

# Field Underwriting Manual – Life Insurance



### Quick Tip:

Ask your underwriting inquiry to our user-friendly AI support tool designed to provide you with insight on likely decisions. Simply login to [Advisor Support](#) with your User ID and password to access. We anticipate you'll be impressed with the quality and speed of the answer you get!

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## ABOUT BMO INSURANCE

As a member of BMO Financial Group and its Wealth Management operating group, BMO Insurance brings to you and your clients the financial strength and stability that comes from one of the most respected brands in Canada. Our insurance business has a solid history and reputation for being a trusted insurance provider for thousands of Canadians, including their families and businesses. Backed by the financial strength of BMO Financial Group and the legacy of our predecessor companies, BMO Insurance is confident that we are able to meet the financial obligations we make to all our policyholders.

### The BMO Insurance Field Underwriting Manual – Life Insurance

This guide for life insurance applications is designed to provide you with:

- a description on conditions commonly found during Underwriting.
- guidance on important factors used during the Underwriting of these conditions.
- likely decisions.
- the requirements you can expect will be ordered, based on the condition.

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Provides a description of the condition.	List of key aspects that are considered when underwriting the condition.	The tentative decision that can be expected based on the factors given. Always remember the decision is tentative only and can change once all the evidence has been received and reviewed.	Information likely required to make an assessment. It can include items such as Questionnaires for both medical conditions, avocations, Attending Physician Statements (APS) for medical conditions, lab testing, Motor Vehicle reports or other requirements as required. Depending on the information received, further information may also be required in order to accurately assess the application.

Helpful tips assist you to gather useful information from the applicant that will enable the Underwriter to provide you the best tentative decision. The final decision may be modified once the application and all evidence has been received, reviewed and the overall risk assessment completed based on the client's risk profile.

For further underwriting information, please reference the following additional resources:

- [Accelerated Underwriting – Frequently Asked Questions 870E](#)
- [Underwriting Guidelines 319E](#) (Login Required)
  - Age and Amount Requirements
  - Underwriting Definitions
  - Underwriting Guide for Canadian Residency

### Underwriting Decisions

Typical underwriting decisions are as follows:

**Standard:** An offer is made based on no increased assessed risk.

**Rated:** An offer is made based on an increased assessed risk. This offer will result in the premiums originally quoted on the illustration increasing. The offer can either be a percentage rating (i.e. 150% -350%) or a flat dollar value per thousand rating (i.e. \$3.50 per thousand extra) based on the risk involved.

**Postponed:** The applicant has been assessed as uninsurable at the time of underwriting but BMO would be willing to consider the applicant at a future date.

**Declined:** The applicant has been assessed as uninsurable and reconsideration is unlikely, however sometimes possible.



#### Questions?

For more information, please [contact](#) your regional BMO Insurance Sales team member.

## MEDICAL RISKS

### Alcohol Use/Abuse

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Excess alcohol consumption can have a significant impact on mortality with acute effects such as intoxication, high risk of injury, arrhythmias or gastric irritation.</p> <p>It can also have chronic effects such as liver cirrhosis, cancer, dependence and psychosis.</p> <p>Both are likely to impair both social and occupational function.</p> <p><i>(Alias' include: Alcoholism, Alcohol Dependence, ETOH, Hazardous Drinking, Harmful Drinking)</i></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Quantity of alcohol consumed (daily, weekly) both currently and in the past</li> <li>• Membership in support groups such as AA or other treatment centres and frequency of attendance without relapse</li> <li>• Medical Complications such as (liver disease, heart disease, diabetes etc.)</li> <li>• History of Illicit drug use</li> <li>• Impact on work and/or social life</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• current alcohol consumption</li> <li>• past alcohol consumption</li> <li>• comorbid factors</li> <li>• BMO does not set a hard limit on what constitutes alcohol abuse/misuse</li> </ul> <p><b>With less than 5 years of recovery:</b></p> <ul style="list-style-type: none"> <li>• Individual consideration, usually 200% and up</li> </ul> <p><b>After 5 years of full recovery and no relapse (time since last drink/abstinence):</b></p> <ul style="list-style-type: none"> <li>• Standard or substandard rates possible</li> </ul> <p><b>Probable declines:</b></p> <ul style="list-style-type: none"> <li>• History of multiple relapses</li> <li>• History of driving under the influence (DUI) in the past 5 years</li> <li>• History of alcohol use disorder or seeking treatment for alcohol use and currently drinking.</li> <li>• Other drug additions (including marijuana) with use in the past 5 years</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• <a href="#">Alcohol Usage Questionnaire 135E</a></li> <li>• Blood profile</li> </ul> <p><b>Helpful :</b></p> <ul style="list-style-type: none"> <li>• Treatment details including treatment centres or support groups (frequency of attendance/length of stays)</li> <li>• Any history of relapse</li> <li>• Quantity of alcohol consumed both currently and in the past (daily/weekly)</li> <li>• Any history of drug use</li> <li>• Any time off work</li> </ul>

## Alzheimer's Disease

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Alzheimer Disease is a neurodegenerative disease that usually starts slowly and progressively worsens. It is the cause of 60–70% of cases of dementia. The most common early symptom is difficulty in remembering recent events. As the disease advances, symptoms can include problems with language, disorientation (including easily getting lost), mood swings, loss of motivation, self-neglect, and behavioral issues.</p> <p><i>(Alias' include: Dementia, Cognitive Impairment, Vascular Dementia, Mild Cognitive Impairment (MCI))</i></p>		<p><b>Present or suspected cases of Alzheimer's:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>Mild Cognitive Impairment (MCI)</b> If mild with extremely slow progression of the disease, no limitations of activities of daily living, still fully independent and no other medical concerns</p> <ul style="list-style-type: none"> <li>• Age &lt;70 decline</li> <li>• Age ≥70 Individual Consideration – please consult with underwriting</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) or if confirmed on an application, will be declined based on the applicant's disclosure</li> </ul>

## Anemia

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Anemia is a condition in which you lack enough healthy red blood cells or hemoglobin. Anemia can be caused by blood loss, iron deficiency, or the bone marrow not producing enough red blood cells.</p> <p><i>(Alias' include: Iron Deficient Anemia, B12 Anemia, Hemolytic Anemia, Aplastic Anemia)</i></p>	<ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Age of applicant</li> <li>• Type of anemia</li> <li>• Cause for the anemia, if known</li> <li>• Treatment and complications from treatment</li> <li>• Date of last blood test and results</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Type of anemia</li> </ul> <p><b>Ratings could be from:</b></p> <ul style="list-style-type: none"> <li>• Standard to decline</li> </ul> <p><b>Iron Deficiency Anemia:</b></p> <ul style="list-style-type: none"> <li>• Fully investigated with normal blood counts</li> <li>• Possibly standard</li> </ul> <p><b>B12 Anemia:</b></p> <ul style="list-style-type: none"> <li>• Fully investigated with normal blood counts</li> <li>• Possibly standard</li> </ul> <p><b>Hemolytic Anemia:</b></p> <ul style="list-style-type: none"> <li>• 150% to a postpone</li> </ul> <p><b>Sickle Cell Anemia:</b></p> <ul style="list-style-type: none"> <li>• Ratings vary with age</li> <li>• Usually 250% and up</li> </ul> <p><b>Anaplastic Anemia:</b></p> <ul style="list-style-type: none"> <li>• Usually a decline</li> <li>• Occasionally highly substandard</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• Recent Complete Blood Count (CBC)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date and results of last blood test if known</li> </ul>

## Aneurysm

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>An aneurysm is a bulge in a blood vessel often caused by a weakness in the wall of that blood vessel wall causing the weakened area to bulge outward.</p> <p><i>(Alias' include: Abdominal Aorta Aneurysm, Aortic Aneurysm)</i></p>	<ul style="list-style-type: none"> <li>• Location and type of aneurysm</li> <li>• Date of diagnosis</li> <li>• Size of the aneurysm</li> <li>• Symptomatic or asymptomatic</li> <li>• Past treatment</li> <li>• Smoking status</li> <li>• Recent cardiac and vascular imaging studies</li> </ul>	<p><b>If the aneurysm is present with no surgery:</b></p> <ul style="list-style-type: none"> <li>• Usually declined</li> </ul> <p><b>After successful surgery, with no residuals, it is a postpone for a minimum of 6 months after the surgery:</b></p> <ul style="list-style-type: none"> <li>• There would be a rating thereafter, starting at 150% and up depending on the length of time since surgery, type of aneurysm and recent test results</li> </ul> <p><b>Probable declines:</b></p> <ul style="list-style-type: none"> <li>• Comorbid history of stroke, heart attack, positive stress test or cardiac bypass/stent surgery</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up.</li> <li>• Location and type of aneurysm (size if known)</li> <li>• Treatment</li> <li>• Recent testing? If so, what were they and results?</li> </ul>

## Angina Pectoris

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Angina is chest pain that occurs when there is not enough blood going to your heart. It can feel like a heart attack, with pressure or squeezing in your chest, sometimes radiating to your arms and shoulders. It may be confused with indigestion or reflux. It is a symptom of heart disease.</p> <p><i>(Alias include: Chest Pain, Angina)</i></p>	<ul style="list-style-type: none"> <li>• Current age of applicant</li> <li>• Age at diagnosis</li> <li>• Date of last attack</li> <li>• Severity</li> <li>• Treatment and/or surgery</li> <li>• Family history of cardiovascular disease</li> <li>• Any other factors like diabetes, hypertension, obesity, stroke</li> <li>• Smoking status</li> </ul>	<p><b>Postpone:</b></p> <ul style="list-style-type: none"> <li>• Diagnosed within the last 6 months</li> </ul> <p><b>Decline:</b></p> <ul style="list-style-type: none"> <li>• With history of Diabetes, Stroke, Transient Ischemic Attack (TIA) and Peripheral Vascular Disease</li> <li>• Applicant under age 35</li> </ul> <p><b>Likely Decline:</b></p> <ul style="list-style-type: none"> <li>• With no Stress Test or cardiac testing in the past 5 years</li> </ul> <p><b>Otherwise:</b></p> <ul style="list-style-type: none"> <li>• Substandard at best</li> <li>• Ratings depend on the applicant's limitations of activity, extent of disease, their age and how long they have had the condition. The more limitations they have on their activities, greater extent of the disease, younger the applicant and the longer they have had the condition, the higher the rating will be</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) to include Cardiologist consultation and testing</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Severity</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date and results of last cardiac consultation</li> <li>• Details of any hospitalization or Emergency Room visit</li> </ul>

