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About this Handbook

The Underwriting Handbook for Advisors is designed to provide you with a basic overview of the more common medical conditions and diseases encountered in underwriting.

It's an important tool that can help you when you're writing a life insurance application, particularly when you're reviewing your client's medical history.

It provides a brief description of the condition or disease, lists the risk factors which will influence the final assessment and provides possible underwriting ratings.

The Handbook provides you with the background you need to gather the details an underwriter will need to assess a specific condition. By providing this information up front, you'll fast track your application by giving your underwriter a head start in developing a tentative assessment and you'll help Manulife provide you with the best possible offer, as quickly as possible.

It's important to understand that it provides a preliminary rating estimate only, since it's difficult to assess the risk without the complete picture. Final offers from underwriting may differ, depending on all the facts.

The information will also help you prepare your client for a possible medical rating, which should result in better outcomes when you deliver the policy to your client.

How this Handbook is organized

The Handbook is organized into two major sections: medical conditions (impairments) and avocations (non-medical risks).

The information is organized as follows:

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Provides the name of the impairment, including a short description. Conditions are listed alphabetically with subtypes alphabetically listed within the category.	This is the criteria the underwriter uses to classify the risk.	Lists the medical requirements the underwriter is likely to request in addition to the regular "age" and "amount" medical requirements. Lists the specific details to include so the underwriter can award the maximum possible credits available and make the most competitive decision from the outset. Helps focus the APS requests to ensure the correct information is requested from the doctor up front, streamlining the underwriting process by significantly reducing the need for subsequent reports.	Shows the classification or rating for the impairment, based on the factors and requirements presented. For most conditions, provides a sample decision for a "best case" scenario, "typical case" and "worst case" rating.

Acronyms and short forms used in this Handbook

Acrony	ms and short forms		
APS	Attending Physician's Statement	FEV	Forced Expiry Volume
ASD	Atrial Septal Defect (congenital heart disorder)	GI	Gastrointestinal
ATP	Airline Transportation Pilot certificate	IFR	Instrument Flight Rating
CAD	Coronary Artery Disease	Lipids	Fats in the blood (e.g. cholesterol)
COPD	Chronic Obstructive Pulmonary Disease	MVR	Motor Vehicle Report
CPAP	Continuous Positive Airway Pressure	PAF	Paroxysmal Atrial Fibrillation
СТ	Computed Tomography Scan	PSA	Prostate Specific Antigen
DUI	Driving Under the Influence	PVD	Peripheral Vascular Disease
EKG	Electrocardiogram	TIA	Transient Ischemic Attack
ER	Emergency Room	VSD	Ventral Septal Defect (congenital heart disorder)

Family history is important for health

Family history (parents and siblings) is an important risk factor in the assessment for insurance products. Some factors for determining risk will depend on the disease diagnosed and the age of onset, however, advancements in this field develop rapidly and our approach is constantly evolving.

The World Health Organization describes a risk factor as: Any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury. Some examples of the more important risk factors are underweight, unsafe sex, high blood pressure, tobacco and alcohol consumption, and unsafe water, sanitation and hygiene.

Risk factors for disease can be reduced by eating a healthy diet, getting enough exercise, and not smoking. Family members often share their environment, lifestyles, and habits, contributing to family history being a risk factor for developing a wide range of diseases, including: heart disease, stroke, diabetes, and cancer. Awareness of family history can help reduce risk factors for developing health problems through motivation to make better choices.

Key features of family history that may indicate an increased risk are:

- Diseases that occur at an earlier age than expected (10 to 20 years before most people get the disease)
- The same disease in more than one close relative
- Certain combinations of diseases within a family (for example, heart disease and diabetes)

People with a family history of disease may have the most to gain from lifestyle changes and screening tests, prompting a change in unhealthy behaviors like smoking, inactivity, and poor diet. In many cases, adopting a healthier lifestyle can reduce the risk for diseases. Screening tests (such as mammograms and colorectal cancer screening) can detect diseases like cancer at an early stage, when they are most treatable. Screening tests can also detect disease risk factors like high cholesterol and high blood pressure, which can be treated to reduce the chances of getting a disease.

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Please note: The Genetic Non Discrimination Act became law on May 4, 2017 and prohibits the use of any genetic test information in underwriting applications for insurance policies. The penalty for breaking the law is a fine of up to \$1million and/or imprisonment for up to 5 years.

