



ADVISOR GUIDE

Field underwriting guide



We help. You grow.

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Decoding our compass

This field underwriting guide will help advisors understand and evaluate the risk of a Client's life or critical illness application before they apply.

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Decoding our compass

In this manual, you'll find:

- a summary of medical and non-medical conditions,
- their impact on life expectancy and health, and
- guidelines for understanding risk.

We'll explain the risk factors for different health conditions, from common illnesses to more complex diseases. You'll also find special requirements for each medical condition (e.g. needing a doctor's statement, lab tests, or other specific needs). These guidelines will help you understand the possible outcomes for insurance applications.

Sun Life is a leading company in the financial services industry, known for its excellence. With over 150 years of experience, we offer customized financial solutions for individuals, families and businesses. We're a trusted partner for life and critical illness insurance, wealth management and retirement planning. Using our expertise and an innovative approach, we help advisors protect Clients' financial futures. We're dedicated to supporting high-net-worth families and small businesses with advanced wealth preservation strategies and comprehensive services to help ensure financial security across generations. At Sun Life, our forward-thinking approach, strong market presence and focus on Client experience make us a top choice for reliable advice and protection in a changing economy.

Search with keywords

You can search the entire guide simply by pressing CTRL+F (Win) or CMD (⌘)+F (Mac) and typing in a medical condition, lifestyle factor, avocation or other term.

Medical conditions are listed in alphabetical order and include the following information:

- Name of the medical condition
- Brief description of the medical condition
- Underwriting risk factors to be taken into consideration for the assessment
- Unique requirements
- Factors influencing decisions for both Life and Critical Illness insurance
- Factors making Life and Critical Illness insurance unlikely to be considered

Example - Addison's disease

Addison's disease

A rare endocrine disorder in which the adrenal glands do not produce enough steroid hormones, particularly cortisol and aldosterone. Lifelong hormone replacement therapy is required to manage this medical condition.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Time since diagnosis• Cause• Type of treatment (such as hormone replacement therapy)• Duration of stability
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• Well controlled on hormone replacement• Age > 19 and up
CI decision	<ul style="list-style-type: none">• Time since last symptom(s)<ul style="list-style-type: none">– 0-2 years: 200% to 150%– > 2 years: standard
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Age ≤ 18• Uncontrolled or with complications

Smoking definition

Smoker vs. non-smoker rates

We will consider non-smoker rates if the proposed insured has not used any form of nicotine or tobacco product such as cigarettes, cigarillos, small cigars, large cigars*, pipes, betelnut, chewing tobacco (and Zyn), nicotine gum or patches, e-cigarettes (vaping) with nicotine in the last 12 months.

Sun Life preferred term smoking definitions are based on the following criteria:

Class 1**	Proposed insureds who have not used any tobacco products in the last 60 months, are exceptionally healthy and meet the medical and lifestyle preferred risk criteria.
Class 2**	Proposed insureds who have not used any tobacco products in the last 24 months, are in very good health and meet the medical and lifestyle preferred risk criteria.
Class 3	Proposed insureds who have not used any tobacco products in the last 12 months, with the exception of the use of an occasional large cigar*, are considered for this class.
Class 4**	Proposed insureds who smoke, are in very good health and meet the medical and lifestyle preferred risk criteria.
Class 5	Other proposed insured smokers are considered for this class.

Notes

* Occasional large cigar: we may offer non-smoker rates (class 3 only) where the proposed insured smokes 12 large cigars or less per year, discloses this practice on the application and has a negative cotinine test.

** The EvolveTerm preferred underwriting classes are only available at certain ages and amounts. Refer to the Evolve Term advisor guide (810-5267) for additional details.

NB Marijuana users are not charged smoker rates unless they also use with tobacco.

Medical Information Bureau disclaimer

MIB, LLC (Medical Information Bureau)

A Medical Information Bureau (MIB) check is conducted for all applications. This MIB review is a standard part of the process for every file. MIB operates by highlighting impairment codes submitted by previous carriers to new carriers at each application. A company may not make a final decision based solely on the code but these codes may lead to a more inclusive underwriting investigation to the clients' proposed insurability.

We or our reinsurers may also submit a brief report of our findings to MIB, LLC (MIB), a not-for-profit organization, which operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. If the person named in this application also applies for insurance coverage or submits a claim with another life or health insurance company that is a MIB member, then MIB will, upon request, supply such company with the information in its file.

MIB receives personal information, and the collection, use and disclosure of such information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws. Therefore, MIB has agreed to protect such information in a manner that is substantially similar to the company's privacy and securities practices, and in accordance with applicable laws. As a U.S.-based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws.

If you have any questions about MIB's commitment to protect the confidentiality and security of your personal information, you may contact the MIB Privacy Department at privacy@mib.com.

To learn more about MIB, LLC, visit www.mib.com, call 866-692-6901 or write to:

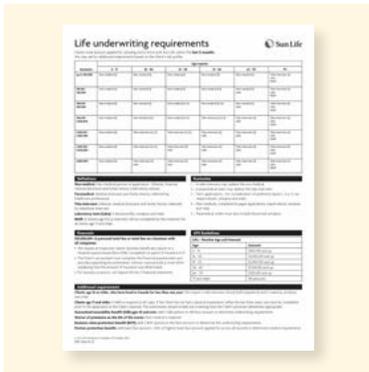
MIB, LLC

50 Braintree Hill Park Suite 400
Braintree, MA 02184-8734

You may ask to see your personal information on file with MIB, LLC and correct anything that is inaccurate or incomplete.

Age and amount underwriting requirements

Life age and amount underwriting requirements



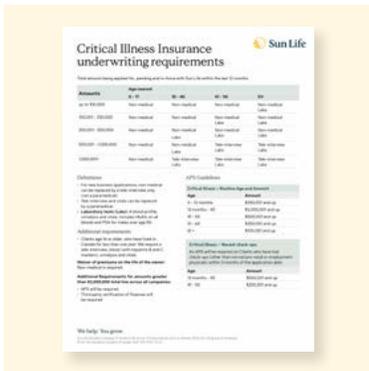
Life underwriting requirements
810-3126

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[Suncentral](#)

[Advisor hub](#)

Critical illness insurance age and amount underwriting requirements



Critical illness insurance underwriting requirements
810-4193

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[Advisor hub](#)

Medical and non-medical requirements

This segment aims to acquaint advisors with the various underwriting requirements, explaining their nature, who is responsible for requesting them, and any special considerations regarding their collection or submission.

Requirement	What	Who	Notes
Attending physician statement (APS)	<p>Summary of the proposed insured's personal medical chart.</p> <p>May also be a copy of the medical chart.</p>	<ul style="list-style-type: none"> • Ordered by Sun Life head office through the approved service provider, Dynacare. • For medical records from the U.S., a special authorization (HIPAA) will usually need to be collected by Dynacare beforehand. • For medical records from overseas, in most cases, the client in most cases will be responsible for obtaining a copy of their medical chart and forwarding it to Sun Life head office, either directly or through their advisor. 	<ul style="list-style-type: none"> • Service provider will send the request to the physician, medical clinic or hospital. • Service provider is also responsible for paying the fee and following up with the doctor's office, clinic or hospital on a regular basis until the completed report is received.
Blood profile	<p>Blood testing for:</p> <ul style="list-style-type: none"> • Diabetes • Cholesterol • Kidney function • Liver function • HIV, etc. <p>The blood kit also includes a urine specimen.</p>	<ul style="list-style-type: none"> • Ordered by advisor or Sun Life head office. • Blood drawn by approved service provider. 	<ul style="list-style-type: none"> • Service provider will contact the proposed insured to arrange an appointment. • Lab testing will be completed by Exam One's labs. • Underwriter may ask the lab to run additional tests on the sample. • The underwriter will send copy to the proposed insured's physician upon request. • Clients can access their results on ExamOne's website
Mature age focus interview (MAFI)	<ul style="list-style-type: none"> • A questionnaire is required for all clients age nearest 71 and over. • Activities of daily living questions • Cognitive and mobility testing 	<p>Automatically included for clients age nearest 71 and over, completed by approved paramedical provider.</p>	<p>Service provider will contact the proposed insured to arrange an appointment.</p>

Requirement	What	Who	Notes
Motor vehicle report (MVR)	Copy of proposed insured's driving record which includes all violations and/or accidents over a period of 3 to 5 years.	<ul style="list-style-type: none"> • Ordered by Sun Life head office. • Conducted by an approved service provider. 	<ul style="list-style-type: none"> • Not a routine age and amount requirement. • Provincial requirements to obtain a MVR: <ul style="list-style-type: none"> – AB: Client must obtain the MVR directly – BC: ICBC – Driver's licence abstract request (form BC - MV2680) – MB, SK, YK, NWT, NU: Driver record authorization (form E257) – ON, NB, NS, PEI, NFLD: only driver's licence number is required – Quebec: Authorization for the disclosure of driving record (form 5981A 75)
Paramedical	<ul style="list-style-type: none"> • Medical history questions • A paramedical examiner checks the proposed insured's height, weight and blood pressure. 	<ul style="list-style-type: none"> • Ordered by advisor • Can be arranged through approved service provider. 	<ul style="list-style-type: none"> • Service provider will contact the proposed insured to arrange an appointment. • Can be replaced by a tele-interview and vitals. • For convenience, may be completed in the proposed insured's home or office. • Only a tele-interview can be used to replace a non-medical. Paramedicals must not be ordered to replace a non-medical.
Tele-interview	Lifestyle and medical history questions	Requested by the advisor through electronic application.	<ul style="list-style-type: none"> • Only available on new business cases. • Can replace a non-medical. • A tele-interview and vitals can be used to replace a paramedical. • Can be used on applications for up to 2 lives.

Requirement	What	Who	Notes
Third party verification of finances	Required if total line with all companies is over \$10,000,000.	<ul style="list-style-type: none"> • Cover letter must be completed by advisor. • The financial questionnaire form E96 must be completed by the client and their accountant. 	Personal insurance: <ul style="list-style-type: none"> • Cover letter explaining the need for coverage and how the amount is determined. • Financial questionnaire (form E96) Business insurance: <ul style="list-style-type: none"> • Financial questionnaire (form E96) • Last 2 sets of corporate financial statements
Urinalysis	Detects the following substances: <ul style="list-style-type: none"> • Glucose • Blood • Protein • Cocaine • Cotinine (derivative of nicotine) 	<ul style="list-style-type: none"> • Ordered by advisor or Sun Life head office. • Arranged through an approved service provider. 	<ul style="list-style-type: none"> • Service provider will contact the proposed insured to arrange an appointment. • May be completed in the proposed insured's home or office. • Underwriter may ask the lab to run additional tests on the sample. • The underwriter will send copy to the proposed insured's physician upon request. • Clients can access their results on ExamOne's website.
Vitals	A measure of the proposed insured's height, weight and blood pressure.	<ul style="list-style-type: none"> • Ordered by advisor or Sun Life head office. • Arranged through an approved service provider. 	<ul style="list-style-type: none"> • Service provider will contact the proposed insured to arrange an appointment. • May be completed in the proposed insured's home or office. • The underwriter will send a copy to the proposed insured's physician upon request. • Results are often included with the clients' blood test results on ExamOne's website.

The underwriter may ask to update any of these requirements before the expiry date of the evidence.

Approved service providers

ExamOne

<https://www.examone.ca/for-insurers/reducing-cycle-time/online-services>

Dynacare

<https://www.dynacare.ca/insurance-professional.aspx>

Genetic testing

In 2017, an act to prohibit and prevent genetic discrimination was passed. This law prohibits any person from requiring an individual to undergo a genetic test or requiring an individual to disclose the results of a genetic test as a condition of:

- providing a good or service,
- entering into a contract or agreement, or
- offering or continuing specific terms or conditions in a contract or agreement with that individual.

Anyone in breach of the law could face a prison term of up to 5 years and a fine of up to \$1,000,000.

What does this law mean to you?

Please do not discuss or document the results of any genetic tests, especially when asking Clients about their personal medical history or their family history. Although Clients are required to disclose medical tests completed in the last 5 years, this no longer applies to genetic test results.

If Clients inadvertently tell you about their genetic test results, please tell them about the law and our inability to take genetic testing results into consideration as we assess insurance applications.

Our applications, paramedical, tele-interview APS and questionnaires have been updated to clearly indicate to not ask or collect information about genetic tests or genetic test results.

Field underwriting and the importance of disclosure

From an underwriting perspective, encouraging disclosure early in the process from a proposed life insured is of paramount importance. Providing accurate and complete information upfront on an individual's financial, medical and non-medical history forms the foundation for proper underwriting risk assessment with reduced cycle time and need for additional requirements. This transparency allows insurance companies to make informed decisions about coverage terms, exclusions, and premium rates, ensuring that policies are tailored appropriately to an individual's mortality and morbidity risk level. Moreover, complete disclosure helps prevent potential issues of misrepresentation or non-disclosure, which could lead to claim denials or policy rescissions in the future. By encouraging and emphasizing the importance of disclosure from clients, underwriters can maintain the integrity of the insurance process, establish fair and sustainable underwriting decisions more quickly, and ultimately foster a more trusting relationship between the insurer and the proposed life insured.

Questions to ask Clients

To better know the Client, here are some common questions that you can ask:

Medical questions

1. Do you currently take any medication or are you currently having any medical treatment?
 - If yes, has your medication or treatment changed recently?
2. Have you had treatment for, or experienced symptoms of, any of the following?
 - cancer, coronary heart disease, stroke, diabetes or sleep apnea
3. Do you have any symptoms or conditions that you have not had treatment and/or testing for yet?
4. In the last five years, have you visited a physician?
 - What was the reason for the visit(s)?
 - What was the outcome?
 - Do you need a follow-up?
5. Do you have any pending appointments with a general practitioner, specialist or executive medical?

Lifestyle questions

1. When was the last time you used a tobacco or nicotine products in any form, including cigarettes, cigars, vapes, pipes, packets, patches, chewing gum or shisha-hookah pipes? How often?
2. Do you have any current or past use of drugs, or have a history of drug or alcohol abuse?
3. Do you have a history of criminal activity, charges pending, driving offences or a DUI?
4. Do you have any special licenses, such as a pilot's license (student, private, recreational or commercial)?
5. Do you plan to travel outside of North America within the next 12 months? If yes, where and for how long?
6. Do you take part in hazardous sports such as climbing, parachuting, heliskiing, scuba diving or any other hazardous activity?

These questions are available as a hand out to prospective Clients.

Preliminary underwriting - Questions your advisor might ask you



Preliminary underwriting - Questions your advisor might ask you
810-5167

Download

[Suncentral](#)

[Advisor hub](#)

Underwriting questionnaires

All the questionnaires used in underwriting are available on Suncentral and Advisor Hub

Form	Advisor hub (SLFD, Prospr)	Suncentral (Independent Insurance Distribution)
Aerial activities questionnaire (E1)	Download	Download
Alcohol usage questionnaire (E26)	Download	Download
Asthma, bronchitis, or respiratory questionnaire (E268)	Download	Download
Aviation questionnaire (E4)	Download	Download
Driving history questionnaire (E263)	Download	Download
Drug questionnaire (E12)	Download	Download
Family history questionnaire (E45)	Download	Download
Financial questionnaire (E96)	Download	Download
Foreign residence / travel questionnaire (E259)	Download	Download
Mental health questionnaire (E264)	Download	Download
Motor racing questionnaire (E19)	Download	Download
Mountain climbing questionnaire (E17)	Download	Download
Skiing, snowboarding and/or snowmobiling questionnaire (4656)	Download	Download
Underwater diving questionnaire (E24)	Download	Download
Use of tobacco and nicotine products questionnaire (4693)	Download	Download

Life and CI insurance adult (over age 15) build tables

The guidelines in the following build table are for life and critical illness insurance and are meant to be directional only. For life insurance, the minimum rateable weight is 150% mortality and the maximum rateable weight is 350%. For CI insurance, the minimum rateable weight is 125% mortality and the maximum rateable weight is 250%. Adults whose build falls within the borderline zone column may be accepted standard or rated, depending on their overall risk profile. Adults who have other risk factors such as high blood pressure, high cholesterol, diabetes or sleep apnea may be accepted with a higher rating than shown in the tables or declined. Adults whose build falls below the minimum weight of the build tables below will be rated or declined.

BMI (Body Mass Index) is a ratio of weight to height. A healthy BMI score, for adults, is between 20 and 25. A score between 25 and 30 indicates an overweight build which may result in an increased risk of associated illness. A BMI over 30 indicates obesity with a significant increased risk of heart disease, hypertension, diabetes and other associated illnesses. A BMI under 17 is considered underweight.

Height and weight of children (ages 0-14)

The height and weight of children is assessed on an accept or decline basis. Most children can be accepted standard. However, if a child's height, weight or physical development fall outside normal developmental milestones, or if the child's doctor or health practitioner is concerned about the child's height, weight or physical development or has recommended that the child gain or lose weight or follow a diet, the file will be referred to an underwriter for appropriate action.

Adult build table – males and females (pounds), ages 15 and over

Height	Average weight (Standard)	Borderline zone (Standard to 150%)	Rateable (150% to 350%)	Declined if weight exceeds:
FT IN	Weight (lb)	Weight (lb)	Weight (lb)	Weight (lb)
4'8"	76 - 147	148 - 160	161 - 223	223
4'9"	79 - 152	153 - 166	167 - 231	231
4'10"	82 - 158	159 - 172	173 - 239	239
4'11"	84 - 163	164 - 178	179 - 247	247
5'0"	87 - 169	170 - 184	185 - 256	256
5'1"	90 - 174	175 - 190	191 - 264	264
5'2"	93 - 180	181 - 197	198 - 273	273
5'3"	96 - 186	187 - 203	204 - 282	282
5'4"	99 - 192	193 - 210	211 - 291	291
5'5"	102 - 198	199 - 216	217 - 300	300
5'6"	106 - 204	205 - 223	224 - 310	310
5'7"	109 - 211	212 - 230	231 - 319	319
5'8"	112 - 217	218 - 237	238 - 329	329
5'9"	115 - 223	224 - 244	245 - 338	338
5'10"	119 - 230	231 - 251	252 - 348	348
5'11"	122 - 236	237 - 258	259 - 358	358
6'0"	125 - 243	244 - 265	266 - 369	369
6'1"	129 - 250	251 - 273	274 - 379	379
6'2"	133 - 257	258 - 280	281 - 389	389
6'3"	136 - 264	265 - 288	289 - 400	400
6'4"	140 - 271	272 - 296	297 - 411	411
6'5"	143 - 278	279 - 304	305 - 422	422
6'6"	147 - 286	287 - 311	312 - 433	433
6'7"	151 - 293	294 - 320	321 - 444	444
6'8"	155 - 300	301 - 328	329 - 455	455
6'9"	159 - 308	309 - 336	337 - 467	467
BMI	17 - 33	33.1 - 36	36.1 - 50	> 50

Adult build table – males and females (kilograms), ages 15 and over

Height	Average weight (Standard)	Borderline zone (Standard to 150%)	Rateable (150% to 350%)	Declined if weight exceeds:
CM	Weight (kg)	Weight (kg)	Weight (kg)	Weight (kg)
142	35 - 66	67 - 72	73 - 101	101
145	36 - 69	70 - 75	76 - 105	105
147	37 - 71	72 - 78	79 - 108	108
150	38 - 74	75 - 80	81 - 112	112
152	40 - 76	77 - 83	84 - 116	116
155	41 - 79	80 - 86	87 - 119	119
157	42 - 81	82 - 89	90 - 124	124
160	44 - 84	85 - 92	93 - 128	128
163	45 - 87	88 - 95	96 - 132	132
165	47 - 90	91 - 98	99 - 136	136
168	48 - 92	93 - 101	102 - 141	141
170	50 - 95	96 - 104	105 - 144	144
173	51 - 98	99 - 107	108 - 149	149
175	52 - 101	102 - 110	111 - 153	153
178	54 - 104	105 - 114	115 - 158	158
180	56 - 107	108 - 117	118 - 162	162
183	57 - 110	111 - 120	121 - 167	167
185	59 - 113	114 - 124	125 - 172	172
188	61 - 116	117 - 127	128 - 176	176
191	62 - 119	120 - 130	131 - 181	181
193	64 - 123	124 - 134	135 - 186	186
196	65 - 126	127 - 138	139 - 191	191
198	67 - 129	130 - 141	142 - 196	196
201	69 - 133	134 - 145	146 - 201	201
203	71 - 136	137 - 149	150 - 206	206
206	72 - 139	140 - 152	153 - 212	212
BMI	17 - 33	33.1 - 36	36.1 - 50	> 50

Build evaluations

- Obese or underweight individuals may require vitals.
- Individuals who have lost more than 10 lbs (4.5kgs) in the last 12 months, will have 50% of the weight added back to their weight.
- Involuntary weight loss or more than 10lbs (4.5kgs) may be postponed.
- A BMI of less than 15 is a postpone (ages 18 to 70).

Medical impairments

DISCLAIMER: This preliminary assessment is provided by Sun Life based solely on the information you have provided. It is expressly understood that this assessment is contingent on the submission of a duly completed application and a comprehensive underwriting process. The accuracy and validity of this preliminary assessment are subject to change pending the outcome of our full review. This assessment does not constitute a binding obligation and is not conclusive of the final determination that may result from the complete application review and underwriting process. Sun Life reserves the right to modify or revoke this assessment based on the results of our full review.

Contents

20	Addison's disease	33	Atrial fibrillation
20	AIDS	34	Attention Deficit Hyperactivity Disorder (ADHD) / Attention Deficit Disorder (ADD)
20	Alzheimer's disease	34	Asperger syndrome
20	Albuminuria	35	Autism Spectrum Disorder (ASD) / Pervasive Development Delay (PDD)
20	Amyotrophic Lateral Sclerosis (ALS)	36	Bariatric surgery
21	Anemia	37	Barrett's esophagus
21	Aplastic anemia	37	Basal cell carcinoma
22	Hemolytic anemia	38	Benign Prostatic Hyperplasia/Hypertrophy (BPH)
23	Iron deficiency anemia	38	Bicuspid aortic valve
23	Pernicious anemia (vitamin B12 deficiency anemia)	39	Bipolar disorder
24	Sickle cell anemia	39	Blood pressure (elevated)
24	Angioplasty	40	Breast disorder: Cyst/Nodule
25	Anxiety, somatoform and dissociative disorders (including burnout, stress, panic)	41	Cancer: Breast
26	Aortic stenosis	42	Cancer: Colorectal (Colon)
27	Aortic valve replacement	43	Cancer: Prostate
28	Arthritis	44	Cancer: Skin
28	Ankylosing spondylitis	45	Cancer: Thyroid
29	Osteoarthritis	47	Celiac disease
30	Psoriatic arthritis	48	Cerebral palsy
31	Rheumatoid arthritis	49	Chronic kidney disease
32	Asthma		

Medical impairments (cont'd)

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Contents

50	Chronic liver disease	64	Down syndrome
51	Chronic pain	65	Dysplastic (atypical) nevi
52	Cognitive impairment (mild), Age-associated memory impairment, Dementia, Alzheimer's Disease	66	Eating disorders
53	Colon polyps	66	Anorexia nervosa
54	Concussion and head injury	66	Bulimia nervosa
55	COPD (Chronic Obstructive Pulmonary Disease), including chronic bronchitis and emphysema	67	Eating Disorder Not Otherwise Specified (EDNOS)
56	Coronary Artery Disease (CAD)	67	Epilepsy
57	Crohn's disease	67	Factor V Leiden
58	Cystic fibrosis	68	Family history
58	Deep vein thrombosis	68	Family history – Amyotrophic Lateral Sclerosis (ALS)
58	Defibrillator	68	Family history – Alzheimer's disease or dementia
58	Delusional disorder	69	Family history – Breast cancer or ovarian cancer
58	Dementia	69	Family history – Cardiovascular disease or Cerebrovascular disease
59	Depression	70	Family history – Colon cancer
60	Diabetes	70	Family history – Diabetes
60	Diabetes – Type 1 (including LADA and MODY)	71	Family history – Huntington's disease
61	Diabetes – Type 2	71	Family history – Multiple sclerosis
62	Diabetes – Gestational	71	Family history – Parkinson's disease
63	Diverticulitis	71	Fatty liver disease

Medical impairments (cont'd)

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Contents

72	Fibromyalgia	87	Hydronephrosis
73	Gastritis	88	Hypertension (elevated blood pressure, systemic hypertension)
74	Gender dysphoria (including transgender, gender diversity, gender reassignment)	89	Intellectual disability
74	GERD (Gastroesophageal Reflux Disease)	89	Iron deficiency anemia
75	Glomerulonephritis	90	Kawasaki disease
76	Gout	91	Kidney transplant
76	Graves' disease	92	Lupus
76	Headache	93	Lyme disease
76	Heart attack	93	Melanoma
77	Hematuria	94	Migraine
78	Hemochromatosis	94	Mitral valve replacement or repair
79	Hemophilia	95	Multiple sclerosis
80	Hepatitis	96	Myasthenia gravis
80	Hepatitis A	97	Narcolepsy
81	Hepatitis B	97	Osteoarthritis
82	Hepatitis C	98	Ovarian cyst
83	Hernia	99	Pacemaker
84	Human Immunodeficiency Virus (HIV)	100	Pancreatitis
85	Huntington's disease	101	Parkinson's disease
85	Hydrocephalus	101	Pernicious anemia (vitamin B12 deficiency anemia)
86	Hypercoagulability		

Medical impairments (cont'd)

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Contents

101	Phlebitis (superficial thrombophlebitis)	111	Sickle cell anemia
102	Pneumothorax	112	Sleep apnea
103	Polycystic kidney disease	113	Spinal cord injury
104	Polycystic ovary syndrome	114	Splenomegaly
104	Post-Traumatic Stress Disorder (PTSD)	114	Squamous cell carcinoma (cutaneous)
105	Pregnancy	115	Stroke
106	Premature birth	116	Suicide attempt
107	Prostatitis	117	Syncope (fainting)
107	Proteinuria	118	Thyroid disorder – Hyperthyroidism, Graves' disease, toxic goiter
107	Psoriatic arthritis	118	Thyroid disorder – Hypothyroidism
108	Psoriasis	119	Thyroid disorder – Cyst / nodule
108	Psychosis	120	Transient Ischemic Attack (TIA)
109	Pulmonary embolism	121	Tuberculosis
109	Pulmonary nodule	122	Ulcerative colitis
109	Rheumatoid arthritis	122	Underweight
110	Sarcoidosis	123	Varicose veins
111	Schizophrenia	124	Venous thrombosis
111	Seizure	124	White coat syndrome

Addison's disease

A rare endocrine disorder in which the adrenal glands do not produce enough steroid hormones, particularly cortisol and aldosterone. Lifelong hormone replacement therapy is required to manage this medical condition.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Time since diagnosis• Cause• Type of treatment (such as hormone replacement therapy)• Duration of stability
Unique requirements	<ul style="list-style-type: none">• APS
Life and CI decision	<ul style="list-style-type: none">• Age > 19 and up, well controlled on hormone replacement.• Time since last symptom(s)<ul style="list-style-type: none">– 0 - 2 years: 200% to 150%– > 2 years: standard
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Age ≤ 18• Uncontrolled or with complications

AIDS

Refer to [Human Immunodeficiency Virus \(HIV\)](#).

Alzheimer's disease

Refer to [Cognitive impairment](#).

Albuminuria

Refer to [Proteinuria](#).

Amyotrophic Lateral Sclerosis (ALS)

Also known as Lou Gehrig's disease, ALS is a progressive neurological disorder that affects nerve cells in the brain and spinal cord. It causes muscle weakness and atrophy throughout the body, leading to paralysis and eventually impacting on essential functions like breathing and swallowing.

Life and CI decision	<ul style="list-style-type: none">• Decline
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Anemia

A condition characterized by a lack of healthy red blood cells or hemoglobin, which are essential for carrying oxygen throughout the body. Causes could be the result of excessive blood loss, failure of the bone marrow to produce sufficient new red blood cells or premature destruction of red blood cells.