## Apnea/Sleep Apnea

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Sleep apnea is a common sleep-related breathing disorder, where you stop and restart breathing during sleep.</p> <p><i>(Alias' include: Obstructive Sleep Apnea or OSA, Mixed Sleep Apnea, Central Sleep Apnea)</i></p>	<ul style="list-style-type: none"> <li>• Type of apnea (obstructive/central/mixed)</li> <li>• Severity of the apnea</li> <li>• Smoking status</li> <li>• Type of treatment prescribed and compliance with the treatment (i.e. if using CPAP, how many nights per week are they using it?)</li> <li>• Result of sleep study including the apnea hypopnea index (AHI), or respiratory disturbance index (RDI), if known</li> <li>• Height and weight of the applicant</li> <li>• History of other risk factors such as heart disease, hypertension, arrhythmia etc.</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity</li> <li>• Smoking status</li> <li>• Result of sleep study</li> <li>• Type of apnea</li> <li>• Type of treatment (surgery, CPAP, mouth guard) and if compliant with all treatment</li> <li>• Other risk factors such as heart diseases, obesity.</li> </ul> <p><b>Obstructive Sleep Apnea:</b></p> <ul style="list-style-type: none"> <li>• If the condition is mild and well controlled, possible standard rates</li> <li>• If the condition is moderate to severe, expect decisions from possible standard rates to a decline depending on compliance with treatment and severity.</li> </ul> <p><b>Central Apnea, all cases:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>Mixed Apnea (depending once again on the result of the sleep study):</b></p> <ul style="list-style-type: none"> <li>• Rating can range from 150% to a decline</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) may be ordered</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Severity of the apnea</li> <li>• Treatment details including type of treatment and compliance with treatment</li> <li>• Type of sleep apnea</li> <li>• Any other comorbid risk factors</li> </ul>

## Arteriosclerosis

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Arteriosclerosis is a condition that is caused by fatty deposits in the walls of the arteries. This leads to hardening of the arteries, poor circulation and tissue damage. All arteries can be affected.</p> <p>It is a normal part of the aging process but when it appears at an early age, is more concerning.</p>	<p><b>Refer to:</b></p> <ul style="list-style-type: none"> <li>• Coronary Artery Disease (CAD)</li> <li>• Stroke</li> <li>• Transient Ischemic Attack (TIA)</li> </ul>	<p>Postpone for 6 months following initial diagnosis and treatment. Ratings will vary depending on the site of disease (e.g. heart, brain) as well as potential complications (e.g. heart attack, stroke).</p> <p>Can be considered on a substandard basis, often 200% and up.</p> <p><b>Likely to be decline if:</b></p> <ul style="list-style-type: none"> <li>• There is a long history of diabetes</li> <li>• There are significant comorbid factors (i.e. obesity, heavy smoking)</li> <li>• There have been significant complications (i.e. amputation)</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date and results of last cardiac consultation</li> <li>• Details of any hospitalization or emergency room visit</li> </ul>

## Arthritis, Osteoarthritis

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Osteoarthritis is a degenerative joint disorder typically found in knees, hips, hands and the spine. It is caused by the cartilage within the joint breaking down causing changes to the bone.</p> <p><i>(Alias' include: Arthritis, Degenerative Arthritis, Joint Replacement Surgery)</i></p>	<ul style="list-style-type: none"> <li>• Frequency of symptoms</li> <li>• Severity</li> <li>• Types of treatment, medication or surgery</li> <li>• Joints affected including any limitation in daily activities or mobility, any time off work</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity</li> <li>• Type of treatment / medication</li> </ul> <p><b>Mild/Moderate:</b></p> <ul style="list-style-type: none"> <li>• Likely standard</li> </ul> <p><b>Severe:</b></p> <ul style="list-style-type: none"> <li>• Mild rating 150-175%</li> </ul> <p><b>With pending surgery:</b></p> <ul style="list-style-type: none"> <li>• Postpone</li> </ul> <p><b>Very severe:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul>	<p>May require an Attending Physician Statement (APS) depending on the severity.</p> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis, frequency/severity of symptoms, number of joints affected, any limitations due to the arthritis, name and dosage of medications, any time off work</li> </ul>

## Arthritis, Rheumatoid

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Rheumatoid Arthritis is a chronic inflammatory disorder that may affect more than your joints and damage other parts of your body such as your lungs, eyes, heart etc.</p> <p>It is also an autoimmune disease whereby it attacks your own body's cells.</p> <p>Rheumatoid Arthritis affects the lining of your joints causing pain and stiffness of the joints, often with disabling joint destruction, loss of function and disability.</p> <p><i>(Alias' include: Still's Disease, Chronic Polyarthritis, Juvenile Chronic Arthritis)</i></p>	<ul style="list-style-type: none"> <li>• Age of onset</li> <li>• Severity</li> <li>• Type of treatment, medication, or surgery</li> <li>• Joints affected including any limitation in daily activities or mobility, any time off work</li> <li>• Any current or past complications</li> <li>• Coexisting medical impairments, such as diabetes or heart disease</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity</li> <li>• Type of treatment / medication</li> </ul> <p><b>Assuming no systemic involvement</b></p> <p><b>Mild-Moderate:</b></p> <ul style="list-style-type: none"> <li>• 150-200%</li> </ul> <p><b>Severe:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>With systemic involvement (i.e. cardiomyopathy or lung complications)</b></p> <ul style="list-style-type: none"> <li>• All cases declined</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of onset</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including current and past medication dosages</li> <li>• If currently symptomatic; any time off work, disability, or limitation of daily activities?</li> <li>• If asymptomatic, what was the date of last symptoms, and how long have they been stable on the current medication dosage?</li> </ul>



## Asthma

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Asthma is a chronic inflammatory disorder of the airways characterized by chest tightness, shortness of breath and wheezing.</p> <p><i>(Alias' include: Bronchial Asthma, Seasonal Asthma, Occupational Asthma, Asthmatic Bronchitis, Status Asthmaticus, Allergic Asthma)</i></p>	<ul style="list-style-type: none"> <li>• Age of diagnosis</li> <li>• Current age</li> <li>• Frequency of symptoms/date of last attack</li> <li>• Severity including any hospitalizations or ER visits</li> <li>• Smoking status</li> <li>• Type of treatment and/or medication and compliance with treatment</li> <li>• Any co-existing respiratory conditions or cardiac conditions</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity</li> <li>• Smoking status</li> <li>• Age</li> <li>• Frequency of attacks</li> </ul> <p><b>Mild /Moderate (non-smoker):</b></p> <ul style="list-style-type: none"> <li>• Likely standard</li> </ul> <p><b>Severe (non-smoker):</b></p> <ul style="list-style-type: none"> <li>• 175% and up</li> </ul> <p><b>Very Severe:</b></p> <ul style="list-style-type: none"> <li>• Individual Consideration - consult Underwriting</li> </ul> <p><i>Note: Severe and Very Severe cases are usually marked by extended and/or multiple hospital visits.</i></p> <p>If currently smoking, all ratings are increased from those quoted above.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) will be ordered depending on the severity of the condition.</li> <li>• <a href="#">Asthma/Respiratory Questionnaire 136E</a></li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of last attack</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date of hospitalization or ER visit if any</li> </ul>

## Atrial Fibrillation

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Atrial fibrillation is an irregular heart rhythm that can affect a range of applicants. Some cases may have no known underlying cause, while others cases of atrial fibrillation may be linked to other disorders.</p> <p>Atrial fibrillation is characterized by a “flutter” sensation in the heart, which may also come with palpitations. The nature of this fibrillation presents an elevated risk of TIA/stroke in cases where this goes uncontrolled.</p> <p><i>(Alias' include: AF, Atrial Flutter)</i></p>	<ul style="list-style-type: none"> <li>• Frequency of atrial fibrillation – is it <b>paroxysmal</b> (i.e. occurs only some of the time) or <b>chronic</b> (a sustained irregular rhythm that is present most if not all of the time)</li> <li>• Type of treatment, medication, or surgery</li> <li>• Pre-existing history of coronary artery disease, heart attack, or TIA/stroke</li> <li>• Alcohol and/or substance use</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Paroxysmal vs. chronic pattern</li> <li>• Precipitating lifestyle factors</li> <li>• Comorbid factors</li> </ul> <p>Ratings typically start at 150% and increase depending on the frequency, age of onset, treatment, and other risk factors.</p> <p><b>With successful cardioversion or ablation procedure, and no comorbid risks:</b></p> <ul style="list-style-type: none"> <li>• Possible Standard</li> </ul> <p><b>Likely Declines:</b></p> <ul style="list-style-type: none"> <li>• Comorbid history of stroke, heart attack or coronary artery disease, or cardiomyopathy</li> <li>• Recent alcohol abuse or misuse</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• Recent echocardiogram within 2 years, if atrial fibrillation is ongoing</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Age of onset</li> <li>• Treatment may involve anti-arrhythmic medications, such as Amiodarone, or surgery such as ablation/cardioversion</li> </ul>

## Autism Spectrum Disorder

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Autism spectrum disorder is a syndrome with complex development challenges, typically involving communication difficulty, as well as restricted and repetitive behavioural patterns. It is often diagnosed in childhood and persists into adult life.</p> <p>While many cases may exhibit little to no abnormal social function, others can be quite severe.</p> <p><i>(Alias' include: Autism, Asperger's Disorder, Asperger's Syndrome, Autistic Disorder, Childhood Disintegrative Disorder, Pervasive Development Disorder)</i></p>	<p><b>For children (age &lt;18):</b></p> <ul style="list-style-type: none"> <li>• Time since diagnosis</li> <li>• Performance in school, including grade attainment, any special needs teaching, and any behavioural criticisms</li> <li>• Treatment, especially if there are anti-depressant or anti-anxiety medications involved</li> </ul> <p><b>For adults (age 18+):</b></p> <ul style="list-style-type: none"> <li>• Time since diagnosis</li> <li>• Performance and stability in employment</li> <li>• Family life and support network</li> <li>• Treatment, especially if there are anti-depressant or anti-anxiety medications involved</li> </ul>	<p>It is common to <b>Postpone</b> all applicants with a diagnosis of autism spectrum disorder until after age 8. In addition, cases with a very recent diagnosis in the past 12 months will also result in a <b>Postpone</b>.</p> <p><b>Afterward, ratings will be dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity, based on their functional and social impact</li> <li>• Mild cases may be considered for Standard; otherwise, anticipate ratings of 150% and up</li> </ul> <p><b>Likely Declines:</b></p> <ul style="list-style-type: none"> <li>• Cases with substance abuse</li> <li>• Self-harm or suicide attempt in history</li> <li>• Cases with severe intellectual disability, and inability to hold any employment</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Cover letter, detailing the applicant's performance in school and/or work, their social support system, etc.</li> </ul>

## Bariatric Surgery

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Bariatric surgery involves making changes to your digestive system to help with weight loss. Surgeries often involve stomach-restrictive operations, or gastric bypasses.</p> <p><i>(Alias' include: Gastric Banding, Gastric Bypass, Gastroplasty, Weight Loss Surgery)</i></p>	<ul style="list-style-type: none"> <li>• Weight prior to surgery</li> <li>• Type/reason for Procedure</li> <li>• Date of Procedure</li> <li>• Current weight</li> <li>• Any additional medical impairments (i.e. coronary artery disease (CAD), diabetes)</li> <li>• Any complications as a result of the surgery including revisions</li> </ul>	<p><b>Within 6 months of surgery:</b></p> <ul style="list-style-type: none"> <li>• Coverage will be postponed</li> </ul> <p><b>More than 6 months post-surgery:</b></p> <ul style="list-style-type: none"> <li>• If no complications rating will be based on build (Note 50% of weight that has been lost over the last 12 months will be added back in when rating for build).</li> </ul> <p><b>Complications:</b></p> <ul style="list-style-type: none"> <li>• If there were any complications or the bariatric surgery required a revision, additional ratings should be expected. Depending on the severity of the complication(s) could be rated, postponed or declined.</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• May also require vitals, blood profile, and urinalysis</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Name, dosage, and reason for medications being prescribed</li> <li>• Any complications from surgery</li> <li>• Weight pre surgery and current weight</li> <li>• Weight lost in the past 12 months</li> </ul>

