>	<p>Morphea:</p> <p>no systemic manifestations, mild → Substandard</p> <p>CREST and all other involvement or other → likely Decline</p>
SEIZURES (epilepsy or trauma)	Type of seizure, age at first seizure, cause, duration since last seizure, any investigations with a specialist, treatments, stability <ul style="list-style-type: none"> ▪ Epilepsy/Seizure Questionnaire 	<p><6months since last seizure → Postpone</p> <p>Mild-moderate → Standard to Substandard</p> <p>Severe:</p> <ul style="list-style-type: none"> ▪ <2yrs since last seizure → Decline ▪ >2yrs since last seizure → Substandard <p>Status Epilepticus: <3yrs → Postpone</p>	<p>Cause known, well followed:</p> <ul style="list-style-type: none"> ▪ Mild or in history → possible Standard ▪ Moderate → Substandard ▪ Otherwise → Postpone for control <p>Status epilepticus:</p> <ul style="list-style-type: none"> ▪ <1yr → Postpone ▪ >1yr → Substandard ▪ Recurrent or not well controled → Decline
SLEEP APNEA	Type, duration since diagnosis, treatment recommended and compliance, smoker history, any comorbid risk factors	<p>Central Sleep Apnea → Decline</p> <p>Obstructive Sleep Apnea (OSA):</p> <ul style="list-style-type: none"> ▪ stable compliant with treatment → likely Standard ▪ untreated or moderate to severe → Substandard 	<p>Central Sleep Apnea → Decline</p> <p>Obstructive Sleep Apnea(OSA):</p> <ul style="list-style-type: none"> ▪ mild compliant with treatment → Standard or Substandard ▪ moderate to severe or not compliant with treatment: <ul style="list-style-type: none"> ▪ <50yo → Decline ▪ >50yo → Substandard <p>With complications and/or comorbid risk factors → Decline</p>

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
SKIN DISORDERS (dysplastic nevus syndrome, basal cell carcinoma, squamous cell carcinoma, malignant melanomas)	Type, number of occurrences, treatment, regular follow-up, family history	<p>Dysplastic Nevus Syndrome:</p> <p>If well followed, removed & no family history of melanoma → likely Standard</p> <p>Basal Cell Carcinoma or Squamous Cell Carcinoma:</p> <p>If low grade/stage → possible Standard, otherwise Substandard to Postpone</p> <p>Melanomas:</p> <p>Low grade</p> <ul style="list-style-type: none"> ▪ <3mths → Postpone ▪ >3mths → Standard <p>Otherwise → will depend on staging, treatment and duration with no evidence of recurrence</p>	<p>Dysplastic Nevus Syndrome:</p> <ul style="list-style-type: none"> ▪ if well followed, removed and no family history of this or melanoma → possible Standard or exclusion for cancer <p>Basal Cell Carcinoma or Squamous Cell Carcinoma:</p> <ul style="list-style-type: none"> ▪ if removed → Standard with exclusion for cancer <p>Melanomas:</p> <ul style="list-style-type: none"> ▪ removed, no recurrence → possible Standard with exclusion for cancer ▪ With recurrence → Decline
SUICIDE ATTEMPT	Age at the time, number of attempts, hospitalisation, mental health conditions, treatments and compliance, employment stability, alcohol and drug history	<p><25yo or >69yo → Decline</p> <p>Otherwise:</p> <ul style="list-style-type: none"> ▪ <2yrs → Postpone ▪ 2-7yrs → Substandard ▪ >7yrs → possible Standard <p>If more than 1 attempt → likely Decline</p>	<p>>25yo or >69yo → Decline</p> <p>Otherwise:</p> <ul style="list-style-type: none"> ▪ 1 attempt, >2yrs → Substandard ▪ >1 attempt and/or with family history of suicide → likely Decline
THYROID DISORDERS (hypothyroidism, Hashimotos Thyroiditis, hyperthyroidism, goiter, graves, nodules)	Type, duration since diagnosed, treatment, surgery, any associated conditions, complications	<p>No symptoms, no other conditions → likely Standard</p> <p>Symptoms, cardiac or other conditions → Substandard to Decline</p> <p>Thyroid Nodule: fully investigated, benign → likely Standard</p> <p>Goitre: nontoxic, benign, treated → likely Standard</p>	<p>Mild-moderate, well treated → Standard</p> <p>Severe, or not well treated, or with other associated symptoms or impairments → Postpone or Substandard</p> <p>Simple cysts, nodules, must be well investigated, stable & benign → possible Standard and/or exclusion for Thyroid Cancer</p> <p>Otherwise → Decline</p>
TUBERCULOSIS	Duration since diagnosed, treatment, pulmonary and/or other involvement, severity, investigated and well followed	<p>Pulmonary:</p> <ul style="list-style-type: none"> ▪ <3mths → Postpone ▪ >3mths → likely Standard <p>Other organs involved:</p> <ul style="list-style-type: none"> ▪ <6mths → Postpone ▪ >6mths → likely Standard 	<p>Pulmonary:</p> <ul style="list-style-type: none"> ▪ if present and/or a recurrence → Postpone ▪ No longer present no residuals → Standard <p>Other organs involved:</p> <ul style="list-style-type: none"> ▪ Present and/or under treatment → Postpone ▪ No longer present, no residuals → likely Standard