Medical impairments

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Alcohol Misuse and Alcoholism Alcohol consumption considered as alcohol abuse, dependence, at risk and heavy use.	 Current age Amount of alcohol declared and pattern of use Any diagnosis of abuse or dependence How long abstinent or consuming in moderation Any relapses Member of a self-help group Treatment with medication Any co-morbid conditions Any medical complications Pattern of use: daily, binge drinking, etc. Any association with drug use or emotional disorder 	Requirements: APS, MVR, blood and urine tests, Alcohol Usage Questionnaire Fast track: Details of medical treatment and any psychiatric/ psychological report Document any residential care, including dates and length of treatment Clearly outline any favourable aspects such as continued employment, attendance at self-help groups, etc.	Ratings depend primarily on applicant's age, time since last use, pattern of use, and any co-morbid factors Best case (over age 30 and >5 years since last consumption): standard Typical case: 150–200% Worst case: Decline
Anemia A reduction in the number of red blood cells due to blood loss, failure of the bone marrow to produce sufficient cells or premature destruction of the cells.	 Type of anemia Cause of anemia, if known Details of testing done and referrals to specialists (include dates, names of tests and doctors seen) Blood test results Treatment Medications Any concurrent impairment Age 	 Requirement: Possibly APS Fast track: Details of investigation and testing Details of ongoing surveillance of the condition (including blood tests, electrophoresis) 	Ratings depend on type of anemia, age and decision can range from standard to decline Iron deficiency anemia: usually standard when fully investigated and no underlying condition identified Aplastic Anemia: Usually decline but could reconsider once resolved Hemolytic anemia: standard—200% but rating could be higher depending on type and severity Sickle cell disease: standard to decline
Aneurysm Abnormal dilation of an artery.	 Type or location of aneurysm Date of diagnosis Cause Size and stability of aneurysm Currently present Treatment or surgery Smoking history Blood pressure control Follow ups Co-morbid conditions such as high blood pressure, diabetes, CAD, alcohol misuse, COPD, smoking 	Requirement: APS Fast track: Details of all tests and details of ongoing surveillance Details of any lifestyle modifications Details of blood pressure and lipid control Smoking history Any residuals (good level of activity)	Can consider on a rated basis 6—12 months post-op depending on the type of aneurysm Abdominal: Unoperated: Small, stable x 2 years: standard to 200% Large (> 5 cm): decline Operated: average rating 150% Cerebral: Unruptured, small, no surgery: Standard to postpone Unruptured, large, no surgery: Decline Unruptured, small with surgery: Standard to Postpone Unruptured, large, with surgery: 150% to Postpone Ruptured aneurysm or AVM must have no residual deficit otherwise it's rated as intracerebral hemorrhage Thoracic: Unoperated: Decline Operated: 200% to Decline

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Angina Pectoris Chest pain caused by reduced blood flow to the heart due to coronary artery disease.	Refer to Coronary Artery Disease		Unable to consider until 6 months after onset or treatment
Angioplasty	Refer to Coronary Artery Disease		Unable to consider until 6 months after surgery.
Apnea/Sleep Apnea Breathing stops for a short period during sleep.	 Current age Type of apnea (obstructive, central or mixed) Severity Treatment (CPAP or surgery) Compliant with treatment Date of last sleep study Current height/weight Concurrent impairments such as CAD, arrhythmia, PVD, hypertension Smoking history Alcohol use 	Requirement: APS if moderate or severe apnea Fast track: Details of sleep studies, treatment and compliance Details of risk factor control e.g. build, medications and lifestyle modification (smoking, tranquilizers, alcohol use and misuse)	Mild symptoms and no complications: Standard Moderate symptoms and no complications: Standard to 200% Severe symptoms and no complications: 150%—decline Higher ratings if applicant < age 50
Arteriosclerosis	 Any history of accident Refer to Coronary Artery Disease, Stroke or Transient Ischemic Attack (TIA) 		Unable to consider until 6 months after onset and treatment
Asthma Chronic inflammatory condition of the airways causing shortness of breath, which is triggered by allergens, irritants, cold air or exercise.	 Current age Date of diagnosis Severity of symptoms Frequency of attacks Timing of attacks (day or night) Type of medication and frequency of use Compliant with medications Medication side effects Hospitalizations or ER visits Limitations to activities Smoking history Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD, underweight We are more concerned with children or with older adult smokers with a recent diagnosis of asthma 	Requirement: APS selectively Fast track: Details of recent pulmonary function tests, hospitalizations Details of lifestyle modification (such as smoking cessation) Level of activity and any limitations of daily activities Asthma questionnaire Asthma control	Minimal and mild: standard to 150% Moderate: 150% to 200% Severe: 250% to decline Children Minimal to mild: standard to 150% if diagnosis was more than 12 months ag Moderate or severe: 200% to decline
Atherosclerosis	Refer to Coronary Artery Disease		Unable to consider until 6 months after treatment