Aplastic anemia

Blood disorder in which the blood marrow fails to produce enough new blood cells. This can lead to fatigue, increased risk of infections, and easy bruising or bleeding.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of onset• Cause• Type of anemia• Severity• Treatment (include all types of treatment)• Blood test results (complete blood count including hemoglobin levels)• Complications
Unique requirements	<ul style="list-style-type: none">• APS including Complete Blood Count (CBC)
Life decision	<p>Present</p> <ul style="list-style-type: none">• Postpone <p>Cause known</p> <ul style="list-style-type: none">• Rate for cause <p>Investigated and cause unknown</p> <ul style="list-style-type: none">• Without bone marrow transplant:<ul style="list-style-type: none">– Postpone if within 1 year, otherwise 175% to standard, depending on duration from diagnosis.• With bone marrow transplant:<ul style="list-style-type: none">– Postpone if under age 21 or within 5 years since end of treatment. Thereafter, individual consideration.
CI decision	<p>Present</p> <ul style="list-style-type: none">• Decline <p>Cause known</p> <ul style="list-style-type: none">• Rate for cause <p>Investigated and cause unknown:</p> <ul style="list-style-type: none">• Without bone marrow transplant:<ul style="list-style-type: none">– Postpone if within 3 years, thereafter may be standard.• With bone marrow transplant:<ul style="list-style-type: none">– Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Cause unknown and/or incomplete investigation• Severe anemia• Underweight• With pulmonary hypertension• Pending bone marrow transplant• Current steroid use

Hemolytic anemia

Premature destruction of red blood cells. This accelerated breakdown of red blood cells occurs faster than the bone marrow's production of new ones, resulting in insufficient oxygen delivery to tissues and organs.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of onset• Cause• Type of anemia• Severity• Treatment (include all types of treatment)• Blood test results (complete blood count including hemoglobin levels)• Complications
Unique requirements	<ul style="list-style-type: none">• APS including Complete Blood Count (CBC)
Life decision	<p>Cause known</p> <ul style="list-style-type: none">• Postpone if within 6 months of recovery or control, otherwise rate for cause. <p>Cause unknown</p> <ul style="list-style-type: none">• Best case scenario – possible standard if over 5 years of control, and no longer on steroids. <p>Uncontrolled</p> <ul style="list-style-type: none">• Postpone
CI decision	<p>Cause known</p> <ul style="list-style-type: none">• Postpone if within 6 months of recovery or control, otherwise rate for cause. <p>Cause unknown</p> <ul style="list-style-type: none">• Best case scenario – possible 200% if over 5 years of control, no longer on steroids. <p>Uncontrolled</p> <ul style="list-style-type: none">• Postpone
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Cause unknown and/or incomplete investigation• Severe anemia• Underweight• With pulmonary hypertension• Pending bone marrow transplant• Current steroid use

Iron deficiency anemia

The most common form of anemia and is a condition in which the body lacks adequate healthy red blood cells. Causes may include insufficient intake of iron, blood loss, poor absorption, or pregnancy.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Age of onset • Cause • Type of anemia • Severity • Treatment (include all types of treatment) • Blood test results (complete blood count including hemoglobin levels) • Complications
Unique requirements	<ul style="list-style-type: none"> • APS including Complete Blood Count (CBC)
Life decision	<ul style="list-style-type: none"> • Age < 60: Best case scenario – standard if mild. Based on severity, 175% to decline. • Age ≥ 60: Best case scenario – standard if mild. Based on severity, 200% to decline.
CI decision	<ul style="list-style-type: none"> • Age < 60: Best case scenario – standard. • Age ≥ 60: Best case scenario – 150%. Based on severity, 200% to decline.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Cause unknown and/or incomplete investigation • Severe anemia • Underweight • With pulmonary hypertension • Pending bone marrow transplant • Current steroid use

Pernicious anemia (vitamin B12 deficiency anemia)

A hereditary autoimmune disorder which results in the failure of the stomach to produce an intrinsic factor necessary for the absorption of vitamin B12.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Age of onset • Cause • Type of anemia • Severity • Treatment (include all types of treatment) • Blood test results (complete blood count including hemoglobin levels) • Complications
Unique requirements	<ul style="list-style-type: none"> • APS including Complete Blood Count (CBC)
Life decision	<ul style="list-style-type: none"> • Standard if normal blood count, under treatment and controlled. If not, postpone.
CI decision	<ul style="list-style-type: none"> • Standard if normal blood count, under treatment and controlled. If not, postpone.
Life unlikely to be considered	<ul style="list-style-type: none"> • Cause unknown and/or incomplete investigation • Severe anemia • Underweight • With pulmonary hypertension • Pending bone marrow transplant • Current steroid use

Sickle Cell Anemia

An autosomal recessive genetic blood disorder characterized by red blood cells that take on an abnormal, rigid, sickle shape which block small blood vessels.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of onset• Cause• Type of anemia• Severity• Treatment (include all types of treatment)• Blood test results (complete blood count including hemoglobin levels)• Complications
Unique requirements	<ul style="list-style-type: none">• APS including Complete Blood Count (CBC)
Life decision	<p>Sickle cell trait only</p> <ul style="list-style-type: none">• Possible standard <p>Anemia confirmed</p> <ul style="list-style-type: none">• Age < 25: Postpone• Age ≥ 25: Rating 250% to decline depending on last episode, treatment and complications, if any.
CI decision	<p>Sickle cell trait only</p> <ul style="list-style-type: none">• Possible standard <p>Anemia confirmed</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Cause unknown and/or incomplete investigation• Severe anemia• Underweight• With pulmonary hypertension• Pending bone marrow transplant• Current steroid use

Angioplasty

Refer to [Coronary artery disease](#).

Anxiety, somatoform and dissociative disorders (including burnout, stress or panic)

A group of mental health conditions, either acute or chronic, that are characterized by excessive and intense feelings of fear, worry and nervousness, that can interfere with daily life.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Age of onset • Diagnosis • Symptoms • Frequency of episodes (including date of last episode) • Duration of stability • Treatment / medication • Compliance to treatment and regular follow-ups • Time off work/school • Any hospitalizations or ER visits • Any suicidal thoughts or attempts • History of alcohol and/or drug use
Unique requirements	<ul style="list-style-type: none"> • Mental health questionnaire • APS
Life decision	<p>Acute</p> <ul style="list-style-type: none"> • Single episode, with or without medication, and within 6 months of control: Possible standard • Recurrent episodes: Consider chronic <p>Chronic</p> <ul style="list-style-type: none"> • Mild: Possible standard • Moderate: Mild substandard rating • Severe: Moderate substandard rating to decline
CI decision	<p>Acute</p> <ul style="list-style-type: none"> • Single episode, with or without medication, and within 6 months of control: Possible standard • Recurrent episodes: Consider chronic <p>Chronic</p> <ul style="list-style-type: none"> • Mild or Moderate: Possible standard • Severe: Postpone if ≤ 1 year since diagnosis. Thereafter, minimum 150% rating to decline.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Off work or on disability at time of application • Poor response to treatment or chronic ongoing symptoms • Postpartum depression and currently pregnant • Within 2 years of a new diagnosis of depression at age 65 or over • Associated substance abuse • Treated with ketamine

Aortic stenosis

A condition where the aortic valve in the heart becomes narrowed, restricting blood flow from the left ventricle to the aorta. Aortic stenosis may be described as mild, moderate or severe depending on the degree of outflow obstruction which can be estimated by an echocardiogram.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Severity (mild, moderate or severe)• Symptoms (such as angina, dyspnea, syncope)• Cardiac test results• Surgery (refer to Aortic valve replacement)• Regular follow-ups• Any associated coronary artery disease or valvular disease.
Unique requirements	<ul style="list-style-type: none">• APS to include cardiac test results (ECG, echocardiogram, or cardiac catheterization results)
Life decision	<p>Mild</p> <ul style="list-style-type: none">• Best case scenario is standard if age > 65. Otherwise, moderate substandard rating. <p>Moderate</p> <ul style="list-style-type: none">• Best case scenario is 175% if age > 65. Otherwise, moderate to high substandard rating. <p>Severe</p> <ul style="list-style-type: none">• Decline
CI decision	<ul style="list-style-type: none">• Decline unless mild aortic stenosis only, asymptomatic, and age > 65 with normal ejection fraction.
Life unlikely to be considered	<ul style="list-style-type: none">• Current age < 15• With symptoms of angina, dyspnea, or syncope• With coronary artery disease, congestive heart failure or atrial fibrillation• Pending surgery for valve replacement• Severe aortic stenosis
CI unlikely to be considered	<ul style="list-style-type: none">• Under age 65• Symptomatic, shortness of breath, etc• Abnormal ejection fraction• Moderate to severe aortic stenosis

Aortic valve replacement

A surgical procedure in which a damaged or diseased aortic valve in the heart is removed and replaced with a mechanical or biological valve. This is typically done to treat severe aortic stenosis or regurgitation, improving blood flow from the heart to the body.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age at replacement• Type of prosthesis (mechanical or biological/animal tissue valve)• Cardiac test results• Follow-ups• Coronary artery disease, if any
Unique requirements	<ul style="list-style-type: none">• APS to include cardiac test results (ECG, echocardiogram) and operative reports
Life decision	<p>Mechanical valve (age at replacement)</p> <ul style="list-style-type: none">• Rating usually decreases with age, subject to complete review of all cardiac test results.<ul style="list-style-type: none">– 26-50 years old: 350% to 250%– >51 years old: 200% to 250% <p>Biological/tissue valve (age at replacement)</p> <ul style="list-style-type: none">• Rating usually decreases with age, subject to complete review of all cardiac test results.<ul style="list-style-type: none">– 26-50 years old: 425% to 275%– >51 years old: 225% to 150%
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Within 1 year of replacement• Current age < 26• Aortic valve repair through balloon valvuloplasty, valvulotomy or valvotomy.• With any coronary artery disease (CAD) or prosthetic valve complications
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases

Arthritis

Refers to a group of over 100 conditions that cause inflammation and damage to joints and surrounding tissues. Common symptoms include joint pain, stiffness, swelling, redness and reduced range of motion. These symptoms can range from mild to severe and may lead to chronic pain or disability over time.

Ankylosing spondylitis

A type of arthritis that causes inflammation in certain parts of the spine. The disease causes inflammation of the spine and large joints, resulting in stiffness and pain.

Underwriting risk factors	<ul style="list-style-type: none">• Age of onset• Type• Frequency of flare-ups• Treatment• Medication (NSAIDs, methotrexate, biologics, opioids, prednisone)• Rheumatoid Factor (RF)• Affected joint(s)• Any joint deformity• Extraarticular manifestations (heart, lungs, kidneys)• Disability / Time off work / Limitations to daily activities or job duties• Hospitalization or ER visits
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• Age \leq 20: Postpone• Age \geq 21: 6 months post-diagnosis<ul style="list-style-type: none">– No hip involvement: Standard to 200% depending on treatment and degree of disability– With hip involvement: Best case scenario is 300% if stable for 1 year and no ongoing progressive changes in any joint
CI decision	<ul style="list-style-type: none">• Age \leq 20: Postpone• Age \geq 21: 6 months post-diagnosis<ul style="list-style-type: none">– No hip involvement: Standard to decline depending on treatment and degree of disability– With hip involvement: Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months• Very severe cases of rheumatoid arthritis.• Unstable, recurrent and chronic disability affecting activities of daily living• Arthritis mutilans• Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, or renal abnormality
CI unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months• With cardiovascular disease• Unstable, recurrent and chronic disability affecting activities of daily living• Arthritis mutilans• Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, intestinal disease or renal abnormality

Osteoarthritis

The most common type of arthritis. Involves degeneration of the articular and bone, which leads to progressive pain, stiffness and joint malformation

Underwriting risk factors	<ul style="list-style-type: none">• Age of onset• Type• Frequency of flare-ups• Treatment• Medication (NSAIDs, methotrexate, biologics, opioids, prednisone)• Rheumatoid Factor (RF)• Affected joint(s)• Any joint deformity• Extraarticular manifestations (heart, lungs, kidneys)• Disability / Time off work / Limitations to daily activities or job duties• Hospitalization or ER visits
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• Best case scenario – standard rates if mild/moderate, no functional impairment, and not on opioids.
CI decision	<ul style="list-style-type: none">• Best case scenario – standard rates if mild/moderate, no functional impairment, and not on opioids. With functional impairment or frequent time off work, exclude LOIE (Loss of independent existence).
Life unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months• Very severe cases of rheumatoid arthritis.• Unstable, recurrent and chronic disability affecting activities of daily living• Arthritis mutilans• Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, or renal abnormality
CI unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months• With cardiovascular disease• Unstable, recurrent and chronic disability affecting activities of daily living• Arthritis mutilans• Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, intestinal disease or renal abnormality

Psoriatic arthritis

A seronegative inflammatory form of arthritis and occurs in about 20% of individuals with psoriasis. The arthropathy may be asymmetrical and involve a few joints.

Underwriting risk factors	<ul style="list-style-type: none"> • Age of onset • Type • Frequency of flare-ups • Treatment • Medication (NSAIDs, methotrexate, biologics, opioids, prednisone) • Rheumatoid Factor (RF) • Affected joint(s) • Any joint deformity • Extraarticular manifestations (heart, lungs, kidneys) • Disability / Time off work / Limitations to daily activities or job duties • Hospitalization or ER visits
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<ul style="list-style-type: none"> • Age ≤ 20: Postpone • Age ≥ 21: 6 months post-diagnosis <ul style="list-style-type: none"> – No hip involvement: Standard to 200% depending on treatment and degree of disability – With hip involvement: Best case scenario is 300% if stable for 1 year and no ongoing progressive changes in any joint
CI decision	<ul style="list-style-type: none"> • Age ≤ 20: Postpone • Age ≥ 21: 6 months post-diagnosis <ul style="list-style-type: none"> – No hip involvement: Standard to decline depending on treatment and degree of disability – With hip involvement: Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Pending surgery • Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months • Very severe cases of rheumatoid arthritis. • Unstable, recurrent and chronic disability affecting activities of daily living • Arthritis mutilans • Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, or renal abnormality
CI unlikely to be considered	<ul style="list-style-type: none"> • Pending surgery • Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months • With cardiovascular disease • Unstable, recurrent and chronic disability affecting activities of daily living • Arthritis mutilans • Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, intestinal disease or renal abnormality

Rheumatoid arthritis

A chronic autoimmune disease where the immune system mistakenly attacks the lining of the joints, causing inflammation, pain swelling and stiffness.

Underwriting risk factors	<ul style="list-style-type: none">• Age of onset• Type• Frequency of flare-ups• Treatment• Medication (NSAIDs, methotrexate, biologics, opioids, prednisone)• Rheumatoid Factor (RF)• Affected joint(s)• Any joint deformity• Extraarticular manifestations (heart, lungs, kidneys)• Disability / Time off work / Limitations to daily activities or job duties• Hospitalization or ER visits
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Mild</p> <ul style="list-style-type: none">• Standard <p>Moderate</p> <ul style="list-style-type: none">• 150% <p>Severe</p> <ul style="list-style-type: none">• 200% to decline
CI decision	<p>Mild</p> <ul style="list-style-type: none">• Standard <p>Moderate</p> <ul style="list-style-type: none">• 175% and exclude Loss of Independent Existence (LOIE). <p>Severe</p> <ul style="list-style-type: none">• 200% to decline. If offer is available, then will also exclude LOIE.
Life unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months• Very severe cases of rheumatoid arthritis.• Unstable, recurrent and chronic disability affecting activities of daily living• Arthritis mutilans• Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, or renal abnormality
CI unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• Rheumatoid arthritis & ankylosing spondylitis diagnosed within the past 6 months• With cardiovascular disease• Unstable, recurrent and chronic disability affecting activities of daily living• Arthritis mutilans• Ankylosing spondylitis with aortic insufficiency, pulmonary complications, abnormal pulmonary function test, intestinal disease or renal abnormality

Asthma

A chronic inflammatory disease of the airways of the lungs. Symptoms are often triggered by allergens, cold air or exercise, and include wheezing, coughing, chest tightness and/or shortness of breath.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Severity of attacks• Frequency of attacks• Treatment / medication• Usage of oral steroids• Time off work/school due to asthma• ER visits or hospitalizations• Smoking history• Pulmonary function test results• Presence of other health conditions such as COPD (Chronic obstructive pulmonary disease), bronchiectasis, and OSA (obstructive sleep apnea).
Unique requirements	<ul style="list-style-type: none">• Respiratory questionnaire• APS including pulmonary function tests
Life decision	<ul style="list-style-type: none">• A higher rating will be applied to smokers <p>Mild</p> <ul style="list-style-type: none">• Standard <p>Moderate</p> <ul style="list-style-type: none">• Minimum rating of 150% <p>Severe</p> <ul style="list-style-type: none">• Minimum rating of 250% to decline
CI decision	<ul style="list-style-type: none">• A higher rating will be applied to smokers <p>Best case scenario</p> <ul style="list-style-type: none">• Standard <p>Severe</p> <ul style="list-style-type: none">• Minimum rating of 200% to decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• History of status asthmaticus (acute severe asthma) within the past 12 months• Severe cases with frequent visits to the ER or hospitalization

Atrial Fibrillation

An irregular and often rapid heart rhythm that occurs when the upper chambers of the heart beat out of coordination with the lower chambers. This can lead to symptoms such as heart palpitations, fatigue, shortness of breath, dizziness and/or chest pain. It can lead to blood clots, stroke, heart failure, and other cardiac complications if left untreated.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Frequency of episodes per year • Date of last episode • Treatment / medication (with or without anticoagulant) • Surgery (ablation) • Type of cardiac tests (ECG, echocardiogram) and results • Compliance with recommended treatment and medical follow-ups
Unique requirements	<ul style="list-style-type: none"> • APS including ECG and/or echocardiogram results
Life decision	<p>Treated with ablation</p> <ul style="list-style-type: none"> • ≤ 1 year ago: 150% if no recurrence of atrial fibrillation • > 1 year ago: Standard if no recurrence of atrial fibrillation <p>With or without medication</p> <ul style="list-style-type: none"> • Best case scenario: Standard to 150% if fully evaluated, and with normal stress ECG and/or echocardiogram
CI decision	<p>Treated with ablation</p> <ul style="list-style-type: none"> • ≤ 1 year ago: Postpone if no recurrence of atrial fibrillation • > 1 year ago: Standard if no recurrence of atrial fibrillation <p>With or without medication</p> <ul style="list-style-type: none"> • Single episode: Standard if fully evaluated with normal echocardiogram • Multiple episodes: Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • AF newly discovered on exam or within 2 years and no investigations. • With history of embolic event, CVA, TIA, moderate or severe valvular heart disease, cardiomyopathy or positive stress test without further coronary evaluation
CI unlikely to be considered	<ul style="list-style-type: none"> • AF newly discovered on exam or within 2 years and no investigations. • With history of embolic event, CVA, TIA, moderate or severe valvular heart disease, cardiomyopathy or positive stress test without further coronary evaluation • Chronic atrial fibrillation • With heart murmur, evidence of ischemic heart disease or abnormal echocardiogram or stress ECG.

Attention Deficit Hyperactivity Disorder (ADHD) / Attention Deficit Disorder (ADD)

A common childhood and adolescent neurodevelopment condition marked by persistent patterns of inattention, hyperactivity, and/or impulsivity that interferes with daily life that often begins in childhood and can persist into adulthood affecting academic, professional and social functioning.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Severity • Social / academic functioning • Treatment / medication • History of drug use or alcohol abuse • Associated mental or psychiatric disorders
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<p>Mild (not requiring treatment or taking one medication with good response to treatment, regular school and appropriate grade for age):</p> <ul style="list-style-type: none"> • Standard <p>Moderate (taking two medications with good response to treatment, in regular school and appropriate grade for age, or currently functioning socially)</p> <ul style="list-style-type: none"> • Age 1-10: Postpone • Age 11-17: 175% • Age 18 and up: Standard <p>Otherwise</p> <ul style="list-style-type: none"> • Decline
CI decision	<p>Mild (not requiring treatment or taking one medication with good response to treatment, regular school and appropriate grade for age):</p> <ul style="list-style-type: none"> • Standard <p>Moderate (taking two medications with good response to treatment, regular school and appropriate grade for age, or currently functioning socially):</p> <ul style="list-style-type: none"> • Age 1-17: Postpone • Age 18 and up: Standard <p>Otherwise</p> <ul style="list-style-type: none"> • Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Rateable alcohol or drug abuse • Age < 21 with associated mental or psychiatric disorders

Asperger syndrome

Refer to [Autism Spectrum Disorder](#).

Autism Spectrum Disorder (ASD) / Pervasive Development Delay (PDD)

A group of neurodevelopmental conditions characterized by communication difficulty, restricted and repetitive behavior patterns and problems with social interaction. Onset typically occurs in early childhood and continues to adult life.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Age of diagnosis • Social abilities / restrictive behaviour • Severity (mild, moderate, severe) • Treatment • Education progression/school program • Any associated disorders (anxiety/depression, seizure/epilepsy)
Unique requirements	<ul style="list-style-type: none"> • APS including specialist medical records and results of developmental evaluation
Life decision	<p>Mild (Level 1, Asperger syndrome; requires minimal support)</p> <ul style="list-style-type: none"> • Age ≤ 8 years old: Postpone • Age > 8 years old: Best case scenario – standard <p>Moderate (Level 2, requires substantial support)</p> <ul style="list-style-type: none"> • Age ≤ 15 years old: Postpone • Age > 15 years old: Best case scenario – 200% <p>Severe (Level 3, requires very substantial support)</p> <ul style="list-style-type: none"> • Decline
CI decision	<p>Mild</p> <ul style="list-style-type: none"> • Age ≤ 8 years old : Postpone • Age > 8 years old : Best case scenario – standard <p>Moderate & severe</p> <ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Moderate severity with seizure/epilepsy
CI unlikely to be considered	<ul style="list-style-type: none"> • Mild severity with seizure/epilepsy

Bariatric Surgery

A range of surgical procedures that are aimed at treating people with severe obesity to achieve significant and sustainable weight loss. This is done by altering the digestive system, such as reducing stomach size or bypassing part of the intestines, to limit food intake and absorption. Common procedures include gastroscopy, gastric stapling, gastric bypass and gastric banding.

Underwriting risk factors	<ul style="list-style-type: none">• Date of surgery• Type of surgery• Current build• Amount of weight loss in the past 12 months• Complications• History of associated chronic disease such as diabetes, hypertension, sleep apnea, subsequent weight gain/loss, anemia, depression or abnormal Liver Function Tests (LFTs)
Unique requirements	<ul style="list-style-type: none">• Vitals• APS with blood tests including CBC (complete blood count)
Life and CI decision	<ul style="list-style-type: none">• Current build and weight loss within the last 12 months will influence the decision. <p>Gastric procedures other than banding:</p> <ul style="list-style-type: none">• From over 6 months - 2 years: minimum 150%• Over 2 years: standard for best case scenario <p>Banding procedures</p> <ul style="list-style-type: none">• Over 6 months: standard for best case scenario
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Pending surgery or within 6 months post-surgery

Barrett's esophagus

A disorder in which the lining of the esophagus is damaged by long term exposure to stomach acid, often caused by gastroesophageal reflux disease (GERD), leading to changes in the mucosal cells lining of the esophagus. This is the most common precancerous condition of the esophagus.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Severity• Endoscopy results / pathology reports• Treatment• Follow-ups / surveillance
Unique requirements	<ul style="list-style-type: none">• APS including pathology report
Life decision	<p>No dysplasia</p> <ul style="list-style-type: none">• Standard <p>Low-grade dysplasia</p> <ul style="list-style-type: none">• > 2 years since diagnosis: Best case scenario is 175% if followed annually. <p>High-grade dysplasia</p> <ul style="list-style-type: none">• > 2 years since diagnosis: Best case scenario is 200% if treated and followed annually.
CI decision	<p>No dysplasia</p> <ul style="list-style-type: none">• Standard <p>Low-grade & high-grade dysplasia</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Diagnosed < 2 years ago, unless there is no dysplasia• No surveillance• Treated with esophagectomy• Recurrent findings of high-grade dysplasia

Basal Cell Carcinoma

Refer to [Cancer: Skin](#).

Benign Prostatic Hyperplasia/Hypertrophy (BPH)

Known as benign prostate enlargement, which is a common and benign condition where the prostate gland enlarges as men age. This enlargement can cause urinary symptoms by putting pressure on the urethra, leading to difficulties with urination.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Test / Investigation (PSA test, digital rectal exam, ultrasound) • Biopsy, if any • Medication / Surgery
Unique requirements	<ul style="list-style-type: none"> • APS if history of biopsy or surgery, including pathology report • Blood profile
Life and CI decision	<ul style="list-style-type: none"> • Likely Standard if normal PSA, no suspicion of malignancy and no plans for further investigation.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Pending biopsy • Significant PSA elevation

Bicuspid Aortic Valve

A congenital heart defect where the aortic valve has only two leaflets instead of the normal three. This condition affects the valve that regulates blood flow from the heart's left ventricle into the aorta, potentially leading to complications such as aortic stenosis, regurgitation, or increased risk of aortic aneurysm over time.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Cardiac testing (ECG, echocardiogram) • Size of aortic root and gradient across aortic valve • Presence of aortic stenosis and/or regurgitation • Treatment (medication and/or surgery)
Unique requirements	<ul style="list-style-type: none"> • APS including results of cardiac tests
Life decision	<ul style="list-style-type: none"> • This guide is applicable only if diagnosis is confirmed by a cardiac imaging (echocardiogram) <p>Normal size aortic root</p> <ul style="list-style-type: none"> • Age ≤ 50: Minimum 175% • Age > 50: Best case scenario - standard
CI decision	<ul style="list-style-type: none"> • This guide is applicable only if diagnosis is confirmed by a cardiac imaging (echocardiogram) <p>Normal size aortic root</p> <ul style="list-style-type: none"> • Age ≤ 50: Decline • Age > 50: Best case scenario - standard
Life and CI unlikely to be considered	<p>Dilated aortic root</p> <ul style="list-style-type: none"> • Decline

Bipolar Disorder

A mental health condition characterized by extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). These mood episodes can last days, weeks or even months, and significantly impact a person's ability to function in daily life, often requiring long-term treatment to manage symptoms and maintain stability.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of onset• Symptoms• Frequency of episodes / stability / time since last episode• Treatment/medication• Time off work/school• Any hospitalizations or ER visits• Any suicidal thoughts or attempts• History of alcohol and drug use
Unique requirements	<ul style="list-style-type: none">• Mental health questionnaire• APS
Life decision	<ul style="list-style-type: none">• Assessment is based on impairment of social or occupational function (if any), stability period on treatment, and if there is comorbid substance abuse or other mental health disorders. <p>Time since diagnosis</p> <ul style="list-style-type: none">• Stable ≤ 4 years: 175% to decline• Stable > 4 years: 150%
CI decision	<ul style="list-style-type: none">• Assessment is based on impairment of social or occupational function (if any), stability period on treatment, and if there is comorbid substance abuse or other mental health disorders. <p>Time since diagnosis</p> <ul style="list-style-type: none">• Stable ≤ 4 years: 150% to decline• Stable > 4 years: 125%
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Diagnosed within the past 12 months• Off work at time of application• Poor response to treatment or chronic ongoing symptoms• Associated with current substance abuse

Blood pressure (elevated)

Refer to [Hypertension](#).

Breast disorder: Cyst/nodule

A lump or mass of tissue within the breast that can be solid or fluid filled. While many breast nodules are benign, some may be indicative of breast cancer, which is why any newly-discovered breast lump should be evaluated by a healthcare professional.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Testing (mammogram, ultrasound, CT scan, MRI, biopsy)• Treatment• Size and characteristics of nodule• BI-RADS score• Pathology, if biopsy performed• Family history of breast cancer
Unique requirements	<ul style="list-style-type: none">• APS with copies of imaging, or pathology report if biopsy was performed
Life decision	<p>Present and uninvestigated</p> <ul style="list-style-type: none">• Postpone <p>Simple cysts, confirmed by ultrasound, present or removed</p> <ul style="list-style-type: none">• Standard <p>Breast mass investigated with ultrasounds and/or mammograms</p> <ul style="list-style-type: none">• BI-RADS score unavailable and tight follow-up recommended in 6 month: Postpone• BI-RADS 1 or 2: Standard• BI-RADS 3: 150%• BI-RADS 4 or higher: Postpone <p>Investigated with biopsy or excision and confirmed benign</p> <ul style="list-style-type: none">• Best case scenario - standard <p>Malignant and removed</p> <ul style="list-style-type: none">• Refer to Cancer: Breast
CI decision	<p>Present and uninvestigated</p> <ul style="list-style-type: none">• Postpone <p>Simple cysts, confirmed by ultrasound, present or removed</p> <ul style="list-style-type: none">• Standard <p>Breast mass investigated with ultrasounds and/or mammograms</p> <ul style="list-style-type: none">• BI-RADS score unavailable and tight follow-up recommended in 6 month: Postpone• BI-RADS 1 or 2: Standard• BI-RADS 3: Exclude breast cancer• BI-RADS 4 or higher: Postpone <p>Investigated with biopsy or excision and confirmed benign</p> <ul style="list-style-type: none">• Best case scenario: standard <p>Malignant and removed</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Present and uninvestigated• BI-RADS 4 or 5

Cancer: Breast

A type of cancer that develops in the cells of the breast tissue, typically in the ducts or lobules. It occurs when breast cells mutate and grow uncontrollably, often forming a tumor. It is the most common cancer among women. This section considers malignant tumours only. See [Breast disorder: Cyst/nodule](#) for benign conditions.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type and staging • Tumour size • Lymph node involvement • Metastasis (spread of the disease) • Recurrence • Type of treatments (surgery, chemotherapy, radiotherapy) • Date of last treatment • Follow-up tests
Unique requirements	<ul style="list-style-type: none"> • APS including pathological report and follow-up tests
Life decision	<p>Ductal carcinoma in situ (DCIS)</p> <ul style="list-style-type: none"> • Postpone if 0-1 year since last treatment • Flat extra rating if 1-3 years since last treatment; thereafter, standard <p>Invasive cancer</p> <p>Depending on age at diagnosis, an additional permanent rating of 150% or 200% might be applied.</p> <ul style="list-style-type: none"> • For all breast cancers, consider treatment is complete when all surgery, radiation and/or chemotherapy are concluded. Tamoxifen, letrozole or aromatase inhibitors or anti-estrogen inhibitors may still be used, and should not be considered as part of the "last treatment" definition. • Depending on staging, type of tumour and date from last treatment, offers can be quite variable • Stage 1 (Based on date of last treatment) <ul style="list-style-type: none"> – < 1 year: Postpone – 1-4 years: Minimum flat extra \$7.50 per thousand for 2-5 years to postpone – 4-6 years: Best case scenario would be standard. Possible minimum flat extra \$7.50 per thousand for 1-2 years – > 6 years: Standard • Stage 2 (Based on date of last treatment) <ul style="list-style-type: none"> – < 2 years: Postpone – > 2-6 years: Minimum flat extra of \$7.50 per thousand for 2-6 years to postpone – > 6 years: Best case scenario would be standard. Possible minimum flat extra \$7.50 per thousand for 2-3 years • Stage 3 (Based on date of last treatment) <ul style="list-style-type: none"> – < 5 years: Postpone – > 5-9 years: Minimum flat extra of \$15 per thousand for 2-5 years to postpone – > 9 years: Minimum 150% to decline • Stage 4 <ul style="list-style-type: none"> – All cases Decline, except Lobular Carcinoma in situ
CI decision	<ul style="list-style-type: none"> • All cases Decline, except Lobular Carcinoma in situ
Life unlikely to be considered	<ul style="list-style-type: none"> • Inflammatory type of invasive cancer • Metastatic cancer • With arm edema prior to surgery, or with skin ulceration • Non-compliant with recommended follow-up
CI unlikely to be considered	<ul style="list-style-type: none"> • N/A

Cancer: Colorectal (Colon)

A type of cancer that begins in the colon or rectum, which are parts of the large intestine in the digestive system. It typically starts as small, noncancerous growths called polyps that can develop into cancer over time.

