

March 2025

## PRELIMINARY ASSESSMENTS

# Email template

### General information

Age:

Assigned sex at birth:

Smoker status:

Face amount:

Product:

Was the Client previously declined or rated?

### Medical Concerns

Details of concern/diagnosis:

Date of diagnosis:

List of medications:

Treatment:

Date of last episode:

Date of last consult:

Testing completed:

Date of next consult and outstanding tests:

### For avocations and travel

Type of activity:

Number of times in the last year (include locations for travel):

Number of times in the next year (include locations for travel):

Any accreditation or licensing:

### Any other relevant information the Underwriter should know:

### 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 tobacco or nicotine products in any form, either in cigarette, or cigar form, vape, pipe, packets, patches, chewing gum or shisha-hookah pipe? If yes, 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, or driving offences (e.g. DUI, speeding tickets etc.)?
4. Do you have any special licenses, such as a pilot's license (student, private, recreational or commercial)?

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5. Did you travel outside of North America within the last year? Are you planning on doing so next year? Are you planning to do so in the next 12 months?
6. Do you take part in hazardous sports such as climbing, parachuting, heliskiing, scuba diving or any other hazardous activity?

Note: 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.