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Atrial Fibrillation/Atrial Flutter Arrhythmia of the atria where it contracts chaotically.	 Date of diagnosis and age at onset Age of applicant Frequency of attacks Fully investigated Paroxysmal vs Chronic Treatment Complications from treatment (e.g. drug toxicity or hemorrhage from anticoagulant) Any underlying heart disease Complications (e.g. stroke or congestive heart failure) Any concurrent impairment (e.g. history of alcohol abuse, CAD, valvular disease, TIA, high blood pressure, diabetes, obesity, or stroke) 	Requirement: APS Fast track: Details of all cardiac investigations Details of any prophylactic medication (e.g. blood thinners) Outline any lifestyle modification Current level of activity Symptoms Frequency of attacks	New diagnosis or new finding on insurance exam must be declined If there are underlying heart disorders it will be rated according to the cause Well controlled. Paroxysmal Atrial Fibrillation (PAF) with minimal attacks fully investigated. ≤ 4 attacks per year: standard > 4 attacks: 150% If there is no CAD or other underlying heart disease: Rating ranges from 150% to 200% depending on age. If treated with ablation, could be standard. The older the client, the lower the possible rating
Bariatric Surgery Surgery for morbid obesity, most commonly known as "stomach stapling."	 Pre-operative weight Any co-morbid conditions (such as diabetes, hypertension, coronary disease, depression) Date of surgery Type of surgery Any surgical complications Outcome of surgery (weight loss, improvement of risk factors) 	Requirement: APS Fast track: Details of surgery and follow up Illustrate positive improvements in lifestyle	Unable to consider until 6 months after surgery Assuming no complications: 6-12 months: rating based on pre-operative weight minus half of any weight loss >1 year: rating based on current weight and any complications and residual co-morbid conditions
Barrett's Esophagus Disorder in which the cells normally lining the lower esophagus are replaced by cells normally found lining the stomach. May occur due to esophageal injury caused by reflux. Barrett's esophagus may be a pre-malignant condition for esophageal cancer.	 Current age Ongoing risk factors Type of testing done and results (endoscopy, biopsy) Stable course Medication/treatment Response to medication treatment Compliant with medical treatment and follow up Complications (such as hemorrhage, perforation) Any surgery 	Requirement: APS Fast track: Details of ongoing follow up (e.g. endoscopy) Details of lifestyle modification (smoking cessation and alcohol use) Medication to control reflux	Best case: standard if no dysplasia and good follow up done on a regular basis Average rating: standard Worst case: decline (if history of high-grade dysplasia and treated with medication only)
Blood Pressure	Refer to Hypertension		
Bypass Surgery	Refer to Coronary Artery Disease		Unable to consider until 6 months after surgery.

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Cancer	Refer to specific organ or type of cancer		Treatment must be completed
Cancer: Basal Cell Carcinoma (skin) A type of skin cancer that rarely spreads; more common in people with a history of sun exposure.	 Date of diagnosis Pathology (confirmation of basal cell carcinoma) Type of treatment Date treatment completed Confirmation that tumour has been removed completely Any recurrence or spread Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers Any serious complications from treatment 	Requirement: APS Fast track: Details of the doctor who has the pathology report including postoperative Details of ongoing follow up Details of lifestyle modification (sun screen, smoking cessation)	Incompletely removed: postpone Complete excision: standard immediately on removal
Cancer: Breast Breast cancer is the most frequently diagnosed cancer in women and the second most frequent cause of cancer death. The lifetime risk of developing breast cancer is 1 out of 9 women (11.7%).	 Date of diagnosis Type and stage of cancer Size of tumour Type of treatment Date treatment completed Any recurrence or spread Reduced/eliminated risk factors (e.g. smoking) Any serious complications from treatment Follow ups including any tests 	 Requirement: APS Fast track: Details and date(s) of treatment, including any adjunct therapy (e.g. Tamoxifen) Details of doctor who has pathology and hospital reports Details of follow up (mammograms, bone scan, etc.) 	Underwriting can only be done once treatment has been completed and if the client is well followed. On higher stage/grade tumours, may only be able to consider > 10 years after last treatment. Ratings often are a combination of both table and reducing flat extras. A permanent rating might be needed. Best case: carcinoma in-situ — can consider at standard 2-3 years after treatment Typical case: unable to consider until 2 years after completion of treatment (chemo or radiation), then \$12/mil x 4 years
Cancer: Colorectal 2nd most diagnosed in males, 3rd in females	 Date of diagnosis Pathology report including type, size and stage Date treatment was completed Any complications or spreading. Reduced or eliminated risk factors Complications from treatment Any co-morbid conditions 	Requirements: APS Fast track: Details of the doctor who has pathology report, hospital treatments reports Details of regular follow ups Family history	Lowest grades might be insurable right away Best case is \$10.00/mil x 4 years
Cancer: Leukemia A progressive, malignant disease of the blood cells and blood forming organs (i.e. bone marrow and spleen).	 Current age Date of diagnosis Type of leukemia and stage of cancer Treatment Date treatment completed Any recurrence or secondary cancer 	Requirement: APS Fast track: Details of the doctor who has pathology report, hospital treatment reports Evidence of regular follow up	The most common type of leukemia seen in underwriting is Chronic Lymphocytic Leukemia (CLL) which is insurable, if stable, low-stage disease and after 2 years post-diagnosis For other types of leukemia, depending on the type, coverage may not be available for 5 or more years following diagnosis. Very few cases can be offered Best case: 150–200% 5–10 years post treatment