This section considers malignant tumours only. See Colon polyps for benign conditions. If associated with certain family history syndrome, please refer to [Family history of colon cancer](#).

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type, grade and staging • Tumour size • Lymph node involvement • Metastasis (spread of the disease) • Recurrence • Type of treatments (surgery, chemotherapy, radiotherapy) • Date of last treatment • Date of last colonoscopy • Follow-up tests
Unique requirements	<ul style="list-style-type: none"> • APS including pathological report and follow-up tests
Life decision	<p>Low grade adenocarcinoma</p> <ul style="list-style-type: none"> • Stage 0 or in-situ: <ul style="list-style-type: none"> – Minimum flat extra \$5.00 per thousand for 2-3 years • Stage 1 (Based on date of last treatment) <ul style="list-style-type: none"> – < 1-2 year: Minimum flat extra of \$10.00 per thousand for 3 years to postpone. – 2-5 years: Possible standard to a minimum flat extra of \$7.50 per thousand for 2-5 years. • Stage 2 (Based on date of last treatment) <ul style="list-style-type: none"> – < 3 years: Postpone – 3-8 years: Minimum flat extra \$10 to \$15 per thousand for 2-6 years, to postpone. – > 8 years: Best case scenario would be standard. • Stage 3 <ul style="list-style-type: none"> – Individual consideration after 5 years • Stage 4 <ul style="list-style-type: none"> – Decline <p>High grade adenocarcinoma</p> <ul style="list-style-type: none"> • An additional permanent rating of 200% will be applied to the temporary flat extra premium to above.
CI decision	<ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Carcinoid syndrome • Metastatic cancer • Elevated CEA antigen after surgery • Non-compliant with recommended follow-up • If within last 5 years without a current colonoscopy in the last 12 months
CI unlikely to be considered	<ul style="list-style-type: none"> • All CI cases declined

Cancer: Prostate

A type of cancer that develops in the prostate gland. It is the most common cancer in males, particularly in older men.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Stage• Gleason score• PSA (Prostate-Specific Antigen, free PSA and PSA velocity)• Lymph node involvement• Metastasis (spread of the disease)• Recurrence• Type of treatments (radical prostatectomy, radiotherapy, cryotherapy, active surveillance, and/or watchful waiting)• Date of last treatment• Follow-up tests
Unique requirements	<ul style="list-style-type: none">• APS including biopsy and pathology results, and follow-up tests• Blood profile with PSA (Prostate-Specific Antigen)
Life decision	Type of treatment <ul style="list-style-type: none">• Radical prostatectomy and/or radiotherapy:<ul style="list-style-type: none">– Age < 55: Individual consideration– Age ≥ 55: Flat extra of \$5 to \$15 per thousand for a decreasing number of years depending on Gleason score, stage, date of last treatment, and PSA levels.– Possible standard if after 10 years since completion of treatment, no recurrence, no history of lymph involvement or metastasis, and PSA is within acceptable limits.• Active surveillance<ul style="list-style-type: none">– Diagnosis < 2 years ago: Individual consideration– Age < 55: Postpone– Age 55 - 69: Best case scenario would be 175% depending on Gleason score– Age ≥ 70: Best case scenario would be 150% depending on Gleason score• Watchful waiting<ul style="list-style-type: none">– Individual consideration
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Radical prostatectomy and radiotherapy within the last 12 months• Metastatic cancer• Gleason score ≥ 8• Elevated post-treatment PSA• Non-compliant with recommended follow-up
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases declined

Cancer: Skin

An abnormal growth of skin cells, typically developing on areas of skin exposed to the sun's harmful UV rays. It encompasses several types including basal cell carcinoma, squamous cell carcinoma, and melanoma.

Basal Cell Carcinoma (BCC): The most common type of skin cancer which are characterized by slow-growing, painless lesions that rarely metastasize but can cause local tissue damage if untreated.

Squamous Cell Carcinoma (SCC): The 2nd most common type of skin cancer. It occurs when the squamous cells in the epidermis begin to grow abnormally. It is also called cutaneous squamous cell carcinoma.

Melanoma (malignant melanoma): The most dangerous and aggressive form of skin cancer. It is developed in melanocytes, the cells responsible for producing skin pigment, and can spread rapidly to other parts of the body.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Site affected• Pathology / stage• Type of treatment• Date of last treatment• Recurrence• Family history of melanoma• Presence of atypical mole/nevus
Unique requirements	<ul style="list-style-type: none">• APS including pathological report and follow-up results
Life decision	<ul style="list-style-type: none">• Presence or history of dysplastic nevi or atypical moles might trigger an additional rating. <p>Basal cell carcinoma</p> <ul style="list-style-type: none">• Fully removed: Standard. Otherwise, postpone <p>Squamous cell carcinoma (cutaneous)</p> <ul style="list-style-type: none">• Fully removed, tumour ≤ 2 cm in size and depth, no perineural invasion: Standard• All others (based on date of last treatment)<ul style="list-style-type: none">– < 1 year: Postpone– 2-4 years: Temporary flat extra of \$7.50 to \$10 per thousand (number of years based on period in remission).– > 4 years: Standard• With nodal involvement or metastasis<ul style="list-style-type: none">– Decline <p>Melanoma on a cutaneous site</p> <ul style="list-style-type: none">• Stage 0 (melanoma in-situ)<ul style="list-style-type: none">– Standard• Stage 1 (based on date of last treatment)<ul style="list-style-type: none">– ≤ 2 years: Temporary flat extra of \$5.00 per thousand (number of years based on period in remission).– > 2 years: Standard• Stage 2 (based on date of last treatment)<ul style="list-style-type: none">– ≤ 5 years: Postpone– 5-9 years: Temporary flat extra of \$15.00 per thousand and 150% (number of years based on period in remission).– > 9 years: 150%• Stage 3 (based on date of last treatment)<ul style="list-style-type: none">– ≤ 10 years: Postpone– > 10 years: 200%• Stage 4<ul style="list-style-type: none">– Decline

CI decision	<p>Basal cell carcinoma</p> <ul style="list-style-type: none"> Fully removed: Standard. Otherwise, postpone <p>Squamous cell carcinoma (cutaneous)</p> <ul style="list-style-type: none"> Fully removed, tumour ≤ 2 cm in size and depth, no perineural invasion: Standard All others: Decline <p>Melanoma on a cutaneous site</p> <ul style="list-style-type: none"> Stage 0, 1 and 2 <ul style="list-style-type: none"> Standard with an exclusion for skin cancer and melanoma Stage 3 & 4 <ul style="list-style-type: none"> Decline
Life unlikely to be considered	<ul style="list-style-type: none"> Recurrence of melanoma or more than 2 melanomas Melanoma of the anus Non-compliant with recommended follow-up
CI unlikely to be considered	<ul style="list-style-type: none"> Recurrence of melanoma or more than 2 melanomas Melanoma of the anus or of any other non-cutaneous site Presence or history of ≥ 3 dysplastic nevi or atypical moles Non-compliant with recommended follow-up

Cancer: Thyroid

A type of cancer that develops in the thyroid gland, a butterfly-shaped organ located at the base of the neck that produces hormones regulating metabolism, heart rate, and body temperature. Papillary carcinoma is the most common type of thyroid cancer.

This section considers malignant tumours only. See [Thyroid disorder: Cyst / nodule](#) for more benign conditions.

Underwriting risk factors	<ul style="list-style-type: none"> Current age Date of diagnosis Type (follicular, papillary, medullary, anaplastic) Stage Lymph node involvement Metastasis (spread of the disease) Recurrence Type of treatment Date of last treatment Follow-up tests
Unique requirements	<ul style="list-style-type: none"> APS including pathological report and follow-up tests

<p>Life decision</p>	<p>Depending on type of tumour, staging and date from last treatment, offers can be quite variable. Consider treatment as complete when all surgery, radiation and/or chemotherapy are concluded.</p> <p>Papillary</p> <ul style="list-style-type: none"> • Stage 1 <ul style="list-style-type: none"> – < 0-2 years: Temporary flat extra of \$5.00 per thousand – > 2 years: Standard • Stage 2 <ul style="list-style-type: none"> – < 1 year: Postpone – 1-3 years: Temporary flat extra of \$7.50 per thousand – > 3 years: Standard • Stage 3 <ul style="list-style-type: none"> – < 3 years: Postpone – 3-8 years: Temporary flat extra of \$10 per thousand – > 8 years: Standard • Stage 4 <ul style="list-style-type: none"> – < 5 years: Postpone – 5-9 years: High Temporary flat extra with permanent rating – > 9 years: 150% <p>Follicular</p> <ul style="list-style-type: none"> • Stage 1 <ul style="list-style-type: none"> – < 0-2 years: Temporary flat extra of \$7.50 per thousand – > 2 years: Standard • Stage 2 <ul style="list-style-type: none"> – < 1 year: Postpone – 1-3 years: Temporary flat extra of \$7.50 per thousand – > 4 years: Standard • Stage 3 <ul style="list-style-type: none"> – < 5 years: Postpone – 5-9 years: High Temporary flat extra with permanent rating – > 9 years: 150% • Stage 4 <ul style="list-style-type: none"> – Decline <p>Medullary</p> <ul style="list-style-type: none"> • Stage 1 <ul style="list-style-type: none"> – < 1 year: Postpone – 1-3 years: Temporary flat extra of \$7.50 per thousand – > 3 years: Standard • Stage 2 <ul style="list-style-type: none"> – < 2 years: Postpone – 2-6 years: Temporary flat extra of \$7.50 per thousand – > 6 years: Standard • Stage 3 and 4 <ul style="list-style-type: none"> – Decline
<p>CI decision</p>	<p>Depending on type of tumour, staging and date from last treatment, offers can be quite variable. Consider treatment as complete when all surgery, radiation and/or chemotherapy are concluded.</p> <p>Papillary</p> <ul style="list-style-type: none"> • Stage 1 & 2 <ul style="list-style-type: none"> – < 6 years: Postpone – > 6 years: Standard with exclusion for thyroid cancer • Stage 3 & 4 <ul style="list-style-type: none"> – Decline <p>All others</p> <ul style="list-style-type: none"> • Decline

Life unlikely to be considered	<ul style="list-style-type: none"> • Undifferentiated or anaplastic thyroid cancer • Elevated thyroglobulin post-surgery • Non-compliant with recommended follow-up
CI unlikely to be considered	<ul style="list-style-type: none"> • Malignant and occurred in childhood • Recurrent or metastatic cancer

Celiac disease

An autoimmune disorder triggered by consuming gluten, a protein found in wheat, barley and rye. Affected individuals may present with unexplained anemia, bleeding disorder, osteopenia and/or other symptoms of malabsorption.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Current build • Weight stability • Treatment • Complications
Unique requirements	<ul style="list-style-type: none"> • APS to include blood tests if within 1 year of diagnosis
Life and CI decision	<ul style="list-style-type: none"> • Best case scenario: Standard if good response to treatment, normal build, and no anemia or other deficiency.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Underweight and/or with anemia

Cerebral Palsy

A non-progressive neurological disorder that affects movement, balance, and posture, typically caused by damage to the developing brain before, during, or shortly after birth. It is a lifelong condition that can vary in severity, impacting motor skills and sometimes cognitive abilities.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Severity of symptoms• Treatment and/or medication• Mental development• Degree of physical disability• History of seizures and/or difficult swallowing
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• ≤ Age 8: Decline• > Age 8: Best-case scenario would be standard to 200% if normal mental development, and mild physical disability with normal bladder and bowel control, otherwise decline
CI decision	<ul style="list-style-type: none">• ≤ Age 8: Decline• > Age 8: Best-case scenario would be standard to 200%, with an exclusion for paralysis and Loss of Independent Existence (LOIE), if normal mental development and mild physical disability with normal bladder and bowel control. Otherwise decline.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• With severe physical disability, complications or mental retardation

Chronic kidney disease

A chronic condition characterized by gradual loss of kidney function over time. It involves progressive damage to the kidneys that can lead to complications like high blood pressure, anemia and bone disease, potentially resulting in kidney failure.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Severity• Treatment, medication and/or surgery• Proteinuria, albuminuria, or hematuria present• Estimated glomerular filtration rate (eGFR)• Comorbidities such as high blood pressure, elevated blood sugar, CAD, PVD, etc.• Complications
Unique requirements	<ul style="list-style-type: none">• APS with results of renal imaging tests or biopsy• Blood profile, urinalysis and vitals
Life decision	<p>Cause known</p> <ul style="list-style-type: none">• Rate of cause <p>Cause unknown (assessment based on eGFR and presence of proteinuria/albuminuria, if any)</p> <ul style="list-style-type: none">• With no or mild proteinuria/albuminuria:<ul style="list-style-type: none">– eGFR \geq 60 : Standard to 150%– eGFR 59-49 : 150% to 200%– eGFR 48-41 : Individual consideration– eGFR \leq 40 : Postpone• Moderate to severe proteinuria/albuminuria:<ul style="list-style-type: none">– eGFR \geq 60 : 200% to 250%– eGFR $<$ 60 : 300% to decline
CI decision	<ul style="list-style-type: none">• Individual consideration
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Progressively decreasing eGFR• With regular dialysis• History of renal transplant• eGFR $<$ 60 with diabetes, coronary artery disease or peripheral vascular disease• Significantly low eGFR

Chronic liver disease

Marked by the gradual destruction of liver tissue over time with continuous inflammation or infection that leads to scarring of the liver. Diseases in this category include fibrosis and cirrhosis. Fibrosis can be reversed in the early stages, whereas cirrhosis can progress further to hepatocellular carcinoma. Most common causes include alcohol abuse, hepatitis and fatty liver.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Type• Cause• Staging (ultrasound grading or fibroscan score)• Diagnostic tests (liver function tests, fibroscans, liver biopsy)• Past and current alcohol consumption• Hepatitis history, if any
Unique requirements	<ul style="list-style-type: none">• APS to include hepatitis screening, ultrasound and/or fibroscan and liver biopsy results.• Blood profile including liver function tests.• Alcohol questionnaire
Life decision	<p>Fatty liver</p> <ul style="list-style-type: none">• Best case scenario: Standard if liver function tests are normal <p>Fibrosis (ultrasound and/or fibroscan available)</p> <ul style="list-style-type: none">• Best case scenario: Standard to 150% if liver function tests are normal <p>Cirrhosis</p> <ul style="list-style-type: none">• Decline
CI decision	<p>Fatty liver</p> <ul style="list-style-type: none">• Best case scenario: Standard if liver function tests are normal <p>Fibrosis (ultrasound and/or fibroscan available)</p> <ul style="list-style-type: none">• Best case scenario: Standard to 175% if liver function tests are normal <p>Cirrhosis</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• With splenomegaly or significant hepatomegaly• With portal hypertension or esophageal varices• With low platelet count• Alcoholic liver disease and alcohol abstinence < 3 years ago

Chronic pain

A persistent or recurrent pain that lasts longer than three months, often continuing even after the initial injury or illness has healed. It can significantly impact a person's quality of life, affecting physical functioning and emotional well-being.

Underwriting risk factors	<ul style="list-style-type: none">• Date of onset• Cause• Severity• Type of treatment• Medication (opioid or non-opioid)• Time off work• Residuals• Associated mental health disorders• Alcohol or drug abuse
Unique requirements	<ul style="list-style-type: none">• APS
Life and CI decision	<p>Non-opioid medication</p> <ul style="list-style-type: none">• Best case scenario: Standard if cause established and symptoms are controlled with use of < 3 medications. <p>Opioid medication</p> <ul style="list-style-type: none">• Current use or within 1 year:<ul style="list-style-type: none">– < Age 30: Postpone– Age 30-65: Best case scenario 200% if no unfavourable feature.– > Age 65: Decline• Last use > 1 year ago:<ul style="list-style-type: none">– Best case scenario: standard if no unfavourable feature.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Cannabis used in conjunction with opiates• Ketamine use• Multiple unfavourable features including diffuse pain, being unemployed or on disability, functional limitation, associated depression or other psychiatric conditions, frequent change in medications and/or history of substance abuse.

Cognitive impairment (mild), age-associated memory impairment, dementia, Alzheimer's disease

Mild Cognitive Impairment (MCI) is a condition characterized by a noticeable decline in cognitive abilities, such as memory or thinking skills, that is greater than expected for an individual's age, but not severe enough to significantly interfere with daily life. People with MCI have a high risk of progression to Alzheimer's disease.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Age of onset • Symptoms • Diagnosis • Investigation / Test results (MMSE or MoCA) • Stability • Ability to function independently
Unique requirements	<ul style="list-style-type: none"> • MAFI (Mature age focus interview) • APS including mini mental state exam (MMSE) results or Montreal cognitive assessment (MoCA)
Life decision	<p>Best case scenario is > 70 years old and stable for 2 years</p> <ul style="list-style-type: none"> • If meeting all the age-associated memory Impairment (AMMI) criteria <ul style="list-style-type: none"> – Standard • If meeting all the Mild Cognitive Impairment (MCI) criteria <ul style="list-style-type: none"> – 150% to 200%
CI decision	<ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Alzheimer's disease • Dementia • Poor test results (clock draw test and/or MMSE) • Age < 70
CI unlikely to be considered	<ul style="list-style-type: none"> • All CI cases declined

Colon polyps

Colon polyps are usually small benign growths arising from the mucosal lining of the large intestine (cecum, colon and rectum). While most are benign, some can develop into colorectal cancer over time, making early detection and removal crucial. They may occur sporadically, or as part of a hereditary syndrome.

Underwriting risk factors	<ul style="list-style-type: none">• Type of polyps• Number and size of polyps• Date of last and next colonoscopy• Key consideration: Family history of colon cancer may influence the decision. Refer to Family history section
Unique requirements	<ul style="list-style-type: none">• APS, with colonoscopy and pathology reports
Life decision	<p>Hyperplastic</p> <ul style="list-style-type: none">• Standard <p>Adenomatous or sessile</p> <ul style="list-style-type: none">• Possible standard to 200% depending on number and size of polyps
CI decision	<p>Hyperplastic</p> <ul style="list-style-type: none">• Standard <p>Sessile</p> <ul style="list-style-type: none">• Exclude colon and rectal cancer <p>Adenomatous</p> <ul style="list-style-type: none">• Possible standard with or without colon and rectal cancer exclusion depending on number and size of polyps
Life and CI unlikely to be considered	<ul style="list-style-type: none">• If associated with hamartomatous polyposis syndromes• Pending colonoscopy due to symptoms or family history of colon cancer• Polyps present, not yet removed

Concussion and head injury

A Traumatic Brain Injury (TBI) that may result in bad headaches, altered levels of alertness, or unconsciousness. It temporarily interferes with the way the brain works, and may cause symptoms such as headache, dizziness, confusion, memory loss, nausea, and/or mood changes. Loss of consciousness is not always present.

Underwriting risk factors	<ul style="list-style-type: none">• Number of episodes• Date of last episode• Skull fracture, if any• Loss of consciousness and duration, if any• Hospitalization(s)• Date of recovery• Residuals (such as headache, dizziness or vertigo)• Complications (such as epilepsy or post-concussion syndrome)• Time off work / Prolonged disability• Active participation in hazardous sports and/or professional athletes
Unique requirements	<ul style="list-style-type: none">• APS if ongoing symptoms/residuals/complications or loss of consciousness
Life decision	<p>Best-case scenario</p> <ul style="list-style-type: none">• Standard if mild episode, fully recovered without residuals <p>Severe</p> <ul style="list-style-type: none">• Postpone < 1 year since injury• Possible standard if > 1 year since injury with no or mild residuals, otherwise individual consideration.
CI decision	<p>Best-case scenario</p> <ul style="list-style-type: none">• Standard if mild episode, fully recovered without residuals <p>Severe</p> <ul style="list-style-type: none">• Postpone < 1 year since injury• Possible standard with exclusion for Acquired Brain Injury (ABI) if > 1 year since injury with no or mild residuals, otherwise individual consideration.
Life and CI unlikely to be considered	<p>Single mild episode</p> <ul style="list-style-type: none">• < 6 months since injury with residuals <p>Severe episode</p> <ul style="list-style-type: none">• < 12 months since injury <p>With residual epilepsy</p> <ul style="list-style-type: none">• < 12 months

COPD (Chronic Obstructive Pulmonary Disease), including chronic bronchitis and emphysema

A progressive lung condition that obstructs airflow, making breathing increasingly difficult. It primarily includes emphysema and chronic bronchitis and is often caused by smoking, air pollution, or occupational exposures.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Symptoms• Severity• Treatment / medication (such as inhalers, steroids or oxygen therapy)• Time off work• ER visits or hospitalizations• Smoking history, including date of last use• Pulmonary function test results• Ongoing exposure to environmental pulmonary irritant
Unique requirements	<ul style="list-style-type: none">• APS including pulmonary function test results, chest X-ray and/or CT scan
Life decision	<p>Non-smoker</p> <ul style="list-style-type: none">• Best-case scenario<ul style="list-style-type: none">– Mild severity: 150%– Moderate: minimum 200% <p>Smoker</p> <ul style="list-style-type: none">• Best-case scenario<ul style="list-style-type: none">– Mild severity: 200%– Moderate: minimum 300%
CI decision	<ul style="list-style-type: none">• Best-case scenario<ul style="list-style-type: none">– Mild: 150% to 200% depending on smoking history– Moderate: Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Severe COPD• History of pneumothorax or chronic heart failure• Underweight (BMI \leq 21)• Moderate COPD with thrombosis or ratable cardiac arrhythmias

Coronary Artery Disease (CAD)

A condition in which the major blood vessels that supply the heart become damaged, usually due to the buildup of plaque on their inner walls. This plaque buildup narrows the arteries, reducing blood flow to the heart muscle and potentially leading to chest pain, shortness of breath, heart attacks, and other serious cardiovascular problems.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Date of diagnosis • Symptoms • Number and specific arteries affected • Treatment and/or medication • Type and date of surgery (angioplasty or bypass surgery) • Cardiac tests (ECG, stress ECG, echocardiogram, angiogram, etc) • Compliance with cardiac follow-ups • Risk factors including elevated blood pressure, cholesterol, obesity, diabetes, stroke • Smoking history
Unique requirements	<ul style="list-style-type: none"> • APS including results of cardiac tests (e.g. ECG, stress ECG, echocardiogram, angiogram)
Life decision	<p>Within 6 months of diagnosis or surgery</p> <ul style="list-style-type: none"> • Postpone. Thereafter, see below. <p>Cardiac ischemia (angina) or single heart attack (no angiogram available)</p> <ul style="list-style-type: none"> • Current age < 35: Decline • Current age 35-49: 250% - 175%; to decline • Current age 50-69: 175% - 150%; to decline • Current age > 70: Best case scenario standard, up to decline <p>Two heart attacks</p> <ul style="list-style-type: none"> • Individual consideration <p>Angiogram available</p> <ul style="list-style-type: none"> • Current age > 35: 150% to decline, depending on the number of arteries affected, age, degree of stenosis, follow-ups and other risk factors.
CI decision	<ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • 0-6 months since cardiac surgery or from onset of symptoms • Age < 35 • Pending or outstanding investigations • More than 2 heart attacks • Ejection fraction < 40% or stress ECG with < 5 METs • Non-compliant with cardiac follow-ups • Heavy smoker • Ongoing chest pain or atrial fibrillation without treatment • With multiple comorbidities (diabetes, chronic kidney disease, stroke, etc) • With essential thrombocythemia
CI unlikely to be considered	<ul style="list-style-type: none"> • All CI cases declined

Crohn's disease

A chronic inflammatory bowel disease (IBD) which may involve any part of the gastrointestinal tract, including the mouth, stomach, jejunum, ileum and most commonly the small intestine and colon.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Frequency and duration of flare-ups • Hospitalization(s) • Date of last colonoscopy • Weight loss/stability within the past 12 months • Treatment / medication (such as steroid use, immunosuppressants or biologics) • Surgery • Complications • Smoking status • Extraintestinal manifestations such as sclerosing cholangitis, arthritis
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<p>Without surgery</p> <ul style="list-style-type: none"> • Mild to moderate severity <ul style="list-style-type: none"> – Best-case scenario – standard to 175% if diagnosed > 1 year ago. • Severe <ul style="list-style-type: none"> – Decline if diagnosed ≤ 5 years ago, thereafter 200%. <p>With surgery</p> <ul style="list-style-type: none"> • 0-6 months ago: Postpone • > 6 months ago: 150%-225%
CI decision	<p>Without surgery</p> <ul style="list-style-type: none"> • Mild to moderate severity <ul style="list-style-type: none"> – Best-case scenario – 125% to 175% if diagnosed > 1 year ago. • Severe <ul style="list-style-type: none"> – Decline if diagnosed ≤ 5 years ago, thereafter 200% <p>With surgery</p> <ul style="list-style-type: none"> • Best case scenario – 150% to 175% if diagnosed > 1 year ago
Life unlikely to be considered	<ul style="list-style-type: none"> • 0-6 months since surgery • Severe and diagnosed ≤ 5 years ago • Ongoing weight loss or underweight with low albumin or with anemia • Extraintestinal manifestations such as sclerosing cholangitis
CI unlikely to be considered	<ul style="list-style-type: none"> • If diagnosed or has undergone surgery within the past 12 months • Severe and diagnosed ≤ 5 years ago • Ongoing weight loss • Extraintestinal manifestations such as sclerosing cholangitis

Cystic fibrosis

A genetic disorder that affects the lungs, pancreas, and other organs, causing thick sticky mucus to build up and obstruct various body systems. This can lead to persistent lung infections, digestive problems, and other complications.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Treatment (medical or surgical)• Respiratory functions• Smoking status
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• < Age 20: Decline• ≥ Age 20: Individual consideration. Respiratory function must be at least 85% of normal, with minimal and controlled pancreatic malfunction
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Smoker• Less-than-ideal pulmonary and/or pancreatic function
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases declined

Deep vein thrombosis

Refer to [Venous thrombosis](#).

Defibrillator

Refer to [Pacemaker](#).

Delusional disorder

Refer to [Psychosis](#).

Dementia

Refer to [Cognitive impairment](#).

Depression

A mental health condition characterized by persistent sadness, loss of interest in activities and significant disruptions in daily functioning. It can occur as a single episode or as a recurrent or chronic disorder. Symptoms include changes in appetite or sleep, fatigue, difficulty concentrating, feelings of worthlessness or guilt, and/or suicidal ideations.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age on onset• Diagnosis / Cause• Severity of symptoms• Frequency of episodes• Stability• Treatment / medication• Current status: Compliance to treatment and follow-ups• Time off work/school• Hospitalizations or ER visits, if any• Suicidal ideations or attempts, if any• History of alcohol and/or drug use
Unique requirements	<ul style="list-style-type: none">• Mental health questionnaire• APS
Life and CI decision	<p>Severity is based on impairment of social or occupational function (if any); stability period on or off treatment; compliance to treatment; hospitalization or ER visits; and if there is comorbid substance abuse or other mental health disorders, suicidal ideations or attempts.</p> <p>Mild (Mild symptoms, stabilized on or off treatment, no significant time off work, no hospitalization and suicidal ideation)</p> <ul style="list-style-type: none">• Standard <p>Moderate or Severe:</p> <ul style="list-style-type: none">• Standard to decline, depending on the severity and recurrence of symptoms, and response to treatment
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Off work at time off application• History of postpartum depression and currently pregnant• Poor response to treatment or chronic ongoing symptoms• Age 65 or over: postpone if within 2 years of diagnosis• Treated with ketamine• Associated with current substance abuse• Multiple suicide attempts under age 20 or within the last five years

Diabetes

A metabolic disorder characterized by elevated blood glucose levels (hyperglycemia) due to impairment of insulin secretion, defective insulin action, or both. Insulin is a hormone produced by the pancreas and helps glucose to enter cells to be used as energy or stored as fat. Those who has a history of gestational diabetes have an increased risk of developing Type 2 diabetes. Latent autoimmune diabetes in adults (LADA) often called Type 1.5 diabetes, is a form of diabetes that shares characteristics of both Type 1 and Type 2 diabetes. Maturity-Onset Diabetes of the Young (MODY), is often misdiagnosed as Type 1 or Type 2 diabetes and appears under the age of 30.