## Barrett's Esophagus

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Barrett's esophagus is a change in the nature of the cells lining the lower esophagus due to injury, often caused by chronic reflux of stomach acid (GERD) into the esophagus.	<ul style="list-style-type: none"> <li>• Current condition including follow up, surveillance and treatment</li> <li>• Testing completed including biopsy results if known</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• The type of treatment</li> <li>• Severity of the disease</li> </ul> <p>Usually standard to a mild substandard rating (150-175%) will cover this risk, though poorly followed cases may be postponed.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) with copy of pathology report(s)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis, frequency</li> <li>• Severity of symptoms</li> <li>• Frequency of follow-ups</li> <li>• Date of last follow-up</li> <li>• Name and dosage of medications</li> </ul>

## Cancer (Basal Cell Carcinoma or BCC)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Basal Cell Carcinoma is a type of skin cancer that most often develops on sun exposed areas of skin.	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Staging of the cancer -Type of treatment and when it was last completed</li> <li>• Any recurrence of the cancer or secondary cancer</li> <li>• Number of occurrences of BCC</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity of the disease</li> <li>• Number of occurrences</li> <li>• Degree of medical follow up</li> </ul> <p>Most cases of basal cell skin cancer can be approved at Standard, as the cancer is often very localized. Substandard ratings may be required for cases of numerous basal cell skin cancer occurrences, or poor medical follow-up.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Staging of the cancer</li> <li>• Contact information for the physician who would have all of the medical</li> <li>• Records to include their name, address and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Cancer (Breast Cancer)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Breast cancer is the second most common cancer in women; most are diagnosed over the age of 50.</p> <p>Earlier ages of onset have been noted and are more frequently associated with hereditary factors.</p> <p>Both women and men get diagnosed with breast cancer.</p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Staging of the cancer -Type of treatment and when it was last completed</li> <li>• Any complications from the treatment</li> <li>• Any recurrence of the cancer or secondary cancer</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Severity of the disease</li> <li>• Type of treatment</li> <li>• Time since last treatment</li> </ul> <p>The earlier the stage, the better the decision. There is typically a postponement period following a diagnosis.</p> <p>All clients who have been treated with surgery, radiation, or chemotherapy within the past 6 months will be postponed, and with higher-stage cancers, the postponement period could be up to 3 years. Medical ratings will apply to most cases.</p> <p>Ratings may entail a blend of permanent table ratings, starting at 150%, and temporary flat extra ratings such as \$4.00 per thousand for a limited number of years. Higher-stage cancers will require increased ratings.</p> <p>Any recurrence of breast cancer would typically lead to the client being a decline.</p> <p>***Trial application suggested***</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type/staging of the breast cancer - Any lymph node involvement</li> <li>• Contact information for the physician who would have all the medical records to include their name, address and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Cancer (Leukemia)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Leukemia is cancer of the white blood cells. It can be chronic or acute.</p> <p>Some forms of leukemia may be mostly limited to childhood occurrence (e.g. Acute Lymphocytic Leukemia or ALL), while others are mostly limited to older ages (e.g. Acute Myeloid Leukemia or AML, and Chronic Lymphocytic Leukemia or CLL).</p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Staging of the cancer -Type of treatment and when it was last completed</li> <li>• Any complications from the treatment</li> <li>• Any recurrence of the cancer or secondary cancer</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Type</li> <li>• Severity of the disease</li> <li>• Type of treatment</li> <li>• Time since last treatment</li> </ul> <p>In general, the earlier the stage, the better the decision, but the decisions will vary based on the type of leukemia.</p> <p><b>Acute Lymphocytic Leukemia (ALL)</b>, even in remote history (i.e. childhood), will still carry Substandard ratings as an adult.</p> <p>Cases of <b>Chronic Lymphocytic Leukemia (CLL)</b> or <b>Chronic Myeloid Leukemia (CML)</b> may be assessed on a case-by-case basis, according to the above factors.</p> <p><b>Acute Myeloid Leukemia (AML):</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p>**Trial application suggested**</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type/staging of the leukemia</li> <li>• Contact information for the physician who would have all the medical records to include their name, address and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Cancer (Lung)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Lung cancer is the leading cause of cancer-related death.</p> <p>The most significant risk factor for developing lung cancer is smoking, although other environmental factors (i.e. asbestos, long-term exposure to certain aerosols) can promote lung cancer even in non-smokers.</p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Staging of the cancer -Type of treatment and when it was last completed</li> <li>• Any complications from the treatment</li> <li>• Any recurrence of the cancer or secondary cancer</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Type</li> <li>• Severity of the disease</li> <li>• Type of treatment</li> <li>• Time since last treatment</li> </ul> <p>The earlier the stage, the better the decision. Most considerations will be limited to Stage I or lower.</p> <p>Ratings will entail temporary flat extra ratings (e.g. \$10.00 per thousand for x number of years).</p> <p><b>If the applicant is a current smoker:</b></p> <ul style="list-style-type: none"> <li>• Likely decline</li> </ul> <p>**Trial application suggested**</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type/staging of the lung cancer – Any lymph node involvement</li> <li>• Contact information for the physician who would have all the medical records to include their name, address and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Cancer (Prostate)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Prostate cancer is the second most common cancer found among men and among one of the 5 most deadly cancers for men. Most cases are diagnosed after the age of 55.</p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Staging of the cancer, including the Gleason grade*</li> <li>• Type of treatment and when it was last completed</li> <li>• Any complications from the treatment</li> <li>• Any recurrence of the cancer or secondary cancer</li> </ul> <p><small>*Note: the Gleason score is a grading system unique to prostate cancer, and is simply a number between 6 and 10.</small></p>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Type</li> <li>• Severity of the disease</li> <li>• Type of treatment</li> <li>• Time since last treatment</li> </ul> <p>The earlier the stage, the better the decision. Standard rates are possible for many low-stage prostate cancers, especially if treated 5 years ago or further in history.</p> <p>Substandard ratings may be required for higher-stage prostate cancers, and usually entail permanent table ratings (starting at 150%).</p> <p>Consideration is available for low-stage prostate cancer that is under active surveillance (i.e. not operated on), case-by-case basis.</p> <p>**Trial application suggested**</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• PSA test</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type/staging of the prostate cancer – Any lymph node involvement</li> <li>• Contact information for the physician who would have all the medical records to include their name, address, and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Cancer (Skin) and Malignant Melanoma (excluding Basal Cell Carcinoma)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Skin cancer including malignant melanoma are the most common of all skin cancers. This can include dysplastic nevus, lentigo maligna, squamous cell carcinoma and malignant melanoma.</p>	<ul style="list-style-type: none"> <li>• Number and type of lesions</li> <li>• Staging of the cancer</li> <li>• Type of treatment and when it was last completed</li> <li>• Any recurrence</li> <li>• Any other risk factors</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Number of lesions</li> <li>• Type of lesion including depth etc. of the tumour</li> <li>• Treatment</li> <li>• Pathology report</li> </ul> <p>Ratings may entail a blend of permanent table ratings (i.e. 150%) and temporary flat extra ratings (i.e. \$5.00 per thousand for x number of years).</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type/staging of the skin cancer</li> <li>• Contact information for the physician who would have all the medical records to include their name, address, and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Cancer (Thyroid)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Thyroid cancer is a rare form of cancer that starts in your thyroid (a small gland at the base of your neck)</p> <p>There are 4 main types: Papillary, Follicular, Medullary and Anaplastic Thyroid Carcinomas</p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Type/Staging of the cancer</li> <li>• Type of treatment and when it was last completed</li> <li>• Any complications from the treatment</li> <li>• Any recurrence of the cancer or secondary cancer</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Type of cancer</li> <li>• Severity of the disease</li> <li>• Type of treatment</li> <li>• Time since last treatment</li> </ul> <p>The earlier the stage, the better the decision.</p> <p>Ratings may entail a blend of permanent table ratings (i.e. 150%) and temporary flat extra ratings (i.e. \$5.00 per thousand for x number of years).</p> <p><b>**Trial application suggested**</b></p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type/staging of the thyroid cancer – Any lymph node involvement</li> <li>• Type of treatment, such as partial vs. complete removal of the thyroid gland, and if radiation treatment was required</li> <li>• Contact information for the physician who would have all the medical records to include their name, address and phone number</li> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> </ul>

## Chronic Obstructive Pulmonary Disease (COPD)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>COPD is a chronic, progressive breathing disorder characterized by an obstructed airflow to and from the lungs, resulting in a loss of lung capacity. It is caused by smoking, environmental exposure to toxins, chemicals, and/or dust.</p> <p><i>(Alias' include: COPD, Emphysema, Chronic Bronchitis)</i></p>	<ul style="list-style-type: none"> <li>• Age at diagnosis</li> <li>• Current smoking status and smoking history</li> <li>• Occupation</li> <li>• Pulmonary function tests results</li> <li>• Medical treatment</li> <li>• Physical fitness</li> <li>• Frequency of symptoms</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity of the disease</li> <li>• Smoking status</li> <li>• Pulmonary function test results</li> </ul> <p>Ratings can range from standard to a decline.</p> <p><b>Mild (Non-Smoker):</b></p> <ul style="list-style-type: none"> <li>• Standard</li> </ul> <p><b>Mild (Smoker):</b></p> <ul style="list-style-type: none"> <li>• 175%-250%</li> </ul> <p><b>Moderate (Non-Smoker):</b></p> <ul style="list-style-type: none"> <li>• 175%-250%</li> </ul> <p><b>Moderate (Smoker):</b></p> <ul style="list-style-type: none"> <li>• 250% to decline</li> </ul> <p><b>Severe:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Date and results of last check up</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date of hospitalization or ER visit if any</li> <li>• Date and results of last pulmonary function testing</li> </ul>

## Colorectal Cancer

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Colorectal cancer is a cancer of the lower digestive tract, most commonly occurring in the large intestine. It is the third most common cause of death from cancer, predominantly affecting the older ages.</p> <p><i>(Alias' include: Colon Cancer, Rectal Cancer, Intestinal Cancer, Cancer of the Intestines )</i></p>	<ul style="list-style-type: none"> <li>• Stage of the cancer</li> <li>• Time (years) since treatment was completed</li> <li>• Previous history of bowel disease (e.g. colitis)</li> <li>• Frequency and quality of follow-up</li> </ul>	<p><b>Ratings are heavily dependent on</b> the cancer stage, and are offered in the form of temporary flat extra ratings. For early stage cancers, you can anticipate ratings of \$2 to \$5 per thousand, applicable throughout the 5+ years after treatment has been completed. Higher stages will warrant increased flat extra ratings and sometimes permanent table ratings (e.g. 150%).</p> <p><b>Likely Declines:</b></p> <ul style="list-style-type: none"> <li>• Cancer diagnosis and/or treatment within 1 year of the application</li> <li>• Stage 3 or higher (cancer spread to other organs) colorectal cancer</li> <li>• History of colorectal cancer with recurrence of the same</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• Recent colonoscopy within 5 years or sooner, depending on the cancer history</li> </ul>