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Cancer: Lung The most common type of cancer death for both men and women. The two main types of lung cancer are small cell and non-small cell.	 Current age Date of diagnosis Type of cell and stage of cancer Type of treatment Date treatment completed Any recurrence or spread Reduced/eliminated risk factors (e.g. quit smoking and quit date) Any concurrent impairment (e.g. emphysema, COPD or chronic bronchitis) Any serious complications from treatment 	Requirement: APS Fast track: Details of the doctor who has pathology report, hospital treatment reports Evidence of regular follow up (CT scans, etc.) Smoking habits	Only stage I is insurable. At best, would be postponed for 3 years from the end of treatment, and then best case scenario (stable, no recurrence, not smoking) is \$15.00/mil x 5 years
Cancer: Prostate This is the most common internal malignancy found in males. Lifetime	Current ageDate of diagnosisType of treatment	Requirement: APS, Blood Profile to include PSA if current results are not available	< age 70: availability of coverage will depend on the stage, Gleason grade of the tumour and type of treatment
risk is 12.8% and it's the 3rd leading cause of death for males.	 Date treatment completed or if active surveillance Stage and Gleason score Any recurrence or spread Current PSA reading Any serious complications from treatment 	 Fast track: Details of the doctor who has pathology report, hospital treatment reports Details of the type of treatment, regular follow up and PSA testing Biopsy results 	Best case: (treated, PSA is undetectable) Standard
			Typical case: (prostatectomy or radiation, PSA favourable)
			\$5.00/mil for 3 years
			Active surveillance: Depending on age, an offer may be possible with regular documented follow ups
Cancer: Skin Borderline Malignancy	■ Date of diagnosis	Requirement: APS	Incomplete excision: postpone
Paget's disease, Bowen's disease (not genital), dyplastic nevus, Lentigo Maligna, Hutchinson's melanotic freckle.	 Pathology Type of treatment Date treatment completed Confirmation that tumour has been removed completely Any recurrence or spread Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers Any serious complications from treatment Family history 	Fast track: Details of the doctor who has pathology report, hospital treatment reports Details of ongoing follow up Details of lifestyle modification (sun screen, smoking) Any recurrences	Completely excised: standard immediately on removal; may qualify for preferred

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Cancer: Skin Malignant Malignant change in the skin becomes more common with increasing age. Exposure to sunlight is an important predisposing factor in fair-skinned people.	 Date of diagnosis Type of cancer/tumour Depth and thickness of tumour Type of treatment Date treatment completed Any recurrence or spread Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers Any serious complications from treatment 	Requirement: APS Fast track: Details of the doctor who has pathology report, hospital treatment reports Details of regular dermatology follow up Family history Date of diagnosis Any recurrences	Malignant melanoma: If in-situ: standard Best cases are postponed for 1 year and then a rating of \$12.00/mil x 4 years applies
Cancer: Thyroid The most common malignancy of the endocrine system, generally more common in women. 5th most diagnosed cancer in females.	 Type of thyroid cancer (papillary, follicular, anaplastic, etc.) Pathology Age of applicant Type of treatment and date(s) performed Any remission and for how long Any recurrence Any complications from treatment 	Requirement: APS including pathology report and copies of lab tests Fast track: Details of the doctor who has pathology report, hospital treatment reports Details of regular follow up	Best case: lowest grade papillary tumour, can consider at standard 3 years after treatment Typical case: low to moderate grade papillary tumour, can consider standard 5–6 years following treatment Worst case: decline if anaplastic tumour Reconsideration may be possible for cases initially postponed for uninvestigated thyroid nodule which has subsequently been investigated and is proven benign
Congenital Heart Disease A variety of malformations of the heart that vary significantly in severity.	 Current age Specific congenital abnormality Treatment including date(s) of any surgery Medications Smoking history Any concurrent serious impairment Any underlying coronary artery disease Active lifestyle Blood pressure and cholesterol readings Family history 	Requirement: APS to include echocardiogram Fast track: Details of investigations, surgery, post operative reports (e.g. serial echos, EKGs) Details of lifestyle modification Activity level Surgery Symptoms, recurrences	Depending on the type of congenital abnormality, some cannot be considered until they have been surgically corrected. For the more serious abnormalities (transposition of great vessels) coverage cannot be considered until two years after surgery Less serious abnormalities such as small ASD, VSD, Paten Foramen Ovale: may be standard For more serious abnormalities (such as large ASD, VSD, coarctation of aorta, tetralogy of fallot: ratings Congenital valve disorders (two years after surgically corrected): postpone minimum 6 months from surgery and then 150% to 300% minimum