Diabetes – Type 1 (including LADA and MODY)

Underwriting risk factors	<ul style="list-style-type: none"> • Current age and age of onset • Type of diabetes (Type 1, Type 2, Gestational or Impaired Glucose Tolerance/Prediabetes) • Smoker status • Height and weight • Type of treatment/medication/diet and exercise • Blood sugar control with HbA1c • Diabetic complications (hypoglycemic coma/ketoacidosis, retinopathy, neuropathy, nephropathy, coronary artery disease, peripheral artery disease or cerebrovascular disease)
Unique requirements	<ul style="list-style-type: none"> • Blood profile (including HbA1c), urinalysis (including microalbumin), and vitals. • APS if known long standing disease or known complications
Life decision	<p>Type 1 diabetes and LADA</p> <ul style="list-style-type: none"> • Depending on the age of the insured, duration and degree of diabetic control, rating can range from 150% for best cases to decline. <p>MODY</p> <ul style="list-style-type: none"> • Individual consideration
CI decision	<p>Type 1 diabetes and LADA</p> <ul style="list-style-type: none"> • Decline <p>MODY</p> <ul style="list-style-type: none"> • Individual consideration
Life unlikely to be considered	<ul style="list-style-type: none"> • Insured \leq 10 years old • Heavy smoker (> 1 pack per day) • HbA1c \geq 11% • eGFR under 60 • Significant proteinuria or albuminuria • In combination with CAD, CVD or CVA and smoking • Single episode of hypoglycemic coma (ketoacidosis) within the past 12 months, or multiple episodes within the past 2 years.
CI unlikely to be considered	<ul style="list-style-type: none"> • MODY may be considered • All other CI cases declined.

Diabetes – Type 2

Underwriting risk factors	<ul style="list-style-type: none"> • Current age and age of onset • Type of diabetes (Type 1, Type 2, Gestational or Impaired Glucose Tolerance/Prediabetes) • Smoker status • Height and weight • Type of treatment/medication/diet and exercise • Blood sugar control with HbA1c • Diabetic complications (hypoglycemic coma/ketoacidosis, retinopathy, neuropathy, nephropathy, coronary artery disease, peripheral artery disease or cerebrovascular disease)
Unique requirements	<ul style="list-style-type: none"> • Blood profile (including HbA1c), urinalysis (including microalbumin), and vitals. • APS if known long standing disease or known complications
Life decision	Best-case scenario <ul style="list-style-type: none"> • Age \geq 50, possible standard rate if excellent blood sugar control (HbA1c \leq 7.5%), no ratable comorbidities and no diabetic complications
CI decision	<ul style="list-style-type: none"> • Eligible applicants for critical illness insurance typically receive an additional 25% to 50% rating increase above their standard life insurance rating
Life unlikely to be considered	<ul style="list-style-type: none"> • Insured $<$ 20 years old, and time elapsed since diagnosis \leq 15 years • Heavy smoker ($>$ 1 pack per day) • HbA1c \geq 11% • eGFR under 60 • Significant proteinuria or albuminuria • In combination with CAD, CVD or CVA and smoking • Single episode of hypoglycemic coma (ketoacidosis) within the past 12 months, or multiple episodes within the past 2 years.
CI unlikely to be considered	<ul style="list-style-type: none"> • Insured is $<$ 30 years old • Heavy smoker ($>$ 1 pack per day) • HbA1c \geq 11% • eGFR under 60 • Significant proteinuria or albuminuria • In combination with proliferative retinopathy or peripheral/sensory neuropathy. • In combination with CAD, CVD or CVA and smoking • Single episode of hypoglycemic coma (ketoacidosis) within the past 3 years, or multiple episodes within the past 7 years.

Diabetes – Gestational

Underwriting risk factors	<ul style="list-style-type: none">• Current age and age of onset• Type of diabetes (Type 1, Type 2, Gestational or Impaired Glucose Tolerance/Prediabetes)• Smoker status• Height and weight• Type of treatment/medication/diet and exercise• Blood sugar control with HbA1c• Diabetic complications (hypoglycemic coma/ketoacidosis, retinopathy, neuropathy, nephropathy, coronary artery disease, peripheral artery disease or cerebrovascular disease)
Unique requirements	<ul style="list-style-type: none">• Blood profile (including HbA1c), urinalysis (including microalbumin), and vitals.• APS if known long standing disease or known complications
Life decision	<p>Currently pregnant</p> <ul style="list-style-type: none">• 150% if well-followed and no complications (hypertension or pre-eclampsia) <p>Postpartum</p> <ul style="list-style-type: none">• If current blood glucose results are normal, standard to 150% depending on number of risk factors (obesity, hypertension, pre-eclampsia)
CI decision	<p>Currently pregnant</p> <ul style="list-style-type: none">• Postpone <p>Postpartum</p> <ul style="list-style-type: none">• If current blood glucose results are normal, standard or 175% depending on number of risk factors (obesity, hypertension, pre-eclampsia)
Life unlikely to be considered	<ul style="list-style-type: none">• Currently pregnant with hypertension and albuminuria or pre-eclampsia
CI unlikely to be considered	<ul style="list-style-type: none">• Currently pregnant

Diverticulitis

A condition that occurs when small and bulging pouches (diverticula) form in the colon wall and become inflamed or infected. It typically causes severe abdominal pain, fever, nausea, diarrhea or constipation, and bloating.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Date of last episode• Weight loss/stability within the past 12 months• Treatment / medication• Hospitalization(s)• Surgery• Complications
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Without surgery</p> <ul style="list-style-type: none">• Best case scenario: Standard if > 3 months since resolution of last episode, with no residuals <p>With surgery</p> <ul style="list-style-type: none">• Within 12 months: Postpone• > 12 months: Possible standard if no recurrence and no residuals.
CI decision	<p>Without surgery</p> <ul style="list-style-type: none">• Best case scenario: Standard if > 3 months since resolution of last episode, with no residuals <p>With surgery</p> <ul style="list-style-type: none">• Within 12 months: Postpone• > 12 months: Possible 150% if no recurrence and no residuals.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Pending surgery• History of surgery and with recurrence of diverticulitis• Within 3 months of surgery or diagnosis

Down syndrome

A genetic disorder caused by the presence of an extra copy of chromosome 21, resulting in developmental delays and intellectual disabilities. Some distinctive physical features include a flattened facial profile, short stature, and microcephaly.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Developmental delay• Congenital heart disease• Physical limitation• Functioning in school or workforce• Institutionalization
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	Best case scenario <ul style="list-style-type: none">• 200% if self-supporting, stable environment, functioning in school or employed
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• With history of congenital heart disease• Age ≤ 10 or age > 40• Requires institutionalization• With physical limitation or unable to complete activities of daily living.
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases declined

Dysplastic (atypical) nevi

Atypical moles that have irregular features under a microscope and may have increased risk of developing into melanoma. They are often larger than ordinary moles with irregular borders and size, and have a mixture of colours.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Present or removed • Number of dysplastic/atypical nevi • Treatment • Family history of melanoma • Compliance with follow-ups, such as regular skin checks • Recurrence
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<p>Family history of dysplastic nevus syndrome or familial atypical mole melanoma syndrome</p> <ul style="list-style-type: none"> • Standard if followed annually and no personal history of malignant melanoma <p>Personal history of dysplastic/atypical nevi</p> <ul style="list-style-type: none"> • Present <ul style="list-style-type: none"> – Fully assessed and removal not recommended by physician - Standard. Otherwise, postpone. • Removed <ul style="list-style-type: none"> – No personal history of malignant melanoma: Possible standard if ≤ 3 dysplastic nevi, otherwise individual consideration – With personal history of malignant melanoma: Refer to Cancer: Skin. <p>Personal history of Dysplastic Nevus Syndrome</p> <ul style="list-style-type: none"> • 175% if well followed and no personal history of malignant melanoma.
CI decision	<p>Family history of dysplastic nevus syndrome or familial atypical mole melanoma syndrome</p> <ul style="list-style-type: none"> • Exclude melanoma <p>Personal history of dysplastic/atypical nevi</p> <ul style="list-style-type: none"> • Present <ul style="list-style-type: none"> – Fully assessed and removal not recommended by physician – Exclude melanoma. Otherwise, postpone. • Removed <ul style="list-style-type: none"> – No personal history of malignant melanoma: Possible standard if ≤ 3 dysplastic nevi. Otherwise, exclude melanoma. <p>With personal history of malignant melanoma</p> <ul style="list-style-type: none"> • Refer to Cancer: Skin. <p>Personal history of dysplastic nevus syndrome</p> <ul style="list-style-type: none"> • Exclude melanoma if no personal history of malignant melanoma.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Personal history of familial atypical mole melanoma syndrome • Non-compliant with follow-ups • Nevus present but pending referral or removal recommended

Eating disorders

Eating disorders are serious mental health conditions characterized by abnormal eating behaviours that negatively impact physical and mental health. They often involve a preoccupation with food, weight, or body shape.

Anorexia nervosa

Extreme weight loss is achieved through severe restriction of food intake.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis / last episode• Type of eating disorder• Weight stability / current build• Treatment / medication• Other psychiatric disorders, if any
Unique requirements	<ul style="list-style-type: none">• APS• Blood profile, urinalysis and vitals
Life and CI decision	<ul style="list-style-type: none">• Age < 21: Decline• Age > 21:<ul style="list-style-type: none">– If last episode was 3-10 years ago, then 200% to 150% depending on favourable features.– If last episode was > 10 years ago, best case scenario would be standard.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Significantly underweight• Currently under treatment• If > age 21 and most recent episode is within 3 years

Bulimia nervosa

Characterized by recurrent episodes of binge eating followed by self-induced vomiting.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis / last episode• Type of eating disorder• Weight stability / current build• Treatment / medication• Other psychiatric disorders, if any
Unique requirements	<ul style="list-style-type: none">• APS• Blood profile, urinalysis and vitals
Life decision	<ul style="list-style-type: none">• < 1 year since recovery: Postpone• > 1 year since recovery: Best case scenario would be 150% to standard depending on favourable features
CI decision	<ul style="list-style-type: none">• < 4 years since recovery: Postpone• > 4 years since recovery: Best case scenario would be standard depending on favourable features
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Significantly underweight• Currently under treatment• Present with unfavourable features, whether treated or untreated

Eating Disorder Not Otherwise Specified (EDNOS)

Refer to [Anorexia nervosa](#).

Epilepsy

A chronic neurological disorder characterized by recurrent, unprovoked seizures caused by abnormal electrical activity in the brain. There are a wide range of symptoms, from brief lapses in awareness to prolonged full-body convulsions. For Narcolepsy, refer to its corresponding [Narcolepsy](#) section.

Underwriting risk factors	<ul style="list-style-type: none">• Cause• Type of seizure (absence, generalized, idiopathic/unknown)• Number of seizures• Frequency per year• Date of last seizure• Investigation results• Treatment / medication / surgery• Driving record• Avocations• Occupation• Neurological complications
Unique requirements	<ul style="list-style-type: none">• APS including EEG and/or MRI results
Life and CI decision	<p>Single seizure (including febrile seizure)</p> <ul style="list-style-type: none">• Best-case scenario: Standard if fully investigated and date of seizure > 6 months ago.• Not investigated or date of seizure < 6 months ago: Postpone <p>Multiple seizures</p> <ul style="list-style-type: none">• Absent seizure (petit mal, generalized non-motor seizure) or simple focal seizure:<ul style="list-style-type: none">– Best-case scenario: Standard if seizure free for ≥ 1 year• Ongoing seizures<ul style="list-style-type: none">– 150% to 175% depending on number of seizures per month• Generalized motor seizures, tonic-clonic, complex focal seizure, or unknown<ul style="list-style-type: none">– Best-case scenario: Standard to 200% depending on number of seizures per year and date of last seizure.– Decline if > 12 seizures per year and/or with severe cognitive impairment <p>Surgery completed over 1 year ago</p> <ul style="list-style-type: none">• Best-case scenario: Standard if no complications or residuals
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Not investigated or limited investigations• Diagnosed within past 6 months• Pending surgery or within 6 months of completion• Not compliant with treatment• Participation in high-risk (extreme) avocations• Poor driving record• With history of alcohol or drug misuse (excluding medicinal cannabis)• Single episode of status epilepticus within 2 years, or 2 or more episodes

Factor V Leiden

Refer to [Hypercoagulability](#).

Family history

Family history refers to the medical conditions that have occurred in a person's close biological relatives, particularly parents and siblings. It is important in underwriting because it can provide valuable insights into an individual's potential health risks and predispositions.

Do not ask the client about genetic testing or genetic test results. [See Genetic Testing section.](#)

Family history – Amyotrophic Lateral Sclerosis (ALS)

Life decision	Family member diagnosed < age 50 <ul style="list-style-type: none">• One 1st degree family member: Standard• 2 or more 1st degree family members: 200% if recent neurological examination is normal. Otherwise, postpone. Family member diagnosed ≥ age 50 <ul style="list-style-type: none">• One 1st degree family member: Standard 2 or more 1st degree family members <ul style="list-style-type: none">• Individual Consideration
CI decision	One 1st degree family member <ul style="list-style-type: none">• Diagnosed < age 50: Exclude ALS• Diagnosed ≥ age 50: Standard Two or more 1st degree family members: <ul style="list-style-type: none">• Exclude ALS

Family history – Alzheimer's disease or dementia

Life decision	Insured < age 60 <ul style="list-style-type: none">• 1 first-degree family member diagnosed < age 60: 150%. Standard if diagnosed ≥ age 60• 2 or more first-degree family members diagnosed < age 60: 200%. Standard if diagnosed ≥ age 60 Insured ≥ age 60 <ul style="list-style-type: none">• Standard
CI decision	Insured < age 60 <ul style="list-style-type: none">• 1 or more first-degree family member diagnosed < age 60: Exclude Alzheimer's Disease and Dementia. Standard if diagnosed ≥ age 60 Insured ≥ age 60 <ul style="list-style-type: none">• Standard Family history of frontotemporal dementia (or Pick's disease): <ul style="list-style-type: none">• Individual consideration. An APS with a recent cognitive assessment is needed.

Family history – Breast cancer or ovarian cancer

Life decision	<ul style="list-style-type: none">• If insured is \geq age 50, breast cancer screening must be completed• If mother or siblings have had cancer at a younger age, then personal screening should start 10 years prior to diagnosis of the affected family member <p>1 first-degree family member</p> <ul style="list-style-type: none">• Standard <p>2 first-degree family members</p> <ul style="list-style-type: none">• Standard to 150%.
CI decision	<ul style="list-style-type: none">• If insured is \geq age 50, breast cancer screening must be completed• If mother or siblings have had cancer at a younger age, then personal screening should start 10 years prior to diagnosis of the affected family member <p>1 first-degree family member</p> <ul style="list-style-type: none">• Standard if diagnosed at age \geq 50. Otherwise, exclude for breast and ovarian cancer <p>2 family members (first- or second-degree)</p> <ul style="list-style-type: none">• Standard with or without exclusion of breast and ovarian cancer, depending on age of diagnosis

Family history – Cardiovascular disease or cerebrovascular disease

Life decision	<p>1 first-degree family member</p> <ul style="list-style-type: none">• Standard <p>2 or more first-degree family members</p> <ul style="list-style-type: none">• Standard to 150% depending on age at onset
CI decision	<p>1 first-degree family member</p> <ul style="list-style-type: none">• Standard <p>2 or more first-degree family members</p> <ul style="list-style-type: none">• 150% to 175%

Family history – Colon cancer

Life decision	<ul style="list-style-type: none">• Surveillance for colon cancer in people with a positive family history should begin within 10 years of the age of the youngest family member's diagnosis of colon cancer. Colonoscopy is the gold standard of surveillance. <p>1 first-degree family member</p> <ul style="list-style-type: none">• Diagnosed at age \geq 41: Standard• Diagnosed at age $<$ 41: Individual consideration <p>2 first-degree family members, both diagnosed at age \geq 41</p> <ul style="list-style-type: none">• Standard to 150% <p>Lynch syndrome</p> <ul style="list-style-type: none">• 150% to 200%
CI decision	<ul style="list-style-type: none">• Surveillance for colon cancer in people with a positive family history should begin within 10 years of the age of the youngest family member's diagnosis of colon cancer. Colonoscopy is the gold standard of surveillance. <p>1 first-degree family member</p> <ul style="list-style-type: none">• Diagnosed at age \geq 60: standard• Diagnosed at age 41-59: 125% to 150%• Diagnosed at age $<$ 41: Individual consideration <p>2 first-degree family members, both diagnosed at age \geq 51</p> <ul style="list-style-type: none">• 125% to 150% with exclusion for colon and rectal cancers <p>Lynch syndrome</p> <ul style="list-style-type: none">• Decline

Family history – Diabetes

Life decision	<ul style="list-style-type: none">• Standard
CI decision	<p>Type 1 Diabetes</p> <ul style="list-style-type: none">• 1 first-degree family member<ul style="list-style-type: none">– Standard• 2 first-degree family members<ul style="list-style-type: none">– Standard if insured is \geq age 18, otherwise postpone• 3 or more first-degree family members<ul style="list-style-type: none">– 150% if insured is \geq age 18, otherwise postpone <p>Type 2 Diabetes</p> <ul style="list-style-type: none">• 1 -firstdegree family member<ul style="list-style-type: none">– Standard• 2 or more -firstdegree family members<ul style="list-style-type: none">– Standard to 125%

Family history – Huntington’s disease

Life decision	<ul style="list-style-type: none">• Applicant’s age from 18 to 39: Individual consideration• Applicant’s age from 40 to 59: Moderate to high substandard rating• Applicant’s age 60 and over: Possible standard
CI decision	<ul style="list-style-type: none">• Decline

Family history – Multiple sclerosis

Life decision	<ul style="list-style-type: none">• Standard
CI decision	<p>1 first-degree family member</p> <ul style="list-style-type: none">• Insured is ≤ age 45: 125%• Insured is > age 45: Standard <p>2 first-degree family members</p> <ul style="list-style-type: none">• Exclude multiple sclerosis

Family history – Parkinson’s disease

Life decision	<p>1 first-degree family member</p> <ul style="list-style-type: none">• Standard <p>2 first-degree family members</p> <ul style="list-style-type: none">• Individual consideration
CI decision	<p>1 first-degree family member</p> <ul style="list-style-type: none">• Diagnosed < age 60: Exclude Parkinson’s disease• Diagnosed ≥ age 60: standard <p>2 first-degree family members</p> <ul style="list-style-type: none">• Individual consideration

Fatty liver disease

Refer to [Chronic liver disease](#).

Fibromyalgia

A chronic condition of non-specific inflammation of muscle and connective tissue that causes musculoskeletal pain and tenderness throughout the body, as well as fatigue and trouble sleeping, sleep disturbances and/or cognitive issues.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Severity of symptoms• Type of treatment• Disability• Associated mental health disorders
Unique requirements	<ul style="list-style-type: none">• APS
Life and CI decision	<ul style="list-style-type: none">• Best case scenario: Standard• If treated with opiates, refer to Chronic pain
Life and CI unlikely to be considered	<ul style="list-style-type: none">• If treated with opiates, refer to Chronic pain

Gastritis

An inflammation of the lining of the stomach. It can be acute or chronic and can be caused by various factors including bacterial infections, excessive alcohol consumption, certain medications, or autoimmune disorders. Symptoms may include abdominal pain, nausea, vomiting, and indigestion.

Underwriting risk factors	<ul style="list-style-type: none"> • Acute or recurrent • Date of last episode • Cause • Symptoms • Treatment / medication • Tests / investigation • Weight stability • History of alcohol use • Complications
Unique requirements	<ul style="list-style-type: none"> • APS if recurrent with endoscopy and lab results
Life decision	<p>Cause unknown</p> <ul style="list-style-type: none"> • Acute and recovered: Standard • Chronic: Possible standard if responding well to treatment and no complications <p>Cause known</p> <ul style="list-style-type: none"> • H. Pylori: Standard if eradicated without symptoms, otherwise 150% to decline depending on severity of symptoms • Other causes: Individual consideration <p>With history of bleeding</p> <ul style="list-style-type: none"> • Individual Consideration
CI decision	<p>Cause unknown</p> <ul style="list-style-type: none"> • Acute and recovered: Standard • Chronic: Possible standard to 150% if responding well to treatment and no complications <p>Cause known</p> <ul style="list-style-type: none"> • H. Pylori: Standard if eradicated without symptoms, otherwise 150% to decline depending on severity of symptoms • Other causes: Individual consideration <p>With history of bleeding</p> <ul style="list-style-type: none"> • Individual consideration
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Severe symptoms such as significant weight loss or anemia • Not responding well to treatment and no endoscopy done

Gender Dysphoria (including transgender, gender diversity, gender reassignment)

A condition where a person experiences psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity. Rates will be defined as 'sex at birth'; salutations and contract will reflect one's gender identity.

Underwriting risk factors	<ul style="list-style-type: none"> • Age • Date of diagnosis • Treatment (hormonal / surgical) • Gender affirmation surgery • Complications • Alcohol and/or drug abuse • Other psychiatric disorders
Unique requirements	<ul style="list-style-type: none"> • APS • HIV and hepatitis B & C screening
Life and CI decision	<p>Best-case scenario (with or without hormonal therapy)</p> <ul style="list-style-type: none"> • Standard if no surgery contemplated and no history of psychiatric disorders or alcohol or drug abuse.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Pending surgery or surgery completed within 6 months. <p>Minors</p> <ul style="list-style-type: none"> • Individual consideration

GERD (Gastroesophageal Reflux Disease)

A chronic digestive disorder where stomach acid frequently flows back into the esophagus, causing symptoms like heartburn and regurgitation. This backflow of acid can irritate the lining of the esophagus, leading to discomfort and complication such as esophagitis, respiratory problems such as asthma or chronic cough, or Barrett's esophagus which may increase the risk of esophageal cancer.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Cause • Frequency of symptoms • Investigation (such as endoscopy) • Presence of esophagitis, if any • Treatment / medication
Unique requirements	<ul style="list-style-type: none"> • APS
Life and CI decision	<p>Best-case scenario</p> <ul style="list-style-type: none"> • Standard if mildly symptomatic, with or without treatment. <p>Severe esophagitis with ulcer or bleeding</p> <ul style="list-style-type: none"> • Moderate substandard rating
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Uninvestigated and experiencing almost daily symptoms

Glomerulonephritis

Inflammation of the tiny filters (glomeruli) in the kidney. It can be acute or chronic, impairing the kidney's ability to filter waste and excess fluids from the blood, potentially leading to kidney damage or failure.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Current age• Acute or chronic• Treatment / medication• Blood pressure• Kidney functions• Complications
Unique requirements	<ul style="list-style-type: none">• APS• Blood profile, urinalysis and vitals
Life decision	<p>Acute / Nephrotic syndrome</p> <ul style="list-style-type: none">• Present or resolved in the past 6 months:<ul style="list-style-type: none">– Postpone• Best-case scenario<ul style="list-style-type: none">– Standard if full recovered without persisting urinary abnormalities (proteinuria/albuminuria) <p>Chronic</p> <ul style="list-style-type: none">• 200% to decline depending on severity
CI decision	<p>Acute / Nephrotic syndrome</p> <ul style="list-style-type: none">• Present or resolved in the past 6 months<ul style="list-style-type: none">– Postpone• Best-case scenario<ul style="list-style-type: none">– 150% if full recovered without persisting urinary abnormalities (proteinuria/albuminuria) <p>Chronic</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Uncontrolled hypertension• Low eGFR < 49• Diabetes or coronary artery disease with an eGFR < 60• Low albumin or low serum total protein

Gout

A form of inflammatory arthritis caused by the buildup of uric acid crystals in the joints, most commonly affecting the big toe. It is characterized by sudden, severe attacks of pain, swelling, and redness in one or more joints.

Underwriting risk factors	<ul style="list-style-type: none">• Number of attacks• Joint deformity• Treatment / medication• Serum uric acid• Presence of kidney stones• Urinalysis (albuminuria)
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• Best-case scenario: Standard if episodes are responding well to treatment, and if no deformity and no residuals.
CI decision	
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Significant albuminuria

Graves' disease

Refer to [Thyroid disorder: Hyperthyroidism](#).

Headache

Refer to [Migraine](#).

Heart attack

Refer to [Coronary Artery Disease](#).

Hematuria

The presence of blood in the urine, which can be visible to the naked eye (gross hematuria), or detectable under a microscope (microscopic hematuria). It can be a sign of various underlying conditions affecting the urinary tract, ranging from minor issues such as urinary tract infections to other more serious problems such as kidney stones or cancer.

Underwriting risk factors	<ul style="list-style-type: none"> • Age • Sex at birth • Date of onset • Cause • Tests / Investigations (cystoscopy and/or imaging such as ultrasound, CT scan or intravenous pyelogram of kidneys and urinary tract) • History of renal disease • Presence of additional urine findings such as white blood cells (WBC) or proteinuria
Unique requirements	<ul style="list-style-type: none"> • Urinalysis • APS
Life decision	<p>Cause known</p> <ul style="list-style-type: none"> • Menses and < age 55 <ul style="list-style-type: none"> – Standard • Within 2 months of post-partum <ul style="list-style-type: none"> – Standard if no history of renal disease, proteinuria or hypertension. Otherwise, postpone. <p>Cause unknown</p> <ul style="list-style-type: none"> • Male < age 50, or female < age 55 <ul style="list-style-type: none"> – Best-case scenario: Standard to 150% • Male ≥ age 50, or female ≥ age 55 not fully evaluated <ul style="list-style-type: none"> – 175% to postpone depending on urinalysis results • Fully evaluated and malignancy ruled out <ul style="list-style-type: none"> – Best-case scenario: Standard <p>Presence of proteinuria or albuminuria</p> <ul style="list-style-type: none"> • Refer to Proteinuria
CI decision	<p>Cause known</p> <ul style="list-style-type: none"> • Menses & < age 55 <ul style="list-style-type: none"> – Standard • Within 2 months of post-partum <ul style="list-style-type: none"> – Standard if no history of renal disease, proteinuria or hypertension. Otherwise, postpone. <p>Cause unknown</p> <ul style="list-style-type: none"> • Male < age 50, or female < age 55 <ul style="list-style-type: none"> – Standard or postpone depending on urinalysis results • Male ≥ age 50, or female ≥ age 55 not fully evaluated <ul style="list-style-type: none"> – Postpone • Fully evaluated and malignancy ruled out <ul style="list-style-type: none"> – If cause is known, refer to above section – If cause is unknown, postpone <p>Presence of proteinuria or albuminuria</p> <ul style="list-style-type: none"> • Refer to Proteinuria
Life unlikely to be considered	<ul style="list-style-type: none"> • Significant amount of red blood cells (RBC) elevation (RBC ≥ 21) • RBC ≥ 5 with presence of proteinuria or albuminuria and cause is unknown
CI unlikely to be considered	<ul style="list-style-type: none"> • Moderate or high RBC (RBC ≥ 10) • RBC ≥ 5 with presence of proteinuria or albuminuria and cause is unknown

Hemochromatosis

A disorder that causes the body to absorb and store excessive amounts of iron from food, leading to iron overload in various organs and tissues. This excess iron accumulation can damage the liver, heart and endocrine glands, and can lead to liver cirrhosis, diabetes mellitus, and cardiac failure.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Symptoms • Treatment (phlebotomy / diet change) • Liver function test results • Serum ferritin (blood iron levels) • Complications if any, such as cardiac involvement, diabetes or liver fibrosis/cirrhosis
Unique requirements	<ul style="list-style-type: none"> • Blood profile, serum ferritin and liver function test • APS including complete blood count (CBC) and ECG
Life decision	<p>Untreated</p> <ul style="list-style-type: none"> • Best-case scenario: Standard if normal liver function tests, acceptable serum ferritin (≤ 200) and no complications. Otherwise, individual consideration. <p>Treated</p> <ul style="list-style-type: none"> • Best-case scenario: Standard if normal liver function tests, acceptable serum ferritin (<600) and no complications. Otherwise, individual consideration. • With diabetes <ul style="list-style-type: none"> – Refer to Diabetes. An additional 150% rating will be applied if serum ferritin and liver function tests are normal. • With liver fibrosis <ul style="list-style-type: none"> – If mild, and liver functions tests and serum ferritin are within acceptable range, then 150%.
CI decision	<p>Untreated</p> <ul style="list-style-type: none"> • Best-case scenario: 175% if normal liver function tests , acceptable serum ferritin (<750) and no complications. Otherwise, decline. <p>Treated</p> <ul style="list-style-type: none"> • Best-case scenario: Standard if normal liver function tests, acceptable serum ferritin (<600) and no complications. Otherwise, decline.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Significant serum ferritin, with or without treatment • Liver enzyme elevations with complications such as liver fibrosis and/or diabetes. • With cardiac involvement (i.e. cardiomyopathy or arrhythmias)

Hemophilia

A disorder that impairs the body's ability to form blood clots, leading to prolonged bleeding after injuries or surgeries. It is caused by a deficiency in specific clotting factors, most commonly factor VIII (Hemophilia A) or factor IX (Hemophilia B).