## Congenital Heart Disease

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Congenital heart conditions vary greatly in terms of lasting effects and mortality impact. By nature, these conditions will be present at birth; some may resolve on their own with time and further development, whereas others will require surgery to correct.</p> <p><i>(Alias' include: Bicuspid Aortic Valve, Atrial Septal Defect/ASD, Ventricular Septal Defect/VSD, Patent Foramen Ovale/PFO, Heart Murmur)</i></p>	<ul style="list-style-type: none"> <li>• Type of murmur/anomaly</li> <li>• Need for surgery</li> <li>• Date of last test and/or imaging</li> <li>• Any ongoing symptoms or exercise limitations</li> </ul>	<p>Depending on the condition, the decision could be anywhere from standard to a decline</p> <p><b>**Preliminary Inquiry via your Business Development Manager is suggested**</b></p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <p>In the case of a childhood heart murmur that has since resolved, it can be very helpful to indicate on the application the date that the murmur was last detected (or suspected to have resolved), as well as the date of the client's last echocardiogram.</p>



## Coronary Artery Disease (CAD) including Coronary Artery Bypass Surgery

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Coronary artery disease (CAD) refers to poor quality circulation in the blood vessels, surrounding the heart. This is usually caused by blockages (or plaque) throughout these blood vessels, leading to inadequate oxygen and nutrient supply to areas of the heart. This can result in angina or a heart attack/myocardial infarction.</p> <p><i>(Alias' include: Bypass, CAD, Coronary Artery Disease, Coronary Artery Bypass Surgery, Coronary Artery Bypass Graft, CABG, Angioplasty, Atherosclerosis)</i></p>	<ul style="list-style-type: none"> <li>• Age of onset</li> <li>• Family history of heart disease</li> <li>• Type of treatment, surgery, follow up</li> <li>• Number of affected coronary arteries</li> <li>• Smoking status</li> <li>• Comorbid medical conditions (i.e. build, diabetes, hypertension, hyperlipidemia etc.)</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Severity of the disease/ number of arteries affected</li> <li>• Age of the applicant</li> <li>• Time since diagnosis</li> <li>• Type of treatment and compliance</li> </ul> <p><b>If an applicant is under the age of 35:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>If within 6 months of diagnosis/surgery:</b></p> <ul style="list-style-type: none"> <li>• Postponed</li> </ul> <p><b>Ratings:</b></p> <ul style="list-style-type: none"> <li>• Expect ratings to range from 150% and up</li> <li>• For Coronary Artery Bypass Surgery (CABG), ratings will be influenced by the number of vessels that are bypassed</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Current treatment details including medication dosages and dates they were started</li> <li>• Surgery details including date of surgery/diagnosis if applicable (number of arteries bypassed)</li> <li>• Date of last cardiac consultation and results of the consultation</li> </ul>

## Crohn's Disease

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Crohn's disease is an inflammatory disease, primarily affecting the intestines. Unlike ulcerative colitis, Crohn's disease can spread to affect the entire gastrointestinal tract. The inflammation caused by the disease can lead to systemic complications, such as anemia and skin disorders, and also carries an elevated risk of colorectal cancer.</p> <p><i>(Alias' include: Regional Enteritis, Regional Ileitis)</i></p>	<ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Time since last flare-up</li> <li>• Any restrictions of daily activities as a result of the disease</li> <li>• Any surgeries</li> <li>• Type of treatment required</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Time since diagnosis</li> <li>• Type of treatment</li> <li>• Time since last flare up</li> </ul> <p><b>Ratings:</b></p> <ul style="list-style-type: none"> <li>• For mild cases that have been in remission for 2 or more years, standard rates may be possible</li> <li>• All other cases, expect a rating from 150% and up depending on age, severity of the disease, treatment, time since last flare up, restrictions, etc.</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• <a href="#">Gastro-Intestinal Questionnaire 150E</a></li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date of last GI consultation and results of the consultation</li> </ul>

## Depression/Mental Health Disorder

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Depression can be characterized as a state of sadness, grief, loneliness, isolation, and/or low self-esteem. It may often develop in response to stressors in a person's everyday life, be it work, study related, family matters, or otherwise. Depression can be acute or chronic.</p> <p><i>(Alias' include: Major Depression Seasonal Affective Disorder (SAD), Clinical Depression, Post Traumatic Stress Disorder (PTSD), Adjustment Disorder, Low Mood, Burnout, Bipolar Disorder)</i></p>	<ul style="list-style-type: none"> <li>• Type of treatment used (medication, cognitive behavioural therapy (CBT), etc.)</li> <li>• Stability on current medication</li> <li>• Any comorbid conditions (e.g. chronic pain)</li> <li>• Degree of functioning in current job</li> <li>• Present or past suicidal ideations or attempts</li> <li>• Drug/alcohol use or abuse</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Time since diagnosis</li> <li>• Impairment/loss of social function</li> <li>• Severity</li> </ul> <p><b>Ratings:</b></p> <ul style="list-style-type: none"> <li>• For mild cases where applicants are stable with no time off work and no history of inpatient treatment, standard rates may be possible.</li> </ul> <p>All other cases are 150% up to a decline.</p> <p><b>Likely declines:</b></p> <ul style="list-style-type: none"> <li>• Histories of hospitalization/ inpatient treatment within the past 2 years or comorbid substance abuse.</li> </ul> <p>**Trial application suggested where there is a work disability due to depression.**</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending physician Statement (APS)</li> <li>• <a href="#">Mood Disorder Questionnaire 141E</a></li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> </ul>

## Diabetes

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Diabetes is a group of metabolic disorders, characterized by increased blood sugar levels caused by a lack of insulin or lack of response to insulin.</p> <p>Type 1 Diabetes occurs when the pancreas does not produce any insulin. It was formerly known as Juvenile Diabetes or Insulin Dependent Diabetes and is usually diagnosed at a young age. It is always treated with a form of insulin.</p> <p>Type 2 Diabetes is characterized by your body not producing enough insulin. It is formerly known as Non-Insulin Diabetes or Adult onset Diabetes. Treatment can be oral medication, diet and exercise, insulin or a combination of these.</p> <p>Gestational Diabetes is a form of Diabetes that occurs during pregnancy.</p> <p><i>(Alias' include: Insulin Dependent Diabetes, Non-Insulin dependent Diabetes, Type 1 or Type 2 Diabetes, Gestational Diabetes Mellitus, Impaired Glucose Tolerance, Juvenile Diabetes)</i></p>	<ul style="list-style-type: none"> <li>• Type of Diabetes</li> <li>• Age at onset and duration of having the disease</li> <li>• Control (Hemoglobin A1C and Microalbumin)</li> <li>• Any comorbid conditions (e.g. build, hypertension, smoking)</li> <li>• Any complications (e.g. retinopathy, neuropathy)</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Type of Diabetes</li> <li>• Age at onset</li> <li>• Current age</li> <li>• Any complications (i.e. retinopathy, ketoacidosis, hypoglycemia, neuropathy, nephropathy etc.)</li> <li>• Degree of control (i.e. Hemoglobin A1C and microalbumin levels)</li> </ul> <p><b>Ratings:</b>  <i>Best case: Possibility of standard rates for someone age 51 and up who is a well controlled Type 2 diabetic without complications.</i>  <i>Otherwise: +50 to decline, according to age of the insured, time elapsed since the diagnosis, degree of control and complications.</i></p> <p><i>For more detailed ratings, please refer to Rovr AI on <a href="#">Advisor Support</a>.</i></p> <p>Note: Ratings will be higher with earlier age of onset.</p> <p><b>Likely declines:</b></p> <ul style="list-style-type: none"> <li>• Cases of diabetes that are complicated by stroke, heart disease or kidney disease</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• Blood Profile with a Hemoglobin A1C testing</li> <li>• Urinalysis with microalbumin testing</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type of diabetes</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment, and follow-up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date of any hospitalization or ER visit</li> </ul>

# Epilepsy

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Epilepsy is a neurological disorder resulting in recurrent seizures. Common types of Epilepsy include: Partial Seizures, Grand Mal, and Generalized Epilepsy. (Alias' include: <i>Partial Seizures, Grand Mal, Petit Mal, Generalized Epilepsy</i>)</p>	<ul style="list-style-type: none"> <li>• Occupation</li> <li>• Type of seizure</li> <li>• Cause(s) of the seizures</li> <li>• Number of seizures</li> <li>• Time since last seizure</li> <li>• Severity of the seizure</li> <li>• Compliance with medications and/or treatments</li> <li>• Avocations</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Number of seizures</li> <li>• Time since last seizure</li> <li>• Severity of the seizure</li> </ul> <p><b>&lt; 6 months since last seizure:</b></p> <ul style="list-style-type: none"> <li>• Postpone</li> </ul> <p>Standard ratings are possible for mild forms of Epilepsy, which are well-controlled without any seizures for the past 2 years. Cases of moderate or severe severity may be rated 150% and up, though stability over time remains a favourable factor.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• <a href="#">Epilepsy Questionnaire 145E</a></li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type of epilepsy</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment details including medication dosages and dates they were started</li> <li>• Date of hospitalization or ER visit if any</li> <li>• Date of diagnosis</li> <li>• Date of last seizure</li> <li>• Severity</li> </ul>

## Family History

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Family history of diseases such as the following can be potential concerns for Underwriting: Hypertrophic Cardiomyopathy, Diabetes, Coronary Artery Disease, Polycystic Kidney Disease, Huntington's Disease, Motor Neuron Disease and some types of cancers such as Breast, Colon, Melanoma, and Prostate.</p>	<ul style="list-style-type: none"> <li>• Type of disease</li> <li>• How many family members are affected and the age of their diagnosis</li> <li>• Age of the applicant's diagnosis</li> <li>• Severity of the disease</li> </ul>	<p>For family histories of diabetes, cardiovascular disease and cancers, the assessment depends on the number of affected first-degree relatives. Standard ratings are usually possible with only 1 affected relative, though small ratings may be required with 2 or more relatives, depending on the age of onset of the disease.</p> <p>Note that family histories of Polycystic Kidney Disease as well as Huntington's Disease are underwritten more strictly. Possible decisions can be standard to a decline, depending on the current age of the applicant and the degree of medical follow-up available.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• Possibly a blood profile or urinalysis depending on the concern</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date/age of diagnosis</li> <li>• Name of doctor if applicable</li> </ul>