Condition and description Factors affecting the decision Fast track the app Likely underwriting decision **Chronic Obstructive Pulmonary Requirement:** APS The younger the applicant, the higher Current age Disease (COPD) Smoking history and current the rating Fast track: A variety of diseases that cause tobacco use Details of lifestyle modification, Chronic bronchitis or Emphysema: chronic progressive irreversible Build, any current weight loss recent pulmonary function Mild (FEV1 60-69): Standard-200% airway obstruction. Treatment (oxygen) test results Moderate (FEV1 50-59): Response to treatment Level of activity 50%-decline Severity of symptoms Exacerbations frequency Severe (FEV1 40-49): 250%-decline Speed of disease progression and severity Very Severe (FEV1 ≤ 39): decline Alpha-1 antitrypsin deficiency or Stability Any use of oxygen is a decline other biochemical abnormality Any concurrent impairment (e.g. CAD, cancer, depression, malnutrition) Any hospitalization Pulmonary function tests (PFT's) including FEV1 Coronary Artery Disease (CAD) Current age **Requirement:** APS to include Unable to consider until 6 months post The coronary arteries are unable ■ Date of diagnosis and age recent cardiac test results treatment (bypass surgery, etc) to supply sufficient blood to the (e.g. angiogram, recent stress Decline if age at onset is ≤ 35 heart due to progressive narrowing Severity of the disease (how tests, perfusion) of the arteries, thrombosis or Decline if Class 4 (heart failure, ejection many vessels and which ones) Fast track: fraction <40%) vascular spasm. Current symptoms Details of the doctor who has Treatment or surgery Class 2 CAD (average severity. Examples are complete records Medications 2 vessel disease and an ejection fraction of ■ Detailed list of medication Smoking history 50-55%). Ratings may be higher or lower ■ Details of any lifestyle change Any co-morbid conditions if the CAD is Class 1 (e.g. 1 vessel disease Details on activity level such as diabetes, hypertension, and ejection fraction >55%), or Class 3 coronary disease, depression (e.g. more serious CAD, e.g. 3 vessel disease or other concurrent serious and ejection fraction <40-50%) impairment Best possible ratings Class 2 CAD: Any history of congestive heart Age \leq 49: 225% failure or arrhythmia **50-69**: 200% Active lifestyle 70-85: 150% Blood pressure and cholesterol readings Average ratings Class 2 CAD: ■ Family history Age ≤ 49: 225%-300% **50-69**: 200% **70-85:** 150-175% Crohn's Disease Current age Requirement: APS, The younger the age at application and the A chronic inflammatory disease Severity of the disease colonoscopy – selectively more severe the course of the disease, the affecting any part of the GI tract. Frequency of flare ups higher the rating. Severe symptoms currently Fast track: It has an unpredictable course and Severity of symptoms may not be insurable until stabilized for 1 year Evidence of regular GI while complete remission can occur, ■ Medication surveillance (colonoscopy) Mild disease: standard is possible if stable the disease is generally chronic and Hospitalization Details of and frequency of course for 3 years relapsing and may require surgery. Surgery flare ups or attacks Moderate disease (incl. steroid Weight stable or loss Stable weight treatment): 200-225% Testing and follow up Active lifestyle Complications or concurrent Severe disease: 200-300% to postpone, impairments such as depending on the age of client rheumatoid arthritis or other inflammatory disease Any hospitalization

Any surgery

Extra-intestinal symptoms

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Diabetes A group of metabolic disorders caused by inadequate production or use of insulin. It is a common disease affecting approximately 30 million people worldwide. Diabetes is usually irreversible, although controllable by diet, medication and exercise. Complications such as accelerated CAD, stroke and kidney disease result in reduced life expectancy.	 Current age Date of diagnosis and age at onset Type of diabetes Treatment Medication Degree of control – blood sugar readings Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease Current height and weight Blood pressure Smoking habits 	Requirement: APS, blood tests including Hgb A1c, urine tests including microalbumin/creatinine ratio. If client >=40: Obtain ECG Fast track: Details of the doctor who has all records. Other doctors involved in treatment Type of diabetes including age at onset History of blood sugar control — copies of blood tests (incl. Hemoglobin A1c where possible) Details of risk factor modification Active lifestyle	For all diabetics: if currently smoking, then it's an individual consideration. Client could be declined. Type 1 also known as Insulin Dependent Diabetes (IDDM) Best case: (excellent control, no complications) 200% Typical case: 250% Worst case: (complications, poor or uncontrolled) decline Type 2 also known as Non-Insulin Dependent (NIDDM) or Adult Onset Diabetes Best case: (if ≥ age 55, excellent control, no complications, treated by diet or oral medication, normal ECG) standard Typical case: 150% Worst case: decline
Emphysema	Refer to Chronic Obstructive Pulmonary Disease		
Heart Attack	Refer to Coronary Artery Disease		
Hypertension Primary, or essential hypertension is the most common type affecting 95% of people with hypertension. The cause is unknown but is thought to be the result of a complex interplay of factors which include demographic, family history and environmental factors. Secondary hypertension results from disorders of the kidney, endocrine or nervous system.	 Current age Date of diagnosis Type of hypertension (essential or secondary to another impairment) Medication/treatment Response to medication treatment Current blood pressure readings and history of readings for past two years (demonstrate stable course) Compliant with medical treatment and follow up Any concurrent impairment (e.g. CAD, stroke, kidney disease, build) 	Requirement: Vitals Fast track: Record of blood pressure readings Details of any cardiac investigation Details of risk factor modification Active lifestyle	Rating depends on severity of hypertension Most cases can be offered standard if well-controlled and compliant with medication
Myocardial Infarction	Refer to Coronary Artery Disease		
Pulmonary Nodule A small shadow found on chest X-ray which may be caused by a benign cyst, infection or abscess or granuloma.	 Current age Date of diagnosis Any treatment Date treatment completed Benign pathology Reduced/eliminated risk factors (e.g. smoking) Any concurrent impairment (e.g. emphysema or chronic bronchitis) 	Requirement: APS Fast track: Details of follow up Demonstrated stability of lesion Size of nodule if known	Pulmonary Nodule: can be due to a benign cause. The underwriter must investigate thoroughly Depending on the size of the nodule and the follow ups: standard to postpone