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Type of hemophilia (A, B, or C)• Factor level
Unique requirements	<ul style="list-style-type: none">• APS to include blood coagulation factor levels• Blood profile including hepatitis B & C test
Life and CI decision	<ul style="list-style-type: none">• Present and diagnosis confirmed• < Age 20: Postpone if within 2 years of diagnosis. Thereafter, individual consideration.• ≥ Age 20: Individual consideration - approved cases are usually rated.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Diagnosis not confirmed

Hepatitis

Refers to inflammation of the liver, which can result from viral infections, alcohol use, toxins, medications or autoimmune conditions. Transmission methods of each type of hepatitis are as follows:

Hepatitis A

Spread via the fecal-oral route from contaminated food or water. It usually resolves without chronic effects and is preventable with a vaccine.

Hepatitis B

Transmitted through blood or bodily fluids, or from mother to child. It can lead to chronic liver damage, cirrhosis or liver cancer. It is preventable through a vaccine.

Hepatitis C

Spread through blood-to-blood contact, such as blood transfusions or shared needles. Chronic infection can cause severe liver damage. While there is no vaccine, effective direct-acting antiviral treatments exist.

Hepatitis A

An inflammation of the liver caused by the hepatitis A virus (HAV). It can be transmitted through ingestion of contaminated food and water, commonly referred to as fecal-oral contamination.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Date of full recovery• Treatment• Liver function test results
Unique requirements	<ul style="list-style-type: none">• None
Life and CI decision	<ul style="list-style-type: none">• 6 months post-diagnosis and fully recovered: Standard
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Present, or diagnosed within the past 6 months

Hepatitis B

An infection of the liver caused by the Hepatitis B virus (HBV). It can be transmitted through direct contact with infected blood or other bodily fluids. There are two forms of the disease, acute and chronic.

Underwriting risk factors	<ul style="list-style-type: none"> • Age of diagnosis • Type (acute or chronic) • Lab test results including liver functions, HBV antigens and antibodies and viral load • Treatment • Results of follow-ups • Alcohol consumption • Severity of liver fibrosis
Unique requirements	<ul style="list-style-type: none"> • Blood profile • APS including serologic tests and liver imaging such as ultrasound and/or fibroscan
Life decision	<p>Acute</p> <ul style="list-style-type: none"> • Best-case scenario: Standard if 6 months post-infection, fully recovered with HBsAg negative, and LFTs within normal limits. <p>Chronic or hepatitis B carrier</p> <ul style="list-style-type: none"> • Never treated or history of treatment completed over 12 months ago: <ul style="list-style-type: none"> – Best-case scenario is standard if HBeAg is negative, and liver enzymes are within normal limits. • With current treatment or has had treatment in the past 12 months: <ul style="list-style-type: none"> – Best-case scenario is 200% rating.
CI decision	<p>Acute</p> <ul style="list-style-type: none"> • Best-case scenario: <ul style="list-style-type: none"> – Standard if 6 months post-infection, fully recovered with HBsAg negative, and LFTs within normal limits. <p>Chronic or hepatitis B carrier</p> <ul style="list-style-type: none"> • Never treated: <ul style="list-style-type: none"> – Best-case scenario is 125% if HBeAg is negative, and liver enzymes are within normal limits. • History of treatment completed over 12 months ago: <ul style="list-style-type: none"> – Best-case scenario is standard depending on Hepatitis B serology. • Current Treatment: <ul style="list-style-type: none"> – Depending on liver enzyme levels, best case scenario is 200% with an exclusion for HCC (Hepatocellular carcinoma) and cirrhosis.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Acute hepatitis B within the last 6 months • Significant liver enzymes elevations • Documented infection within past 6 months • Alcohol abuse • Moderate to severe liver fibrosis, or cirrhosis • Co-infection with hepatitis C or D

Hepatitis C

An infection of the liver caused by the Hepatitis C virus (HCV). It can be transmitted through direct contact with infected blood such as sharing needles or syringes. There are two forms of the disease, acute and chronic. Chronic hepatitis C is diagnosed when anti-HCV antibodies are present for more than 6 months.

Underwriting risk factors	<ul style="list-style-type: none">• Age of diagnosis• Type (acute or chronic)• Mode of transmission• Lab test results including liver functions• Treatment• Results of follow-ups• Alcohol consumption• Severity of liver fibrosis• Any co-infection with hepatitis B or D
Unique requirements	<ul style="list-style-type: none">• Blood profile with liver function test• APS including serologic tests and liver imaging such as ultrasound and/or fibroscan.
Life decision	<p>Acute</p> <ul style="list-style-type: none">• Best case scenario: Standard if 6 months post-infection, fully recovered with HCV RNA negative <p>Chronic</p> <ul style="list-style-type: none">• Treatment completed:<ul style="list-style-type: none">– HCV RNA not detectable: Standard– Not performed or HCV RNA positive: Consider without treatment below <p>Currently undergoing treatment or without treatment</p> <ul style="list-style-type: none">• < Age 20: Individual consideration• Age 20 to 60 year old: Best-case scenario is 250% depending on duration since diagnosis• > Age 60: Best-case scenario is 200% depending on duration since diagnosis
CI decision	<p>Acute</p> <ul style="list-style-type: none">• Best-case scenario: Standard if 6 months post-infection and fully recovered with HCV RNA negative <p>Chronic</p> <ul style="list-style-type: none">• Treatment completed:<ul style="list-style-type: none">– HCV RNA not detectable – 150%– Not performed or HCV RNA positive: Postpone <p>Currently undergoing treatment or without treatment</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Significant liver enzymes elevations• Acute hepatitis C diagnosed \leq 6 months• More than 1 alcoholic drink daily or current drug use• Moderate to severe liver fibrosis, or cirrhosis• Co-infection with hepatitis B or D

Hernia

Occurs when an internal organ or tissue pushes through a weak spot in the surrounding muscle or connective tissue. The condition causes a visible lump, most commonly affects the abdominal area and is often asymptomatic.

Underwriting risk factors	<ul style="list-style-type: none">• Type (umbilical, hiatus, inguinal)• Treatment• Complications
Unique requirements	<ul style="list-style-type: none">• APS
Life and CI decision	<ul style="list-style-type: none">• Usually standard• Hiatus hernia: Refer to GERD
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Pending surgery or investigation

Human Immunodeficiency Virus (HIV)

A virus that attacks the body's immune system, specifically targeting CD4 cells. If left untreated, HIV can lead to AIDS (acquired Immunodeficiency syndrome), a condition where the immune system becomes severely damaged and the body struggles to fight off infections and diseases. Any offers will likely be highly rated.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Date of diagnosis • HIV test results (positive, indeterminate, negative) • Smoking status • Treatment / medication • CD4 cell count • Compliance to follow-up or treatment • Cardiovascular disease, if any • Hepatitis B and C history • History of alcohol and drug use
Unique requirements	<ul style="list-style-type: none"> • APS, to include full treatment history • Blood profile and urinalysis
Life decision	<p>HIV negative and currently taking PrEP as prevention only</p> <ul style="list-style-type: none"> • Standard if APS indicates adherence to all treatment protocol and recommended follow-ups, with no other health or drug concerns. <p>HIV test - Indeterminate</p> <ul style="list-style-type: none"> • Postpone for 6 months <p>HIV positive</p> <ul style="list-style-type: none"> • Newly discovered – Decline • Under treatment - Individual consideration: moderate to high substandard rating depending on age of applicant and CD4 cell counts. <p>AIDS diagnosis</p> <ul style="list-style-type: none"> • Decline
CI decision	<p>HIV negative and currently taking PrEP as prevention only</p> <ul style="list-style-type: none"> • Standard if APS indicates adherence to all treatment protocol and recommended follow-ups, no other health or drug concerns <p>HIV test - Indeterminate</p> <ul style="list-style-type: none"> • Postpone for 6 months <p>HIV positive or AIDS</p> <ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Age < 20 • AIDS diagnosis • With history of hepatitis B or C • With cardiovascular disease • Non-compliance to follow-up to treatment • With history of alcohol or drug abuse
CI unlikely to be considered	<ul style="list-style-type: none"> • HIV positive or diagnosed with AIDS • HIV test is indeterminate

Huntington's disease

A rare and inherited disorder that causes progressive degeneration of nerve cells in the brain. It is characterized by uncontrolled movements, emotional problems, and loss of thinking ability, typically beginning in adulthood and worsening over time.

Underwriting risk factors	<ul style="list-style-type: none">• N/A
Unique requirements	<ul style="list-style-type: none">• N/A
Life and CI decision	<ul style="list-style-type: none">• Decline if personal history confirmed a diagnosis of Huntington's disease. Also see Family history – Huntington's disease.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• N/A

Hydrocephalus

A condition characterized by an abnormal buildup of cerebrospinal fluid in the brain's ventricles, causing increased pressure within the skull and various neurological symptoms such as headaches, vision problems, cognitive impairment, and balance issues.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Cause• Treatment / surgery• Development and mental function
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<ul style="list-style-type: none">• Best-case scenario: 250% if no current tumour and no more than single surgery or revision.
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Untreated (without surgery)• Age < 10• Within 3 years of shunt or revision• With abnormal development or mental function
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases declined

Hypercoagulability

A medical condition, either hereditary or acquired, that is characterized by an increased tendency for blood to clot excessively or inappropriately. It can significantly raise the risk of developing dangerous blood clots in veins and arteries throughout the body. Includes activated protein C resistance, Factor V Leiden, and protein C and S deficiency.

Underwriting risk factors	<ul style="list-style-type: none">• Diagnosis• Hereditary or acquired• Current age• Symptoms• Number of thrombotic events, if any (e.g. venous thrombosis, pulmonary embolism, etc)• Date of last thrombotic event• Treatment and/or medication• Smoking history
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Hereditary</p> <ul style="list-style-type: none">• No history of thrombotic events, and asymptomatic: Standard• Single episode of thrombotic event: Postpone if within 6 months, thereafter, 150% - 200% depending on use of anticoagulant.• Recurrent episodes and recovered: Postpone if within 6 months, thereafter 200% if on anticoagulants. <p>Acquired</p> <ul style="list-style-type: none">• Individual consideration based on cause
CI decision	<p>Hereditary</p> <ul style="list-style-type: none">• No history of thrombotic events, and asymptomatic: 150%• With history of thrombosis: Decline <p>Acquired</p> <ul style="list-style-type: none">• Individual consideration based on cause
Life unlikely to be considered	<ul style="list-style-type: none">• Thrombotic event within the past 6 months• Recurrent thrombotic episodes and not on lifelong anticoagulants• With essential thrombocythemia• With history of portal hypertension and unresolved
CI unlikely to be considered	<ul style="list-style-type: none">• History of thrombosis

Hydronephrosis

A condition characterized by swelling of one or both kidneys due to a build-up of urine, typically caused by a blockage in the urinary tract that prevents normal urine outflow. If the obstruction is transient, the kidney generally returns to normal after removal of the obstruction, whereas if the condition is chronic, it may cause irreversible kidney damage.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Cause• Unilateral or bilateral• Diagnostic tests• Treatment• Blood pressure reading• Cardiac involvement, if any
Unique requirements	<ul style="list-style-type: none">• APS including renal ultrasound and/or x-ray• Blood test and urinalysis
Life decision	<p>Unilateral</p> <ul style="list-style-type: none">• Standard if other kidney is normal before or after surgery <p>Bilateral</p> <ul style="list-style-type: none">• Age ≤ 5 : Postpone• Age > 6 : Best-case scenario would be 200% after corrective surgery and if no residual hydronephrosis.
CI decision	<p>Unilateral</p> <ul style="list-style-type: none">• 150% if other kidney is normal before or after surgery <p>Bilateral</p> <ul style="list-style-type: none">• Age ≤ 5 : Postpone• Age > 6 : Best-case scenario would be 200% after corrective surgery and if no residual hydronephrosis.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Due to retroperitoneal fibrosis• Significantly elevated BP reading• Abnormal kidney functions tests

Hypertension (elevated blood pressure, systemic hypertension)

Primary hypertension

Also known as essential hypertension, which refers to hypertension without a recognized cause.

Secondary hypertension

Has an underlying and potentially correctable cause. Causes include renal disease, obstructive sleep apnea, renovascular disease (renal artery stenosis), oral contraceptives, medications, aldosteronism and pheochromocytoma.

Malignant hypertension

Usually of abrupt onset and quickly becomes severe. It is associated with swelling of the optic nerve head (papilledema) due to increased intracranial pressure and progressive renal failure.

White coat hypertension (White coat syndrome)

Isolated blood pressure elevation found only during clinic visits, but can also be indicative of reactions to stressful situations.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of diagnosis• Type of hypertension• Treatment or medication• Compliance with treatment• Control• Blood pressure readings within the past 12 months• Any comorbid medical conditions such as obesity, diabetes, renal disease, heart disease.
Unique requirements	<ul style="list-style-type: none">• Blood profile, urinalysis, vitals• APS
Life and CI decision	<ul style="list-style-type: none">• Controlled with or without treatment, well-followed and blood pressure readings are within normal limits: Possible standard• Refer to preferred term guidelines for standard preferred class readings.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Untreated malignant hypertension if diagnosed within the past 6 months.• Poor control and/or non-compliant to treatment• Multiple complex comorbidities

Intellectual disability

A neurodevelopmental disorder characterized by significant limitations in both intellectual functioning and adaptive behavior, covering many everyday social and practical skills. It typically begins before the age of 18 and affects a person's ability to learn, reason, problem solve, and adapt to new situations.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Social abilities / restrictive behaviour• Treatment• Education progression/school program• Any associated disorders (anxiety/depression, seizure/epilepsy)• Severity<ul style="list-style-type: none">– Mild: Self-supporting, no institutionalization or home care required, no physical impairment or limitation, good self-care– Moderate: Requires home care, but no institutionalization, no physical impairment or limitation, some ability for self care– Severe: Requires institutionalization, with physical impairment or limitation, unable to complete ADLs/IADLs
Unique requirements	<ul style="list-style-type: none">• APS including details as to IQ, social adaptation, educational achievements and degree of self-support and employment
Life decision	<ul style="list-style-type: none">• Age \leq 10: Postpone• Age \geq 11: Best-case scenario is 150%-200% if mild to moderate severity
CI decision	<ul style="list-style-type: none">• Age \leq 10: Postpone• Age \geq 11: Best-case scenario is 150% if mild
Life unlikely to be considered	<ul style="list-style-type: none">• Severe intellectual disability• Inability to complete activities of daily living• Requiring institutionalization
CI unlikely to be considered	<ul style="list-style-type: none">• Moderate or severe intellectual disability• With epilepsy• Inability to complete activities of daily living• Requiring institutionalization

Iron deficiency anemia

Refer to [Anemia](#).

Kawasaki disease

An illness that causes inflammation in blood vessels throughout the body, and it generally occurs in children under 5 years of age. Etiology is unknown. It is characterized by fever, rash, mucous membrane inflammation and cervical lymphadenopathy.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Age of diagnosis• Diagnostic tests• Treatment• Blood pressure reading• Cardiac involvement, if any
Unique requirements	<ul style="list-style-type: none">• APS – may include results of echocardiogram and/or angiogram
Life decision	<p>No history of cardiac involvement</p> <ul style="list-style-type: none">• Best-case scenario: Standard if diagnosed over 12 months ago <p>With history of cardiac involvement</p> <ul style="list-style-type: none">• Best-case scenario: Standard if diagnosed over 5 years ago• 200% rating if diagnosed within the past 2-5 years
CI decision	<p>No history of cardiac involvement</p> <ul style="list-style-type: none">• Standard if diagnosed over 12 months ago, otherwise postpone. <p>With history of cardiac involvement</p> <ul style="list-style-type: none">• Standard if diagnosed within the past 5 years, otherwise decline.
Life unlikely to be considered	<ul style="list-style-type: none">• Diagnosed within the past 12 months• Persistent coronary aneurysm, or symptoms consistent with CAD• Ratable blood pressure readings
CI unlikely to be considered	<ul style="list-style-type: none">• Persistent coronary aneurysm, or symptoms consistent with CAD• BP reading over 140/90 in the last 12 months

Kidney transplant

A surgical procedure where a healthy kidney from a donor is implanted into a recipient whose own kidneys have failed or are no longer functioning adequately. This life-saving operation aims to restore normal kidney function in patients with end-stage renal disease. A healthy donor's life expectancy is presumed to be unchanged.

Underwriting risk factors	<ul style="list-style-type: none"> • Kidney "donor" or "recipient" • Current age • Age at time of transplant • Donor source (living siblings/parents, other living donor, cadaver donor) • Renal function • Complications
Unique requirements	<ul style="list-style-type: none"> • APS • Blood profile and urinalysis
Life decision	<p>Kidney donor</p> <ul style="list-style-type: none"> • Within 12 months of transplant completion: Postpone • 12 months post-transplant: Standard if fully recovered with normal renal functions <p>Kidney recipient</p> <ul style="list-style-type: none"> • Within 2 years of transplant completion: Postpone • 2 years post-transplant: <ul style="list-style-type: none"> – ≤ 25 years old : Decline – > 25 years old: Minimum 250% to 450% depending on current age, donor source and renal functions.
CI decision	<p>Kidney donor</p> <ul style="list-style-type: none"> • Within 12 months of transplant completion: Postpone • 12 months post-transplant: Standard if fully recovered with normal renal functions <p>Kidney recipient</p> <ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Pending transplant • Rateable proteinuria post-transplant • With diabetes, CAD or uncontrolled hypertension • Repeat renal transplant or multiple organ transplants • Graft-versus-host disease
CI unlikely to be considered	<ul style="list-style-type: none"> • Donors postponed 12 months from surgery. • All recipient CI cases declined.

Lupus

Discoid/Cutaneous

An autoimmune skin condition that causes persistent scaly plaques, often on the scalp or face. It can be divided into three main subtypes: acute, subacute and chronic.

Systemic

An autoimmune disease which affects multiple organ systems in the body, causing inflammation and tissue damage. The skin, joints and muscles are commonly affected.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Type• Treatment• Date of last treatment
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Discoid/Cutaneous</p> <ul style="list-style-type: none">• Postpone if within 6 months of diagnosis.• Best-case scenario: Standard if a diagnosis of Systemic Lupus Erythematosus (SLE) is excluded.• If current treatment with antimalarial drugs, oral steroids, biologics or other immunosuppressants, then 150%. <p>Systemic</p> <ul style="list-style-type: none">• History of SLE, asymptomatic, no active disease: Standard to 200% depending on date of last treatment• Current, mild disease localized to skin, joints and serosal membranes: Best-case scenario is 150% to 250% depending on type of treatment and date of diagnosis. Current treatment with steroid or immunosuppressant therapy will increase rating significantly.
CI decision	<p>Discoid/Cutaneous</p> <ul style="list-style-type: none">• Postpone if within 6 months of diagnosis.• Best case scenario: Standard if a diagnosis of Systemic Lupus Erythematosus (SLE) is excluded.• If current treatment with antimalarial drugs, oral steroids, biologics or other immunosuppressants, then 200%. <p>Systemic</p> <ul style="list-style-type: none">• History of SLE, asymptomatic, no active disease: 200% to postpone depending on date of last treatment• Current, mild disease localized to skin, joints and serosal membranes: Best-case scenario is 200% if diagnosed over 4 years ago.
Life unlikely to be considered	<p>Discoid/Cutaneous</p> <ul style="list-style-type: none">• Within 6 months of diagnosis <p>SLE</p> <ul style="list-style-type: none">• Within 12 months of diagnosis• Severe disease with kidneys, heart, central nervous system, lung or blood involvement
CI unlikely to be considered	<p>Discoid/Cutaneous</p> <ul style="list-style-type: none">• Within 6 months of diagnosis <p>SLE</p> <ul style="list-style-type: none">• Within 4 years of diagnosis• Current steroid use, or immunosuppressant therapy• Severe disease with kidneys, heart, central nervous system, lung or blood involvement

Lyme disease

An illness transmitted to humans through the bite of infected ticks. It can affect multiple body systems and can cause symptoms such as fever, headache, fatigue and/or skin rash. If left untreated, it may spread to joints, the heart, and the nervous system.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Symptoms• Treatment / medication• Recovery• Residuals
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	Treated and no residuals <ul style="list-style-type: none">• Standard Treated with residuals <ul style="list-style-type: none">• Rate for impairment Untreated <ul style="list-style-type: none">• Postpone
CI decision	Treated and no residuals <ul style="list-style-type: none">• Standard Treated with residuals or untreated <ul style="list-style-type: none">• Postpone
Life unlikely to be considered	<ul style="list-style-type: none">• Untreated
CI unlikely to be considered	<ul style="list-style-type: none">• Treated with residuals or untreated

Melanoma

Refer to [Cancer: Skin](#).

Migraine

A severe, often debilitating type of headache characterized by intense, throbbing pain, and often accompanied by nausea, vomiting, and/or visual disturbances (migraine aura). It can last for hours or days, significantly impacting a person's daily life and activities.

Underwriting risk factors	<ul style="list-style-type: none"> • Type • Current symptoms • Frequency • Severity • Tests or investigation • Disability, if any
Unique requirements	<ul style="list-style-type: none"> • APS, if recurring
Life and CI decision	<p>Mild to moderate</p> <ul style="list-style-type: none"> • Standard <p>Severe</p> <ul style="list-style-type: none"> • Best-case scenario would be standard if investigated and stable. If associated with Transient Ischemic Attack (TIA) like or stroke-like symptoms with normal echocardiogram, then 150%
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Uninvestigated severe migraine with prolonged aura • Call-Fleming syndrome (individual consideration for life ; decline for CI)

Mitral valve replacement or repair

A surgical procedure to fix a damaged or malfunctioning mitral valve in the heart, which controls blood flow between the left atrium and left ventricle. The purpose of this repair is to restore proper cardiac function and prevent blood from flowing back into the atrium.

Underwriting risk factors	<ul style="list-style-type: none"> • Age at replacement • Type of replaced valve (mechanical or biological/tissue valve) • Any associated coronary artery disease • Post surgery testing / investigation • Complications
Unique requirements	<ul style="list-style-type: none"> • APS, to include cardiac test results and operative reports
Life decision	<p>Mitral valve replacement</p> <ul style="list-style-type: none"> • Within 1 year of replacement: Postpone • Over 1 year of replacement: Minimum 200% depending on age at replacement up to 350% <p>Mitral valve repair</p> <ul style="list-style-type: none"> • Within 1 year of repair: Postpone • Over 1 year of repair: Minimum 150% depending on age at replacement up to 400%
CI decision	<ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Multiple or repeated valve replacements, or with complications or residuals • With coronary artery disease
CI unlikely to be considered	<ul style="list-style-type: none"> • All CI cases declined

Multiple sclerosis

A chronic inflammatory demyelinating disease affecting the brain and spinal cord. Multiple sclerosis typically presents between ages of 20 to 40 years, affecting women more often than men. Diagnosis can often be complicated or delayed due to extensive series of evaluation and testing.

Underwriting risk factors	<ul style="list-style-type: none"> • Age of diagnosis • Type • Current symptoms • Date of last attack • MRI results • Any associated mental health conditions • Complications • Expanded Disability Status Scale (EDSS)
Unique requirements	<ul style="list-style-type: none"> • APS, to include MRI results
Life decision	<p>Tentative diagnosis / Clinically Isolated Syndrome (CIS)</p> <ul style="list-style-type: none"> • Single episode with normal MRI results <ul style="list-style-type: none"> – Within 1 year: Postpone – Over 1 year: Ratable to 175%. Best-case scenario is standard after 5 years. <p>Relapsing / remitting</p> <ul style="list-style-type: none"> • Fully ambulatory, no cerebellar signs, no urinary retention, with only mild residuals. Depending on severity and date of last attack: <ul style="list-style-type: none"> – Within 1 year: Postpone – < 10 years: If EDSS score is 0-2, best-case scenario is 250% – > 10 years: <ul style="list-style-type: none"> If EDSS score is 0-2, age > 50, best-case scenario is 150%. If age < 50, best-case scenario is 200%. If EDSS score > 2-5, then 250%. <p>Primary progressive or secondary progressive < 10 years since diagnosis</p> <ul style="list-style-type: none"> • Decline <p>≥ 10 years since diagnosis of multiple sclerosis:</p> <ul style="list-style-type: none"> • Rate as relapsing / remitting above <p>Secondary progressive ≥ 10 years since diagnosis of multiple sclerosis</p> <ul style="list-style-type: none"> • Assess as relapsing / remitting above
CI decision	<ul style="list-style-type: none"> • Physical limitations and/or disability in functional systems
Life unlikely to be considered	<ul style="list-style-type: none"> • Within 1 year of diagnosis • Moderate or severe, within 10 years of diagnosis, and EDSS score > 2 • EDSS score ≥ 6 • Significant history of mood disorder • Progressive disease • Cerebellar symptoms or bladder/bowel involvement
CI unlikely to be considered	<ul style="list-style-type: none"> • All CI cases declined

Myasthenia gravis

A chronic autoimmune neuromuscular disorder characterized by weakness and rapid fatigue of voluntary muscles. It occurs when the immune system mistakenly attacks and destroys the receptors at the neuromuscular junction, disrupting the communication between nerves and muscles.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Year of onset• Symptoms• Treatment / medication• Surgery (thymectomy)• Stability
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Ocular involvement only</p> <ul style="list-style-type: none">• Best-case scenario: Standard to 150%• Within 1 year of diagnosis: Postpone <p>Generalized form</p> <ul style="list-style-type: none">• 150% to 250% depending on stability period.• Within 2 years of onset: Postpone <p>Treated with thymectomy</p> <ul style="list-style-type: none">• Standard to 150% if in remission and no current treatment• Postpone if within 1 year of surgery
CI decision	<p>Ocular involvement only</p> <ul style="list-style-type: none">• Best-case scenario: Standard to 150% if diagnosed over 1 year ago. <p>Generalized form</p> <ul style="list-style-type: none">• Decline <p>Treated with thymectomy</p> <ul style="list-style-type: none">• Best-case scenario: Standard if in remission and no current treatment for a minimum of 3 years. Otherwise decline.
Life unlikely to be considered	<ul style="list-style-type: none">• Age < 16• If within 1 year of surgery or diagnosis, 2 years for generalized form
CI unlikely to be considered	<ul style="list-style-type: none">• Age < 16• With history of thymus tumour• Generalized form• Within 3 years of surgery or 1 year of diagnosis of ocular form

Narcolepsy

A chronic neurological disorder characterized by excessive daytime sleepiness and sudden, uncontrollable episodes of falling asleep during the day. It is often associated with cataplexy (sudden loss of muscle tone), sleep paralysis, and hallucinations.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Cause• Frequency• Treatment / medication• Motor vehicle offences• Hazardous avocation• Occupational risk
Unique requirements	<ul style="list-style-type: none">• APS
Life and CI decision	<p>Well-controlled by medication, no driving criticism and no participation in hazardous activities</p> <ul style="list-style-type: none">• Standard <p>Untreated, uncontrolled, or with driving criticism or with participation in hazardous avocation/occupation</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Associated with drug abuse or non-prescription drugs

Osteoarthritis

Refer to [Arthritis](#).

Ovarian cyst

It is a fluid-filled sac that develops on or inside the ovary. Most are benign and painless, and cause no symptoms, yet some are considered borderline or malignant. See also [Polycystic Ovary Syndrome](#).