## Heart Attack

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>A heart attack, or myocardial infarction, is the death of heart muscle due to inadequate blood flow through the heart.</p> <p>Heart attacks are often accompanied by chest pain, though not always. Some myocardial infarctions may be silent, with no obvious symptoms.</p> <p><i>(Alias' include: myocardial infarction, MI, Silent MI, Coronary Thrombosis, acute coronary syndrome)</i></p>	<ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Time since diagnosis</li> <li>• Any family history of heart disease</li> <li>• Site of occlusion and/or severity and numbers of vessels affected</li> <li>• Any limitations of activity or angina</li> <li>• Any additional health risks (i.e. smoking, diabetes, hypertension, overweight, Transient Ischemic Attack (TIA), stroke, irregular heart rate, obstructive sleep apnea)</li> <li>• Type of treatment and follow up (i.e. angioplasty, stent placement, bypass surgery, or medical treatment only)</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Age of onset</li> <li>• The extent or severity of diseased arteries</li> <li>• Numbers of diseased arteries being treated and number of diseased arteries being observed</li> </ul> <p><b>175% and up:</b></p> <ul style="list-style-type: none"> <li>• No more than two-vessel disease (i.e. 2 stents placed, or 2 vessels treated with balloon angioplasty)</li> <li>• Risk factors such as blood pressure and cholesterol are all well-controlled</li> </ul> <p><b>250% and up:</b></p> <ul style="list-style-type: none"> <li>• Three or more vessels treated with stent or balloon angioplasty</li> <li>• Extensive bypass surgery</li> </ul> <p><b>Likely decline:</b></p> <ul style="list-style-type: none"> <li>• Recent episode (within 6 months)</li> <li>• History of Heart Failure, Peripheral Vascular Disease, Stroke</li> <li>• Young onset (age 35 and under)</li> <li>• More than one heart attack</li> <li>• Atrial fibrillation</li> <li>• Pacemaker</li> <li>• Pre-existing history of diabetes</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) to cover full cardiac history</li> <li>• A trial application may be beneficial</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>• Treatment details including medication dosages and dates they were started</li> </ul>

## Hepatitis

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Hepatitis is an inflammation of the liver. It can be caused by drugs, alcohol or certain medical conditions. In most cases, it is caused by a virus and is commonly known as viral hepatitis. The most common forms of hepatitis are A, B and C. It can be either acute or chronic.</p> <p><i>(Alias' include: Hepatitis A, Hepatitis B, Hepatitis C, Hep A, Hep B, Hep C)</i></p>	<ul style="list-style-type: none"> <li>Type of hepatitis</li> <li>Date of diagnosis</li> <li>Current treatment and/or past treatment</li> <li>Symptomatic vs</li> <li>Asymptomatic</li> <li>Current alcohol consumption</li> </ul>	<p><b>Hepatitis A:</b></p> <ul style="list-style-type: none"> <li>Likely standard provided the applicant is fully recovered for more than 3 months.</li> </ul> <p><b>Hepatitis B, Carrier</b></p> <ul style="list-style-type: none"> <li>Status</li> <li>Possible standard,</li> <li>Provided evidence on either insurance labs or an APS</li> </ul> <p><b>Hepatitis B with a current infection:</b></p> <ul style="list-style-type: none"> <li>If symptomatic: Postpone</li> <li>If asymptomatic: 150% and up</li> </ul> <p><b>Hepatitis C:</b></p> <ul style="list-style-type: none"> <li>Moderately substandard to a decline</li> </ul> <p><b>Concurrent Hepatitis B &amp; C:</b></p> <ul style="list-style-type: none"> <li>Decline</li> </ul> <p><b>More than minimal alcohol use with current Hepatitis B or C infection:</b></p> <ul style="list-style-type: none"> <li>Decline</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>Attending Physician Statement (APS)</li> <li>Blood profile to include liver function tests</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>Type of hepatitis and how it was contracted if known</li> <li>Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>Treatment details including medication dosages and dates they were started if on meds</li> <li>Date of all liver testing completed to include types of testing (i.e. biopsy)</li> <li>Date of diagnosis</li> </ul>

## Hypertension

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Hypertension occurs when your blood pressure is consistently above what is considered an acceptable level based on both age and gender.</p> <p><i>(Alias' include: Hypertension, High Blood Pressure)</i></p>	<ul style="list-style-type: none"> <li>Type of treatment</li> <li>Age at onset</li> <li>Current age</li> <li>Current blood pressure readings</li> <li>Compliance with treatment/control</li> <li>Build</li> <li>Smoking</li> <li>Other cardiac risk factors</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>Degree of control</li> <li>If well controlled no other risk factors could be considered standard</li> <li>If not well controlled, additional risk factors, rating could be added, or coverage could be postponed or declined</li> </ul>	<p><b>Required:</b></p> <p>May require vitals and/or an Attending Physician Statement (APS)</p> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>Date of diagnosis, most recent blood pressure readings, name and dosage of medication prescribed</li> <li>Age at onset</li> </ul>

## Hyperthyroidism

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Hyperthyroidism results when the thyroid gland is overactive and produces too much thyroid hormone that controls the body's metabolism.</p> <p><i>(Alias' include Graves' Disease, Thyrotoxicosis)</i></p>	<ul style="list-style-type: none"> <li>• Treatment</li> <li>• Any complications</li> <li>• Symptoms</li> <li>• Control</li> </ul>	<p><b>Present, asymptomatic (adults):</b></p> <ul style="list-style-type: none"> <li>• Standard</li> </ul> <p><b>Present or in history with ongoing symptoms or complications (adults):</b></p> <ul style="list-style-type: none"> <li>• 150% and up</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) may be required depending on the history</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation and any complications</li> </ul>

## Hypothyroidism

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Hypothyroidism results when the thyroid gland is underactive and produces too little thyroid hormone that controls the body's metabolism.</p> <p><i>(Alias' include: Hashimoto's Thyroiditis)</i></p>	<ul style="list-style-type: none"> <li>• Treatment</li> <li>• Any complications</li> <li>• Symptoms</li> <li>• Control</li> </ul>	<p><b>No symptoms or complications:</b></p> <ul style="list-style-type: none"> <li>• Standard</li> </ul> <p><b>With symptoms or complications:</b></p> <ul style="list-style-type: none"> <li>• 150% to decline</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS) may be required depending on the history</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation and any complications</li> </ul>

## Hysterectomy

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Hysterectomy refers to the surgical removal of the uterus</p>	<ul style="list-style-type: none"> <li>• Reason</li> <li>• Any complications</li> <li>• Recovery</li> </ul>	<p><b>Surgery greater than 3 months and benign disease confirmed:</b></p> <ul style="list-style-type: none"> <li>• Standard</li> </ul> <p><b>Surgery pending:</b></p> <ul style="list-style-type: none"> <li>• Postpone</li> </ul> <p><b>Surgery confirmed malignant disease:</b></p> <ul style="list-style-type: none"> <li>• Rated for cause</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>• Reason and results of the surgery including pathology</li> </ul>



## Illegal Drugs

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>This includes any current or past use of illicit drugs such as hallucinogens, amphetamines, stimulants or depressants (i.e. cocaine, heroin, ecstasy, LSD, magic mushrooms, mushrooms, ecstasy, peyote, PCP, coke, crack, chalk, crystal, methamphetamine, crystal meth, acid etc.)</p> <p><i>(Alias' include: Recreational Drug Use)</i></p>	<ul style="list-style-type: none"> <li>• Type of drug consumed and date last used</li> <li>• Amount consumed both current and in the past</li> <li>• Any poly-drug use* currently or in the past</li> <li>• Any history of alcohol use or misuse</li> <li>• No relapse in drug usage after quitting usage</li> </ul> <p><small>*Note: poly-drug use involves the use/abuse of 2 or more substances within a given timeframe (e.g. cocaine and hallucinogens within the same year).</small></p>	<p><b>Current use:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>With a history of relapse:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>Polydrug use within the past 5 years:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>Use of single hard drug within 3 years:</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>Use of single hard drug between 3 and 6 years ago:</b></p> <ul style="list-style-type: none"> <li>• Possibly substandard</li> </ul> <p><b>Use of single hard drug greater than 6 years ago, currently working, stable home environment and no other medical concerns:</b></p> <ul style="list-style-type: none"> <li>• Possibly standard to 150%</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Drug Use Questionnaire 144E</a></li> <li>• Urinalysis</li> <li>• Attending Physician Statement (APS) on occasion</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Type of drug(s) consumed</li> <li>• Date last consumed</li> <li>• Amount consumed</li> <li>• Any history of alcohol use or misuse</li> <li>• Any history of treatment and if so, full details</li> </ul>

## Marijuana/Cannabis

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Marijuana is often referred to as cannabis. They are in fact different: Marijuana is the psychoactive drug that comes from the cannabis plant.</p> <p><i>(Alias' include: weed, pot, dope, grass, hashish)</i></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Amount consumed per occasion</li> <li>• Amount consumed per week</li> <li>• Occupation</li> <li>• Purpose of consuming (i.e. recreational vs medicinal)</li> <li>• Any co-existing mental health conditions, substance abuse concerns, an adverse driving record, any cognitive impairment, a history of alcohol or drug misuse</li> </ul>	<p><b>If mixing tobacco and cannabis:</b></p> <ul style="list-style-type: none"> <li>• Smoker rates</li> </ul> <p><b>Occasional and recreational use for up to 12 times a month:</b></p> <ul style="list-style-type: none"> <li>• Standard non-smoker rates</li> </ul> <p><b>If using greater than 12 times per month:</b></p> <ul style="list-style-type: none"> <li>• Could be substandard to decline</li> </ul> <p><b>If the applicant is under the legal age of use :</b></p> <ul style="list-style-type: none"> <li>• Decline</li> </ul> <p><b>Medicinal cannabis:</b></p> <ul style="list-style-type: none"> <li>• Ratings are dependent on the reasons for usage</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Cannabis Use Questionnaire 824E</a></li> <li>• Urinalysis on occasion</li> <li>• Attending Physician Statement (APS) on occasion</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date last consumed</li> <li>• Amount being consumed, type or form of cannabis being used</li> <li>• Reasons for usage i.e. recreational or medicinal for health conditions</li> <li>• Any history of alcohol use or misuse</li> <li>• Any history of treatment and if so, please provide key details</li> </ul>

## Multiple Sclerosis

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Multiple sclerosis is a chronic inflammatory disease affecting the brain and spinal cord.</p> <p><i>(Alias' include: MS, Multiple cerebral sclerosis, multiple cerebro-spinal sclerosis, disseminated sclerosis)</i></p>	<ul style="list-style-type: none"> <li>• Age at onset</li> <li>• Current age</li> <li>• Severity (number of relapses)</li> <li>• Treatment (including type and dosage)</li> <li>• Progression including other symptoms (i.e. bowel/bladder or optical)</li> <li>• Hospitalizations or ER visits</li> <li>• Limitations of activities</li> </ul>	<p><b>Single attack only with no family history of MS and no neurological abnormalities:</b></p> <ul style="list-style-type: none"> <li>• &gt;5 years: standard rates may be possible</li> <li>• &lt;5 years: 150% and up</li> </ul> <p><b>Mild (fully independent and no impairment of mobility):</b></p> <ul style="list-style-type: none"> <li>• 150% and up</li> </ul> <p><b>Moderate (some limitation of activity but fully able to walk without assistance/aid):</b></p> <ul style="list-style-type: none"> <li>• 200% and up</li> </ul> <p><b>Severe (requires assistance with daily activities, uses walking aids, occasional wheelchair use):</b></p> <ul style="list-style-type: none"> <li>• 350% and up</li> </ul> <p><b>Probable declines:</b></p> <ul style="list-style-type: none"> <li>• Restricted to a wheelchair, comorbid history of depression, anxiety or associated mental health condition</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis</li> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up</li> <li>• Treatment</li> <li>• Recent testing? If so, what recent testing has been done (e.g. MRI), and what were the results?</li> </ul>