Condition and description	Factors affecting the decision	Fast track the app	Likely underwriting decision
Stroke Permanent (> 24 hrs.) damage to the brain caused by a vascular event, thrombosis or hemorrhage resulting in permanent neurological deficit.	 Current age Date of diagnosis and age at onset Current symptoms/extent of neurological deficit Cause of stroke Treatment Medications Number of strokes Smoking history Active lifestyle Blood pressure and cholesterol readings Any co-morbid conditions such as diabetes, hypertension, coronary disease, depression or other concurrent serious impairment 	Requirement: APS Fast track: Details of the doctor who has all records Other doctors involved in treatment Current function (how active) Lifestyle modifications	Depending on severity, may not be able to consider until 6 to 12 months after stroke If currently smoking and less than age 50, decline, otherwise there would be an additional rating Multiple strokes: usually decline Average rating: for a well worked-up stroke, with minimal residuals, 150–200% The younger the applicant and the more recent the stroke, the higher the rating
Transient Ischemic Attack (TIA) An episode of neurological dysfunction lasting less than 24 hours and no permanent neurological deficit.	 Current age Date of diagnosis and age at onset Any neurological deficit Number of episodes Treatment Medications Smoking history Test results Active lifestyle Blood pressure and cholesterol readings Any co-morbid conditions such as diabetes, hypertension, coronary disease, depression or other concurrent serious impairment 	Requirement: APS Fast track: Details of the doctor who has all records Other doctors involved in treatment Current function (how active) Lifestyle modifications	Unable to consider until 6 months after the episode, and must have been investigated Depending on the age of the client and length of time since TIA, could be standard to 250% but average rating would be 150%
Ulcerative Colitis or Ulcerative Proctitis Chronic inflammatory ulceration of the colon (relapsing-remitting type disorder).	 Current age Severity of the disease Frequency of flare ups Severity of symptoms Medication Hospitalization Surgery Weight stable or loss Testing and follow up Complications or concurrent impairments (e.g. rheumatoid arthritis or other inflammatory disease) Any hospitalization Any surgery Extra-intestinal symptoms 	Requirement: APS Fast track: Details of regular GI surveillance (colonoscopy), hospitalizations Stable weight Active lifestyle Details and frequency of flare ups or attacks	The younger the age at application and the more severe the course of the disease, the higher the ratings Mild: depending on age and date of last attack, ranges from standard to 250% Moderate: Average rating would be 150%–200% Severe: Individual consideration if current attack otherwise average 175% to 300% depending on control and number of episodes

Non-medical risks

Activity	Factors affecting the decision	Fast track the app	Likely underwriting decision
Aviation: Commercial Certified air carriers and commuter airlines that are strictly regulated and have very good experience. Pilots who have a commercial license and fly smaller aircraft for a variety of purposes.	 Current age Commercial carrier Where they fly Type of aircraft flown Type of flying Medical conditions if any 	Requirement: Aviation Questionnaire Fast track: Overall experience Hours/year Flight ratings Aircraft Details of specialized flying	Pilot of commercial passenger air carrier may qualify for Healthstyle 1, 2 or 3 Other types of aircraft or flying require ratings ranging from \$2.50—\$10/mil For example: Crop dusting and bush pilots \$5/mil Air ambulance, power line inspection, traffic control \$3.50/mil Aviation exclusion not offered when the insured's livelihood is from aviation, or when applying
Aviation: Private Private pilots are those who are licensed as private pilots (whether they have IFR or not) and fly for recreational and business reasons. Business flying in this category refers to non-professional pilots (not flying for pay) flying for business purposes not aviation related.	 Current age Pilot experience including ratings Medical history Lifestyle Where they fly Type of aircraft flown Type of flying Driving history Any history of incident 	Requirement: Aviation Questionnaire Fast track: Overall experience Hours/year Flight ratings Aircraft Details of specialized flying	for survivorship or joint policies. Risk is based on annual hours flown 300 hours/year: standard Pilots who fly over 300 hours annually would be ratable. Rating decreased to \$2.50/mil with IFR or ATP licensing. Aviation exclusion may be offered but only on individual policies and not on joint policies. A client over age 70 would have an exclusion (except for joint policies where we cannot exclude). A medical condition such as heart disease may warrant an exclusion (only on an individual basis, not on joint policies)
Aviation: Sport This covers a number of types of recreational flight activities, which include the use of non-conventional aircraft, competition or performances.	 Current age Pilot experience including ratings Amateur or professional Medical history Lifestyle Where they fly Type of aircraft flown Type of flying 	Requirement: Ballooning/Hang Gliding/Ultralight Questionnaire Fast track: Overall experience Hours/year Flight ratings Aircraft Details of specialized flying	Risk is based on the base aviation risk, where applicable, as well as the type of special risk Ratings range from \$2.50/mil—decline For example: Ballooning may be standard Hang gliding may be \$5/mil Paragliding \$2.50/mil An exclusion may be offered but only on individual policies and not on joint policies. A client over age 70 would have an exclusion (except for joint policies where we cannot exclude). A medical condition such as heart disease may warrant an exclusion (only on an individual basis, not on joint policies)