Underwriting risk factors	<ul style="list-style-type: none">• Age of diagnosis• Number, type and size• Testing• Follow-ups• Treatment• Present or excised• O-RADS classification, if available
Unique requirements	<ul style="list-style-type: none">• APS with results of ultrasound, MRI or pathology report
Life decision	<p>Present</p> <ul style="list-style-type: none">• Best-case scenario: Standard if size is ≤ 3 cm or if no tight follow-up (2-3 months) is recommended. <p>Fully excised</p> <ul style="list-style-type: none">• Benign: Standard• If borderline or malignant, refer to "ovarian cancer" section.
CI decision	<p>Present</p> <ul style="list-style-type: none">• Best-case scenario: Standard if size is ≤ 3 cm or if no tight follow-up (2-3 months) is recommended. <p>Fully excised</p> <ul style="list-style-type: none">• Benign: Standard• Borderline or malignant: Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Tumour, cyst present and uninvestigated• Borderline or malignant tumours, not fully excised• Tight follow-up is required (2-3 months)

Pacemaker

A small electronic device implanted in the chest to help control the heart's rhythm. It monitors the heart's electrical activity and sends electrical pulses to prompt the heart to beat at a normal rate when it detects an irregular or slow heartbeat.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Date of implantation• Cause (coronary artery disease, heart block, sick sinus syndrome, or unknown)• Control / follow-ups• Investigation / cardiac tests
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Permanent Pacemaker and cause unknown</p> <ul style="list-style-type: none">• Within 12 months or under age 18: Postpone• \geq age 18: 200% to standard depending on age of insured <p>Temporary pacemaker, after removal</p> <ul style="list-style-type: none">• Individual consideration
CI decision	<p>Temporary pacemaker, after removal</p> <ul style="list-style-type: none">• Individual consideration <p>Permanent pacemaker or Implantable Cardioverter-Defibrillator (ICD)</p> <ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Associated with cardiomyopathy or valvular disease• Implantable Cardioverter-Defibrillator (ICD) or Cardiac Resynchronization Therapy (CRT)• Not compliant with follow-ups
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases declined

Pancreatitis

An inflammation of the pancreas, a gland that produces digestive enzymes and hormones like insulin. This condition can be acute or chronic.

Underwriting risk factors	<ul style="list-style-type: none">• Date of onset• Date of last episode• Acute or chronic• Cause• Treatment / medication• Complications• Alcohol use history
Unique requirements	<ul style="list-style-type: none">• APS• Alcohol questionnaire (if related to alcohol use)
Life decision	<p>Acute and unrelated to alcohol use (based on time from recovery)</p> <ul style="list-style-type: none">• ≤ 6 months: Postpone• > 6 months: Standard <p>Acute and related to alcohol use (based on time from recovery)</p> <ul style="list-style-type: none">• ≤ 2 years: Postpone• 2 to 5 years: Small to moderate substandard rating• > 5 years: Best-case scenario standard <p>Chronic (no current alcohol use, no diabetes; based on time from last episode)</p> <ul style="list-style-type: none">• ≤ 2 years: Postpone• 2 to 6 years: Moderate to high substandard rating• > 6 years: Best-case scenario standard
CI decision	<p>Acute and unrelated to alcohol use (based on time from recovery)</p> <ul style="list-style-type: none">• ≤ 6 months: Postpone• > 6 months: Standard <p>Acute and related to alcohol use (based on time from recovery)</p> <ul style="list-style-type: none">• ≤ 4 years: Decline• 4 to 5 years: 200%• > 5 years: Best-case scenario standard <p>Chronic (no current alcohol use, no diabetes; based on time from last episode)</p> <ul style="list-style-type: none">• ≤ 4 years: Decline• 4 to 6 years: Moderate to high substandard rating• > 6 years: Best-case scenario standard
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Presence of pancreatic pseudocyst, stone, inflammatory cyst or abscess• Pancreatic insufficiency

Parkinson's disease

A slowly progressive disorder that results from the degeneration of certain nerve cells in the brain. It is initially characterized by tremor of the hands, and may eventually progress to generalized muscular rigidity, weakness, and slowness of movement.

Underwriting risk factors	<ul style="list-style-type: none">• Age of diagnosis• Current symptoms• Treatment• Progression / stability• Any disability
Unique requirements	<ul style="list-style-type: none">• APS with details regarding progression of disease and current level of function
Life decision	<ul style="list-style-type: none">• Standard to 250% depending on age of onset, symptoms and treatment
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Including cognitive impairment• Age of onset < 50 years old
CI unlikely to be considered	<ul style="list-style-type: none">• Decline

Pernicious anemia (bitamin B12 deficiency anemia)

Refer to [Anemia](#).

Phlebitis (superficial thrombophlebitis)

An inflammation of a vein, typically in the legs, that can cause pain, swelling, and redness in the affected area.

Underwriting risk factors	<ul style="list-style-type: none">• N/A
Unique requirements	<ul style="list-style-type: none">• N/A
Life and CI decision	<ul style="list-style-type: none">• Usually standard. See also Venous thrombosis.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Within 3 months of a single event, or 6 months of recurrent events• Not fully recovered – with complications or any episode occurring while on anticoagulants

Pneumothorax

A collapsed lung that occurs when air leaks into the space between the lung and chest wall. It may be secondary to trauma or disease in the pulmonary system (e.g. emphysema, tuberculosis).

Underwriting risk factors	<ul style="list-style-type: none">• Number of episodes• Date of last episode• Cause• Treatment (medical/surgical)• Recovery
Unique requirements	<ul style="list-style-type: none">• APS if within 1 year
Life and CI decision	<p>No apparent underlying disease</p> <ul style="list-style-type: none">• Present: Postpone• Fully recovered: Best-case scenario – Standard. If more than 2 episodes, and last episode within 1 year ago – 150%. <p>Cause known</p> <ul style="list-style-type: none">• Individual consideration
Life and CI unlikely to be considered	<ul style="list-style-type: none">• If present, decline.

Polycystic kidney disease

A genetic disorder characterized by the growth of numerous cysts in the kidneys. This can cause kidney enlargement, reduced renal function over time by interfering with the kidney's ability to filter waste products from the blood, potentially leading to kidney failure.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Family history • Diagnosis, if any • Investigation (ultrasound, CT scan or MRI) and date of completion • Medication • Surgery (transplant) • Renal complications
Unique requirements	<ul style="list-style-type: none"> • Blood profile, urinalysis, vitals • APS with recent renal imaging
Life decision	<p>Family history only (with renal imaging completed within the past 12 months and normal blood pressure, urinalysis and kidney functions)</p> <ul style="list-style-type: none"> • Zero renal cysts: <ul style="list-style-type: none"> – ≥ Age 30: Standard – < Age 30: 225% to 150% depending on insured's age • ≤3 renal cysts: <ul style="list-style-type: none"> – < Age 45: 250% to 200% depending on insured's age • ≥ 4 cysts: <ul style="list-style-type: none"> – Refer to Diagnosis confirmed below <p>Diagnosis confirmed (Blood pressure and kidney functions are normal)</p> <ul style="list-style-type: none"> • Without kidney transplant: <ul style="list-style-type: none"> – < Age 30: Postpone – Age 31 to 59: 350% to 300% – > Age 60: 200% • Without kidney transplant: <ul style="list-style-type: none"> – Refer to Kidney Transplant
CI decision	<p>Family history only (with renal imaging completed within the past 12 months and normal blood pressure, urinalysis and kidney functions)</p> <ul style="list-style-type: none"> • Zero renal cysts: <ul style="list-style-type: none"> – Age < 20: Postpone – Age 20 to 29: 150% with exclusion for kidney failure and kidney transplant – Age ≥ 30: Standard • Any cysts present: <ul style="list-style-type: none"> – Decline <p>Diagnosis confirmed</p> <ul style="list-style-type: none"> • Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Diagnosis confirmed without kidney transplant, and abnormal renal function (eGFR < 60) or blood pressure > 140/90 • No renal imaging completed • With history of intracranial hemorrhage or aneurysm • Autosomal recessive polycystic kidney disease
CI unlikely to be considered	<ul style="list-style-type: none"> • No renal imaging completed • Presence of renal cysts • With history of intracranial hemorrhage or aneurysm • Autosomal recessive polycystic kidney disease

Polycystic ovary syndrome

A hormonal disorder affecting women of reproductive age, characterized by irregular menstrual cycles, excess androgen production, and the presence of multiple small ovarian cysts. It can lead to an increased risk of metabolic disorders such as diabetes and cardiovascular disease.

Underwriting risk factors	<ul style="list-style-type: none"> • Age at diagnosis • Symptoms • Investigation • Treatment (lifestyle, surgery) • Medication • Metabolic syndrome (which includes insulin resistance, hypertension, high cholesterol, and/or obesity) • Sleep apnea
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<ul style="list-style-type: none"> • Suspected, not fully investigated: Postpone
CI decision	<ul style="list-style-type: none"> • Ovarian tumour excluded, no cardiovascular risk factors: Standard
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Suspected, not fully investigated: Postpone • Ovarian tumour not excluded

Post-Traumatic Stress Disorder (PTSD)

A mental health condition that can develop from experiencing a traumatic event, commonly after sexual assault or abuse, or post-exposure to warfare or disasters. Symptoms may include intrusive thoughts, nightmares, flashbacks and/or sleep disturbances, avoidance behaviours, negative mood changes, and heightened arousal.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Age on onset • Symptoms • Treatment / medication • Time off work/school • Any hospitalizations or ER visits • Any suicidal ideation or attempts • History of alcohol and drug use, • History of assault, violence or criminal activity • Co-existing psychiatric illness
Unique requirements	<ul style="list-style-type: none"> • Mental health questionnaire • APS
Life decision	<ul style="list-style-type: none"> • Underwriter's focus is based on PTSD favourable and unfavourable features. • Best-case scenario would be standard rates if there are no unfavourable features currently or in the past. Otherwise, 200% to decline.
CI decision	<ul style="list-style-type: none"> • Underwriter's focus is based on PTSD favourable and unfavourable features. • Best-case scenario would be standard rates if there are no unfavourable features currently or in the past. Otherwise, 175% to decline.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Within 1 year of diagnosis • Predominantly unfavourable features • Rateable alcohol and/or substance abuse • With symptoms and non-compliance to treatment or recommended follow-ups, frequent changes to medication.

Pregnancy

A condition of carrying one or more developing offspring inside the body, typically lasting about 40 weeks from conception to birth.

Underwriting risk factors	<ul style="list-style-type: none">• Trimester• History of pregnancy complications (preeclampsia, eclampsia, HELLP, severe vomiting)• Current health status
Unique requirements	<ul style="list-style-type: none">• APS, if currently pregnant and complications present or in history
Life and CI decision	<p>No present or history of complications</p> <ul style="list-style-type: none">• Standard <p>With history of complications and currently pregnant</p> <ul style="list-style-type: none">• Postpone <p>Gestational diabetes</p> <ul style="list-style-type: none">• Refer to Diabetes
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Currently pregnant with current complications, or history of post-partum depression

Premature Birth

Due to the lack of time developing and maturing in the womb, premature babies (born before 37 weeks of gestation) face an increased risk of various medical and developmental problems.

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Gestational age • Current weight and weight at birth • Complications • Treatment / medication • Hospitalization
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<p>Weight at birth</p> <ul style="list-style-type: none"> • Under 3.3 lbs: <ul style="list-style-type: none"> – No complications: Standard if age \geq 1 – With complications: Postpone until age 3 • Between 3.3 to 5 lbs: <ul style="list-style-type: none"> – No complications: Standard if age > 6 months – With complications: Postpone until age 3 • Greater than 5 lbs: <ul style="list-style-type: none"> – No complications: Standard – With complications: Individual consideration
CI decision	<p>Weight at birth</p> <ul style="list-style-type: none"> • Under 3.3 lbs: <ul style="list-style-type: none"> – No complications: Standard if age \geq 2 – With complications: Postpone until age 5 • Between 3.3 to 5 lbs: <ul style="list-style-type: none"> – No complications: Standard if age > 18 months – With complications: Postpone until age 5 • Greater than 5 lbs: <ul style="list-style-type: none"> – No complications: Standard – With complications: Individual consideration
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Under age 3, weight at birth under 5lbs, with complications • Under age 5, weight at birth under 5lbs, with complications

Prostatitis

An inflammation of the prostate gland which can cause lower back pain and dysuria (painful urination) in men. It is most often caused by bacterial infections and can be treated by antibiotics.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Acute or chronic• Treatment / medication• PSA test• Urinalysis
Unique requirements	<ul style="list-style-type: none">• None
Life decision	Acute episode and fully recovered <ul style="list-style-type: none">• Usually standard Chronic <ul style="list-style-type: none">• Possible standard if urinalysis and PSA are within normal limits
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Uninvestigated with elevated PSA

Proteinuria

A condition characterized by the presence of excess proteins in the urine. It occurs when the kidneys are not functioning properly which allows proteins to leak from the blood into the urine instead of being retained in the body.

Underwriting risk factors	<ul style="list-style-type: none">• Date of onset• Symptoms• Cause• Transient or persistent• Treatment / medication• Tests / investigations• Blood pressure• Renal functions including eGFR• Other urinary abnormalities, if any
Unique requirements	<ul style="list-style-type: none">• APS• Blood profile, urinalysis and vitals
Life and CI decision	Transient <ul style="list-style-type: none">• Standard Persistent <ul style="list-style-type: none">• Best-case scenario is standard. Rating will depend on cause, symptoms and proteinuria levels, from 150% to decline.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Significant elevated blood pressure readings• With hematuria, or red or white blood cell casts• With diabetes and eGFR < 60• > Age 65 and uninvestigated or cause unknown

Psoriatic arthritis

Refer to [Arthritis](#).

Psoriasis

A condition in which an overactive immune system causes an acceleration of skin cell growth, resulting in scaly, itchy and inflamed patches on the skin surface. It typically involves cycles of flare-ups and remissions affecting various parts of the body, most commonly on the scalp, elbows, and knees.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Affected area • Treatment / medication
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<ul style="list-style-type: none"> • Best case scenario: standard to 150% depending on severity and type of medication
CI decision	<ul style="list-style-type: none"> • Best case scenario: standard to 200% depending on severity and type of medication
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • If combined with arthritis and aortic insufficiency, pulmonary complications, abnormal PFT's, or renal abnormality.

Psychosis

A mental health condition where individuals lose contact with reality, experiencing symptoms such as hallucinations, delusions and disorganized thinking. It can occur suddenly or develop gradually and is often referred to as a psychotic episode, usually with an acute onset and duration of one to three months.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Date of recovery • Current age • Number of episodes • Treatment / medication • Hospitalization • History of suicidal ideation or attempt, if any • Duration of time off work, if any • History of substance use / abuse
Unique requirements	<ul style="list-style-type: none"> • APS • Mental health questionnaire
Life and CI decision	<p>Single episode, stable employment, years since recovery</p> <ul style="list-style-type: none"> • Within 1 year of diagnosis: Postpone • 200% scaling down to 150%, potentially standard 5 years post-diagnosis and no recurrence <p>More than 1 episode</p> <ul style="list-style-type: none"> • Refer to Schizophrenia or below (depending on diagnosis); <p>Delusional disorder, psychotic disorder not otherwise specified</p> <ul style="list-style-type: none"> • Within 1 year of diagnosis: Postpone • 250% scaling down to 150%, potentially standard 10 years post-diagnosis and no subsequent recurrence.
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Within 1 year of diagnosis or last episode • Off work at time off application • Presence of suicidal ideation • Current psychotic symptoms • Associated with rateable substance / alcohol abuse history

Pulmonary embolism

Refer to [Venous thrombosis](#).

Pulmonary nodule

A small growth in the lung that appears as a spot on imaging studies. These nodules are typically less than 3 cm in diameter and can be benign or malignant.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Current age• Single or multiple nodules• Nodule size and characteristics• Imaging test (chest X-ray, CT scan, MRI, PET scan)• Smoking history• Family history of lung cancer• Exposure to carcinogenic substances (i.e. asbestos)
Unique requirements	<ul style="list-style-type: none">• APS with results of imaging tests
Life and CI decision	<p>History of lung nodules, fully resolved and confirmed by CT scan</p> <ul style="list-style-type: none">• Standard <p>Presence of lung nodules, single or multiple</p> <ul style="list-style-type: none">• Individual consideration
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Pending investigation or surgery• Findings on imaging with current symptoms of infection/pneumonia• Nodules increasing in size and numbers

Rheumatoid arthritis

Refer to [Arthritis](#).

Sarcoidosis

A multisystem inflammatory disease characterized by the formation of granulomas, most commonly affecting the lungs, lymph nodes, eyes and skin. Cause is unknown, but it is thought to involve an abnormal immune response triggered by genetic and environmental factors.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Pulmonary or non-pulmonary lesions (cardiac, renal, nervous system, liver, skin, joint or ocular) • Treatment / medication • Tests / investigations • Staging • Progression / remission of disease • Pulmonary functions
Unique requirements	<ul style="list-style-type: none"> • APS including result of chest X-ray
Life decision	<p>Pulmonary lesions</p> <ul style="list-style-type: none"> • Lesions completely regressed <ul style="list-style-type: none"> – Standard if > 6 months of diagnosis • Partial regression of lesions <ul style="list-style-type: none"> – Postpone if diagnosed < 6 months ago; thereafter, small to moderate substandard rating depending on staging • No regression of lesions <ul style="list-style-type: none"> – Postpone if diagnosed < 2 years ago ; thereafter, small to moderate substandard rating depending on staging and steroid use <p>Non-pulmonary lesions</p> <ul style="list-style-type: none"> • Cardiac, renal or nervous system <ul style="list-style-type: none"> – Decline • Hepatic <ul style="list-style-type: none"> – Postpone if diagnosed < 6 months ago, otherwise possible 175% if liver function test is normal • Skin, joint or ocular <ul style="list-style-type: none"> – Postpone if diagnosed < 6 months ago; thereafter, standard
CI decision	<p>Pulmonary lesions</p> <ul style="list-style-type: none"> • Lesions completely regressed <ul style="list-style-type: none"> – Standard if > 6 months of diagnosis • Partial regression of lesions <ul style="list-style-type: none"> – Postpone if diagnosed < 6 months ago; thereafter, moderate substandard rating to decline depending on staging and medication • No regression of lesions <ul style="list-style-type: none"> – Postpone if diagnosed < 2 years ago ; thereafter, moderate substandard rating to decline depending on staging <p>Non-pulmonary lesions</p> <ul style="list-style-type: none"> • Cardiac, renal or nervous system <ul style="list-style-type: none"> – Decline • Hepatic <ul style="list-style-type: none"> – Postpone if diagnosed < 6 months ago, otherwise possible 250% if liver function test is normal • Skin, joint or ocular <ul style="list-style-type: none"> – Postpone if diagnosed < 6 months ago; thereafter, standard
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Poor pulmonary function test • Progressive disease or with systemic involvement

Schizophrenia

A chronic mental disorder that affects how a person thinks, feels, and behaves, often causing them to lose touch with reality. It often leads to psychotic symptoms, such as hallucinations, delusions, and disorganized thinking, as well as cognitive and emotional impairments, which can significantly impact a person's daily functioning.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Current age• Number of episodes• Date of last episode• Treatment / medication• Stability• Hospitalization• History of suicidal attempt, if any• Duration of time off work, if any• History of substance use / abuse
Unique requirements	<ul style="list-style-type: none">• APS• Mental health questionnaire
Life decision	<p>Single episode</p> <ul style="list-style-type: none">• Within 1 year of diagnosis: Postpone• 250% scaling down to 175%, potentially standard with 10 years of stability. <p>Recurrent episodes</p> <ul style="list-style-type: none">• Postpone within first two years of diagnosis or last episode• 300% scaling down to 175%, potentially standard 10 years post-diagnosis with no recurrent episode.
CI decision	<p>Single episode</p> <ul style="list-style-type: none">• Within 1 year of diagnosis: Postpone• 200% scaling down to 150%, potentially standard with 10 years of stability. <p>Recurrent episodes</p> <ul style="list-style-type: none">• Decline
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Off work at time off application• Presence of suicidal ideation or suicide attempt, if any• Current psychotic symptoms• Continued medication adjustment• Associated with rateable substance / alcohol abuse history

Seizure

Refer to [Epilepsy](#).

Sickle cell anemia

Refer to [Anemia](#).

Sleep apnea

A disorder in which breathing stops and starts repeatedly during sleep. It can result in daytime sleepiness or fatigue that interferes with a person's ability to function. Severity is determined by polysomnography (sleep study) results.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Type of sleep apnea (obstructive, central, or mixed?)• Severity• Type of treatment• Effectiveness and compliance of treatment• Date of last sleep study• Driving offences / traffic accidents• Presence of comorbidities such as build, blood pressure, cardiac arrhythmias, CAD, CVD, COPD
Unique requirements	<ul style="list-style-type: none">• APS including sleep study results
Life and CI decision	<p>Obstructive Sleep Apnea (OSA)</p> <ul style="list-style-type: none">• Mild (<5 to 15):<ul style="list-style-type: none">– Standard rates• Moderate to severe (15 and up):<ul style="list-style-type: none">– If compliant with treatment and well-controlled without residual symptoms, possible standard rates.– If non-compliant and uncontrolled, moderate – 150%, to severe – 250%. <p>Central Sleep Apnea (CSA) and complex sleep apnea</p> <ul style="list-style-type: none">• Individual consideration
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Untreated, non-compliant or not controlled central sleep apnea• Moderate/severe OSA with cognitive dysfunction, congestive heart failure, with alcohol/drug misuse or rateable cardiac arrhythmias.• Treatment with supplemental oxygen

Spinal cord injury

Damage to any part of the spinal cord or nerves at the end of the spinal canal, often resulting in permanent changes in strength, sensation, and other body functions below the site of the injury. This type of injury can occur due to trauma, such as a car accident or fall, or from diseases like polio or spina bifida, and its severity depends on the location and extent of damage to the spinal cord.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of event • Current age • Cause • Occupation / disability • Degree of paralysis (paraparesis, paraplegia, quadriparesis, quadriplegia) • Treatment / medication (including cannabis or opioids use) • Ambulation • Bowel and bladder control • Mental health history • Complications
Unique requirements	<ul style="list-style-type: none"> • APS • Urinalysis
Life decision	<p>Paraparesis or paraplegia</p> <ul style="list-style-type: none"> • With normal bowel and bladder control <ul style="list-style-type: none"> – Best-case scenario: Standard to 150% if ambulatory (unaided, or with cane or crutches). Otherwise, moderate substandard rating to postpone. • Without bowel and bladder control <ul style="list-style-type: none"> – Within 2 years of onset: Postpone – Over 2 years of onset: Postpone to rating. Rating decreases with age. <p>Quadriparesis</p> <ul style="list-style-type: none"> • Moderate to high substandard rating
CI decision	<p>Paraparesis or Paraplegia</p> <ul style="list-style-type: none"> • With normal bowel and bladder control <ul style="list-style-type: none"> – Best case scenario would be standard if unaided. – With cane or crutches, 150% with an exclusion for paralysis and Loss of Independent Existence (LOIE). • Without bowel and bladder control <ul style="list-style-type: none"> – Decline
Life unlikely to be considered	<ul style="list-style-type: none"> • Quadriplegia • With history of recurrent pneumonia or receiving ventilator support • With abnormal renal function • On rehabilitation and/or not well-adjusted, not yet self-supporting
CI unlikely to be considered	<ul style="list-style-type: none"> • Quadriparesis and quadriplegia • With history of recurrent pneumonia or receiving ventilator support • With abnormal renal function • On rehabilitation and/or not well-adjusted, not yet self-supporting

Splenomegaly

An abnormal enlargement of the spleen which can be caused by various underlying health issues, such as infections, liver disease, or blood disorders.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Cause• Symptoms• Estimated spleen size on imaging• Treatment / surgery• Complete blood count
Unique requirements	<ul style="list-style-type: none">• APS including imaging results
Life decision	<p>Mild enlargement</p> <ul style="list-style-type: none">• Best-case scenario: If stable and asymptomatic, then standard to 150% depending on time from diagnosis <p>Moderate enlargement</p> <ul style="list-style-type: none">• Best-case scenario: If stable and asymptomatic, then standard to 200% depending on time from diagnosis
CI decision	<p>Mild enlargement</p> <ul style="list-style-type: none">• Best-case scenario: If diagnosed over 2 years ago and stable, then standard. <p>Moderate enlargement</p> <ul style="list-style-type: none">• Best-case scenario: If diagnosed over 3 years ago and stable, then 150% to 200%.
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Current splenomegaly without investigation• Severe spleen enlargement• Splenectomy performed within past 12 months• Moderate (>20%) splenomegaly with CBC abnormalities

Squamous cell carcinoma (cutaneous)

Refer to [Cancer: Skin](#).

Stroke

An interruption of the blood supply to the brain leading to ischemia or infarction of brain tissue. Symptoms depend on the site and extent of the lesion and may include loss of consciousness, paralysis, and deficits of speech, vision, motion, sensation and thought. Ischemic strokes (80%) are caused by a blood clot or blockage in the brain, and a hemorrhagic strokes (20%) are caused by bleeding in the brain.

A transient ischemic attack (TIA) or mini stroke is a temporary cerebrovascular event that leaves no permanent damage.

Refer to [Transient ischemic attack](#).

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Number of strokes• Date of first and last stroke• Type• Treatment• Compliance with follow-ups• Risk factors (blood pressure, build, blood sugar, smoking)• Residual deficits / complications
Unique requirements	<ul style="list-style-type: none">• APS including results of a brain scan (CT or MRI)• ECG
Life decision	<ul style="list-style-type: none">• Within 6 months: Postpone• Depending on current age, date of last stroke, residuals and comorbidities, rating can vary from 150% to a decline
CI decision	<ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• Smoker• With diabetes or pre-diabetes, carotid artery disease or peripheral artery disease, and/or essential thrombocythemia• Stroke within the past 6 months• Significant physical or cognitive challenges
CI unlikely to be considered	<ul style="list-style-type: none">• All CI cases declined

Suicide attempt

A serious deliberate act of self-harm with the intention of ending one's own life. It can involve various methods such as drug overdose, self-inflicted injury, or other dangerous behaviors, and is often a sign of severe emotional distress or mental health issues that require immediate professional intervention and support. Recognizing warning signs and understanding associated risk factors are crucial for prevention.

For suicidal ideation only (without suicide attempt), refer to [Depression](#).

Underwriting risk factors	<ul style="list-style-type: none"> • Current age • Number of suicide attempts • Date of last suicide attempt • Treatment / medication • Hospitalization • Underlying psychiatric condition, if any • Domestic and employment situation • Alcohol and/or drug abuse
Unique requirements	<ul style="list-style-type: none"> • APS • Blood profile and urinalysis with drug screen
Life decision	<p>If successfully recovered from previous suicide attempt, and current outlook is positive including stable home life and work situation.</p> <p>Single attempt</p> <ul style="list-style-type: none"> • Insured \leq age 20 <ul style="list-style-type: none"> – Within 3 years: Postpone – 3 to 7 years ago: Moderate substandard rating – Thereafter, possibly standard • Insured $>$ age 20 <ul style="list-style-type: none"> – Within 1 year: Postpone – 1 to 5 years ago: Moderate substandard rating – Thereafter, possibly standard <p>Multiple attempts</p> <ul style="list-style-type: none"> • \leq 5 years of last attempt: Postpone • 5 to 10 years ago: moderate substandard rating • Thereafter, possibly standard
CI decision	<p>If successfully recovered from previous suicide attempt, and current outlook is positive including stable home life and work situation.</p> <p>Single attempt</p> <ul style="list-style-type: none"> • Insured \leq age 20 <ul style="list-style-type: none"> – Within 7 years: Postpone – $>$ 7 years ago: Standard • Insured $>$ age 20 <ul style="list-style-type: none"> – Within 1 year: Postpone – 1 to 5 years ago: Small substandard rating – $>$ 5 years ago: Standard <p>Multiple attempts</p> <ul style="list-style-type: none"> • \leq 5 years of last attempt: Postpone • $>$ 5 years ago: Small to moderate substandard rating
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Off school or work at time of application • Presence of suicidal ideation • Ongoing severe depression or other mental health disorders • Associated with current substance abuse

Syncope (fainting)

A temporary loss of consciousness, also known as fainting, is typically caused by a sudden drop in blood flow to the brain. It can be triggered by various factors such as dehydration, emotional stress, pain, or underlying medical condition.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Number of episodes• Date of last episode• Cause• Investigation / testing
Unique requirements	<ul style="list-style-type: none">• APS including results of cardiac tests and/or imaging
Life decision	<p>Cause known and fully evaluated</p> <ul style="list-style-type: none">• Reflex (vasovagal, situational), orthostatic or occurring after exercise: Standard• Cardiac syncope: Decline <p>Cause unknown and fully evaluated</p> <ul style="list-style-type: none">• Single episode, ≤ 6 months since episode and age ≤ 35: Standard, otherwise postpone if age > 35.• Single episode and > 6 months ago: Standard• Multiple episodes and ≤ 12 months since last episode: Postpone. Thereafter, 150% to 200% depending on age of onset <p>Partially evaluated</p> <ul style="list-style-type: none">• With normal cardiac evaluation: Refer to above section "Cause unknown and fully evaluated"• Without cardiac evaluation done: Postpone
CI decision	<p>Cause known and fully evaluated</p> <ul style="list-style-type: none">• Reflex (vasovagal, situational), orthostatic or occurring after exercise: Standard• Cardiac syncope: Decline <p>Cause unknown and fully evaluated</p> <ul style="list-style-type: none">• Single episode and ≤ 6 months: Postpone• Single episode and > 6 months: standard• Multiple episodes and ≤ 12 months since last episode: Postpone. Thereafter, 150% to 200% depending on age of onset <p>Partially evaluated</p> <ul style="list-style-type: none">• With normal cardiac evaluation: Refer to above section "Cause unknown and fully evaluated"• Without cardiac evaluation done: Postpone
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Cardiac syncope

Thyroid disorder – Hyperthyroidism, Graves’ disease, toxic goiter

A hypersecretion of thyroid hormones resulting in increased metabolic activity. Clinical manifestations include exophthalmos (bulging eyes), hypertension, fatigue, tremor, weight loss, nervousness and palpitations.