## Older Age Applicants

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Applicants aged 70 and above are considered in the mature age group. Age-specific underwriting is completed for this age group including requesting an Activities of Daily Living (ADL) Questionnaire, to be completed with their Tele-Interview or Paramedical.	<ul style="list-style-type: none"> <li>Physical Mobility (i.e. use of cane, wheelchair or other mobility device)</li> <li>Cognitive Function (i.e. mental health function, psychological wellbeing, comprehension)</li> <li>Social factors (i.e. active social life, driving, volunteering, good family support)</li> <li>Financially justified</li> <li>Limited number of organ impairments (i.e. aging lung, aging heart, aging immune system, aging kidney, smoker)</li> <li>No history of falls</li> <li>Regular medical check ups</li> <li>Polypharmacy (limited use of multiple daily medications)</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>Overall health condition and lifestyle</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>Attending Physician Statement (APS) with a copy of the applicant's complete chart records for the past 5 years</li> <li>Activity of Daily Living Questionnaire (to be completed as part of the Tele-Interview or Paramedical)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>Any current physical limitations</li> <li>Any current cognitive limitations</li> <li>Any history of falls</li> <li>Current social interactions</li> <li>List of current medications including dosages of the medications</li> <li>Date and reason for last physicians visit</li> <li>List of all medical impairments</li> </ul>

## Pulmonary Nodule

Description	Important Factors	Likely Decision	Underwriting Information Requirements
A pulmonary nodule is a small area found on the lung during an imaging scan, such as an X-Ray or CT scan.	<ul style="list-style-type: none"> <li>Risk factors include smoking history, family history of lung cancer, age at diagnosis, current age, length of time since diagnosis to include follow up, size of nodule, benign etiology, location of nodule, personal history of cancer</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>Size of the nodule, follow ups and benign etiology</li> <li>Time since diagnosis</li> <li>Current age</li> <li>Stability of nodule</li> <li>Smoking status</li> <li>Standard to decline</li> </ul> <p><b>Likely cases to be postponed:</b></p> <ul style="list-style-type: none"> <li>Awaiting surgery</li> <li>Pending follow up</li> <li>Incidental/new finding</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>Treatment details</li> </ul>

## Stroke

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>A stroke occurs when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients.</p> <p><i>(Alias' include: Cerebral Infarction, Cerebrovascular Accident, CVA, Lacunar Infarct)</i></p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Age of diagnosis</li> <li>• treatment /medications</li> <li>• Comorbidities such as elevated blood pressure, coronary artery disease, elevated cholesterol, diabetes, depression</li> <li>• Any neurological residuals</li> <li>• Number of strokes</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• The time elapsed since the stroke</li> <li>• Severity of the stroke</li> <li>• Degree of recovery</li> </ul> <p><b>Within 6 months of diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Postpone</li> </ul> <p><b>After 6 months following diagnosis, depending on age + only one stroke:</b></p> <ul style="list-style-type: none"> <li>• Mild: small to highly substandard</li> <li>• Moderate: moderate to highly substandard</li> <li>• Severe: decline</li> </ul> <p>The younger the age, more likely higher rating to decline.</p> <p>Note that any residual symptoms (i.e. movement or cognitive impairments) will increase the rating, or may lead to a decline.</p> <p><b>Likely declines:</b> Comorbidities such as Diabetes, CAD and Atrial Fibrillation</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>• Treatment details including medication names, dosages and dates they were started</li> </ul>

## Transient Ischemic Attack (TIA)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>A Transient Ischemic Attack (TIA) is a temporary blockage of blood flow to the brain. By definition, a TIA should leave no residual symptoms or signs of brain damage on CT/MRI scanning.</p> <p>TIA's nonetheless share the same risk factors as strokes, carry increased risk of future cerebrovascular events.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Age of diagnosis</li> <li>• treatment /medications</li> <li>• Comorbidities such as elevated blood pressure, coronary artery disease, elevated cholesterol, diabetes, depression</li> <li>• Any neurological residuals</li> <li>• Number of TIAs</li> </ul>	<p><b>Within 6 months of diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Postpone</li> </ul> <p><b>After 6 months, depending on age:</b></p> <ul style="list-style-type: none"> <li>• Mild: small to highly substandard</li> <li>• Moderate: moderate to highly substandard</li> <li>• Severe: decline</li> </ul> <p>The younger the age, the more likely a higher rating to decline.</p> <p><b>Likely declines:</b> Comorbidities such as Diabetes, CAD and Atrial Fibrillation</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>• Treatment details including medication names, dosages, and dates they were started</li> </ul>

## Ulcerative Colitis/Ulcerative Proctitis (UC/UP)

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Ulcerative Colitis/Ulcerative Proctitis is an Inflammatory Bowel Disease (IBD) that causes inflammation and ulcers in your digestive tract. It carries an increased risk of colorectal cancer.</p>	<ul style="list-style-type: none"> <li>• Current age</li> <li>• Duration of disease</li> <li>• Medication/treatment</li> <li>• Number of flare ups/ date of last flare up, surgeries</li> <li>• Any comorbidities such as arthritis, osteoporosis, conjunctivitis, uveitis, liver disease.</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Current age</li> <li>• Treatment</li> <li>• Severity of the disease</li> <li>• Time since last flare-up</li> </ul> <p>Could be assessed from a standard to a decline</p> <p><b>Within 6 months of diagnosis or surgery:</b></p> <ul style="list-style-type: none"> <li>• Postpone</li> </ul> <p><b>Medical treatment &amp; last flare up:</b></p> <ul style="list-style-type: none"> <li>• Mild (not requiring ongoing treatment): possibly standard</li> <li>• Moderate: standard to moderate rating depending on the length of time since last flare up</li> <li>• Severe: moderately substandard to decline depending on the length of time since last flare up</li> <li>• Higher ratings should be anticipated with disease flare-ups in the past 2 years</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Attending Physician Statement (APS)</li> <li>• <a href="#">Gastro-Intestinal Questionnaire 150E</a></li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Contact information including name, address and telephone number for medical professionals involved in diagnosis, treatment and follow up to include the date and results of last consultation</li> <li>• Treatment details including medication names, dosages, and dates they were started</li> </ul>

## NON-MEDICAL RISKS

### Aviation – Commercial

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Pilots flying either passengers or cargo on regularly scheduled flights or those working in firefighting, crop dusting, flight instruction, surveying etc. These can be either fixed wing or helicopters.</p>	<ul style="list-style-type: none"> <li>• Total number of hours flown</li> <li>• Any special ratings (i.e. Instrument Flight Rating (IFR))</li> <li>• Number of hours flown in the past 12 months and expected to fly in the next 12 months</li> <li>• Type of flying being done</li> <li>• Any history of accidents</li> <li>• Any medical impairments</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Experience as a pilot (including number of hours flown in total and annually)</li> <li>• Purpose of flying</li> </ul> <p><b>Ratings can range from:</b></p> <ul style="list-style-type: none"> <li>• Standard to flat extra rating of \$10 per thousand</li> </ul> <p><b>Highest ratings are for:</b></p> <ul style="list-style-type: none"> <li>• Crop dusting</li> <li>• Ferry service</li> <li>• Fire fighting</li> <li>• Explosive transportation</li> <li>• Aerobatics</li> <li>• Stunting</li> <li>• Search and Rescue</li> </ul> <p>Ratings are usually expressed in terms of a flat extra rating (i.e. \$5.00 per thousand).</p> <p>Note that pilots of major carrier airlines and regularly scheduled flights are underwritten with no additional risk, if there is no other flying outside of their occupation.</p> <p>No aviation exclusions are available given this is the occupation.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Aviation Questionnaire 138E</a></li> </ul>

## Aviation – Private/Recreational

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Pilots flying airplanes or helicopters for recreation and/or pleasure.	<ul style="list-style-type: none"> <li>Total hours flown as a pilot</li> <li>Number of hours flying per year (both in the past 12 months and in the next 12 months)</li> <li>Type of aircraft flown</li> <li>If a student pilot, age is a factor</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>Experience as a pilot (including total number of hours flown and annually)</li> <li>Purpose of flying</li> </ul> <p><b>Student Pilots:</b></p> <ul style="list-style-type: none"> <li>\$2.00 and up</li> </ul> <p><b>Aerobatic:</b></p> <ul style="list-style-type: none"> <li>Individual consideration</li> </ul> <p><b>Fixed Wing or Helicopter:</b></p> <ul style="list-style-type: none"> <li>Experience as a pilot (including total number of hours flown and annually)</li> </ul> <p>Ratings are usually expressed in terms of a flat extra rating (i.e. \$5.00 per thousand).</p> <p>Amateur or home-built aircraft carry an additional rating in addition to the rating for aviation (usually an additional \$5.00 per thousand extra)</p> <p>An aviation exclusion may be available when flying is not the client's occupation.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li><a href="#">Aviation Questionnaire 138E</a></li> </ul>

## Climbing/Mountaineering

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Mountaineering includes hiking, rock climbing, snow climbing, abseiling glacier climbing etc.	<ul style="list-style-type: none"> <li>Qualifications including formal training or affiliated with a club</li> <li>Number of years experience</li> <li>Whether they climb alone or not</li> <li>Locations of their climbing</li> <li>Future intentions for climbing (i.e. any goals)</li> <li>Frequency of climbing</li> <li>Heights of climbs</li> <li>If known, the Yosemite Decimal System (YDS) rating of recent climbs is useful</li> </ul>	<p><b>Ratings dependent on activity:</b></p> <p><b>Indoor wall climbing, hiking, scrambling, snow climbing (all below 13,000 feet):</b></p> <ul style="list-style-type: none"> <li>Likely to be assessed standard</li> </ul> <p><b>Any climbing approximately 20,000 feet or more or climbing in the Himalayas:</b></p> <ul style="list-style-type: none"> <li>Likely declines</li> </ul> <p><b>For all other climbing activities:</b></p> <ul style="list-style-type: none"> <li>Expect a rating between \$2.50 and \$5.00 extra per thousand</li> </ul> <p>Ratings are usually expressed in terms of a flat extra rating (i.e. \$5.00 per thousand)</p> <p>A Mountaineering exclusion may be available when climbing is not related to the client's occupation</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li><a href="#">Climbing/Mountaineering Questionnaire 153E</a></li> </ul>

## Driving

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Driving criticisms including license suspensions, driving while under the influence, reckless or careless driving, at fault accident, speeding, distracted driving (texting, cell phone), no seatbelt, minor moving violations (stop-sign, traffic violations failure to yield and driving without insurance), minor accidents.	<ul style="list-style-type: none"> <li>• Current age and age at time of infractions</li> <li>• Date of infraction(s)</li> <li>• Type and number of infractions (if speeding, the number of km over the posted speed limit)</li> <li>• Occupation</li> <li>• Any instances of license being suspended</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Number of infractions</li> <li>• Current age</li> <li>• Type and severity of the infraction(s)</li> </ul> <p>Ratings depend on the number and type/severity of the violations and age of the applicant. Minor infractions generally standard.</p> <p><b>Likely declines include:</b></p> <ul style="list-style-type: none"> <li>• More than one DUI in the past 5 years</li> <li>• More than 2 DUIs in total</li> </ul> <p>Ratings are usually expressed in terms of a flat extra rating (i.e. \$5.00 per thousand)</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Motor Vehicle Report (MVR)</li> </ul>