Activity	Factors affecting the decision	Fast track the app	Likely underwriting decision Depending on the height of cliffs and location, generally can offer standard coverage, otherwise \$2.50 to \$3.50/mil in general.		
Climbing: Rock, Mountain or Cliffs	 Current age Frequency Height of cliffs Location: local area or elsewhere Medical history Lifestyle Any solo climbing 	Requirement: Mountaineering Questionnaire Fast track: Overall experience Frequency Type of terrain			
Climbing: Ice and/or Snow	 Current age Frequency Type of terrain: established trails Altitude Location: North America/Europe or elsewhere Medical history Lifestyle 	Requirement: Mountaineering Questionnaire, Foreign Travel Questionnaire (if applicable) Fast track: Overall experience Frequency Type of terrain	Rating of \$3.50/mil to decline, depending on location, type of terrain and height		
Climbing: Trail Trekking	mbing: Trail Trekking Current age Frequency Type of terrain: established trails Altitude Location: North America/Europe or elsewhere Medical history Lifestyle		Generally standard if activities within North America or Europe. Otherwise \$2.50/mil in addition to the foreign travel assessment		
Driving Motor vehicle accidents are the primary cause of death at younger ages.	Current ageTypes of infractionsFrequency of infractionsDUI (multiple)	Requirement: MVR Fast track: Number and types of violations Date of last violation	DUI cannot be considered for a minimum of 6 months following completion of the suspension. If there are other infractions, cannot consider for 12 months Best case: standard if few, minor infractions Typical case: \$2.50 to \$5.00/mil		
Contributing factors to fatal accidents include alcohol and	 Other suspensions and number of suspensions Accident (at fault) Risk taking avocations 	 Date of last suspension, length of and reason for suspension 			
excessive speed. At older ages		'			
(> 65) it can be a flag for underlying cognitive degeneration.	 Any medical conditions such epilepsy, coronary artery disease, psychiatric disease, etc. Alcohol or drug use 		Worst case: decline (multiple DUI)		
Foreign Travel	 Which country and destination in the country Frequency and duration of visit (total number of days/year in 	Requirement: Foreign Travel Questionnaire Fast track: Travel questionnaire	Do not submit an application with any travel planned or expected in the next 30 days. In this case, wait until the applicant's return		
	each country) Purpose of travel Age of applicant	outlining destination(s), frequency and duration of visits must be submitted with the	Best case: Healthstyle 1, 2 or 3 depending on country being visited for less than 8 cumulative weeks per year Typical case: Healthstyle 3 depending on country being visited for less than 8 cumulative weeks per year Worst case: decline		
	 Health of applicant Any travel warning, advisory or public notice posted by the Canadian Government 	initial documents			
	Canadian Citizen or permanent resident				

Activity	Factors affecting the decision	Fast track the app	Best case: standard Typical case: \$5/1000 Worst case: \$10-\$15/1000-decline Most average, recreational divers are standard risks Rating \$2.50/1000-decline depending on the combination of depth (> 120 ft), experience and technical diving Scuba history combined with medical ratings ≥ 200% due to CAD, cerebrovascular disease, obesity, respiratory disease, and psychiatric illness are usually declined		
Motor Vehicle Racing	 Current age Type of vehicle/size of engine Type of fuel Frequency Speeds attained (average, highest) Type of course Location (outside Canada or US) Concurrent avocations 	Requirement: Automobile Racing Questionnaire Fast track: Type of racing and frequency Speeds attained			
Scuba Diving	 Current age Experience including certification Depths and frequency of dives Medical history Lifestyle Dive location (e.g. lake, open ocean, beaches) Dive sites (e.g. wreck, salvage) Diving activities (e.g. search and rescue, caves, ice) Commercial diving Certification level Maximum depth Solo diving Alcohol or drug use 	Requirement: Scuba Diving Questionnaire Fast track: Type of diving (location, site, activities) Experience Frequency Certification			
Snow Sports: Skiing, Snowboarding or Snowshoeing Current age Frequency Type of terrain: resorts, 'in-bounds', 'out-of-bounds', backcountry Altitude Location Medical history Lifestyle		Requirement: Backcountry Snow Sport Questionnaire, Foreign Travel Questionnaire (if applicable) Fast Track: Overall experience Frequency Type of terrain	Most average, recreational, 'in-bounds' participants are standard risks. 'Out-of-bounds' activities, including helicopter or CAT vehicle dropoffs etc., may require a rating \$2.50/mil-decline, and/or an Exclusion e.g. Avalanche.		
Snow Sports: Snowmobiling	 Current age Frequency Type of terrain: established trails or tracks, 'out-of-bounds', backcountry Altitude Speed Location Medical history Lifestyle. 	Requirement: Backcountry Snow Sport Questionnaire, Foreign Travel Questionnaire (if applicable) Fast Track: Overall experience Frequency Type of terrain Speed	Most average, recreational, trail riders and racers are standard risks. Participation in Cross-country events in Alaska and Northern Canada, or the use of alternative fuels may require a rating \$2.50/mil-decline. Participation in activities such as high-marking, backcountry snowmobiling, etc., may require an Exclusion e.g. Avalanche. Most average, recreational participants are standard risks.		
Snow Sports: Other e.g. bobsled, hockey, ice boating, luge	 Current age Frequency Type of terrain: marked, established, controlled Speed Location Medical history Lifestyle 	Requirement: Backcountry Snow Sport Questionnaire, Foreign Travel Questionnaire (if applicable) Fast Track: Overall experience Frequency Type of terrain Speed			