Underwriting risk factors	<ul style="list-style-type: none"> • Age • Date of onset • Symptoms • Treatment and control
Unique requirements	<ul style="list-style-type: none"> • APS
Life and CI decision	<ul style="list-style-type: none"> • Best-case scenario: Treated, asymptomatic and stable on medication– standard. • Untreated with ongoing symptoms: Postpone
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Untreated or not well-controlled

Thyroid disorder – Hypothyroidism

A deficiency of thyroid hormone which can cause symptoms including lethargy, cold intolerance, weight gain, bradycardia.

Underwriting risk factors	<ul style="list-style-type: none"> • Age • Date of onset • Symptoms • Treatment and control • Blood pressure
Unique requirements	<ul style="list-style-type: none"> • APS for congenital hypothyroidism only
Life decision	<p>Acquired</p> <ul style="list-style-type: none"> • No symptoms or mild symptoms: Standard <p>Congenital</p> <ul style="list-style-type: none"> • Age ≥ 1, treated and well-controlled, no developmental delays: Standard
CI decision	<p>Acquired</p> <ul style="list-style-type: none"> • No symptoms: Standard • With mild symptoms: 150% <p>Congenital</p> <ul style="list-style-type: none"> • Age ≥ 1, treated and well-controlled, no developmental delays: Standard
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Current age < 1 with congenital hypothyroidism • Myxedema, cardiovascular or persistent neurological symptoms

Thyroid disorder – Cyst / nodule

A growth or lump that forms within the thyroid gland. These cysts / nodules can be solid or fluid-filled and are usually benign, but in some cases may be cancerous.

Underwriting risk factors	<ul style="list-style-type: none">• Date of diagnosis• Testing (ultrasound, CT scan, MRI, biopsy)• Treatment• Size and characteristics of cyst / nodule• TI-RADS score• Pathology
Unique requirements	<ul style="list-style-type: none">• APS with copies of imaging, or pathology report if biopsy was performed
Life decision	<p>Present and uninvestigated</p> <ul style="list-style-type: none">• Postpone <p>Investigated with ultrasounds</p> <ul style="list-style-type: none">• TI-RADS 1 or 2: Standard• TI-RADS 3: Postpone if diagnosed within 1 year. Thereafter, possible standard if compliant with follow-up imaging and stable.• TI-RADS 4 or higher: Postpone <p>Investigated with biopsy</p> <ul style="list-style-type: none">• Individual consideration <p>Malignant and removed</p> <ul style="list-style-type: none">• Refer to Cancer: Thyroid
CI decision	<p>Present and uninvestigated</p> <ul style="list-style-type: none">• Postpone <p>Investigated with ultrasounds</p> <ul style="list-style-type: none">• TI-RADS 1 or 2: Standard• TI-RADS 3: Standard with an exclusion for thyroid cancer• TI-RADS 4 or 5: Standard with an exclusion for thyroid cancer or postpone. <p>Investigated with biopsy</p> <ul style="list-style-type: none">• Individual consideration <p>Malignant and removed</p> <ul style="list-style-type: none">• Refer to Cancer: Thyroid
Life and CI unlikely to be considered	<ul style="list-style-type: none">• Present and uninvestigated• TI-RADS 4 or 5

Transient Ischemic Attack (TIA)

A temporary blockage of blood flow to the brain causing transient neurological dysfunction that can last up to 24 hours, also known as a “mini-stroke”. Typical symptoms include aphasia (speech impairment or loss), partial paralysis and vision disturbances.

Underwriting risk factors	<ul style="list-style-type: none">• Current age• Number of episodes• Date of first and last episode/attack• Cause• Treatment• Compliance with follow-ups• Risk factors (blood pressure, build, blood sugar, smoking)• Any residual neurological symptoms• Smoking history
Unique requirements	<ul style="list-style-type: none">• APS• ECG
Life decision	<ul style="list-style-type: none">• Within 6 months:<ul style="list-style-type: none">– Postpone• 6 months to 3 years:<ul style="list-style-type: none">– Age < 40: Likely decline– Age 40 to 69: 250% to 175%– Age > 69: 150% to standard• After three years:<ul style="list-style-type: none">– Age < 40: Likely 275%– Age 40 to 69: 200% to 150%– Age > 69: Possibly standard• Mild tobacco use will add an additional 50% rating
CI decision	<ul style="list-style-type: none">• Likely a decline unless attack is due to migraine or oral contraceptive use.
Life unlikely to be considered	<ul style="list-style-type: none">• 2 episodes or more• With diabetes or coronary artery disease
CI unlikely to be considered	<ul style="list-style-type: none">• Most cases unless as a result of a migraine or contraceptive use

Tuberculosis

An infectious disease caused by airborne bacterium (mycobacterium tuberculosis) that primarily affects the lungs but can also impact other parts of the body. Symptoms include productive cough, fever, weight loss, and malaise.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Active or inactive • Site of infection • Symptoms • Test / investigation • Treatment and/or medication • Recovery / stability / residuals • Complications
Unique requirements	<ul style="list-style-type: none"> • APS including results of chest xray and pulmonary function tests
Life decision	<p>Positive TB skin test only, no evidence of active disease, with or without treatment</p> <ul style="list-style-type: none"> • Standard <p>Pulmonary tuberculosis, inactive disease</p> <ul style="list-style-type: none"> • Chest X-ray with minimal findings: Possible standard • With findings of bronchiectasis or cavitation: Individual consideration <p>Pulmonary tuberculosis, active disease</p> <ul style="list-style-type: none"> • Receiving treatment for first 3 months: Postpone • After first 3 months of treatment, depending on severity: Standard to 250% <p>Extrapulmonary tuberculosis (lymph node, peritoneal, meningeal, bladder, and/or kidney infection)</p> <ul style="list-style-type: none"> • On treatment: Postpone • Post-treatment, depending on recovery and residuals: Standard to 175%
CI decision	<p>Positive TB skin test only, no evidence of active disease, with or without treatment</p> <ul style="list-style-type: none"> • Standard <p>Pulmonary tuberculosis, inactive disease</p> <ul style="list-style-type: none"> • Chest X-ray with minimal findings: Possible standard • With findings of bronchiectasis or cavitation: Individual consideration <p>Pulmonary tuberculosis, active disease</p> <ul style="list-style-type: none"> • Receiving treatment for first 3 months: Postpone • After first 3 months of treatment, depending on severity: Standard to decline <p>Extrapulmonary tuberculosis (lymph node, peritoneal, meningeal, bladder, and/or kidney infection)</p> <ul style="list-style-type: none"> • On Treatment: Postpone • Post-treatment for over 12 months, fully recovered and no residuals: Standard
Life and CI unlikely to be considered	<ul style="list-style-type: none"> • Active disease, not receiving or not responding to treatment • With complications related to prior TB infection (hemoptysis, empyema, abscess, cavitating infection, fungal infection) • Significant lung impairment shown on pulmonary function tests • Pending investigations such as X-ray and pulmonary functions tests

Ulcerative colitis

A chronic inflammatory bowel disease (IBD) that causes inflammation and ulcerative lesions in the lining of the rectum and colon. It typically leads to symptoms such as abdominal pain, bloody diarrhea, weight loss, fatigue, and/or bowel urgency.

Underwriting risk factors	<ul style="list-style-type: none"> • Date of diagnosis • Frequency of flare-ups • Severity (defined by location and duration) • Date of last colonoscopy • Significant weight loss in the past 12 months • Treatment and/or medication • Surgery • Complications and extracolonic manifestations
Unique requirements	<ul style="list-style-type: none"> • APS
Life decision	<p>Mild form (proctitis only)</p> <ul style="list-style-type: none"> • Best case scenario: If diagnosed over 1 year ago, possible standard rates <p>Moderate form (left-sided colitis)</p> <ul style="list-style-type: none"> • Rating can vary from 150% to 175% • Best-case scenario: If diagnosed over 2 years ago, possible standard rates <p>Severe form (pancolitis)</p> <ul style="list-style-type: none"> • Best-case scenario: If no history of hospitalization or surgery, and onset > 2 years, possible 250% to 150%. • With surgery (colectomy plus permanent ileostomy), over 6 months ago: Possible standard rates. • With surgery (colectomy plus ileorectal anastomosis or hemicolectomy), over 6 months ago: Possible 150% to 175%.
CI decision	<p>Mild and moderate forms (proctitis or left-sided colitis)</p> <ul style="list-style-type: none"> • Best case scenario: If diagnosed over 1 year ago, possible standard rates to 150% <p>Severe form (pancolitis)</p> <ul style="list-style-type: none"> • Best-case scenario: If no history of hospitalization or surgery, and onset > 2 years: Possible 200%. • With surgery (Colectomy plus ileorectal anastomosis or hemicolectomy), over 6 months ago: 175%. After 2 years, 150%.
Life unlikely to be considered	<ul style="list-style-type: none"> • Pending surgery or 0-6 months since surgery. • Pancolitis diagnosed \leq 1 year ago • Lack of compliance with follow-up colonoscopy • Ongoing weight loss • Prednisone use \geq 10 mg per day • Elevated liver enzymes > 2 times normal
CI unlikely to be considered	<ul style="list-style-type: none"> • If diagnosed within the past 12 months. • Pending surgery or 0-6 months since surgery. • Lack of compliance with follow-up colonoscopy • Ongoing weight loss • Prednisone use \geq 10 mg per day

Underweight

Refer to [Life and Critical Illness Insurance Build Table](#) section.

Varicose veins

Swollen, twisted veins that are visible under the skin, most commonly occurring in the legs. They develop when the valves in the veins that regulate blood flow become weak or damaged, causing veins to enlarge and bulge. Varicosities of veins other than in the legs usually indicate a serious underlying impairment (cirrhosis, tumour, etc).

Underwriting risk factors	<ul style="list-style-type: none">• Location• Cause• Treatment (medical or surgical)• Ulceration
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Legs</p> <ul style="list-style-type: none">• Best-case scenario is standard if no ulceration present. <p>Thorax, abdomen or esophagus</p> <ul style="list-style-type: none">• Decline if due to cirrhosis, otherwise individual consideration
CI decision	<p>Legs</p> <ul style="list-style-type: none">• Best-case scenario is standard if no ulceration present. <p>Thorax, abdomen or esophagus</p> <ul style="list-style-type: none">• Decline
Life unlikely to be considered	<ul style="list-style-type: none">• If present in the thorax, abdomen, or esophagus and due to cirrhosis
CI unlikely to be considered	<ul style="list-style-type: none">• If present in the thorax, abdomen or esophagus

Venous thrombosis

A serious and potentially life-threatening condition where a blood clot, typically in the legs or pelvis, blocks blood flow to the lungs, causing damage to lung tissue and reducing oxygen levels in the blood. Symptoms include shortness of breath, chest pain, fainting and rapid heartbeat.

Underwriting risk factors	<ul style="list-style-type: none">• Number of episodes• Date of last episode• Treatment / medication• Residuals or complications
Unique requirements	<ul style="list-style-type: none">• APS
Life decision	<p>Present</p> <ul style="list-style-type: none">• Postpone <p>Fully recovered without complications or residual phlebitis</p> <ul style="list-style-type: none">• Single episode<ul style="list-style-type: none">– Standard if time since episode > 3 months ago• Recurrent episodes<ul style="list-style-type: none">– 150% if time since last episode was 6 to 24 months ago, thereafter standard.
CI decision	<p>Present</p> <ul style="list-style-type: none">• Postpone <p>Fully recovered without complications or residual phlebitis</p> <ul style="list-style-type: none">• Single episode<ul style="list-style-type: none">– Standard if time since episode > 1 year ago• Recurrent episodes<ul style="list-style-type: none">– Postpone if time since last episode was within the last 2 years, thereafter 150%.
Life unlikely to be considered	<ul style="list-style-type: none">• Not fully recovered – with complications or residual phlebitis: Individual consideration• With essential thrombocythemia
CI unlikely to be considered	<ul style="list-style-type: none">• Not fully recovered – with complications or residual phlebitis• With essential thrombocythemia

White coat syndrome

Refer to [Hypertension](#).

Lifestyle risk factors

Lifestyle risk factors are an important consideration in assessing life and critical illness insurance. We pay particular attention to smoking habits, alcohol and/or drug use/abuse and driving history. We also consider foreign travel, residency, criminal activity, avocations and hazardous sports and other activities.

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Heavy alcohol use

Underwriting guidelines

Alcohol usage	Underwriting requirements	Potential underwriting decision
History of alcoholism or lack of ability to control drinking, no relapse	<ul style="list-style-type: none"> Alcohol usage questionnaire (Form 026, included in the electronic application and tele-interview) Blood profile and urinalysis APS MVR (if indicated) Cover letter to explain details of past drinking and path to sobriety, and current status 	<p>Currently under age 25: Decline</p> <p>Age 25 and up, number of years since last drink:</p> <ul style="list-style-type: none"> < 1 year: Decline 1 - 5 years: Moderate to high substandard rating > 5 years: Best-case scenario standard
History of alcoholism or lack of ability to control drinking, with relapse(s)	<ul style="list-style-type: none"> Alcohol usage questionnaire (Form 026, included in the electronic application and tele-interview) Blood profile and urinalysis APS, and MVR (if indicated) Cover letter to explain details of past drinking and path to sobriety, and current status 	<p>Currently under age 25: Decline</p> <p>Age 25 and up:</p> <ul style="list-style-type: none"> <u>Single relapse:</u> Similar to above but with a two-year decline or a slightly higher mortality rating. More than one relapse, number of years since last drink: <ul style="list-style-type: none"> <u>Less than 5 years:</u> Decline <u>Over 5 years:</u> Individual consideration for best cases only

Critical illness will be underwritten more conservatively.

Cannabis (marijuana), cocaine and other drugs

Underwriting requirements

If a Client has used drugs in the past, we will require a Drug questionnaire (Form E12, included in the electronic application and tele-interview), a blood profile, a urinalysis and an attending physician statement (APS). In some cases, we may also request hepatitis B and C screening in addition to the regular profile and/or a motor vehicle report.

Potential underwriting decisions

Cannabis (marijuana)

Most individuals who occasionally smoke marijuana are acceptable at standard rates, provided they are at least 19 years old, have no evidence of health or behavioural problems associated with their use of marijuana and have normal blood profiles and stable employment.

Current users

- Age 19 and up: Occasional, infrequent users or moderate users: Standard non-smoker rates
- Frequent or heavy users: Individual consideration
- With use of other drugs: Decline

Former users

- 0 – 1 year: Rate as current users
- > 1 year: Usually standard except if there is a history of heavy usage or addiction in which case we will assess on a case-by-case basis.

Critical illness will be underwritten more conservatively.

Marijuana users are not charged smoker rates, unless they also use with tobacco.

Cocaine and other drugs

Current users

Decline

Former users

After the abstinence period has been met, rated offers may be possible if no history of relapse. These ratings gradually decrease as the period of abstinence increases.

Type of drug	Minimum period of abstinence required for life insurance	Minimum period of abstinence required for critical illness insurance	Standard acceptance possible after for Life and CI
Group 1			
Barbiturates (sleeping pills) and Benzodiazepines (tranquilizers)	2 years	3 years	5 years
Group 2			
Amphetamines (methamphetamine, MDA, DOM, DOB, ecstasy)	3 years	4 years	5 years
Cocaine	3 years	4 years	5 years
Hallucinogens (LSD, magic mushrooms)	3 years	4 years	5 years
Solvents / Inhalants (glue, aerosols, gasoline, cleaning fluids)	3 years	4 years	5 years
Group 3			
Opium	5 years	7 years	8 years
Heroin	5 years	7 years	8 years
Pain relievers (opiates, opioids: codeine, methadone, morphine, oxycodone, tramadol, fentanyl)	5 years	7 years	8 years
Other			
Cross addiction (multiple drugs or drugs and alcohol)	5 years	5 years	Individual consideration
Performance-enhancing drugs (anabolic steroids, human growth hormones for non-medical usage, blood doping)	2 years	2 years	2 years

Critical illness will be underwritten more conservatively.

Driving infractions

The underwriter considers the following risk factors when assessing the risk:

- Type and number of infractions
- Severity of the infractions
- Date of the infractions and time elapsed since the last infraction
- Age of the proposed insured
- Medical history
- Lifestyle risk factors, especially alcohol or drug use/abuse
- Suspensions or accidents

Underwriting requirements

For speeding convictions, include the number of km/h above the speed limit. In some cases, the underwriter will request a motor vehicle report (MVR). For residents in the provinces of B.C. and Quebec, arrangements must be made to complete the provincial authorization. For B.C. residents, complete form MV2680 – Driver's Licence Abstract Request and for Quebec residents, complete form 5981A 75 – Authorization for the Disclosure of a Driving Record by the Société de l'assurance automobile du Québec. Alberta residents must obtain their own MVRs. BC forms now require a "wet" signature.

Potential underwriting decision

Driving while impaired (DWI):

- If a Client has been charged with DWI, or refused a breathalyzer, the application will be postponed until at least 1 year has elapsed since the infraction. Thereafter, we will consider with a minimum permanent flat extra rating, ranging from \$2.50 to \$5.00 per thousand for life insurance and 125% to 150% for critical illness insurance. These ratings will be reviewable, 3 years after the date of infraction, subject to full underwriting.
- Clients over the age of 70 who have been charged with DWI within 3 years will be declined.
- If a Client is contesting a DWI charge and is waiting for their court hearing, the application will be postponed.
- Individual consideration will be given to Clients who have a history of multiple DWIs.
- Individuals who are rateable based on their current alcohol use will be declined.

Speeding tickets and other driving infractions:

- We can accept most proposed insureds who have had a few minor or moderate driving infractions at standard rates.
- Proposed insureds who have had more than 2 driving infractions in the last 3 years will not be eligible for any of the preferred classes.
- Individuals who are not standard risks but insurable may be offered a policy with a permanent flat extra rating ranging from \$2.50 to \$7.50 per thousand for life insurance and 125% to 200% for critical illness insurance.
- Generally speaking, the higher the number of demerit points on the driver's record, the higher the risk of a rating or postponement.

Avocations

The following information will be taken into consideration when assessing the risk of a dangerous sport or avocation:

- type of activity
- frequency of participation
- participation in more than one activity
- professional or amateur
- certifications or club affiliations, where applicable

Underwriting requirements

The electronic application or tele-interview will prompt the appropriate questionnaire for most sports or avocations. If you are completing a paper application, we recommend you attach the appropriate sports questionnaire. Refer to the Forms section of Suncentral or Advisor Hub for a list of all available questionnaires. If there is no questionnaire available for the avocation the proposed insured participates in, provide as much detail as possible in the application or in a letter signed by the Client.

Potential underwriting decision

We can accept most avocations at standard rates for life insurance. On the critical illness side, expect either an exclusion for the activity, or an exclusion which might preclude the LOIE rider and/or partial paralysis. As a general rule, the more hazardous the avocation is, the higher the risk of a rating or postponement.

Avocations often seen by underwriters, that are likely to be accepted with a rating, are noted below. Most ratings are permanent flat extra ratings ranging from \$2.50 to \$5.00 per thousand. However, some ratings may be as high as \$10.00 per thousand.

Avocations which are likely to be rated

- automobile, motorcycle, snowmobile or powerboat racing
- professional boxing and kick-boxing
(amateurs are usually accepted standard)
- hang gliding or power gliding
- rock, ice or snow climbing
(trail climbing and artificial wall climbing are standard risks)
- sky diving (parachuting) or para-kiting
- scuba diving
(dives over 120 feet; or wreck, cave or ice diving)
- ultra-light flying
- heli-skiing, cat skiing, backcountry or out-of-bounds skiing or snowboarding. Regular trail skiing and snowboarding are standard risks.
- Out-of-bounds snowmobiling in regions where there is a risk of avalanche

Activities considered not insurable

- experimental or record attempts
- stunts
- professional bodybuilding
(amateurs are usually acceptable standard)
- glacier, ice or snow climbing in the Arctic, Himalayas or similar areas
- very difficult or high-altitude rock climbing, such as climbs rated > 5.9 by the Yosemite Decimal System (YDS) or climbing at altitudes exceeding 19,000 feet or 5,800 meters.
- free diving, scuba divers who dive solo or divers with no certification who dive without an instructor
- professional wrestling
(amateurs are usually accepted standard)

Exclusions

Generally, we will offer full coverage with a flat extra rating. However, if there is limited participation in a hazardous avocation, we may consider issuing the policy with an exclusion for the particular avocation. For critical illness insurance, the exclusion could exclude the activity or exclude the LOIE benefit and/or paralysis.

Aviation

Private pilots

The two main causes of death in aviation are mechanical failure and flying in conditions that are beyond the capabilities of the pilot. Those with minimal experience in solo flying have a higher accident rate.

When assessing the aviation risk, the underwriter must take the following factors into consideration:

- business vs. pleasure flying
- experience of the pilot
- airport facilities
- terrain and area over which flying is done
- type of licence and whether the pilot has a Visual Flight Rating (VFR) or Instrument Flight Rating (IFR)
- type of aircraft the pilot flies (homebuilt aircraft or ultralight aircraft carry more risk)
- medical history
- history of drug and alcohol abuse
- history of violations or accidents
- history of driving infractions

Underwriting requirements

The electronic application and the tele-interview include an aviation questionnaire. If you are completing a paper application, complete an Aviation questionnaire (Form E4). The underwriter could also request a motor vehicle report and/or an attending physician statement.

Potential underwriting decision

While many experienced private pilots are acceptable at standard rates, the following pilots may be rated a minimum \$2.50 per thousand for life insurance, or a full aviation exclusion for critical illness:

- student pilots
- pilots who have a recreational pilot licence
- pilots with less than 400 hours of experience
- pilots who fly more than 300 hours per year

Pilots who fly ultralight aircraft, gyroplanes or gyrocopters can expect a minimum rating of \$5.00 per thousand.

Exclusions

Generally for life insurance, we will offer full coverage with a flat extra rating. However, if there is limited participation, we may consider issuing the policy with an aviation exclusion. We will not offer a policy with an aviation exclusion if the flying activity is related to the proposed insured's occupation.

Pilots under age 17 and over 70 will have an aviation exclusion.

For critical illness protection, there is a greater likelihood for a standard rate, exclusion or decline, depending on the activity. The use of ratings is not as common for CI aviation risks.

Commercial pilots and crew

Most commercial pilots who work for a major airline are insurable at standard rates. Most pilots who fly a corporate-owned multi-engine aircraft who do not fly in remote areas are also insurable at standard rates for life and critical illness insurance.

Underwriting requirements

The electronic application and the tele-interview include an aviation questionnaire. If you are completing a paper application, complete the Aviation questionnaire (Form E4).

Potential underwriting decision

There are a few commercial pilots who are not insurable at standard rates. Some examples are listed in the chart below. You can expect these pilots to be accepted with a rating of \$2.50 to \$7.50 per thousand for life insurance. For critical illness insurance, expect an exclusion. For more information regarding a specific situation, call an underwriter to discuss further.

Examples of rateable commercial pilots

- Advertising
- Air show
- Ambulance
- Bush flying
- Construction (airlift)
- Corporate flying (except multi-engine in non-remote area)
- Crop-dusting and seeding
- Firefighting
- Fish and game control
- Flying instructors
- Glider towing
- Herding, hunting
- Mapping
- Mining and quarrying
- Non-scheduled airline (except multi-engine in non-remote area)
- Off-shore oil rig service
- Photography
- Pipeline, power line and telephone line inspection
- Policing and patrolling
- Racing
- Search and rescue
- Sightseeing
- Surveying
- Test pilots
- Transportation of explosives
- Weather control (including hurricane watch)

Military pilots and crew

Most military pilots and crew members are rateable. The ratings can range from \$3.00 to \$5.00 per thousand for life insurance, and an exclusion or decline for Critical Illness. It is recommended that you call an underwriter before submitting an application.

Occupation

Although most occupations are accepted at standard rates, there are some occupations that represent a higher risk. In those cases, expect a permanent flat extra rating of \$2.50 to \$7.50 per thousand for life insurance and 125% or 150% for critical illness insurance. It is possible for a Client to be rated or declined for one product and yet standard for the other, and vice versa.

Examples of occupations likely to be rated

- acid handlers
- blasters, shooters and explosive handlers
- bomb disposal or disarmament
- bridge, steel erection, cablemen
- commercial divers, 150 feet and deeper
- **fishing industry:** crew on boats less than 85 feet who do not come ashore daily or sealers, whalers and Alaskan crab fishermen
- forestry, smoke jumpers
- **logging industry in the West Coast:** topmen, high climbers, tree fallers, chokerman and truck drivers hauling logs
- **mining industry:** blasters, workers handling explosives and firefighters working in coal, uranium and radium mines; blasters and others handling explosives in open pits, strip mines and surface quarries
- oil and natural gas industry: shooters and others handling explosives
- pilots (see [Aviation](#))
- radium and uranium mills, labourers
- riggers, structural steel, pre-cast workers, smokestack, chimney workers, steeplejack and flagpole workers
- stunt artists, actors performing own stunts
- testing of chemical agents

Examples of uninsurable occupations

- astronauts, if mission scheduled within 1 year
- embassy personnel and government diplomats
- exotic dancers, strippers, escorts
- journalists (foreign correspondents) or other occupations involving travel to high risk countries
- military or commercial experimental or deep sea divers (more than 200 feet)
- full-time and part-time missionaries and foreign aid workers
- occupations involving high-risk stunts or record attempts
- **oil and natural gas industry:** offshore workers working outside North America
- professional bodybuilders
- professional mixed martial arts and wrestlers

Military personnel

Military personnel are assessed the same as civilians, based on their occupational, aviation and past or future travel risk.

Criminal records

A history of criminal record activity is underwritten on a case-by-case basis with only the best cases considered for life and critical illness insurance. Some criminals have affiliations with gangs or organized crime groups and have alcohol and/or drug abuse issues. A person with a recent criminal record is at risk of becoming a repeat offender and being incarcerated.

The following are important considerations

Favourable factors	Unfavourable factors
<ul style="list-style-type: none"> • Immediate and complete disclosure • Single offence • Stable employment and financial stability • No alcohol or drug criticism 	<ul style="list-style-type: none"> • Non-disclosure or incomplete disclosure • Extensive criminality, repeat offender • History of incarceration • Currently on parole or under house arrest • Affiliation with organized crime, criminal group or terrorism • Alcohol or drug criticism • Personality or psychological problems • Use of violence or weapons

Underwriting requirements

May include a criminal record check and APS.

Potential underwriting decision

Severity & type of crimes	Potential underwriting decision
<p>Major Murder, voluntary manslaughter, armed robbery, extortion, drug trafficking, rape, crimes against children, kidnapping, arson, terrorism, fraud or counterfeiting</p>	Decline
<p>Moderate Manslaughter, involuntary manslaughter, aggravated assault, loan sharking, embezzlement, unarmed robbery, computer hacking, insider trading</p>	Possible consideration after 6 years (life insurance), and 10 years (critical illness insurance) from the date of incarceration, end of suspended sentence or end of probation or parole.
<p>Minor Assault, burglary, fencing (sale of stolen goods), illegal gambling, minor drug possession.</p>	Possible consideration after 3 years from the date of incarceration, end of suspended sentence or end of probation or parole.

If an offer is possible, the ratings will be in the range of \$3.00 and up per thousand for life, and 150% and up for critical illness. We may not be able to consider certain proposed insureds, even if the required time period has been met.

Individuals are not insurable in the following circumstances:

- charges or trial pending, or on probation, on parole or suspended sentence
- multiple offences (may be considered after 10 years from the date of last conviction or release from incarceration)
- association with organized crime, criminal group or terrorism group
- pedophiles
- most fraud and white collar crimes

Recent immigrants and temporary residents guidelines

Recent immigrants and temporary residents guideline



Recent immigrants and temporary residents guideline
810-4084

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Residency exclusion wording

Regardless of any other terms of this policy, we will not pay any death benefit if the insured person dies outside of Canada.

If the insured person dies while this exclusion is in effect, we will pay the beneficiary the amount we would have paid if we had received a written request from you to cancel your policy on the date the insured person died.

This exclusion ends on the date the insured person becomes a permanent resident of Canada as defined under the Immigration and Refugee Protection Act for Canada.

Foreign travel guidelines

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

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

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

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

Depending on length of travel and reason for travel, individuals who travel to the countries within the first two "risk levels" should be insurable. Individuals who travel to countries or regions with the risk level of "Avoid non-essential travel" may be insurable, depending on details of travel and the reason for the risk level. In some situations an exclusion may be a possibility. Individuals who travel to countries or regions with the risk level of "Avoid all travel" are generally uninsurable and an exclusion may not be possible. If travel is to multiple countries, the most conservative country assessment will apply.

