

# Eased underwriting

Easing of medical requirements  
up to \$5M for clients aged 15 to 50!



## Frequently asked questions

### Opportunities

1. If the client wishes to purchase a \$2,000,000 Term product and has requirements due to predictive modeling or random selection, the client should purchase \$2,000,001 of coverage to potentially benefit from the preferred classes.
2. If the signature process has already begun, it is not possible to access the easing of requirements. However, if the client's file has not yet reached the signature stage by July 10, 2025, the date on which this easing of requirements comes into effect, it is possible to open the file in EVO, complete the few missing questions, and benefit from the eased requirements. If an unexpected error occurs and EVO closes, simply reopen EVO and the case in "My Files" and resume entry.

### Situations to be brought to the advisor's attention

#### 1. Preferred classes for traditional insurance products

The question on the choice of preferred classes will appear for all cases where the amount requested is \$2,000,001 or more and the product requested is a traditional insurance product. Therefore, if the client submits permanent insurance coverage payable over 100 years in the amount of \$2,500,000, the question will appear even if this product is not a term insurance product (the only product class for which preferred classes are available). This is due to a system constraint and will be corrected in the future.

#### 2. Net amount at risk (NAR) for iA PAR and Legacy products

As of July 10, 2025, for amounts submitted of \$2,000,000 or more, the NAR will be used to establish the basic requirements for products with growth (i.e., iA PAR and Legacy).

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### 3. Client experience with ordering a telephone interview

For amounts over \$2,000,000 for insureds up to age 50 and over \$500,000 for insureds age 51 and over, the advisor has the option of using a telephone interview to complete the medical questionnaire. In this situation, the provider cannot give the insured any indication of the additional requirements that may be requested. If additional requirements are necessary, the insured will be called to make an appointment with a nurse to have these tests completed. It is best to notify the insured of this process in advance so that they are not surprised if they have to have a second appointment to complete the underwriting. If the insured wishes to meet the requirements for possible access to preferred rates, ordering the paramedical exam including the blood profile would be a more attractive option, as only one appointment would be necessary to complete the questionnaire and meet the requirements.

### 4. Consideration of Net Amount at Risk (NAR) and previous files in setting base requirements

When the basic requirements according to the Age/Amount table are established, the NAR amounts, if the amount submitted is \$2,000,000 or more, and the amounts submitted in the last 12 months (6 months if the insured is over age 70) are used. However, these amounts are only available at the time of transmission, so it is possible that an insured person may choose to complete the declaration of insurability and then have to complete the telephone interview at a later date. However, if the insured chooses the telephone interview or paramedical option, that choice will be retained.

### 5. Proportion of cases selected by random selection and predictive models

For amounts over \$2,000,000 to \$5,000,000 for ages 15 to 50, more than 50% of cases will be fast-tracked, i.e., no fluid requirements (i.e., blood profile, urine and/or vital signs) will be required. We are constantly striving to reduce the percentage of cases for which requirements are needed. The percentage of cases with requirements is linked to the anticipated level of risk. The higher the risk, the more stringent the requirements. The risk is calculated based on information on the person to be insured, including age and face amount, but also takes into account other information on the application. Even if the amount of insurance is relatively low, requirements may be necessary due to other information in the client's file.