Smoking definition

Best class available	
Healthstyle 1 Non-Smoker	Meets the Healthstyle criteria and has not used any form of tobacco, nicotine or marijuana products within the last 10 years.
Healthstyle 2 Non-Smoker	Meets the Healthstyle criteria and has not used any form of tobacco, nicotine or marijuana products within the last two years.
Healthstyle 3 Standard Non-Smoker	No cigarette or tobacco use within the past 12 months and does not meet all healthstyle 1 or 2 criteria or is not available on the product. Marijuana users in the past 12 months are eligible for healthstyle 3, but users less than age 36 may need additional requirements.
Healthstyle 4 Smoker	Tobacco or nicotine products, other than cigarettes.
Healthstyle 5 Standard Smoker	Does not meet the Healthstyle criteria and uses cigarettes.

Occasional use of cigars (up to 12 cigars per year) may qualify for Healthstyle non-smoker if the individual otherwise meets the Healthstyles non-smoking definition and the microurinalysis is free of nicotine or its metabolites.

Note: Healthstyles applies to most Manulife Individual Life Insurance Products.

Build table - adults

The following build table shows the standard ranges for weight and height measurements.

	Avg	125%	137%	150%	165%	175%	200%	225%	250%	275%	300%	325%	350%
5'0"	128	179	186	194	201	206	218	226	236	242	247	252	256
5'1"	133	184	192	200	207	212	224	232	242	248	254	259	264
5'2"	138	189	197	206	216	221	230	238	248	255	261	267	272
5'3"	143	194	203	212	219	224	236	245	255	262	268	274	280
5'4"	147	199	208	218	225	230	243	252	262	269	276	282	288
5'5"	152	205	214	223	231	237	250	259	269	277	284	290	296
5'6"	156	210	219	229	238	244	257	266	276	284	292	298	304
5'7"	161	215	225	235	245	251	264	273	284	292	300	306	312
5'8"	165	221	231	242	252	258	271	281	292	300	308	314	320
5'9"	170	227	238	249	259	266	279	289	300	308	316	322	328
5'10"	174	232	243	255	266	273	286	297	308	316	324	330	336
5'11"	179	238	249	261	272	280	294	305	316	324	332	338	344
6'0"	184	244	255	267	279	287	302	313	324	332	340	346	352
6'1"	189	250	262	274	286	294	310	321	332	341	349	355	361
6'2"	194	257	269	282	294	302	318	329	340	349	357	363	368
6'3"	199	265	277	290	302	310	326	337	348	357	365	370	375
6'4"	204	273	285	299	310	318	334	345	356	365	373	378	383
6'5"	209	281	294	308	319	327	342	353	364	373	381	386	391
6'6"	215	292	303	314	327	335	350	361	372	380	388	394	399

Example

If you were 5'8" tall and weighed 270 pounds, you would be rated 200% for build.

This Build Table applies to all adults regardless of their age or gender, and shows the maximum weight for each rating category.

To understand how this chart relates to Healthstyles, please see the following Healthstyles Build Chart.

Healthstyles build chart (non-tobacco users)

Healthstyle 1				Healthstyle 3			
Height (ins)	Weight (lbs)	Height (ins)	Weight (lbs)	Height (ins)	Weight (lbs)		
56	120	56	140	56	173		
57	125	57	143	57	176		
58	129	58	146	58	180		
59	134	59	149	59	184		
60	138	60	153	60	186		
61	143	61	157	61	192		
62	148	62	161	62	197		
63	152	63	165	63	203		
64	157	64	170	64	208		
65	162	65	175	65	214		
66	167	66	182	66	219		
67	172	67	189	67	225		
68	178	68	196	68	231		
69	183	69	204	69	238		
70	188	70	211	70	243		
71	194	71	218	71	249		
72	200	72	225	72	255		
73	205	73	230	73	262		
74	210	74	235	74	269		
75	216	75	240	75	277		
76	222	76	245	76	285		
77	228	77	250	77	294		
78	234	78	255	78	303		