Sun Life has classified countries as either low risk, moderate to high risk or uninsurable

- For travel to low-risk countries (exercise normal security precautions), we'll offer coverage at standard rates, provided the proposed insured's health qualifies and as long as travel is less than 6 months per year. We classify over 130 countries as low-risk countries.
- For travel to moderate- to high-risk countries (exercise a high degree of caution or avoid non-essential travel), we'll usually offer coverage at standard rates, provided the proposed insured's health qualifies, travel is less than 3 months per year and the proposed insured is not traveling in a region with a travel warning of "avoid all travel" on the Government of Canada travel website. For travel over 3 months, we'll require a flat extra premium of \$2.50 per \$1,000 of coverage for life insurance and 125% for critical illness insurance.
- For travel to uninsurable countries (avoid all travel), generally speaking, we will not be able to offer any coverage. In some instances, for extremely short durations of travel, we may be able to offer coverage with a travel exclusion. A list of the current uninsurable countries is available on the next page.

Other considerations

Preferred rates and optional benefits are not available if the proposed insured is rated for foreign travel.

Any proposed insured residing in a foreign country for more than 6 months will be considered on an individual basis.

The following occupations are uninsurable:

- government diplomats
- journalists (foreign correspondents)
- foreign aid workers
- members of an armed forces service group who are about to be deployed or have been deployed (including peacekeepers) will be assessed based on their occupation and location of travel
- full-time missionaries (as opposed to people who work full time and engage in a few weeks of missionary or humanitarian work annually)

Uninsurable countries

Generally speaking, proposed insureds who travel to the countries listed below or who contemplate traveling to one of these countries cannot be offered life insurance coverage, regardless of the length of travel. This list is subject to change at any time without notice.

In addition to these destinations, we will usually not be able to offer coverage to individuals who travel or contemplate traveling to countries with a travel warning of "avoid all travel" on the government of Canada's [website](#) for Canadians traveling or living abroad.

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

For short term travel to Israel and Lebanon, permanent coverage may be possible with an exclusion. Please contact the Underwriting Department or Sun Life Select for more information.

Non-residents or foreign residents

A non-resident is a person who resides outside of Canada, usually more than 6 months per year. As Sun Life products are priced for Canadians living and dying in Canada, generally speaking, we will only offer life insurance to Canadian residents.

We will, however, consider applications on the life of individuals temporarily (5 years or less) residing outside of Canada in an insurable country, if they are maintaining sufficient residential ties with Canada to require them to file a Canadian income tax return each year (for example, contract workers, hockey players or foreign business owners, etc.). We will also consider applications on the life of Canadian students temporarily attending college or university outside of Canada in an insurable country, if they intend to return to Canada after graduation.

Opportunities may exist for non-residents who own assets in Canada, and have a taxable burden upon death to a Canadian entity and are looking for permanent coverage over \$5,000,000. Please speak to your Regional Sales Representative.

Preferred Underwriting Criteria for Evolve Flexible Term

	Class 1 – Non-smoker		Class 2 – Non-smoker Class 4 – Smoker	
Tobacco/Nicotine Product Use Includes or any product containing nicotine (for example: cigarettes, cigarillos, cigars, chewing tobacco, pipes, betelnut, nicotine gum or patches, etc.)	Class 1 - No tobacco/nicotine product use in the last 60 months		Class 2 – No tobacco/nicotine product use in the last 24 months	
Blood Pressure Class 1: no history of treatment Class 2/4: with or without medication	Age 18-39 40-55 56-75	BP 130/75 135/80 140/85	Age 18-39 40-55 56-75	BP 135/80 140/85 145/90
Total Cholesterol (TC) and TC/HDL Ratio With or without medication	Age 18-39 40-55 56-75	TC/HDL Ratio 4.5 5.0 5.5	Age 18-39 40-55 56-75	TC/HDL Ratio 5.0 5.5 6.0
Family History Includes history in siblings or in parents of stroke/TIA, coronary artery disease or cancer (except basal cell carcinoma)	No family history diagnosed before age 65		No more than 1 family member diagnosed before age 60	
Personal History	No condition associated with extra mortality and no history of cancer (except basal cell carcinoma), no diabetes, coronary artery disease, cerebrovascular accident (CVA or stroke) or transient ischemic attack (TIA)			
Sports/Avocation/Aviation	Recreational scuba-diving (up to and including 120 feet) otherwise, no ratable participation in hazardous sports, avocations or aviation			
Alcohol/Drug Abuse	No history or treatment in the past 10 years. Standard marijuana use ok for preferred		No history or treatment in the past 5 years Standard marijuana use ok for preferred	
Driving Record	No more than 1 moving violation in the past 3 yrs		No more than 2 moving violations in the past 3 yrs	
Driving while impaired (DWI), Careless or Reckless Driving	No convictions in the past 10 years		No convictions in the past 5 years	
Travel & Residency	No ratable foreign travel and no ratable foreign residence Non-landed immigrants or temporary residents may not qualify for preferred (refer to our temporary resident guidelines)			
Occupation	No ratable occupation			

	Class 1 – Non-smoker		Class 2 – Non-smoker Class 4 – Smoker	
	Height	Weight	Height	Weight
Build Weight loss of 20 lbs or more within the past 12 months: Add one-half of the weight loss to the current weight (unless weight loss is due to pregnancy)	4' 8"	130 lbs	4' 8"	135 lbs
	4' 9"	133 lbs	4' 9"	138 lbs
	4' 10"	136 lbs	4' 10"	141 lbs
	4' 11"	139 lbs	4' 11"	144 lbs
	5' 0"	142 lbs	5' 0"	147 lbs
	5' 1"	145 lbs	5' 1"	150 lbs
	5' 2"	150 lbs	5' 2"	155 lbs
	5' 3"	155 lbs	5' 3"	160 lbs
	5' 4"	160 lbs	5' 4"	166 lbs
	5' 5"	165 lbs	5' 5"	171 lbs
	5' 6"	170 lbs	5' 6"	177 lbs
	5' 7"	175 lbs	5' 7"	182 lbs
	5' 8"	180 lbs	5' 8"	188 lbs
	5' 9"	185 lbs	5' 9"	193 lbs
	5' 10"	190 lbs	5' 10"	199 lbs
	5' 11"	195 lbs	5' 11"	204 lbs
	6' 0"	200 lbs	6' 0"	210 lbs
	6' 1"	205 lbs	6' 1"	215 lbs
	6' 2"	210 lbs	6' 2"	220 lbs
	6' 3"	215 lbs	6' 3"	226 lbs
	6' 4"	223 lbs	6' 4"	234 lbs
6' 5"	230 lbs	6' 5"	241 lbs	
6' 6"	238 lbs	6' 6"	249 lbs	
6' 7"	245 lbs	6' 7"	257 lbs	
6' 8"	253 lbs	6' 8"	265 lbs	
6' 9"	260 lbs	6' 9"	272 lbs	
6' 10"	268 lbs	6' 10"	280 lbs	
6' 11"	275 lbs	6' 11"	287 lbs	

Class 3 – any non-smoker who does not qualify in class 1 or 2 (including occasional large cigar users, up to 12 per year, with negative cotinine test).

Class 5 – any smoker that does not qualify for class 4 or anyone with a positive cotinine test who has not disclosed their tobacco use.

Cover letters: The importance of telling the Client's story

It's easy to submit insurance applications now that we've introduced our pre-approval feature in Sun eApp. However, strong communication and transparency are key to securing an approval if you have a complex application or case with over \$5 million face amount. An important tool that can help you succeed is a cover letter. It's your opportunity to paint a picture of the Client's story and remove any ambiguity in their situation.

We know writing isn't for everyone and mastering a cover letter can be daunting. Where do you start? What information do you include? Here are a few tips to help you out.

When is a cover letter is needed?

A cover letter should be used only for complex or large cases. You shouldn't submit a cover letter on small, clean cases through Sun eApp, as it could inhibit the automatic electronic processing.

For the purpose of cover letters, we define large cases as \$5 million or more in face amount, or when the total family or business coverage exceeds that amount.

For example

- Unusual ownership arrangements
- Unique residency situations where the finances may be key
- An explanation of past alcohol, drug, driving, or other lifestyle histories
- Medical impairments that are acute, chronic, improving or worsening that may affect the underwriting decision
- Foreign travel (frequent or high-risk)
- Participating in high-risk activities like mountain climbing, scuba diving, heli-skiing
- Increased amounts of coverage on children (over \$500,000)

For more information, check out our Financial underwriting guidelines

It's important that you customize each cover letter to fit the Client's needs. Relying on templates doesn't always position your application effectively. Ideally, you should submit a cover letter at the same time as the application.

Note

Cover letters should not be submitted for straightforward or small cases where point of sale or straight-through processing is anticipated. If a cover letter is included, the application will no longer be eligible for pre-approval in Sun eApp.

The benefits of a cover letter

A cover letter benefits you as much as the Client. This is also your opportunity to build a relationship with the underwriter and bring more attention to the application by:

- introducing the Client and the purpose of the coverage,
- showcasing your knowledge and professionalism,
- emphasizing that you know the Client and care about supporting their financial health and security.

The time you spend drafting the cover letter will save you time later as it will speed up the entire underwriting process.

Submitting a cover letter will help direct the underwriter's analysis and understanding of the application. It eliminates ambiguity and can reduce the number of communications for the Client, the underwriter, and yourself. This is possible because you'll be giving additional details that aren't normally collected through the traditional application process. If reinsurance partners are involved, the cover letter information will also be shared with them. This will help them make informed decisions about the Client's application.

Quick tips for writing a cover letter

You want to eliminate any assumptions the underwriter may have. Make the content thorough and be clear.

While drafting, remember that you want to:

- Include intricate details.
- Describe the goal of the insurance, or the "need(s) you are trying to solve"
- For each need, state how the amount of insurance was calculated.
- Include the Client's personal net worth or the fair market value for their company and how it was calculated.
- Use real numbers, such as the client's annual earned income from their tax statements or Canadian net worth. Be specific and make the examples obvious.
- Provide supporting documentation, whenever possible.

Financial underwriting guidelines

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Life insurance

Financial underwriting guidelines are implemented together with premium affordability guidelines. While the table below addresses face amount per insurance need, we also consider the total insurance per insured.

Total insurance per insured includes the sum of any inforce coverage, any coverage currently pending with all carriers, and any coverage to be replaced. When the total insurance per insured, or for the family or business group combined, is greater than \$10,000,000, we need:

- A CPA signed Financial Questionnaire (form 96), and/or
- third-party verification of finances for taxable net worth ownership and valuation.

Personal Insurance

Purpose	Underwriting guideline	Notes	
Income Replacement	Select the multiplier that aligns with insured's age and multiply by the insured's actively earned Canadian income:	<ul style="list-style-type: none"> • Sources of actively earned income include salary, commissions, and bonuses which are averaged over a number of years. • Actively earned income generally does not include rental income, interest, pension, or investment income. • Individual consideration is for ultra-high earnings. 	
	Age band		Multiplier range for each age band
	16 - 30		Up to 35×
	31 - 40		Up to 25×
	41 - 50		Up to 20×
	51 - 60		Up to 15×
	61 - 69		Up to 10×
70 - 75	Individual consideration up to 5×		
Estate tax preservation	Maximum total amount of coverage we will consider aligns with our estimation of the insured's future estate taxes at death. Select the number of years for future estate growth based on the insured's current age:	<ul style="list-style-type: none"> • Annual growth rate is 6% for estate growth. • Capital gains tax rate aligns with the insured's province of residence and current tax rates 	
	Insured's Age		# of Years of Estate Growth
	Up to age 60		20
	61 - 70		19 to 10
71 - 80	9 to 0		
Non-income earning spouse	<p>Maximum Coverage: Up to \$1,000,000 (limited to the income earning spouse's in force coverage, unless the income earner is uninsurable).</p> <p>Coverage > \$1,000,000 will be considered on an individual basis.</p>	<ul style="list-style-type: none"> • The income earning spouse should have at least the same amount of coverage except when they are uninsurable. • Living outside of Canada does not mean the spouse is unable to obtain coverage. 	
Unemployed	<p>Maximum Coverage: Up to \$500,000 including the amount of in force coverage.</p> <p>Coverage > \$500,000 will be considered on an individual basis.</p>	<p>Requirements:</p> <ul style="list-style-type: none"> • For amounts over \$500,000, include a cover memo outlining the need for coverage. 	

Purpose	Underwriting guideline	Notes
Children (age < 18 yrs) or Dependants (age > 18 yrs)	<ul style="list-style-type: none"> • Basic Coverage: Up to \$500,000 per insured. • Coverage > \$500,000 is available on an individual basis that considers the family's net worth, income, and in force coverage on parents/grandparents, siblings, and cousins, as appropriate. • If a parent is the applicant, the amount we will consider is based on 50% of the amount of inforce coverage on one parent. If a grandparent is the applicant, the amount we will consider is based on 50% of the amount of in force coverage on the grandparent and/or parent. <p>Requirements:</p> <ul style="list-style-type: none"> • When the total insurance at the family level exceeds \$10M we will require: third-party verification of the parent's or grandparent's net worth valuation and ownership; depending upon who the applicant is. Also include a cover memo outlining the nature of the insurance need and any family trust documents, if applicable. 	<ul style="list-style-type: none"> • In general, children should not have more coverage than their parents as they do not have debts to repay, income to replace, or immediate tax consequences • Coverage requested must be supported by insurance need. • Protecting future insurability can be addressed with GIB, Plus Premiums, or the PUA dividend option. • Living outside of Canada does not mean the parent is uninsurable. • Unless uninsurable, all siblings or grandchildren should be equally insured.
University or college students, apprenticeships, or recent graduates	<p>Maximum Coverage: up to \$2,000,000 per insured.</p> <p>Coverage > \$2,000,000 will be considered on an individual basis.</p>	<p>For amounts >\$2,000,000, include a cover memo with these details:</p> <ul style="list-style-type: none"> • Field of study/profession, graduation date, and anticipated earnings • Outline any connection to family business and family net worth.
Charitable donations	<p>Basic Coverage: \$100,000, if the insured has existing personal insurance coverage.</p> <p>Additional coverage will be considered on an individual basis to a maximum of 25% of the insured's Canadian net worth, if their personal insurance needs have been covered.</p>	<p>For amounts over \$100,000, include a cover memo with the name of the charity, details of past charitable giving, motivation for the donation. Also include details about the insured's net worth, personal insurance needs, and in force coverage.</p>
Debt coverage	<p>We will consider an amount equivalent to the borrower's responsibility for the current debt balance outstanding.</p> <p>Joint first to die is most appropriate when each borrower is requesting coverage for the full balance.</p>	<p>Loans between family members, shareholder loans, and related party loans are generally not available for debt coverage.</p>
Bankruptcy	<p>Employed insureds whose bankruptcy has not yet been discharged may be considered for up to \$500,000 of coverage, including any in force coverage.</p>	<p>Once a bankruptcy has been discharged, regular underwriting guidelines apply.</p>

Purpose	Underwriting guideline	Notes
Foreign net worth	<ul style="list-style-type: none"> The maximum future estate tax coverage we will consider is based on foreign net worth up to \$10,000,000 CAD, per adult insured. This maximum is also limited by the face amount of Canadian driven insurance needed per insured as the Canadian insurance needs are required to be the majority of the Canadian policy. Total net worth may consist of: <ul style="list-style-type: none"> 100% of Canadian taxable net worth, 50% of the verifiable foreign net worth up to \$10M CAD; or 25% of the non-verifiable foreign net worth up to \$10M CAD Only Canadian net worth is used to determine coverage on children. Personal life insurance only; no business coverage. 	Specific requirements: <ul style="list-style-type: none"> Cover memo detailing the foreign net worth. Form T1135 from the insured's latest filed Canadian personal tax return. Foreign banking or investment statements in English or French. Foreign business ownership and valuation supported by English or French internationally recognized CPA firm prepared financial statements. It must be on CPA firm letterhead with CPA firm engagement letter and signature; plus evidence of share ownership of business.
Estate equalization & liquidity need	<p>We will consider coverage required to offset anticipated loss in estate value where equal distribution of an estate from parents to children is not possible without triggering losses, on an individual basis.</p>	Specific requirements: <ul style="list-style-type: none"> Detailed cover memo outlining the family situation the unequal distribution of family estate, and the expected liquidity challenges. Parent's or grandparent's wills and family trust documents as applicable.
Buy-sell	<p>Coverage for each current business owner: Their current ownership percentage of the business x the current fair market value of the business.</p> <p>For established businesses, we may also consider additional insurance for business growth, at 5% each year for a maximum of 5 years.</p> <p>Unless uninsurable, all current owners with more than 5% ownership should be insured for their buy-sell needs.</p>	Specific requirements: <ul style="list-style-type: none"> Names and percentage ownership for all business owners The current fair market value of the business with explanation of how it was determined Amount of in force business insurance Current coverage being applied for by each owner When the total amount of insurance at the business level > \$10,000,000 we require: CPA-firm prepared financial statements for last three years, and third-party verification of the business value and ownership for each business owner.
Key person	<p>Coverage for each key person employed by the business: Up to 10 times the key person's annual earned income.</p>	Specific requirements: <ul style="list-style-type: none"> Cover memo with details on why the insured is considered key and what losses are expected at their death

Purpose	Underwriting guideline	Notes
<p>Creditor protection</p>	<p>Coverage for each current business owner is calculated as follows:</p> $\text{Creditor protection per current owner} = \text{Percentage ownership per owner} \times \text{Creditor protection per current owner}$ <p>Coverage of the full long term debt balance by multiple business owners will be considered on an individual basis, only when such coverage is required by a Canadian bank/lender and documented in the loan agreement</p>	<p>Specific requirements:</p> <ul style="list-style-type: none"> • Bank loan agreement with details of full balance coverage by all or a specific business owner being required by the bank and current loan balance and terms. • When the total amount of insurance at the business level > \$10,000,000 we require: CPA-firm prepared financial statements for last 2-3 years and third-party evidence of ownership by each business owner.

Corporations insuring family members of a 100% shareholder

We will consider corporately owned insurance on family members of the shareholder (spouse and children), subject to the regular underwriting guidelines listed above.

The corporation may also be partly owned by a family trust where proposed insureds are beneficiaries of the trust.

Premium affordability underwriting guideline

Financial underwriting rules help us ensure the insurance face amount, product, and premium are reasonable for a Client's financial situation. They help determine if the Client can afford to keep their policy long-term.

When we consider premium affordability, we look at the Client's income and a reasonable amount of coverage they could comfortably afford. We also consider a Client's Canadian net worth as well as verifiable and non-verifiable net worth. This helps build a bigger picture of what's affordable for the Client.

This table shows the maximum amount of income Clients can use for insurance premiums, based on their gross annual income.

Premium affordability	Annual Income vs Annual Premium	For informational purposes only
Income (all sources)	Suggested maximum % of annual income	Allowable premium \$
\$0 - \$50,000	10%	\$5,000
\$50,001 - \$100,000	10% - 15%	\$5,000 - \$15,000
\$100,001 - \$250,000	15% - 20%	\$15,000 - \$50,000
\$250,000 - \$2,000,000	20% - 30%	\$50,000 - \$600,000
\$2,000,001 +	Individual consideration	Individual consideration

This table shows our guidelines for the maximum percentage of net worth we'll accept to fund insurance premiums over a 5-year period.

Net worth for premium affordability also includes foreign net worth used to assess the face amount.

Premium affordability – Net worth for 5 years of annual premiums	
Net worth	Suggested maximum % of net worth used for premiums
\$0 - \$1M	10%
\$1M - \$5M	10% - 25%
\$5M - \$10M	25% - 35%
>\$10M	35% - 40%

For applications over \$10 million, we need to assess the risk on application. The best approach is to provide a CPA signed Financial Questionnaire (form 96) and/or third-party verification of finances for taxable net worth ownership and valuation. A well-written cover letter and these steps will help us issue the policy faster.

Critical illness insurance

The maximum amount of critical illness insurance available on any one life is \$4,000,000. This includes all personal and business insurance combinations in force, pending and applied for with all companies.

When the total insurance on any one life or family or business group combined is greater than \$3,000,000, we will need:

- A CPA signed Financial Questionnaire (form 96), and/or
- Third-party verification of finances for income and taxable net worth (ownership & valuation).

Personal insurance

Purpose	Underwriting guideline	Notes
Income Replacement	<p>Maximum amount of personal insurance available, based on the proposed insured's earned income would be the higher of:</p> <ul style="list-style-type: none"> • Age 16 - 55: \$500,000, or 12× earned income plus mortgage balance • Age 56 - 60: \$400,000, or 9× earned income plus mortgage balance • Age 61 and up: \$300,000, or 6× earned income plus mortgage balance 	<ul style="list-style-type: none"> • Sources of earned income include salary, commissions and bonuses. Earned income generally will not include rental income, interest, pension or investment income.
Estate tax preservation	<p>Maximum amount we will consider is 50% of the insured's Canadian net worth.</p>	
Non-income earning spouse	<p>Maximum amount of personal insurance available for non-income earning spouses would be the higher of:</p> <ul style="list-style-type: none"> • Age 16 - 55: \$500,000, or ½ of the amount available on income earning spouse plus mortgage balance • Age 56 - 60: \$400,000, or ½ of the amount available on income earning spouse plus mortgage balance • Age 61 and up: \$300,000, or ½ of the amount available on income earning spouse plus mortgage balance 	<p>The income earning spouse should have at least the same amount of coverage (unless uninsurable).</p>
Retired proposed insureds	<p>Maximum amount of personal insurance coverage we will consider is:</p> <ul style="list-style-type: none"> • \$500,000, or • 4× the combined income of the 2 spouses 	<p>Requirements:</p> <ul style="list-style-type: none"> • For amounts over the published limits, include a cover letter with the application.
Unemployed	<p>Can be considered for up to \$150,000.</p> <p>Higher amounts may be considered on an individual basis, depending on the reason and duration of unemployment, expected return to work date, job prospects, expected income and net worth.</p>	<p>Requirements:</p> <ul style="list-style-type: none"> • For amounts over \$150,000, include a cover letter with the application.

Purpose	Underwriting guideline	Notes
Children	<p>Can be considered for up to \$250,000, regardless of the amount of coverage on their parents.</p> <p>For amounts over \$250,000 and up to \$500,000, both parents should have some individual or group critical illness, disability income or long term care insurance in force or applied for (unless uninsurable).</p> <p>For amounts over \$500,000, both parents should have more individual or group CI, DI or LTCI coverage in force or applied for (unless uninsurable) than is in force or applied for on their children.</p> <p>Maximum amount of critical illness insurance coverage available:</p> <ul style="list-style-type: none"> • Age 30 days to 5 years: \$500,000 • Age 6 and up: \$1,000,000 	<p>Unless uninsurable, siblings should be equally insured.</p> <p>Requirements:</p> <ul style="list-style-type: none"> • For amounts over \$250,000, include a cover letter with the application.
University or college students and recent graduates	<p>Can be considered for up to \$500,000.</p> <p>Certain professional studies for occupations where you can expect the proposed insured to earn a substantial income (such as a doctor or engineer) can be considered for up to \$1,000,000.</p>	<p>Requirements:</p> <ul style="list-style-type: none"> • For amounts over \$500,000, include a cover letter with the application.
Bankruptcy	<p>Employed proposed insureds whose bankruptcies have not been discharged can be considered for up to \$150,000.</p> <p>Once the bankruptcy is discharged, regular financial underwriting guidelines apply.</p>	
Foreign net worth	<p>The maximum amount we will consider is 50% of the proposed insured's net worth.</p> <p>The maximum amount we will consider on the basis of foreign net worth alone is \$1 million.</p> <p>Notes:</p> <p>Net worth is defined as:</p> <ul style="list-style-type: none"> • 100% of the Canadian net worth • 50% of the verifiable foreign net worth • 25% of the non-verifiable foreign net worth <p>Personal insurance only; no business insurance.</p> <p>The proposed insured must be a resident of Canada.</p>	<p>Requirements:</p> <p>We require a cover letter that includes all details of foreign net worth, accompanied by verification of foreign assets:</p> <ul style="list-style-type: none"> • Foreign assets with a bank or investment firm will be considered with English or French copies of bank or account statements covering the last three months, or • Foreign business assets can be considered if English or French financial statements are provided by a well-known international accounting firm on the accounting firm's letterhead, or • A copy of the Canadian income tax form which confirms their foreign assets.

Business insurance

Purpose	Underwriting guideline	Notes
Buy-Sell	<p>We will consider each business owner for an amount that is equivalent to their share of the current fair market value of the business.</p> <p>For established businesses, we may also consider additional insurance for growth, at 5% each year for a maximum of 5 years.</p>	<p>Unless uninsurable, all owners with more than 10% ownership should be insured for their appropriate share.</p> <p>Requirements:</p> <p>The names of all owners, the percentage each owns in the business, the fair market value of the business and the amount of insurance in force and applied for on the life of each business owner.</p>
Key person	<p>The maximum amount of business insurance coverage available is:</p> <ul style="list-style-type: none">• Age 60 or less: 7× the proposed insured's annual salary and bonus.• Age 61 and up: we use a factor that corresponds with the number of years remaining until retirement.	<p>Unless uninsurable, all key persons of the business should be appropriately insured.</p>
Creditor protection	<p>We will consider an amount equivalent to the shareholder's responsibility for the debt, based on ownership.</p>	<p>Requirements:</p> <p>The amount, terms and purpose of the loan as well as the name of the lender.</p>
Corporately owned coverage on family members	<p>We will consider corporately owned insurance on family members of the sole shareholder (spouse and children), subject to the financial guidelines listed above.</p>	<p>The corporation must be family owned without any third-party shareholders (non-family).</p>

Frequently asked questions

FAQs to help you better understand the underwriter's approach

What is reinsurance?

Reinsurance is a process where we, the direct carrier/insurance company, share a portion of the risk with our reinsurance partners. In this arrangement, we pay the reinsurers part of the premiums collected from our policyholders, in exchange for their retaining a portion of the risk.

By employing reinsurance, we create a more robust and flexible insurance ecosystem that can better withstand large-scale events or claims and potentially provide the client with a better offer or outcome.

How long are medical requirements (tele-interview, paramedical exam, vitals, urine HIV, blood profile with HIV, ECG, etc.) valid?

Medical requirements completed within 12 months are valid for clients age nearest 70 or less.

For clients age nearest 71 or older, requirements are valid for 6 months (including the Mature Age Focus Interview (MAFI)).

Are the "medical" questions different between an application, tele-interview and paramedical?

There are no non-medical questions on the paramedical, so those must be completed on the application when relying on a paramedical.

What are some strategies to expedite the process of obtaining an Attending Physician's Statement (APS)?

The following strategies can be employed to improve APS processing time:

- Provide precise details about the doctor, including their full name, clinic name, street address, city and phone number
- Ensure the patient's name is accurately spelled, taking into account any foreign nationality or maiden name considerations
- Encourage the client to reach out to their doctor directly to facilitate the process

Why is a critical illness application decision sometimes different than the life insurance application decision?

While both types of insurance involve risk assessment, CII underwriting is more focused on the likelihood of specific medical conditions occurring during the insured's lifetime, which is the clients' morbidity. Whereas life insurance underwriting primarily evaluates the insured's risk of premature death or their mortality risk. CII Underwriting underwriting generally requires more Attending physician statements, leads to more substandard offers, use of exclusions and a slightly higher decline rate.

Can a positive result for nicotine in the urine be due to second-hand smoker?

Second-hand smoke should not trigger sufficient cotinine levels to test positive.

The Client is waiting for some medical tests to be completed. Should the client apply for insurance now or wait until the tests are completed?

Ultimately, for most situations, it's best to wait for test results before applying. This helps ensure transparency, accuracy, and the best chance of obtaining appropriate coverage.

With complete medical information, insurers can more accurately assess risk and provide appropriate coverage and pricing.

However, there are a few exceptions where applying now could be considered if the tests are routine, age-related and/or are not investigating any specific health concerns (no symptoms or family history).

What are the main differences between clinical medicine and insurance risk evaluations?

While both fields require medical knowledge, they are applied in different contexts, for different purposes.

Purpose	<ul style="list-style-type: none">• Clinical medicine focuses on diagnosing, monitoring, preventing and treating diseases in individual patients.• In insurance, we rely on the experience from a larger group or cohort, when evaluating the risk.
Patient interaction	<ul style="list-style-type: none">• Clinical doctors have direct contact with patients and provide hands-on care, keeping patients' positive mental well-being in consideration.• Insurance doctors and underwriters typically review medical records and reports without seeing patients in person.
Decision-making	<ul style="list-style-type: none">• Clinical decisions aim to improve patient health outcomes over the long term.• Insurance evaluations/decisions are based on risk assessment at a point-in-time, projecting out the likelihood of an event potentially occurring.
Scope	<ul style="list-style-type: none">• Clinical medicine covers a wide range of medical specialties and treatments.• Insurance risk evaluations focus on evaluating medical and non-medical information and the type of coverage being sought. Therefore, different outcomes are possible depending on the type of product the application is for (life, critical illness, disability or long term care coverage).
Timeframe	<ul style="list-style-type: none">• Clinical medicine involves ongoing patient care and follow-ups.• Insurance risk evaluations are made based on the information available at a point-in-time.
Skills required	<ul style="list-style-type: none">• Clinical doctors need strong diagnostic and treatment skills.• Insurance doctors and underwriters require expertise in assessing both the clinical file and the risk assessment aspect of the medical and non-medical file. A more holistic approach is required.