Conditions	Key Factors	Possible Assessment	
		Life	Critical Illness
ULCERATIVE COLITIS / PROCTITIS / PANCOLITIS	Type, severity, treatments, surgery, frequency of flares since diagnosis <ul style="list-style-type: none"> Digestive Disorders Questionnaire 	Mild-moderate → likely Standard to Substandard Moderate-Severe → Substandard Severe or newly diagnosed → Decline or Postpone	Mild >1yr and stable → Substandard Moderate to severe, >2yrs and stable → Substandard or Decline If not well followed or with comorbid risk factors → Decline
WEIGHT / BUILD	Measured vs declared	See Build Table on page 9	Please email underwritinginquiries@foresters.com for a quote

* Please consult with underwriting prior to submitting a **TRIAL APP**.

A **TRIAL APP** is when you submit an application (important: indicate on the application that it is a "TRIAL APP") and we will first obtain an Attending Physician Statement before ordering any medical evidence. We will then be in touch once the APS is reviewed and let you know a tentative assessment based on what we obtained.

** if the condition is not listed here, or you require further direction, please email us at underwritinginquiries@foresters.com, be sure to remove any information that would identify the client, and provide us with as much detail as possible.

*** please note the "possible assessment" is a tentative one meant to be used as a tool while completing your client's application and is subject to underwriting, as well as any additional information which may be required at the time of underwriting.

Non-Medical Risks

Non-medical risks, or avocations, are recreational activities which may pose a higher than normal risk in terms of life and critical illness insurance coverage, and as such may affect the underwriting assessment.

Sport/ Activity	Key Factors	Possible Assessment	
		Life	Critical Illness
AVIATION	Commercial, private or student, type of flying, any medical impairments <ul style="list-style-type: none"> Aviation Questionnaire 	Depending on type of aircraft, activity and hours flown. Rating and/or Exclusion may apply <ul style="list-style-type: none"> Possible standard to \$7.50 per thousand 	Major commercial aviation pilot or crew → Standard <ul style="list-style-type: none"> Private, not flying over mountains or remote areas → Standard Otherwise → Substandard and/or exclusion Other types (ex. Bush, charter, crop dusting, forestry, instructor, etc.) → Substandard and/or Exclusion, or Decline
CLIMBING/ MOUNTAINNEERING (Mountain, Rock, Ice)	Type, degree of difficulty (NCCS or YDS), level of experience, locations, frequency of participation <ul style="list-style-type: none"> Climbing and Mountaineering Questionnaire 	Low risk, low degree of difficulty → likely Standard <ul style="list-style-type: none"> Ice/Glacier/ climbing at >4000 meters (13,000 ft) → Substandard 	Rock wall, Trail or trekking, <15,000 ft altitude → Standard <ul style="list-style-type: none"> Technical, Top Rope, <13,000 ft altitude: <ul style="list-style-type: none"> YDS <3 → Standard YDS >3 → Substandard and/or Exclusion Ice/Snow Climbing → Substandard and/or Exclusion >13,000 ft altitude → Substandard and/or Exclusion Free solo climbing or building → Decline
DRIVING/ DUI	Dates, types and number of infractions, license suspensions, interlock device, contributing medical or lifestyle history <ul style="list-style-type: none"> Driving questionnaire and MVR 	LIFE and CI	
		<ul style="list-style-type: none"> Few, minor infractions → likely Standard Some infractions, license suspension, one DUI → Substandard or postpone Several infractions in short time period, more than one DUI → Decline 	