## Missionary Work

Description	Important Factors	Likely Decision	Underwriting Information Requirements
An individual who is travelling outside of North America to provide aid or serve people of other cultures in another country. This can be for social justice purposes, foreign aid, religious purposes, or medical missions.	<ul style="list-style-type: none"> <li>• Destination</li> <li>• Length &amp; Frequency of Stay</li> <li>• Likely accommodations</li> <li>• Details to prior missionary trips</li> <li>• Purpose of the mission</li> </ul>	<p><b>In situations where missionary work is done in a dangerous location or one with exposure to poor health risks:</b></p> <ul style="list-style-type: none"> <li>• A decline is likely</li> </ul> <p><b>A religious minister (clergyperson, priest, rabbi, rector, vicar, Imam, etc.) practicing religion in North America:</b></p> <ul style="list-style-type: none"> <li>• Standard rates</li> </ul> <p>All others will be individual consideration.</p>	<p><b>Required:</b></p> <p>Full details of intended missionary work including destination, length of stay and prior missionary work.</p>



## Motor Vehicle Racing

Description	Important Factors	Likely Decision	Underwriting Information Requirements
<p>Motor Vehicle Racing includes drag racing, motorbike/dirt bike racing, cross-country scrambles, sports car racing, demolition derby, karting, stock cars etc.</p>	<ul style="list-style-type: none"> <li>• Type of vehicle and type of racing</li> <li>• Top speeds achieved (km/h, mi/h), or engine size (cc)</li> <li>• Frequency of participation</li> <li>• Engine type (in drag racing: regular, stock, top gas, pro stock, etc.)</li> </ul>	<p><b>Autocross, demolition derby and vintage racing:</b></p> <ul style="list-style-type: none"> <li>• Usually assessed standard</li> </ul> <p><b>Highly substandard ratings or individual consideration include:</b></p> <ul style="list-style-type: none"> <li>• Speeds greater than 175miles/hour</li> <li>• Grand Prix/Formula racing</li> <li>• Any record attempts</li> <li>• NASCAR</li> </ul> <p>All others usually fall between \$2.50 and \$10.00 extra per thousand.</p> <p>A history of substance abuse issues, including DUI with significant medical history that may restrict driving activity (i.e. seizures, stroke) combined with ongoing racing may result in a decline.</p> <p>Ratings are usually expressed in terms of a flat extra rating (i.e. \$5.00 per thousand).</p> <p>Exclusions may be available in place of a rating when racing is not related to the client's occupation.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Automobile Racing Questionnaire 137E</a></li> <li>• MVR (on occasion)</li> </ul>

## Scuba Diving

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Scuba Diving includes cave diving, free diving and skin diving.	<ul style="list-style-type: none"> <li>• Depth of the dive (in feet, or meters)</li> <li>• Diving location</li> <li>• Frequency of participation</li> <li>• Recreational vs professional</li> <li>• Chronic medical history</li> </ul>	<p><b>Likely standard decisions are:</b></p> <ul style="list-style-type: none"> <li>• Recreational diving 100 feet or less</li> <li>• Snorkeling/Skin diving</li> </ul> <p><b>Diving activity that may be accompanied with ratings between \$2.50 and \$10.00 per thousand include:</b></p> <ul style="list-style-type: none"> <li>• Wreck diving</li> <li>• Underwater cave diving</li> <li>• Diving to depths greater than 100 feet</li> <li>• Some professional divers, depending on location, depth, and activity</li> </ul> <p>Decline decisions are rare – typically only if there is diving to greater depths, combined with significant health risks or free diving.</p> <p>Divers with personal histories of poorly controlled hypertension, stroke/Transient Ischemic Attack (TIA), or heart disease or severe respiratory conditions may require an exclusion or extra rating.</p> <p>A Scuba Diving exclusion may be available when the diving is not related to the client's occupation.</p> <p>Ratings are usually expressed in terms of a flat extra rating (i.e. \$5.00 per thousand).</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Scuba Diving Questionnaire 158E</a></li> </ul>

## Travel

Description	Important Factors	Likely Decision	Underwriting Information Requirements
Travel outside of Canada or the United States	<ul style="list-style-type: none"> <li>• Location of travel including regional travel within those countries</li> <li>• Purpose of travel</li> <li>• Intended duration of stay</li> <li>• Age of applicant</li> <li>• Health/medical history of applicant</li> <li>• Frequency of travel</li> </ul>	<p><b>Ratings dependent on:</b></p> <ul style="list-style-type: none"> <li>• Length of stay</li> <li>• Location travelling to</li> </ul> <p>Some countries may be considered with a rating, flat extra or exclusion.</p> <p>Depending on location/duration may be postponed until returned or decline.</p> <p><b>**The status of any country can change at any time.**</b></p>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Foreign Travel and Residence Questionnaire 313E</a></li> </ul> <p><b>Helpful:</b></p> <ul style="list-style-type: none"> <li>• Full details of all travel in the past 12 months and anticipated travel in the next 12 months along with the purpose of the travel.</li> </ul>

## SMOKER DEFINITION

Smoker rates apply to anyone who has used any form of tobacco, nicotine products, nicotine substitutes, e-cigarettes, vaping, small cigars (including cigarillos) within the past 12 months or who has mixed tobacco with cannabis or who tests positive for cotinine on a urine test. Any applicant vaping, whether the vape contains nicotine or not, will be considered a smoker.

The occasional large cigar use (12 times or less per year) or cannabis use without it being mixed with nicotine will be considered at non-smoker rates provided the applicant tests negative for cotinine upon their urine testing.

## ADULT BUILD CHARTS

These charts represents the maximum weight allowed for each rating. The charts should be used as a **reference only** as combinations of build with other risk factors could result in higher ratings or even declines. These ratings are based on the build charts as of April 2023 and are subject to change.

For any weight loss greater than 10lbs(4.5kg) in the past 12 months, half of the weight lost is added back to the current weight when calculating the build rating.

### Imperial Measurement System

**Example:** If an applicant is 5'4" and 255lbs, they would be rated 225% for their build. If an applicant is 6'3" 345lbs, they would be rated 200% for their build.

Ratings	150%	175%	200%	225%	250%	275%	300%	325%	350%
Height (ft/in)	Weight (lbs)								
4'10"	195	200	210	215	220	225	230	235	240
4'11"	195	200	210	215	225	230	235	240	245
5'0"	200	210	215	225	230	240	245	250	255
5'1"	215	225	230	240	245	250	255	260	265
5'2"	225	230	240	245	255	260	265	265	270
5'3"	225	230	242	245	255	260	265	270	275
5'4"	230	235	245	255	265	270	275	275	280
5'5"	235	245	255	260	270	280	285	290	290
5'6"	240	250	260	270	280	285	295	300	300
5'7"	240	250	260	270	280	290	295	300	310
5'8"	255	265	275	285	295	305	310	320	320
5'9"	265	270	275	285	305	315	320	325	325
5'10"	275	285	295	305	315	325	330	335	335
5'11"	280	290	300	315	325	330	340	345	345
6'0"	290	300	310	320	330	340	350	355	355
6'1"	310	320	330	340	350	360	375	375	375
6'2"	312	325	330	340	350	360	375	380	385
6'3"	325	335	345	360	370	380	385	385	390
6'4"	330	335	350	365	375	385	390	390	395
6'5"	340	355	365	380	390	400	405	405	405
6'6"	350	365	375	390	400	410	415	415	415

## Metric Measurement System

**Example:** If an applicant is 163cm and 116kgs, they would be rated 225% for their build. If an applicant is 191cm and 156kgs, they would be rated 200% for their build.

Ratings	150%	175%	200%	225%	250%	275%	300%	325%	350%
Height (cm)	Weight (kg)								
147	89	91	96	98	100	102	104	107	109
150	89	91	96	98	102	104	107	109	111
152	91	96	98	102	104	109	111	114	116
155	98	102	104	109	111	114	116	118	120
158	102	104	109	111	116	118	120	120	122
160	102	104	110	111	116	118	120	122	125
163	104	107	111	116	120	122	125	125	127
165	107	111	116	118	122	127	129	132	132
168	109	114	118	122	127	129	134	136	136
170	109	114	118	122	127	132	134	136	141
173	116	120	125	129	134	139	141	145	145
175	120	122	125	129	139	143	145	148	148
178	125	129	134	139	143	148	150	152	152
181	127	132	136	143	148	150	154	156	156
183	132	136	141	145	150	154	159	161	161
185	141	145	150	154	159	163	171	171	171
188	142	148	150	154	159	163	171	172	174
191	148	152	156	163	167	172	174	174	177
193	150	152	159	166	171	175	177	177	179
196	154	161	166	172	177	181	184	184	184
198	159	166	171	177	181	186	188	188	188

## FINANCIAL UNDERWRITING

BMO is a significant player in the large case market with our Whole Life and Universal Life Product offerings. As a result, we have negotiated reinsurance capacity to support your large cases north of \$100M+ (subject to Actuarial approval including a special quote). We offer dedicated Underwriting service, special actuarial quotes and dedicated Case Management.

**NOTE:** Certain conditions may limit capacity (ie travel, aviation, concentration risks etc).

### Personal Insurance

Purpose of Insurance	Underwriting Guideline	Requirements
<b>Income Replacement (Term Life)</b>	Multiples are used based on factors such as age, occupation and net worth.	<p><b>Amounts \$3,000,000 and up:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> </ul> <p><b>Amounts \$5,000,000 and up:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> <li>• Supporting financial documentation for Personal Insurance includes Tax returns (T1) for the past 2 years or a letter from an Accountant confirming both the applicant's income and net worth.</li> </ul>
<b>Estate Planning (Whole Life / Universal Life)</b>	50% of net worth (taxable assets only)	<p><b>Amounts \$5,000,000 and more:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> <li>• Supporting financial documentation for Estate Planning purposes includes third party verification of assets including a detailed breakdown of both assets and liabilities.</li> </ul>
<b>Estate Preservation</b> (using insurance to allow a family owned business to be passed along intact to one child and a fair/equitable amount of benefit - i.e. insurance be given to the remaining siblings who are not involved in the family owned business)	50% of net worth (taxable assets only)	<p><b>For all amounts:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> </ul> <p><b>Amounts \$5,000,000 and more:</b></p> <ul style="list-style-type: none"> <li>• Supporting financial documentation includes third party verification of assets including a detailed breakdown of both assets and liabilities and a valuation of the company.</li> </ul>
<b>Note:</b> Where there is more than one reason for insurance, obtain necessary information to justify each component of coverage.		
<b>Coverage amounts on a Non-Working Spouse</b>	<p>We will match the working spouse's coverage up to \$1,000,000 in force &amp; applied for.</p> <p>For coverage over \$1,000,000, consider half of the amount of the working spouse subject to a maximum of \$2,500,000.</p> <p>For amounts over \$2,500,000, individual consideration based upon estate planning needs.</p>	<p><b>Amounts over \$2,500,000:</b></p> <p>Individual consideration based upon estate planning needs, including:</p> <ul style="list-style-type: none"> <li>• Advisor cover letter, to also include details of working spouse's in force coverage, family earned and unearned income and a detailed breakdown of their net worth to include investable assets.</li> </ul>