Sport/ Activity	Key Factors	Possible Assessment	
		Life	Life
FOREIGN TRAVEL	Locations, duration and frequency of travel, history of travel <ul style="list-style-type: none"> Foreign Travel Questionnaire 	LIFE and CI	
		Low risk countries, travel <12wks/yr → Standard Any country for which the Canadian Government has issued a travel advisory → likely Postpone or Decline Travel >12wks/yr. → possible Substandard, Postpone or Exclusion	
MOTOR VEHICLE (SPORTS) RACING	Type of vehicle, type of event, frequency and level of participation, age, history of driving infractions or MVAs <ul style="list-style-type: none"> Motor Sports Questionnaire 	Few events, amateur, low risk → likely Standard Professional, Touring, Pro Stock, Drag, Sports Car, Open Wheel, Midget, Karting → Substandard	Dependent on vehicle, type of racing, type of fuel, average speeds → Standard or Substandard and/or Exclusion Record Events (all types) → Decline
SCUBA / SKIN DIVING	Type, frequency and level of participation, maximum depths, locations, medical history <ul style="list-style-type: none"> Scuba Questionnaire 	Recreational/amateur: <ul style="list-style-type: none"> <100ft → Standard >100ft → Substandard and/or Exclusion Cave, Wreck, Ice, Saturation, Oil Rig, Deep Sea → Substandard and/or Exclusion Free Diving → Decline	Recreational/amateur: <ul style="list-style-type: none"> <120ft → Standard >120ft → Substandard and/or Exclusion Comorbid risk factors → Decline Specialty/ Technical diving → likely Substandard and/or Exclusion Wreck Diving/penetrating → Decline or Exclusion
SKYDIVING / PARACHUTING	Type, frequency and amount of participation, experience level, medical history <ul style="list-style-type: none"> Hazardous Sports Questionnaire 	One off/ bucket list → possible Standard Otherwise → Substandard and/or Exclusion	Static line, automatic chute opening, tandem only or one-off jump for charity → Substandard or exclusion Free fall: >50 jumps per yr → exclusion Para-Sailing/ Para-kiting → Substandard
WINTER SPORTS (Skiing, Heli, or CAT, snowboarding, snowmobiling)	Type, frequency and amount of participation, experience level, locations, groomed or backcountry <ul style="list-style-type: none"> Hazardous Sports Questionnaire 	Amateur/pleasure only, low risk → Standard HELI/CAT or Backcountry skiing: <ul style="list-style-type: none"> Infrequent & organized by professional guide → Possible Standard Otherwise → possible Substandard to Decline 	Amateur/pleasure only, low risk → Standard HELI/CAT or Backcountry skiing or snowmobile → Substandard or exclusion

Family History

Family history is the medical history of the parents and siblings, which can be an important part of the assessment process. The key factors that can affect the decision are; types of diseases, the age the family member was diagnosed, and the number of family members diagnosed with the same or similar conditions.

Family History	Possible Assessment	
	Life	Critical Illness
ALZHEIMER'S	If client between 18yo-65yo: >1 family members or other members on same side of the family (ex. uncles, aunts, cousins) diagnosed prior to age 60yo → Substandard to Decline	1 or more family members diagnosed prior to age 65yo: → Exclude Dementia (including Alzheimer's Disease) and LOIE 2 or more family members diagnosed between 60-70yo: → Exclude Dementia (including Alzheimer's Disease) and LOIE
ANEURYSM (INTRACRANIAL)	2 or more first degree relatives, diagnosed prior to 55yo → IC (Individual Consideration)	One 1 st degree family member diagnosed prior to age 60 → Standard or Substandard 2 family members with either aneurysm and/or cerebrovascular disease → Substandard 3 or more family members with either aneurysm and/or cerebrovascular disease → Decline
CANCER	Depending on type, if 2 or more family members diagnosed prior to age 50 → possible Substandard	Depending on type, if 2 or more family members diagnosed prior to age 60 → possible Substandard and/or exclusion OR 1 or more family member diagnosed <50yo → possible Substandard and/or Exclusion
CARDIOVASCULAR AND CEREBROVASCULAR DISEASES	2 or more family members diagnosed prior to age 60 → possible Substandard	1 to 2 family members diagnosed prior to age 60 → possible Substandard 3 or more family members diagnosed prior to age 60 → Decline
DIABETES	2 or more family members diagnosed between 20 to 60yo → possible Substandard	TYPE 1: 1 family member, client is ≤19yo → exclude type 1 diabetes 2 or more family members, client is ≥20yo → Substandard TYPE 2: 2 or more family members diagnosed prior to age 65 → Substandard
DYSPLASTICE NEVUS SYNDROME	Likely Standard	With 1 st degree relatives diagnosed with Dysplastic Nevus Syndrome and/or melanoma → exclude cancer or decline