Purpose of Insurance	Underwriting Guideline	Requirements
<b>Children</b> (In all provinces except for Quebec, legal age is actual age 16. In Quebec, legal age is actual age 18.)	Amounts up to \$250,000 may be considered, regardless of the amount of insurance the parents have in-force. <ul style="list-style-type: none"> <li>• BMO requires all assets to be in Canada.</li> </ul>	
	For amounts over \$250,000 and up to \$1,000,000, all of the 4 following requirements should be met. <ul style="list-style-type: none"> <li>• BMO requires all assets to be in Canada.</li> </ul>	<ul style="list-style-type: none"> <li>• A cover letter should be included with the application.</li> <li>• Unless uninsurable, one parent must have the same amount of coverage as the child and the second parent must have twice the amount of coverage.</li> <li>• Unless uninsurable, all siblings should be insured equally (or a detailed explanation given as to why not).</li> </ul>
	For amounts over \$1,000,000, they are considered on their own merits and based on the Canadian net worth of the family. <ul style="list-style-type: none"> <li>• BMO requires all assets to be in Canada.</li> </ul>	A cover letter should be included with the application.
<b>University or College students or recent graduates</b>	Can be considered for amounts up to \$1,500,000. <ul style="list-style-type: none"> <li>• BMO requires all assets to be in Canada.</li> </ul>	
	Individual consideration for amounts over \$1,500,000. <ul style="list-style-type: none"> <li>• BMO requires all assets to be in Canada.</li> </ul>	A cover letter should be included with the application and contain the following details: <ul style="list-style-type: none"> <li>• Field of study / details on current educational institution</li> <li>• Expected graduation date</li> <li>• Anticipated future earnings</li> </ul>
<b>Coverage amounts on lives with no income</b>	Individuals on social assistance are not eligible for coverage.	
<b>Charitable Donation</b>	Individual consideration <ul style="list-style-type: none"> <li>• Donors should have adequate coverage in-force for personal insurance needs</li> <li>• Amounts should not represent more than 20% of client's net worth</li> <li>• Amount of premiums they intend on making should be reasonable and in line with their income and net worth</li> <li>• Need to demonstrate a need for insurance based on either a loss of future donations or other philanthropic objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Advisor cover letter to establish the link between policy holder and beneficiary, and life to be insured. Explain the insurable interest and include details of pattern of donations to the charity and regular gifting.</li> </ul> <p>NOTE: Charitable policies sold for investment purposes will not be considered. If proposed life insured is a key person for the charity, details regarding their affiliation with the charity should be included in the cover letter.</p> <p>NOTE: An insurable interest cannot be created through either a new board or charitable affiliation that's been established for the purpose of the application.</p>

Purpose of Insurance	Underwriting Guideline	Requirements
<b>Immediate Financing Arrangement (IFA)</b>	Deposits/premiums put into these policies should not be more than 10-20% of the applicant's net worth.	<b>Advisor cover letter to include:</b> <ul style="list-style-type: none"> <li>• What financial institution is being used for IFA.</li> <li>• Copy of loan agreement for IFA strategy (if available or if not yet available, provide an explanation as to why/when it will be available).</li> <li>• Copy of needs analysis for the insurance and not driven solely by an investment concept.</li> <li>• Net worth statements.</li> <li>• Three years of personal and/or corporate income tax returns.</li> <li>• Financial statements prepared by company accountant and/or credible third party with supporting IFA/insurance illustrations.</li> </ul>
<b>Trusts</b>	Individual consideration	<b>Advisor cover letter to include:</b> <ul style="list-style-type: none"> <li>• details of insurable interest on life of trustee.</li> <li>• details of financial loss the trust would suffer upon death of life insured.</li> <li>• copies of trust documents with conditions and purpose of the trust and the financial performance of the trust.</li> </ul>
<b>Retirement Compensation Arrangement (RCA)</b>	We do not participate in RCAs or triple back-to-back concepts.	
<b>BMO does not permit any application where a secondary lender is involved.</b> <b>We need to ensure there is fair treatment of customers for any premium financing deal to ensure the client can afford the coverage and associated leveraging is done at a reasonable interest rate.</b>		

## Business Insurance

Purpose of Insurance	Underwriting Guideline	Requirements
<b>Key Person Insurance</b>	5-10 x annual income (salary and regular bonus + employer benefits)	<ul style="list-style-type: none"> <li>• <a href="#">Financial Questionnaire – Business Coverage 146E</a></li> </ul> <p><b>Amounts \$5,000,000 and more:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> <li>• Supporting financial documentation for Key Person Insurance includes tax returns</li> <li>• (T1) for the past 2 years or a letter from an Accountant confirming the Applicant's income</li> </ul>
<b>Buy-sell/Partnership Agreement (Active &amp; Non-Active Shareholder)</b>	% of ownership x fair market value (FMV)	<ul style="list-style-type: none"> <li>• <a href="#">Financial Questionnaire – Business Coverage 146E</a></li> </ul> <p><b>Amounts \$5,000,000 and more:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> <li>• Supporting financial documentation for Business Insurance includes Corporate Financial Statements for the last 3 years (or 2 years of comparative statements), preferably audited</li> <li>• A copy of the loan agreement</li> <li>• Organizational charts, as applicable</li> </ul>
<b>Business Loan Protection</b>	Usually equivalent to the loan, Insured's % of obligation. **Will only insure the applicant's percentage of obligation of the loan.**	<ul style="list-style-type: none"> <li>• Insured must be involved in the loan as borrower or as a guarantor.</li> <li>• Advisor cover letter</li> <li>• Copy of loan agreement</li> </ul> <p><b>Amounts \$5,000,000 and more:</b></p> <ul style="list-style-type: none"> <li>• Advisor cover letter</li> <li>• Supporting financial documentation for Business Insurance includes Corporate Financial Statements for the last 3 years (or 2 years of comparative statements), preferably audited</li> <li>• a copy of the loan agreement and organizational charts as applicable.</li> </ul>
<b>Business Guaranteed Insurability Option (BGIO)</b>	<p>BGIO amount is the Life Insured's share of the Fair Market Value (FMV) of the operating business on the coverage date OR a lesser amount.</p> <p>All business partners should be applying with BMO for BGIO based on their percentage of ownership in the operating company or professional corporation.</p> <p><b>Minimum BGIO amount</b> is \$100,000. <b>Maximum BGIO amount</b> is \$3,333,334. <b>Total amount</b> of in-force and applied for on all coverages not to exceed \$20,000,000. <b>Maximum Option Amount</b> The owner can exercise the option to increase the insurance coverage up to 3 times the BGIO amount up to a maximum of \$10,000,000 with financial justification at option dates during the contract.</p>	<p><b>Age and amount requirements</b> are based on the total of the base plan + the maximum option amount of the BGIO Rider (3x the BGIO requested coverage).</p> <p>Example: T10 \$1M base plan with BGIO \$500K. Order requirements based on the total line of \$2.5M.</p> <p><b>Financials:</b></p> <ul style="list-style-type: none"> <li>• Corporate Financial Statements for the last 3 years (or 2 years of comparative statements), preferably audited.</li> <li>• <a href="#">BGIO Worksheet 416E</a></li> <li>• Articles of incorporation confirming ownership.</li> <li>• If a formal Fair Market Value calculation completed by an accountant is available, please provide this. Refer to <a href="#">BGIO Rider Fact Sheet 423E</a> for details.</li> </ul>
<b>Note:</b> Where there is more than one reason for insurance, obtain necessary information to justify each component of coverage.		



## Foreign Asset Guidelines

### Personal & Business Insurance

For financial underwriting purposes BMO requires verification of assets to financially underwrite insurance applications. We will consider foreign assets within the guidelines outlined below.

Purpose	Underwriting Guideline	Requirements
<b>Applicant</b>	<ul style="list-style-type: none"> <li>• Be a Canadian resident for income tax purposes.</li> <li>• Be at least 19 years of age.</li> <li>• Must be gainfully employed in Canada with verifiable income and net worth.</li> <li>• Be paying premiums through a Canadian bank account.</li> </ul>	<ul style="list-style-type: none"> <li>• Please submit a detailed cover letter with the application outlining the foreign assets the applicant would like taken into consideration by BMO. The cover letter should be accompanied by our <a href="#">Financial Supplement for Life Insurance form (937E)</a>.</li> <li>• Application and all age/amount requirements to be completed in Canada.</li> <li>• Full disclosure of all life insurance both in force and applied for in Canada and worldwide including amounts and carriers.</li> </ul>
<b>Financial</b>	<p>Acceptable documents for verified foreign net worth:</p> <ul style="list-style-type: none"> <li>• Financial documents from a Canadian banking facility or financial services firm in Canada.</li> <li>• A copy of the most recent Canadian income tax return verifying Canadian and foreign assets.</li> <li>• All financial statements must come from an accounting firm in Canada. Offshore financial statements <u>will not be considered</u> unless they have been validated by a Canadian accounting firm.</li> <li>• All financial documents must be in English or French and verifiable by a Canadian business institution.</li> <li>• For any Corporately owned policies, the corporation must be Canadian domiciled with verified and audited Canadian financial statements.</li> </ul>	
<b>Net Worth (Foreign Assets)</b>	<p>For Underwriting purposes, applicants will need to substantiate their net worth in Canada. In addition to their Canadian net worth, foreign assets may be considered up to the following percentages:</p> <ul style="list-style-type: none"> <li>• 50% of the applicant's verified foreign net worth.</li> <li>• 30% of the applicant's non-verified foreign net worth.</li> <li>• Full disclosure of all liabilities is required.</li> </ul>	
<b>Medical</b>	<p><b>The applicant must:</b></p> <ul style="list-style-type: none"> <li>• Have established medical care in Canada and provide the full name and address of all physicians seen.</li> <li>• Any foreign medical records are to be transferred to their primary physician here in Canada for evaluation.</li> <li>• All medical records available to BMO are written in either English or French. We will not accept medical documents in any other languages.</li> </ul>	

## Advisor Cover Letter

In general, the Advisor Cover Letter should include the following explanations regarding the sale:

- How the coverage was determined;
- The purpose of the insurance;
- The relationship between the advisor and the applicant(s);
- Financial justification for the amount being applied for/total line of coverage requested;
- Any sales concepts used;
- Details on the source of the premiums: details of their income/net worth and a detailed breakdown of their net worth to include their investable asset portfolio; and
- Any other information that the underwriter may require in the assessment of the application.

## Let's connect

To find out more about BMO Insurance products, please call your MGA, contact the BMO Insurance regional sales office in your area or call 1-877-742-5244.



**Ontario Region**  
1-800-608-7303

**Quebec – Atlantic Region**  
1-866-217-0514

**Western Region**  
1-877-877-1272



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Insurer: BMO Life Assurance Company

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