Family History	Possible Assessment	
	Life	Critical Illness
FAMILIAL ADENOMATOUS POLYPOSIS (FAP)	If client is <30yo and/or with regular surveillance and no personal history of polyps → Substandard	Diagnosis in a parent, sibling or grandparent → Standard to Substandard
HEREDITARY NONPOLYPOSIS COLORECTAL CANCER	Client is under regular surveillance and colonoscopy screening → likely Standard	Diagnosis in a parent, sibling or grandparent → Decline
HUNTINGTON'S DISEASE (CHOREA)	Any family member diagnosed, client has been investigated & shows no symptoms: <ul style="list-style-type: none"> ▪ If client <40yo → Decline ▪ If client between 41-50yo → Substandard ▪ If client >50yo → Standard 	Any family member diagnosed, client has been investigated & shows NO symptoms: <ul style="list-style-type: none"> ▪ If client <50yo → Postpone ▪ If client between 51-60yo → Substandard ▪ If client >60yo → Standard If client HAS symptoms → Decline
MOTOR NEURON DISEASES (Lou Gehrig's disease, ALS)	2 or more family members diagnosed or with symptoms at any age and client has been investigated & shows no symptoms: <ul style="list-style-type: none"> ▪ If client <50yo → possible Decline to Substandard ▪ If client between 51-60yo → Substandard ▪ If client >60yo → Standard 	1 family member → Substandard or Decline and/or Exclusion More than 1 family member → Decline
MULTIPLE ENDOCRINE NEOPLASIA: MEN 1 (Wermer's Syndrome) MEN 2/2B (Sipple's Syndrome)	Any family member: <ul style="list-style-type: none"> ▪ If client is <50yo → Decline ▪ If client is >50yo, has been investigated/screened and no personal history of symptoms or disease → possible Standard 	Diagnosis in a parent, sibling or grandparent → Decline
MULTIPLE SCLEROSIS (MS)	Any family member with no personal history of symptoms or diagnosis → likely Standard EXCEPTION: with identical twin → Substandard	One family member: <ul style="list-style-type: none"> ▪ If client <45yo → Substandard ▪ If client >45yo → possible Standard Two or more family members: <ul style="list-style-type: none"> ▪ If client <45yo → Decline or possible Exclusion of MS and related conditions (including LOIE) ▪ If client >45yo → Substandard to Exclusion of MS and related conditions (including LOIE)
NEUROFIBROMATOSIS TYPE 1, TYPE 2 (Von Recklinghausen's Disease)	Diagnosis in any family member: <ul style="list-style-type: none"> ▪ If client is <40yo → Decline ▪ If client is >40yo and has been screened with negative results → likely Standard 	Diagnosis in a parent, sibling or grandparent → Decline

Family History	Possible Assessment	
	Life	Critical Illness
PARKINSONS'S DISEASE	2 or more family members diagnosed prior to age 50 → Substandard	1 or more family members diagnosed prior to age 60 → Decline or Exclusion
POLYCYSTIC KIDNEY DISEASE (PKD, PCKD)	<p>Any family member and client HAS been screened WITH negative results:</p> <ul style="list-style-type: none"> ▪ If client <30yo → Substandard ▪ If client 30-49yo → Standard <p>If client has NOT been investigated OR screened:</p> <ul style="list-style-type: none"> ▪ If client <30yo → Postpone ▪ If client 30-49yo → Substandard ▪ If client >50yo → Standard <p>If client HAS been investigated and the results that are <u>not within normal limits</u> → Postpone</p>	<p>Any family diagnosed and client has been screened with negative results:</p> <ul style="list-style-type: none"> ▪ If client is <35yo → Decline ▪ If client is >35yo → Substandard
RETINITIS PIGMENTOSA	Likely Standard	One of more 1 st degree relatives → Exclusion for blindness

Notes